**Form to be completed by the senior clinician in the clinic**

**Personnel**

|  |  |  |  |
| --- | --- | --- | --- |
| Staff members | Title or Name of position | Number of staffdevoted to clinic | % of their time devoted to clinic |
| Secretarial |  |  |  |
| Administrative |  |  |  |
| Nurse (manager) |  |  |  |
| Nurse (assistants) |  |  |  |
| Nurse colposcopists |  |  |  |
| Doctor colposcopist |  |  |  |
| Doctor other |  |  |  |
| Cleaning staff |  |  |  |
| Medical records staff |  |  |  |
| Other |  |  |  |

**Clinic structure and space**

|  |  |  |
| --- | --- | --- |
| Is clinic devoted to just colposcopy | Description | Number  |
| Are other clinical activities undertaken at other times |  |  |
| Surface area of the colposcopy clinic (in m2) |  |  |
| Rooms in the clinic and surface area |
|  | Waiting rooms |  |
|  | Colposcopy rooms |  |
|  | Storage rooms |  |
|  | Secretarial rooms |  |
|  | Cleaning rooms |  |
|  | Patient changing rooms |  |
|  | Counselling rooms |  |
|  | Other rooms |  |

**Management structure**

|  |  |
| --- | --- |
| Is the clinic in a hospital or free standing? |  |
| Person in charge of the clinic  |  |
| Person responsible for patient care  |  |
| Is the clinic in a private or public facility  |  |

**Colposcopy equipment**

|  |  |  |
| --- | --- | --- |
| Information regarding equipment  | Manufacturer’s name / model | Number available |
| Colposcope: monocular |  |  |
| Colposcope: binocular |  |  |
| Colposcopy couch |  |  |
| Colposcopy equipment trolley |  |  |
| Speculae (large, medium, small, other) |  |  |
| Sponge forceps |  |  |
| Endocervical forceps |  |  |
| Biopsy forceps |  |  |
| Image capture system |  |  |
| Teaching arm on colposcope |  |  |
| Teaching monitor on colposcope |  |  |

|  |  |  |
| --- | --- | --- |
| Information regarding equipment  | Manufacturer’s name / model | Number available |
| Treatment equipment: Ablation Cryo / laser / thermal coagulation |  |  |
| Treatment equipment: Excisional |  |  |
| Ancillary excisional equipmentSuction systemLoops and ball electrodes |  |  |
| Disposable equipment: Please list swabs; cotton tip buds; acetic acid; Lugol’s iodine; Monsel’s paste; other (explain) |  |  |

**Support services: Please describe**

|  |  |
| --- | --- |
| Sterilising / cleaning of equipment |  |
| Clinic cleaning and restocking |  |
| Laboratory: i) cytology;  ii) virology;  iii) pathology | i)ii)iii) |
| In-patient carei) access to beds; ii) access to theatre | i)ii) |

**Patient throughput**

|  |  |
| --- | --- |
| How long has the clinic been running (in years) |  |
| How many new patients are seen each week |  |
| How many follow-up patients are seen each week |  |
| How many of the new cases are high-grade (HSIL-IN3 or CIN3) |  |
| How many of the new cases are high-grade (HSIL-IN2 or CIN2) |  |
| How many cases are determined to be low-grade |  |
| How many cases of i) Glandular precancerii) Glandular canceriii) Squamous micro-invasive diseaseiv) Invasive squamous cancerv) other | i)ii)iii)iv)v) |
| What is the reason for referral of patients?* Screen-positive
* Gynae symptoms
* Gynae signs
* Other (please describe)
 |  |

|  |  |
| --- | --- |
| **Yourself: i.e., The Colposcopist in charge of the clinic**How long have you been practising colposcopy (in years) |  |
| How many patients do you personally see per year with ≥ HSIL |  |
| When did you graduate (month/year) |  |

Hosp/Clinic ………………………….………………………… City & Country ………………………………………………

Name (Please PRINT) ……..…………………………………………………….

Signature ……………………………………………………………. Date ……………..………………………….