CERVICAL SCREENING PRESENTATIONS

FOR PROVIDERS OF MEDICAL PRACTITIONER EDUCATION IN QUEENSLAND
Section 5: Quality Assurance Activities

- 5.1 Risk Management
- 5.2 Clinical Audits
- 5.3 The Queensland Pap Smear Register
5.1 Risk Management
Delay in diagnosis or failure to diagnose cancer is one of the main causes of medically related litigation.
For a claim of negligence to succeed, the plaintiff must prove that:

- A duty of care was owed and demonstrate what the standard of that duty was
- The care offered was less than a reasonable standard
- The illness experienced was a direct consequence of the failure of duty of care

In the case of cervical screening, duty of care applies for both the medical practitioner and the laboratory.
Managing risk in general practice:

- Educate women about the limitations of the Pap smear
- Ensure good Pap smear technique
- Follow recommendations for management of screen-detected abnormalities
- Investigate symptomatic women
Managing risk cont’d:

- Establish practice standards for:
  - return of results
  - Notification of results
  - Follow-up of abnormal results
  - Recall and reminders

Important emerging role for Practice Nurses in risk management strategies – accepted overseas.
Quality assurance mechanisms:

- Pap smear quality
  Laboratories provide feedback about:
  - proportion of unsatisfactory smears
  - proportion of smears that lack and endocervical component
  - proportion of smears showing abnormalities

It is important to review these results in comparison to the average results for that laboratory.
Quality assurance activities:
Pap smear providers should be encouraged to participate in Q.A. activities e.g. audits, specific training programs.
Laboratory quality assurance:
Pathology laboratories must be registered with National Association of Testing Authorities (NATA). NATA requires all cytology laboratories to have internal Q.A. mechanisms and participate in external Q.A. through Royal College of Pathologists of Australia.
5.2 Clinical Audits
A clinical audit is a planned medical education activity designed to help General Practitioners review aspects of their own clinical performance in practice with the aim of improving patient care.
In the case of cervical screening, a clinical audit allows the practitioner to enhance awareness of:

- Cervical screening rates
- Cytological quality of Pap smears performed
- Management of screen-detected abnormalities
Research shows that a clinical audit is more likely to result in behaviour change and improvement in practice than didactic education methods.
Clinical Audit activities are based on the following cycle:

1. Needs assessment
2. Identify standards
3. Data collection
4. Identifying and implementing change
5. Monitor progress and Analysis
Clinical audits are designed for group participation by GPs.

Small group audits may be designed by the group or an external education provider.

A template is available on the RACGP website to assist with clinical audit development.

CPD points are allocated according to the relevant organisation’s standard.
5.3 The Queensland Health Pap Smear Register
The Qld Health Pap Smear Register (PSR) is a central database of Pap smear results and related histology.

- PSR commenced operation on 8\(^{th}\) February 1999
- Inclusion is by an “opt-off” system
- Information is obtained by electronic transfer from pathology laboratories
  - Timeframe to provide information to the PSR is 4 weeks from report date
PSR Functions:

- Provide reminders to women, as a back-up to existing reminder systems
- Provide mechanisms to help ensure that women with abnormal or unsatisfactory Pap smear results are followed-up (safety net)
- Source of data to monitor and evaluate the effectiveness of the Qld Cervical Screening Program
PSR Functions cont’d:

- Provide screening histories to assist laboratories to interpret a woman’s current Pap smear and make appropriate recommendations
- Provide screening histories to Pap smear providers (PSP)
- Source of information to assist in targeting recruitment of unscreened and under-screened women
PSP Responsibilities:

To inform each woman every time she has a Pap smear, HPV DNA test or related procedure about the PSR, including:

- Existence and purpose of the Register
- The information about the woman that may be recorded
- That the woman may elect not to be included in the Register
If a woman chooses to opt-off the register, it must be clearly noted on the pathology request form, by writing “NOT FOR PAP SMEAR REGISTER” or attaching a sticker:

A notation should also be made in the woman’s medical record.
A Pap smear provider is only authorised to seek information from the Register where the information may assist in:

- Making a clinical diagnosis
- Clinical management
- Determining when the next Pap smear is due
Contact Details:

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