

17th
March
2018

Implementing the National Cervical Screening Program Renewal: Getting it Right



Demonstrated role play

REPORT



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1.0 Executive Summary

The 'Implementing the National Cervical Screening Program Renewal: Getting it Right' update was held on Saturday 17th March 2018 at the Hub auditorium at Sunshine Coast Hospital, in Birtinya. It 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 earlier successful updates in Brisbane and Cairns in 2017. Iris Education provides a broad range of professional development and more information may be found at www.iriseducation.com.au. This was the first update staged in the Sunshine Coast to discuss the NCSP Renewal in Australia.

This update was developed for health professionals working in the area of Women's Health, specifically GPs. The education level of the update was designed to be at the level of GP management. This update reviewed the rationale and evidence behind the cervical screening program renewal and provided consideration of issues, challenges and lessons learned already in applying the changes in practice. It provided an opportunity for participants to ask questions and build knowledge and confidence through interactive case studies, demonstrated role plays to consider specific management issues and a facilitated panel discussion.

Iris Education provided the platform for the design, staging and evaluation of this 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 update was extensive. As well as advertising through the comprehensive networks of Iris Education and Queensland Health, a large number of Queensland and Australian groups and organisations were provided event information to distribute including:

- Queensland Health (eAlerts)
- Primary Health Networks (including a related article in Sunshine Coast PHN newsletter)
- National Cancer Screening networks and organisations
- Sexual Health organisations including SHSQ, ASHM
- Practice manager and nursing organisations including ASHNA, APNA, AAPM,
- GP registrar training organisations and GP liaison officers
- Workforce employment and training organisations including RACP, James Cook University, GP Training Queensland, Health Workforce Solutions
- Women's health organisations including Marie Stopes, True
- Pathology Laboratories (QML, Sullivan Nicolaidis, Medlab)
- Numerous Aboriginal and Torres Strait Island health services, sexual health services, GP practices and community organisations

In addition to the email networks of distribution, paid advertising was obtained through RACGP and Public Health Association Australia (PHAA). RACGP included a banner advertisement in their February newsletter. PHAA provided an advertisement both on the front page of their website, in their weekly e-bulletin and on their jobs and opportunities website. This national advertising contributed to the presence of participants attending the update via live streaming.

The update was live streamed using the services of GigTV. This organisation was originally selected for the April 2017 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 subsequently partnered with Iris Education for Sydney and Cairns events, prior to the present Sunshine Coast update.

After removing duplicate registrations and cancellations, 211 participants registered for the update (prior to and on the day of the update): 123 through live streaming and 93 in person. The high percentage of registrants for live streaming indicates an increasing demand from regional areas.

128 (61% of registrants) participated in the update: 75 through live streaming and 53 in person. The live streaming cohort included those who live streamed on the day and those who viewed presentations in the four weeks following the event. The much lower than expected face-to-face participation rate was investigated through follow-up emails with participants after the event, but unfortunately, little information was revealed. The low attendance was compensated, to some measure, by a large number of views (n=43) in the 4 weeks following the event as it is assumed some of these views were by those who registered to attend face-to-face but did not attend on the day.

68 medical practitioners registered, of whom 51 were GPs or GP Registrars. 118 nurses predominantly working in general practice, and 6 midwives also registered. Of the 19 remaining registrants, several were program officers, public health specialists, and scientists.

The majority of registrants originated from Queensland (n=186) however there were representatives from five other Australian states (n=23) and two international registrants (New Zealand and South Africa). Most Queensland registrants originated from Brisbane region (n=68) and Sunshine Coast (n=37). There was representation from most regions in the state.

Engagement through live streaming reflected the geographic spread of registration. Only in Sunshine Coast and Wide Bay region did the in person registrations exceed the live streaming, and in Brisbane region the registrations were split 50:50 between in person and live streaming. The same regional and mode of attendance patterns were observed with the GP cohort as the registrants overall.

Only 21 GPs (45%) of the 51 registered GPs attended this update on the scheduled date. 46 of the registered GPs were from Queensland, and 18 of those who attended were from Queensland with 3 GPs live streaming from interstate.

59 individuals provided some evaluation feedback. This represents only 46% of the cohort that participated in the update (n=128) however, of note, 79% of those who participated face-to-face (n=42) provided evaluation feedback. Only 17 participants who viewed live streaming provided some feedback as a large number of those who viewed the live streaming did so after the event and evaluations were not pursued from this cohort.

Although a smaller group, as with the first staging of this update in Brisbane in April and the second staging in Cairns, the feedback and ratings from participants was overwhelming supportive and positive. The update was relevant to everyday practice. 95%

of Medical Practitioners and 92% of other participants 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. 100% of medical practitioners indicated they met the objectives of the day and 95% of all participants indicated their objectives were met. 97% (n=55) 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. 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 3.19 to 4.68). All professions noted an increase in confidence with the greatest increase being among Medical Practitioners (from 3.44 to 4.83).

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 participants who gave up their day for this important update.

2.0 Background

Following the success of the update in April and October 2017, Iris Education was contracted by Queensland Health to design, deliver and evaluate this further 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 3 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 Cairns October update with advertising beginning late in 2017. Advertising was primarily through existing Queensland Health and Iris Education networks and email lists.

GigTV were recruited to provide live streaming services for the event. As with previous events, 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 a support staff 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 November 2017. 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.

3.0 Program

The program was similar to the Cairns October update with minor adjustments to the case discussion and the panel. The entire program was devoted to the National Cervical Screening Program (NCSP) Renewal and extra 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	
Session 1: Out with the Old and In with the New - Unpacking the Evidence Chair – Dr Caroline Harvey		
8:30 – 8:35	Welcome to country	Ms Jacque Davis
8:35 – 8:50	Opening address	Dr Jeannette Young
8:50 – 9:15	It's all about HPV <ul style="list-style-type: none"> Natural history of HPV cervical infection Applying current understandings 	Dr Kay Strom
9:15 – 9:45	HPV vaccination <ul style="list-style-type: none"> Impact on disease and screening Gardasil 9 What does the future hold? 	A/Professor Julia Brotherton
9:45 – 10:30	NCSP renewal <ul style="list-style-type: none"> The evidence behind the changes 	Professor Ian Hammond
10:30 – 11:00	MORNING TEA	
Session 2: Evidence into Practice Chair – Dr Kay Strom		
11:00 – 11:45	The new cervical screening guidelines: <ul style="list-style-type: none"> Clinical application in primary care settings Dealing with women's concerns and questions 	Dr Caroline Harvey
11:45 – 12:10	Getting the testing right <ul style="list-style-type: none"> Sample issues Self collection update Completing forms 	Dr Peta Fairweather
12:10 – 12:30	NCSP renewal - the Gynaecology outpatient perspective	Dr Marc Miller
12:30 – 1:00	The National Program and Cancer Screening Register (NCSR) update	Ms Cheryl Hutchins
1:00-1:40	LUNCH	
Session 3: Putting it all Together Chair – Ms Lisa Peberdy		
1:40 – 3:10	The new guidelines in practice: A case based interactive session	Professor Ian Hammond
3:10 – 4:10	Panel discussion, Q &A <ul style="list-style-type: none"> Audience questions (including live stream) Panel Facilitation: Dr Candice Colbran	Professor Ian Hammond Dr Caroline Harvey Dr Kay Strom A/Prof Julia Brotherton Dr Peta Fairweather Dr Marc Miller Ms Cheryl Hutchins Ms Sandra Wood
4:10 – 4:15	Close	
4:15	AFTERNOON TEA AVAILABLE	

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.

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 Candice Colbran is an Advanced Trainee in Public Health Medicine working in the Queensland Department of Health. Candice has worked in several fields including communicable diseases, policy, health promotion, research, Aboriginal and Torres Strait Islander health and cancer screening.

In 2017, she worked on increasing Queensland participation rates in the three population screening programs; the BreastScreen Queensland Program, the National Bowel Cancer Screening Program and the National Cervical Screening Program.

Candice holds a Masters of Public Health, Bachelor of Medicine/Bachelor of Surgery, and a Bachelor of Biomedical Science. She has a strong interest in improving the health and wellbeing Aboriginal and Torres Strait Islander people and advocating for women's rights.

Dr Peta Fairweather graduated from the University of Queensland in 1998 with first class honours. She had broad interests in medicine and surgery and entered training in anatomical pathology in 2001 following an extensive clinical residency. Peta trained in several locations across South East Queensland with areas including forensic pathology, perinatal pathology, cytology and general anatomical pathology. She gained Fellowship of the Royal College of Pathologists of Australasia in 2006.

Peta is based at the Greenslopes SNP lab where she is the Pathologist in Charge. Here she has a special interest in breast pathology, gynaecological pathology and cytology. She works closely with the clinicians onsite and performs many intraoperative assessments (known as frozen sections). Peta has memberships with Australasian Society of Breast Disease, Australian Society of Cytology and the International Academy of Cytology. Peta is an active member of her local medical community and participates in a fortnightly breast multidisciplinary meeting with other Greenslopes colleagues. She has presented at state and national meetings and has been involved with GP education regarding the new cervical screening program. Currently Peta is involved in a study with Dr Chris Maher on the topic of vaginal mesh and the presence of actinomyces.

Peta is proud to have completed her training in Process Communication Management (PCM) under Werner Naef and Kris Kerr and strives to utilise this highly effective communication tool to improve her interactions at work and in her personal life.

Peta currently serves on the Medical Advisory Committee for Greenslopes Private Hospital and has previously served on the Queensland committee reference group for the Cervical Screening Program Update. She actively participates in the training of registrars, both anatomical pathology and gynaecological oncology. In her 'spare time' Peta spends quality time with her family and enjoys cooking, pilates and yoga.

Professor Ian Hammond retired in 2012 after 30 years in clinical practice as a Gynaecologic Oncologist in Perth, WA. 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.

In 2016 he chaired the Cancer Council Australia Guidelines Working Party that developed the new 2016 Management Guidelines that 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. In the 2018 Australia Day Honours List he was appointed a Member of the Order of Australia for significant service to medicine in the field of Gynaecological Oncology as a clinician, to cancer support and palliative care, and to professional groups.

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 in 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 has taught, researched and delivered population health programs for almost 20 years at a local level, within government and the university sector. She has worked in the Queensland, Victorian and ACT Health departments and 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 Marc Miller Gynaecologist Director of Women's & Families Services, SCHHS, Department of Health, Sunshine Coast University Hospital.

Ms Lisa Peberdy is an experienced sexual and reproductive health professional with a wide ranging clinical and education background. Lisa holds a Bachelor of Nursing (with Distinction), a Graduate Diploma in Midwifery, Certificate of Advanced Practice Nursing: Sexual and Reproductive Health, and a Master of Clinical Nursing: Maternal, Child and Community Health. Lisa has extensive rural and remote experience after working in such locations as Kalgoorlie, Darwin, North East Arnhem Land, the Torres Strait and the Mount Isa Gulf region.

Lisa has been a Pap smear provider for over 20 years. She held the position of Nursing Director, Queensland Cervical Screening Program for 8 years which involved State-wide program co-ordination, management, policy development and quality assurance projects. Currently Lisa is working on the QLD implementation of the new National Cervical Screening Program and the transition of the QLD Health Pap Smear Register to the new National Cancer Screening Register.

Lisa was the National Nursing Representative on the Steering Committee for the National Cervical Screening Program Renewal project 2011 – 2014. Lisa is currently completing a PhD in a totally unrelated field to cervical screening.

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 Faculty of Medicine, and was Senior Lecturer at the Griffith University School of Medicine from 2015 - 2017. 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.

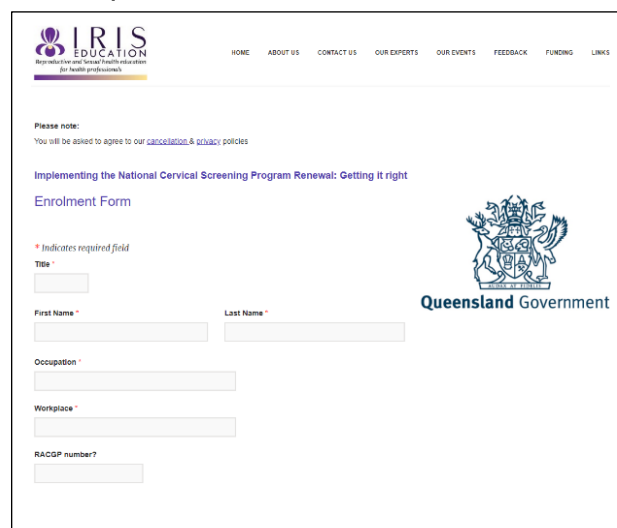
Ms Sandra Wood is the state-wide Supervising Scientist of Cytology for Pathology Queensland. Sandra has worked in Cytology, for 30 years, working in both the public and private sectors in Queensland and New South Wales. Pathology Queensland covers the geographically diverse population of the State and services 33 laboratories.

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.

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 as well via paid advertising through RACGP and PHAA. Queensland Health distributed information about the update through its internal networks. This included to specific groups (Eg women's health, Aboriginal and Torres Strait Islander health) and through specific mechanisms across the state.



4.2 Registration demographics

After removal of duplicate registrations and cancellations, 211 individuals were registered for the update, or joined on the day, with some participants registering for both face to face and streaming. 107 (51%) 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 211 registrants 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	17	34	51
	O & G	2	1	3
	Sexual Health	0	4	4
	JMO	0	3	3
	Other	1	6	7
Medical Total				68
Nursing	EN / EEN	2	0	2
	Clinical Nurse	13	6	18
	Registered Nurse	31	33	63
	Practice Nurse	10	11	20
	Nurse Practitioner	2	1	3
	CNC or NUM	2	2	4
	Sexual Health	4	5	8
Nursing Total				118
Midwife		1	5	6
Other		8	12	19
Total		93	123	211

4.2.2 Geographic Origin

Location		Face to Face	Live Streaming	Total
QLD	Brisbane Region	35	35	68
	Sunshine Coast Region	28	10	37
	Gold Coast Region	4	5	9
	West Moreton	1	7	8
	Darling Downs & South West	6	9	14
	Wide Bay	9	7	16
	Central & Central West	2	8	10
	North West, Townsville, Mackay	3	13	16
	Cairns, Hinterland, Torres & Cape	3	6	8
	Queensland Total		91	100
NSW	2	7	9	
Victoria	0	2	2	
South Australia	0	6	6	
Tasmania	0	1	1	
Western Australia	0	5	5	
International	0	2	2	
Total		93	123	211

4.2.3 GP and GP Registrar origin

Location		Face to Face	Live Streaming	Total
QLD	Brisbane Region	9	9	17
	Sunshine Coast Region	5	2	7
	Gold Coast Region	1	0	1
	West Moreton	0	5	5
	Darling Downs & South West	0	1	1
	Wide Bay	2	4	6
	Central & Central West	1	4	5
	North West, Townsville, Mackay	0	4	4
	Cairns, Hinterland, Torres & Cape	0	0	0
	Queensland Total		18	29
NSW	0	1	1	
Victoria	0	2	2	
South Australia	0	1	1	
Tasmania	0	0	0	
Western Australia	0	1	1	
International	0	0	0	
Total		18	34	51

5.0 Attendance

128 individuals attended in person or participated in the update via live streaming on the day or by viewing the live streaming recordings in the 4 weeks after the event. Because of the way live streamers were recorded, the exact extent of time spent via live streaming is unknown. Of these 53 attended in person and 78 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 93 people who registered to attend in person, only 53 (57%) showed up on the day. This was a disappointing attendance for a regional event, as prior events have indicated that in regional areas people make an attendance to attend. It is assumed that some of those who did not attend in person viewed the recordings after the event. 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	50
prior to lunch	51
Session after lunch and panel discussion	40
Last session of the day	38

5.2 Live Streaming and post event viewing

Of the 123 who registered to view the update online, at least 57 different people (46%) viewed something during the day. An additional 18 new participants viewed the recordings in the 4 weeks following the event. It is assumed that some of these were those registered for live streaming and some were registered to attend face to face and watched the recordings after contact was made following the low attendance at the event. 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	49
prior to lunch	56
Session after lunch and panel discussion	43
Last session of the day	40
Post event viewing by new participants	18

The recordings are available via a link from the event listing on the home page of Iris Education at www.iriseducation.com.au. As of Monday 16th April 2018, each presentation had been viewed the following number of times. This includes those who watched via live stream on the day and includes presentations that had been watched more than once by particular individuals.

Title	Speaker	No. of views
Opening address	Dr Jeannette Young	68
It's all about HPV	Dr Kay Strom	76
HPV vaccination	A / Prof Julia Brotherton	58
NCSP renewal	Professor Ian Hammond	79
The new cervical screening guidelines:	Dr Caroline Harvey	74
Getting the testing right	Dr Peta Fairweather	74
NCSP renewal: the gynaecology outpatient perspective	Dr Marc Miller	66
The national program and Cancer Screening Register (NCSR) update	Ms Cheryl Hutchins	64
The new guidelines in practice: A case based interactive session	Professor Ian Hammond	58
Panel discussion, Q&A	Dr Candice Colbran (Facilitator)	51

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.

5.3 The GP Cohort

51 GPs and GP Registrars registered to participate in this update day, 18 in person and 34 through live streaming. Of the 18 registered to attend in person, 8 are known to have attended. Of the 34 registered for live streaming 13 viewed sessions on the day. Evaluations were completed by 19 of these. 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, 12 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:

- Cancer Screening Unit Preventative Health Branch Department of Health
- Hologic (Australia) Pty Ltd
- Preventative Health Branch Department of Health
- QML Pathology
- Sullivan Nicolaides Pathology
- True Relationships
- VCS Pathology

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

The evaluation conducted by Iris Education was the same format as previous events however participants were asked to complete this evaluation via paper or via email for this 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 and two weeks later.

59 individuals provided some evaluation feedback. This represents only 46% of the cohort that participated in the update (n=128) however, of note, 79% of those who participated face-to-face (n=42) provided evaluation feedback. Only 17 participants who viewed live streaming provided some feedback as a large number of those who viewed the live streaming did so after the event and evaluations were not pursued from this cohort. In the analysis below, the two groups (face-to-face and live streaming) are combined.

7.1 Demographics

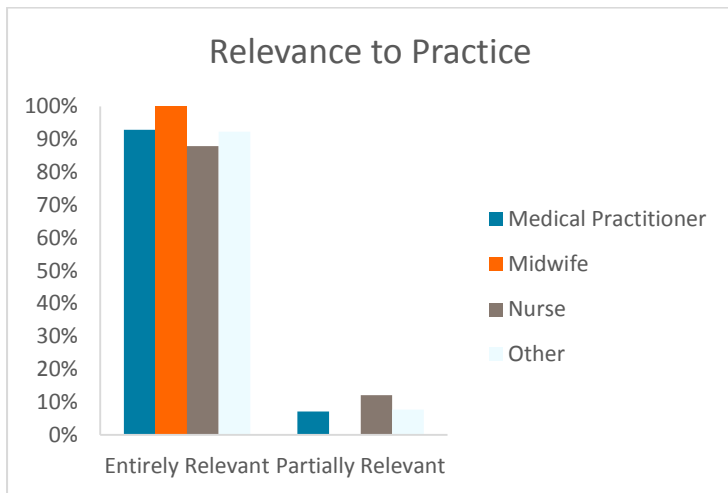
There is a higher representation of GPs and GP Registrars in the evaluation cohort than in the overall attendance cohort. 19 Medical Practitioners submitted an evaluation. This is 90% of those known to have attended (n=21) while 40 other health professionals submitted an evaluation (37%).

7.2 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. 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 3.19 to 4.68). All professions noted an increase in confidence with the greatest increase being among Medical Practitioners (from 3.44 to 4.83).

7.3 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.



7.4 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.

Medical Practitioner	Not Met	Partially Met	Entirely Met
Outline the role of HPV in the development of cervical cancer			18
Describe the rationale for the change in the National Cervical Screening policy			18
Apply the new National Cervical Screening Program algorithm in clinical practice			18
How well have your own learning needs been met?			18

* Out of 19 participants—not all responded

Other Participants	Not Met	Partially Met	Entirely Met
Outline the role of HPV in the development of cervical cancer			38
Describe the rationale for the change in the National Cervical Screening policy		1	37
Apply the new National Cervical Screening Program algorithm in clinical practice		3	35
How well have your own learning needs been met?		1	37

* Out of 40 participants—not all responded

7.5 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 graphic below presents the average rating for the content of each session. While not all participants rated every session, the response rate is listed on left for each question. 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.

7.5.1 Session 1: It's all about HPV

Medical Practitioners	1	2	3	4	5
Content 18/19					4.61
Delivery 18/19					4.61
Combined					4.61

Other Participants	1	2	3	4	5
Content 40/40					4.50
Delivery 40/40					4.55
Combined					4.53

Medical Practitioner

- Fantastic
- Excellent. Thoroughly appreciated & enjoyed the presentation.
- Very good introduction.
- Excellent talk.
- Very interesting.

Others

- I will need further education on the natural history of HPV cervical infection.
- Difficult to understand with lack of clinical knowledge. Appreciate that audience is clinical based.
- Great presentation, very easy to follow.
- Excellent explanation of the HPV virus.
- Some useful tips in this session to help explain to our clients.
- I now have a better understanding.
- Great explanation.
- Very good.
- Gave me a greater understanding of why re-testing is done/required over surgical intervention and where it is needed.
- Very interesting!

7.5.2 Session 1: HPV vaccination

Medical Practitioners	1	2	3	4	5
Content 19/19					4.63
Delivery 19/19					4.63
Combined					4.63

Other Participants	1	2	3	4	5
Content 40/40					4.43
Delivery 40/40					4.48
Combined					4.46

Medical Practitioner

- Very busy slides. Very difficult to read. Lots of stats!
- Great presentation.
- Very interesting presentation.
- Fantastic.
- Excellent talk about vaccination.
- Again interesting & relevant.

Others

- Great update.
- Very relevant because we have just received these vaccines into our surgery.
- As above (Great presentation, very easy to follow)
- Fantastic presentation, really engaging and interesting. Well presented. Easy to understand.
- Great presentation, new messages. Love the change in care more efficient.
- Amazing information. Valuable.
- Really interesting – a lot of information that was new to me. An obviously very knowledgeable speaker.

7.5.3 Session 1: NCSP Renewal – the evidence behind the changes

Medical Practitioners	1	2	3	4	5
Content 19/19					4.63
Delivery 19/19					4.63
Combined					4.63

Other Participants	1	2	3	4	5
Content 40/40					4.53
Delivery 40/40					4.58
Combined					4.56

Medical Practitioner

- Fantastic
- Brilliant, easy to follow presentation.
- V. good re: challenges & safety with new system.
- There is a key graph that compares cytology - / HPV - / HPV + cytology – that I think could be explained better – it would be good to see a sensitivity + specificity of PAP vs HPV.
- Excellent delivery and great clarity.

Others

- Upbeat, humour, new challenges. Testing starts 25th birthday.
- Fantastic presentation * Really clear messages * very engaging * Great speaker!!
- Easily explained & understood. Clear.
- Enjoyable session.
- Nice to know it is evidence based.
- Very interesting. Easy to listen to.
- Standout speaker – so engaging!
- Helpful way to let patients know about change.

7.5.4 Session 2: The new cervical screening guidelines: A practical approach

Medical Practitioners	1	2	3	4	5
Content 19/19				4.47	
Delivery 19/19				4.37	
Combined				4.42	

Other Participants	1	2	3	4	5
Content 38/40				4.42	
Delivery 38/40				4.45	
Combined				4.44	

Medical Practitioner

- Picked up points throughout the session.
- The actual algorithms / practicalities were quite rushed. Practical issues very rushed also.
- Good overview of guidelines.
- Good practical everyday advice.

Others

- Sampling the cervix animation very good education tool forming new language adapting to new words
- Repetitive, unfortunately covered in previous.
- Excellent.
- Very helpful.
- Informative – thank you.

- Very good. Interesting. Has given me a greater understanding of the process and new guidelines.

7.5.5 Session 2: Getting the test right

Medical Practitioners	1	2	3	4	5
Content 18/19				4.44	
Delivery 18/19				4.44	
Combined				4.44	

Other Participants	1	2	3	4	5
Content 38/40				4.39	
Delivery 38/40				4.42	
Combined				4.41	

Medical Practitioner

- Could do with more specific detail/info on completing/requesting form.
- Slides not always readable. Most slides not in the handout book.
- Mine, so won't rate.
- Very worthwhile to know as a GP working in women's health.
- Good practical advice re information required by lab.

Others

- Good clarification.
- Thanks for the clarifications.
- Excellent
- 'Collection' slides x3 missing from the main booklet.
- New language – not detected other than negative specimens outside the program – community unaware – GP should be accountable of out of pocket.
- Very interesting. Gain a greater understanding.

7.5.6 Session 2: NCSP renewal – the Gynaecology outpatient perspective

Medical Practitioners	1	2	3	4	5
Content 19/19				4.16	
Delivery 19/19				4.11	
Combined				4.14	

Other Participants	1	2	3	4	5
Content 38/40				4.05	
Delivery 38/40				4.00	
Combined				4.03	

Medical Practitioner

- Very logical approach to follow up.
- Very good re mgt intermediate risk pts. Thanks.
- Good to have all the information in a flow chart booklet.

Others

- (increase) activity more resources required initially
- Information regarding what point of care that patients can be D/C back to GPs would be interesting.
- Helpful when I need to refer.
- Applicable for me.
- Interesting but a bit brief.

7.5.7 Session 2: The National Program and NCSR update

Medical Practitioners	1	2	3	4	5
Content 19/19				3.95	
Delivery 19/19				4.05	
Combined				4.00	

Other Participants	1	2	3	4	5
Content 40/40				4.08	
Delivery 40/40				4.11	
Combined				4.10	

Medical Practitioner

- Most of it already discussed by previous speakers.
- You need magnifying glass to read the miniscule slides printed for her notes in the book. Why weren't they enlarged? Tiny Print!

Others

- Did not get much out of this session.

7.5.8 Session 3: The new guidelines in practice: case-based interactive session

Medical Practitioners	1	2	3	4	5
Content 18/19				4.67	
Delivery 19/19				4.56	
Combined				4.62	

Other Participants	1	2	3	4	5
Content 33/40				4.42	
Delivery 33/40				4.45	
Combined				4.44	

Medical Practitioner

- Very entertaining! Lots of useful practical info.
- Excellent.
- A very good reinforcing activity.
- Excellent. Role plays were very helpful.
- Good to have case based discussions / role plays.
- I think the cases were relevant to “usual practice”.

Others

- Very good role plays.
- Cemented information given today and gave useful language to use with pt's.
- Interactive sessions are always helpful to cement knowledge learnt into practical scenarios.
- Helped reinforce approach to patient discussion.
- Good way to assess how you would manage in your daily practice & providing information. It was also fun.

7.5.9 Session 3: Panel discussion: Q & A

Medical Practitioners	1	2	3	4	5
Content 15/19					4.60
Delivery 15/19					4.60
Combined					4.60

Other Participants	1	2	3	4	5
Content 27/40					4.30
Delivery 27/40					4.37
Combined					4.34

Medical Practitioner

- Interesting & informative.
- Very good, very practical.

Others

- Some great questions answered/clarified.
- Interesting questions.

7.6 General Questions and Comments

7.6.1 What has been of most value to you in this update?

Medical Practitioner

- Clarifying follow-up post hysterectomy & abnormal vaginal bleeding/post-coital bleeding.
- Practical applications.
- Kate's lecture was very interesting.
- Hearing referrer's questions and feedback.
- Points on how to sell the new regimen; clarification with some clinical scenarios. Giving me some ideas to improve patient understanding, participation & follow up by making some practice changes.
- Refreshing knowledge learnt 2017 at a similar all day seminar.
- Evidence behind change in screening – highlighting the situations where screening differs ie reduced immunity, intercourse <14 yrs – screening post hysterectomy.
- Explanation of new changes – interpretation of results – self-collection possibility – importance of past history / filling in forms.
- Case discussions with reference to the new guidelines.
- Experts in the field who were all obviously very involved in guideline development. Good length of presentations.
- Basis for the changes (scientific and other) – Practical application of the new guidelines – Practical approach – patient's follow up to new guidelines.
- Understanding the path & physiology of HPV infection, significance of different subtypes, role of vaccination & overview of new testing guidelines.
- Getting it right ie sample collectors what to do in certain patient populations.
- Understanding HPV and its epidemiology – Effectiveness of vaccination & new vaccine position – Implications of the CST & co-test – Practical application of the test results – Follow up.
- I did know a fair bit about the renewal NCSP prior to this education as I have been providing workshops for FPNSW on this. I also attended the previous Iris Workshop (electronically logged in). I still found it useful to revise the topic & listen to the questions as well as pick up extra information. Kay's presentation on HPV is also very useful background.
- Understanding the rationale and evidence behind the new guidelines, how to manage patients with abnormal results.
- Webinar signal repeatedly drops off. Hard to re-login several times.

Other Health Professionals

- The HPV history – how to explain it to clients and how it is a better screening tool. The screening tool. The screening guidelines helped clarify the pathways.
- Case studies. Gardasil update. Algorithms in clinical practice.
- The research to validate the new changes so we can inform our clients and why they are in place.
- Understanding CST.
- Reassured – my knowledge is sound and I can continue. I have learnt some more and appreciate the preparation & planning and knowledge shared today.
- Really enjoyed the opportunity to provide feedback at the pre-breakfast session. Sad that it was poorly attended. Really enjoyed role play / case studies – putting it into practical perspective.

- Taking an accurate test.
- All of it.
- Explanation of guidelines / algorithms. Role plays discussion in practical situations.
- Clear practical approach for change.
- Face to face meeting with others who do similar work and able to discuss any issues that are concerning (case conferencing).
- 1) To put all the facts straight; 2) To confirm some issues about the change; 3) To increase my knowledge re the actual HPV virus; 4) More information acquired to pass the patients.
- All of it! Very well presented and a lot of concise information in a very clear manner.
- Overview and understanding of population based HPV vacc program & new cervical screening program.
- Vaccine – Gardasil 9
- How to take, what to use – filling in pt form.
- To feel confident in discussing / explaining changes to cervical screening to women presenting for screening.
- Scientific explanation. References. Useful slide handouts.
- Flow charts are most relevant. Need for change recall system. Encourage those who have not had paps.
- The new cervical screening guidelines & getting the testing right.
- Able to do online at home.
- All presentations were valuable. Watching by live stream allows for flexible learning options when physical attendance is impractical.
- The fact that I was able to attend and not leave my town as it wouldn't have been possible due to restraints. 6 hours travelling one way!
- HPV talk. Ian Hammond's talk. Meeting key players in the field.
- Addressing guidelines. NCSR update.
- Learning more about HPV vaccines. This prep and the videos that demonstrated how to use each brushes/broom. How to fill out a path form correctly.
- Knowing that other outpatient services are experiencing the same issues.
- Being able to access workshop 'live' was wonderful. All went well and could hear/see presenters very clearly. Also being able to download case material on hand valuable. Thank you 😊
- Was excellent well done again IRIS. Lisa Harrison true rocky.
- Implementing and understanding the new changes. Enjoyed the webinar connection – really well organised and no issues with technology.
- Having an understanding and following the new and improved guidelines for CST.

7.6.2 General and Final Comments

Medical Practitioner

- Food was lovely, thanks. An excellent informative day, very applicable to my work as a female GP. Thank you!
- Overall very informative session. Thank you so much to the team!
- Overall, a good day.
- Excellent.
- Would be great to have referral booklet to aid as explanatory guideline to patients.
- I think all the presentations were excellent. Thank you.

Others

- Great presentations. Thanks so much.
- Excellent catering. When are immigrants invited to screening? 5 years post migration? Why if at age of 9 best results from vaccine do we wait until teens to vaccinate?
- Good catering – good variety of food options. Venue easily accessible & auditorium well designed. A huge amount of experience on one panel!!
- 1) The auditorium was too cold! Sorry; 2) Very organised study day, appreciated the hard work to get it to be so; 3) Food was excellent.
- It is great to have this education on the Sunshine Coast (good not to have to go to Brisbane)
- Thanks also for reconnecting to old acquaintances ☺ Good displays & information / resources available.
- Very well organised / very informative.
- Concerns that attendees who left at 12:00 will be able to collect attendance certificate and CPD points for whole day. Unfair for those of us who have stayed whole day. This is a common practice for some people who need to show evidence of CPD & attendance – particularly free events. In future, if people do not attend whole conference they are unable to collect attendance cert/CPD points. Sadly some do not care for the knowledge etc.
- Very informative. Enjoyed the day.
- Thank you to all the presenters they were all interesting and great presenters ☺
- Excellent conference again by Iris Education and content delivery from all presenters. Thank you.
- This was a fantastic forum & well organised. It is very valuable, especially since all of the changes are significant & can be confusing.
- Thank you for the opportunity to attend the webinar.
- Maybe I've missed it, but I don't understand why boys get the vaccine as well & how long do you have to wait to get results for a thin prep cervical test. Thank you – I have been looking forward to this event. I knew I was going to benefit from it.
- When the presenters pointed to the slides unable to see which was being pointed to via webcast. Very informative.
- The live streaming worked really well.
- The online streaming was excellent.

8.0 Lessons learnt

While the response to this third workshop has been overwhelmingly positive, every event offers areas for reflection and improvement. 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.

Live streaming is an effective tool to reach audiences in dispersed geographical settings. This was additionally of benefit when there was low attendance on the day and there was opportunity to reach those 'non attenders' through recorded sessions. The low attendance rate on the day remains a mystery and comment received from individuals post the event did not shed light on why this particular event had a lower turn out rate.