About

This tool was designed in partnership by True Relationships and Reproductive Health and Queensland Health, Cancer Screening Unit to provide an optional quality assurance tool for non-medical cervical screening providers (NMCSPs).

Quality assurance is a planned and systematic approach to monitoring and assessing the care provided, or the service being delivered, that identifies opportunities for improvement and provides a mechanism through which action is taken to make and maintain these improvements and implement these in practice.

The aim in completing quality assurance is to ensure that attention is being paid to every stage in the cervical screening process and pathway. It is suggested that you complete a quality assurance framework as outlined below to keep a record of your practice as well as informing you on areas of improvement.

Through keeping records of participation in both formal and informal activities on a regular basis, non-medical cervical screening providers will be able to demonstrate evidence of keeping abreast of changes in practice.

Refresher training should be sourced through a nationally recognised cervical screening course provider.

Where can I access cervical screening clinical guidance and support?

True Relationships and Reproductive Health is providing ongoing clinical guidance and support to NMCSPs in relation to cervical screening practice.

For clinical guidance and support, please contact True on 07 3250 0240 or cervical.screening@true.org.au.

As a part of this quality assurance process, it is strongly suggested that as a NMCSP you consider and document your reflections on:

- Technique (i.e. speculum handling, visualising cervices in a range of ages and body habitus)
- Troubleshooting techniques
- Rates of satisfactory and unsatisfactory results, when compared to the local laboratory average [use as a guideline]
- Compliance with legislative data collection requirements
- Feedback from participants undergoing cervical screening
- Feedback from pathology labs regarding non-guideline tests ordered
- Completion of an audit tool such as the tables provided below

When you identify an area to improve your theoretical understanding and/or clinical competence, it is recommended that you implement one or more of the following strategies:

- Seek additional support from senior colleagues (e.g. peer review or supervised feedback).
- Continued professional development through undertaking online education such as NPS MedicineWise modules and/or the True Relationships and Reproductive Health Cervical Screening Communication and Resource Hub

Cervical Screening Record of Results

Legend: **Screen type:** SC = self-collection, CV = cervical, VA = vaginal. **HPV Results:** Neg = negative, Unsat = unsatisfactory. **Reflex LBC results:** Neg = negative, pLSIL/LSIL = possible or low grade squamous intraepithelial lesion, pHSIL/HSIL = possible or high grade squamous intraepithelial lesion, Atypia Gland Endo = atypia glandular or endocervical cells, SCC/Adeno = squamous cell carcinoma or adenocarcinoma, ECC present = endocervical cells present, Unsat = unsatisfactory, NR = not reported. **Action:** ADV = advised, REF = referred, REM = reminder interval

Name of Provider: Date range: to Place of Practice:

Date	Client Initials / Client No.	DOB	CST Hx	Cervix seen Y/N	CST Guideline	Screen Type			HPV RESULTS				Reflex LBC RESULTS							ACTIONS		
						SC	CV	VA	Neg	Not 16/18	16/18	Unsat	Neg	pLSIL / LSIL	pHSIL / HSIL	Atypia Gland Endo	SCC / Adeno	ECC	Unsat	ADV	REF	REM

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Annual Statistics

Limited analysis or interpretation should be undertaken if a low number of cervical screens are performed in a year. In this instance, more emphasis should be placed upon self-reflection of practice.

Total number of cervical screens performed in last 12 months Example: 60	Recommended minimum 12*
Total number unsatisfactory HPV results Example: 1	% of Unsatisfactory HPV tests out of total number performed (guideline <2%) Example: 1.6%
Total number of Liquid Based Cytology (LBC) tests performed Example: 10	
Total number of unsatisfactory LBC results Example: 1	% of Unsatisfactory LBC tests out of total number of LBC performed (guideline <20%) Example: 10%
Total number of LBC tests reported with Endocervical Cell Component present	% of LBC tests reported with Endocervical Cell Component present (guideline >60%)
Number of non-guideline tests performed	(guideline 0%)
Number of cervices visualised	

* It is acknowledged that this may not be possible for all providers in all settings. Recommended % are based on a consensus-based agreement from the Queensland Cervical Screening Advisory Group.

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