



# Australian Quality Standards and Targets

Diagnostic Colposcopists

<b>Standard 1</b>	<ul style="list-style-type: none"> <li>Colposcopists undertake a sufficient number of new patient colposcopies per year to maintain and improve skills in colposcopy practice.</li> </ul>
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**Note:** While C-QulP does not require minimum numbers for certification of participation, Footnote 13 relating to this standard in the Quantitative Quality Standards, Measures and Benchmarks for the NCSP (Table 3, Standard 9) reads: “The NCSP considers 25 new cases per year to be the minimum number of cases required to ensure skills are maintained in the clinical management of participants referred to colposcopy.”

<http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/national-cervical-screening-program-quality-framework>

<b>Standard 2</b>	<ul style="list-style-type: none"> <li>The performance of a biopsy (punch or excision) in more than 90% of participants with high grade cytological abnormalities (excluding pregnant participants).</li> </ul>
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<b>Standard 3</b>	<ul style="list-style-type: none"> <li>Of all punch biopsies taken, more than 90% should be suitable for quality histological examination</li> </ul>
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<b>Standard 4</b>	<p>For those with a satisfactory colposcopy:</p> <ol style="list-style-type: none"> <li>the colposcopic diagnosis should be correlated with the histological diagnosis to calculate the PPV for HSIL, and this should be at least 65%; and</li> <li>predictive value of high grade histology, for each colposcopist.</li> </ol>
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