not a feasible target. However, guidelines on some crucial aspects are provided. Ideally, screening programmes should be implemented nationwide, but organized and managed locally, in each EU country.

Defining and describing the target population

As mentioned above, catchment areas and target populations must be clearly defined. An administrative centre should be identified for each area, and all resources necessary for the entire screening process should be present and well-inventoried. If all resources are not available in a given area, large centres, particularly for diagnosis and treatment, can serve more than one area, provided that adequate lines of communication are established. It is difficult to obtain adequate data for evaluation if a large proportion of smears are taken or reported, or biopsies are performed outside the respective catchment area. A high rate of migration will cause problems in the production of statistics. Stability of the population is therefore desirable and the population size of a catchment area should be large enough to ensure the stability of the statistics. Migration should be documented and changes in addresses regularly updated. For optimal administrative efficiency and stability of statistics, catchment areas with not less than 250,000 permanent inhabitants should be defined.

Identification of relevant health care professionals and facilities

Public health specialists

From the onset, public health specialists are needed to ensure that the programme includes a population-based information system that monitors each step of the screening process. They will then be responsible for gathering data and for ongoing monitoring in order to identify problems that need intervention. These public health specialists can be based at a national or regional level, whereas the other health professionals who are providing screening services are needed in each area. Public health specialists should have an understanding of basic epidemiology, statistics and communication training. A European training course on monitoring and evaluation of screening programmes would be desirable.

Smear takers and smear-taking facilities

Depending on each country's health system and culture, different health professionals can be involved in smear taking, i.e. physicians, nurses or paramedics. At present, GPs are very often the main smear takers in some EU countries, such as in Denmark and the Netherlands. Midwives or laboratory nurses play this role in Finland, Sweden, Italy and some pilot projects in Greece. Nurses can take smears well, as has been demonstrated in the UK. In Austria, Belgium, Germany and France most of the smears are taken by gynaecologists.

Each country should establish minimum training requirements for each type of smear-taker fulfilling the present European guidelines (see Appendix 1 of chapter 3). Smear takers should understand the anatomy of the female genital tract, the management of abnormal smear results and also the process of mass population screening. Smear takers must know how to use a speculum to visualise and assess the appearance of the cervix and must also understand the importance of sampling the transformation zone. They should be able to correctly interpret a report on a cervical smear.

It is important that women are satisfied with the service offered to them, or they will not return for re-screening or follow-up. Before the smear is taken, the environment for the taking of the smear should be suitable; there should be privacy, warmth and a relaxed atmosphere, and the woman must be comfortable.

Pathology laboratories

Laboratory guidelines for cervical screening and professional requirements for the staff (cytotechnologists and pathologists) are described in Chapters 4 and 5.

Diagnostic and treatment centres

Trained colposcopists are essential. Screening will not be efficient if abnormal smears are not followed by a proper evaluation of cervical lesions and appropriate management if needed. Each