Implementation Standard

Standard # QH-IMP-414:2014

Access to the Queensland Pap Smear Register by Non-Medical Cervical Screening Providers (NCSP)

Implementation Standard

1. Purpose

This Implementation Standard outlines the authorisation process the Department of Health will use to determine the eligibility of non-medical cervical screening providers (NCSPs) to access information held on the Queensland Pap Smear Register (PSR).

2. Scope

This Implementation Standard applies to all employees, contractors and consultants within the Department of Health divisions and commercialised business units.

This Standard can be used to provide information to non-medical cervical screening providers employed within the public, private and non-Government sectors who are seeking access to the Queensland Pap Smear Register.

3. Supporting documents

Authorising Policy and Standard/s:

- Access to the Queensland Pap Smear Register by non-medical cervical screening providers.

Procedures, Guidelines and Protocols:

- Queensland Cervical Screening Program Manual for Authorised Pap Smear providers.

Forms and templates:


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

- QCSP Pap Smear Register Application Process for Aboriginal and Torres Strait Islander health workers to be authorised to access data on the Pap Smear Register.
4. Related documents

- Public Health Act 2005
- Queensland Cervical Screening Program Manual for Authorised Pap smear providers
- National Cervical Screening Policy
- National Standards for Pap Smear Providers
- National Health and Medical Research Council publication ‘Screening to Prevent Cervical Cancer: Guidelines for the Management of Asymptomatic Women with Screen Detected Abnormalities’

5. Requirements

The authorisation process meets the Department of Health obligations under the Public Health Act 2005 with regard to the access of NCSPs to confidential information held on the Queensland Pap Smear Register. The responsibility to monitor and maintain the quality of service delivery rests with the individual NCSP employed in the public, private and non-government sectors, their supervisors, and their employers.

Authorised non-medical cervical screening providers (NCSPs) are required to work within their scope of practice, and the guidelines for registration and competency standards applicable to their discipline. They are responsible for maintaining their currency of knowledge and competence of practice in the area of cervical screening. Health worker and enrolled nurse NCSPs must work under the supervision of a registered nurse NCSP and within the delegation framework as outlined in their position description.

It is recommended that cervical screening providers:

- Undertake accredited cervical screening provider training and ongoing professional development to develop and maintain competence as a cervical screening provider.
- Adhere to principles of continuous quality improvement in compliance with best practice standards and medico-legal considerations.
- Develop and maintain appropriate links with other health care agencies and health care providers to ensure referral avenues for symptomatic women or women who have abnormal Pap smears.
- Utilise a social model of health to provide services that are acceptable and accessible to women, are collaborative, and which address the broader determinants of health.
5.1 Initial applications by non-medical cervical screening providers to have access to the Queensland Pap Smear Register

5.1.1. To be authorised to access the Queensland Pap Smear Register (PSR), a non medical cervical screening provider (NCSP) must complete the QCSP authorisation process. This process demonstrates their eligibility to access data held on the PSR, and verifies that they meet the National standards for Pap smear providers. NCSPs are required to submit the appropriate application form and supply the following information:

- Proof of current unrestricted registration as a registered / enrolled nurse.

  **OR**

- Proof of completion of a Certificate IV in Primary Health Care for Aboriginal and Torres Strait Islander health workers (where appropriate).

  **IN ADDITION**

  - Proof of completion of an accredited Pap smear training program and assessment against PSP competencies.
  - Evidence of a supervision model for referral and clinical support.
  - Evidence of appropriate professional indemnity.
  - Evidence that cervical screening is part of the applicant’s role, verified by its inclusion in the applicant’s role description and supported by the completion of an employer / supervisor declaration.

5.1.2. Enrolled nurse and Aboriginal and Torres Strait Islander health worker NCSPs will be named in a Gazettal Notice once their eligibility to access the PSR is ascertained. A Gazettal Notice is required under the Public Health Act 2005 to recognise enrolled nurses and Aboriginal and Torres Strait Islander health worker NCSPs as health practitioners under the Act, and to allow their access to information held on the Pap Smear Register.

5.2 Continuing competence applications by non-medical Pap smear providers seeking continued access to the Queensland Pap Smear Register

5.2.1 Every four years NCSPs must re-apply for authorisation to continue to be eligible to access data held on the PSR.
5.2.2 In order to be granted continued authorisation to access the PSR, a NCSP must complete the QCSP continuing competence process which demonstrates their eligibility to access data held on the PSR, and verifies that they meet the National standards for Pap smear providers. This process requires that NCSPs submit the appropriate application form and supply the following information:

- Proof of current unrestricted registration as a registered / enrolled nurse where applicable.
- Evidence of a clinical referral network.
- Evidence of appropriate employment support and professional indemnity.
- Evidence that cervical screening is part of the applicant’s role, verified by its inclusion in the applicant’s role description and supported by the completion of an employer / supervisor declaration.
- Demonstrated recent clinical experience associated with practice as a Pap smear provider with at least 15 Pap smears performed in the past 12 months. Where less than 15 Pap smears have been performed in the previous 12 months the Department of Health may require further evidence of clinical competence to be submitted.
- Evidence of quality assurance and recency of Pap smear practice, by the submission of the previous 12 months of cytology results and / or individual Pap smear provider quality assurance records.
- Demonstrated active involvement in ongoing professional development and education to maintain currency of knowledge base.

5.2.3 Where NCSP providers have submitted incomplete continuing competence applications or where submitted documents have not been certified as required, the Department of Health will contact the NPSP to prompt the submission of any missing or incomplete information.

5.2.4 Should NCSP providers submit twelve months of cytology quality statistics which are below the stipulated level of a 75% endocervical capture rate and 95% satisfactory rate, the Department of Health may activate one or more of the following options:

- 6 month temporary authorisation granted with a scheduled review of cytology results at completion of this period.
- NCSP submission of a documented clinical skills review with an appropriate reviewer.
- NCSP submission of documented evidence that they have completed up-skilling training with an accredited cervical screening training organisation.
Suspension of NCSP authorisation to access the PSR.

The review of cytology quality statistics will take into consideration the number of Pap smears collected, and other factors related to the women screened such as: pregnant women, post menopausal women or women with a history of cervical treatment or surgery.

5.3 Reactivation of Authorisation to access the PSR.

5.3.1 Authorisation to access the PSR can be reactivated for NCSPs who are returning to employment as a NCSP after time away from the role. Dependant upon the length of lapse in Authorisation, the Department of Health may require one or more of the following criteria be met:

- Completion of the Reactivation of Authorisation process which includes the submission of a completed Reactivation of Authorisation Form and required documentation.
- Submission of a documented clinical skills review with an appropriate reviewer.
- Submission of recent cytology quality assurance for a minimum of 15 Pap smears.
- NCSP submission of documented evidence that they have completed up-skilling training with an accredited cervical screening training organisation.

6. 6. Review

This Standard is due for review on: 1 February 2017

Date of Last Review:  New Standard

Supersedes:  New Standard

7. Business Area Contact

Preventive Health Unit, Health Service and Clinical Innovation Division
## 8. Responsibilities

<table>
<thead>
<tr>
<th>Position</th>
<th>Responsibility</th>
<th>Audit criteria</th>
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<tbody>
<tr>
<td>Director-General</td>
<td>- Establish and keep a Pap Smear Register under the <em>Public Health Act 2005</em> to record identifying clinical information about women.</td>
<td>Pap Smear Register is established and maintained. Processes to monitor access to the Pap Smear Register by health professionals are established and maintained. Access to a woman's screening history is only granted to her health practitioner to assist in her care. Gazettal notices for enrolled nurses and health workers are completed as required.</td>
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<td>- Establish processes to monitor access to the registered screening history of women by health practitioners and other nominated persons.</td>
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<td>- Allow a health practitioner access to a woman's registered screening history only if satisfied that the woman is a patient of the health practitioner and the screening history may help the health practitioner make a clinical diagnosis or decision.</td>
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<td></td>
<td>- Designate by gazette notice individual enrolled nurses and Aboriginal and Torres Strait health workers who perform procedures to obtain Pap smears as health practitioners under 270 of the Act.</td>
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<tr>
<td>Chief Health Officer</td>
<td>- Approve the Access to the PSR by Non-Medical Cervical Screening Providers Policy.</td>
<td>Policy is approved.</td>
</tr>
<tr>
<td>Director, Preventive Health Unit.</td>
<td>- Ensure the appropriate infrastructure, security and personnel to implement the ‘Access to the PSR by Non-Medical Cervical Screening Providers’ Policy and Implementation Standard.</td>
<td>Infrastructure, security and personnel are in place to implement Policy and Implementation Standard.</td>
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<tr>
<td>Managers and Supervisors of non medical Pap smear providers</td>
<td>- Take reasonable steps to support the education and ongoing competence of non-medical cervical screening providers in their employ.</td>
<td>Reasonable steps taken to support education and ongoing competence of non-medical cervical screening providers.</td>
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<tr>
<td></td>
<td>- Take steps to ensure non-medical Pap smear providers in their employ are indemnified.</td>
<td></td>
</tr>
<tr>
<td>Authorised non-medical cervical screening providers.</td>
<td>- Undertake appropriate training and ongoing professional development to maintain competence in Pap smear and cervical screening provision and to meet the National Standards for Pap smear providers.</td>
<td>Completed appropriate training. Updated skills and clinical expertise.</td>
</tr>
</tbody>
</table>
Position  | Responsibility | Audit criteria
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 | Practice within scope of practice and according to the guidelines provided by the Queensland Cervical Screening Program Manual for Authorised Pap smear providers. | Completed authorisation and continuing competency process.

9. Definitions of terms used in the policy and supporting documents

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition / Explanation / Details</th>
<th>Source</th>
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<tbody>
<tr>
<td>NCSP</td>
<td>Non-medical cervical screening provider</td>
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<tr>
<td>PSR</td>
<td>Pap Smear Register</td>
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<tr>
<td>RN</td>
<td>Registered Nurse</td>
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<td>Authorisation</td>
<td>A process which recognises a cervical screening provider’s expertise in cervical screening. NCSPs demonstrate their competence through completion of an accredited training program and assessment against a set of cervical screening competency standards.</td>
<td>Queensland Cervical Screening Program Manual for Authorised Pap smear providers. QH-GDL-939:2013</td>
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<tr>
<td>Competency standards</td>
<td>The Nursing and Midwifery Board of Australia approves codes, guidelines and competency standards for nursing practice.</td>
<td>AHPRA Nursing and Midwifery Board of Australia. <a href="Http://www.nursingmidwiferyboard.gov.au">Http://www.nursingmidwiferyboard.gov.au</a></td>
</tr>
</tbody>
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| Scope of Practice | The scope of nursing and midwifery practice, is that which nurses and midwives have been educated, competent and authorised to perform. It is influenced by:  
  - the context in which they practice;  
  - client health needs;  
  - level of competence, education, qualifications, and performance of the individual nurse;  
  - the needs and capability of the organisation to support the practitioner’s scope of clinical practice; and  
  - the policies of the employing organisation. | Queensland Cervical Screening Program Manual for Authorised Pap smear providers. QH-GDL-939:2013  
Health Service Directive Credentialing and defining the scope of clinical practice. QH-HSD-034:2013 |
Department of Health: Access to the PSR by non-medical Pap smear providers
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| Social model of health.                                             | The social model of health advocates that for health and wellbeing to be achieved, the social, environmental, and economic factors that affect health need to be considered along with the biological and medical factors. The social model of health:  
  - addresses the broader determinants of health  
  - involves inter-sectoral collaboration  
  - acts to reduce social inequities  
  - empowers individuals and communities  
  - acts to enable access to health care.                                                                                                                |

10. **Approval and Implementation**

**Policy Custodian:**
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Chief Health Officer Branch
Health Services and Clinical Innovation Division

**Responsible Executive Team Member:**
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**Approval date:** 10 March 2014  
**Effective from:** 10 March 2014