COA-8 (2021-12)

**Colposcopy Service Centre Site Visit Assessment Form**

|  |  |
| --- | --- |
| Name of the Colposcopy Centre: |  |
| Centre Representative: |  |
| Date of Visit: |  |
| Names of the Assessors: | 1. |
|  | 2. |

|  |  |  |
| --- | --- | --- |
| Assessment Criteria | Pass |  |
|  | **Staff** |  |  |
| 1.1 | One or more accredited colposcopist |  | M |
| 1.2 | Competent assistants in running colposcopy clinic |  | M |
|  |  |  |  |
|  | Physical Environment |  |  |
| 2.1 | Designated service area |  | M |
| 2.2 | Clean environment |  | M |
| 2.3 | Adequate privacy |  | M |
| 3.4 | Comfortable couch |  | m |
|  |  |  |  |
|  | **Equipment** |  |  |
| 3.1 | ≥1 colposcope in each named site |  | M |
| 3.2 | CCD to display images to patients |  | m |
| 3.3 | Image capture |  | m |
| 3.4 | Sterilized instrument |  | M |
| 3.5 | Equipments for LEEP procedure* LEEP machine
* Suction apparatus with viral filter
* Local anaesthesia
 |  | M |
| 3.6 | Cryotherapy |  | m |
| 3.7 | Monsel solution/ Silver nitrate |  | m |
| 3.8 | Endometrial sampler |  | M |
| 3.9 | Conventional smear and/or Liquid base cytology |  | M |
| 3.10 | STD screening facilities |  | m |
| 3.11 | HPV test |  | m |
| 3.12 | Emergency support and resuscitation facilities made available within 20 minutes |  | M |

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|  | **Service Volume** |  |  |
| 4.1 | ≥50 new cases annually |  | M |
|  |  |  |  |
|  | **Waiting time** |  |  |
| 5.1 | =< 2 week for suspected carcinoma. AGC-favour neoplasia |  | M |
| 5.2 | =< 8 weeks for HGSIL, ASC-H, AGNOS |  | M |
| 5.3 | =< 18 weeks for ASC-US x 2, LGSIL |  | m |
|  |  |  |  |
|  | **Record Keeping** |  |  |
| 6.1 | The format is clear and adequate (≥5 points)* Indication
* Description
* Drawing or picture
* Diagnosis
* Management plan
* Pathology report
 |  | M |
| 6.2 | The table for the correlation between ‘Correlation between colposcopic diagnosis and worst histological finding in colposcopic directed cervical biopsy results’ should contain at least 50% of the total number of colposcopy examination submitted, and should have at least 50 cases in total. |  | M |
|  |  |  |  |
|  | **Pathology Support** |  |  |
| 7.1 | Supported by Specialists in Pathology |  | M |
| 7.2 | Slide review when necessary |  | M |
|  |  |  |  |
|  | **Benchmark Standards** |  |  |
| 8.1 | >= 60% sensitivity in detecting CIN II/III |  | m |
| 8.2 | >= 80% treatment performed under LA |  | m |
| 8.3 | >= 90% LEEP performed have CIN |  | m |
|  |  |  |  |
|  | **Audit** |  |  |
| 9.1 | Mechanism is in place |  | M |
| 9.2 | One year report for new application and two annual audit reports for reaccreditation are available |  | M |
|  |  |  |  |
|  | **Management Protocol** |  |  |
| 10.1 | Comply with the HKCOG guidelines |  | M |
|  |  |  |  |
|  | **Communication to Patients** |  |  |
| 11.1 | * Call back system
 |  | M |
| 11.2 | * Emergency contact for complications
 |  | M |
| 11.3 | * Information leaflets
 |  | m |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Communication to Referring Doctors** |  |  |
| 12.1 | * Reply letter
 |  | m |
| 12.2 | * Refer out letter
 |  | m |

To get accredited, centres need to fulfill all Major criteria (M) and ≥ 50% of minor criteria (m).

Conclusions:

We thereby recommend / do not recommend\* be accredited as Colposcopy Service centre.

Signature : Signature :

Name : Name :

\*Deficient Areas

|  |  |
| --- | --- |
| Item | Comments and Suggestions |
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|  |  |
|  |  |