



# New Zealand Quality Program Standards for Audit

Diagnostic Colposcopists



## Diagnostic Colposcopists

### Audit: Recommended

Maintaining Skill Levels	
<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>
<p><b>Note:</b> While C-QuIP does not require minimum numbers for certification of participation, New Zealand colposcopists should remain aware of the requirements mandated by the National Screening Unit (NSU).</p> <p><a href="https://www.nsu.govt.nz/system/files/page/ncsp_policies_and_standards_section_6_providing_a_colposcopy_service_june_2014_0.pdf">https://www.nsu.govt.nz/system/files/page/ncsp_policies_and_standards_section_6_providing_a_colposcopy_service_june_2014_0.pdf</a></p>	



## Diagnostic Colposcopists

### Audit: Recommended

Reducing failure of diagnosis and to improve the diagnosis of high grade abnormalities	
<b>Standard 2</b>	<ul style="list-style-type: none"><li>perform a biopsy in more than 95% of women with high grade cytological abnormalities who are not pregnant</li></ul>
<p>The practitioner is required to provide evidence that 95% of women seen with high grade abnormalities have directed punch or excisional biopsies.</p> <p><i>Numerator:</i> Number of women with high-grade cytology who have a directed punch or excisional biopsy performed</p> <p><i>Denominator:</i> Number of women referred with a high-grade cytological abnormality</p>	



## Diagnostic Colposcopists

### Audit: Recommended

Ensuring Quality of Cervical Biopsies	
<b>Standard 3</b>	<ul style="list-style-type: none"><li>• of all biopsies taken more than 90% should be suitable for histological interpretation</li></ul>
<p>The practitioner is required to provide evidence that 90% of biopsies suitable for histological interpretation.</p> <p><i>Numerator:</i> Number of satisfactory histological biopsies</p> <p><i>Denominator:</i> Number of biopsies performed</p>	



## Diagnostic Colposcopists

### Audit: Recommended

<b>Improving Accuracy of Diagnosis</b>	
<b>Standard 4a</b>	<ul style="list-style-type: none"> <li>Colposcopic findings should be correlated with histological findings in order to calculate the positive predictive value of colposcopy for high grade cervical abnormalities</li> </ul>
<p><i>Numerator:</i> Number of women with histologically confirmed high-grade cervical abnormalities (CIN2/3) within 6 months of colposcopy</p> <p><i>Denominator:</i> Number of women with colposcopic finding of high-grade lesion</p>	
<b>Improving Accuracy of Diagnosis</b>	
<b>Standard 4b</b>	<ul style="list-style-type: none"> <li>Predictive value of high-grade cytology for high-grade histology, for each colposcopist</li> </ul>
<p><i>Numerator:</i> Number of women with histologically confirmed high-grade cervical abnormalities (CIN2/3) within 6 months of high-grade cytology</p> <p><i>Denominator:</i> Number of women with high-grade cytology (HSIL)</p>	