



**Queensland
Government**
Queensland Health

QUEENSLAND CERVICAL SCREENING PROGRAM

**Process for Registered and Enrolled Nurses to be Authorised to
Access Data on the Queensland Health Pap Smear Register.**

APPLICATION FORM

OFFICE USE ONLY Name: No:	Date CNC Assessed	Date Review Panel Approved	“State Identifier” PSR Number
Date received	Date Letter sent RN	Date Letter sent RN	Date Valid Till
Initials	Date PSR Notified	Date PSR Notified	Initials

STEPS IN THE APPLICATION PROCESS

There are 8 steps involved in the Authorisation process for registered and enrolled nurse Pap smear providers to gain access to the Queensland Health Pap Smear Register:

- Step 1** *Read the following form carefully.* Certain sections apply only to certain applicants, depending on their circumstances. Specific requirements are outlined as applicable. Also please read footnotes for further information.
- Step 2** *Complete* the Application Form and provide information and evidence as required. Please ensure that all copies of documents submitted as evidence are **certified copies** of the originals.¹ **Do not send original documents.**
- Step 3** *Send* your completed application form with **certified copies** of relevant documentation to:
- Clinical Nurse Consultant**
Queensland Cervical Screening Program
PO Box 2368
Fortitude Valley BC QLD 4006
Ph: (07) 3328 9446
Fax: (07) 3328 9487
Email: papsmearregister@health.qld.gov.au
- Step 4** *Await* notification from the Queensland Cervical Screening Program (QCSP) following assessment of your application form. A Review Panel will assess any “non-standard” applications and may seek further information.
- Step 5** *Complete* the password application enclosed with the eligibility letter from the Clinical Nurse Consultant (CNC) – QCSP, which you will receive as a result of your application being successful. Send / fax your password application direct to the Queensland Health Pap Smear Register (PSR). Postal / fax details are located on the Password form.
- Step 6** *Await* receipt of a confirmation letter with your password and a ‘State Identifier’ PSR Number.
- Step 7** *Maintain* Continuing Competence. This includes demonstrating ongoing competence in performing Pap smears.

Registered and Enrolled Nurses: It is recommended that an annual self assessment and a peer review as a Nurse Pap Smear Provider (PSP) be undertaken as part of the annual continuing competence assessment as a licence requirement for registered and enrolled nurses in Queensland.

¹ A certified copy is a copy that has been signed by a Justice of the Peace or Commissioner for Declaration and which certifies that the copy is a true copy of the original.

This evidence will be required as part of submitting an application, every three years, by the PSP to renew their PSR State Identifier Number and authorised access to the Queensland Health Pap Smear Register.

Step 8 *Fulfill* the legislative requirements of a PSP associated with accessing PSR data. (Section 272(2) – *Public Health Act 2005*).

For further information on PSP legislative requirements, please go to the *Public Health Act 2005* at www.legislation.qld.gov.au

PLEASE NOTE: If, as an authorised Nurse PSP, you are no longer collecting Pap smears in your employment, it is your responsibility to notify the QCSP and the PSR, **within two months**, of this occurring.

GENERAL INFORMATION

THE APPLICATION FORM

This Application Form is to be completed by Nurse Pap Smear Providers (PSPs) who seek to **GAIN Authorisation** as a Nurse PSP in Queensland to access information on the Queensland Health Pap Smear Register. This means that you *do not* have a current “State Identifier” PSR number and it is the *first time* you are completing a Pap Smear Authorisation Application Form.

This Application Form is divided into the following parts:

PART A	PERSONAL INFORMATION
PART B	TRAINING AS A NURSE PAP SMEAR PROVIDER
PART C	EMPLOYMENT
PART D	CLINICAL PRACTICE AS A PAP SMEAR PROVIDER
PART E	ONGOING CONTINUING COMPETENCE AND EDUCATION
PART F	PERSONAL DECLARATION

PSPs who have completed an accredited Pap smear provider course **within the last 6 months** need to complete **Parts A – C ONLY**, and **sign the personal declaration in Part F at the end of the application package.**

PSPs who have completed an accredited Pap smear provider course **longer than 6 months ago** need to complete **Part A – E** and **sign the personal declaration in Part F at the end of the application package.**

Authorised Nurse PSPs seeking Continuing Competence assessment are not required to complete this form. Authorised Nurse PSPs seeking Continuing Competence assessment are required to complete the Continuing Competence application form every 3 years. This application form is available at www.health.qld.gov.au/cervicalscreening

CRITERIA FOR APPLICATION REQUIREMENTS²

The following criteria need to be addressed when completing the Application Form. Specific requirements are outlined with each criterion. **Where directed**, applicants must provide evidence relating to each of the following:

- Criterion 1:** Current unrestricted licence to practice as a registered / enrolled nurse in Queensland.
- Criterion 2:** Demonstrated evidence of training as a Nurse Pap Smear Provider
- Criterion 3:** Evidence of successful completion of a Nurse Pap Smear Provider Course.
- Criterion 4:** Evidence of appropriate employment support/clinical referral network.

Criterion 5: Demonstrated recent work experience associated with practice as a Nurse Pap Smear Provider.

Criterion 6: Evidence of quality assurance for your last 12 months of practice.

Criterion 7: Demonstrated active involvement in ongoing continuing competence and education.

PLEASE NOTE:

Registered and Enrolled Nurse PSPs must work within their own scope of practice, and in the case of the Enrolled Nurse under the indirect supervision of a RN PSP and within the delegation framework.

For further information on Scope of Practice, delegation and supervision, please refer to the Queensland Nurses Council website: www.qnc.qld.gov.au

PART A - PERSONAL INFORMATION

Question 1 *Please provide the following details:*

Family Name:

Given Name:

Gender – *please circle* Female / Male

Postal Address:

.....

Post Code:

Telephone

Work:

Home:

Mobile:

Fax:

Email:

Designation: (RN / EN):

Geographic Location of Cervical Screening Service:

Name of Health Service / General Practice:

Question 2 What is your current Nurse’s identification number as appears on your Queensland Nursing Council annual licence to practice certificate?

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EE Evidence Required

Please attach a certified copy of your current Queensland Nursing Council annual licence to practice certificate (Criterion 1)

*** Certificates can be certified by a Justice of the Peace or Commissioner for Declaration, who can be located at Police Stations and Financial Institutions.**

PART B - TRAINING AS A PSP

This section relates to the training you have completed to qualify you to provide cervical screening as an Authorised Nurse PSP (**Criteria 2**). Authorised Nurse PSPs will have completed their training through either having undertaken an accredited (completed course after 2001) or a non-accredited (completed course prior to 2001) Nurse PSP training course.

Prior to 2001, all Nurse PSP courses in Queensland would be considered “non-accredited”, as they were not approved by the Royal College of Nursing Australia, as recommended in the 1997 report *Making Quality Visible*. However, *most* courses available in Queensland, prior to 2001 were based on national competency standards/guidelines.

Please read questions in this part carefully, including the associated footnotes.

Completion of an Accredited² PSP Training Course (Criterion 2)

Question 1A

Have you completed an accredited training module for Nurse PSPs?

No

IF NO, GO TO QUESTION 2A

Yes

IF YES, please complete the following:

Question 1B

Was the PSP training completed through?

Please tick

Cairns Base Hospital
(previously known as North Queensland Directorate Workforce / Rural Health

Training Unit / Workforce Unit):

Family Planning Queensland:

Other : (Please indicate name of course, institution and location?)

.....
.....
.....

Question 1C

When did you complete the accredited PSP course?

Month	Year
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² The Queensland Cervical Screening Program – Queensland Registered Nurse Pap Smear Provider Curriculum is accredited by the Royal College of Nursing Australia, This training module forms part of studies undertaken in a variety of settings e.g. Family Planning Queensland, Queensland Health centres

GO TO QUESTION 3 IF COMPLETED AN ACCREDITED TRAINING COURSE

Completion of a Non Accredited³ PSP Training Course (Criterion 2)

Question 2A

Have you completed a non accredited Nurse PSP Training Course?

Yes

IF YES, please complete the following::

Question 2B

Was the PSP training through:

Cairns Base Hospital (previously known as Rural Health Training Unit / Workforce Unit):

Royal Women's Hospital – Brisbane:

Family Planning Queensland:

Other : (Please indicate name of course, institution and location?)

Question 3

In the box below, please indicate the number of hours for the theoretical component of the cervical screening course

Question 2E

In the box below, please indicate the number of hours for the clinical component of the cervical screening course

Question 2F

In the box below please indicate the number of Pap smears performed during the clinical component of the cervical screening course

☒ Evidence Required

Please attach a certified copy of a document from the course provider that indicates successful completion of the Pap smear training course, e.g. Certificate of Completion. (Criterion 3)

Comments

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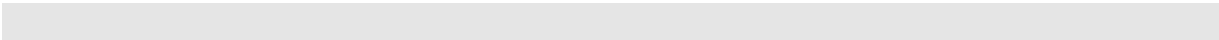
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PART C - EMPLOYMENT

This section requires you to provide information concerning your employment as a Nurse PSP in relation to clinical referral, professional indemnity, employer details, job description and personal declaration. **(Criterion 4)**

Clinical Referral

There are eight competencies adapted from the national competency-based standards against which clinical practice of a Nurse PSP can be assessed. This section relates to Competency 8 – Collaborates with the health care team to achieve desired outcomes. For further information refer to the Queensland Health Policy, Protocols and Procedure Manual for Registered Nurse Pap Smear Providers - Maintaining Continuing Competence **Guidance Sheet - Assessment of Continuing Competence For Registered Nurse Pap Smear Providers Self Review Assessment Method.**

Question 1

Please provide details of medical practitioner/s and/or health agency (eg Hospital, RFDS or Family Planning Clinic) with whom you liaise for clarification of clinical issues and/or referral purposes:

Clinical Referral Details 1:

Name:

Practice/Organisation / Health Service District:

Address:

.....

Postcode:

Signature of medical practitioner / authorised person from health agency:
..... Date:

Clinical Referral Details 2:

Name:

Practice/Organisation / Health Service District:

Address:

.....

Postcode:

Signature of medical practitioner / authorised person from health agency:
..... Date:

Additional Clinical Referral Details:

If more medical practitioner/health agency details need to be listed, *please supply these on a separate sheet and attach to the back of this Application Form.*

Professional Indemnity

It is recommended that Nurse PSPs ensure that their position description clearly specifies the duties they undertake in performing Pap smears.

Question 2

Is it specified clearly within your position description that your duties include performing Pap smears? *Please tick appropriate box*

YES

NO

UNSURE

If **NO** or **UNSURE**, the Nurse PSP should note that as advised in the *Queensland Health Policy, Protocols and Procedures for Registered Nurse Pap Smear Providers*, their position description should clearly state the PSP’s assigned duties, associated with providing Pap smears as part of cervical screening activities. **Any Nurse PSP whose position description does not include these duties is advised that there may be medico-legal consequences associated with providing Pap smears.**

Employer Details

Question 3A

What is the name of your employer?

(Name: .e.g Queensland Health, General Practice, Family Planning Queensland, Aboriginal Medical Service):

.....
.....

Question 3B

What is the name of the service (if differs from above)?

.....

Question 3C

Statement from Nurse Pap Smear Provider’s Supervisor/Employer

I herewith certify that(*print name of Nurse Pap smear provider*) is required to provide a cervical screening service (including Pap smear collection) for women as part of their employment with this organisation.

This **is / is not** (*please circle*) included as a **key responsibility in the Nurse PSP’s position description.** (*Please see notes above for “No” or “Unsure” responses.*)

Please print:

Name:.....

Position:

Organisation:

Signature:.....

Date:.....

Indemnity Insurance

PLEASE NOTE: It is highly desirable that Nurse PSPs seek further information on obtaining their own Indemnity Insurance. This information is available through organisations such as the Royal College of Nursing Australia (RCNA) and other professional/industrial bodies.

IF YOU HAVE COMPLETED AN ACCREDITED PAP SMEAR PROVIDER COURSE WITHIN THE LAST 6 MONTHS PLEASE GO TO PART F NOW.

ALL OTHER APPLICANTS PLEASE PROCEED TO PART D.

PART D - CLINICAL PRACTICE AS A PSP

This section requires you to provide information concerning your clinical practice as a Nurse PSP in relation to work experience and quality assurance for your last 12 months of practice. **(Criteria 5 and 6)**

Work Experience Details associated with your practice in performing Pap smears.

It is recognised that not all Nurse PSPs have obtained their experience in performing Pap smears through formalised training. This section requires you to provide details of relevant work experience in performing Pap smears by answering questions 1a – 1g. **(Criterion 5)**

Question 1A

How long have you been performing Pap smears?

Please tick appropriate box:

- 6 months – 12 months
- 13 months – 2 years
- 25 months – 3 years
- Over 3 years – 10 years
- Over 10 years – 20 years
- Over 20 years

Question 1B

What best describes your employment status in performing Pap smears for the past 3 years?

Please tick appropriate box:

- Full Time
- Part time
- Casual
- Other

please specify:

.....

Question 1C

Which best describes the area/s in which you have been employed to perform Pap smears, over the past 3 years.

Please tick appropriate box/s:

- Sexual Health Clinic
- Mobile Women’s Health Service
- Family Planning Queensland
- Community Health Centre
- Aboriginal Medical Centre
- Remote Area Clinic
- GP Practice
- Hospital
- Other

please specify:
.....

Question 1D

Which best describes the capacity in which you have been working and employed to collect Pap smears?

Please tick appropriate box:

- Sole practitioner*
- Under supervision of a Dr*
- Under supervision of a Specialist*
- Under supervision of a RN*
- Other*

please specify:
.....

Question 1E

Have you been employed in your current position for the past 3 years?

- Yes**
- No**

If NO please give details, in dot point form, of your previous employment in performing Pap smears:

.....
.....
.....
.....
.....
.....

Question 1F

For the last 12 months of your practice, please indicate, on average, the number of Pap smears performed per month.

Please tick appropriate box:

Less than 5

5 - 10

11 - 20

21 - 30

31 - 40

Other

please specify:

.....

Question 1G

Please indicate when you last performed a Pap smear?

Month	Year

Quality Assurance for your last 12 months of practice (Criterion 6)

Cytology statistics are an important means of providing feedback to Pap smear providers regarding the Pap smears they perform. As reported in *Demonstrating Excellence*, feedback to Pap smear providers includes the total number of Pap smears, percentage of technically unsatisfactory Pap smear slides and the percentage of slides that included an endocervical component. The endocervical component is a marker of the Pap smear having been collected from the transformation zone of the cervix.⁴

The standard set by a Cytology laboratory for adequate smear collection (considered technically competent) requires that 95 percent of Pap smears provided each year should be reported as technically satisfactory, at least 75 percent of the smear provider's slides should be reported as having an endocervical component^{4,5}

It is important for Nurse PSPs to collect both cytology laboratory feedback reports and maintain their own records as evidence of competence. For further information refer to the Queensland Health Policy, Protocol and Procedures manual for registered nurses as Pap smear providers - Maintaining Continuing Competence **Guidance Sheet - Pap Smear Provider Record of Results.**

Question 2

EE Evidence Required

Please provide the following evidence of your practice during the last 12 months of your practice, either copies of your:

6 monthly feedback from the cytology laboratory – *Client Pap Smear Statistics* **OR**

12 months of your own Pap Smear Quality Assurance records.

⁴ Jarman, H., 1999, *Demonstrating Excellence Maintaining Nurse Pap Smear Provider Standards*, Department of Human Services, Melbourne p.19.

⁵ *ibid.*

PART E -ONGOING CONTINUING COMPETENCE AND EDUCATION

This section requires you to provide information concerning ongoing continuing competence and education. This information relates to formal and informal activities undertaken by you in the area of cervical screening in the last 12 months. (**Criterion 7**) The following questions require you to provide evidence of ongoing clinical and theoretical skills as well as professional education.

Formal Activities

Question 1

What formal activities are you involved in on a regular basis? For the last 12 months how many hours, on average per month, have you spent for each of the activities below?

Activity	<i>Please indicate number of hours, per month, in box/s below</i>	<i>Indicate whether the activity comprised Clinical, Theoretical or a combination of both components? Please tick appropriate box</i>		
Type of Activity		Clinical	Theoretical	Combination of both components
• Undertaking tertiary studies relevant to cervical screening e.g. Women's Health				
• Participating in workshops				
• Participating in seminars				
• Attending conference/s				
• Undergoing and documenting peer review				
• Undergoing and documenting performance appraisal with your supervisor				
• Providing clinical supervision				
• Other, <i>please specify</i>				

EE Evidence Required

Please provide certified copies of Certificate of Attendance of courses, seminars, workshops or conferences attended in the last 12 months

Informal Activities

Question 2

What informal self-directed learning activities relating to cervical screening are you involved in on a regular basis?

For the last 12 months, how many hours, on average per month, have you spent for each of the activities below?

Activity	<i>Please indicate number of hours, per month, in box/s below</i>
• Reading texts	
• Reading articles	
• Attending in-service	
• Listening to broadcasts	
• Undertaking clinical consultation with others eg. Medical personnel	
• Undergoing peer review/clinical update	
• Conducting personal research	
• Other, <i>please specify</i>	

PART F – PERSONAL DECLARATION

I hereby certify that the information provided in this application is correct.

Applicant's Signature:

.....

Date:

.....

I hereby certify that I have read the Queensland Nurses Council Scope of Practice Framework for nurses and midwives, with particular reference to:

- Set 1: Principles for advancing scope of practice
- Set 2: Principles for expanding scope of practice
- Delegation
- Supervision

Applicant's Signature:

.....

Date:

.....

Notification of Receipt of Application

This slip will be sent to you as evidence of receipt of your application.

PLEASE COMPLETE THIS SECTION – DO NOT DETACH IT FROM THE FORM	
<p>Your application has been received by the Queensland Cervical Screening Program</p>	
<p>Applicant's name _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Postcode _____</p>	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"><p>OFFICIAL USE ONLY</p></div>

Checklist

Before posting your completed Application Form to QCSP, please check that the sections which relate to your application have been completed and that any evidence that is required is included. (see ☒☒ **Evidence Required**) Evidence Required

Please ensure that all copies of documents submitted as evidence are **certified copies** of the originals.

Do not send original documents. The checklist below may assist you in this checking process.

<i>Please tick</i> ☐	<i>Have you completed all relevant sections and provided the evidence required on the Application Form relating to the following?</i>
PART A – PERSONAL INFORMATION	
☐	Identifying Information for contact purposes
☐	Certified copy of QNC unrestricted licence to practice as a registered / enrolled nurse in Queensland (Criterion 1).
PART B – TRAINING AS AN PSP	
☐	Details of Nurse Pap Smear Provider training undertaken. (Criterion 2)
☐	Certified evidence of successful completion of Pap Smear Provider Training Course (Criterion 3)
PART C – EMPLOYMENT	
☐	Evidence of appropriate employment support/clinical referral networks (Criterion 4)
☐	Have you obtained signatures from medical practitioner/health agency re clinical issues and from your supervisor/employer re your position description?
PART D – CLINICAL PRACTICE AS A PAP SMEAR PROVIDER	
☐	Details of your work experience associated with practice as a Nurse Pap Smear Provider (Criterion 5)
☐	Evidence of quality assurance for your <u>last 12 months</u> of practice (Criterion 6)
PART E – ONGOING CONTINUING COMPETENCE AND EDUCATION	
☐	Evidence of active involvement in ongoing continuing competence and education (Criterion 7) Certified copy of Attendance Certificates from courses, seminars, workshops and conferences attended
PART F – PERSONAL DECLARATION	
☐	Have you signed the personal declaration?
☐	Have you completed the box for Notification of Receipt of Application? <i>This slip will be sent to you as evidence of receipt of your application.</i>