

23<sup>rd</sup>  
September  
2017

# Cancer Screening and Prevention Forum REPORT



**Comment from GP participant:** "I think we all agreed that it was an excellent meeting - certainly one of the most valuable I have been to. I was very hesitant about the new changes and now I feel much more confident to change to the new programme in December".



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## 1.0 Executive Summary

The Cancer Screening and Prevention Forum, held on Saturday 23<sup>rd</sup> September 2017 at the Sydney International Conference and Exhibition Centre was designed by Iris Education in collaboration with the team from the Cancer Institute of NSW (CINSW) to inform the health workforce about the National Cervical Screening Program (NCSP) Renewal. Iris Education was tasked with this work through a competitive tender process. Iris Education provides a broad range of professional development and more information may be found at [www.iriseducation.com.au](http://www.iriseducation.com.au). This was the inaugural staging of this update in NSW and was the second of its kind to discuss the NCSP Renewal in Australia.

This update was developed for health professionals working in the area of Women's Health, particularly in cancer screening and prevention. The focus of the update was designed to be at the level of GP management. This update introduced participants to the contemporary evidence and professional skills needed to implement the renewed NCSP and examined broader topics in cancer prevention.

Iris Education provided the platform for the design, staging and evaluation of this new update and a team of experts led the design and development of the update. These were Dr Caroline Harvey, Dr Kay Strom, Ms Pene Manolas and Ms Phillipa Hastings.

Advertising for this forum was extensive. As well as advertising through the comprehensive networks of Iris Education and CINSW, the following groups and organisations distributed information extensively:

- National Cancer Screening networks and organisations
- National Family Planning Organisations
- The Australasian Sexual Health and HIV Nurses Association (ASHHNA)
- The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)
- GP Registrar training organisations
- Primary Health Networks
- Numerous Aboriginal and Torres Strait Island health services, sexual health services, GP Practices and community organisations

Participants primarily found out about this workshop through email lists attached to these organisations. Paid advertising was also undertaken in 'Australian Doctor' across a fortnight approximately one month before the event.

The update was live streamed using the services of GigTV. This organisation was selected by Iris Education because of its demonstrated expertise in the area and its historical collaborative working relationship with Iris Education and the commitment to staffing before and during the forum.

281 participants registered for the update (prior to and on the day of the update): 169 through live streaming and 112 in person. 196 (70% of registrants) participated in the update: 108 through live streaming and 88 in person. 136 medical practitioners registered, of whom 109 were GPs or GP Registrars. 110 nurses registered with an even mix of disciplines and levels of experience. Of the 35 remaining registrants, several were educators and policy officers while 8 were midwives.

The majority of registrants originated from NSW (n=196) however there were representatives from every state and territory in Australia (n=85) with a large representation from Queensland (n=53). Most NSW registrants originated from the greater Sydney / Wollongong / Newcastle basin (n= 166) however there was strong representation from all areas of the state.

Engagement through live streaming reflected the geographic spread of registration and many in the Sydney area also joined via live streaming. The vast majority of those from interstate joined via live streaming.

The GP cohort was mostly from NSW (72%). The GP cohort was over represented in the live streaming group from regional NSW and interstate. While the percentage of GPs who joined via live streaming in the Sydney region was similar to the remainder of the cohort, almost all GPs who attended from regional NSW (or interstate) participated through live streaming. This demonstrates the usefulness of live streaming for GPs in regional NSW.

91 individuals provided some evaluation feedback. This represents 46% of the cohort that participated in the update (n=196). This is a moderate evaluation rate for this type of activity, especially with the large participation rate via live streaming. Of these 91 individuals, 68 completed every question of the electronic tool (75%). GPs were the strongest represented group in the evaluation with 45 providing feedback through the evaluation process.

Even though this was the first time an update covering the NCSP topics had been organised in NSW, the feedback and ratings from participants was overwhelmingly supportive and positive. The update was relevant to everyday practice. 92% of GP respondents indicated the day was entirely relevant and 82% of nurses indicated that it was entirely relevant. The remainder indicated the day was 'mostly relevant'. No-one indicated that the day was not relevant.

Overwhelmingly, participants indicated they achieved both their own personal objectives for the day and the objectives set by the organisers. 90% (n=64) indicated they achieved their own objectives and 98% (n=78) indicated they are now able to describe the rationale for the change in the National Cervical Screening policy.

It is evident that this workshop has made a difference. Participants were asked to rate their confidence levels in two general topics prior to the update and immediately after the update. Although the confidence levels of many participants were already high, all participants expressed an increase in confidence as a result of attending this workshop. For Cervical Screening, the overall average moved more than 1.0 point along a 5-point Likert Scale (from 3.65 to 4.62). All professions noted an increase in confidence. For broader cancer prevention topics, the increase in confidence levels was also as significant. All professions noted an increase in confidence with the greatest increase being among medical practitioners.

All sessions were rated highly with no session receiving an average rating below 4.00 (on a scale of 1.00 – 5.00) for either content or delivery. These high ratings were consistently demonstrated across both those who attended in person and those who attended via live streaming.

Thanks are expressed to the CINSW team who worked tirelessly to ensure the success of this event including assistance on the day, to personnel from GigTV who provided the expertise for live streaming, to all presenters, panellists and facilitators for sharing their knowledge and skill in these important areas, and to the 196 participants who gave up their day for this important forum.

## 2.0 Background

Iris Education was contracted by CINSW to design, deliver and evaluate a forum for health workers, with a focus on General Practitioners, on cancer screening and prevention topics that incorporated discussion about the National Cervical Screening Program (NCSP) Renewal. As background, Iris Education was tasked with designing and delivering a similar forum in Brisbane by Queensland Health. Iris Education provides a broad range of professional development: courses and workshops, clinical skill review, small group learning and education and program development consultancy and focusses on reproductive and sexual health (RSH) as well as women's health in general practice and other primary care settings. The five Directors of Iris Education are Dr Caroline Harvey, Dr Fiona Mack, Dr Kay Strom, Dr Steve Lambert and Mr Brad Reuter. Dr Harvey, Dr Mack and Dr Strom are all well-known expert RSH clinicians, and experienced clinical educators. All are active in clinical practice and have worked extensively providing education and professional development for GPs, GP registrars, international medical graduates and nurses for well more than a decade.

Iris Education successfully tendered for this project in July 2017 and was tasked with:

- Project planning – including meetings with cancer screening services
- Program development- medical education input into program and learning objectives planning
- Speaker coordination, engagement, payment
- Registrations of participants
- Live streaming booking and coordination
- Preparation of evaluation tools, evaluation reporting
- Full coordination on the day of seminar including two admin staff all day, facilitation all day, session chairing, speaker costs, resources, ID badges
- Preparation of resource folders for participants
- Marketing and advertising

CINSW remained responsible for:

- Venue and catering booking and coordination
- Some marketing and advertising
- Some speaker travel costs and arrangements

Collaborative planning meetings began in mid-July 2017 with advertising beginning soon after. Advertising was primarily through existing Iris Education and CINSW networks and email lists however included advertising across a two week period in 'Australian Doctor'.

GigTV were recruited to provide live streaming services for the event. After registration for live streaming, individuals were linked to a test site in preparation for the day to check bandwidth and local connection concerns. Personnel from GigTV met with Iris Education and CINSW personnel throughout the preparatory process and provided a support team member on the day of the event at the venue and a further support team member answering concerns and tracking the live streaming discussion.

Registrations opened in early August. Registration was online through the Iris Education website. If a registrant indicated they wished to join via live streaming they were sent further instructions and links. Costing of the project assumed registrations for the face-to-face component of 100.

### 3.0 Program

The program was divided into two sections. The morning sessions prior to lunch were devoted to the National Cervical Screening Program (NCSP) Renewal and the afternoon session was devoted to broader cancer screening and prevention. Participants were able to register for either half of the day or for the full day and while the vast majority of participants registered for the full day some nominated to attend only the first half (n = 45) and some nominated to attend only the second half (n = 12).

#### 3.1 Development

The program was designed collaboratively between the experts from Iris Education and personnel from CINSW. The program was finalised four weeks prior to the event and advertised on the websites and across networks of both organisations.

The components of the discussion about the NCSP Renewal were designed to provide a detailed discussion of the upcoming NCSP Renewal by unpacking the rationale and evidence driving the changes, and applying these in practice. Each topic built upon the previous and was drawn together with a panel discussion of all the experts. The pitch of the content was focussed toward General Practitioners. Areas covered included:

- Understanding the role of HPV: Prevalence and patterns, natural history of infection, types and consequences, role of vaccination, talking to women about HPV
- Unpacking the evidence: Australia and international - The big picture view of the NCSP renewal
- Applying the evidence: Clinical application (decision making, sample collection), dealing with women's concerns and questions, explaining the evidence, special groups and pathways
- Self-collection study discussion

The emphasis of the afternoon sessions was on broader cancer screening and prevention in General Practice and presented emerging and relevant information on the following topics:

- Canrefer, the online cancer services directory
- The National Bowel Cancer Screening Program
- Breast Health and BreastScreen NSW
- Smoking, Nutrition, Alcohol and Physical Exercise (SNAP) risk factors

The program outline is presented on the next page.

### 3.2 The day at a glance

Time	Topic	Presenter
8.00 – 8.30	Arrival, registration, coffee	
<b>Session 1: The National Cervical Screening Program Renewal</b>		
<b>Unpacking the evidence</b>		<b>Chair - Dr Caroline Harvey</b>
8.30 – 8.35	Welcome to Country	Uncle Chicka Madden
8.35 – 9.00	Opening Address - Overview: cancer screening and prevention - Priority populations	Ms Sarah McGill
9.00 – 9.30	Understanding HPV - Prevalence and patterns - Natural history of infection - Types and consequences - Role of vaccination	Dr Kay Strom
9.30 – 10.15	The big picture view of the NCSP Renewal - Test, interval, age range, pathways	Prof Ian Hammond
10.15 – 10.35	The National Cancer Screening Register (NCSR)	Dr Leane Christie
10.35 – 11.00	MORNING TEA	
<b>Session 2: The National Cervical Screening Program Renewal</b>		
<b>Evidence into practice</b>		<b>Chair - Dr Kay Strom</b>
11.00 – 11.45	The new cervical screening guidelines - Clinical application - Dealing with women's concerns and questions - Explaining the evidence	Dr Caroline Harvey
11.45 – 12.30	Self-collection study Update on HPV vaccination	A/Prof Julia Brotherton
12.30 – 1.15	Panel session for Q&A - Case scenarios - FAQs - Audience questions <b>Panel facilitator: Dr Mary Stewart (FPNSW)</b>	Prof Ian Hammond Dr Caroline Harvey Dr Kay Strom A/Prof Julia Brotherton Dr Leane Christie Dr Bronwyn Morrish (Dept of Health) Dr Jennifer Roberts (DHM Pathology)
1.15 – 2.00	LUNCH	
<b>Session 3: Cancer Screening and Prevention</b>		<b>Chair - Dr Caroline Harvey</b>
2.00 – 2.10	Canrefer – Online cancer services directory	Ms Camille Cavill
2.10 – 2.50	National Bowel Cancer Screening Program - The case for FOBT screening - The NBCSP and Primary Care	Dr Nick Burgess
2.50 – 3.20	BreastScreen NSW - Working effectively with BreastScreen NSW - Key facts for general practice	Dr Wendy Vincent Ms Meredith Kay
3.20 – 3.45	AFTERNOON TEA	
	SNAP risk factors - Smoking, nutrition, alcohol and physical activity	Prof Mark Harris
4.25 – 4.30	Summary and thanks	
4.30	CLOSE	

### 3.3 Presenters

Presenters, panellists and facilitators were drawn from the experts in Cervical Screening and Cancer Prevention across Australia. The backgrounds of all involved are described, in alphabetical order, below.

**A/Prof Julia Brotherton** B Med (Hons), MPH (Hons), Grad Dip App Epi, FAFPHM, PhD, GAICD. A/Prof Brotherton is Medical Director of Registries and Research at the Victorian Cytology Service (VCS) and a public health physician and epidemiologist. She is the Medical Director of the National HPV Vaccination Program Register and of Victoria and South Australia's cervical screening registries. She is an Honorary Principal Fellow at the School of Population and Global Health, University of Melbourne. For over ten years Julia has been involved in research and policy development informing the implementation and evaluation of HPV vaccination programs in Australia. She has been a lead investigator on research demonstrating the world's first evidence of declines in HPV infections and pre-cancerous cervical lesions post- vaccination. She has over 130 publications and is passionate about using public health data to undertake policy-relevant research.

**Dr Nick Burgess.** Dr Nick Burgess is a staff specialist gastroenterologist and interventional endoscopist at Westmead Hospital, Sydney. He has completed a fellowship in advanced endoscopy, ERCP and EUS at Westmead Hospital and has a University of Sydney PhD focused on endoscopic mucosal resection (EMR) of large colonic polyps. He runs a rapid access clinic for patients with positive faecal occult blood tests at Westmead Hospital. Key aspects of his research include the prediction of cancer in colon polyps, adverse events and methods for reducing the risk of bleeding and perforation, sessile serrated polyps and characterisation of dysplasia and evidence based appraisal of basic and advanced resection techniques. He has ongoing research interests in bowel cancer screening, advanced colon resection, ERCP and EUS.

**Ms Camille Cavill.** Camille is a Project Officer working in the System Improvement team at the Cancer Institute NSW. She has been working on Canrefer since 2014.

**Dr Leane Christie** Professional Doctorate (Health Sciences), M Nursing, Ba Nursing, Grad Cert Management, RN. Dr Christie is a registered nurse with over 30 years experience working in the healthcare setting in both Government and non-Government sectors. Leane is committed to consumer-focused cancer prevention and sexual and reproduction health program delivery and was the Program Director, Queensland Cervical Screening Program for over eight years until 2012. Leane completed a professional doctorate on the impact of primary and secondary cervical screening prevention strategies on Queensland women and was a member of two National Cervical Screening Program (NCSP) committees, the NCSP Renewal Committee and the NCSP Safety Monitoring Committee until 2012. Her current role is Cervical Program Manager, National Cancer Screening Register, Telstra Health.

**Ms Kirsty Fleming** DipHe RN, MWomHMed. Kirsty has been working as a registered nurse at Family Planning NSW for over nine years and has many years' experience in gynaecology and reproductive and sexual health nursing. She is the State Nurse Coordinator, working as part of the Clinical Services Management team that is responsible for maintaining high level clinical governance across Clinical Services. Kirsty is responsible for maintaining and reviewing nursing scope of practice throughout Family Planning NSW and building clinical networks with external nursing leaders. She holds a master's degree in women's health medicine and is currently studying to become a nurse practitioner. Kirsty also maintains a clinical load through Penrith clinic providing R&SH consultations to clients including LARC insertion. She is a clinical instructor and works with FPNSW's education team presenting at clinical forums and family planning courses.

**Professor Ian Hammond.** Ian Hammond retired in 2012 after 30 years in clinical practice as a Gynaecologic Oncologist in Perth, WA. In 2000 he developed (with John Taylor and Paul Mc Menamin) the Anatomy of Complications Workshop, that continues to assist colleagues avoid and manage complications of surgical practice. Since his retirement, he has been actively involved in the Renewal of the National Cervical Screening Program. He Chaired the Renewal Steering Committee from 2011-2014, and since then has Chaired the Steering Committee for the Renewal Implementation Project.

Last year Professor Hammond chaired the Cancer Council Australia Guidelines Working Party that developed the new 2016 Management Guidelines that will support the renewed National Cervical Screening Program. In 2011 he was awarded the President's Medal of the RANZCOG for services to Women's Health.

**Prof Mark Harris.** Mark Harris is foundation Professor of General Practice, Executive Director of the Centre for Primary Health Care and Equity and Scientia Professor at the University of New South Wales. He is also deputy director of the Translational Cancer Research Network. He was awarded a fellowship of the Australian Academy of Health and Medical Sciences in 2015 and is a life fellow of the RACGP. His main research areas are on long term illness prevention and management in primary health care and health equity. He has 350 publications in peer reviewed journals and these have resulted in over 3500 citations. He has published 16 book chapters. He has practiced as a volunteer GP with the Asylum Seekers in Sydney from 2000 to the present. This involves providing a primary medical service for asylum seekers not eligible for Medicare. He is a director of the board of Central and Eastern Sydney Primary Health Network (PHN). He has edited three editions of the RACGP Guidelines for Preventive Care in General Practice and two editions of the RACGP SNAP guide (for lifestyle interventions in general practice). He is currently section editor for BMC Family Practice and Member of the Editorial Committee for Public Health Research and Practice. He has been a member of the Quality Committee and Prevention and Community Medicine Committees of the Royal Australian College of General Practitioners for 25 years. He has sat on 16 committees and/or advisory groups including currently for the NHMRC Translation Faculty and Prevention and Community Health Committee, RACGP Quality Committee, National Heart Foundation Clinical Issues Committee, Australian and NSW government advisory groups (on primary care, Medicare, Health Care Homes, Chronic disease). He has been a consultant for WHO (WPRO), Australian International Aid, and Save the Children Fund in the Pacific and China.

**Dr Caroline Harvey** MBBS (Hons) MPM MPH DRANZCOG FRACGP. Caroline completed her medical degree and GP training in NSW where she worked until moving to Qld in 1998. She has worked in Sydney, Cairns and Brisbane in various settings including general practice, Aboriginal Medical Services, Family Planning Qld (FPQ) and FP NSW and Qld Health. She currently works for the Institute of Urban Indigenous Health as Senior GP Sexual and Reproductive Health. As well as being active in clinical practice and teaching for the past 25 years she is a recognised expert in contraception, and has published research on implants and IUDs.

As Medical Director at FPQ from 2002-2014, Caroline led a decade of expansion and innovation of education programs to medical and nursing professionals including the delivery of courses and workshops to regional areas, the development of an IUD insertion clinical training program, the annual Reproductive Refresher conference, the introduction of flexible tailored clinical attachments and the Pap Smear Provider module for nurses. The development of partnerships with organisations and training providers was key to this work and she maintains a strong passion for responsive and collaborative approaches to health professional education.

**Ms Meredith Kay.** Director of BreastScreen Northern Sydney Central Coast.

**Ms Sarah McGill.** Sarah McGill took on the role of Director of Cancer Screening and Prevention at the Cancer Institute NSW in 2012. She oversees activities including:

- anti-tobacco and skin cancer mass media campaigns
- symptom awareness projects
- state-wide breast, cervical and bowel screening programs.

Sarah has extensive experience in the public health system in New Zealand, having held a number of strategic and operational roles. She has significant experience in change management and service redesign. Sarah has been responsible for providing leadership, management and accountability for a wide range of:

- clinical services and clinical governance
- patient safety
- quality and risk services.

Sarah is a Registered Nurse and holds a Master of Public Policy and Post Graduate Diploma in Business Management. Expert areas: screening and detection, prevention, risk and awareness, tobacco and smoking, skin cancer and UV protection.

**Dr Jennifer Roberts** MBBS (Hons), FRCPA, MIAC. Dr Jennifer Roberts is a graduate of the University of Queensland and undertook her specialty training at the Royal Brisbane and the Royal Women's Hospitals, obtaining her Fellowship of the Royal College in 1993. Since that time, she has worked in both hospital and private practice and for the last 22 years, has specialised in gynaecological histopathology and cytopathology. Her long-term diagnostic and research interests centre on HPV-related disease of the lower anogenital tract. Dr Roberts is involved in a number of NHMRC and Cancer Council-funded trials, exploring the natural history of HPV-related disease of the anus and the potential efficacy of a cytology screening program to prevent anal cancer. She is also a member of the executive committee of the Australia and New Zealand Vulvovaginal Society.

**Dr Mary Stewart** MBBS DFFP. Dr Mary Stewart works at Family Planning NSW as a clinic doctor and also in the research and education teams. Mary coordinates the National Certificate in Reproductive and Sexual Health and was one of the writers and medical editors of the new “Reproductive and Sexual Health Australian Clinical Practice Handbook”. Mary qualified from the University of Sydney before working for many years in the UK in Sexual Health, then Singapore in Public Health before returning to Australia and completing a Masters in Public Health from the University of NSW. Mary’s special interests are contraception, STIs, unintended pregnancy, cervical screening and legal issues in reproductive and sexual health.

**Dr Kay Strom** MBBS (Hons) FRACGP. Kay completed her medical degree at the University of Queensland, graduating with first class honours. She is currently working as a medical officer at the Griffith University Health Service. Kay is also a tutor at the University of Qld School of Medicine, and Senior Lecturer at the Griffith University School of Medicine. She has worked as an educator and examiner for International Medical Graduates with the Communication Program Team, Clinical Skills Development Service, RBWH. Kay worked predominantly in Sexual and Reproductive Health for more than 20 years until 2014, in both clinical and education roles. As Medical Education Coordinator at Family Planning Qld, she developed, delivered and oversaw numerous courses and education programs for medical and nursing professionals including the development of innovative educational models.

Kay is widely recognised for her expertise and teaching excellence and has lectured for RACGP, RANZCOG, ACRRM, GP Training consortia and Health Workforce Qld. She was coordinator of the Qld GP Cervical Screening Skills Update Project from 2007 – 2013, a program which assisted experienced GPs and international medical graduates to acquire practical skills across all aspects of cervical screening, including communication and examination.

**Dr Wendy Vincent.** Dr Wendy Vincent is a Breast Physician and Clinical Director of BreastScreen SLHD, and in clinical practice as a VMO at The Chris O’Brien Lifehouse and RHW NSW Women’s Breast Centre.

## 4.0 Registration

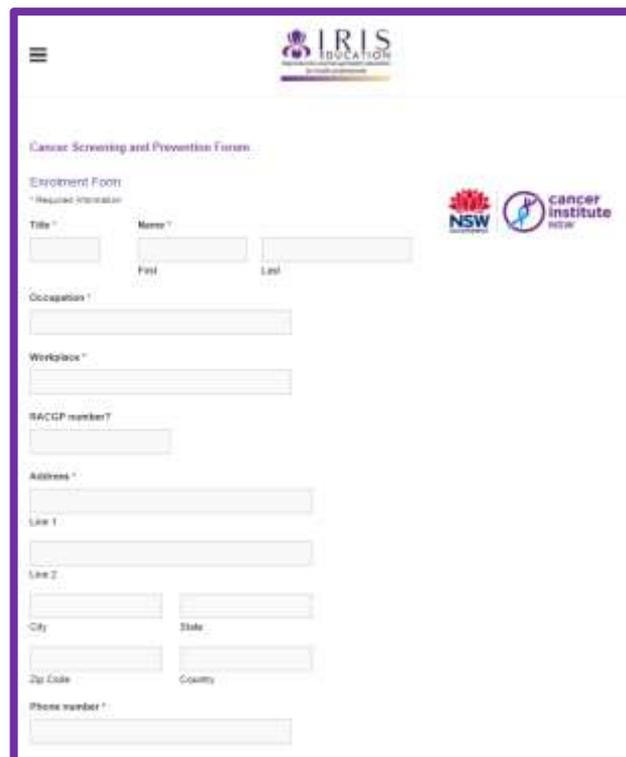
Registration was through the Iris Education website, shown below. Participants were asked to nominate attendance either in person or through live-streaming, and to indicate if they intended to attend for full or half day. Registrations remained uncapped and the continued to be received even on the day of the event.

### 4.1 Method

Marketing was conducted jointly by Iris Education and CINSW with CINSW targeting NSW networks including PHNs, Women's Health Professionals and NSW GP organisations.

Iris Education conducted email and Facebook promotion through their own networks and with medical organisations including RACGP, ACRRM, RACP, RANZCOG, ASHM, nursing and allied organisations including AAPM, ASHNA, as well as PHAA, and rural and health workforce organisations Australia-wide.

Iris Education advertised in Australian Doctor magazine for the first two weeks of September and through a one-month online advertisement on [medicaljobs.com.au](http://medicaljobs.com.au) commencing 25 August 2017.



In light of the tight marketing lead-time, Iris Education also made direct contact with all NSW Super Clinics, as well as Lifehouse, Marie Stopes, NSW women's health centres and NSW aboriginal health services to provide information about the event. In addition to the email campaign, Iris requested that trade display organisations, including FPNSW, and pathology companies distribute the event flyer through their networks.

In order to determine the effectiveness of marketing strategies, an optional field was included on the registration for participants to indicate the marketing source. Responses indicated that emails, flyers and word of mouth from colleagues were the most effective strategies, although some registrants noted they found the information through websites.

The penultimate week was the peak period for registrations (and the final week was the peak period for cancellations). There was also some changing from attendance at the venue to live streaming, and seven attended at venue or by live streaming without registration. The timing of registrations is illustrated in the table on the next page.

Time period	New registrations
Before 25 Aug 2017	16
25 Aug - 1 Sep 2017	42
2 - 8 Sep 2017	35
9-15 Sep 2017	112
16-22 Sep 2017	69
23 Sep 2017	7 (attending without prior registration)
<b>Total</b>	<b>281</b>

## 4.2 Registration demographics

Overall 281 individuals registered for the forum, or attended on the day (excluding the 26 presenter/panellists, trade table representatives and administrative staff). 196 (70%) of these attended some component of the day in-person or accessed the live streaming site. More information about attendees is available in the next section. Demographic data is known for all who registered online and is summarised below. There are no known differences between the full cohort of registrants and the sub-cohort of attendees.

### 4.2.1 Profession

Profession		Face-to-Face	Live Streaming	Total*
Medical	GP	37	66	100
	GP Registrar	2	7	9
	O & G / Sexual Health / Reproductive Health	10	3	13
	Cancer care / oncology	2	1	2
	JMO / IMG	1	2	2
	Other	5	5	10
<b>Medical total</b>				<b>136</b>
Nursing	Sexual Health / Reproductive Health / Women's Health	11	17	28
	Cancer screening / care	5	6	11
	Nurse Practitioners	2	3	5
	Practice Managers	1	4	5
	Clinical Nurse	4	2	6
	Practice Nurse	10	20	30
	Registered Nurse	10	17	27
<b>Nursing total</b>				<b>110</b>
Midwife		2	6	8
Other / unknown		10	17	27
<b>Total</b>		<b>112</b>	<b>169</b>	<b>281</b>

\* Totals may be less than sum of face-to-face and live streaming as some people registered for both.

#### 4.2.2 Geographic Origin

Location		Face-to-Face	Live Streaming	Total*
NSW	Central Coast	2	3	5
	Far West	-	1	1
	Hunter New England	2	3	5
	Illawarra Shoalhaven	3	3	6
	Mid North Coast	-	4	4
	Murrumbidgee	-	2	2
	Nepean Blue Mountains	5	4	8
	Northern NSW	-	8	8
	Northern Sydney	18	17	31
	South Eastern Sydney	19	9	28
	South Western Sydney	8	11	19
	Southern NSW	-	2	2
	Sydney	28	18	44
	Western NSW	3	6	9
Western Sydney	13	11	24	
<b>NSW total</b>				<b>196</b>
ACT		1	3	4
Northern Territory		-	7	7
Queensland		6	48	53
South Australia		1	3	4
Tasmania		-	1	1
Victoria		-	7	7
Western Australia		2	0	2
Unknown		2	5	7
<b>Total</b>				<b>281</b>

\* Totals may be less than sum of face-to-face and live streaming as some people registered for both.

#### 4.2.3 GP and GP Registrar origin

Profession: GP & GP Registrar		Face-to-Face	Live Streaming	Total*
NSW	Central Coast	1	2	3
	Far West	-	-	-
	Hunter New England	2	2	4
	Illawarra Shoalhaven	1	-	1
	Mid North Coast	-	1	1
	Murrumbidgee	-	-	-
	Nepean Blue Mountains	2	1	2
	Northern NSW	-	3	3
	Northern Sydney	7	7	12
	South Eastern Sydney	9	4	13
	South Western Sydney	2	4	6
	Southern NSW	-	1	1
	Sydney	5	6	11
	Western NSW	-	3	3
Western Sydney	7	7	14	
<b>NSW total</b>				<b>74</b>

Table continued on next page

Profession: GP & GP Registrar	Face-to-Face	Live Streaming	Total*
NSW Total	34	40	74
ACT	-	2	2
Northern Territory	-	6	6
Queensland	1	20	21
South Australia	1	2	3
Tasmania	-	-	-
Victoria	0	2	2
Western Australia	1	-	1
<b>Total</b>			<b>109</b>

\* Totals may be less than sum of face-to-face and live streaming as some people registered for both.

## 5.0 Attendance

196 individuals participated in the forum. Of these 88 attended in person and 108 participated through live streaming. There was variance in the attendance rates compared to the registration rates and these are described in the sections below.

A certificate of attendance was provided to all those who registered and attended, whether face-to-face or live streaming.

### 5.1 Face-to-Face

Of the 112 who registered to attend in person, 31 did not show up on the day, while 7 individuals who had not registered by the time of printing sign in sheets (Thursday evening) turned up on the day. Of note, numerous of those who registered but did not arrive on the day, viewed the update through live streaming. Participation rates were sampled at different stages of the day. These are presented in the table below.

Session	Number in the room (inc presenters and facilitators)
At the beginning of the day, during the opening session	72
Panel discussion prior to lunch	92
Session on cancer prevention after lunch	65
Last session of the day	48

### 5.2 Live Streaming

Of the 169 who registered to view the update online, 67 did not participate in any live streaming and another 6 registered on the day. Participation rates were sampled at different stages of the day. These are presented in the table below and demonstrate a sustained following on live streaming.

Session	Number viewing via live streaming
At the beginning of the day, during the opening session	92
Panel discussion prior to lunch	80
Session on cancer prevention after lunch	58
Last session of the day	55

Data from GigTV, the company responsible for the live streaming processes, indicate that individuals chose particular sessions to watch and logged in and out for those discrete sessions. Some individuals remained logged in for the entire day but this was a minority of the cohort.

Of note, at the time of writing this report (two weeks after the forum) the recordings of the sessions had been viewed by 76 different individuals. It is unknown if these were participants in the forum, registrants who were unable to be involved on the day or colleagues who had been informed about the presentations. Irrespective, this is an additional benefit of live streaming.

### 5.3 The GP Cohort

109 GPs registered to participate in this update day. While 13 of those who registered to attend in person did not arrive on the day, it is known that a number of these are included in those who chose to participate through live streaming. An accurate estimate is that on the day 82 GPs participated. Of these, 46 participated through live streaming (56%) and 36 participated face-to-face. The number of GP registrars within this cohort is unknown as not all GP registrars enrolled themselves as a 'GP registrar'.

#### 5.3.1 RACGP QI & CPD Points

As Iris Education is an accredited education provider of the RACGP, to encourage participation by General Practitioners, 13 RACGP QI & CPD category 2 points were able to be offered. The number of GPs and GP Registrars in attendance supported the benefit of applying to have the update registered as an RACGP Accredited Activity. The following logo and notification was displayed on all advertising.



Additionally, Iris Education organised the accreditation of this event by the Australian College of Rural and Remote Medicine.

Iris Education organised and funded the submission of CPE points for all GPs who registered, attended and provided their RACGP or ACRRM number on registration.

### 6.0 Trade Displays

In addition to Iris Education and Cancer Institute NSW, organisations with an affiliation to the topic of the update were invited to staff a trade display. The organisations listed on the next page displayed material and had staff present to discuss topics with those who attended the update:

- Becton Dickinson
- CanRefer
- Douglass Hanly Moir
- Family Planning NSW
- Hologic
- Laverty

Medlab was also invited to display but chose not to attend.

The pathology and pharmaceutical organisations (BD, DHM, Hologic and Laverty) were asked to cover the venue costs for attendance, calculated at \$250 plus GST per table.

Anecdotal feedback from display table holders and participants indicated that the trade displays were appreciated

## 7.0 Evaluation Outcomes

An electronic evaluation tool was prepared by Iris Education and distributed to the email addresses of all who registered for the update on Friday 22<sup>nd</sup> September. All participants were encouraged to provide feedback through this electronic evaluation tool across numerous points of the day. Information about the email and access to the tool were displayed on the screens during each break and at the end of each session. Approximately 30% of respondents completed the evaluation in real time on the day.

As some participants did not register prior to the day (both face-to-face and live streaming) these individuals were provided with a unique identifying number to access the electronic tool during the update. To assist those having difficulty accessing the electronic evaluation tool, two members of Iris Education had copies of each person's unique access identifier. Three different people requested this information during the day. Additionally, 24 printed copies of the evaluation were distributed to individuals who chose not to use the electronic resource. These 24 evaluations were uploaded to the electronic tool after the event.

An email reminder was sent on the Wednesday following the update requesting those who had not yet completed the evaluation to add their comments. Due to a lower than anticipated response rate this was repeated on the following Monday.

### 7.1 Overall Cohort

91 Individuals provided some evaluation feedback. This represents 46% of the cohort that participated in the update (n=298). This is a moderate evaluation rate for this type of activity, especially with the large participation rate via live streaming. Of these 91 individuals, 68 completed every question of the electronic tool (75%).

#### 7.1.1 Demographics

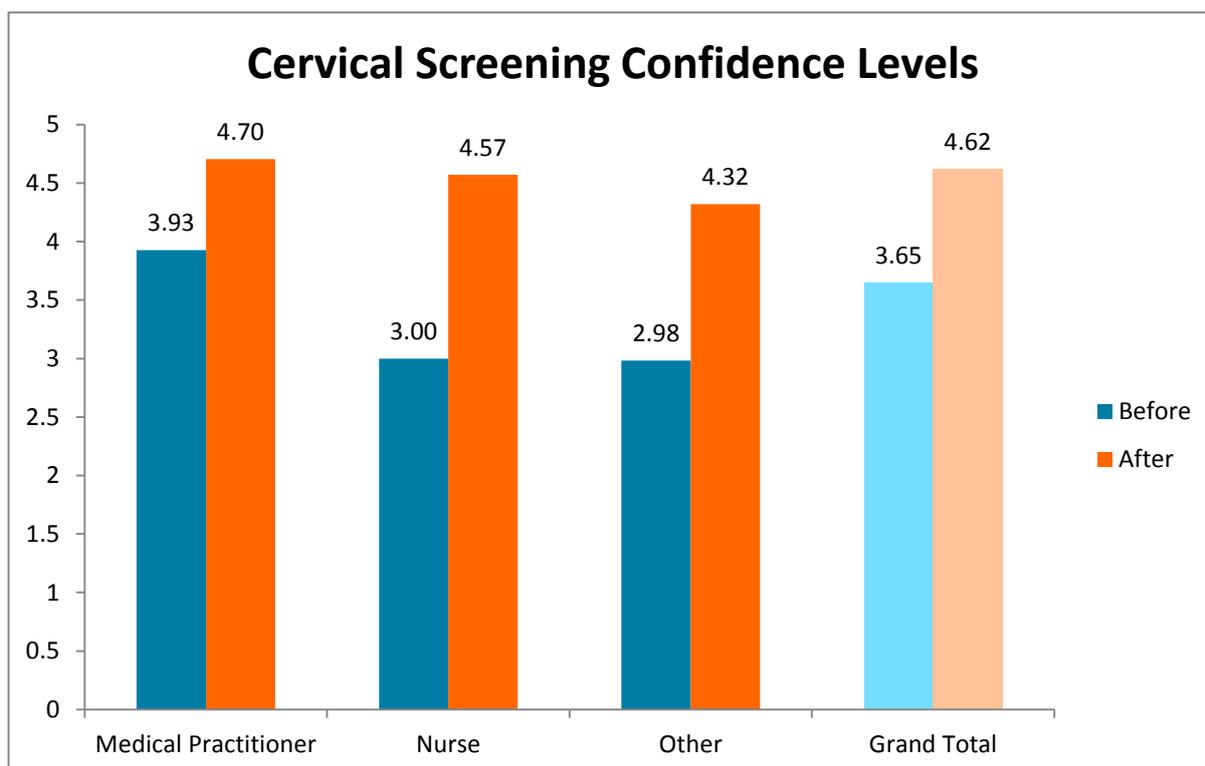
Almost half of participants who completed the evaluation documents were medical practitioners (n=45). There is a higher representation of GPs and GP Registrars in the evaluation cohort than in the overall attendance cohort. The table on the next page describes the evaluation respondents by profession and by manner of attendance.

Profession	F2F	Live Streaming	Total
GP and GP Registrar	26	19	45
Nurses	18	12	30
Other	4	2	6
Unknown profession	7	3	10

### 7.1.2 Confidence levels

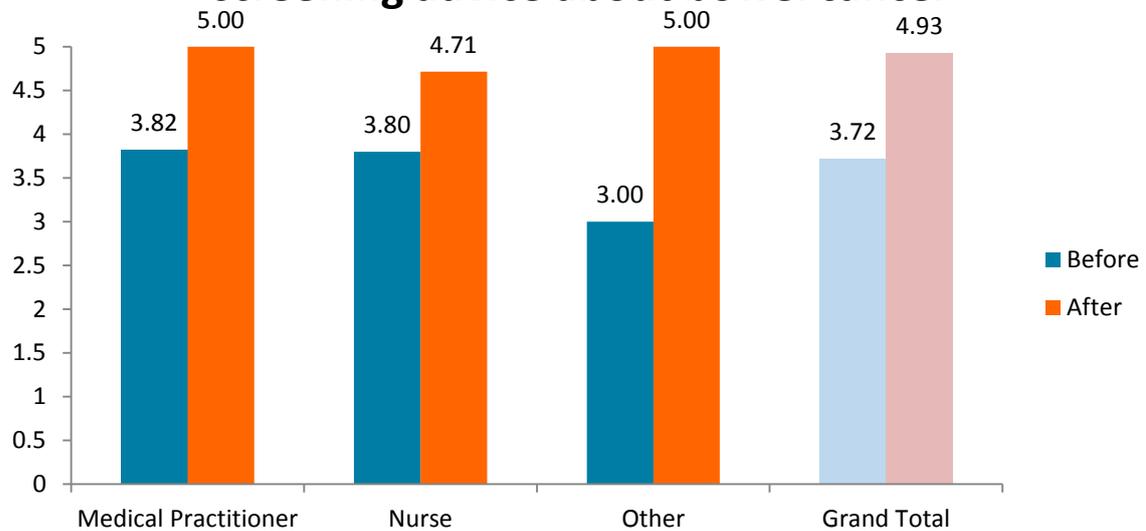
It is evident that this workshop has been an effective educational event. Participants were asked to rate their confidence levels on several topics prior to the update and immediately after the update. Participants were able to answer the question about their prior confidence level the day before the workshop. Although the confidence levels of many participants were already high, all participants expressed an increase in confidence as a result of attending.

For Cervical Screening, the overall average moved more than 1.0 point along a 5-point Likert Scale (from 3.65 to 4.62). All professions noted an increase in confidence with the greatest increase being among nurses. The graph below presents the change in confidence levels for each profession.

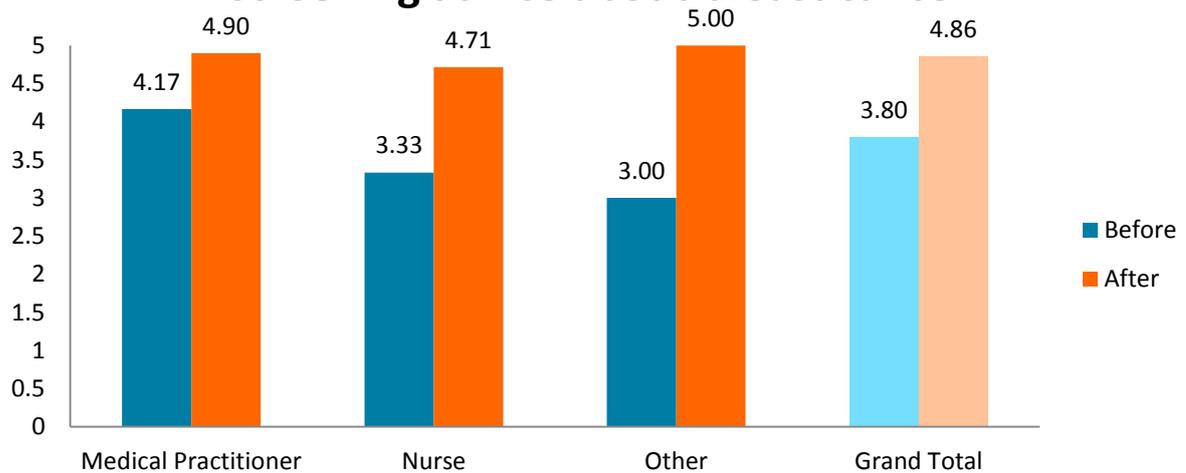


For the afternoon topics on cancer screening and prevention, the increase in confidence levels remained as significant. The ratings for confidence levels for each topic are presented on the next page. A small number of participants noted no change in confidence levels (n = 3) in some of these however no participant registered a decrease in confidence levels. The graph below presents the change in confidence levels for each profession.

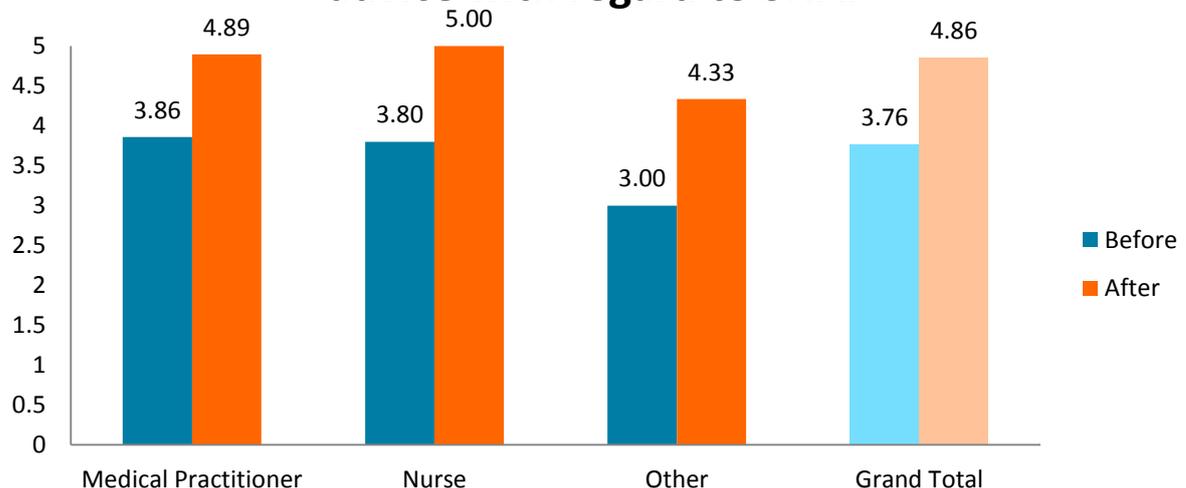
### Confidence Levels - Providing prevention and screening advice about bowel cancer



### Confidence Levels - Providing prevention and screening advice about breast cancer



### Confidence Levels - Providing effective lifestyle advice with regard to SNAP

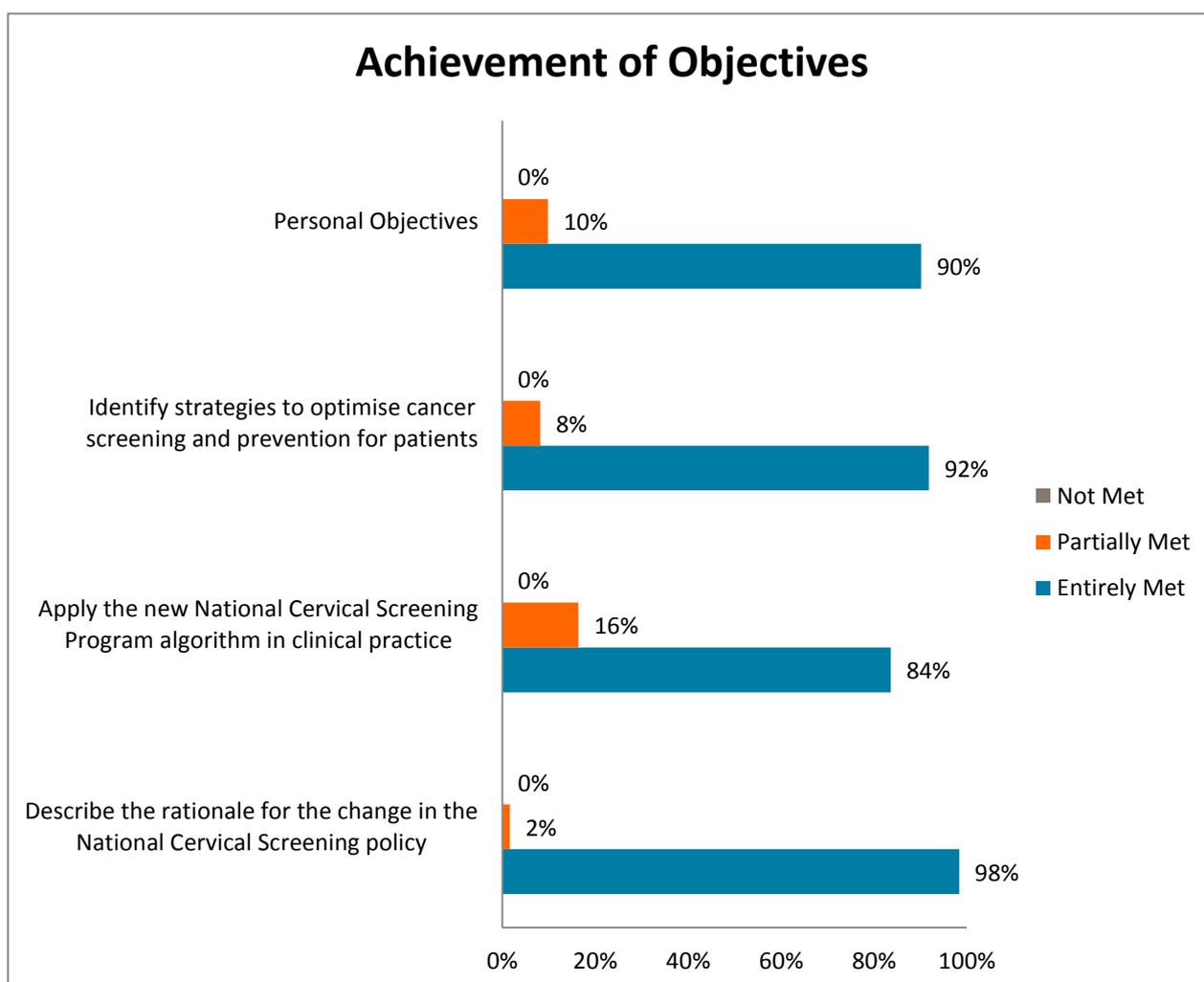


### 7.1.3 Relevance to Practice

Almost every participant indicated that this update was relevant to their daily practice. No-one indicated the day was not relevant to their practice. 92% of GP respondents indicated the day was entirely relevant and 82% of nurses indicated that it was entirely relevant. The remainder indicated the day was 'mostly relevant'. No-one indicated that the day was not relevant.

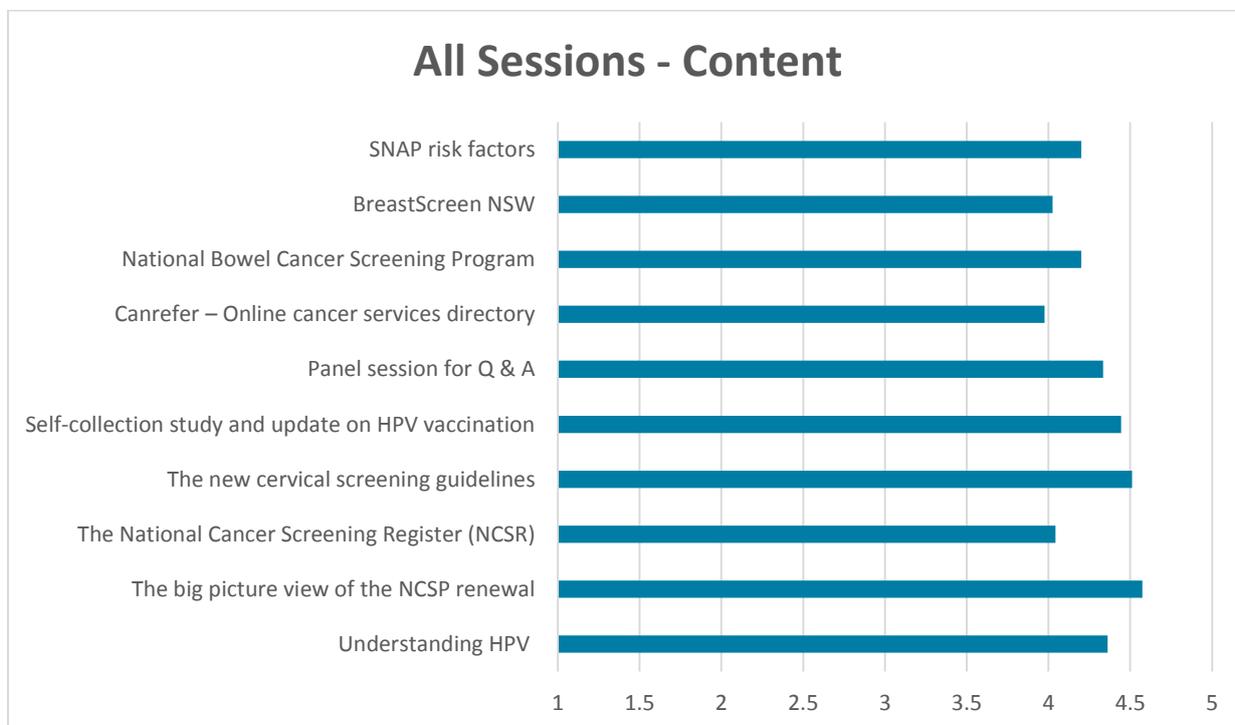
### 7.1.4 Achievement of Objectives

Participant were asked to rate their achievement of the objectives of the day. The objectives were listed in the forum workbook. Participants were also asked if they achieved their own personal learning objectives. The graph below illustrates responses with the first bar showing the achievement of own objectives. This has been an overwhelming successful event regarding achievement of the outcome of the forum.



### 7.1.5 Summary of Evaluation of Content and Delivery for each session

The content of each session was rated by participants on a 5-point Likert Scale. The content of all sessions was rated highly by all participants. The comments, later in this report, also reflect this very positive rating. The graph below presents the average rating for the content of each session. While not all participants rated every session, the minimum response rate was 68 for the content questions (74%). This included both those who attended in person and those who attended via live streaming. There was no discernible difference between these two cohorts in how they rated the content. This also demonstrates that those who ‘stayed to the end’ were more likely to complete the evaluation document as at least 68 individuals rated the last session representing a 66% response rate of those who were known to attend the last session (compared to 46% of the overall cohort).



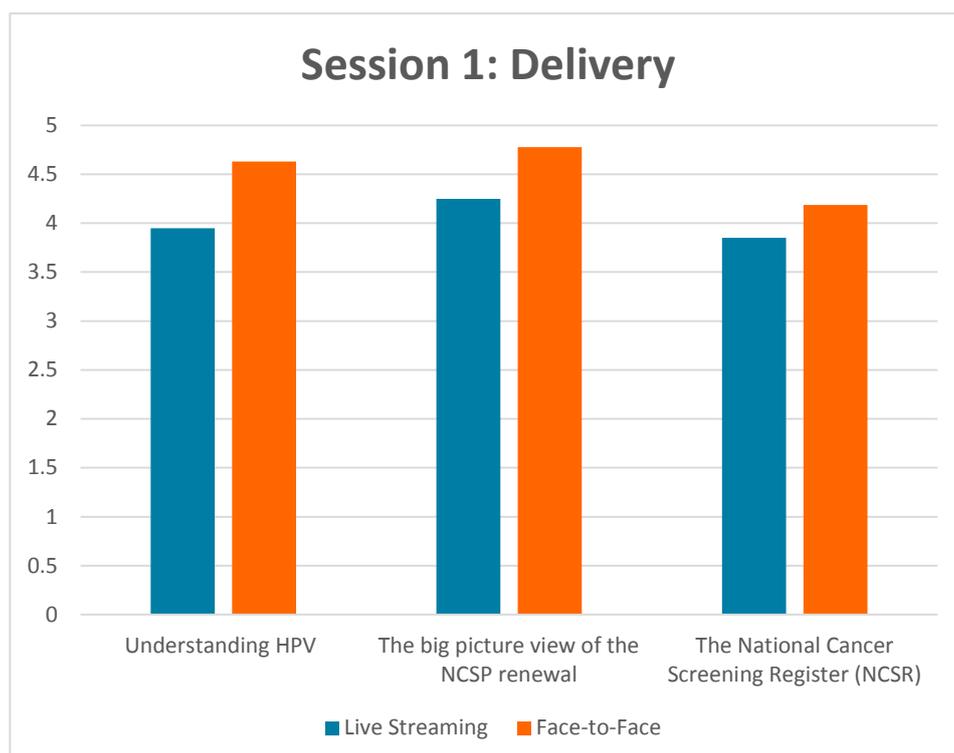
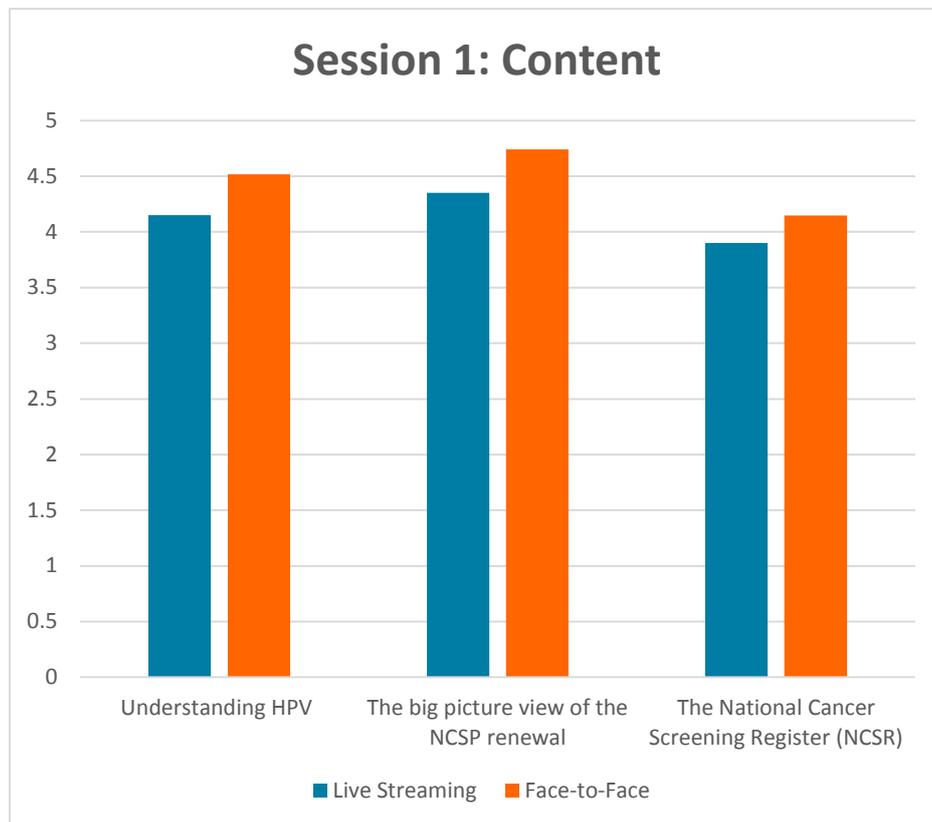
The delivery of each session was also rated by participants on a 5-point Likert Scale with very similar results as noted above. Again, the delivery of all sessions was rated highly by all participants. While not all participants rated every session, the minimum response rate was 64 for the delivery questions. This included both those who attended in person and those who attended via live streaming. Of note, the high rating of content and delivery did not decrease over the course of the day as often occurs at large meetings.

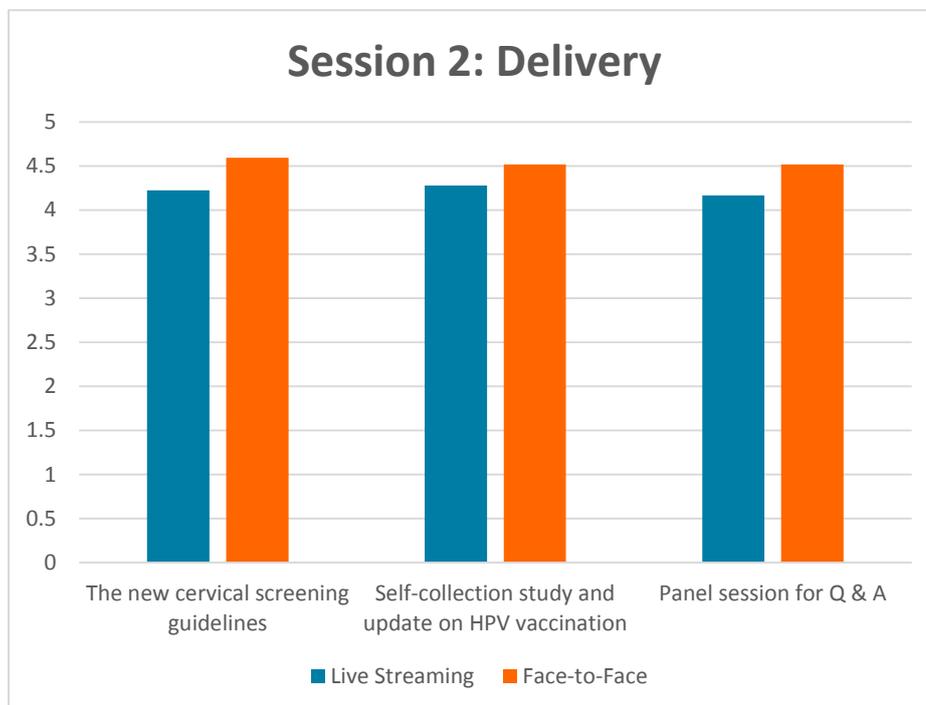
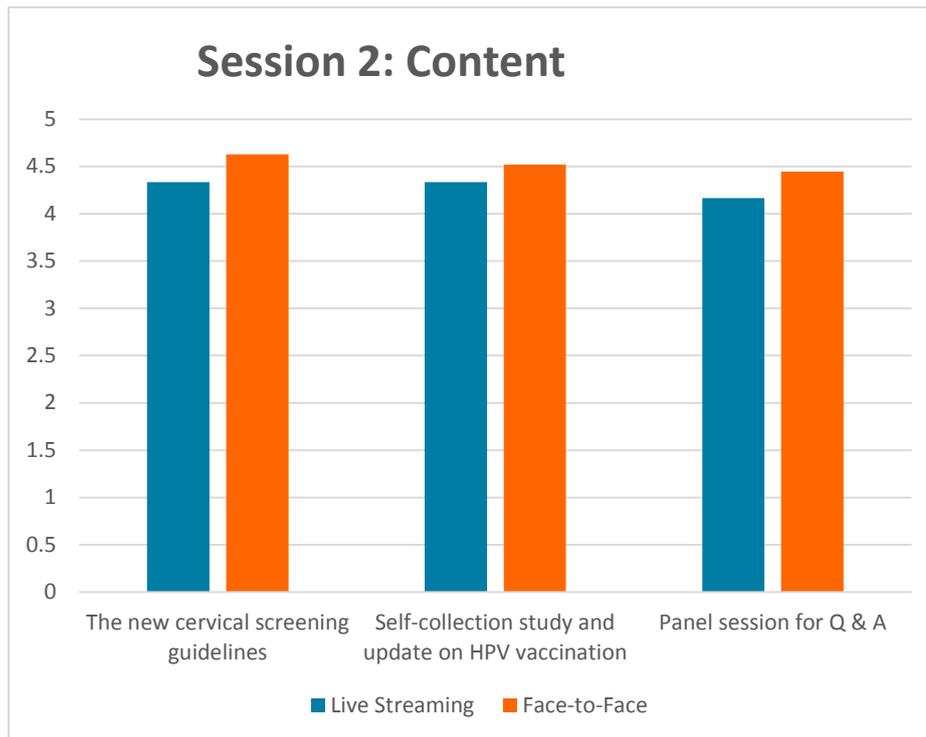
## 7.2 By attendance mechanism

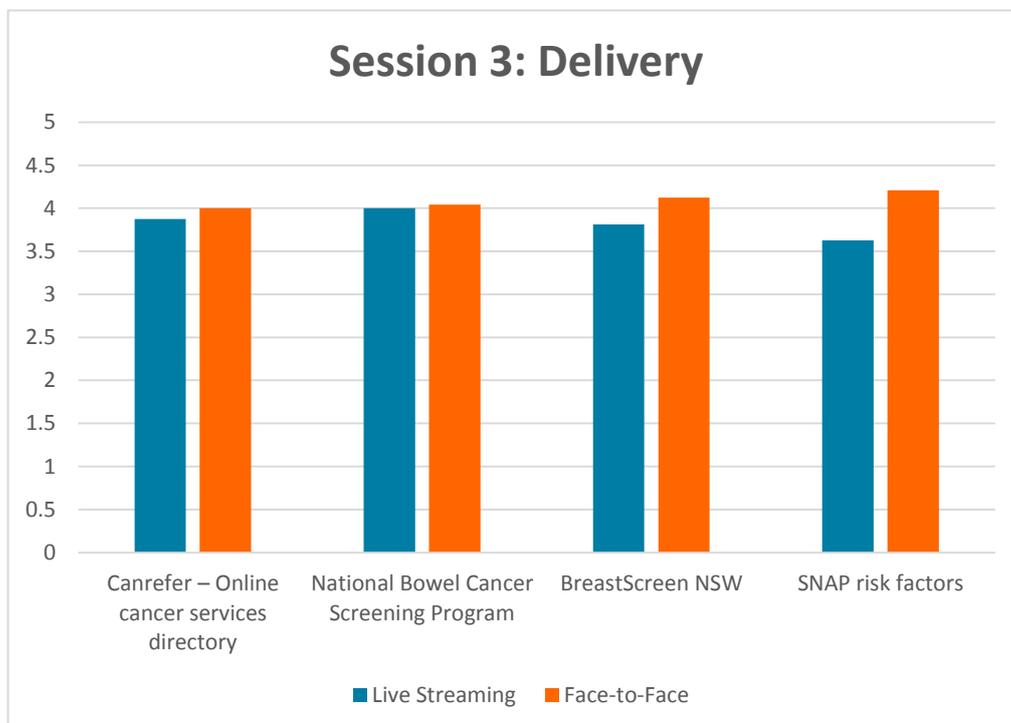
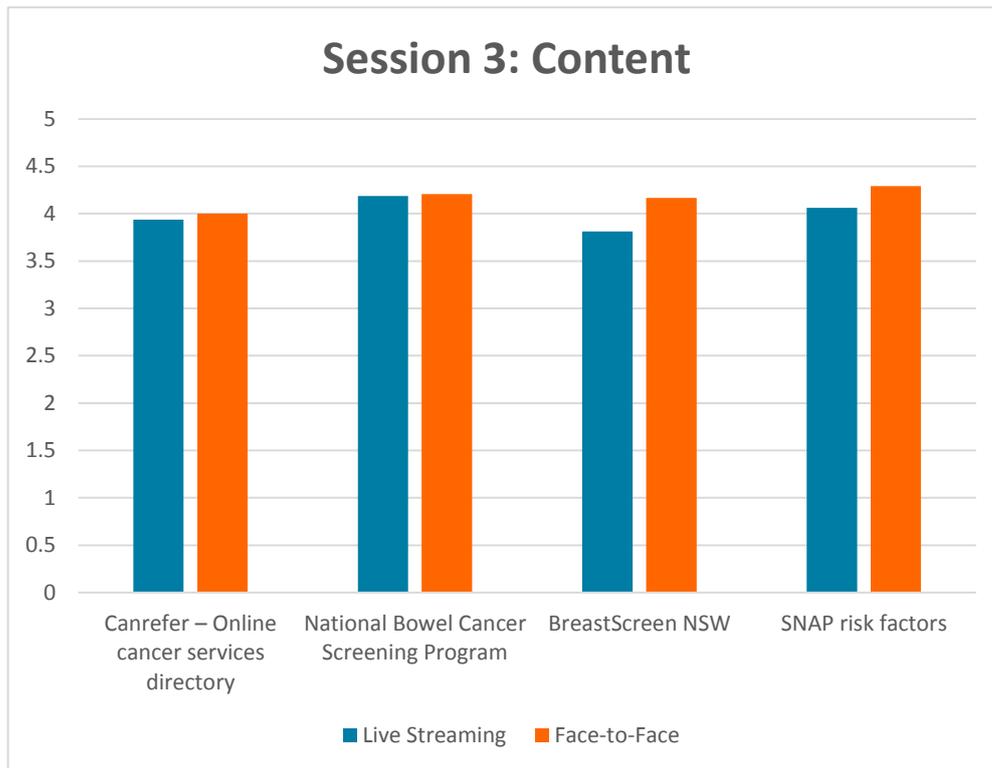
55 of the 88 individuals who attended in person (63%) provided an evaluation response and 36 of the 108 individuals who participated through live streaming provided an evaluation response (33%). The lower response rate from those live streaming is expected. There was no difference in evaluation responses between those who attended through live streaming and those who attended in person. All participants who completed the evaluation rated the update very highly. There is no indication through

examination of demographic profiles of those who completed the evaluation and those who did not to assume that the cohort who completed the evaluation are more likely to report favourable responses.

To demonstrate this, the graphs on the next pages delineate content and delivery responses by mechanism of attendance.







There was no statistically significant difference in ratings by those who attended in person or those who attended via live streaming. The comments divided by mechanism of attendance are presented over the next pages.

### 7.2.1 Comments by those who attended Face-to-Face

Comments about the 'Understanding HPV' session (9.00am) from those who attended in person are presented below:

- Very clear and interesting.
- Very good concise overview of topic
- A bit too much vivid detail.
- Great overview of HPV infection with clear information which has given me a much greater understanding & vaccination recommendations of this interesting virus. Thank you.
- As a health bureaucrat, I did not understand the virology information
- This session was great to enable better understanding of the process of regression and also in relation to the changes being made and being able to clarify this information to be able to explain to pt
- I enjoyed this presentation; will be very helpful in explaining HPV infection and management of same to my patients

Comments about the 'Big Picture view of the NCSP Renewal' session (9.30am) from those who attended in person are presented below:

- Very enjoyable and interesting lecture, put well by speaker and made the changes easy to understand.
- Excellent speaker - got things across very well.
- Excellent presentation with clear information on "The New Cervical Screening Test" and how this will save lives (& money) for vaccinated and unvaccinated females - especially the better diagnosis of adenocarcinomas which were not identified in the PAP smear. It was fabulous to have the changes explained re the new cervical screen test result lasting longer and more effective than PAP smear (& reasons not to screen under 25 years). Thanks very much.
- This was great with the expected changes and being able to clarify and explain changes clearer
- Thanks you; helped me to get a handle on the transition from pap smears to cervical screening and will help in explaining this to and educating my (often complex) patients

Comments about the 'National Cancer Screening Register' session (11.30am) from those who attended in person are presented below:

- Speaker packed in a great deal - dealt with both the guidelines of the new programme, and practical advice, and particular at risk populations. (I would have liked a separate talk on those and the differences in guidelines). Then went onto the pilot programme on self collection. Very good talk.
- Slides a bit busy with text and could possibly be simplified. Presenter did well with relatively turgid topic.
- Excellent presentation although I would have liked further information on how to access the register from GP Practice - ie through PRODA or other avenue or through DOH processes? Great initiative to invite participants vs remind participants too. Thank you
- Great to know the process and changes to ensure understanding for patients
- Another well set out and helpful presentation

Comments about the 'New Cervical Screening Guidelines' session (11.00am) from those who attended in person are presented below:

- Excellent talk. This speaker had a lot to cover. Was very practical in advice about the screening testing and quality, results and dealing with specific populations. Very well done.
- Good range of topics.
- Covered everything well.

- good practical information on the new guidelines - very clear and useful procedural information. Thank you
- It was a great informative session. Seeing the collection and how to enable best practice for sampling was good.
- A very timely presentation as 01 Dec approaches

Comments about the combined HPV vaccination and self-collection session (11.45am) from those who attended in person are presented below:

- Explained this pilot and results very well and the rationale for this self collection, but possible difficulties that can arise.  
The HPV vaccination talk was the best I have heard on the topic - I want to borrow some slides! So clear and very well delivered.
- Excellent.
- Talk had too many busy slides
- Very clear information on the guidelines / protocols for self-testing. I had very limited knowledge of applying this collection method and now feel like I can explain this. Great information on the new 9 valent HPV vaccine and benefits of 5 extra HPV types. Thank you
- A bit more information regarding how to help pt do collection sample would be good
- Thanks for this. I work in a sexual health clinic and among my patients are women who are both indigenous and living with HIV ; this should be very helpful
- Thanks again. As I work in a sexual health clinic I get a lot of questions about the HPV vaccine from both young female and young MSM patients; this presentation will be very helpful in educating my patients and allowing them to consider their options.

Comments about the Panel session (12.30pm) from those who attended in person are presented below:

- Very interesting panel discussion and lots of good questions raised from the audience and on line.
- I think we all agreed that it was an excellent mornings meeting - certainly one of the most valuable I have been to. I was very hesitant about the new changes and now I feel much more confident to change to the new programme in December I in fact now looking forward to it and to be able to explain it to patients and colleagues alike.
- Well done to all the speakers and all organisers and Iris foundation involved.
- Interesting questions not always "on target". However panel did well.
- Brilliant more Q's after lunch, but I have to leave now. More time please!!
- Not long enough
- Fabulous tips for Reception staff not turn people away as other screening "well womens check" may be due. Good practical tips to apply in practice. Thank you
- This was great to have to enable questions and clarify areas. It was good as it brought up questions that where relevant
- Informative and very helpful

Comments about the Canrefer session (2.00pm) from those who attended in person are presented below:

- This was fabulous - very clear and has explained me to an excellent resource which I can now pass on, with some understanding, to clinicians if asked. thank you for the Canrefer presentation.
- This was a great section as I was unaware of this service so great awareness
- Good take -home message regarding importance of multidisciplinary care

Comments about the National Bowel Screening Program session (2.10pm) from those who attended in person are presented below:

- Excellent presentation informative
- Would have liked longer on this session - an excellent presentation although a lot to take in at the one session (I'm a nurse not GP). Really useful guidelines on when to FOBT and individuals not suitable but rather refer for specialist ? colonoscopy
- Very good clarification of a program and knowledge on the program
- Another excellent presentation; am no longer working in general practice but very good information ( and photos/graphics)

Comments about the BreastScreen NSW session (2.50pm) from those who attended in person are presented below:

- More practical information about lifestyle prevention would have been interesting.
- Very important lecture
- Highly passionate presenter and very engaging. I really enjoyed this topic and motivation almost contagious. Excellent presentation thank you.
- The content of this session was pitched a bit low for the audience.
- Another very good presentation which clarified who should and should not be sent for screening

Comments about the SNAP risk factors session (3.45pm) from those who attended in person are presented below:

- The focus was on colorectal cancer - a broader approach including impact of SNAP risk factors on other common cancers would have been helpful.
- Terrific presentation too - useful information on SNAP and lifestyle preventable cancers eg 13% increase in colon cancer if red meat consumed more than 5 times per week. The graph on Assessment vs Advice (Population Survey) was a good reminder to check with the patient what they have understood from the consult. Good case study as well. Thank you.
- Great format and case study very relevant way to enable skills and help in general practice

Comments were also requested about 'what was of most value about the update?' Responses were received from almost all participants and the comments received by those who attended in person are presented below:

- Networking. Detail of rationale for cervical screening changes
- Reminder to incorporate talk back in promoting screening and healthy lifestyle behaviours
- Whole of practice approach to messaging and system and processes as enablers
- Session by Prof. Julie Brotherton - understanding how the HPV vaccine works.
- Session by Prof. Ian Hammond - Good overview including of the screening register.
- Understanding the treating algorithms for the changes in the cervical cancer screening guidelines from Dec 2017.
- Cervical cancer screen
- Clarifying the upcoming NCSP changes in a clinically applicable way.
- Cervical screening. HPV screening.
- HPV pathology & cervical screening.
- HPV vaccine and low incidence of cervical cancer.
- Nil response
- nil response
- Aware of current recommendations about cancer screening and pathways of referrals
- The whole day.
- Patient and practical clinical guidelines about the cervical screening test, useful information.
- Cervical cancer screening changes

- Understanding the importance of cancer screening programme. Will encourage patients to participate in the programme.
- Cancer tests for early detection & treatment. The knowledge of cancer treatment team & available resources.
- Pap Smear change clearly explained
- Update and resources
- Cervical screening test
- Updated relevant information on changes.
- CST The National Register's is the ONLY way to go!!
- HPV cervical screening program
- Far improved understanding of the changes to the cervical screen test and reasons behind move to 5 year intervals for well women aged 25 to 69 years.
- cervical screening renewal information and Cancer screening register information
- The evidence supporting the Renewal, HPV infection & role in cervical cancer, update on the NCR register, the CS guidelines, self-collection, HPV vacc, bowel screening evidence, Pathologists role, breast screen. less so Canrefer & SNAP (previous knowledge)
- All aspects of the conference have been very valuable. Knowledge reinforce and new knowledge gained.
- I really appreciated being able to participate while being able to remain at home. Due to physical limitations at the moment it was invaluable!  
I very much appreciated ALL the speakers who very succinctly explained their individual roles in this complex area.  
I was particularly interested and found very valuable input on the panel, information supplied by the pathology representative. This was a whole new understanding for me. Please thank all of the speakers it was GREAT!  
I will highly recommend IRIS presentations to colleagues.
- The new cervical screening information, however it's all been very valuable
- overview of new cervical screening
- Learning about HPV, and the reasons for the change in the cervical screening program. And how to implement the new screening. How to take the new samples. The difference in the vaccines.
- All of it. Especially interesting was the SNAP!
- All topics were very relevant and well presented. Thank you !
- Cervical screening program. The whole morning presentations were very relevant to my place of employment. All very comprehensive - the material provided will help me enormously at work - many thanks.
- Statistics about cancer brought awareness to some non-medical related professions, through prompting them to seek screening.
- SNAP lecture
- New screening program - cervical lab input. Great venue / speakers. Male speaker was fantastic!
- Information regarding new guidelines & update knowledge.
- Changes in the cervical screening
- I have found all the areas covered in the conference were great as an update and I also learnt a few new things too
- Interaction with others in these fields. Great multidisciplinary approach.
- Hearing about the cervical screening management algorithm and evidence for the cervical screening renewal program.
- The entire day was great. Loved the presentations and Q&As
- obtaining a quality sample from the transformation zone for liquid sampling, broom and brush.  
The new Gardasil 9 vaccine
- Highly relevant and well presented speeches

The last question of the evaluation asked if there was any more information to pass on. Below are the final comments from those who attended in person:

- Excellent. More please on cancer.
- Thank you.
- Excellent afternoon sessions (unable to attend morning due to work)
- Thank you for a great day. Look forward to future seminars.
- A really lovely and informative day, great venue, amazing food and facilities, wonderful presenters and presentations. thank you
- Had very delicious lunch, more importantly like healthy food.
- Thank you for an excellent valuable Saturday. More please.
- Recommended to any GP
- The enthusiasm of the presenters is definitely contagious. Makes me want to go out and prevent all cancers.
- Thank you Iris Education for organising such a good forum. I got a lot of information.
- I thought this day incredibly valuable information and so pleased I was able to attend. The Presenters were incredible and very generous of time and knowledge. I would like to thank Iris Education and CINSW for putting this day together - top venue and food too. Thanks All

### 7.2.2 Comments by those who attended by Live Streaming

Comments about the 'Understanding HPV' session (9.00am) from those who attended by live streaming are presented below:

- Informative and important for GP.
- It was not the presentation itself ,but the program kept losing sound or image froze or just dropped out so it has been very frustrating .I have spent half the time reloading and reloading ,gr.....This has applied to all the morning sessions so far.The little I have heard has been really good ,but.
- Very comprehensive
- Was having trouble viewing the slides online streaming
- This session was great to enable better understanding of the process of regression and also in relation to the changes being made and being able to clarify this information to be able to explain to pt

Comments about the 'Big Picture view of the NCSP Renewal' session (9.30am) from those who attended by live streaming are presented below:

- Overall excellent.
- Please see above ,note I have just tried to see if I could get a replay but not available
- Great
- Love this guy!
- This was great with the expected changes and being able to clarify and explain changes clearer

Comments about the 'National Cancer Screening Register' session (11.30am) from those who attended by live streaming are presented below:

- Overall excellent.
- Please see the above comments
- Excellent
- Great to know the process and changes to ensure understanding for patients

Comments about the 'New Cervical Screening Guidelines' session (11.00am) from those who attended by live streaming are presented below:

- Media disturbance a lot-could not follow perfectly..
- Great presentation
- It was a great informative session. Seeing the collection and how to enable best practice for sampling was good.

Comments about the self-collection session (11.45am) from those who attended by live streaming are presented below:

- Great explanation

Comments about the Panel session (12.30pm) from those who attended by live streaming are presented below:

- Content & delivery is excellent. however having frequent problem which is mechanical so could not follow properly the initial half of session 2
- Great answers from panel

Comments about the Canrefer session (2.00pm) from those who attended by live streaming are presented below:

- Have worked out that my computer has a problem with it's wi fi connection ,to account for previous problems ,so using phone and ethernet cables!
- Too state-centric to be useful - I typed in breast surgeon for post code 2480 (Lismore) and all suggested specialists were >550+km away including Wagga Wagga and Canberra. Perhaps a geographical radius that crosses state borders would be more helpful.
- This was a great section as I was unaware of this service so great awareness

Comments about the National Bowel Screening Program session (2.10pm) from those who attended by live streaming are presented below:

- More emphasis on determining when to recommend further FOBT following colonoscopy. This was confusing.
- More information about the role of GP in bowel screening, given the very low participation rates.
- Good reminder why clinicians after age 50 should send their test back!
- It was very difficult to read the details on the slides, both online during the live broadcast and also in the drop box copies of slides. Is it possible for you to share these slides in a larger format, please e.g. 2 x slides per page rather than 6? Thanks.

Comments about the BreastScreen NSW session (2.50pm) from those who attended by live streaming are presented below:

- A great presentation

Comments about the SNAP risk factors session (3.45pm) from those who attended by live streaming are presented below:

- Nil comments

Comments were also requested about 'what was of most value about the update?' Responses were received from almost all participants and the comments received by those who attended by livestreaming are presented below:

- in depth info on new cervical screening program
- Cervical screening program update
- Bowel cancer screening
- very informative according to the very recent guidelines which is an important preventive health issue

- updated guidelines for cervical cancer screening program
- Now comfortable discussing HPV and change in screening with simply reinforced information
- understanding the HPV and Cervical Screening program
- everything was good
- live webcast was the best as i am in rural
- National Cervical Screening Program Renewal.
- Updates on HPV infection in related to cervical cancer screening
- Better understanding of the underlying science and rationale for impending pap changes.
- Clarification of the benefits of the changes to cervical screening and information about patient follow up
- Reinforce the new changes to cervical screening
- Consolidating my understanding around the difficulties of engaging participation the the NBCSP.
- clearing up any confusion with the changes to the cervical screening commencing Dec 17.
- I was specifically interested in the first 2 sessions as I am a Women's Health Nurse. I was able to gain valuable knowledge - especially about the HPV natural history and the management of under 25yr olds. I enjoyed all the sessions especially Prof Hammond's talk very much - he has a great speaking style. Thank you to all for organising.
- Explanation of ncsp
- Being able to connect remotely via the live streaming. Great overview of preventive screening.
- cervical screening renewal information and Cancer screening register information
- The evidence supporting the Renewal, HPV infection & role in cervical cancer,update on the NCRRegister, the CS guidelines,self-collection, HPV vacc, bowel screening evidence,Pathologists role,breastscreen.less so Canrefer & SNAP(previous knowledge)
- All aspects of the conference have been very valuable. Knowledge reinforce and new knowledge gained.
- I really appreciated being able to participate while being able to remain at home. Due to physical limitations at the moment it was invaluable!  
I very much appreciated ALL the speakers who very succinctly explained their individual roles in this complex area.  
I was particularly interested and found very valuable thie input on the panel, information supplied by the pathology representative. This was a whole new understanding for me. Please thank all of the speakers is was GREAT!  
I will highly recommend IRIS presentations to colleagues.
- The new cervical screening information, however it's all been very valuable
- overview of new cervical screening
- Learning about HPV, and the reasons for the change in the cervical screening program. And how to implement the new screening. How to take the new samples. The difference in the vaccines.
- All of it. Especially interesting was the SNAP!
- All topics were very relevant and well presented. Thank you !
- Cervical screening program. The whole morning presentations were very relevant to my place of employment. All very comprehensive - the material provided will help me enormously at work - many thanks.
- Statistics about cancer brought awareness to some non-medical related professions, through prompting them to seek screening.
- SNAP lecture
- New screening program - cervical lab input. Great venue / speakers. Male speaker was fantastic!
- Information regarding new guidelines & update knowledge.
- Changes in the cervical screening

- I have found all the areas covered in the conference where great as an update and I also learnt a few new things too
- Interaction with others in these fields. Great multidisciplinary approach.
- Hearing about the cervical screening management algorithm and evidence for the cervical screening renewal program.
- The entire day was great. Loved the presentations and Q&As
- obtaining a quality sample from the transformation zone for liquid sampling, broom and brush.  
Highly relevant and well presented speeches

The last question of the evaluation asked if there was anything further the participant would like to let us know. Below are the final comments from those who attended by live streaming:

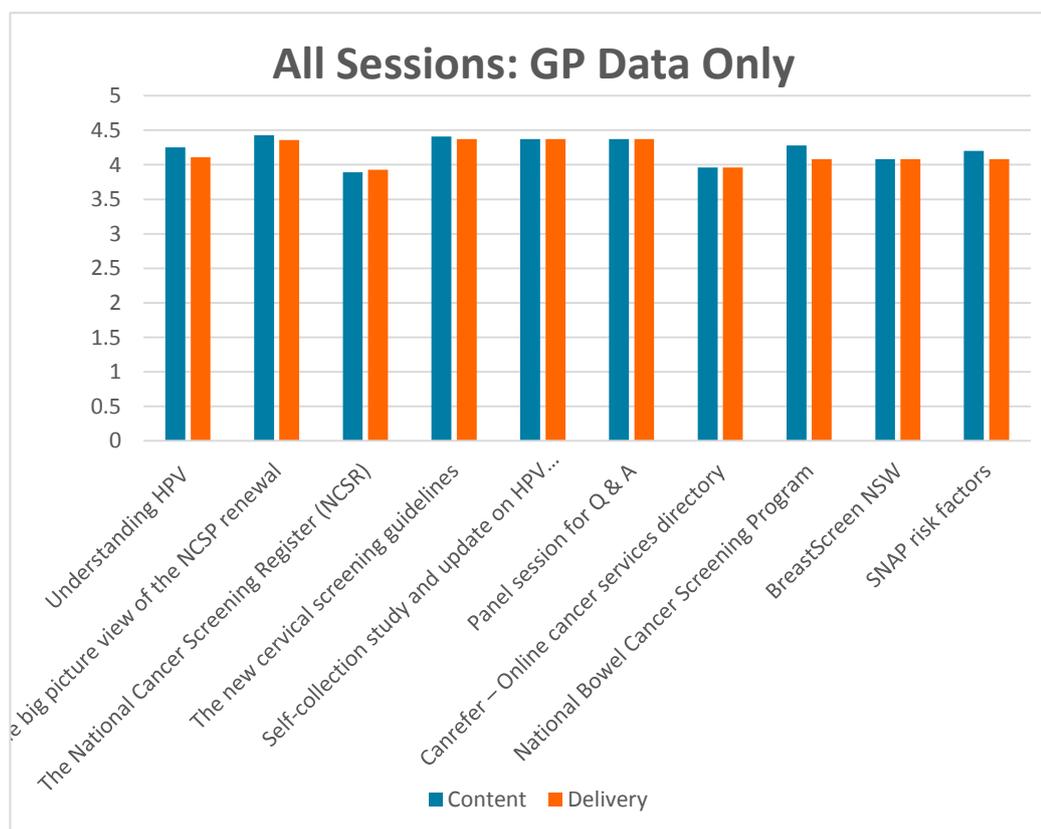
- Overall informative.
- expecting more in future even of short duration
- There was a lot of technical interruption. We have to refresh all the time.
- Need to roll out better communication to the GP practices and pap nurses as well as path providers eg rang path provider a few days ago re question about vault smears and the answer was "no idea".
- Connection was lost during the last session so I was unable to complete the days session
- The day was just so worthwhile, so informative, fast pace at times, but such passionate excellent delightful speakers.  
Inspiring. Ongoing engagement re ideas on how to encourage women who join 5 yrly test to not exclude general sexual health GP visits.  
Catering was excellent, though shameful for those who didn't turn up to think its ok to waste public money.  
Thank you for a great day CINSW and Iris education.
- I can't thank you enough for enabling access via live streaming. It has made it possible to update on the new program without having excessive cost of travel, hours of to Sydney that is 7 hours from us rural NSW and accommodation and missing work.
- I thought Dr Harris's SNAP lecture was EXCELLENT and I think it is the basis of prevention. As a practice nurse I try to embed it in my day to day interaction with patients. He may have felt like he was speaking to an empty room...BUT HE WASN'T.  
Please let him know.
- Have really enjoyed all the speakers and it's been a very valuable forum. Thank you
- The presenters for most of the conference where very enthusiastic and passionate about the topics, which was very inspiring.  
Unfortunately the opening presentation, address did not contain the same dynamism and made me worry about the rest of the day.  
The final topic of SNAP, seemed aimed at a lot lower level than the other presentations and maybe small groups to have discussions with other people to find out what strategies they are using to maximise cancer screening and prevention, could have been more useful.  
The slides for the cancer screening register detracted from Leane's talk as they were too busy. Though it was a very important area to hear about.  
Thank you for an informative day, in a beautiful setting with very nice food.
- Rachel in the team was very helpful & supportive. Thank you.
- Topics are very relevant and informative.
- Thank you for organising the event
- Many thanks - great & very beneficial.
- Please include other types of cancer in next forums
- This was the first time I have participated through livestreaming and I found it easy to use (once I figured it out!). I didnt always have presenters on screen but the presentations continued to roll without any issue. I was very impressed and would choose to do live stream in the future.

- Rachael was fantastic - great communication, professional and wonderful to deal with. A great day and excellent venue. Thank you
- I also highly valued the opportunity to ask the panel questions, in particular about new functions with the National Cancer Screening Register available for primary care providers.
- Please do more that are similar! Or even a quick follow up a few months post implementation to recap or provide opportunities to ask new questions and hear of other cases

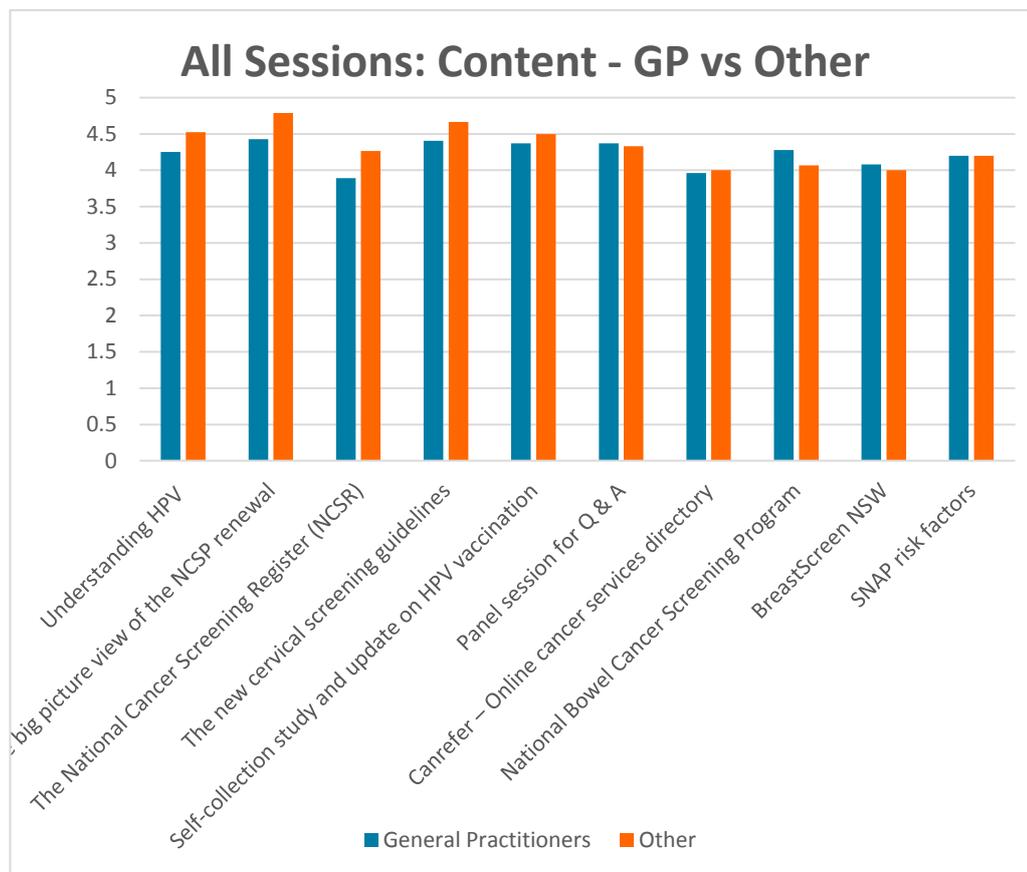
### 7.3 The GP Cohort Evaluation

45 of the 109 GPs who participated in this update day provided information through the evaluation mechanism (41%). This is a very strong response from GPs. 25 of the GPs who attended in person provided an evaluation response and 20 of the GPs who participated through live streaming provided an evaluation response.

GPs consistently rated all sessions very highly. The graph below illustrates the response rates for all sessions (content and delivery).



Of note, GPs rated the content of the sessions as highly as the remainder of the cohort that provided evaluation data. This graph is presented over the page.



## 8.0 Lessons learnt

While the response to this workshop has been overwhelmingly positive, every event offers areas for reflection and improvement. The following paragraphs illustrate lessons learnt from staging this inaugural update.

Live streaming is useful and cost effective. Participation rates demonstrate that live streaming is helpful for those unable to attend in person. This was especially relevant for GPs from areas other than Sydney. Additionally, the cost of live streaming, per person, is less than the cost of food and venue hire when the number of live streaming registrants moves above 60. Of note, live streaming offers an additional benefit in that all participants (and colleagues) are able to view the recorded sessions as well as the Powerpoint presentations online following the event. This reinforces and solidifies learning.

Interactive sessions are necessary. Even with the large number of participants in the room, there was value in the panel discussion and the time devoted to questions at the end of each session.

The timing of the event at the beginning of school holidays may have impacted on the 'no show' rate which was higher than is usual and higher than hoped for. This however, did not detract from the large number that did attend.