

EXPERIENCES OF GENERAL PRACTITIONERS, AND OBSTETRICIANS AND GYNAECOLOGISTS

Obermair, H.M.^{1,2}, Bennett, K.³, Brotherton, J.M.L.^{4,5}, Smith, M.A.^{1,6}, McCaffery, K.J.¹, Dodd, R.H.¹

1 – University of Sydney; 2 – Royal North Shore Hospital, Sydney; 3 – University College London; 4 – VCS Foundation, Victoria; 5 – University of Melbourne, 6 – Cancer Council NSW

Introduction

- In 2017, the Australian National Cervical Screening Program implemented five-yearly primary human papillomavirus (HPV) screening for women aged 25-74 (1)
- Previous research shows that clinicians have faced challenges in implementation of the new screening guidelines (2)
- The effectiveness of the renewed program depends upon its successful implementation including its acceptability to, and adoption by, clinicians

Aim

- To examine the attitudes and experiences of Australian clinicians with the renewed Cervical Screening Program

Methods

Participants

- Australian O&Gs and GPs involved in cervical screening + treating cervical abnormalities

Recruitment

- Clinicians were recruited through RANZOG + hospital mailing lists and newsletters

Procedure

- A mixed-methods survey was conducted, with quantitative items (on a 5 point Likert scale) and qualitative items (free-text)

Results

607 responses were included: O&Gs n=324 (53.4%); GPs n=283 (46.6%)

Attitudes of clinicians towards cervical screening changes

- More than 80% of clinicians were comfortable with the main screening changes: extended screening intervals, increased first screening age and HPV screening only (instead of cytology)

National Cervical Screening Register

- Only 47% of clinicians had used the National Cancer Screening Register
- Clinicians reported issues with accessing accurate data from the Registry in a timely way

Self collection

- 35% of clinicians did not believe that self-collection was a reasonable alternative to practitioner collected screening
- Some clinicians advocated for extended eligibility for self-collected tests

Colposcopy

- Increased demand for colposcopy was noted by many O&Gs
- Only 54.4% of O&Gs practicing colposcopy felt that demands for colposcopy were being met and recommended timeframes for colposcopies adhered to

Further education for clinicians

- The most frequently self-identified areas of educational need were management of women with previous screen detected abnormalities, management post normal colposcopy and screening in complex scenarios (e.g. immunocompromise)
- O&Gs identified uncertainty in the management of older women with persistent HPV positivity and Type 3 transformation zone

Conclusions

- While most clinicians are comfortable with the renewed Cervical Screening Program, challenges include the screening Register, self-collection, and increased demand for colposcopy
- These findings demonstrate that certain elements of the screening program may require ongoing policy review
- This study has limitations, including inability to calculate a survey response rate and subsequent representativeness

References

- (1) Cancer Council Australia Cervical Cancer Screening Guidelines Working Party (2017). National Cervical Screening Program: Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding
- (2) Dodd, R. H., et al. (2020). "Implementing changes to cervical screening: A qualitative study with health professionals." *Australian and New Zealand Journal of Obstetrics and Gynaecology*. 60(5): 776-783