

**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	
	<b>Staff</b>		
1.1	One or more accredited colposcopist		M
1.2	Competent assistants in running colposcopy clinic		M
	<b>Physical Environment</b>		
2.1	Designated service area		M
2.2	Clean environment		M
2.3	Adequate privacy		M
3.4	Comfortable couch		m
	<b>Equipment</b>		
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 <ul style="list-style-type: none"> <li>• LEEP machine</li> <li>• Suction apparatus with viral filter</li> <li>• Local anaesthesia</li> </ul>		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

	<b>Service Volume</b>		
4.1	≥50 new cases annually		M
	<b>Waiting time</b>		
5.1	≤ 2 week for suspected carcinoma. AGC-favourneoplasia		M
5.2	≤ 8 weeks for HGSIL, ASC-H, AGNOS		M
5.3	≤ 18 weeks for ASC-US x 2, LGSIL		m
	<b>Record Keeping</b>		
6.1	The format is clear and adequate (≥5 points) <ul style="list-style-type: none"> <li>• Indication</li> <li>• Description</li> <li>• Drawing or picture</li> <li>• Diagnosis</li> <li>• Management plan</li> <li>• Pathology report</li> </ul>		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
	<b>Pathology Support</b>		
7.1	Supported by Specialists in Pathology		M
7.2	Slide review when necessary		M
	<b>Benchmark Standards</b>		
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
	<b>Audit</b>		
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
	<b>Management Protocol</b>		
10.1	Comply with the HKCOG guidelines		M
	<b>Communication to Patients</b>		
11.1	• Call back system		M
11.2	• Emergency contact for complications		M
11.3	• Information leaflets		m

	<b>Communication to Referring Doctors</b>		
12.1	• Reply letter		m
12.2	• Refer out letter		m

To get accredited, centres need to fulfill all Major criteria (M) and  $\geq 50\%$  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