

28th  
October  
2017

# Moving Ahead: The National Cervical Screening Program Renewal

## REPORT

**Comment from participant:** "An amazing day. The best, most relevant education sessions I have ever attended. Thank you".



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## 1.0 Executive Summary

The 'Moving Ahead: The National Cervical Screening Program Renewal' update, held on Saturday 28<sup>th</sup> October 2017 at the Hilton Hotel in Cairns, Far North Queensland, was designed by Iris Education in collaboration with the Cancer Screening Unit, Preventive Health Branch, of the Department of Health to inform the health workforce about the National Cervical Screening Program (NCSP) Renewal. Iris Education was tasked with this work following its first successful update in April 2017 in Brisbane. 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 first update staged in Cairns to discuss the NCSP Renewal in Australia.

This update was developed for health professionals working in the area of Women's Health. 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 women's health care and 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, and Ms Lisa Peberdy.

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

- National Cancer Screening networks and organisations
- National Family Planning Organisations
- The Sexual Health Society of Queensland (SHSQ)
- 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

As Iris Education had also been contracted by the Cancer Institute of NSW to stage a similar update in Sydney on the 23<sup>rd</sup> September there was some cross advertising and promotion between the states and the health departments. This was successful with a large number of participants joining the live streaming component of the update.

Participants primarily found out about this workshop through email lists attached to those organisations listed above. Of note, several participants indicated they attended because of feedback from colleagues about the April update.. Paid advertising was also undertaken in 'Australian Doctor' that featured both the Sydney and the Cairns updates..

The update was live streamed using the services of GigTV. This organisation was originally selected for the April update in Brisbane from four Expressions of Interest because of its demonstrated expertise in the area, its familiarity with Queensland Health procedures and the venue, and the commitment to staffing before and during the update. It has then partnered with Iris Education for the following Sydney and Cairns events.

239 participants registered for the update (prior to and on the day of the update): 127 through live streaming and 112 in person. 156 (65% of registrants) participated in the update: 54 through live streaming and 102 in person. The much lower than expected participation rate through the live streaming mechanism was due to inaccessibility of the live broadcast. This was compensated, to some measure, by a large number of views (n=62) in the 4 weeks following the event.

95 medical practitioners registered, of whom 81 were GPs or GP Registrars. 114 nurses registered with an even mix of disciplines and levels of experience. 16 Midwives also registered. Of the 14 remaining registrants, several were educators and policy officers while 2 were pharmacists.

The majority of registrants originated from Queensland (n=174) however there were representatives from every state and territory in Australia (n=65). Most Queensland registrants originated from Far North Queensland and the Torres Strait (n= 101) however there was strong representation from all areas of the state.

Engagement through live streaming reflected the geographic spread of registration. While some from Far North Queensland joined via live streaming (27%) this was reversed for all other geographic areas. 94% of those from the South East corner of Queensland joined via live streaming and 91% of those from interstate joined via live streaming.

Unfortunately there was a live streaming limitation that caused significant withdrawal by those who attempted to participate online. Even though JPL media had provided the specifications required for live streaming and the venue, the Hilton Hotel Cairns, indicated they could meet those specifications and signed a contract to indicate this, on the day of the update, the internet connection provided was the same connection as for hotel guests and this caused incessant buffering as the hotel was fully booked and this service was being heavily utilised. Attempts to resolve this by the Hotel and to honour the agreement in the contract were undertaken but were ultimately unsuccessful. This resulted in many live streaming participants unable to join the update and those that were able to join having continuing buffering limitations. The Hilton Hotel Cairns issued apologies however this did impact on the update and numerous texts, emails and calls were received by Iris Education personnel from potential live streaming participants.

102 GPs attended this update. The GP cohort was mostly from Queensland (75%). The GP cohort was over represented in the live streaming group from South East Queensland and interstate. GPs joined from across the country and this demonstrates the usefulness of live streaming for GPs in regional Queensland.

135 individuals provided some evaluation feedback. This represents 56% of the cohort that participated in the update (n=239). 71% of those who participated face-to-face provided evaluation feedback and 63 participants who registered for live streaming provided some feedback. However this response rate from those registered for live streaming is an anomaly as many were unable to view the presentations on the day.

As with the first staging of this update in Brisbane in April, the feedback and ratings from participants was overwhelming supportive and positive. The update was relevant to everyday practice. 96% of Medical Practitioners and 85% of nurses (including midwives in this group) indicated this update was entirely relevant to their daily practice. This was evident across all professions and disciplines represented in the participant cohort.

Again, participants indicated they achieved both their own personal objectives for the day and the objectives set by the organisers. 92% (n=76) indicated they achieved their own objectives and 95% (n=76) 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 about the Cervical Screening changes prior to the update and immediately after the update. (NB: Those participants who completed this section of the evaluation prior to the day and who were unable to view the live streaming of the update are not included in this analysis (n = 18)). Although the confidence levels of many participants were already high,

all participants who answered this question both at the beginning and the end of the update expressed an increase in confidence as a result of attending this workshop. For Cervical Screening, the overall average moved more than 1.5 points along a 5-point Likert Scale (from 2.94 to 4.46). 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) by those who attended in person for either content or delivery. These high ratings were consistently demonstrated by those who attended in person however those who managed to join via live streaming rated sessions differently because of the limited capacity and of buffering.

Thanks are expressed to the Queensland Health team who worked tirelessly to ensure the success of this event, 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 156 participants who gave up their day for this important update.

## 2.0 Background

Following the success of the first update in April 2017, Iris Education was contracted by Queensland Health to design, deliver and evaluate this second update for health workers, with a focus on General Practitioners, on the National Cervical Screening Program (NCSP) Renewal. As background, Iris Education provides a broad range of professional development: courses and workshops, clinical skill review, small group learning and education and program development consultancy. Iris Education 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 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
- Preparation of evaluation tools, evaluation reporting
- Full Coordination on the day of seminar including 2 admin staff all day, all day facilitation, session chairing, speaker costs, resources, ID badges
- Preparation of resource folders for participants
- Marketing and advertising

Queensland Health remained responsible for:

- Venue and catering booking and coordination
- Live streaming booking and coordination
- Marketing and advertising
- Some speaker travel costs and arrangements

Collaborative planning meetings began after the April update with advertising beginning soon after. Advertising was primarily through existing Queensland Health and Iris Education networks and email lists however included joint marketing with the Cancer Institute of NSW and the update staged in Sydney on 23<sup>rd</sup> September 2017.

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 Queensland Health personnel throughout the preparatory process and provided 2 support staff 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 June. 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 for this project assumed registrations for the face-to-face component of 100. There was no limit set for participation via live streaming.

### 3.0 Program

The program was updated from the April update and the afternoon section focussing on women's health care and prevention was removed. The entire program was devoted to the National Cervical Screening Program (NCSP) Renewal and extra time, based on feedback from the April update, was allocated to key topics and to the panel discussion.

#### 3.1 Development

The program was designed collaboratively between the experts from Iris Education and personnel from Queensland Health. The program was finalised in the week prior to the event however drafts of the program were advertised on the websites and across networks of both organisations in the months prior to the update.

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

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: Unpacking the Evidence</b>		<i>Chair -Dr Caroline Harvey</i>
8.30 - 8.35	Welcome to Country	Ms Henrietta Marrie Gimuy Walubara Yidinji Elder
8:35 – 8:50	Opening address	Dr Jeannette Young Chief Health Officer Queensland Health
8:50 – 9:20	Understanding HPV <ul style="list-style-type: none"> <li>- Prevalence and patterns</li> <li>- Natural history of infection</li> <li>- Types and consequences</li> </ul>	Dr Kay Strom
9.20 - 9.45	HPV Vaccination <ul style="list-style-type: none"> <li>- The first 10 years and where to next</li> </ul>	A / Prof Julia Brotherton
9:45 – 10:45	The big picture view of the NCSP renewal	Professor Ian Hammond
10:45– 11.15	MORNING TEA	
<b>Session 2: Evidence into Practice</b>		<i>Chair- Dr Kay Strom</i>
11.15 – 12.15	The new cervical screening guidelines: <ul style="list-style-type: none"> <li>- Clinical application in primary care settings</li> <li>- Dealing with women’s concerns and questions</li> </ul>	Dr Caroline Harvey
12.15 – 12.45	Self collection option: <ul style="list-style-type: none"> <li>- Pilot study findings and recommendations</li> </ul>	A / Prof Marion Saville
12:45 – 1:30	LUNCH	
<b>Session 3: Putting it together</b>		<i>Chair- Ms Lisa Peberdy</i>
1:30 – 2:15	How the new 2016 guidelines will help you and your patients: A case based interactive session	Professor Ian Hammond Dr Caroline Harvey Dr Kay Strom
2:15 = 2.50	Resources to promote the changes to cervical screening and support health care providers. The National Cervical Screening Register	Ms Cheryl Hutchins Ms Lauren Barber
2.50 – 3.35	Panel discussion, Q&A: <ul style="list-style-type: none"> <li>- Audience questions</li> </ul> <b>Panel facilitator: Dr Candice Colbran</b>	Professor Ian Hammond A / Prof Marion Saville A / Prof Julia Brotherton Dr Caroline Harvey Dr Kay Strom Dr Peta Fairweather Dr Cheryl Bletchly Mr Justin Ross Dr Jackie Mein Ms Jan Gale Ms Cheryl Hutchins Ms Lauren Barber
3.35 – 3.45	Closing Address	Dr Candice Colbran
3:10 – 3:30	AFTERNOON TEA	

### 3.3 Presenters

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

**Dr Cheryl Bletchly:** Cheryl was awarded her PhD in Virology from the University of Queensland in 2002. She is the Supervising Scientist of the Molecular Diagnostic Unit within Microbiology for Pathology Queensland. The unit utilises real-time PCR to detect the presence of infectious agents in patient samples. Cheryl spent several years working in medical research, then in a public health virology laboratory prior to taking up her current position 12 years ago.

**Associate Professor Julia Brotherton:** Julia is Medical Director of Registries and Research at the Victorian Cytology Service (VCS) and a public health physician and epidemiologist. Julia is the Medical Director of the National HPV Vaccination Program Register and of Victoria and South Australia's cervical screening registries. Julia is an Honorary Principal Fellow at the School of Population and Global Health, University of Melbourne.

**Dr Candice Colbran:** Candice is the Public Health Registrar within the Cancer Screening Unit of Queensland Health and has a focus on increasing participation in three population screening programs: the BreastScreen Queensland Program; the National Bowel Cancer Screening Program; and the National Cervical Screening Program.

**Dr Peta Fairweather:** Peta is an Anatomical Pathologist and Cytopathologist with Sullivan Nicolades Pathology based in Brisbane. Peta's special interests are in women's health in breast and gynaecological disease and includes the reporting of PAP smears and cervical biopsies.

**Ms Jan Gale:** Jan is the Mobile Women's Health Nurse in the Townsville Hospital and Health Service District. Jan trained as a Registered Nurse in Victoria and came to Queensland in 1991 to work on Palm Island. In 2006 Jan moved to Townsville to take up her current position and the role was upgraded to a Nurse Practitioner in 2001 and the scope expanded from primarily cervical screening and sexual health to include contraception, gynaecology assessment and referral.

**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.

**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 Cheryl Hutchins:** Cheryl has taught, researched and delivered population health programs for almost 20 years at a local level, within government and the university sector. Cheryl has worked in the Queensland, Victorian and ACT Health Departments am most recently at a national level in the National Cervical Screening Program (NCSP). Cheryl joined the taskforce formed to deliver the changes to the NCSP in the Commonwealth Department of Health in 2014.

**Dr Jackie Mein:** Jackie is a Public Health and Sexual Health Physician and is the Director of Medical Services at Wuchopperen Health Service, a community controlled health organisation servicing the Cairns region. Jackie has worked for many years in women's health in northern Australia, at Family Planning NT, FPQ and True Relationships and Reproductive Health.

**Ms Lisa Peberdy:** Lisa is an experienced sexual and reproductive health professional with a wide ranging clinical education background. Lisa has been a Pap smear provider for over 20 years and held the position of Nursing Director, Queensland Cervical Screening Program for 8 years. This has involved state-wide program coordination, management, policy development and quality assurance projects. Currently Lisa is working on the Queensland implementation of the new National Cervical Screening Program and the transition of the Queensland Health Pap Smear Register to the new National Cancer Screening Register.

**Mr Justin Ross:** Justin works at Pathology Queensland and is a senior scientist and Team Leader working in the cytology department located at the Royal Brisbane and Women's Hospital. Justin, with 17 years' experience in cytology, has special interests in gynaecological cytology and emerging technologies in cytology including digital pathology and molecular pathology performed on Fine Needle Aspiration biopsies and fluid specimens.

**Associate Professor Marion Saville:** Marion is a New Zealand medical graduate who trained in Anatomic Pathology at North Western University, Chicago. Marion completed her Fellowship in Cytopathology at East Carolina University and a research fellowship at Georgetown University, focussing on HPV. Marion has held leadership positions in cytopathology laboratories in Auckland, Sydney and Melbourne and is past president of both the New Zealand and the Australian Societies of Cytology.

Marion has held the position of Executive Director of the Victorian Cytology Service since 2000. Marion is presently Deputy Chair on the Australian Government's Department of Health and Ageing's Working Party to draft "Clinical Management Guidelines for the Prevention of Cervical Cancer". Marion is also chairing the New Zealand government's Technical Reference Group who provide expert advice and skills to the National Screening Unit in its implementation of HPV Primary screening in the New Zealand National Cervical Screening Programme.

**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.

### 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. Live streaming registrations remained uncapped until the day of the update however the face-to-face registrations were funded for 100 places.

#### 4.1 Method

Potential registrants were contacted through Queensland Health and through Iris Education networks. This was usually undertaken via email. Information about the update was included in various electronic newsletters, including Primary Health Networks and GP Training Organisations. Queensland Health distributed information about the update through its internal networks. This included to specific groups (Eg women's health, BreastScreen) and through specific mechanisms (Eg highlights on computer terminal default screens across the state).



#### 4.2 Registration demographics

Overall 239 individuals registered for the update, or joined on the day. 156 (65%) of these attended some component of the day in-person or through live streaming. More information of attendees is available in the next section. Accurate demographic data is known for all 239 and is presented 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 & GP Registrar	34	47	81
	O & G	-	4	4
	Sexual Health	1	-	1
	JMO	1	3	4
	Other	5	-	5
<b>Medical Total</b>				<b>95</b>
Nursing	EN / EEN	6	5	11
	Clinical Nurse	8	25	33
	Registered Nurse	15	27	42
	Practice Nurse	10	8	18
	Nurse Practitioner	2	3	5
	CNC or NUM	2	3	5
<b>Nursing Total</b>				<b>114</b>
Midwife		9	7	16
Other		8	6	14
<b>Total</b>		<b>112</b>	<b>127</b>	<b>239</b>

### 4.2.2 Geographic Origin

Location		Face to Face	Live Streaming	Total
Queensland	Brisbane Region	1	17	18
	Gold Coast Region	1	3	4
	Sunshine Coast Region	-	11	11
	Darling Downs & West	2	8	10
	Wide Bay & Central	-	6	6
	Northern & North West	10	15	25
	Far North	72	19	91
	Cape and Torres Strait	6	4	10
	<b>Queensland Total</b>	<b>91</b>	<b>83</b>	<b>174</b>
NSW	1	25	26	
ACT	-	5	5	
Victoria	1	8	9	
Tasmania	1	9	10	
South Australia	1	6	7	
Western Australia	1	1	2	
Northern Territory	3	1	4	
<b>Total</b>			<b>239</b>	

### 4.2.3 GP and GP Registrar origin

Profession		Face to Face	Live Streaming	Total
Queensland	Brisbane Region T	1	5	6
	Gold Coast Region	-	1	1
	Sunshine Coast Region	-	4	4
	Darling Downs & West	2	2	4
	Wide Bay & Central	1	3	4
	Northern & North West	3	6	9
	Far North	32	14	46
	Cape & Torres Strait	2	1	3
	<b>Queensland Total</b>	<b>41</b>	<b>36</b>	<b>77</b>
NSW	-	9	9	
ACT	-	-	-	
Victoria	1	4	5	
Tasmania	-	6	6	
South Australia	-	2	2	
Western Australia	-	-	-	
Northern Territory	2	1	3	
<b>Total</b>			<b>102</b>	

## 5.0 Attendance

It is estimated that 156 individuals participated in the update however the exact number of those participating for a considerable length of time via live streaming is unknown. Of these 102 attended in person and 54 participated through live streaming for some stage of the day. 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 attended and for whom Iris Education had contact details.

### 5.1 Face to Face

Of the 112 who registered to attend in person, the vast majority showed up on the day. This is indicative of staging an update in a regional centre. People make the effort to attend. Participation rates were sampled at different stages of the day. These are presented in the table below.

Session	No. in the room
At the beginning of the day, during the opening session	92
prior to lunch	102
Session after lunch and panel discussion	86
Last session of the day	71

### 5.2 Live Streaming

Of the 127 who registered to view the update online, at least 54 different people viewed something during the day. Those who were lucky enough to join live streaming first were able to participate all day and it is anticipated that 19 different individuals were present for all sessions. The participation rate was low and varied as a result of the inadequate bandwidth supplied by the venue. This was attempted to be corrected during the day however patches and alternate methods of connection were unsuccessful. This became a contractual issue between the venue and Queensland Health. Given this 'less-than-satisfactory' scenario participation rates were still 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	54
prior to lunch	43
Session after lunch and panel discussion	35
Last session of the day	23

### 5.3 Post event viewing

All participants who registered for live streaming were emailed and contacted to let them know that all presentations would be available for viewing through links from the Iris Education website and directly from the JPL Media website. While this is standard practise, because of the lack of accessibility to live streaming on the day a specific focussed effort was made to ensure those who were unable to participate on the day would know about the option to view presentations following the event.

At the time this report Friday 24<sup>th</sup> November, 4 weeks after the event, 62 different people had watched at least one of the recordings and 29 had watched most (all except one) of the recordings. It is unknown whether all these were those registered for live streaming however it is noted that this is a higher follow up rate than the Brisbane update and may indicate that those who were not able to join via live streaming on the

day did take the time to view the presentations later. The table below presents demographic distribution of this cohort.

Profession		Total	
Medical	GP & GP Registrar	26	
	Other	9	
Nursing		24	
Midwife		2	
Other		1	
Total		62	
Location		All	GP
Queensland	Brisbane Region	8	3
	Gold Coast Region	-	-
	Sunshine Coast Region	4	-
	Darling Downs & West	2	2
	Wide Bay & Central	9	5
	Northern & North West	9	4
	Far North	9	6
	Cape and Torres Strait	-	-
	NSW	11	1
ACT	2	-	
Victoria	3	2	
Tasmania	3	2	
South Australia	2	1	
Western Australia	-	-	
Northern Territory	-	-	
Total		62	26

The recordings are available via a link from the home page of Iris Education at [www.iriseducation.com.au](http://www.iriseducation.com.au) and the number of views per recording appears when the icon is scrolled across. As of Tuesday 6<sup>th</sup> December, each presentation had been viewed the following number of times.

Title	Speaker	No. of views
Opening address	Dr Jeannette Young	60
Understanding HPV	Dr Kay Strom	48
HPV Vaccination The first 10 years	A / Prof Julia Brotherton	38
The big picture view of the NCSP renewal	Professor Ian Hammond	33
The new cervical screening guidelines:	Dr Caroline Harvey	47
Self collection option:	A / Prof Marion Saville	17
How the new 2016 guidelines will help you and your patients: A case based interactive session	Professor Ian Hammond Dr Caroline Harvey Dr Kay Strom	22
Resources to promote the changes to cervical screening	Ms Cheryl Hutchins	18
The National Cervical Screening Register	Ms Lauren Barber	
Panel discussion, Q&A		34

All recordings had been viewed multiple times and there appears to be no concentration of viewing of a particular recording by a particular cohort however the format of the available data does not allow a breakdown of views of each session by individual.

### 5.4 The GP Cohort

102 GPs registered to participate in this update day, 44 in person and 58 through live streaming. Of the 44 registered to attend in person, 32 are known to have attended. Of the 58 registered for live streaming it is estimated that half attempted to view some of the sessions on the day. Evaluations were partially completed for 26 of these. The number of GP registrars within this cohort is unknown as not all GP registrars enrolled themselves as a 'GP registrar'.

#### 5.4.1 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.



Iris Education organised and funded the submission of attendance at this event for all GPs involved.

### 6.0 Trade Displays

Organisations with an affiliation to the topic of the update were invited to staff a trade display across the day of the update. The following organisations displayed material and / or had staff present to discuss topics with those who attended the update:

- QML Pathology
- Sullivan Nicolaides Pathology
- True Relationships
- BreastScreen Queensland

Anecdotal feedback at the end of the day demonstrated that both participants and those involved in the trade display appreciated this addition to the day.

## 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 27<sup>th</sup> October. 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.

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. Only two people requested this information during the day.

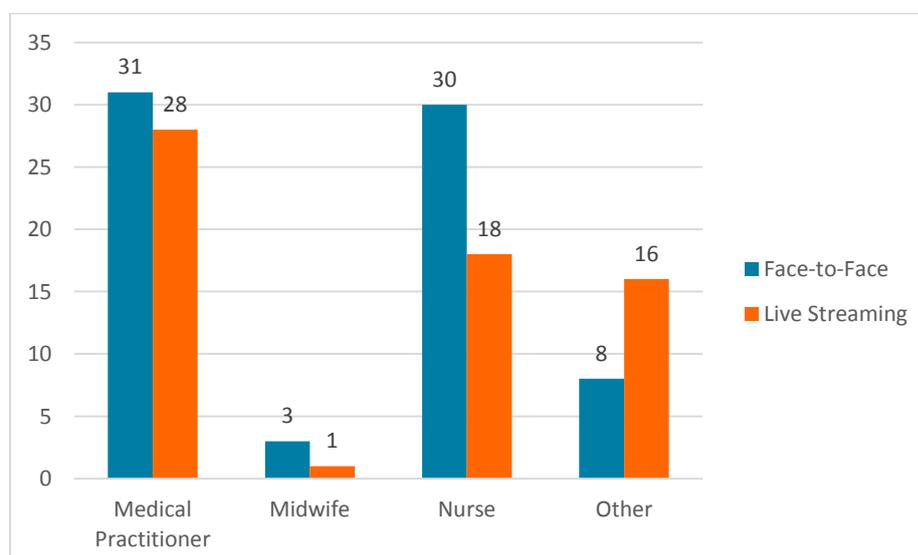
Additionally, 36 printed copies of the evaluation were distributed to individuals who chose not to use the electronic resource. These 36 evaluations were uploaded to the electronic tool after the event. An email reminder was sent on the Tuesday following the update requesting those who had not yet completed the evaluation to add their comments and again a week later.

### 7.1 Overall Cohort

135 Individuals provided some evaluation feedback. This represents 85% of the cohort that participated in the update (n=156). 72 participants who attended on the day completed the evaluation (71%) and 63 of those live streaming (or hoping to live stream) completed at least the first section of the evaluation document. This is a very strong evaluation rate for this type of activity and considering that only 54 of these live streamers managed to view any sessions is not representative of completion of the entire evaluation document as many of these completed only the first section.

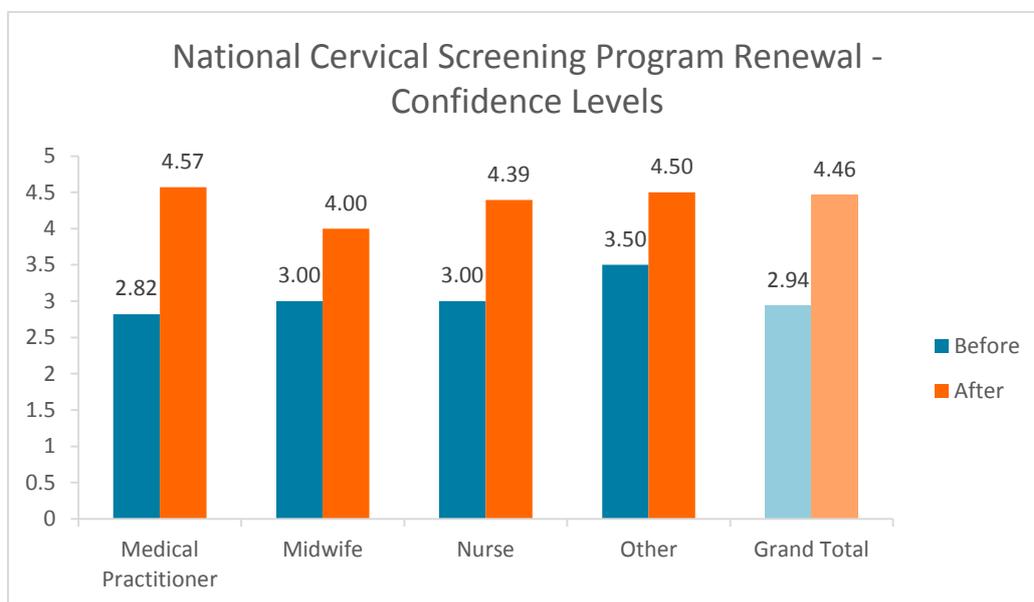
#### 7.1.1 Demographics

The majority of participants who completed the evaluation documents were medical practitioners. There is a higher representation of GPs and GP Registrars in the evaluation cohort than in the overall attendance cohort. The graph below describes the evaluation respondents by profession and by attendance.



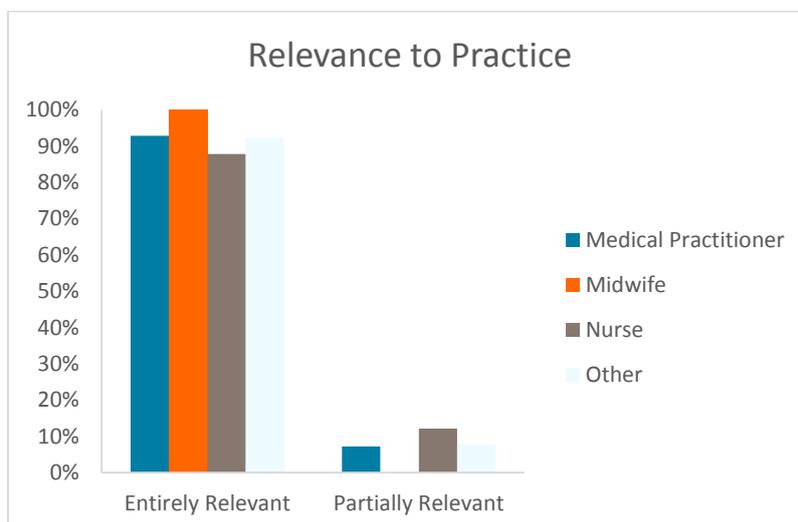
### 7.1.2 Confidence levels

It is evident that this workshop has been an effective educational event. Participants were asked to rate their confidence levels prior to the update and immediately after the update. Prior to the update, participants were able to answer this question the day before. Although the confidence levels of many participants were already high, all participants expressed an increase in confidence as a result of attending this workshop. The overall average moved more than 1.5 points along a 5-point Likert Scale (from 2.94 to 4.46). All professions noted an increase in confidence with the greatest increase being among medical practitioners. The graph below presents the change in confidence levels for each profession.



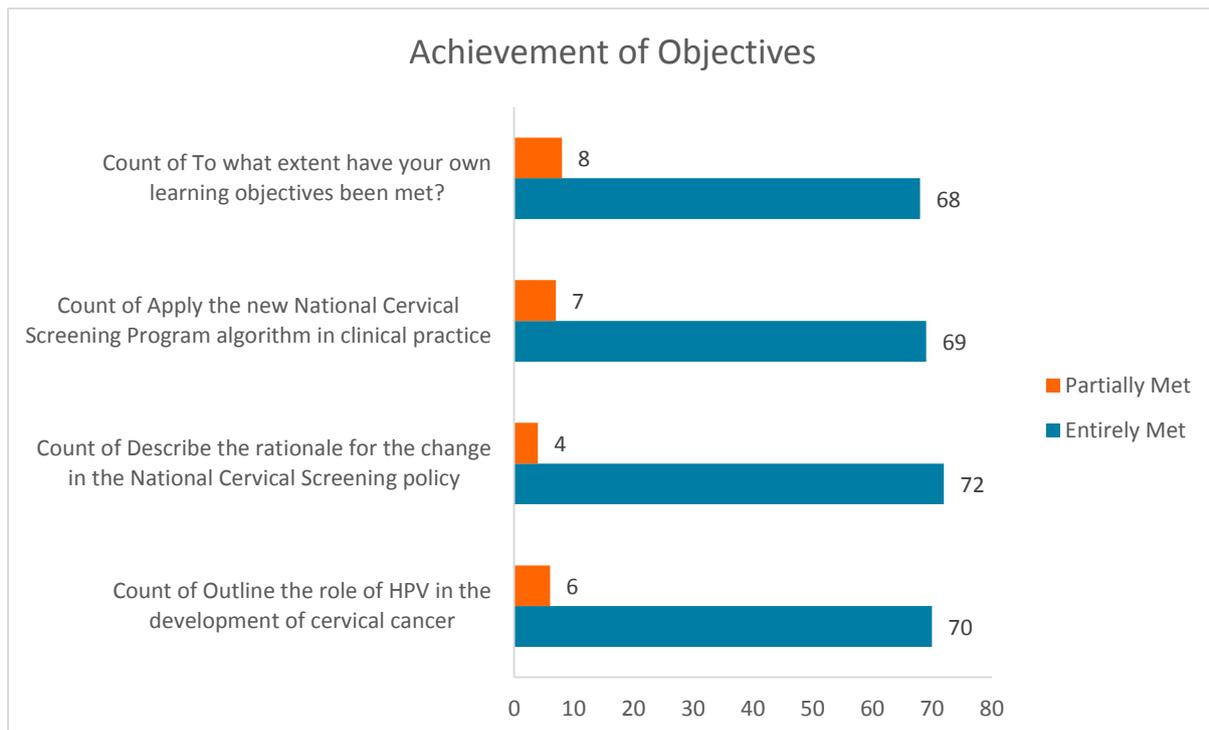
### 7.1.3 Relevance to Practice

Almost every participant indicated that this update was relevant to their daily practice. Only one person, a GP, indicated the day was not relevant to their practice. The graph below demonstrates the level of relevance to the entire cohort.



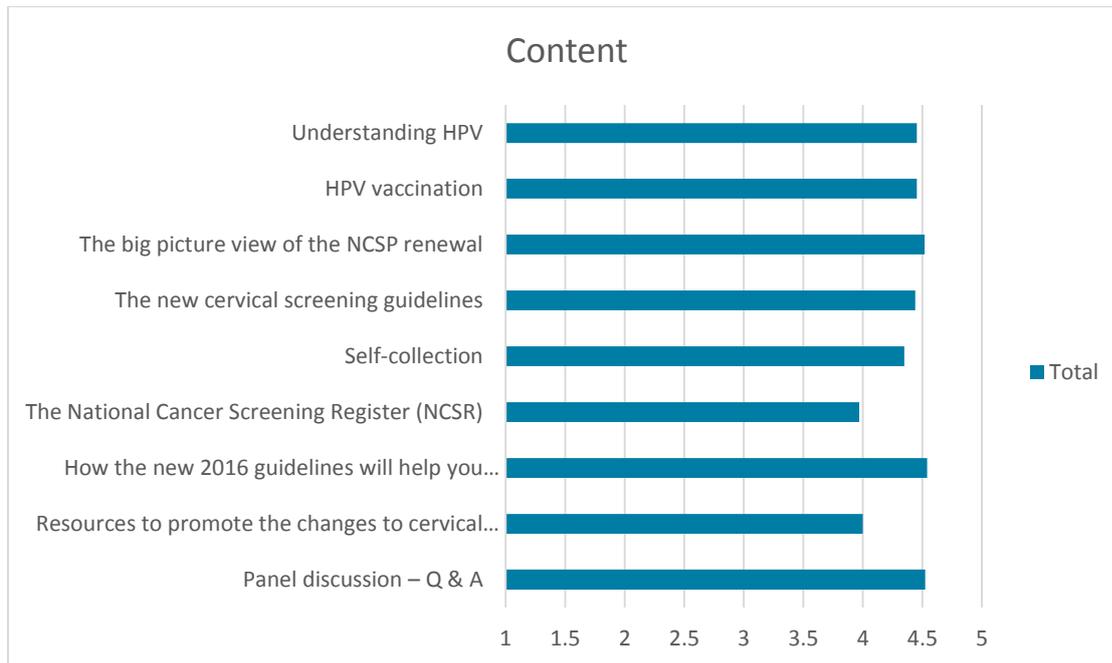
### 7.1.4 Achievement of Objectives

Participant were asked to rate their achievement of the objectives of the day. The objectives were listed in the update 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.

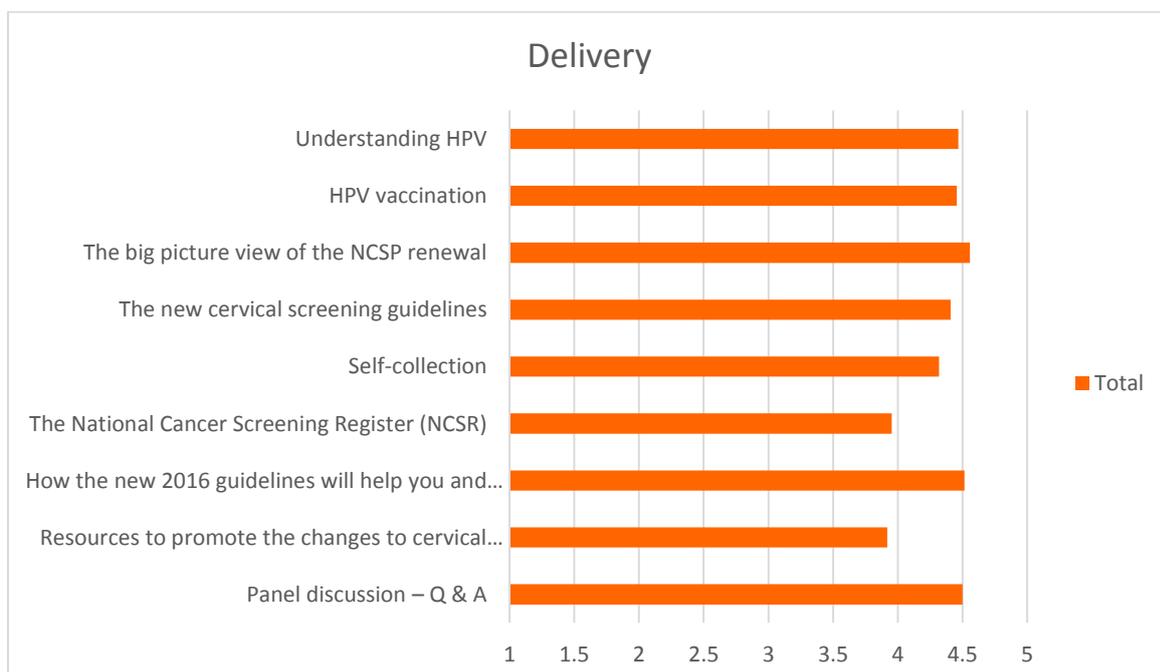


### 7.1.5 Summary of Evaluation of Content and Delivery for each session

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 89 for the content questions. 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.



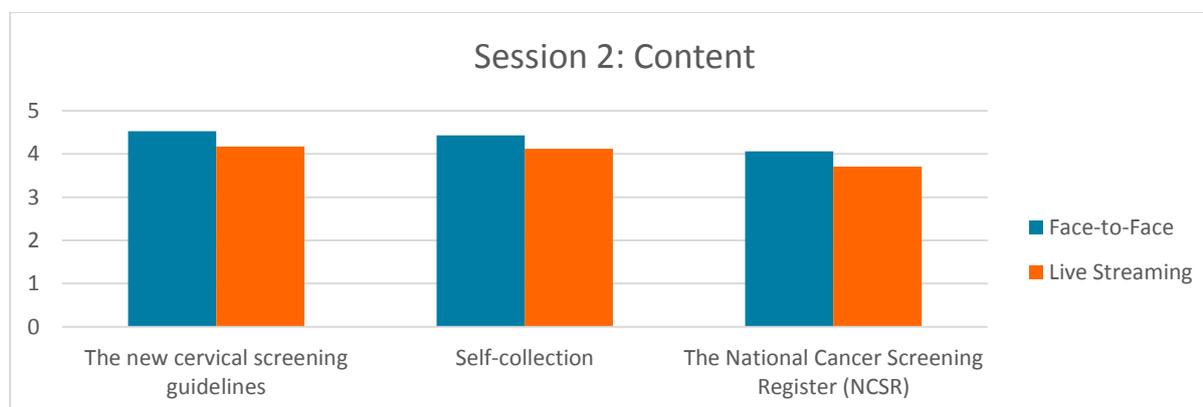
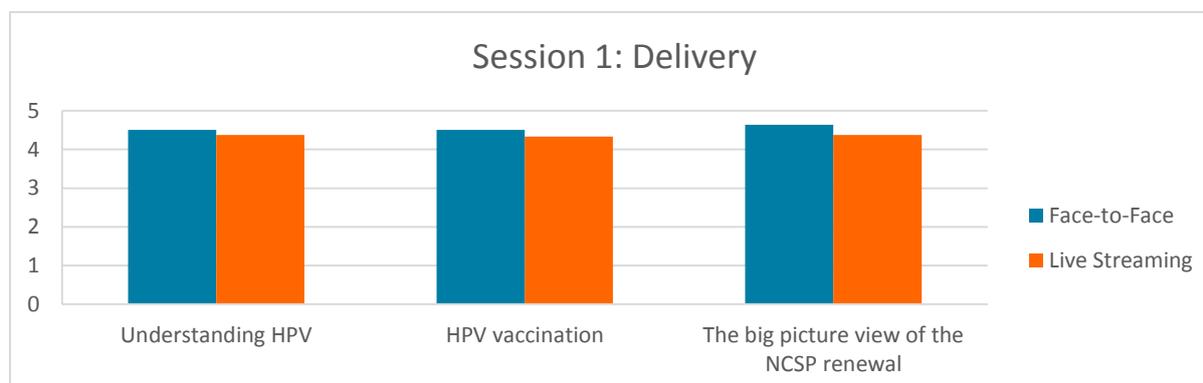
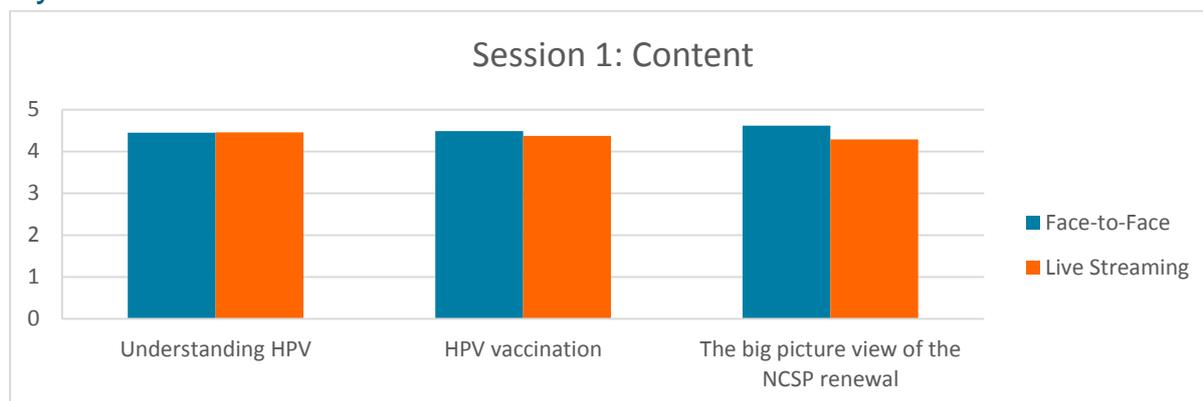
The delivery of each session was also rated by participants on a 5-point Likert Scale. Again, the delivery of all sessions was rated highly by all participants. The graph below presents the average rating for the delivery of each session. While not all participants rated every session, the minimum response rate was 88 for the delivery questions. 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. Of note, the movement of the panel discussion to the end of the day proved beneficial and the introduction of the discussion session, “How the new guidelines will help you and your patients’ were very positively evaluated.

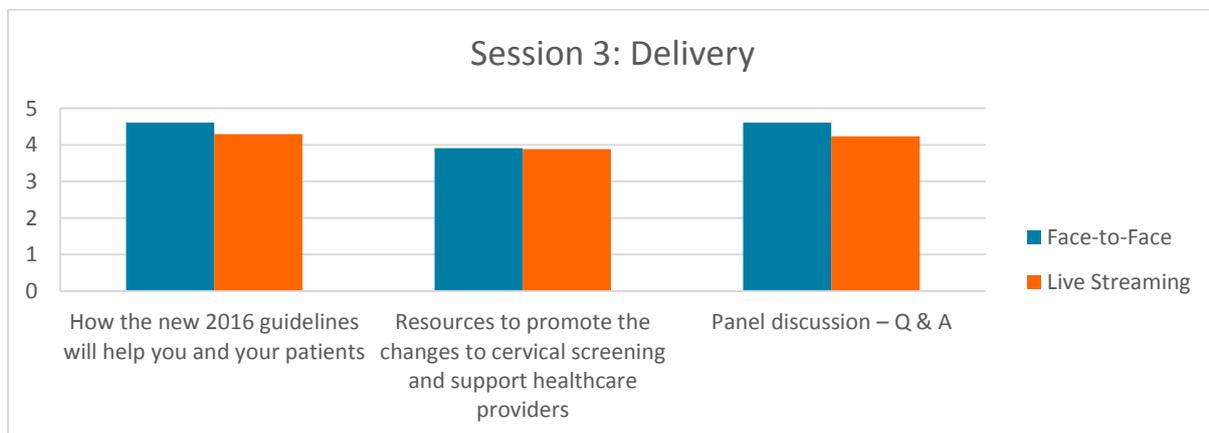
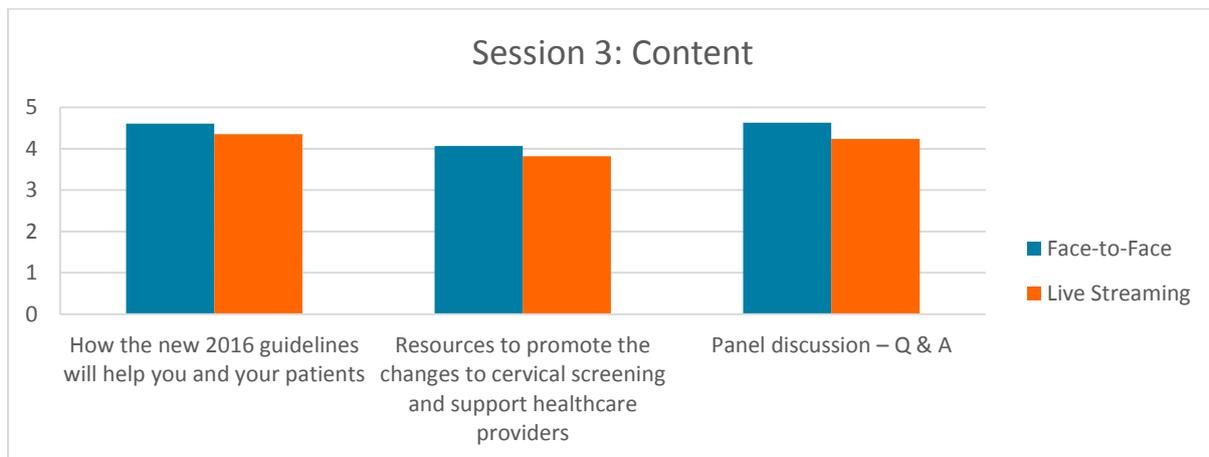
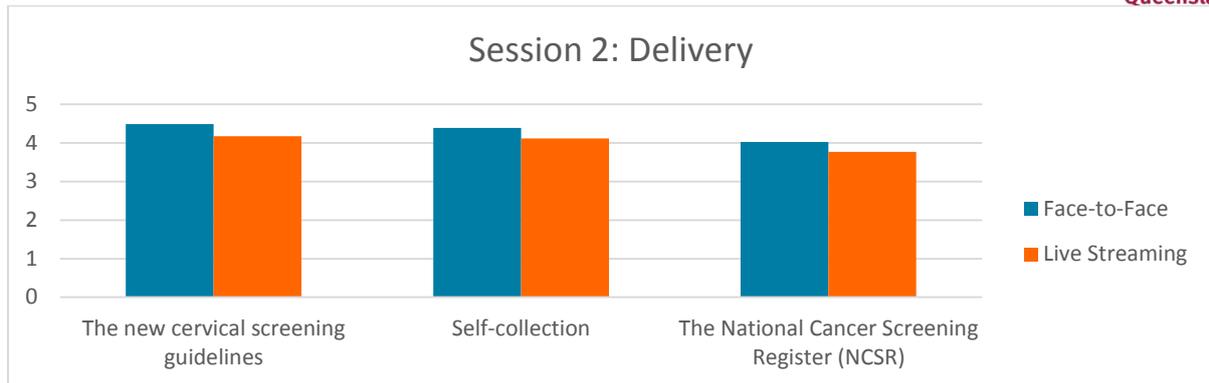


## 7.2 By attendance mechanism

72 of the 102 individuals who attended in person (70%) provided an evaluation response and up to 54 individuals who participated through live streaming provided an evaluation response. There was no difference in evaluation responses between those who attended through live streaming and those who attended in person. All participants rated the update very highly. To demonstrate this, the graphs below delineate content and delivery responses by mechanism of attendance.

### By Attendance Mechanism





There was no 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 below.

### 7.2.1 Comments for each session (F2F and live streaming combined)

#### Understanding HPV

- appreciated printed resources
- Covered all of the information relevant to my practice and I now feel more confident to explain the new system to my patients. I also feel more up to date with the newer vaccine options. Excellent explanations from the speaker.
- Excellent presentation easy to understand considering it is such a heavy topic
- Fabulous content, well delivered!

- Good overview without being too complex.
- Great refresher, interesting, informative and easy to understand.
- HPV epidemiology excellent talk
- I had problems with streaming so I was not able to hear the whole session
- Personally I really appreciate that you have provided printed copies of the slides. I would prefer if they were a little larger as the details are difficult to see.  
A very motivated presenter.
- simple delivery great refresher on understanding HPV types
- Slow & repeated explanation.
- Such comprehensive information easily understood. Poor webcast made it difficult to fully appreciate the information as the slides were out of sync too far
- Vastly increased my understanding, will help explaining to patients.
- Very well presented. Left me with the facts I need.
- Was having connection issues
- Wish there was more time to explain the background and physiology more slowly

### HPV Vaccination

- A very useful presentation covering the practical aspects of Gardasil 9
- Excellent re global impact
- Fabulous content, well delivered!
- Great
- Great explanation and update, Makes a complicated subject interesting and understandable
- Having an understanding of the outcomes of the vaccination program over the past decade will be very helpful for me in speaking to school students and parents when they query 'why so young'?
- "I would prefer if the slides were a little larger as the details are difficult to see, especially the graphs & technical areas.
- Excellent data & information for the new vaccine."
- Looking towards the future
- Pleased to understand more about guidelines.
- Such comprehensive information easily understood. Poor webcast made it difficult to fully appreciate the information as the slides were out of sync too far
- Wow! Needs to be disseminated to the public

### The Big Picture View of the NCSP Renewal

- A good overview of the incoming changes, the rationale for change, the benefits for women and the practicalities such as the lab automatically issuing recommendations and performing cytology where the sample is HPV positive. A less historical perspective and more time explaining the algorithms would have been helpful.
- Bit repetitive, Brief overview of topics covered elsewhere. But some good numbers/statistics. Loved that included data about aged <25 and increased time between tests
- Clear, helpful
- Excellent presenter (x2)
- Fabulous content, well delivered!
- Good humour of speaker, answered already some questions I had. Good graphs to explain why 5 yearly safe.
- Great explanation of new program
- Great for background and reasoning
- "I would prefer if the slides were a little larger as the details are difficult to see.
- Great background & general screening information. An entertaining speaker."

- Positive
- Really found this useful.
- Such comprehensive information easily understood. Poor webcast made it difficult to fully appreciate the information as the slides were out of sync too far
- Understanding the rationale for the changes is invaluable, as in my role I communicate with many medical and nursing professionals, as well as health workers.
- Very easy to follow, informative and easy to integrate into clinical practice

### The new cervical screening guidelines

- Clarified screening by giving examples.
- Clear and informative
- did not know about catch-ups to age 20. Excellent "back to basics" presentation. Very practical.
- Good content, although the intricacies of the genomes went straight over my head, it was interesting to hear about them
- Good refresher. I have a better understanding of recall systems
- Interesting - lots of information and guides on how to explain to any concerns from women.
- Some issues with live streaming proved very frustrating but the content was good.
- Very comprehensive, information will be very useful in redesigning JCU 4th year medical training session on Well Women's checks
- very informative helpful in understanding the new guidelines and upcoming changes
- Very informative
- Really enjoyed the practical application to clinical practice"
- Very practical information. Fantastic video
- Will allow me to explain with confidence to my patients new changes.

### Self Collection Option

- "Amazing results. This is looking like an outstanding way to reach more women.
- Inspiring!"
- Excellent insight into development of this initiative
- I think this info could have been condensed into a shorter session
- I would like to know more about this.
- Informative - hopefully be able to use this in our centre for women who are unable to have CST.
- Nil issues with tech. Informative presentation
- This will be very challenging

### Case based interactive session

- Brilliant way to get us thinking.
- Can't watch the video. Issue with the internet provider at Hilton hotel , cairns
- Excellent info and practical things that will affect my practice.
- Great cases and opportunity to self-check with very good explanation by the panel.
- Great chance to see how the guidelines work in practice
- Great session - putting theory into practice.
- Great technology - a bit too fast to often answer.
- I have a lot to learn
- Inconsistencies in the format were confusing. Eg. Select incorrect answer. Or choose a number of options.
- Made you think.
- Poll too fast. Didn't have time to read question & work out answer & vote in time.
- Poor streaming quality
- The complexity of some of the cases was really helpful in teaching the guidelines
- Thoroughly helpful and easy to follow

- Thought provoking , helpful
- Very good interactive session - very practical. Thoroughly enjoyed this session.
- very helpful to have case by case examples to discuss
- Would have been better to have the ability to ask questions during this session.

### Resources to promote the changes to cervical screening

- Clear good info.
- Have pictures of the resources on the screen rather than showing the hard copies during the presentation
- Hopefully nurses will get sent packages as well as doctors. Qld Pap smear register has names for all pap providers.
- Live streaming did not work well for this session and I missed most of it.
- Look forward to receiving pack.
- Poor streaming quality
- Resources seen across a big room aren't easy to identify
- Would help if we had some of the resources was referring to

### Panel discussion

- Appreciated the diverse role of professionals on the panel
- Excellent speaker.
- Good but internet kept cutting out
- I was unable to be a part of the Q & A sessions being a live recording but still informative to hear other people's Q & As
- Very valuable!
- Wonderful to have queries answered.
- Would have been great to do this training face to face. The live streaming was still a great option saved me 12 hours of driving. I did have an issue with only the slides showing for some presenters. Will definitely watch this again when available.

### What has been of most value to you in this conference?

- 1 - To understand and help with discussion with my patients. 2 - HPV new advanced way of testing.
- Affirming guidelines.
- After reviewing the new guidelines, the quiz was really helpful to consolidate the learning
- Algorithm.
- All material was very relevant. Very informative - great speakers.
- All the different topics.
- Background info of the first few slides was good. I enjoyed the Q&A at the end
- Background information as ACCF volunteer
- Being able to apply the new NCSP algorithm in clinical scenarios
- Best conference that relates to clinical practice that I have been to in 28 years.
- Better understanding of the new Cervical Screening guidelines.
- "Case studies.
- Hearing info re-iterated.
- Algorithms ."
- Clarification of new algorithm
- comprehensive overview,
- Comprehensive presentation of new cervical screening program. Very clearly explained. Flow charts useful.
- Detailed explanation of the new guidelines and interactive clinical scenarios.
- Discussion of the HPV as well as the algorithm
- Excellent conference with such a diverse expert panel to learn from. Iris Education booklet provided at the conference is a valuable resource to refer to.

- Face to face and the passion and knowledge of the speakers, the book of notes and the guides and reference material at the back of the book
- For me, nurse of 44 years who has very little experience re the practical side of pap smears, I have found the information I have been privy to today has been most helpful for me - obviously follow-up of all negative results must be considered to be most important.
- Getting prepared for new guidelines , revision science was helpful and interesting .
- Getting the most up to date info, stats
- Good speakers with clear understanding of their topics
- Great conference
- All relevant
- Case studies particularly helpful"
- Having a chance to apply the new guidelines to clinical cases
- Further information regarding hPv vaccinations and who to give them too"
- Hearing from panel expert on changes
- HPV info & self-collection
- I found the basic science useful to be able to understand the changes. I thought going thrifty the specifics with cars was also helpful.
- I have come to understand the changes more clearly and feel a lot more confident in explaining these changes to our clients.
- I was really not aware of what the changes would mean to my patients, so needed my education before Dec 1.
- Information about changes in cervical screening
- follow up pathways
- importance of vaccination
- Information regarding the changes, ability to give this info on to the patient/client.
- It has been great to see many difference viewpoints from multiple interest groups.
- Keep myself up to date
- Learning about the program and why the 5 year interval v the 2 year interval
- "Learning all about the renewal
- Networking"
- Learning and managing the results
- Loved it all. Caroline Harvey's "what isn't changing" and reiterating the importance of visualising the Ix & discussing the changes with clients.
- Method and reasoning behind decisions
- More case discussion around "how to change from current program to new program".
- new changes and the vaccination with the funded catch up plan
- New criteria for cervical cancer screening and the reasons for the changes
- No idea. Watched limited videos. Emailed technical support with no response yet. Very frustrated.
- Overall education about new screening procedure, in that what has changed and what remains the same.
- Q & A, guidelines for self screening.
- Question and answer
- Resources available for algorithms and opportunity for networking and professional Q & A
- Screening guidelines
- HPV background/ immunisation info
- some of the background virology and epidemiology to help understand why the changes have been implemented as they have.
- Strategies to discuss effectiveness of 5 yearly screening with women who are concerned. Using ThinPrep. correcting information given at a QML dinner (women can have screening as often as they like). Women under 25.

- The detailed explanation of the changes and the algorithms to deal with the results and to know what tests to order
- The entire day was helpful
- The expert presenters
- The guidelines and discussion around clinical scenarios
- The high quality information provided that I was able to access from a small town far away from where the conference was being held. If I had to depend on my local network for knowledge about the NCSPP it would not have been anywhere near the quality of today's presentations.
- The in depth information on the new changes and the refresher on the HPV types as well as the guidelines in regards to treatment/follow up of different results
- The interactive sessions were particularly valuable.
- the new screening time frames
- The reason behind the new guidelines
- Thought was generally really excellent topics
- Timely important topic
- Tips and tricks on how to explain the changes to patients
- understanding of the new guidelines
- Understanding role of HPV and also how to implement new screening guidelines
- Update of new recommendations & processes.
- Updating knowledge on HPV. Learning about the new guidelines and how to explain to women the changes.
- Updating on current screening program
- What is staying the same & what is changing. Excellent case histories/scenarios.

### Any other comments?

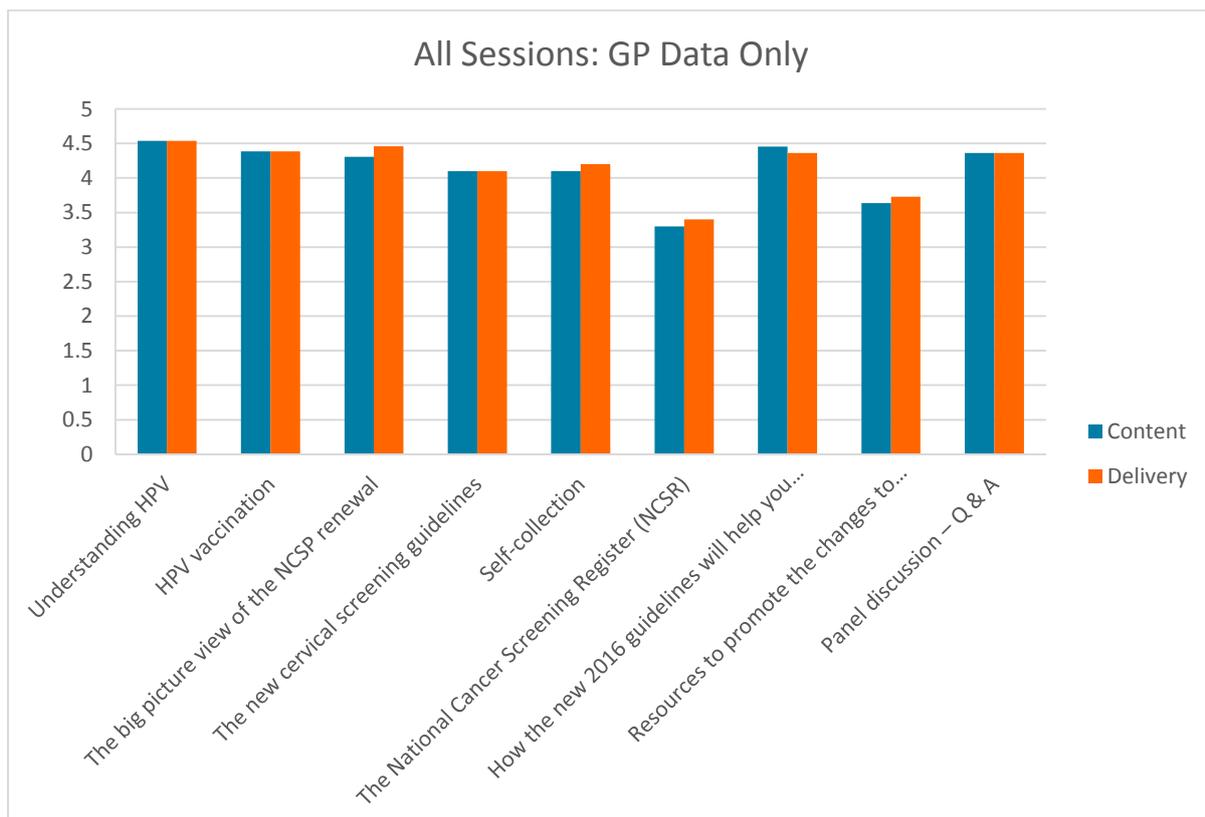
- An amazing day. The best, most relevant education sessions I have ever attended. Thank you.
- Another wonderful conference by Iris Education. Great venue, plus enjoyed morning tea and lunch. Hopefully see you in February for the next workshop. Thanks for a great day.
- Appreciate being able to access the sessions
- Excellent
- Excellent speakers
- Venue was very good
- A very enjoyable day
- Thank-you
- Excellent. Very grateful as this will make delivery much easier and more accurate.
- Fantastic expert presenters.
- Grateful that such a comprehensive presentation came to Cairns. All presentations lively and interesting.
- Great presentations by all today.
- Great Venue, really appreciated the chocolate and champagne! THANKYOU
- I am very excited about the use of online streaming for this sort of CPD and I am very hopeful that streaming issues today were a one off.
- I did the live-streaming, thanks for having the videos available for later viewing.
- I feel that learning institutes should have had this embedded into their curriculum to enable national effectiveness especially in rural and remote areas, the strategies need further review and interventions.
- I watched this via livestream. I would like to know if it is possible to get a hard copy of the resources handed out on the day.
- Live streaming for not smooth many of the time. We heard something's many times and some none at all. But we are going to see the videos again to fill up on what we missed. I have also taken photos as well as recorded some video on phone to go back on it.

- Shame about interruptions to live streaming but I was glad that the talks were recorded
- Streaming was terrible couldn't interact with question section which was probably most relevant
- Thank you
- Thank you for a great day, very informative
- Thank you to all the speakers - thoroughly enjoyed all the sessions.
- Thank you, very informative.
- The morning sessions in particular were great. Thank you!
- The presenters were fantastic. The air conditioning was freezing and uncomfortable
- Unable to watch the webinar properly since morning. Apparently, there had been an issue with the internet provider at the Hilton hotel in Cairns.
- Very comprehensive education session.
- Very impressed with the day
- Very useful and beneficial
- Very useful day.
- well informed, knowledgeable speakers

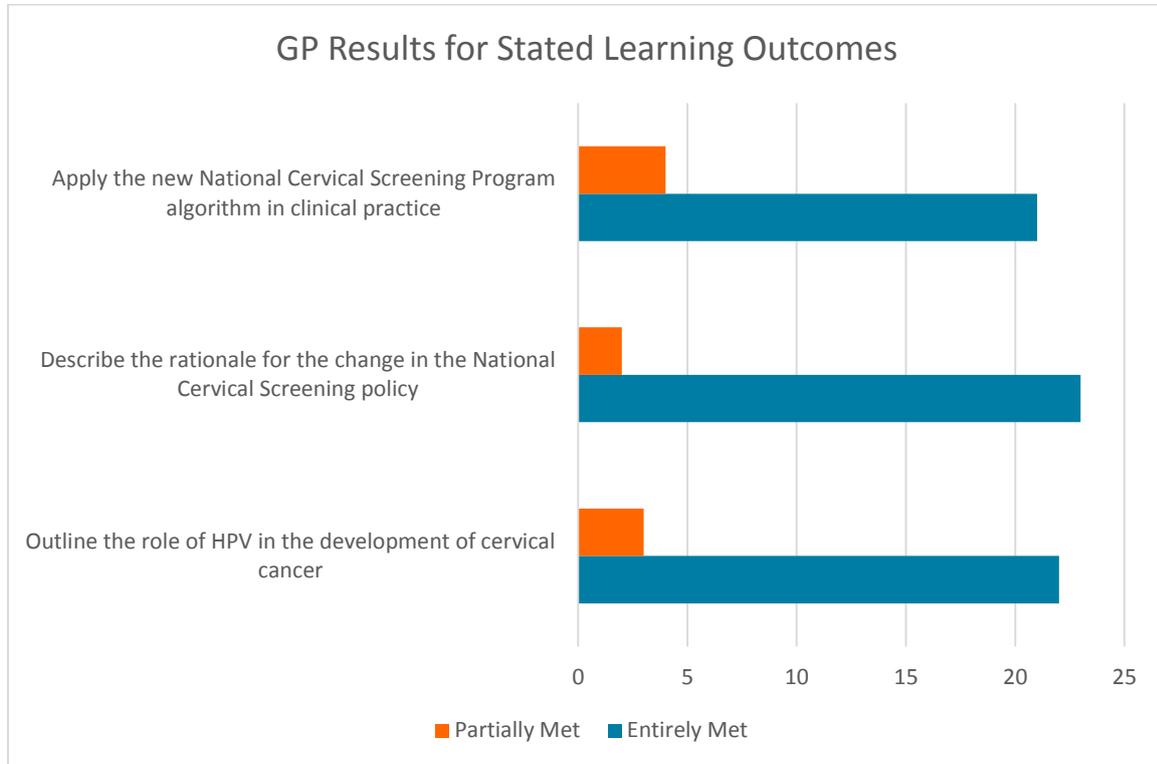
### 7.3 The GP Cohort Evaluation

45 of the 61 GPs who are known to have participated in this update day (there could have been a slightly higher number) provided information through the evaluation mechanism (74%). This is a very strong response from GPs. 23 of the 38 GPs who attended in person (61%) provided an evaluation response and all of the GPs who are known to have 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 who completed the evaluation form indicated that their learning outcomes had been met through attendance at this update:



### 8.0 Lessons learnt

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

The changes to the program to expand some topics and include an interactive session were beneficial. Participants greatly appreciated the opportunity for discussion and the case based approach after lunch, as demonstrated by comments from participants, assisted in the integration of knowledge.

Staging workshops in regional areas ensures strong attendance rates of those registered to attend. This is for two reasons, local personnel appreciate that an update is being staged locally and, secondly, those who travel have committed their attendance. Regional events have a higher percentage of registered participants 'turn up on the day'.

While, live streaming is useful and cost effective it needs to work on the day. Every effort was made to ensure that the venue had the required bandwidth and technology to facilitate the live streaming process, including entering into signed contracts stating these requirements. However, the practicalities 'on the ground' made this ineffectual on the day. It is recommended that future budgets accommodate a site visit by a technical member of the live streaming (or similar) team prior to any contracts for venues being signed.

Electronic evaluation works if well structured. The response rate of the evaluation of the update was strong. This was assisted by the mechanisms put in place to introduce participants to the concept and by sending links on the day prior to the event. Iris Education personnel, was an effective back-up for those who had difficulty finding the links. Also, having paper-based evaluation documents ready for those who found the electronic tool difficult was useful and contributed to the strong response rate (34 paper versions were distributed).

Finally, access to an electronic platform (eg smart phone, tablet) during the event or was not a barrier to participation in the case based discussion or completion of the evaluation. Participants greatly enjoyed this interactivity and it enhanced the learning on the day.