

Queensland Cervical Screening Program

Manual for Authorised Pap smear providers



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“Cancer of the cervix
is one of the most
preventable and curable
of all cancers.”



Foreword

The Queensland Cervical Screening Program, in conjunction with a range of partners, has been instrumental in reducing the incidence of cervical cancer in Queensland. Since the introduction of an organised approach to cervical screening in Queensland, there have been significant reductions in the incidence of cervical cancer and the number of women who have died from this largely preventable disease.

This has been achieved by enhancing women's access to screening services through a number of initiatives, including programs and services for rural and remote women and Aboriginal and Torres Strait Islander women, social marketing activities and workforce strategies including general practice based initiatives.

The Queensland Health Policy for Authorised Pap Smear Providers recognises the role of registered nurses, enrolled nurses and Aboriginal and Torres Strait Islander Health Workers working as primary health care practitioners who provide cervical screening services.

Currently Authorised Pap Smear Providers working throughout Queensland in a range of primary health care settings are providing well women's services. This includes fifteen Mobile Women's Health Services funded by the Queensland Cervical Screening Program and Authorised Pap Smear Providers working in various other programs, funded through District Health Services and in community-based services. The primary focus of cervical screening services offered by these Pap Smear Providers is to reach women who are unscreened or under screened.

In addition, there are an increasing number of Authorised Pap Smear Providers in the non-government health care sector such as Family Planning Queensland, General Practice and Aboriginal and Torres Strait Islander Medical Centres.

Queensland Health, with my strong support, is committed to reducing the impact of this largely preventable cancer on the lives of Queensland women and their families. The availability of appropriately trained Pap Smear Providers to undertake cervical screening enhances and complements existing cervical screening services, which in the main, are provided by medical practitioners.

This ensures Queensland women have access to high quality cervical screening and assists to overcome barriers to participation in regular cervical screening that many Queensland women have identified. This results in more women being screened regularly, and has significantly decreased the incidence of cancer of the cervix in Queensland.

The Queensland Health Policy for Authorised Pap Smear Providers is supported by clinical protocols, procedures and evidence relating to medico-legal issues, training and quality assurance for Authorised Pap Smear Providers.

Queensland Health, through the Queensland Cervical Screening Program, is committed to providing a high quality, cost effective, efficient and accessible cervical screening service for women throughout Queensland.



Dr Jeannette Young / Chief Health Officer
Queensland Health

Introduction

The Queensland Health Policy, Protocols and Procedures Manual for Authorised Pap Smear Providers (PPP) recognises the role of registered nurses, enrolled nurses and Aboriginal and Torres Strait Islander health workers working as primary health care practitioners who provide cervical screening services.

Regular participation in cervical screening is key to the prevention of cervical cancer. Since 1991 registered nurses (RNs) have been a key component of the Queensland Cervical Screening Program (QCSP). They have been recognised as an important complementary service provider especially for their role in accessing women who have never had a Pap smear or who do not have regular Pap smears.^{1,2} In addition, RNs have consistently demonstrated that they provide accessible, high quality services that women are highly satisfied with.^{1,3,4,5,7}

Enrolled nurses (ENs) and Aboriginal and Torres Strait Islander Health workers (ATSIHWs) have also played an equally important role in increasing cervical screening participation rates in Queensland in recent years, and are now recognised for the role they play. ENs and ATSIHWs, along with RNs are now recognised as Health Practitioners who perform cervical screening under the *Public Health Act 2005*, and thus are eligible for Authorisation with the Queensland Health Pap Smear Register.

In Queensland Authorised Pap Smear Providers (APSPs) practice in a variety of settings and include:

- ▶ Mobile Women's Health Services,
- ▶ Sexual Health Services,
- ▶ Remote Area Clinics,
- ▶ Antenatal and Outpatient Clinics
- ▶ General Practice, and
- ▶ other organisations such as Family Planning Queensland, community-controlled Aboriginal and Torres Strait Islander medical services and the Department of Defence Medical Centres⁶.

The Queensland Cervical Screening Program would like to acknowledge the following people for their contributions to the revision of the PPP:

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“Queensland Health endorses the role of authorised registered nurses, enrolled nurses and Aboriginal Torres Strait Islander Health Workers as Pap smear providers.”



Section 1

Policy, Protocol and Procedure Manual

1.1 History, purpose, aim and role of the Policy, Protocol, Procedure manual for Authorised Pap Smear Providers

The Policy, Protocols and Procedures (PPP) Manual, was originally developed in 1995 with the aim of improving the recognition of the important role registered nurses had as Pap smear providers in public sector employment, such as increasing the availability of high quality cervical screening services for women in Queensland.

The first edition was developed with valuable input from women’s health nurses, clinicians and professional organisations across Queensland and Australia and was revised and endorsed by the Queensland Cervical Screening Program in 1999 / 2000. The third edition was revised and endorsed in 2006 / 2007.

In 2009 / 2010, the PPP was again revised to incorporate changes in the *Public Health Act 2005* including the recognition of enrolled nurses and Aboriginal and Torres Strait Islander health workers as Health Practitioners who perform Pap smears.

Purpose of PPP Manual

The purpose of the PPP Manual is to:

- ▶ guide clinical practice in accordance with legislation
- ▶ provide best practice standards
- ▶ support Authorised Pap Smear Providers in their clinical role
- ▶ be used as a quality assurance tool.

Aim of PPP Manual:

The aim of the PPP Manual is to ensure consistent high quality practice in cervical screening services.

This is to be achieved by:

- ▶ providing a framework for best practice for Authorised Pap Smear Providers within the public sector
- ▶ providing a framework for Authorised Pap Smear Providers in the non-government sector on which to benchmark local policies, protocols and procedures.

Role of the PPP Manual:

The PPP Manual is designed to guide the practice of the following health professionals:

- ▶ Queensland Health employed Authorised Pap Smear Providers.
- ▶ Authorised Pap Smear Providers employed by non-government services i.e./ Family Planning Queensland, General Practice, Aboriginal and Torres Strait Islander Medical Centres.

1.2 Queensland Health Policy for Authorised Pap Smear Providers

Policy Statement

Queensland Health endorses the role of authorised registered nurses, enrolled nurses and Aboriginal Torres Strait Islander health workers as Pap Smear Providers.

Intent of this Policy

This policy aims to ensure Queensland women have access to competent, highly skilled non-medical Pap Smear Providers to:

- ▶ Increase Queensland women's access to appropriate Pap smear provision especially in rural and remote areas.
- ▶ Increase cervical screening participation rates and thereby reduce the burden of disease associated with cervical cancer in Queensland.
- ▶ Ensure all non-medical Pap smear providers employed within Queensland Health are:
 - appropriately trained and competent in cervical screening clinical practice, and
 - maintain competency in cervical screening clinical practice.
- ▶ Promote quality improvement in clinical practice amongst authorised Pap Smear Providers in Queensland.

Scope

Queensland Health registered nurses, enrolled nurses and Aboriginal Torres Strait Islander health workers who provide Pap smears within their clinical practice.

Principles

These Pap Smear Providers will:

- ▶ Provide a social model of health in services that are acceptable and accessible to women.
- ▶ Undertake accredited Pap Smear Provider training and ongoing professional development to develop and maintain competence as a Pap Smear Provider.
- ▶ Complete the Authorisation Process to access the Queensland Health Pap Smear Register and maintain competence in accordance with the Continuing Competency Process for Authorised Pap Smear Providers.
- ▶ Adhere to the Policy, Protocols and Procedures for Authorised Pap Smear Providers.
- ▶ 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.

“The goal of the National and State Cervical Screening Programs is to achieve optimal reductions in the incidence of, and morbidity and mortality attributed to cervical cancer at an acceptable cost to the community.”

Section 2

Background Information

2.1 Cancer of the Cervix

Cancer of the cervix is one of the most preventable and curable of all cancers. In 2007, cervical cancer was the 13th most common cancer in Queensland women.¹ Even though the incidence of cervical cancer has decreased due to a national organised screening program, cervical cancer incidence in Queensland in 2002-2006 was higher than all other Australian states and territories with the exception of the Northern Territory.²

In 2007, the incidence of cervical cancer in Queensland was 6.7 per 100,000 women.² At the commencement of the National Cervical Screening Program (NCSP) in 1991, the mortality rate in Queensland due to cervical cancer was 4.2 per 100,000 women. By 2007 the mortality rate had decreased to 1.6 per 100 000 women.²

The incidence of cervical cancer amongst Aboriginal and Torres Strait Islander women in Queensland is 3.45 times higher than the rest of Queensland, and mortality rates are 7.5 times higher.³ In the Torres Strait the differentials are greater with incidence 5.3 times higher and mortality rates 21.5 times higher than the rest of the State.³

Squamous cell carcinoma, which accounts for the majority of cervical cancers, is largely preventable by regular cervical screening. An inadequate screening history is strongly correlated with a diagnosis of cancer. Of the 65 women aged 30-69 years with a histology result of a squamous cell carcinoma in 2008, 53 (81.5%) had not completed a routine Pap smear in the 4 years prior to their diagnosis and 41 (63.1%) had not had a routine Pap smear for 10 years (i.e. no routine Pap smears on record in Queensland).

Strong epidemiology and molecular data now link high-risk human papillomavirus (HPV) to cervical cancer. Over 99.7% of cervical cancers test positive to HPV DNA.⁵ HPV has been shown to be necessary, though not sufficient, for the development of cancer of the cervix. Not every woman with HPV develops cervical cancer as other factors such as smoking aid the development of cervical disease.⁴

Recent advances in cervical cancer research have seen the introduction of HPV DNA ‘test of cure’ to determine the persistence of high-risk HPV in women following treatment of high grade cervical abnormalities, as well as the development of

preventative and prophylactic vaccines to prevent cancer of the cervix.⁶ For further information on these advances, please refer to Section 5.10.3.

2.2 The National Cervical Screening Program

In 1989, it was estimated that only 46% of squamous cell malignancies were prevented through cervical screening. By 1998, it was estimated that 70% of squamous cancers were being prevented, and this impact is attributed to the introduction of the NCSP.⁷

In 1991, the Organised Approach to Preventing Cancer of the Cervix was established as a joint initiative of the Commonwealth, State and Territory governments, following a report by the Australian Health Ministers Advisory Council (AHMAC) into cervical screening. It was renamed the National Cervical Screening Program (NCSP) in 1995.

A two-yearly cervical screening interval was nationally recommended and introduced for the target population of women aged 20 – 69 years. In addition, the organised approach involves the following steps in the screening pathway, with each of these measures being integral as part of a national approach to cervical cancer prevention:

- ▶ encouraging all eligible women to enter and remain in the screening program
- ▶ ensuring optimal quality of Pap smears through adequate training of Pap Smear Providers
- ▶ ensuring optimal quality of Pap smear reading through a quality assurance program for laboratories
- ▶ ensuring appropriate follow-up of abnormal Pap smears through management guidelines
- ▶ providing an efficient system for notifying women of their results by Pap Smear Providers
- ▶ providing recall and reminders systems to ensure adequate follow-up of women with screen-detected abnormalities
- ▶ maintaining women's participation in the program by encouraging providers to set-up reminder systems
- ▶ monitoring the screening program through cervical cytology registers and national cancer data.⁸

2.3 The Queensland Cervical Screening Program

The Queensland Cervical Screening Program (QCSP) is the State funded component of the National Cervical Screening Program (NCSP) and is responsible for the development and implementation of appropriate strategies to enhance participation in high quality screening by eligible women.

QCSP incorporates the Queensland Health Pap Smear Register and is a program within the Cancer Screening Services Branch (CSSB). CSSB is responsible for the leadership, strategic planning, management and coordination of state-wide population screening programs such as BreastScreen Queensland, the Queensland Cervical Screening Program, the Queensland Bowel Cancer Screening Program and is part of the Division of the Chief Health Officer.

QCSP's goal is to reduce the incidence and mortality attributable to cervical cancer and supports a coordinated approach to cervical screening in accordance with the national policy of routine screening with Pap smears for women aged 20 – 69 years who have no symptoms or history suggestive of cervical pathology.

QCSP provides state-wide:

- ▶ policy, coordination and planning
- ▶ quality management
- ▶ communication and education
- ▶ workforce training
- ▶ special screening services for Aboriginal and Torres Strait Islander women and women in rural and remote areas
- ▶ monitoring and evaluation.

The majority of Pap smears are provided by general practitioners (GPs) with the remainder being provided by private sector specialists, Family Planning Queensland and Queensland Health services such as the Mobile Women's Health Service (MWHS) and Sexual Health Services. The program also works with the Australian Government Department of Health and Aging, the Royal Flying Doctor Service and the Queensland Division of General Practice to provide female GPs for women in rural and remote settings under the Rural Women's GP Service (RRWHP).

2.4 Cervical Screening Participation Rates in Queensland

Regular participation in cervical screening is key to the prevention of cervical cancer and as such is the primary indicator used in monitoring the success of the program.

The participation rate is calculated as a count of the number of eligible women aged 20 – 69 years who have had a Pap smear within a two-year period and who are registered on the Queensland Health Pap Smear Register (PSR) as a proportion of the eligible population. Women who request that their details are not sent to the PSR or who request to have their details removed from the PSR are unable to be counted and therefore are excluded from the rate.

The Queensland cervical screening participation rate is amongst the lowest in Australia, at 59.8% in 2007-2008 compared with the Australian average of 61.2%.¹

Low participation rates are more prevalent in areas of low socioeconomic status, those with a high percentage of Aboriginal and Torres Strait Islander women or women from culturally and linguistically diverse (CALD) backgrounds and areas where accessibility to culturally appropriate and culturally safe services is limited, for example remote communities.

Studies in Queensland and other states have demonstrated that a higher proportion of Aboriginal and Torres Strait Islander women present with advanced cervical cancer with a correspondingly poorer prognosis than would be expected in the general population. Even in the absence of credible screening participation data, it can be assumed that in general, screening rates are lower among Aboriginal and Torres Strait Islander women.³

Health professionals are able to access information regarding cervical screening rates in their local area by accessing the QCSP website:
www.health.qld.gov.au/cervicalscreening

2.5 Barriers to Cervical Screening Participation

Barriers to participation in cervical screening programs are complex and inter-related. Three types of barriers to cervical screening have been identified. These include:

Practitioner Related Barriers ^{10, 11, 12}	Gender of Practitioner
	Embarrassment
	Lack of time during consultation
	Lack of discussion about cervical screening
	Lack of effective communication skills
	Qualifications of Practitioner
System Related Barriers ^{11, 12, 13, 14}	Accessibility of service including clinic hours
	Cost of screening to the client
	Absence of reminder systems
Client Related Barriers ^{15, 16, 17, 18, 19, 20}	Forgetting
	Lack of time
	Knowledge, attitudes, beliefs about cervical screening
	Embarrassment / shame
	Discomfort
	Test considered irrelevant as no longer sexually active
	Mixed media messages
	Fear of the actual test
	Fear of the result
	Previous negative experience
	Being asymptomatic

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“Nurses in Australia are regulated and accountable to the community for providing high quality care through safe and effective work practices.”



Section 3

Competency Standards for Pap Smear Providers

3.1 Health Practitioner Registration and Accreditation

The Australian Health Practitioner Regulation Agency (AHPRA) is the organisation responsible for the registration and accreditation of ten health professions across Australia. The general scope of AHPRA allows for:

- ▶ Managing the registration process for health practitioners and students around Australia
- ▶ Managing investigations into professional conduct, performance or health of registered health practitioners
- ▶ Publishing a national register of practitioners for public access
- ▶ Developing registration standards
- ▶ Providing advice to the Ministerial Council about the administration of the national registration and accreditation scheme.¹

For further information on health practitioner registration and accreditation, please visit: www.ahpra.gov.au

3.2 National Competency Standards for Nurses

Nurses in Australia are regulated and accountable to the community for providing high quality care through safe and effective work practices.

The Australian Nursing and Midwifery Council Incorporated (ANMC) is the peak national nursing and midwifery organisation established in 1992 with the purpose of developing a national approach to nursing and midwifery regulation. The ANMC produces national standards which are an integral component of the regulatory framework to assist nurses and midwives to deliver safe and competent care.²

The National Competency Standards for Nurses take into account the various roles and functions nurses fulfil and identify a combination of attributes a competent nurse must have. The standards for nurses are the core competency standards by which nurses' performance is assessed to obtain and retain their licence to practise as a nurse in Australia.²

The full list of standards, position papers and guidelines produced by the ANMC can be viewed on the website: www.anmc.org.au

3.3 National Competency Standards for Nurse Pap Smear Providers

The National Standards for Nurse Pap Smear Providers are competency based. The standards relate to legal and ethical responsibilities for the Nurse Pap Smear Provider and include being accountable for practice and the ability to interpret complex consultations in a legal and ethical sense. Such competencies also include an awareness and protection of the rights of individuals and groups and a recognition of the differences between one's own beliefs and those of others, to ensure that nursing care is carried out in a non-discriminatory way.^{6,7}

The National Standards for Nurse Pap Smear Providers comprise eight competencies and include:

- ▶ accurate knowledge for safe practice
- ▶ protects the rights of individuals
- ▶ recognises own ability and level of professional competence
- ▶ acts to enhance the dignity and integrity of women
- ▶ maintains a physical and psycho-social environment which promotes safety, security and optimal health care
- ▶ acts to maintain the right of women to make informed decisions
- ▶ integrates comprehensive health assessment and interpretive skills to achieve optimal care for women
- ▶ collaborates with the health care team to achieve desired outcomes.

For further information regarding practice examples and the National Competency Standards for Nurse Pap Smear Providers, please refer to **Appendix 8.1**

3.4 Role Description: Enrolled Nurses

The enrolled nurse is an associate to the registered nurse who demonstrates competence in the provision of patient-centred care as specified by the registering authority's licence to practise, educational preparation and context of care.³

Core as opposed to minimum enrolled nursing practice requires the enrolled nurse to work under the direction and supervision of the registered nurse as stipulated by the relevant nurse registering

authority. At all times, the enrolled nurse retains responsibility for his/her actions and remains accountable in providing delegated nursing care.³

Core enrolled nurse responsibilities in the provision of patient-centred nursing care include recognition of normal and abnormal in assessment, intervention and evaluation of individual health and functional status. The enrolled nurse monitors the impact of nursing care and maintains ongoing communication with the registered nurse regarding the health and functional status of individuals.³

Enrolled nurses demonstrate critical and reflective thinking skills in contributing to decision making which includes reporting changes in health and functional status and individual responses to health care interventions.³

All enrolled nurses have a responsibility for ongoing self-development to maintain their knowledge base to carry out their role.³

Enrolled Nurses may meet the criteria for advancing scope of practice by being educationally prepared and assessed as competent to provide cervical screening services such as Pap smears. In order to be able to practise at an expanded scope of practice, ENs must have the activity/skill delegated to them by a RN/Midwife and be supervised by such in their practice.

3.5 Role Description: Registered Nurses

The registered nurse demonstrates competence in the provision of nursing care as specified by the registering authority's licence to practise, educational preparation, relevant legislation, standards and codes, and context of care.²

The registered nurse practises independently and interdependently assuming accountability and responsibility for their own actions and delegation of care to enrolled nurses and health care workers. Delegation takes into consideration the education and training of enrolled nurses and health care workers and the context of care.²

The registered nurse assesses, plans, implements and evaluates nursing care in collaboration with individual/s and the multidisciplinary health care team so as to achieve goals and health outcomes. The registered nurse recognises that ethnicity, culture, gender, spiritual values, sexuality, age, disability and economic and social factors have an

impact on an individual's responses to, and beliefs about, health and illness, and plans and modifies nursing care appropriately.²

The registered nurse provides care in a range of settings that may include acute, community, residential and extended care settings, homes, educational institutions or other work settings and modifies practice according to the model/s of care delivery.²

The registered nurse takes a leadership role in the coordination of nursing and health care within and across different care contexts to facilitate optimal health outcomes. This includes appropriate referral to, and consultation with, other relevant health professionals, service providers, and community and support services.²

The registered nurse contributes to quality health care through lifelong learning and professional development of herself/himself and others, research data generation, clinical supervision and development of policy and clinical practice guidelines. The registered nurse develops their professional practice in accordance with the health needs of the population/society and changing patterns of disease and illness.²

Registered nurses who perform cervical screening services such as Pap smears have gained specialist knowledge and skill that has prepared them to practise within an advanced extended scope practice.

3.6 Role Description: Nurse Practitioners

A Nurse Practitioner is a nurse whose registration has been endorsed by the Australian and Midwifery Board of Australia as a nurse practitioner under *section 95* of the *National Law*. A nurse practitioner is a registered nurse who is educated and endorsed to function autonomously and collaboratively in an advanced and extended clinical role.

The nurse practitioner role includes assessment and management using nursing knowledge and skills that may include but is not limited to the direct referral of clients to other healthcare professionals, prescribing medications and ordering diagnostic investigations.

The role is grounded in the nursing profession's values, knowledge, theories and practice, and provides innovative and flexible health care delivery that complements other health care providers.⁴

3.7 Advanced Practice Nursing:

Advanced practice nursing defines a level of nursing practice that utilises extended and expanded skills, experience and knowledge in assessment, diagnosis, planning, implementation and evaluation of the care required. An advanced practice nurse is a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the features of which are shaped by the context of the health service in which the practice is based.⁴

Nurses practising at this level are educationally prepared at post-graduate level and may work in a specialist or generalist capacity. However, the basis of advanced practice is the high degree of knowledge, skill and experience that is applied within the nurse-consumer relationship to achieve optimal outcomes through critical analysis, problem solving and accurate decision-making.⁵

Advanced practice nurses fulfil an essential function within the Australian health care system because they are capable of working interdependently, initiating the care process, as well as in collaboration with other health care professionals.⁴

3.8 Role Description: Aboriginal and Torres Strait Islander Health Workers as Pap Smear Providers

Aboriginal Health Workers and Torres Strait Islander health workers are currently not licensed under regulation. Their practice is varied and complex and they often work in local communities integrating health practices with the unique cultural values of that community.

Aboriginal Health Workers and Torres Strait Islander health workers plan, deliver and evaluate primary health care and health promotion programs. The role relationship of these health workers with RNs and midwives will vary according to the context in which they are employed. In some contexts, these

health workers may function independently or in collaboration with others. Alternatively, they may be accountable to an RN or midwife for activities that are delegated to them from a nursing or midwifery care plan.

Aboriginal and Torres Strait Islander health workers may meet the criteria for advancing scope of practice by being educationally prepared and assessed as competent to provide cervical screening services such as Pap smears. In order to be able to practise at an expanded scope of practice, Aboriginal and Torres Strait Islander health workers must have the activity/skill delegated to them by a RN/Midwife and be supervised by such in their practice.

For further information pertaining to the principles of delegation to Aboriginal and Torres Strait Islander health care workers, please refer to **Appendix 8.2**

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“All women who have ever been sexually active should start having Pap smears between the ages of 18 to 20 years, or one or two years after first sexual intercourse, whichever is later.”

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Section 4 Cervical Screening Policies

This section of the manual covers policies, protocols and guidelines specific to cervical screening and includes the following:

- ▶ The National Cervical Screening Policy.
- ▶ National Health and Medical Research Council (NHMRC) Guidelines for the Management of Asymptomatic Women with Screen Detected Abnormalities.
- ▶ Queensland Health Guidelines for the use of Liquid-based Cytology®.
- ▶ Queensland Health Guidelines for Cervical Screening in Pregnancy.
- ▶ Queensland Health Policy and Procedure for HPV DNA ‘Test of Cure’.
- ▶ Cervical screening in special circumstances.

4.1 The National Cervical Screening Policy¹

The National Cervical Screening Policy is a key part of the cervical screening pathway and states that routine Pap smears should be carried out every two years for women who have no history of abnormal pathology or no current symptoms.

All women who have ever been sexually active should start having Pap smears between the ages of 18 to 20 years, or one or two years after first sexual intercourse, whichever is later.

Pap smears may cease at the age of 70 years for women who have had two negative Pap smears within the last five years. Women over 70 years who have never had a Pap smear, or who request a Pap smear, should be screened.

This policy applies only to women without symptoms that could be due to cervical pathology. Women with a past history of high grade cervical lesions, or who are being followed up for previous abnormal smears should be managed in accordance with the NHMRC Guidelines: *Screening to Prevent Cervical Cancer: Guidelines for the Management of Asymptomatic Women with Screen Detected Abnormalities*.²

The National Cervical Screening Policy is currently being reviewed for the first time since its introduction in 1991 (due for completion in July 2014). In June 2005 the National Health and Medical Research Council recommended that the cervical screening interval in Australia, which is intensive by international standards be reviewed to ensure that the NCSP is consistent with international best practice.¹⁸

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Despite the success of the NCSP, recent advances in science and technology a greater understanding of the natural history of cervical cancer and the introduction of the Australian HPV Vaccination Program in Australia, have led to the need for a review of the NCSP.¹⁸

4.2 The National Health and Medical Research Council (NHMRC). Screening to Prevent Cervical Cancer: Guidelines for the Management of Asymptomatic Women with Screen Detected Abnormalities

The NHMRC guidelines were revised, updated and endorsed in June 2005. The 2005 guidelines address the current state of cervical cancer in Australia, the natural history of the disease and terminology for cervical cytology, management of squamous abnormalities, glandular abnormalities and special clinical circumstances, and psychosocial, economic and implementation issues.

The guidelines do not address issues related to the routine screening policy, or give detailed information about the treatment of invasive cervical cancer. The guidelines also explicitly exclude symptomatic women. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists has issued management guidelines for women with intermenstrual and postcoital bleeding which take precedence over these guidelines for such cases. These management guidelines can be found at: www.ranzcog.edu.au

A summary of the NHMRC Guidelines (2005) is located in **Appendix 8.3** and on the National Cervical Screening Program (NCSP) website: www.cancerscreening.org.au

4.3 Queensland Health Guidelines for the use of Liquid-based Cytology²

Within the Queensland Cytology Service, Pathology Queensland, liquid-based cytology (LBC) can be offered as an adjunctive screening test in addition to conventional Pap smears where such use is indicated in the following protocol. ThinPrep® is the current LBC technology used within Queensland Health.

Liquid-based cytology should be offered as an adjunctive secondary screening test to women if one or more of the following criteria apply:

- a) the woman's last Pap smear was reported as unsatisfactory due to either inflammatory cells or blood obscuring the Pap smear, or the woman has a history of unsatisfactory Pap smears
- b) there are clinical signs or symptoms that suggest that the current Pap smear will result in blood or inflammatory exudate sufficient to obscure the Pap smear.

If any of these criteria exist, a split sample (both a conventional Pap smear slide and a ThinPrep® sample) should be collected and both samples should be sent to the laboratory. The conventional smear is screened first and if it is unsatisfactory, the ThinPrep® sample will be screened. If the conventional smear is satisfactory, the ThinPrep® sample is not screened.

These guidelines are applicable for services using Queensland Cytology Service including Queensland Health and some non-government organisations such as Family Planning Queensland.

For further information regarding these guidelines, please refer to the QCSP website: www.health.qld.gov.au/cervicalscreening.

4.4 Queensland Health Guidelines for Cervical Screening in Pregnancy⁴

Queensland Health has introduced Guidelines for Cervical Screening in Pregnancy. The Guidelines state that a Pap smear for cervical cytology should be offered to every woman booking for antenatal care who has not had a Pap smear within the past two years, and to any woman with a history of abnormal symptoms, cytology reports and/or treatment of cervical abnormalities who has not been followed up in accordance with NHMRC guidelines.

In general, pregnancy is not a contraindication to performing a Pap smear. It is recommended that Pap smears be offered to women where appropriate to at least 28 weeks of pregnancy and in selected other women into the third trimester, if it appears likely that they may have difficulty presenting for screening in the postnatal period.

For further information regarding these Guidelines, please refer to the QCSP website: www.health.qld.gov.au/cervicalscreening.

4.5 Queensland Health Policy and Procedure for HPV DNA ‘Test of Cure’⁵

Within the National Cervical Screening Program, human papillomavirus (HPV) DNA testing is indicated as a ‘test of cure’ for women following treatment for a high grade squamous intraepithelial lesion (HSIL) and is publicly funded.

In accordance with the (NHMRC) Guidelines for the Management of Asymptomatic Women with Screen Detected Abnormalities, it is recommended that following treatment for HSIL a woman should:

- ▶ have a colposcopy and cervical cytology at 4 – 6 months after treatment
- ▶ have cervical cytology and HPV DNA ‘test of cure’ at 12 months after treatment and then annually until she has tested negative to both tests on two consecutive occasions
- ▶ then return to the usual two yearly screening interval following two consecutive negative cytology and HPV results.

If the follow-up Pap smear result shows a low grade abnormality or the HPV DNA test is positive, a colposcopy is not recommended unless the Pap smear shows a high-grade abnormality or the woman develops symptoms such as abnormal bleeding.

This policy and procedure is applicable to all providers accessing Queensland Health pathology laboratories.

For further information regarding this policy and procedure, please refer to the QSCP website: www.health.qld.gov.au/cervicalscreening.

4.6 Guidelines for Cervical Screening in Special Circumstances

4.6.1 Symptomatic women

It is important to remember the National Cervical Screening Policy only applies to asymptomatic women and excludes women with any abnormal symptoms (irregular bleeding or discharge).

In such situations a Pap smear may be part of the investigative workup prior to referral for further investigations and management.¹

4.6.2 Cervical Screening after Hysterectomy²

Whether a woman needs to have a Pap smear following hysterectomy depends on:

- ▶ whether she still has a cervix
- ▶ why the hysterectomy was performed
- ▶ whether Pap smears were negative before the surgery
- ▶ the hysterectomy was performed because of cancer of the uterus, cervix ovaries or fallopian tubes, or abnormal cells were found at the time of surgery
- ▶ it is not known why the hysterectomy was performed
- ▶ the woman had abnormal Pap smears in the past
- ▶ the woman did not know if she had previously had abnormal Pap smears
- ▶ the woman is immunocompromised or immune suppressed
- ▶ the woman was exposed to the drug Diethylstilboestrol (DES) in utero.

For the Queensland Cervical Screening Program hysterectomy follow-up recommendations, please refer to the QCSP website: www.health.qld.gov.au/cervicalscreening

4.6.3 Immunosuppressed Women

Immunosuppressed women are at increased risk of developing a persistent productive HPV infection that may develop into cervical cancer.^{2,19} Women may be immunosuppressed because of HIV infection or the effect of drugs, such as those used to prevent rejection of transplanted organs/tissues or treat autoimmune diseases such as systemic lupus erythematosus, ulcerative colitis or asthma. Immunosuppressed women have a 20% increased risk of intraepithelial neoplasia (compared with less than 5% for the general population).² Cervical screening, early diagnosis, treatment and careful monitoring are crucial due to this increased risk of persistent HPV infection and intraepithelial neoplasia.

Recent guidelines released in the United States recommend that women who are infected with HIV (or otherwise immunocompromised) should undergo cervical cancer screening twice in the

first year after diagnosis of HIV infection and then annually, provided the test results are normal.^{2,20,21} In Australia, women living with HIV or immunosuppression should be managed by a GP or specialist who can advise on the most appropriate screening intervals specific for their individual circumstances.²

4.6.4 Women exposed in utero to Diethylstilboestrol (DES)

DES was given to pregnant women between 1940 and 1970 to provide luteal support to those with previous poor pregnancy outcome.² Although DES exposure in utero rarely leads to vaginal adenocarcinoma, vaginal adenosis occurs in 45% of these women and structural abnormalities are present in 25%.⁷ DES-exposed women should be offered annual cytological screening and colposcopic examination of both the cervix and vagina with a clinician experienced in colposcopy of the lower genital tract. Screening should begin at any time at the woman's request and continued indefinitely.²

4.6.5 Women with a history of cervical abnormality

Women who are being followed up for previous abnormal smears require management as outlined in the NHMRC Guidelines for Management of Asymptomatic Women with Screen Detected Abnormalities.²

4.6.6 Women who have never engaged in sexual activity

Cervical screening should be discussed with all women who have ever had any genital sexual activity.

Research to date has focussed on sexual intercourse as the main risk factor for HPV infection. HPV has been found in 99.7% of all cervical cancers.¹⁴ Genital HPV is transmitted through skin to skin contact of the genital area and it is also possible that HPV transmission may result from penetrative activities other than intercourse.^{15,16,17} Women who have never engaged in any penetrative sexual activities have generally been considered to be at very low risk of cervical abnormalities.

If a woman requests a Pap smear after being provided with this information, a Pap smear could

be provided.⁸ However, it is important to consider that women who have not had any penetrative sexual activity may have an intact hymen. Performing a speculum examination in this case could be considered invasive, and the risks and benefits associated with the procedure should be considered very carefully.

4.6.7 Lesbian women

Cervical screening should be discussed with all women who have ever engaged in any genital sexual activity, regardless of sexual orientation.⁹ It is important when consulting with women who identify as being lesbian, that a clear and thorough sexual behaviour history is collected.

Research shows that lesbian women can acquire HPV if they have ever been sexually active with another person.^{12,15,16,17} Some lesbians will have had sexual intercourse with males in the past. Woman to woman transmission of HPV during sexual activity is possible and there is no evidence to suggest that HPV rates are lower in the lesbian community.¹³ Lesbian women should be offered cervical screening and informed of the current evidence-based knowledge available on HPV transmission and cervical cancer risk.

However, it is important to consider that women who have not had any penetrative sexual activity may have an intact hymen. Performing a speculum examination in this case could be considered invasive, and risks and benefits should be considered very carefully.

4.6.8 Cervical screening during menstruation

Pap smears may be collected during menstruation, though it is preferable to wait until menses has ceased because of the potential difficulties with interpretation. However, smears should certainly be provided for women who may have difficulty attending a follow up appointment and in women with very irregular menstrual patterns (as bleeding may reflect genital tract pathology rather than menses). When a Pap smear is collected during menstrual bleeding, a liquid based specimen (such as ThinPrep®) and a conventional smear (split sample) should be collected.⁸

4.6.9 Cervical screening and intravaginal therapies

Women should not douche or use suppositories / vaginal creams for at least 24 hours prior to Pap smear collection.^{10,11} Ideally, intravaginal medications should be ceased two days prior to having a Pap smear.⁸

4.6.10 Cervical screening and vaginal infections

Screening for sexually transmissible infections (STIs) and other vaginal infections should be discussed and offered if indicated by history and / or clinical findings.

Opportunistic cervical swabs for chlamydia trachomatis should be promoted for sexually active women less than 25 years of age, pregnant women and / or women who have had a partner change in the last 12 months.^{6,19,10}

In the presence of severe inflammation, it is advisable to defer cytology collection until after this infection has been treated.¹⁰ The exception to this is in women who may find it difficult to return for cervical screening due to logistical or time constraints.⁸ In this circumstance it is advisable to use thin layer technology (ThinPrep®) in addition to the conventional Pap smear as per the Queensland Health Guidelines for the use of Liquid-based Cytology.

For information about STI screening please refer to the Queensland Sexual Health Clinical Management Guidelines at http://www.health.qld.gov.au/sexhealth/documents/cm_guidelines.asp or the Queensland Health Primary Clinical Care Manual at http://www.health.qld.gov.au/pccm/pccm_updates.asp

4.6.11 Cervical screening and post menopausal women

Where possible, post menopausal women with clinical evidence of cervical and vaginal atrophy should have a short course of topical oestrogen prior to their smear as atrophic cellular changes may make interpretation of the Pap smear difficult and result in an unsatisfactory specimen. The odds of an atrophic smear are significantly reduced for postmenopausal women who use a five-night regimen of vaginal oestrogen before their Pap smear.²²

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“The Pap smear is currently the most effective test to prevent squamous cervical cancer in the Australian setting.”



Section 5

Cervical Screening Process

This section of the manual covers procedures and related services specific to cervical screening and includes the following:

- ▶ Key principles of cervical screening.
- ▶ Pap smear equipment.
- ▶ Pap smear assessment, examination and collection.
- ▶ Additional screening.
- ▶ Referral systems.
- ▶ Recall/reminder systems.
- ▶ Queensland Health Pap Smear Register.
- ▶ Queensland Health Pathology Service.
- ▶ New technologies in cervical screening.
- ▶ HPV vaccination.

5.1 Key Principles of Cervical Screening

The Pap smear is a simple procedure in which cells are collected from the cervix, smeared onto a microscope slide and sent to the laboratory for cytological examination to look for changes that might lead to cervical cancer. The Pap smear is currently the most effective test to prevent squamous cervical cancer in the Australian setting.¹

There are two critical components that determine Pap smear accuracy: sensitivity and specificity. Sensitivity is the probability that the test is positive, given that the person has the disease. Specificity is the probability that the test is negative, given that the person does not have the disease. The Pap smear is generally considered to be a very specific test for high grade lesions or cancer, but only moderately sensitive.²

The Australian Health Technology Advisory Committee (AHTAC) reported an average specificity of 69% and an average sensitivity of 58% in studies evaluating the accuracy of the Pap smear as a screening test. Other studies have placed the specificity of the Pap smear as being as high as 80 – 95% for low grade abnormalities or higher.²

Correct sampling technique increases the adequacy of the smear sample and decreases the risk of a false negative result.

5.1.1 Pap smear outcome standards:

- ▶ an adequate cervical smear is obtained
- ▶ the benefits and service limitations of the Queensland Health Pap Smear Register are explained to the woman
- ▶ the woman expresses satisfaction with her Pap smear examination
- ▶ the woman and the Pap Smear Provider decide the most appropriate process for the notification of the Pap smear results
- ▶ the woman is given appropriate referral for the management of any abnormalities noted
- ▶ the woman knows when her Pap smear needs to be repeated.

5.1.2 Common errors in Pap smear preparation and processing:²

Correct preparation, fixation and staining of the specimens are fundamental steps in cytological examinations. Mistakes which seriously interfere with the correct interpretation of the slides include:

- ▶ use of slides which are not clean
- ▶ use of excess lubricants or bimanual pelvic examination prior to collecting the smear
- ▶ insufficient cells collected
- ▶ cells collected from the incorrect site, example the vaginal wall instead of the cervix, lower uterine segment samples
- ▶ thick films with inadequate and unequal spread of the material
- ▶ time delay allowing air drying of cells before fixation has occurred
- ▶ insufficient fixation spray used to cover cells on the slide.

5.2 Pap Smear Equipment

5.2.1 Equipment required for Pap smear collection

The following equipment is required to collect an adequate Pap smear sample:

- ▶ bivalve speculum (plastic or metal), in a variety of sizes

- ▶ water-based lubricant
- ▶ sampling tools/brushes – Cervex brush, cyto brush, Combi brush, Plastic Ayers spatula (if indicated)
- ▶ cotton tip swab/s
- ▶ additional swabs and investigation equipment (as indicated) i.e. vial for liquid-based cytology, HPV DNA brush, STI swabs
- ▶ glass slides with frosted tip
- ▶ slide covers / mailers
- ▶ alcohol spray fixative
- ▶ lead pencil (preferable 6B)
- ▶ strong adjustable light source
- ▶ personal protective equipment i.e. gloves, glasses if required
- ▶ tissues
- ▶ panty liner / tampon (if indicated)

5.2.2 Sampling Tools:

It is vital the cervix is visualised and a targeted sample taken which includes the transformation zone. The transformation zone is just external to the junction between the squamous and columnar epithelium (the squamocolumnar junction) and is the area where squamous metaplasia is currently or has most recently taken place. The transformation zone varies in site and size depending on the woman's age and hormonal status but is usually easily accessed on examination with a speculum.²⁴

A satisfactory Pap smear for examination requires sufficient numbers of both endocervical and ectocervical cells. Therefore it is important to use the appropriate sampling tool in the correct manner to collect the sample from the squamous columnar junction (SCJ) including the endocervix and ectocervix, or vaginal vault.³

There are three different Pap smear sampling tools available for use. These are the cervex brush, the Combi brush, the cytobrush and the Ayres spatula. To minimise bleeding and maintain the integrity of cells sampled, the appropriate brushes should be used.

Recommended Sampling Tools include:

Cervex Brush: Also known as the ‘broom’. The Cervex brush is used to collect both endocervical and ectocervical cells, and is the preferred implement to be used in most women, including pregnant women. Where the ectopion is clearly visible, using the cervex brush alone should be effective in collecting an adequate sample. It is recommended that a cytobrush be used in conjunction with a cervex brush for improved endocervical component capture in the following circumstances:³

- ▶ premenopausal women who have undergone surgery for a previous cervical abnormality ie cone biopsy
- ▶ women whose previous smears have shown no endocervical cells
- ▶ post menopausal women in order to thoroughly sample the lower cervical canal.⁵
- ▶ Where SCJ not visible

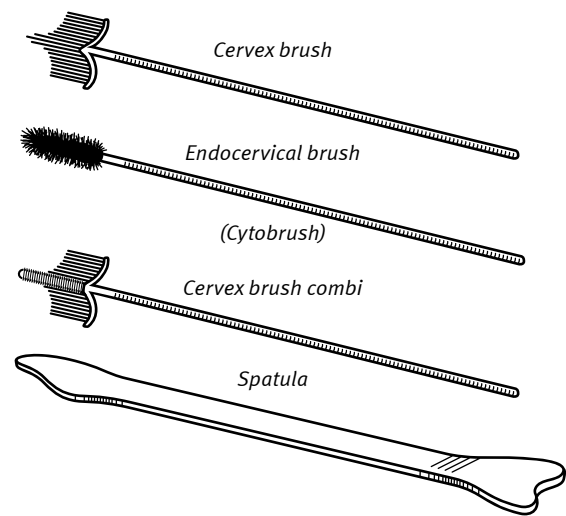
Cytobrush: Also called an endocervical brush. The cytobrush is used to collect endocervical cells from the cervical os. The cytobrush may be used in all women who have a cervix, including pregnant women but only until 10 weeks gestation.⁸ The cytobrush is to be used in conjunction with a device to collect ectocervical cells such the cervex brush.⁷

Alternative sampling instruments include:

Cervex Brush Combi: The Combi brush comes with an integrated endocervical sampler to assist with the collection of both ectocervical and endocervical cells. The manufacturer states the Combi brush is capable of collecting higher cellular yield - up to three times more endocervical cells than the traditional Cervex brush.²⁸ Some clinicians using the Combi Cervex Brush state that it may cause discomfort for the woman, it tends to cause cervical bleeding and it is difficult to transfer cellular matter to the glass slide.

Ayres Spatula: The Ayres spatula is an old cervical screening tool and is not commonly used or recommended these days as newer brushes have superceded the use of the spatula. The Ayres spatula is used to collect ectocervical cells and should only be used when more effective implements are not available.³

If spatulas are to be used, plastic is recommended as the porosity of wooden spatulas means that the majority of the cells collected are not transferred to the slide. The spatula can be used to collect both cervical or vaginal vault smears. In the case of a cervical smear, the Ayres spatula should be used in conjunction with a cytobrush to ensure adequate collection of endocervical cells where the SCJ is not seen.⁷

**5.2.3 Additional screening tools and processes**

Additional tools and processes that may be used when performing cervical screening include liquid-based cytology vial and the HPV DNA Test of Cure brush.

Liquid-based cytology

If a liquid-based cytology (LBC) sample is to be collected the materials from all the sampling devices used should be collected by vigorously moving the brushes around in the medium solution after preparing the convention slide. It is recommended that only plastic devices be used to collect LBC samples, either a Cervex brush or an Ayres spatula in conjunction with a Cytobrush. The container should be labelled in the same way as the slide.¹¹

If using Pathology Queensland to process pathology specimens, a request for ThinPrep® (the LBC technology used in this laboratory) must be clearly noted on the pathology request form and the rationale cited. For example: ‘Plus ThinPrep if required – previous inflammatory smear result / sample heavily blood stained’ etc.

For further information about the indications for the use of LBC within Queensland Health please refer to the Queensland Health website: www.health.qld.gov.au/cervicalscreening

HPV DNA ‘Test of Cure’

HPV DNA ‘Test of Cure’ is offered to women following treatment for high grade squamous intraepithelial lesion (HSIL). If a woman is to have a HPV DNA sample in addition to a Pap smear, there are two methods of collection available:

Method 1. After collecting the conventional Pap smear sample, collect a second sample of cervical cells using the cervical sampler included in the Hybrid Capture2 collection kit.¹²

Method 2. Collect and prepare the conventional Pap smear using the appropriate plastic collection devices. Thoroughly rinse the collection devices in a ThinPrep® (PreservCyt) vial as described and shown above under LBC preparation. If using SurePath™ vial, detach the collection device head/s and leave in the vial for processing at the laboratory.

The vial can be used for both cytology and HPV DNA testing if required.

Please indicate on the vial if the specimen is for **“HPV ONLY”** or **“HPV PLUS ThinPrep”**.¹²

If using Pathology Queensland to process pathology specimens, both the Pap Smear and the HPV DNA ‘Test of Cure’ specimens can be recorded on the one pathology form.

Ensure the pathology request form states HPV ‘Test of Cure’ has been requested following treatment for a high grade squamous abnormality. It is also important to note on the pathology request form the sequence of the HPV DNA test under the TOC protocol. For example – HPV First TOC ; HPV Second TOC.

For further information about the protocol and procedure for the collection of HPV DNA ‘test of cure’ samples, please refer to the Queensland Cervical Screening Program website: www.health.qld.gov.au/cervicalscreening

5.3 Preparation for the Pap smear assessment

Full history taking guidelines for a well women’s health screen are located in **Appendix 8.4**.

Depending upon the clinical environment in which the Pap Smear Provider (PSP) practises, the order of these steps may need to be altered to adapt to local requirements.

Obtain a thorough history, especially the presence of abnormal bleeding including:

- ▶ postmenopausal bleeding (PMB)
- ▶ post coital bleeding (PCB) and
- ▶ intermenstrual bleeding (IMB).

Assessment of the woman prior to the Pap smear determines:

- ▶ whether a Pap smear is indicated
- ▶ the need for additional investigations determined on history, examination and clinical findings
- ▶ the position to be adopted by the woman during the procedure
- ▶ the speculum size to be used.

Complete the pathology request form, noting any significant history including:

- ▶ relevant symptoms
- ▶ previous abnormal Pap smears and / or treatment
- ▶ Last Normal Menstrual Period (LNMP)
- ▶ site of collection – cervix or vaginal vault
- ▶ pregnancy
- ▶ Hormone Replacement Therapy (HRT)
- ▶ Hysterectomy
- ▶ Correct client address

Label the glass slide on the frosted end with a lead pencil (preferable 6B) with the woman’s:

Mandatory:

- ▶ full name
- ▶ date of birth

Optional:

- ▶ specimen type: Pap / Cervical / Vault / Vulval.

Fully explain the role and Pap smear procedure including the limitations in sensitivity and specificity, emphasising that it is a screening test to detect pre-malignant changes in the cervical cells, and not a test for cervical cancer. Use appropriate education tools to ensure the woman understands the procedure and process such as models or diagrams and the sampling instruments to be used. Demonstrating how the equipment is to be used is important for women having their first Pap smear to help alleviate anxiety about the procedure.

Obtain consent for the Pap Smear procedure - refer to the relevant section in this policy.

Inform the woman of the benefits and function of the Queensland Health Pap Smear Register (PSR) and explain it is an opt-off register. If she would like to opt off the register, this must be clearly marked on her pathology request form. Please refer to the PSR information at the end of this section.

Ask the woman to prepare for the Pap Smear examination by removing undergarments from the waist down only. Provide the woman with a cover sheet for privacy. For comfort the woman should be encouraged to empty her bladder prior to the procedure.

A hand mirror can be offered to the women who would like to observe the procedure.

While the woman is preparing for the Pap smear, wash hands prior to assembling equipment to avoid contamination to the 'clean area'.

Determine appropriate speculum size. The following is a guide only to speculum size.⁵

- ▶ **Small:** used in women with a tight perineum, women with a narrow introitus, small framed women or aged women with severe uterine prolapsed or vaginal atrophy
- ▶ **Medium:** used for the majority of women
- ▶ **Large:** used in women with a lax vaginal tone including obese women and grand multiparous women

Position the light and switch it on.

Wash hands again and put on gloves.

5.3.1 The Pap smear examination

Explain each step of the procedure and findings as it is carried out (if the woman desires this).

Comfortable positioning for the woman is essential. The supine position for the woman is usually best, with her knees bent.

To assist with relaxation, commence the examination with palpation of the abdomen. Gently palpate the woman's abdomen noting any tenderness or masses.

Prior to the speculum examination, ask the woman to bend her knees up and then let her knees fall apart. The left lateral position can be used if Pap smears are difficult to obtain such as in older women with a lax anterior wall.

Inspect external genitalia for any abnormalities. Please refer to **Appendix 8.5** for a summary of normal and abnormal characteristics.

Moisten and warm the speculum. Lubricant may interfere with the collection and reading of the smear. If lubricant is used, use it sparingly and avoid contact with the cervix.⁶ KY Jelly is the lubricant of choice in preference to some of the newer and cheaper brands. Water-based lubricant should be used in post menopausal women for comfort reasons.

Gently part labia and slowly insert closed speculum into the vagina.

Observe the client for signs of discomfort and encourage feedback throughout the procedure.

Open speculum to allow maximum visualisation of the cervical os. If there is any difficulty in visualising the os ask the woman to lift her buttocks slightly off the bed temporarily and place either a rolled towel or ask her to place her clenched fists under her buttocks.

If the cervix is obscured by the lateral vaginal walls bulging inwards, consider using a larger speculum or applying a condom over the speculum (cut off the reservoir of the condom so you can sample the cervix) to offer better visibility before inserting into the vagina).⁵

If unable to locate the cervix, close the speculum and withdraw it from the vagina. Palpate and position the cervix with a gloved hand, moistened with water, preferably not lubricant. Once the position of the cervix has been located, reinsert the speculum into

the vagina at the appropriate angle. If the cervix remains 'out of view', withdraw the speculum again, ask the woman to 'bear down', then reinsert the speculum.³

Inspect the cervix for the following, and reassure the woman if her cervix looks normal:⁶

- ▶ colour, size, shape
- ▶ position
- ▶ lesions
- ▶ surface characteristics
- ▶ squamocolumnar junction (SCJ)
- ▶ discharge.

For full descriptions of the above characteristics, please refer to **Appendix 8.5**.

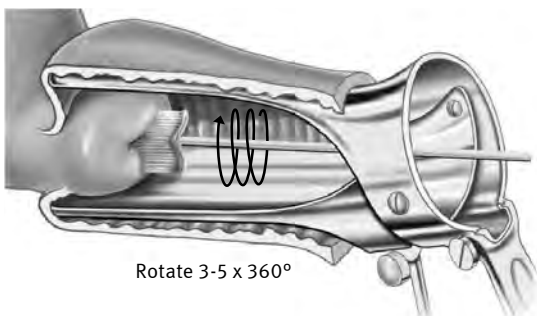
5.3.2 The Pap smear collection

Selection of appropriate sampling instruments should be based upon:

- ▶ Age/menopausal status
- ▶ Previous sampling adequacy
- ▶ Past cervical surgery/treatment
- ▶ Hormonal therapy

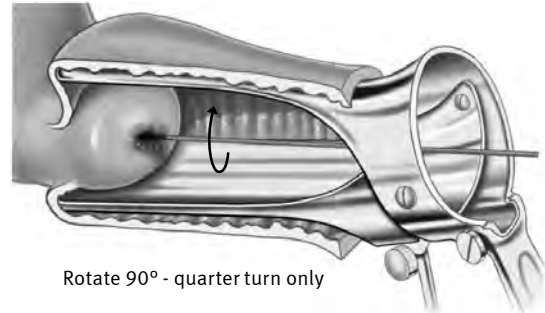
Use the selected tool(s) to sample the whole transformation zone / squamocolumnar junction (SCJ) in the following manner:

- ▶ **Cervex Brush:** place the tip of the Cervex brush in the endocervical canal and rotate the brush three to five times in the same direction, keeping the bristles in contact with the ectocervix, ensuring the SCJ if visible is sampled.^{3,9} If a large ectropion is present, ensure that a sample of cells is also collected from beyond the border of this area.

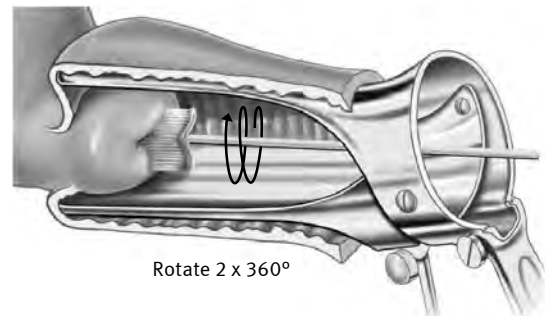


- ▶ **Cytobrush:** gently insert the brush into the cervical os until resistance is felt.¹⁰ It is recommended that the cytobrush not be inserted

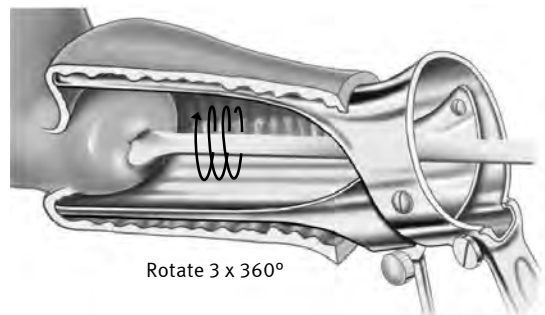
out of vision into the cervical canal. Gently rotate the cytobrush one quarter of a turn in the endocervical canal.⁹ More rotations than this drives the desired cells deeper into the bristles and they may not be transferred to the glass slide.⁵



- ▶ **Combi Brush:** insert the central endocervical brush part into the endocervical canal. Maintaining a gentle pressure, rotate the Combi brush two times in a clockwise direction, ensuring the SCJ if visible is sampled.²⁹ If a large ectropion is present, ensure that a sample of cells is also collected from beyond the border of this area.



- ▶ **Spatula:** place the end of the spatula in the cervical os and rotate the spatula three times,⁶ keeping the shoulder of the spatula in contact with the ecto-cervix and ensuring the SCJ if visible is sampled.^{6,9} If a large ectropion is present, ensure that a sample of cells is also collected from beyond the border of this area.



If using a cytobrush, always use it AFTER the Cervex brush or Ayres spatula. The cytobrush may cause slight bleeding which may obscure the cells when transferred to the glass slide.⁵ Endocervical cells also deteriorate more rapidly than ectocervical cells.⁶

When collecting vaginal vault smears, use either a Cervex brush or an Ayres spatula. Use several sweeping motions across the vaginal vault suture line.³

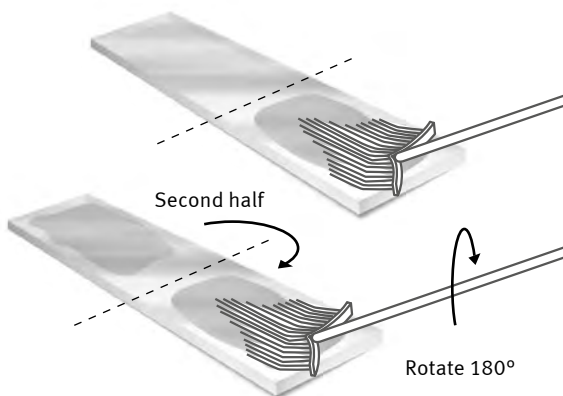
A small amount of mucus will not interfere with the interpretation of the slide but a large plug of mucus obscuring the external os should be removed gently with a cotton tip swab before collecting the smear.⁵

5.3.3 Pap smear slide preparation

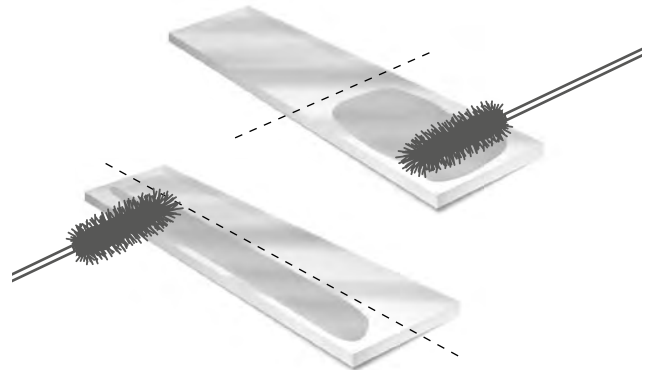
Transfer sample onto a hand labelled glass slide in the correct manner and fix specimen.

If two sampling instruments are used, both samples should be placed on one glass slide. Apply the collected specimens firmly with the aim to transfer as much as possible onto the slide, and in a quick even spreading motion to the glass slide in the following actions:⁶

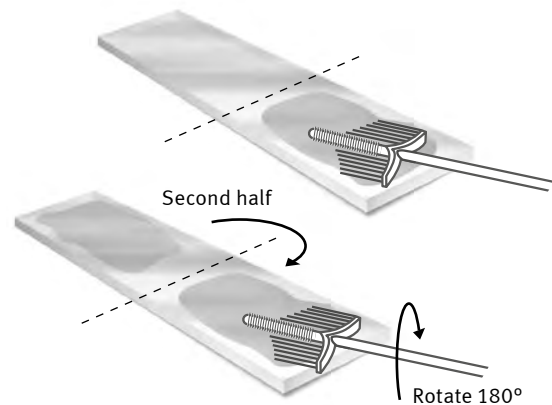
- ▶ **Cervex Brush:** sweep the brush in one direction on one end or one side of the labelled slide, turn the brush over and repeat the motion on the other end or other half of the same side of the labelled slide.³



- ▶ **Cytobrush:** should be rolled onto one end or one side of the labelled slide.⁹ If used in conjunction with the Ayres spatula, the specimen collected should be rolled onto the opposite end of the labelled slide.



- ▶ **Combi Brush:** as with the Cervex brush: sweep the brush in one direction on one end or one side of the labelled slide, turn the brush over and

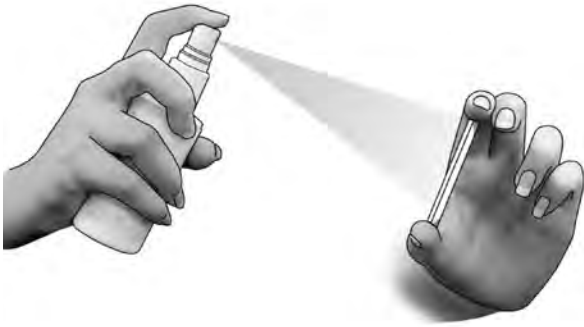


repeat the motion on the other end or other side of the labelled slide.³

- ▶ **Spatula:** should be wiped on one end or one side of the labelled slide.



Immediately after the final application of cells, fix the slide with cytospray, holding the spray approximately 15 – 25 cm from the slide.²² Depress the plunger two to three times to ensure the entire slide is covered.³ It is important to fix the slide before air drying occurs. Air drying of the cells can occur within 30 seconds from collection so ideally the slide should be fixed within this time frame.⁵ Air drying before fixation is likely to provide an unsatisfactory Pap smear result as it leads to degenerative changes with loss of cellular features on which cytodiagnosis is based and interferes with the staining properties of the cells.^{3,5}



5.4 Additional screening

Collect other swabs as indicated.

5.4.1 Sexually Transmissible Infections (STI) and other vaginal infections

Testing for STIs and other vaginal infections should be discussed and offered to women based on history and / or clinical findings.

If using Pathology Queensland to process STI pathology specimens, a separate pathology request form is to be completed for the STI specimens and the Pap smear / HPV DNA Test of Cure specimens as different pathology departments are involved in their processing.

For information about STI screening refer to:

- ▶ Queensland Sexual Health Clinical Management Guidelines at http://www.health.qld.gov.au/sexhealth/documents/cm_guidelines.asp
- ▶ Queensland Health Primary Clinical Care Manual http://www.health.qld.gov.au/pccm/pccm_updates.asp

5.4.2 Bimanual examination of the pelvis

- ▶ Bimanual examination should not be considered an automatic and an inevitable part of every gynaecological consultation.²⁷
- ▶ Vaginal speculum examination and bimanual palpation of the female internal genitalia are among the most intimate and potentially embarrassing examinations carried out in clinical practice.²⁷
- ▶ Bimanual examination is not an integral part of the routine screening process for cervical screening.⁷ Studies have shown that when the value of the bimanual examination is assessed on the basis of its sensitivity and specificity it serves no value as a screening test for pelvic disease in asymptomatic women. There is a concern that a negative bimanual examination will engender a sense of wellbeing about the absence of pelvic pathology which is unwarranted and unjustified.⁷
- ▶ Most women will accept vaginal examination if the necessity for the procedure is explained and the examination is performed by a health care professional who is skilled, sympathetic and gentle.²⁷

For further information regarding indications and limitations of bimanual examination, please refer to **Appendix 8.6**.

5.4.3 After the Pap smear assessment and collection

When slowly removing the speculum, inspect the anterior and posterior vaginal walls for the presence of abnormalities such as inflammation, discharge or visible lesions in the vagina.³

Offer the woman a tissue to wipe her vulva if necessary and allow her to dress in private. Women should be advised of the possibility of light spotting after a Pap smear. Offer a sanitary pad if required.

Remove and dispose of used equipment and linen as per the local infection control policy for disposal of waste. The use of standard precautions prevents contamination by body fluids.

Remove and dispose of gloves. Turn off the light. Wash hands.

When the woman is dressed and seated, discuss the findings / observations with her.

If findings of clinical significance are noted during the Pap smear examination, referral / consultation with a Medical Practitioner is warranted. The woman should be advised of these findings and the need for referral to a medical officer for review (even if the Pap smear result is reported with no abnormal findings).

Referrals to medical officers are to be made in the following circumstances:

- ▶ an abnormality is noted from a women's history
- ▶ an abnormality is noted on examination
- ▶ a Pap smear result shows an abnormality recommending medical follow up.

5.5 Referral Systems

The Pap Smear Provider (PSP) must have a broad knowledge of health care agencies and community resources available to women for follow up care and treatment. Referral networks need to be broader than the agencies and resources available within the immediate locality to provide women with a range of options for follow up and treatment.

The PSP should provide the woman with information about her choices for follow up. To assist the woman in making an informed decision about her follow up care, the meaning of her Pap smear result or clinical examination result should be explained clearly to her. The PSP then needs to make an appropriate referral based on the woman's choice, and clearly document the management plan.

When an abnormality has been detected – either on clinical examination or Pap smear result, a letter of referral is sent to the client's nominated GP (or other medical provider) along with a copy of her Pap smear result. A request for confirmation that the referral and Pap smear result has been received by the medical practitioner should be included in the letter. The client should also be given a copy of the referral letter sent to her nominated GP.²⁶

If no feedback is received from the PSP's referral letter, the PSP is required to follow up with a phone call to the client to check if she has attended the GP for follow-up. If the client advises that she has not, a follow-up letter is sent to the client. A telephone call is also made to the GP. If still no follow up is attended, the client is then sent a reminder letter when her next Pap smear is due.²⁶ All steps taken to encourage the client to attend for follow up should

be clearly documented in the client record.

For medico-legal reasons, the PSP must keep documented evidence of all correspondence relating to the follow-up of abnormal results.²⁶

5.5.1 Results

At the completion of the examination, discuss with the woman the most appropriate means of receiving her result, whether it be a negative or an abnormal result. Advise the woman that she should receive the results of her Pap smear within two to four weeks at the latest. Advise the woman that if she has not received the results of her Pap smear from you within four weeks that she should contact you to obtain the results. It is never acceptable to say "If you don't hear anything, assume that your Pap smear is OK".⁵

It is wise for the practitioner not to take sole responsibility for result notification.

The woman should share responsibility for collection of her results, such as agreeing to receiving a mailed summary of her results or to phone after an agreed time interval from the examination to receive her results. If the woman does not wish to receive notification by post, it should be documented in her chart that she does not want to receive mail and has agreed to phone the clinic for her results within an agreed time frame.⁵

5.5.2 Pap Smear Register (PSR)

If a client opts off the Pap Smear Register (PSR), place a 'NOT FOR PSR' sticker on her pathology form. If no stickers are available, clearly note this in red pen on the pathology form and document this in her clinical notes.

5.5.3 Documentation

Document the findings and the negotiated method for result collection in the woman's notes as soon as possible after the assessment for accuracy.

If follow up with a Medical Officer is required, for example if the woman reports abnormal bleeding patterns, initiate a recall system for client review.

A record of all Pap smears collected should be recorded in a specimen dispatch register to ensure all results are received and for quality assurance purposes.

5.5.4 Pathology forms:

Ensure all details are recorded on the pathology request form including:

- ▶ client contact details
- ▶ name / date of birth
- ▶ history – PCB/IMB/PMB
- ▶ past cervical screening history or abnormality
- ▶ site – cervix / vaginal vault
- ▶ abnormalities seen / contact bleeding etc
- ▶ medications such as hormone therapy / contraception etc
- ▶ LNMP
- ▶ current pregnancy
- ▶ hysterectomy.

5.5.5 Packaging of specimens

Ensure glass slides have been hand labelled with a lead pencil.

Place glass slides into a clear plastic cover or cardboard mailer.

Package slide and pathology request form in sealed pathology bags.

If Pap smears are to be processed by Pathology Queensland, slides may be sent via Australia Post or a courier directly to Pathology Queensland Central at the Royal Brisbane and Womens' Hospital (RBWH) in bundles. It is advisable to pack in bubble wrap or use a padded bag to prevent breakage, especially if single slides are sent.

Pathology Queensland address:

Cytology
Pathology Queensland Central
Royal Brisbane and Womens' Hospital
Herston QLD 4029

Pap smear slides are usually forwarded to the RBWH Pathology Queensland Central via other Pathology Queensland laboratories throughout the state.

For private pathology laboratories, please refer to their policy for the packaging and transport of Pap smear specimens.

5.5.6 Abnormal results

Where possible, abnormal Pap smear results should be discussed with the woman in person. This enables an explanation of the meaning of the results to be given to the woman, allows for discussion of the referral options for further investigations and can allay the woman's anxieties. The woman should also be given written information explaining the abnormality to help clarify the meaning of the result.

Abnormal Pap smear result booklets are available from the National Cervical Screening Program, and include a summary of Pap smear results and their recommended management. These can be ordered from the following website:

www.cancerscreening.gov.au

The Queensland Cervical Screening Program has developed a brochure summarizing the above booklet that is "post friendly" and available from www.health.qld.gov.au/cervicalscreening

5.6 Recalls/Reminder System

All women should be informed when their next Pap smear is due when they are informed of their Pap smear result. It is also important to stress that the Pap smear is a screening tool and as a result is not 100% accurate. Therefore women should be informed to see a medical practitioner if they develop symptoms such as unusual vaginal bleeding (PCB/IMB/PMB) before their next Pap smear is due.

Women should be asked if they would like to be on a local clinic reminder service which ideally should be established in all clinics where cervical screening is offered. These reminder systems operate by reminding women when they are next due for cervical screening. These local systems are separate to the Queensland Health Pap Smear Register which is a back-up system to notify women when they are overdue for screening.

5.7 Queensland Health Pap Smear Register

The Queensland Health Pap Smear Register (PSR) is an integral part of the Queensland Cervical Screening Program. The Register commenced operations on 8 February 1999 and is a confidential opt-off central database of Pap smears and related follow-up tests (including HPV DNA results) for women in Queensland.

The overriding legislation that prescribes the purpose and function of the PSR is provided in the *Public Health Act 2005* and associated Regulation (*Public Health Regulation 2005*). This can be found at <http://www.health.qld.gov.au/publichealthact/default.asp>

The Queensland Health PSR will:

- ▶ send a welcome letter to women upon receipt of their first result (Pap smear, histology, HPV DNA test)
- ▶ send women a reminder letter if they are overdue for their Pap smear
- ▶ provide a safety net to ensure the appropriate follow-up of women if they have an abnormal Pap smear
- ▶ maintain a history of women's results to assist in the assessment of Pap smears thus providing a better understanding of screening participation, cervical abnormalities, their prevention and effective treatment.

Pap Smear Provider Responsibilities

It is the Pap Smear Provider's responsibility under the Public Health Act 2005 to inform each woman having a Pap smear, histology or HPV DNA test about the PSR. This includes:

- ▶ the existence and purpose of the Register
- ▶ the identifying and clinical information about the woman that may be recorded in the Register
- ▶ that the woman may elect to 'opt off' from having her identifying and clinical information automatically included in the Register.

Unless a woman indicates to the Provider she wishes to 'opt off' the PSR, the Provider will forward the pathology request form to the laboratory for processing as usual.

If a woman indicates to the Provider she chooses to 'opt off' the PSR, the Provider will attach a "Not for Pap Smear Register" sticker on the pathology request form. These stickers are available from the QCSP website: www.health.qld.gov.au/cervicalscreening. If the provider does not have "Not for PSR" stickers, these words must be written clearly on the Pathology request form.

The Provider is also encouraged to complete the Exclusion from the Pap Smear Register form as a

record of the woman's decision. The tear off portion should be kept on the woman's file. Alternatively the Provider can make a notation on the woman's file so that the request is noted for all subsequent tests.

It is important to note that if a request form has an 'opt off' sticker or notification on it, the PSR will not be sent any information about the woman. For this reason, women need to be asked by the Provider each time they have a Pap smear or related test about 'opt off', especially if they have done so previously, or their results will automatically be sent to the PSR and the woman will be sent a 'Welcome letter'.

If a woman has previously opted off the PSR, the Provider must ask the woman whether she wants to reconsider her decision each time she has a Pap smear or related test. If the woman does reconsider and now wants to be included in the Register, the Provider must:

- ▶ make a note of this decision, either on the existing exclusion form or on the woman's file
- ▶ forward the pathology request form to the laboratory for processing as usual without the "Not for Pap Smear Register" sticker.

Pathology laboratories are required to provide Pap smear, histology or HPV DNA test results to the Register, unless there is a notation on the pathology request that the woman has opted off the Register.

The results must be the final results that have been quality assured. If the pathology request has a notation that the woman has opted off the Register or a "Not for Pap Smear Register" sticker is attached to the request, it is the laboratory's responsibility to ensure that the woman's details are not forwarded to the PSR.

Welcome letter

When the woman's first result (Pap smear, histology or HPV DNA test result) is received in the Register a welcome letter is generated.

Welcome letters are a legislative obligation and provide a back-up to Pap smear providers in informing women about the Register and ensuring women are fully aware their details are recorded on this database, the benefits of the PSR and of their right to 'opt-off'.

Release of information

Nurse and Aboriginal and Torres Strait Islander health worker Pap Smear Providers (PSPs) may contact the PSR to obtain information about a woman's registered screening history after registering as an authorised PSP with the PSR and being issued a password. Further information about becoming an authorised PSP can be found in Section Seven.

PSPs are designated as health practitioners under the *Public Health Act 2005*. Section 272 of the *Public Health Act 2005* outlines access to the Register by health practitioners. This outlines that screening history information may be provided to the health practitioner as long as the PSR can be satisfied that:

- a) the woman is a patient of the health practitioner
- b) the registered screening history may help the health practitioner make:
 - ▶ a clinical diagnosis about the woman
 - ▶ decisions about clinical management for the woman
 - ▶ decisions about the timing for performing a procedure for obtaining another Pap smear from the woman.

It does **not**, however, authorise disclosure of:

- ▶ the woman's address
- ▶ information identifying another health practitioner or a pathology laboratory without their written consent.

Release of information to Pap Smear Providers

Screening histories can be obtained by contacting the PSR by telephone, fax or mail.

When requesting information the PSP must state their name, state identifier number and PSR password and the woman's details.

PSR reminder and follow up system

A primary function of the PSR is to send a notice to a woman when she is overdue for her next Pap smear. The PSR acts as a back-up reminder service to the health practitioner or pathology laboratory reminder systems. For this reason, PSR reminders are sent three months after the Pap smear is due, if no result has been received.

As the PSR operates as a safety net for the follow-up of abnormal Pap smears, the PSR will send letters to women with an abnormal Pap smear result (and their health practitioner) three months after the National Health and Medical Research Council Guidelines for Asymptomatic Women with Screen Detected Abnormalities (NHMRC 2005) recommendation for the abnormal result.

The PSR sends a letter to women when they turn 70 years of age and have had two negative Pap smears recorded in the previous five years to advise that they will no longer be receiving reminder letters from the PSR. This is in accordance with the National Cervical Screening Policy that Pap smears may cease at the age of 70 years for women who have had two normal Pap smears within the last five years. Women aged 70 years and over who do not meet these criteria will continue to receive reminder letters from the PSR.

Further information can be found at: http://www.health.qld.gov.au/cervicalscreening/health_professionals/default.asp

PSR contact details:

Phone 1800 777 790

Fax 07 3328 9433

Email: papsmearregister@health.qld.gov.au

5.8 Pathology Queensland. The Queensland Cytology Service (QCS)

Pathology Queensland-Central, Royal Brisbane and Women's Hospital, reports Pap smear results in accordance with the National Pathology Accreditation Advisory Council (NPAAC) *Requirements for Gynaecological (Cervical) Cytology* (2006). As far as the history provided allows, the QCS places recommendations on Pap smear reports in accordance with the NHMRC Guidelines for the Management of Asymptomatic Women with Screen Detected Abnormalities (2005).

These recommendations are included in full because public sector Pap Smear Providers such as RNs and health workers send the Pap smears that they have collected to the QCS. In order to counsel and refer women with abnormalities appropriately, the Pap Smear Provider needs to be aware of the terminology used and the management recommended by the NHMRC. A woman's Pap smear history is very important in determining follow-up recommendations.

5.9 Pap smears and new technologies

New technologies have been developed to partially automate cervical screening with the aim of increasing the sensitivity of cytology. These include liquid-based cytology, automated screening devices and HPV DNA testing.

Currently, the cost of screening using these new technologies is high and the degree of improvement they give is not enough to justify public funding for use in the Australian setting.^{13,29} At present, the relative improvement in sensitivity conferred by the new technologies is not sufficient to mandate their universal introduction. Until cost effectiveness of these new technologies on a population basis can be demonstrated, their increased uptake cannot be justified from a public health perspective.^{13,29}

5.9.1 Liquid based cytology

Liquid-based cytology (LBC) involves collection of cervical cells in a similar way as for conventional Pap smears, but the head of the brush, broom or spatula is rinsed or placed into a vial of liquid preservation to produce a cell suspension. The cell sample may be treated to remove other material such as blood and mucus so that a thin layer of cervical cells can be placed on a slide for microscopic examination.

Automated cytology refers to the use of a computer imager to scan slides prepared using LBC or conventional techniques. Two systems of automated LBC slide readings are marketed in Australia, the ThinPrep® Imager (Cytec Pty Ltd) and the FocalPoint Imaging System (Becton Dickinson Pty Ltd). These systems are used to direct cytologists to the areas on the slide most likely to contain abnormal cells.

ThinPrep® is the LBC system offered in the public sector. LBC is offered free of charge to the woman through Pathology Queensland if the criteria for an adjunctive test is met. However the Health Service District is billed when LBC is used. Please refer to the Queensland Health Guidelines for the use of Liquid-based Cytology on the QCSP website: www.health.qld.gov.au/cervicalscreening.

In the Private Sector, LBC has an additional charge to the woman in excess of \$40. This is not publicly funded and therefore is not eligible for a Medicare rebate.¹⁶

5.9.2 Automated Screening Technology

The Thin Prep® Imaging System

The ThinPrep® Imaging System is an automated imaging and review system for use with ThinPrep® thin-layer slides. It combines imaging technology to identify microscopic fields of diagnostic interest with automated stage movement of a microscope in order to locate these fields. In routine use, the ThinPrep® Imaging system selects 22 fields of view for a Cytotechnologist to review. Following review of these fields, the Cytotechnologist will either complete the diagnosis if no abnormalities are identified or review the entire slide if any abnormalities are identified.¹⁷

FocalPoint™ Slide Profiler

The Focal Point™ Imaging System is an automated imaging and review system for use with SurePath™ thin-layer slides. The imaging system selects 11 fields of view for the cytotechnologist to analyse and determine whether the slide can be signed out or needs further review by another cytotechnologist and/or pathologist. The system can also be used for prioritising Pap smear slides based on the likelihood of abnormality to help cytotechnologists reduce the incidence of false negatives, by directing attention to slides most likely to contain abnormality.

5.9.3 HPV Developments

HPV DNA 'Test of Cure'

The hybrid capture II (HC-II) human papillomavirus (HPV) deoxyribonuclease (DNA) test is a nucleic acid hybridisation assay used to detect subtypes that are associated with cervical cancer. It is undertaken using cervical cells collected as for a conventional Pap smear.

The test is commercially available as a standardised testing kit which includes a cervical brush for collecting cell samples, a vial with a specimen transport medium and the solution hybridization assay. Cell samples can also be collected using LBC protocols.

HPV DNA testing is recommended under the NHMRC Guidelines for women who have had treatment for a high grade squamous abnormality (HSIL) in order to identify those women who are at risk of further high-grade disease.¹

HPV DNA Test of Cure is only covered by Medicare for women with a biopsy-proven HSIL following treatment. For these women it is recommended that HPV DNA testing should be performed in addition to a Pap smear 12 months after treatment and then again annually with a conventional Pap smear until both tests appear normal on two consecutive occasions.¹⁶

For further information regarding the Queensland Health Protocol for HPV DNA 'Test of Cure', please refer to the QCSP website: www.health.qld.gov.au.

HPV vaccines

Vaccination against high-risk HPV types implicated in the development of HSIL and cervical cancer offers a broad population benefit. Results from large scale, multi-national clinical trials have confirmed the extremely high efficacy of prophylactic HPV vaccines.^{18,19}

Two vaccines have been developed to prevent transmission of HPV strains 6,11,16,18.

GARDASIL® (CSL), a quadrivalent vaccine and Cervarix® (GSK), a bivalent vaccine have been shown to prevent infection from two most common cancer causing types of HPV, strain 16 & 18. GARDASIL® also offers protection against two other HPV types, 6 & 11. These are responsible for genital warts.^{20,21}

The HPV vaccine is recommended for girls before they become sexually active and protects against specific strains of HPV that cause around 70% of cervical cancers. The vaccine does not protect against all types of cancer-causing HPV.¹⁶ The vaccine should be considered by all girls and women in the target group even if sexual activity has not commenced. Girls aged between 12 and 26 years who have had sexual contact with one or two partners have a higher risk of exposure to HPV.²¹

The GARDASIL® vaccine is licensed for females aged nine to 45 for the prevention of cervical, vulval and vaginal cancer, precancerous or dysplastic lesions, genital warts and infection caused by HPV types 6, 11, 16 and 18.²⁵ GARDASIL® is also licensed for males aged nine – 26 years for the prevention of external genital lesions and infection caused by HPV types 6, 11, 16, and 18.²⁵

GARDASIL® is given as a series of three injections into the deltoid muscle over six months as follows:

- ▶ first dose – at a chosen date
- ▶ second dose – two months after the first dose
- ▶ third dose – six months after the first dose.^{20,21,25}

Cervarix® is indicated in females from 10 to 45 years of age for protection against HPV types 16 and 18 only.²³ The primary vaccination course consists of three doses. The recommended vaccination schedule is:

- ▶ first dose – at chosen date
- ▶ second dose – one month after the first dose
- ▶ third dose – six months after the first dose.

If flexibility in the vaccination schedule is necessary, the second dose of Cervarix® can be administered between one month and two and a half months after the first dose.²³ The necessity for a booster dose has yet to be established.²³

Despite the HPV vaccine being an important preventative intervention, it should not be seen as a replacement for Pap smears, given over 20 types of HPV have been linked with cervical cancer and the vaccine only offers protection against types 16 and 18. Being vaccinated only lowers the chances of becoming infected with the high risk HPV types contained in the vaccine. Women who have ever had sex irrespective of their HPV vaccination status are recommended to have two-yearly Pap smears so that any changes to the cells of the cervix can be detected and if necessary, treated in accordance with the NHMRC Guidelines for Asymptomatic Women with Screen Detected Abnormalities.^{16,21,22}

Reported side effects of the HPV vaccine include mild to moderate pain, redness and swelling at the injection site.^{21,22}

For further information on the Australian HPV Vaccination Program:

<http://www.health.gov.au/internet/immunise/publishing.nsf/Content/immunise-hpv>

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“It is important to understand what ‘negligence’ means in the legal setting.”

Section 6

Medico-Legal Considerations

This section of the manual covers medico-legal issues applicable to all Pap Smear Providers in both the public and private health care sectors. Topics covered include:

- ▶ Common medicolegal allegations arising against Pap Smear Providers
- ▶ Negligence/duty of care
- ▶ Joint/several liability
- ▶ Vicarious liability
- ▶ Non-delegable duty of care
- ▶ Contributory negligence
- ▶ Professional indemnity
- ▶ Consent
- ▶ Follow-up of abnormal results
- ▶ Cervical screening medico-legal cases of importance
- ▶ Privacy
- ▶ Confidentiality
- ▶ Mandatory reporting – treatment and management of abuse and neglect of children and young people (0-18 years).

6.1 Common medico-legal allegations arising against Pap Smear Providers.¹

Common medico-legal allegations arising from cervical screening

Claims made against practitioners (or other clinicians)

- ▶ failure to offer cervical screening
- ▶ failure to adequately investigate abnormal vaginal bleeding (especially post coital)
- ▶ failure to inform the woman of an abnormal result
- ▶ failure to arrange adequate specialist referral for women with abnormal cytological results or a clinically suspicious cervix.

Claims made against cytology laboratories

- ▶ failure to detect, correctly grade or report the presence of abnormal cells on the Pap smear
- ▶ failure to report a poor quality smear as unsatisfactory.

A Pap smear provider (PSP) may be sued for negligence in providing a Pap smear (eg. by making a misdiagnosis or providing a patient with negligent advice). Therefore it is important to understand what ‘negligence’ means in the legal setting.

6.2 Negligence

Liability in negligence is governed by the common law as modified by the *Civil Liability Act 2003* (CLA). In order for a health care provider to be liable for negligence the following key elements must be proven, among other things:

- ▶ The health care provider owed the person who suffered harm/damage a duty of care
- ▶ The health care provider’s actions/inaction fell below the required standard of care
- ▶ A breach of duty by the health care provider resulting in loss or damage to the person (whether physical or financial)
- ▶ That the loss suffered was reasonably foreseeable¹⁰

A Pap Smear Provider owes a duty of care to a client based on there being a relationship between the Pap Smear Provider and the client.

6.3 Duty of care

Generally, in order for a duty of care to exist there must be a relationship of sufficient proximity between the parties so it is reasonably foreseeable that the acts of one may result in loss or damage to the other. As there is a health care provider-patient relationship between the PSP and the client, the PSP would owe a duty of care to the client.

Reasonable foreseeability of loss or damage, while necessary, is generally not enough to impose a duty of care on a person and other factors should be taken into account, including:

- ▶ the vulnerability of the client to suffering or damage
- ▶ the PSP’s knowledge of risk and its magnitude
- ▶ considerations of public policy
- ▶ the relationship between the parties¹⁰

The duty of care requires that the Pap Smear Provider meets the standard of care.

The standard of care

The standard of care will be that of a reasonable person in the circumstances of the PSP with the skills to hold himself/herself out as a person having the appropriate skills in being a medical officer, registered or enrolled nurse and Aboriginal and Torres Strait Islander health worker PSP (as relevant).¹⁰

If a Pap Smear Provider is trained with a special skill or competence (such as those covered in this policy), the standard required is higher than an untrained Pap Smear Provider. Even a newly trained Pap Smear Provider would be expected to meet the higher standard.

Breach of duty

A person will not breach a duty to take precautions against harm unless: the risk was foreseeable, the risk was not insignificant and in the circumstances a reasonable person in the PSP’s position would have taken the precautions.¹⁰

Under Section 9 of the CLA, a number of matters have to be taken into account to determine if there has been a breach, including:

- ▶ The probability that the harm would occur if care were not taken.
- ▶ The likely seriousness of the harm.
- ▶ The burden of taking precautions to avoid the risk of harm (i.e. the expense and inconvenience of taking precaution)
- ▶ The social utility of the activity that creates the risk of harm.¹⁰

Breach of this duty is central to negligence and involves not only that a consequence is foreseeable, but also that there is a ‘reasonable’ possibility of harm actually occurring.⁴

Based on the relationship between the Pap Smear Provider and client, it would be reasonable to say that the duty of care owed by the Pap Smear Provider would extend to a duty to advise on the test results and their implications, to advise a client to see their own doctor or specialist, or to make referrals where appropriate. If a Pap Smear Provider failed to meet these requirements and the client suffers harm, they could be liable for negligence.

The client should be advised in a manner and form that is appropriate for that client. It may not always

be that written notification is sufficient, and properly advising a client could involve providing the client with a copy of the cytology results, explaining the meaning and significance of the results or using an interpreter if the client's language is other than English. To ensure the client is properly informed, it would be advisable to ask the client how she would prefer to be advised of her results and document her preference.⁸

6.4 Joint/several liability

Joint and several liability is liability for damages imposed on two or more individuals or legal entities who are responsible together and individually, allowing the party harmed to seek full remedy against all or any number of the wrongdoers, regardless of their individual share of the liability.

When a PSP refers a client to a Medical Officer and they accept the client, he/she also owes a duty of care to that client to exercise the reasonable care of an ordinary skilled person, competent or qualified to provide Pap smears, to avoid foreseeable risk. The medical practitioner is responsible for their actions and involvement in attending and treating the client.

As the Pap Smear Provider and medical practitioner operate separately and perform separate procedures, they each have a separate duty to the client (as evidenced by the case of *O'Shea vs Sullivan and Anor*)⁶. If a client was referred to the medical practitioner from a Pap Smear Provider, the medical practitioner could not deny his/her duty to the client because the Pap Smear Provider had previously made an error, if a reasonably prudent medical practitioner would have discovered the error or considered it foreseeable. The medical practitioner's duty to the client would require that they take some action to rectify the error.

This does not mean that a medical practitioner could not rely on the actions of the PSP. If the Pap Smear Provider is properly trained and meets the professional standards, the medical practitioner could rely on the information and actions of the Pap Smear Provider. This situation would be different when the medical practitioner knew the Pap Smear Provider was untrained or the medical practitioner was supervising, or was aware of the Pap Smear Provider's inexperience.

Therefore, the medical practitioner does not assume

responsibility for the actions of the Pap Smear Provider unless they are working as a 'team' (and the medical practitioner has some supervisory responsibility for the Pap Smear Provider's actions for example in the case of a General Practitioner and Practice Nurse). Similarly, once the Pap Smear Provider has referred the client to a medical practitioner and her relationship with the client has ended, the Pap Smear Provider would not be liable for any negligence of the medical practitioner.⁵

6.5 Vicarious liability

The doctrine of vicarious liability refers to the attachment of responsibility to a person/organisation for the harm or damages that are caused by another person. If the harm is caused by an employee and is within the scope of employment of that person, the employer will be held vicariously liable.¹⁰

In order to determine whether an employer is vicariously liable to the injured person, it is necessary to establish two things:

1. The tort or wrong was committed by a person who was an employee, and
2. The tort or wrong was committed by the employee during the course of their employment.⁷

If a Queensland Health employed PSP, acting within the course of his/her employment, negligently causes harm to another, Queensland Health will be vicariously liable for the PSP's actions. Crown indemnity may be available to staff who are individually sued.¹⁰

This does not mean however, that employees cease to be liable for their own actions. The State may not be vicariously liable if the Pap Smear Provider's actions were outside the scope of their employment.⁵ For this reason, it is advisable however for non-medical staff providing cervical screening to have this clearly stated in their position description.

6.6 Non-delegable duty of care

Queensland Public Hospitals and other health facilities are owned and operated by the State of Queensland through Queensland Health. The State of Queensland also employs employees of the State public hospitals and other health facilities.

The State owes a duty of care to its clients for the services provided at public hospitals or health facilities. It cannot delegate this duty by arguing it is not responsible for a client's injury because a staff member actually carried out the negligent act. Liability arising out of a non-delegable duty of care is separated and distinct from the State's vicarious liability.⁵

6.7 Contributory negligence

Any liability of the PSP may be discounted by the client's own acts or omissions. For example if the client has presented for screening, it is expected that a reasonable person would be expected to follow-up to find out the results of his or her test. Similarly, on being advised that the results were abnormal, a reasonable person would be expected to present to the GP as advised (and in accordance with a referral) by the PSP. It would be negligent on the client's part not to.¹⁰

In determining the liability of the PSP for the loss or injury occurring to a client, the role of any referring or other health professional in providing care to the client is relevant.¹⁰

6.8 Professional indemnity

Practice Nurses:

When a doctor employs a Practice Nurse (GPN), two legal issues arise. Firstly the nurse has a potential direct liability for any patient they interact with, and secondly the employer has the vicarious liability for the nurse.⁸

Vicarious liability means the medical practitioner can be held responsible for the tort (breach of duty) of the nurse even though the medical practitioner may not have done anything wrong.⁸

While the GPN may hold their own professional indemnity cover, it does not protect the employer from vicarious liability unless the employee's contract specifies that the nurse will indemnify the medical practitioner in this situation.⁸

Direct liability remains where a medical practitioner has failed to properly supervise, train, provide appropriate equipment and so forth to the GPN.⁸

If a medical practitioner is going to employ and utilise a GPN for cervical screening services, it is

highly advisable to:

- ▶ pay their insurance if they are not covered under existing practice policies
- ▶ establish a policy document covering what they can and can't do (their scope of practice)
- ▶ ensure that vicarious liability is included in the practitioner's primary indemnity policy or obtain a supplementary policy.⁸

Taking responsibility for a GPN's insurance reinforces the employee relationship, acknowledging the importance of the GPN.⁸

Queensland Health Employees:

Although indemnity is assigned on a case by case basis, the state takes full responsibility for defence and damages if cervical screening is an assigned duty of the nurse or health care worker, and if the following four criteria are met:

- ▶ at the time the Pap Smear Provider was a State employee (or other person performing a duty or function for, or on behalf of the State)
- ▶ the Pap Smear Provider was performing duties which were related to or connected with their employment
- ▶ the Pap Smear Provider was acting diligently and conscientiously in the performance of those duties (even though they might have acted negligently).
- ▶ the Pap Smear Provider is authorised and maintains competency as a PSP as mandated in the Queensland Health Policy, Protocol and Procedure Manual for Non-medical Pap Smear Providers.

It is suggested that the following steps would provide a means to ensure that Pap Smear Providers meet the tests required for indemnity to be granted. The Pap Smear Provider should:

- ▶ undertake accredited Pap smear provider training and ongoing education to develop and maintain competence as a Pap Smear Provider
- ▶ use up to date technology
- ▶ provide Pap smears in accordance with relevant policies and procedures
- ▶ ensure adequate follow up procedures are documented ensuring referral mechanisms with medical practitioners in the region have been established

- ▶ participate in quality assurance activities
- ▶ ensure that the position description clearly states the Pap Smear Provider's assigned duties.⁵

6.9 Consent

As with any procedure, Pap Smear Providers must obtain informed consent from the woman before the procedure is commenced and throughout the procedure.

O'Sullivan² cites Sagall and Reed as saying there are five components to consent. These are:

1. the client must understand the nature of their condition
2. they must understand the nature of the proposed treatment or procedure
3. they must be aware of possible alternative courses of action
4. they must be acquainted with the risks of both the proposed and alternate courses of action
5. they must be informed of the chances of success or failure of the proposed and alternative procedures.

Therefore when women are asked to consent to a Pap smear, the above principles should be adhered to.

It is important that women know that the Pap smear is a screening test and not diagnostic, and that there is the possibility of a false negative and a false positive result.

Special communication strategies may be necessary to ensure that women with special needs (i.e. women from culturally and linguistically diverse backgrounds, or women with intellectual disabilities) fully understand the procedure and are capable of giving informed consent.⁵

6.10 Follow-up of abnormal results

Health care providers (including PSPs) have a duty of care in diagnosing, treating and advising clients about the risk and consequences of treatment. There are a number of cases which clearly establish the health care providers duty of care in this instance:-

Appropriate Follow-up of Clients (Kite v Malaycha, 1998): This can apply in a number of situations such as, providers having a duty of care to ensure that

cervical screening results are obtained and that the results are properly communicated to their clients. Health care providers have a duty of care to follow up with their clients by arranging for them to attend the appropriate health care provider where there is an abnormal screening result.¹⁰

Where a PSP has a duty of care to follow up testing/ procedures or results, reasonable measures would include writing once to the GP and the client, and in the event that this is unsuccessful, taking the additional step of attempting to contact the client by phone during and outside work hours.¹⁰

If the PSP has been advised that there has been no attendance by the client at the GP, further follow up letters would be written to the client and the GP. Copies of the letters, along with a record of any telephone contact, should be kept on the client's file.¹⁰ The letters should include informing the client that they have a responsibility to attend at the GP for follow up treatment and care.¹⁰

Appropriate ongoing treatment following initial consultation (Sturch v Willmott, 1977): In the case of PSPs, this would include referring the client to a GP. It is to be noted that other health providers of the client such as the GP, would still have responsibility to that client. For example, while the GP may not have referred the client to a Queensland Health employed PSP to have a Pap smear, they are advised of the results. As the primary care giver of the woman, GPs have a responsibility to advise/remind her regarding recommended regular screening such as Pap smears. The GP would have a duty to the woman to advise and treat her in relation to an abnormal Pap smear result, about which they have been notified, regardless of the fact the GP did not actually arrange for the Pap smear to be done.¹⁰

6.11 Cases of importance

O'Shea v Sullivan (1994): The Australian Torts Report is one notable case of a client with undiagnosed cervical cancer who was symptomatic with both intermenstrual (IMB) and postcoital bleeding (PCB). At 24 years of age the client presented to her GP complaining of irregular IMB. Examination of the client's cervix revealed an area of ectopic columnar epithelium. The GP's diagnosis was that her IMB was a result of break through bleeding (BTB) due to an insufficient dose of the oral contraceptive pill (OCP). A higher dose of OCP was prescribed.⁶

The client had seen a Gynaecologist and had had an apparently normal Pap smear result. Another Pap smear was collected and the result showed *Candida* with mild squamous atypical cells possibly due to inflammation. This report was incorrect. This report should have stated that there were microinvasive cancer cells present, which would have led to urgent investigation and treatment.⁶

A second opinion was sought about the client's PCB and she was referred to a Gynaecologist. Examination revealed an eroded friable cervix that bled on contact. A cervical biopsy was taken and revealed a malignancy had replaced the whole of her posterior cervix. A radical hysterectomy and radical pelvic lymphadenectomy was performed. Later, surgery was performed to remove a pelvic mass that was a recurrence of the original malignancy. Pelvic radiotherapy and chemotherapy followed.⁶

Both defendants – the pathology laboratory and the GP were found to be negligent. An accurate report would have led to urgent investigation and treatment. It was found the GP had not embarked upon an analysis and assessment appropriate to that of an ordinary GP of ordinary competence exercising reasonable care and skill. Where cancer is a possibility, for example in this case persistent abnormal bleeding a GP should be observant for signs and symptoms indicating cancer and positively exclude a diagnosis of cancer. Where there are signs and symptoms indicative of cancer, a GP should refer the patient to a Gynaecologist for investigation. An expert witness in the case had referred to the 'golden rule' that abnormal bleeding should be regarded as being due to cancer until proven otherwise.⁶

In failing to refer the client to a Gynaecologist following reports of PCB, the GP had not acted as a prudent GP would. The Pap smear report indicating inflammation, together with the client's other symptoms, could have indicated the possibility of cancer.⁶

Ison v Northern Rivers Area Health Service (1995):

This case outlines neglect of duty of care which potentially could be life threatening to female clients. This neglect led to Nurse Ison's termination of employment. Nurse Ison was employed in the position of Clinical Nurse Consultant in women's health with the Northern Rivers Area Health Service. The position required an advanced level of nursing practice involving a senior level of knowledge,

initiative, responsibility and accountability. A position described as a sole practitioner, one who works unaided, without the assistance of another medical officer alongside. Her primary role was cervical screening. This involved the responsibility of maintaining medical records in relation to cervical screening including a register of Pap smear results.⁹

Nurse Ison failed to notify clients of Pap smear results where notification should have been made, and poor documentation of client medical records were kept. Nurse Ison's defence to the nature of the complaints made against her was that she found herself operating in circumstances where she needed additional assistance to help her do her job and that she was doing the best she could in all circumstances.⁹

Between 1987 – 1994, Nurse Ison advised her clients in regards to their results "If you don't hear from me regarding your Pap smear result, everything is okay. If I need to contact you about your Pap smear for re-assessing it to be unsatisfactory, I will do so by telephone or letter. The results will take three or four weeks to return to me".⁹

From 1994 onwards, as a result of some procedural changes concerning both the categorisation of Pap smear results and steps to be taken as to the notification of those results, Nurse Ison advised her clients in words to the effects of "I will contact you by letter if your Pap smear is fine. If not I will contact you by phone". Regardless of intent, Nurse Ison did not observe that procedural standard and also failed to properly maintain her clinical records.⁹

The initial complaint against Nurse Ison involved a client who presented to her clinic in 1994, with a letter from her specialist Gynaecologist outlining her previous history. The letter stated she had been treated in 1993 for a CIN lesion of the cervix using radical diathermy and advising that any recurrence of abnormal smears would need to be investigated by colposcopy. Nurse Ison performed a Pap smear and informed the client that she would be notified 'either way' of her Pap smear result. The client heard nothing despite making both verbal and telephone inquiries to Nurse Ison in 1994 and 1995. The client presented to Nurse Ison's clinic again in 1995 for a further Pap smear consultation and when she inquired as to her last Pap smear result she was told by Nurse Ison that 'it was fine'. The client was told the same procedure for receiving results would

apply – that is, if there was a problem, Nurse Ison would contact her personally and that otherwise notification would be by letter.⁹

The client heard nothing until she was contacted by another nurse in 1996 advising her that her Pap smear result had come back showing inflammation and suggesting that she see a Gynaecologist. Further inquiries revealed that there had been a problem with the result of her 1994 smear.⁹

When the extent and scale of Nurse Ison’s failure to record and properly advise clients of Pap smear results became evident, and when proper investigations had been undertaken by her employer, her services were ultimately terminated.⁹

6.12 Privacy

Access to quality health care is an important priority for all Australians. It is also important that individuals’ privacy is respected during the provision of health care and treatment services. Being reassured about privacy gives consumers the confidence to access the health services they need.

Open communication between health service providers and health consumers regarding the handling of health information is central to properly addressing privacy issues.

From a health care perspective, ‘personal information’ is considered to be any information recorded about a person, where their identity is known or could be reasonably worked out. This includes a person’s name, address, Medicare number and any health information (including opinion) about the person.

Sometimes, details about a person’s medical history or other contextual information can identify them, even if no name is attached to the record. This is still considered ‘personal information’. ‘Health information’ includes information about a person’s health, disability, use of health services, or other personal information collected from someone when delivering a health service.

‘Personal information’ does not include de-identified statistical data, where individuals cannot be reasonably re-identified.

Public Sector: Privacy Act 1988

Privacy first became an issue of major national significance in the debate surrounding the proposed introduction of the Australia Card in the late 1980s. The main concern at the time focussed on the need to regulate the activities of Government. Consequently the Commonwealth *Privacy Act 1988*, was enacted to cover the activities of the Commonwealth public sector. It sets down detailed Information Privacy Principles (IPPs) regulating the handling of personal information by Australian Government agencies.

There are 11 IPPs; these cover methods used to collect personal information, storage and security of personal information, notice of existence of record systems, access of individuals to their own records, accuracy and completeness of personal information and use of personal information and disclosure to third parties.

Further information regarding *The Privacy Act 1988* can be found at: www.privacy.gov.au

Private Sector: The Privacy Amendment (Private Sector) Act 2000

The Privacy Amendment (Private Sector) Act 2000 amends the Commonwealth *Privacy Act 1988* (the Privacy Act) to establish minimum privacy standards for the Australian private sector, including for all private sector organisations that both provide health services and hold health information.

The Privacy Act creates a single, nationally consistent framework for protecting privacy. It complements existing codes of practice and ethics in the health sector. There are ten National Privacy Principles (NPPs) that form the core of the private sector provisions of the Privacy Act. These principles set the minimum standards for privacy that organisations meet.

The principles cover the whole information handling lifecycle – from the collection of health information, to its storage and maintenance, as well as its use and disclosure.

Further information regarding *The Privacy Amendment (Private Sector) Act 2000* can be found at: www.privacy.gov.au

6.13 Confidentiality

Everyone who accesses health services has a right to expect that information held about them will remain private. If the trust of members of the community about the confidentiality of records held by these services is eroded they will be unlikely to participate openly and willingly in preventive health care. If they are not open and honest with the various health professionals who care for them this may adversely affect the ability of these professionals to correctly diagnose and care for the individuals themselves, and will negatively impact on the continued integrity of the health system.

Queensland Health Employees:

The *Health Services Act 1991* requires Queensland Health staff to maintain client confidentiality. The Confidentiality Guidelines explain the duty of confidentiality and the circumstances when confidential information may be disclosed. Amendments to the Confidentiality Guidelines commenced operation on April 29 2005. The legislation amended former section 63(1) duty of confidentiality and inserted a new Part 7 and 7A, establishing new exceptions to the duty of confidentiality.

The duty of confidentiality set out in Part 7 of the *Health Services Act 1991* applies to information that identifies someone who has received or is receiving public sector health services 'confidential information'. In addition to this duty there are laws that contain confidentiality requirements, or requirements relating to the disclosure of certain types of other health information that Queensland Health collects. For example, information provided to registers such as the Pap Smear Register and the Queensland Cancer Registry.

Queensland Health employees have a responsibility to avoid unnecessary access and disclosure of confidential information by ensuring:

- ▶ sensitive documents are stored out of sight in a locked area
- ▶ discussions of personal information about employees or clients do not occur
- ▶ names and other personal details of people are not revealed in conferences, workshops or seminars without their consent

- ▶ information concerning any person is not accessed other than in the direct course of employment
- ▶ any information concerning clients is treated with the strictest confidence.

There are only two circumstances in which employees may access confidential client information from sources such as HBCIS, AUSLAB or medical records:

- ▶ in the direct provision of care
- ▶ with express consent from the client (recorded in their medical record).

For further information, the Queensland Health Confidentiality Guidelines are available on QHEPS at: <http://qheps.health.qld.gov.au/ibm/css/legal/confidentiality.htm>

Further information on privacy and confidentiality can be found on QHEPS: http://qheps.health.qld.gov.au/uc/sepov_privacy.htm

6.14 Mandatory reporting – treatment and management of abuse and neglect of children and young people (0 - 18 years).

Queensland registered nurses are now legally required to alert child safety authorities to any suspicions of child abuse or neglect. The relevant reporting authorities include State Government and Queensland Police.

The Queensland Health Policy Statement and Guidelines on the Management of Abuse and Neglect of Children and Young People (0 – 18 years) outlines Queensland Health's formal obligations in relation to the identification, assessment, early intervention, notification, treatment and management of abuse and neglect of children and young people.

The guidelines provide a framework for practice and are the basis for the development of minimum standards at the local level, as well as training and support for Queensland Health staff who provide care or services in areas such as women's health services, antenatal and postnatal services, Aboriginal and Torres Strait Islander health services and community health services.

For further information, please access: <http://qheps.health.qld.gov.au/csu/reporting.htm> Or www.childsafety.qld.gov.au

References

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5. QCSP (2000). *Policy, Protocols, and Procedures for Registered Nurses as Pap Smear Providers*. Queensland Cervical Screening Program, Queensland Health.
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7. MacFarlane, P.J.M. & Reid, S.J. (2006). *Queensland Health Law Handbook. 16th Edition*. Queensland Department of Health, Brisbane.
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“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.”

Section 7

Quality Assurance

7.1 Evaluation and Quality Assurance

Quality assurance is a process of monitoring, assessing and implementing improvements in practice. This process provides some assurance to consumers that services are constantly under review and strategies are implemented to improve performance and outcomes. The quality assurance process should be viewed as a learning process conducted in a fair and equitable environment and is not a performance management tool.

The Australian Council on Healthcare Standards defines quality assurance thus:

*“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”.*¹

7.2 Authorisation with the Queensland Health Pap Smear Register

The History of the Queensland Health Pap Smear Register and the Authorisation Process

The Queensland Health Pap Smear Register was established in February 1999 under the *Health and Other Legislation Amendment Act 1998*. The Pap Smear Register (PSR) maintains an accurate and complete history of cytology, histology and HPV results for women.

Under the *Health and Other Legislation Amendment Act 1998*, only those personnel identified in Division 11, Subdivision 1 as Health Practitioners who were providers of cervical screening services were authorised to access women’s screening histories from the PSR.

The Authorisation process for Registered Nurse Pap Smear Providers (RNPSPs) commenced in July 2001 to determine the eligibility of RNs wishing to access data on the PSR.

Eligibility for RNs to be authorised to access information on the PSR is a quality assurance measure and RNs seeking to access data on the PSR are required to demonstrate competence in cervical screening processes. The criteria to be addressed in demonstrating eligibility is based on the National Standards for Nurse Pap Smear Providers

(1997). Competence is determined by the following mechanisms:

- ▶ Completion of an Accredited Pap Smear Provider training course.
- ▶ Clinical practice history as a PSP.
- ▶ Evidence of quality assurance feedback from cytology laboratory.
- ▶ Ongoing education and professional development in the area of cervical screening.
- ▶ Evidence that cervical screening is a key responsibility in the PSPs position description.

The *Public Health Act 2005* supersedes the *Health and Other Legislation Amendment Act 1998*. In 2008, under Section 279, the Chief Executive of the *Public Health Act 2005* gazetted to have enrolled nurses and Aboriginal and Torres Strait Islander health workers designated as health practitioners who perform procedures to obtain Pap smears, therefore allowing enrolled nurses and Aboriginal and Torres Strait Islander health workers to be authorised to access data on the PSR.

In February 2010, the Queensland Health Chief Health Officer endorsed the mandatory authorisation of all non-medical Pap Smear Providers employed by Queensland Health as a mechanism to ensure competency standards of these PSPs. This process is now a recognised benchmark and quality standard for PSPs with Queensland Health whose continuing competence is assessed every three years. Mandatory authorisation was introduced in February 2011.

Authorisation with Queensland Health Pap Smear Register

All non-medical Pap Smear Providers wishing to access client data on the PSR must demonstrate competence as a Pap Smear Provider.

It is a mandatory requirement for all Queensland Health employed non-medical (nurses and Aboriginal and Torres Strait Islander health workers) Pap Smear Providers to apply to become Authorised Pap Smear Providers through the Queensland Cervical Screening Program (QCSP) in order to provide cervical screening as part of their employment.

All non-medical trained Pap Smear Providers seeking to access Pap Smear Register data must demonstrate competence and should have their Authorised Pap Smear Provider role clearly stated in their position description.

Applications received from non-medical Pap Smear Providers are assessed by the QCSP Nursing Director against specific criteria that are based on the National Standards for Nurses as Pap Smear Providers and the recognition of existing and previous training programs offered for Pap Smear Providers.

The assessment process aims to ensure competency of non-medical Pap Smear Providers who access information on the PSR. Competency of Pap Smear Providers ensures provision of safe and quality care, protection of women, the employer and the non-medical Pap Smear Providers themselves.

Authorised Pap Smear Providers are supplied with a State Identifier Number and a password in order to access data on the PSR. For further information, visit the QCSP website: www.health.qld.gov.au/cervical-screening or contact:

Nursing Director
Queensland Cervical Screening Program
PO Box 2368
FORTITUDE VALLEY BC QLD 4006
Ph: 07 3328 9446

Application kits for Authorisation with the Queensland Pap Smear Register, please access the Queensland Health Cervical Screening website:

http://www.health.qld.gov.au/cervicalscreening/health_professionals/provider.asp#how

7.3 Maintaining Continuing Competence as a Pap Smear Provider

Authorised Pap Smear Providers are required to demonstrate continuing competence every three years. Authorised Pap Smear Providers will be notified by letter informing them that their Authorised Pap Smear Provider status is about to expire and informing them of the process to reapply for continuing competence.

There are various means available for Authorised Pap Smear Providers to demonstrate continuing education and competence and Authorised Pap Smear Providers are encouraged to use a number of different methods. Jarman² believes 'demonstration of continuing competence should be based on cytology quality, client interaction questionnaires and self review assessment measures, with peer review being encouraged as a professional development activity'.³

Therefore evaluation and quality assurance for the Authorised Pap Smear Providers includes but is not limited to:

1. Client satisfaction surveys
2. Pap Smear Provider cytology quality reports
3. Self / peer evaluations
4. Annual staff performance appraisal and development review
5. Participation in ongoing professional development and education.

Evidence of quality assurance can also form part of an Authorised Pap Smear Providers professional portfolio, as well as fulfilling the accreditation requirements of their organisation.⁴ Therefore it is highly advisable Authorised Pap Smear Providers collect their quality assurance evidence on an annual basis as evidence of competency for their annual practicing certificate with the Australian Health Practitioners Registration Authority.

For further information about the Continuing Competence Process for Authorised Pap Smear Providers please access the Queensland Cervical Screening Program Website:

http://www.health.qld.gov.au/cervicalscreening/health_professionals/provider.asp#how

7.3.1 Client Satisfaction Surveys

Information and feedback collected through regular client satisfaction surveys can be used to improve aspects of the women's health screening service in order to better meet the needs of the service's clients. These surveys can also be used as evidence of Pap Smear Provider competence.

The Guidance Sheet – Women's Satisfaction Survey, located in **Appendix 8.7** can be used as a guide for developing service-specific client satisfaction surveys.

7.3.2 Pap Smear Provider Cytology Quality Reports

As part of maintaining evidence of competent practice, it is essential that Authorised Pap Smear Providers keep records of the Pap smears they have provided. Authorised Pap Smear Providers who do not receive regular Pathology laboratory summary reports of the Pap smears they have collected, need

to keep their own record of all smears they have provided. The ability to demonstrate technical competence either through providing a complete record of cytology feedback or personal records or both is valuable evidence of quality assurance.

The Guidance sheet – Pap Smear Provider Record of Results located in **Appendix 8.8** can be used for record keeping, or electronic copies can be obtained from the QCSP.

7.3.3 Annual Self Assessments

A self-assessment measure has been designed to assist Authorised Pap Smear Providers to review their clinical practice against the national competency-based standards.³ This self-review provides evidence of continuing competence in cervical screening.

A rating scale is provided to rate the degree to which Authorised Pap Smear Providers believe their practice meets or exceeds each component of the competencies. Examples from practice are provided to illustrate what is required to meet the competency-based standards. In addition, information is provided about clusters of competencies, or areas of professional practice which provide further guidance for Authorised Pap Smear Providers to review their practice.

If following the self-assessment, an Authorised Pap Smear Provider finds they require further up-skilling, training or review of skills, it is advised that they contact the Nursing Director at the Queensland Cervical Screening Program (QCSP) for further information. Phone 07 3328 9446.

The Guidance Sheet – Assessment of continuing competence for Pap Smear Providers, located in **Appendix 8.9** can be used as a guide for self-assessment.

7.3.4 Peer Review Process

Peer reviews are an excellent measure for demonstrating quality clinical practice. **Peer reviews should be viewed as the minimum review activity all Authorised Pap Smear Providers participate in on an annual basis.** Peer reviews focus not only on technical aspects of clinical practice but important issues like clinical decision making and notification / recall system management. Clinical review, chart

audits and other Quality Assurance tools can be used and are useful in highlighting areas for professional development and additional learning.

The Guidance Sheet – Women’s Health Clinical Competency Assessment is located in **Appendix 8.10**.

7.3.5 Participation in Ongoing Professional Development and Education

Commitment to ongoing professional development and education strengthens knowledge and skills for current and future practice. As part of professional development and maintenance of clinical skills, it is essential that Authorised Pap Smear Providers continue to update their theoretical and clinical knowledge on cervical cancer and cervical screening in the broader context of women’s health. Through keeping records of participation in both formal and informal activities on a regular basis, Authorised Pap Smear Providers will be able to demonstrate evidence of keeping abreast of changes in practice.

References

1. QCSP (2000). *Policy, Protocols, and Procedures for Registered Nurses as Pap Smear Providers*. Queensland Cervical Screening Program, Queensland Health.
2. Jarman, H (1999). *Demonstrating Excellence: Maintaining Nurse Pap Smear Provider Standards*. Department of Human Services, Victoria.
3. NCSP (1997). *Making Quality Visible. National Standards for Nurse Pap Smear Providers. National Cervical Screening Program*. Commonwealth Department of Health and Family Services, Canberra.
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“A knowledge of legislative principles and an ethical framework are fundamental to professional practice.”

Section 8

Appendices

Content:

This sections contains documents discussed in previous sections of this manual and includes:

- 8.1 National Standards for Pap Smear Providers
- 8.2 Principles for Delegation to Unlicensed Health Care Workers
- 8.3 National Health and Medical Research Council (NHMRC) Guidelines for the Management of Asymptomatic Women with Screen Detected Abnormalities
- 8.4 Well Women’s Health Assessment History Taking Guidelines
- 8.5 Female Genital Examination Characteristics
- 8.6 Bimanual Examination of the Female Pelvis: limitations / indication / technique / findings
- 8.7 Guidance Sheet: Client Satisfaction Survey
- 8.8 Guidance Sheet: Cytology Quality Assurance Record
- 8.9 Guidance Sheet: Annual Self Assessment
- 8.10 Guidance Sheet: Peer Review – Women’s Health Clinical Skills Assessment
- 8.11 Professional Organisations and Websites

APPENDIX 1

8.1 National Standards for Pap Smear Providers

Adapted from the Royal College of Nursing Australia and PapScreen Victoria Credentialing Program

As identified in
Making Quality Visible - National Standards for Nurse Pap Test Providers

National Cervical Screening Program 1997, National Cancer Prevention & Control Unit, Commonwealth Department of Health and Family Services, Canberra

Competency Based Standards

Professional Practice

A knowledge of legislative principles and an ethical framework are fundamental to professional practice. The competencies in this domain relate to the legal

and ethical responsibilities for the Non-medical Pap smear providers and include being accountable for practice and the ability to interpret complex consultations in a legal and ethical sense. Such competencies also include an awareness and protection of the rights of individuals and groups and a recognition of the differences between one's own beliefs and those of others, to ensure that nursing care is carried out in a non-discriminatory way.^{1,2}

Competency 1 – Demonstrates Accurate Knowledge for Safe Practice.

1.1 Demonstrates an accurate and comprehensive knowledge base of the cervical screening, thereby ensuring safe practice.

Examples from practice

- ▶ Demonstrates an accurate and comprehensive knowledge of the aetiology of cervical cancer and its prevention.
- ▶ Effectively utilises theoretical knowledge in clinical practice.
- ▶ Demonstrates accurate and comprehensive knowledge of normal female anatomy and reproductive physiology.
- ▶ Recognises the difference between screening services and diagnostic services and practices accordingly, i.e.
 - Ensures women understand the limitations as well as the benefits of cervical screening.
 - Refers symptomatic women, even in the presence of a normal Pap smear result.
 - Adheres to national policy and guidelines for cervical screening and the management of women with screen detected abnormalities.

1.2 Demonstrates an accurate and comprehensive knowledge of the legislation pertinent to the provision of a cervical screening services.

Examples from practice

- ▶ Identifies and understands the legal implications of legislation in relation to clinical practice, e.g. confidentiality.
- ▶ Conforms to legislative requirements according to the practice setting, e.g. State or Territory cervical cytology registers.

1.3 Demonstrates accurate and comprehensive knowledge of policies, protocols and other relevant documentation for nursing practice and participates in review processes.

Examples from practice

- ▶ Participates in the development and review of policies and procedural guidelines to ensure they comply with current national and State/Territory cervical screening policies.
- ▶ Utilises policies and procedural guidelines of the health care setting to guide rather than direct practice.

Competency 2 – Protects the Rights of Individuals.

2.1 Consistently and effectively ensures the confidentiality of individual women.

Examples from practice

- ▶ Consistently demonstrates confidentiality when dealing with patient information e.g. in discussions with individual women; in sharing information with others.
- ▶ Maintains the confidentiality and security of histories/records and reports, i.e. within the health care setting and/or when providing outreach services.

2.2 Consistently and effectively ensuring the right of women to make informed decisions regarding their care.

Examples from practice

- ▶ Ensures women are informed and understand the benefits and limitations of cervical screening, including new technologies.
- ▶ Recognises the rights of women to full and comprehensive information regarding their care.
- ▶ Respects the rights of women to be accompanied by a support person of her choice.

Reflective Practice

The competencies in the domain include the development of reflective practices by Pap smear providers, appraisal of self and others, a commitment to professional development, and the application of research to practice.^{1,2}

Competency 3 – Recognises Own Ability and Level of Professional Competence.

3.1 Assesses own abilities independently, comprehensively and practices within these limits and scopes of practice.

Examples from practice

- ▶ Functions independently and interdependently with others using advanced practice knowledge and skills.
- ▶ Recognises the boundaries of own clinical practice and refers women accordingly.
- ▶ Regularly reflects on own standard of practice and sets appropriate performance objectives.

3.2 Engages in activities to enhance own level of practice.

Examples from practice

- ▶ Seeks to maintain currency of practice regarding the provision of a cervical screening service, e.g. participates in professional development activities, and seeks peer review.
- ▶ Critically evaluates research findings utilising those which have relevance to own practice setting.
- ▶ Ensures the integration of new knowledge regarding cervical screening and management of women with screen detected abnormalities into own practice.
- ▶ Actively participates in quality assurance/ improvement activities and uses feedback to improve clinical performance, e.g. cytology laboratory Pap smear statistics.

3.3 Consistently and effectively integrates cervical screening provision with the broader context of issues affecting women’s health.

Examples from practice

- ▶ Demonstrates accurate and comprehensive knowledge of issues affecting women’s health, referring appropriately when outside own level of expertise, e.g.
 - Women’s reproductive physiology
 - Breast screening
 - Sexually transmitted infections

- Sexuality
 - Sexual or emotional abuse
 - Family concerns
 - Social issues, etc.
- ▶ Demonstrates ability to listen to and respond effectively to issues and concerns effecting individual women.

Enabling

The competencies in this domain relate to practices essential for establishing and sustaining a clinician/ client relationship which is optimal for the well-being of the client. This is based on a holistic approach to client care. Competencies include an ability to address the physical, psycho-social, emotional, spiritual and cultural needs of individual women.^{1,2}

Competency 4 – Acts to enhance the Dignity and Integrity of Women.

4.1 Employs effective communication and interpersonal skills to meet the needs of individual women.

Examples from practice

- ▶ Actively listen to needs and concerns of individual women and responds appropriately.
- ▶ Provides the opportunity for women to express their opinions and be involved in all aspects of their care.
- ▶ Facilitate individual women’s understanding of her conditions/issues, e.g. uses appropriate language, provides written material.
- ▶ Provides the opportunity for women to withdraw from the procedure without her care being compromised.

4.2 Respects the values, cultural and spiritual beliefs of individual women.

Examples from practice

- ▶ Demonstrates knowledge and respect of others’ beliefs and social contexts.
- ▶ Delivers health care for the individual woman without prejudice or judgement e.g. speaks in non-judgemental terms; respects of the right of others to their culture, religion or values;

responds appropriately to women with a physical or intellectual disability.

- ▶ Endeavours to provide a female trained interpreter, either in person or by telephone, appropriate for the woman's individual needs.

4.3 Consistently and effectively provides accurate and comprehensive information to ensure women are fully informed regarding cervical screening.

Examples from practice

- ▶ Communicates effectively to ensure women are informed about all aspects of the cervical screening, e.g. the limitations of Pap smears, including their accuracy; the differences between a screening and a diagnostic services.
- ▶ Enhances the education and understanding of women with appropriate use of resources, e.g. using models, audio visual and/or written material/diagrams.
- ▶ Provides the women with the opportunity to make informed decisions, e.g. participation on cytology registers.

Competency 5 – Maintains a Physical and Psycho-social Environment Which Promotes Safety, Security and Optimal Health Care.

5.1 Applies strategies to provide effective, efficient cervical screening services

Examples from practice

- ▶ Utilises strategies to provide a cervical screening service for women for whom other services are inappropriate or inaccessible, e.g. women in rural and remote areas, women of non-English speaking background, Aboriginal women etc.
- ▶ Employs time management skills to meet the clients' needs.
- ▶ Uses feedback from women, both formal and informal to facilitate on-going quality improvement.

5.2 Demonstrates sensitivity to women's health care needs through the provision of cervical screening services in a safe environment.

Examples from practice

- ▶ Consistently and effectively incorporates infection control principles and standards in the provision of cervical screening services.
- ▶ Utilises strategies to ensure that the cervical screening facilities sensitive to women's needs, e.g. examination couch and equipment area is clean and well organised, chairs are positioned to facilitate communication.

5.3 Ensures the women's physical and psychological comfort throughout the Pap smear procedure.

Examples from practice

- ▶ Utilises strategies to ensure the women's privacy is maintained e.g. using screens/blinds; providing a cover sheet etc.
- ▶ Facilitates the active participation of individual women in the Pap smear procedure, e.g. through explanation; pacing the procedure according to the woman's needs, ensuring the woman's comfort.
- ▶ Uses strategies to accommodate the special needs of women with disabilities using positions accordingly.
- ▶ Responds appropriately to an individual woman's indication of pain, discomfort or distress.

Competency 6 – Acts to Maintain the Right of Women to Make Informed Decisions.

6.1 Ensures the provision of Pap smear results are according to the needs of the individual women.

Examples from practice

- ▶ Discuss the time and methods of notification of Pap smear results, to ensure women are informed and mutually acceptable arrangement is made for receipt of results.
- ▶ Encourages women to take responsibility for obtaining their Pap smear result.
- ▶ Consistently uses effective communication skills so that women understand the significance of the Pap smear results and follow up procedures.
- ▶ Provides the women with the opportunity for a copy of the Pap smear result to be sent to her medical practitioner.

6.2 Consistently and effectively ensures women are notified of the Pap smear results promptly.

Examples from practice

- ▶ Utilises strategies to ensure a Pap smear results and recall system is maintained.
- ▶ Demonstrates comprehensive knowledge to enable accurate interpretation of Pap smear results.
- ▶ Uses strategies to make contact with women whose Pap smear results are normal within four weeks of receiving the result.
- ▶ Implements strategies to ensure women with abnormal Pap smear results are contacted as soon as possible (maximum of four weeks).
- ▶ Ensures appropriate personnel/agencies are informed if the woman is unable to be contacted, e.g. the cytology laboratory and/or cytology register.
- ▶ Maintains accurate documentation of Pap smear reports, contact with the woman and follow-up procedures.

Problem Framing and Solving.

The competencies in this domain relate to the use of a well-developed and specialised knowledge base which has been derived from both education and experience. This knowledge base allows the nurse to effectively assess the client, and make meaningful interpretations, using problem solving strategies.^{1,2}

Competency 7 – Integrates Comprehensive Health Assessment and Interpretive Skills to Achieve Optimal Care for Women.

7.1 Obtains a comprehensive and accurate health history assessment and maintains accurate documentation.

Examples from practice

- ▶ Utilises a wide variety of strategies to identify key issues of concern to the woman and responds sensitively, building trust.
- ▶ Utilises a systematic approach to obtain and document a comprehensive health history including:
 - First day of last normal menstrual period (LNMP)

- Obstetric/gynaecological history
- Pap smear history
- Hormone replacement therapy
- Contraceptive history
- Vaginal infections etc.
- ▶ Documentation is comprehensive and accurate.

7.2 Demonstrates accurate knowledge and expertise in the performing of the Pap smear procedure to ensure optimum sample of cells with minimal discomfort to the woman.

Examples from practice

- ▶ Utilises strategies to ensure minimal discomfort for the woman during the Pap smear procedure e.g. checks bladder is empty, warms speculum, utilises appropriate techniques to visualise the cervix.
- ▶ Utilises correct technique to ensure optimum sample for adequate Pap smear e.g. recognises and visualises transformation zone and squamo-columnar junction; uses appropriate equipment for collection of Pap smear; labels, forms and slides etc.
- ▶ Consistently and effectively recognises vulval, vaginal and cervical variations.

Teamwork

The competencies in this domain relate to the practices essential for the maintenance of effective professional relationships. Competencies include the ability to establish and maintain effective relationships with other members of the health care team, in particular medical practitioners.^{1,2}

Competency 8 – Collaborates With the Health Care Team to Achieve Desired Outcomes. Optimal Care for Women.

8.1 Establishes accurate knowledge of referral services to facilitate access for women.

Examples from practice

- ▶ Consistently and effectively utilises available referral systems and networks.
- ▶ Consistently demonstrates appropriate referral to meet the needs of individual women and the required level of care.

- ▶ Communicates effectively to ensure the woman is informed and gives permission prior to referral.

8.2 Establishes and maintains collaborative and consultative relationships with professional colleagues, in particular medical practitioners.

Examples from practice

- ▶ Utilises effective strategies in order to establish a supportive relationship with a medical practitioner within the local community or area health service for referral purposes.
- ▶ Recognises differences in cytology reports and the need to clarify differences
 - With medical practitioner
 - With appropriate personnel in the cytology laboratory.
- ▶ Recognises the boundaries of nursing practice and the need to refer symptomatic women.
- ▶ Utilises a variety of strategies to advocate for women when the need arises.

References

1. Australian Nursing Council Incorporated (1993). *National Competencies for the Registered and Enrolled Nurse in Recommended Domains*, ACNI, Canberra.
2. Confederation of Australian Critical Care Nurses Inc. (1996). *Competency Standards for Specialist Critical Care Nurses*, Confederation of Australian Critical Care Nurses Inc. Hornsby, NSW.

APPENDIX 2

8.2 Principles for delegating to unlicensed health care workers (HCWs)²:

When HCWs perform care activities that have been delegated (new or established delegations) by an RN or midwife from a nursing or midwifery care plan, the HCW must be unlicensed for delegated activities.

The following principles assist RNs and midwives in determining if it is safe and appropriate to delegate activities to HCWs:

1. Delegation of the activity is the responsibility of the registered nurse or midwife based on an assessment of the clients' needs
2. The delegation by the RN / midwife to the HCW:
 - ▶ will benefit the client
 - ▶ is lawful
 - ▶ is appropriate for the context
 - ▶ is consistent with the service providers' policies
3. There has been appropriate consultation and planning
4. The HCW accepting the delegated activity:
 - ▶ agrees to accept the activity
 - ▶ has the appropriate education
 - ▶ is assessed as competent
 - ▶ understands their degree of accountability
 - ▶ and in the case of cervical screening is an authorised Pap smear provider
5. An RN / midwife has assessed the education and competence of the person who will perform the activity
6. The service provider is aware of their responsibility for a policy framework and resources necessary to ensure:
 - ▶ ongoing education and competence assessment of the HCW
 - ▶ supervision of the HCW
 - ▶ evaluation of the outcome of the delegation including the benefit to the client

Reference

These principles were adopted from: Queensland Nurses Council (2002). National Competency Standards for the Registered Nurse and the Enrolled Nurse. October.

APPENDIX 3

8.3 National Health and Medical Research Council (NHMRC) Guidelines for the Management of Asymptomatic Women with Screen Detected Abnormalities

A summary of the management of asymptomatic women with screen detected abnormalities to assist medical practitioners in taking appropriate action on receipt of Pap smear reports.

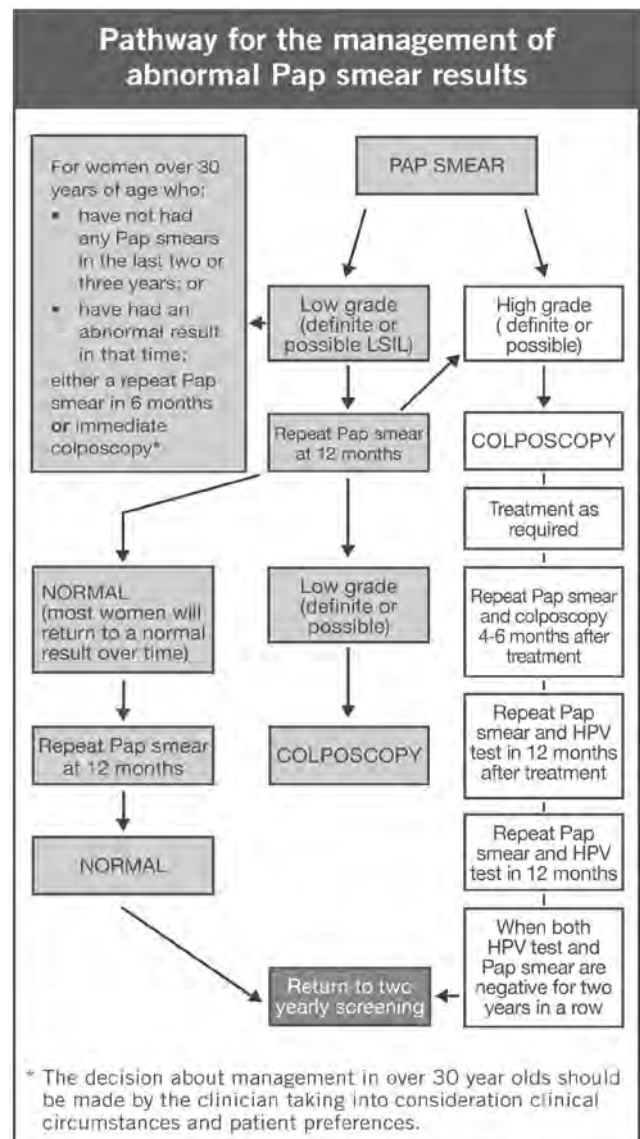
Pap smear report	Management
Negative smear within normal limits	Repeat Pap smear in 2 years
Negative smear within normal limits and no endocervical cells present	Repeat Pap smear in 2 years
Negative with inflammation	Repeat Pap smear in 2 years
Unsatisfactory	Repeat Pap smear in 6-12 weeks, after appropriate treatment where indicated
Possible low grade squamous intraepithelial lesion Low grade squamous intraepithelial lesion (LSIL)	Repeat Pap smear at 12 months. If the woman is 30+ years, and has no negative cytology in previous 2-3 years, repeat Pap smear in 6 months or immediate colposcopy. See management pathway flow chart.
Possible high grade squamous intraepithelial lesion High grade squamous intraepithelial lesion (HSIL)	Refer for colposcopy
Glandular abnormalities including adenocarcinoma in situ	Refer for colposcopy which should be performed by a gynaecologist with expertise in suspected malignancies or by a gynaecological oncologist
Invasive squamous cell carcinoma (SCC) or adenocarcinoma	Refer to a gynaecological oncologist

Note: Investigate any symptoms that are not readily explained, such as post-coital or intermenstrual bleeding. A negative Pap smear must not be taken as reassurance in these circumstances. Further investigation may involve referral to a gynaecologist.

Post treatment of high grade lesion

A woman who has had treatment for HSIL should have a colposcopy and cervical cytology at 4-6 months after treatment. Cervical cytology and HPV testing should be done at 12 months after treatment and annually until the woman has tested negatively by both tests on two consecutive occasions. When all four tests are negative as indicated below, the woman can then return to the usual two yearly screening interval.

Time since treatment	Pap smear	Colposcopy	HPV typing
4-6 months	✓	✓	
12 months	Negative		Negative
24 months	Negative		Negative



APPENDIX 4

8.4 Well Women's Health Assessment and History Taking Guidelines:

History taking:

A clear and accurate health history is an essential component of providing a comprehensive consultation for clients. The aim of the history taking is to identify health risks and determine subsequent examination and screening necessary for the maintenance of good health.

A useful approach to history taking:

- ▶ The history should be structured from the least threatening to the more intrusive/sensitive questions.
- ▶ Open-ended questions provide more information than closed questions.
- ▶ It is often helpful to explain why it is necessary to ask questions – particularly sensitive questions.
- ▶ Depending on the person, colloquial language may be appropriate but it is important to avoid using value-laden language. You should only use language you feel comfortable with yourself.
- ▶ Try not to make assumptions about the person or their behaviour.
- ▶ Verbal and non-verbal responses can provide important information regarding the woman's level of comfort or discomfort.
- ▶ If a woman has multiple issues it is important to prioritise according to her needs but also on the basis of medical considerations – these may not always be the same. It may be important to explain that it may not be possible to cover all issues adequately in a single consultation.
- ▶ If the woman has a current record with the service, her file should be reviewed prior to the consultation for relevant details regarding previous cervical screening/health issues.

The following is a guide to completing a well women's health history. It may not be necessary to document every segment for every person. The depth of questioning and the direction of inquiry is greatly influenced by the reason the person presents to the health practitioner.^{3,4}

General Health Status

- ▶ age
- ▶ relevant medical conditions (see below under relevant family history)
- ▶ previous surgery – particularly gynaecological
- ▶ psychological and psychiatric conditions, including previous history
- ▶ current treatment for any condition including non-prescription medication, self-medication and natural therapies
- ▶ history of blood transfusions – particularly if this occurred prior to routine blood screening or overseas
- ▶ history of piercing/tattoos – particularly if self-performed, during incarceration or overseas
- ▶ allergies – medication and environmental

Social History

- ▶ smoking, alcohol
- ▶ injecting drug use and/or other recreational drug use (sharing equipment)
- ▶ socioeconomic status
- ▶ social support
- ▶ education and literacy levels – if relevant
- ▶ living conditions at home
- ▶ distance from health facilities

Relevant family history

- ▶ myocardial infarct or cerebral vascular accident
- ▶ hypertension
- ▶ thromboembolic disease
- ▶ diabetes mellitus (IDDM/NIDDM)
- ▶ breast cancer
- ▶ ovarian cancer
- ▶ other malignancy
- ▶ thyroid disease
- ▶ osteoporosis

Sexual History

- ▶ sexual partner/ – regular or casual
- ▶ gender of sexual partner/s
- ▶ last sexual contact with partner/s
- ▶ number of partners in last 3 months
- ▶ type of sexual activity – oral, vaginal, anal, aids
- ▶ safe sex practices
- ▶ overseas sexual contacts
- ▶ previous history of sexually transmitted infections (STIs), pelvic inflammatory disease (PID)
- ▶ sexual dysfunction
- ▶ sexual assault or unwanted sexual contact
- ▶ symptoms
 - discharge – vaginal, urethral, rectal
 - dysuria / frequency
 - genital ulcers, lesions, lumps or enlarged lymph nodes
 - rashes – pruritus
 - menstrual irregularities
 - post coital (PCB) and intermenstrual (IMB) bleeding
 - post menopausal bleeding (PMB)
 - lower abdominal pain
 - pelvic pain
 - dyspareunia
 - urinary problems – cystitis, incontinence
 - rectal symptoms
 - genitourinary pain

Menstrual history

- ▶ age at menarche
- ▶ last known menstrual period (LNMP)
- ▶ length of cycle and duration of bleeding
- ▶ heaviness of flow – number of tampons or pads, degree of soaking, flooding, clots
- ▶ dysmenorrhoea- onset, duration, distribution, intensity, type of pain, medication
- ▶ premenstrual syndrome (PMS)

Gynaecological and obstetric history

- ▶ number of pregnancies
- ▶ number of live births, type of birth, complications
- ▶ miscarriages, termination
- ▶ assisted conception
- ▶ investigations for subfertility
- ▶ Pelvic Inflammatory Disease (PID), endometriosis
- ▶ surgery

Contraceptive history

- ▶ current contraception – past contraception if relevant
- ▶ level of satisfaction, experiencing any problems, side effects
- ▶ correct usage review

Breast cancer history

- ▶ breast screening (for women aged 40 – 69 years)
- ▶ previous breast problems, investigation and management
- ▶ breast feeding
- ▶ cosmetic surgery.

APPENDIX 5

8.5 Female Genital Examination Characteristics

Possible abnormalities include:

- ▶ Colour variation
- ▶ Erythema
- ▶ Oedema
- ▶ Excoriation
- ▶ Unusual hair distribution
- ▶ Lesions
- ▶ Abundant discharge
- ▶ Marked asymmetry

Inspection of the Cervix

Colour: Pink. A deep purple coloured cervix could indicate pregnancy. A deep red coloured cervix could indicate infection.

Size: Generally 2 – 3 cm in diameter in a nulliparous woman, and 3 – 5 cm in a parous woman.

Shape: Round or oval. The cervical os is small and circular in a nulliparous woman, and a horizontal slit or stellate opening in a parous woman (following vaginal birth).

Orientation:

Position: Anterior, posterior or midline

Lesions: Note the presence of variations such as Nabothian follicles or ectropion of the cervix. Suspicious lesions should be documented clearly, and the woman referred to a medical practitioner.

Squamocolumnar junction (SCJ): The SCJ (where the endocervical canal lining meets the squamous epithelium) may or may not be visible.

Cervical Discharge

Colour: yellow, white or colourless discharge is considered normal

Consistency: a thick runny discharge may be caused by vaginosis

Amount: if the amount of discharge is obscuring the cervical os, gently wipe the mucous away with a cotton tipped swab prior to collecting the Pap smear. Excess discharge may be a sign of infection.

Odour: a malodorous fishy smell may be a sign of infection.

APPENDIX 6

8.6 Bimanual Examination of the Female Pelvis

Indications:

An examination of a patient without symptoms is a screening test. A screening test reliably identifies at an early stage conditions that can be treated to prevent progression.¹

The bimanual pelvic examination has long been considered an essential component of the female physical examination.² However, there is limited evidence to support this.

Duration of experience does somewhat tend to improve the overall accuracy of the pelvic examination, in the likelihood of identifying adnexal masses. Uterine assessment has been found to be reasonably accurate independent of training and experience duration.²

The pelvic examination has inadequate sensitivity and specificity as a screening test for ovarian cancer.⁷

The bimanual is used in the evaluation and management of women with acute abdominal or pelvic symptoms where the practitioner may wish to elucidate whether a symptom has a pelvic or non-pelvic source such as appendicitis or pelvic inflammatory disease (PID).³

Pelvic Inflammatory Disease (PID).

PID is the name given for a spectrum of inflammatory diseases of the upper genital tract, which may result in serious complications if the condition goes untreated. It most often occurs either with an ascending infection from chlamydia or gonorrhoea cervicitis or as a complication of cervical instrumentation (including termination of pregnancy, Intrauterine Contraceptive Device insertion, Dilation and Curettage).

Complications of PID include:

- ▶ Tubo-ovarian abscess
- ▶ Infertility
- ▶ Ectopic Pregnancy
- ▶ Chronic Pelvic Pain⁴

Three most common symptoms of PID reported:

- ▶ Lower abdominal pain
- ▶ Dyspareunia
- ▶ Abnormal vaginal bleeding.⁵

Indications of PID on Bimanual exam:

- ▶ Uterine tenderness
- ▶ Adnexal tenderness
- ▶ Cervical motion tenderness.⁶

A diagnosis of PID is generally done on clinical grounds (based on clinical history and bimanual and abdominal examination findings).

Limitations

This clinical diagnosis can be difficult as findings on pelvic exam are subjective³ and clinical assessment of PID has been estimated to be accurate only 65% of the time. Laparoscopy is the “gold standard” diagnostic tool for PID though access to this procedure is not practical in most cases. Ultrasound examination is not usually helpful in diagnosing PID.³

Bimanual Examination Technique.⁸

Ask the woman to empty her bladder and lay in the lithotomy position

Put on gloves

Apply a small amount of water-soluble lubricant to fingers of one glove

Place one hand on the woman’s abdomen, midway between symphysis pubis and umbilicus, with fingers flat

Gently part the labia majora

Inspect the vulva, labia majora, labia minora, urethra, vaginal introitus, perineum and anus

Gently insert index finger into the vagina

Gently insert middle finger into the vagina

Apply downward pressure along the length of the vagina

Check for cystocele (herniation of the bladder into the vagina), and rectocele (herniation of the rectum into the vagina)

Locate the cervix and palpate for position, consistency and mobility

Gently grasp cervix between index and middle fingers and move laterally from side to side and observe woman for signs of tenderness

Move fingers behind the cervix and elevate the cervix towards the abdomen

Gently push down with abdominal hand to locate the uterus, and feel for irregularity, mobility, size, position (anteverted, mid-plane, retroverted), tenderness and consistency

Sweep the vaginal fingers to the left and right of the cervix and palpate the adnexa gently between the vaginal and abdominal fingers

Assess pelvic floor muscle tone by asking the woman to squeeze the fingers in her vagina

As the vaginal fingers are removed, palpate the vaginal wall with circular motions to identify any masses or abnormal growths.

Normal findings

Uterus is within normal size limits

No uterine tenderness is felt by the woman

Uterus moves freely

When moving the cervix, no 'excitation' felt

No adnexal mass is felt by the examiner

No adnexal tenderness is felt by the woman

Abnormal uterine findings

Enlarged, consider:

- ▶ pregnancy
- ▶ fibroids
- ▶ adenomyosis
- ▶ tumour

Tender, consider:

- ▶ infection
- ▶ endometriosis
- ▶ urinary tract infection (UTI)
- ▶ adenomyosis
- ▶ perimenstrual

Abnormal uterine findings

Mass, consider:

- ▶ benign ovarian cyst
- ▶ subserosal fibroid
- ▶ ovarian malignancy
- ▶ hydrosalpinx (accumulation of fluid in the fallopian tube)

References

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APPENDIX 7

8.7 Guidance Sheet:- Client Satisfaction Survey

This survey provides you with the opportunity to give feedback on the Pap smear service you have attended.

The nurse / health worker who provided this service is participating in a quality assurance process to ensure a consistent standard of cervical screening service for women.

The survey will take approximately 5 minutes to complete. There are no identifying details collated in this survey. While you are encouraged to complete this survey, please note completion is voluntary.

Please read each of the following items and then mark one box to indicate your response to the statement.

1. The nurse / health worker listened attentively to health issues that were on my mind.

Strongly Agree

Agree

Neither

Disagree

Strongly Disagree

2. The nurse / health worker encouraged me to express my concerns.

Strongly Agree

Agree

Neither

Disagree

Strongly Disagree

3. After talking with the nurse / health worker I now know the limitations of Pap Smear screening.

Strongly Agree

Agree

Neither

Disagree

Strongly Disagree

4. The nurse / health worker checked with me throughout the Pap smear procedure to make sure I was comfortable.

Strongly Agree

Agree

Neither

Disagree

Strongly Disagree

5. The nurse / health worker made sure my privacy was respected during the consultation.

Strongly Agree

Agree

Neither

Disagree

Strongly Disagree

6. The nurse / health worker explained the Pap smear procedure to me in words I could understand.

Strongly Agree

Agree

Neither

Disagree

Strongly Disagree

7. The nurse / health worker seemed rushed during the consultation.

- Strongly Agree
-
- Agree
-
- Neither
-
- Disagree
-
- Strongly Disagree

8. The consulting room was clean, comfortable and my privacy was maintained.

- Strongly Agree
-
- Agree
-
- Neither
-
- Disagree
-
- Strongly Disagree

9. The nurse / health worker was able to assure me of the confidentiality of this service.

- Strongly Agree
-
- Agree
-
- Neither
-
- Disagree
-
- Strongly Disagree

10. The nurse / health worker gave me information (either today or an earlier visit) about the Queensland Health Pap Smear Register.

- Strongly Agree
-
- Agree
-
- Neither
-
- Disagree
-
- Strongly Disagree

11. The nurse / health worker told me when my Pap smear result would be available.

- Strongly Agree
-
- Agree
-
- Neither
-
- Disagree
-
- Strongly Disagree

12. The nurse / health worker gave information about how I will get my Pap- smear results.

- Strongly Agree
-
- Agree
-
- Neither
-
- Disagree
-
- Strongly Disagree

13. I was given leaflets (either today or at an earlier visit) to help me understand about Pap smears.

- Strongly Agree
-
- Agree
-
- Neither
-
- Disagree
-
- Strongly Disagree

If there are any other comments or experiences you feel would be helpful to us, could you please write them down here?

APPENDIX 8

8.8 Guidance Sheet:- Cytology Quality Assurance Record

See over page...

APPENDIX 9

8.9 Guidance Sheet:- Annual Clinical Self Assessment

Pap Smear Provider Self Assessment Tool

Based upon and adapted from the Royal College of Nursing Australia and PapScreen Victoria Credentialing Program

This self-assessment tool has been designed to assist you to review your clinical practice against the National Competency-based Standards (1997).¹

Directions: The following rating scale is provided for you to rate the degree to which you believe your practice meets or excels each component of the competencies. To assist you to make this judgement, examples from practice are provided to illustrate what is required of you to meet the competency-based standards. In addition, information is provided about clusters of competencies, or areas of professional practice (domains). These provide further guidance for you to review your practice.

Rating Scale

0 – Does not meet criteria	3 – Very competently meets criteria
1 – Partly meets criteria	4 – Excels at meeting criteria
2 – Satisfactorily meets criteria	X – No opportunity to evaluate

Pap Smear Provider's Name _____

PSR State Identifier Number _____

Date completed _____

Approximately how many Pap smears do you provide annually?

less than 20 20-50 50-100 100 +

Manager's Name _____

Manager's Position _____

Manager's Signature _____

Date _____

Professional Practice

Knowledge of legislative principles and an ethical framework are fundamental to professional practice. The competencies in this domain relate to the legal and ethical responsibilities for Non-medical Pap smear providers and include being accountable for practice and the ability to interpret complex consultations in a legal and ethical sense. Such competencies also include an awareness and protection of the rights of individuals and groups and a recognition of the differences between one's own beliefs and those of others, to ensure that nursing care is carried out in a non-discriminatory way.^{1,2}

Competency 1

Demonstrates accurate knowledge for safe practice.

1.1 Demonstrates an accurate and comprehensive knowledge base of cervical screening, thereby ensuring safe practice.

Examples from practice

- ▶ Demonstrates an accurate and comprehensive knowledge of the aetiology of cervical cancer and its prevention.
- ▶ Effectively utilises theoretical knowledge in clinical practice. Demonstrates accurate and comprehensive knowledge of normal female anatomy and reproductive physiology.
- ▶ Recognises the differences between screening services and diagnostic services and practices accordingly ie.
 - ensures women understand the limitations as well as the benefits of cervical screening,
 - refers symptomatic women, even in the presence of a normal Pap test result.
- ▶ Adheres to national policy and guidelines for cervical screening and the management of women with screen detected abnormalities.

Rating

(circle one only)

0

1

2

3

4

X

Evidence _____

1.2 Demonstrates an accurate and comprehensive knowledge of the legislation pertinent to the provision of a cervical screening service.

Examples from practice

- ▶ Identifies and understands the legal implications of legislation in relation to clinical practice e.g. confidentiality.
- ▶ Conforms to legislative requirements according to the practice setting e.g. State or Territory cervical cytology registers.

Rating
(circle one only)

- 0**
- 1**
- 2**
- 3**
- 4**
- X**

Evidence _____

1.3 Demonstrates accurate and comprehensive knowledge of policies, protocols and other relevant documentation for clinical practice and participates in review processes.

Examples from practice

- ▶ Participates in the development and review of policies and procedural guidelines to ensure they comply with current national and State/Territory cervical screening policies.
- ▶ Utilises policies and procedural guidelines of the health care setting to guide rather than direct practice.

Rating
(circle one only)

- 0**
- 1**
- 2**
- 3**
- 4**
- X**

Evidence _____

Competency 2

Protects the rights of Individuals.

2.1 Consistently and effectively ensures the confidentiality of individual women.

Examples from practice

- ▶ Consistently demonstrates confidentiality when dealing with patient information e.g. in discussions with individual women; in sharing information with others.
- ▶ Maintains the confidentiality and security of histories/records and reports ie within the health care setting and/or when providing outreach services.

Rating

(circle one only)

0
1
2
3
4
X

Evidence _____

2.2 Consistently and effectively ensures the rights of women to make informed decisions regarding their care.

Examples from practice

- ▶ Ensures women are informed and understand the benefits and limitations of cervical screening, including new technologies.
- ▶ Recognises the rights of women to full and comprehensive information regarding their care.

Rating

(circle one only)

0
1
2
3
4
X

Evidence _____

Reflective Practice

The competencies in this domain include the development of reflective practices by Pap smear providers, appraisal of self and others, a commitment to professional development, and the application of research to practice.^{1,2}

Competency 3

Recognises own ability and level of professional competence.

3.1 Assesses own abilities independently, comprehensively and practises within these limits and scope of practice.	
<p><i>Examples from practice</i></p> <ul style="list-style-type: none"> ▶ Functions independently, and interdependently with others using advanced practice knowledge and skills. ▶ Recognises the boundaries of own nursing practice and refers women accordingly. ▶ Regularly reflects on own standard of practice and sets appropriate performance objectives. 	<p><i>Rating</i> <i>(circle one only)</i></p> <p>0</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>X</p>

Evidence _____

3.2 Engages in activities to enhance own level of practice.	
<p><i>Examples from practice</i></p> <ul style="list-style-type: none"> ▶ Seeks to maintain currency of practice regarding the provision of a cervical screening service e.g. participates in professional development activities, seeks peer review. ▶ Critically evaluates research findings utilising those which have relevance to own practice setting. ▶ Ensures the integration of new knowledge regarding cervical screening and management of women with screen detected abnormalities into own practice. ▶ Actively participates in quality assurance/improvements activities and uses feedback to improve clinical performance e.g. cytology laboratory Pap test statistics. 	<p><i>Rating</i> <i>(circle one only)</i></p> <p>0</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>X</p>

Evidence _____

3.3 Consistently and effectively integrates cervical screening provision within the broader context of issues affecting women’s health.

Examples from practice

- ▶ Demonstrates accurate and comprehensive knowledge of issues affecting women’s health, referring appropriately when outside own level of expertise e.g.
 - women’s reproductive physiology
 - breast screening
 - sexually transmitted infections
 - sexuality
 - sexual or emotional abuse
 - family concerns
 - social issues etc.

- ▶ Demonstrates ability to listen to and respond effectively to issues and concerns effecting individual women.

Rating
(circle one only)

- 0**
- 1**
- 2**
- 3**
- 4**
- X**

Evidence _____

Enabling

The competencies in this domain relate to practices essential for establishing and sustaining a nurse/client relationship which is optimal for the well-being of the client. This is based on a holistic approach to client care. Competencies include an ability to address the physical, psycho-social, emotional, spiritual and cultural needs of individual women.^{1,2}

Competency 4

Acts to enhance the dignity and integrity of women.

4.1 Employs effective communication and interpersonal skills to meet the needs of individual women.

Examples from practice

- ▶ Actively listens to needs and concerns of individual women and responds appropriately.
- ▶ Provides the opportunity for women to express their opinions and be involved in all aspects of their care.
- ▶ Facilitates individual women's understanding of her condition/issues e.g. uses appropriate language, provides written material.
- ▶ Provides the opportunity for women to withdraw from the procedure without her care being compromised.

Rating

(circle one only)

0

1

2

3

4

X

Evidence _____

4.2 Respects the values, cultural and spiritual beliefs of individual women.

Examples from practice

- ▶ Demonstrates knowledge and respect of others' beliefs and social contexts.
- ▶ Delivers nursing care for the individual woman without prejudice or judgement e.g. speaks in non-judgemental terms; respects the right of others to their culture, religion or values; responds appropriately to women with a physical or intellectual disability.
- ▶ Endeavours to provide a female trained interpreter, either in person or by telephone, appropriate for the woman's individual needs.

Rating

(circle one only)

0

1

2

3

4

X

Evidence _____

4.3 Consistently and effectively provides accurate and comprehensive information to ensure women are fully informed regarding cervical screening.

Examples from practice

- ▶ Communicates effectively to ensure women are informed about all aspects of cervical screening e.g. the limitations of Pap smear, including their accuracy; the differences between a screening and diagnostic service.
- ▶ Enhances the education and understanding of women with appropriate use of resources e.g. using models, audio visual and/or written material /diagrams.
- ▶ Provides the woman with the opportunity to make informed decisions e.g. participation on cytology registers.

Rating (circle one only)

0
1
2
3
4
X

Evidence _____

Competency 5

Maintains a physical and psycho-social environment which promotes safety, security and optimal health care.

5.1 Applies strategies to provide an effective, efficient cervical screening service.

Examples from practice

- ▶ Utilises strategies to provide a cervical screening service for women for whom other services are inappropriate or inaccessible e.g. women in rural and remote areas, women of non-English speaking background, Aboriginal women etc.
- ▶ Employs time management skills to meet the clients needs.
- ▶ Uses feedback from women, both formal and informal, to facilitate on-going quality improvement.

Rating (circle one only)

0
1
2
3
4
X

Evidence _____

5.2 Demonstrates sensitivity to women’s health care needs through the provision of cervical screening services in a safe environment.

Examples from practice

- ▶ Consistently and effectively incorporates infection control principles and standards in the provision of cervical screening services.
- ▶ Utilises strategies to ensure that the cervical screening facilities sensitive to women’s needs e.g. examination couch and equipment area is clean and well organised, chairs are positioned to facilitate communication.

Rating
(circle one only)

- 0**
- 1**
- 2**
- 3**
- 4**
- X**

Evidence _____

5.3 Ensures the woman’s physical and psychological comfort throughout the Pap smear procedure.

Examples from practice

- ▶ Utilises strategies to ensure the woman’s privacy is maintained e.g. using screens / blinds; providing a cover sheet etc.
- ▶ Facilitates the active participation of individual women in the Pap smear procedure e.g. through explanation; pacing the procedure according to the woman’s needs; ensuring the woman’s comfort.
- ▶ Uses strategies to accommodate the special needs of women with disabilities, using positions accordingly.
- ▶ Responds appropriately to an individual woman’s indication of pain, discomfort or distress.

Rating
(circle one only)

- 0**
- 1**
- 2**
- 3**
- 4**
- X**

Evidence _____

Competency 6

Acts to maintain the rights of women to make informed decisions.

6.1 Ensures the provision of Pap smear results are according to the needs of individual women.

Examples from practice

- ▶ Discusses the time and methods of notification of Pap smear results, to ensure women are informed and a mutually acceptable arrangement is made for receipt of results.
- ▶ Encourages women to take responsibility for obtaining their Pap smear results.
- ▶ Consistently uses effective communication skills so that women understand the significance of the Pap test results and follow-up procedures.
- ▶ Provides the woman with the opportunity for a copy of the Pap smear result to be sent to her medical practitioner.

Rating

(circle one only)

0
1
2
3
4
X

Evidence _____

6.2 Consistently and effectively ensures women are notified of their Pap smear results promptly.

Examples from practice

- ▶ Utilises strategies to ensure a Pap smear results and recall system is maintained. Demonstrates comprehensive knowledge to enable accurate interpretation of Pap smear results.
- ▶ Uses strategies to make contact with women whose Pap smear results are normal within four weeks of receiving the result.
- ▶ Implements strategies to ensure women with abnormal Pap smear results are contacted as soon as possible (maximum of four weeks).
- ▶ Ensures appropriate personnel/agencies are informed if the woman is unable to be contacted e.g. the cytology laboratory and/or cytology register.
- ▶ Maintains accurate documentation of Pap smear reports, contact with the woman and follow-up procedures.

Rating

(circle one only)

0
1
2
3
4
X

Evidence _____

Problem Framing and Solving

The competencies in this domain relate to the use of a well-developed and specialised knowledge base which has been derived from both education and experience. This knowledge base allows the nurse to effectively assess the client, and make meaningful interpretations, using problem solving strategies.^{1,2}

Competency 7

Integrates comprehensive health assessment and interpretive skills to achieve optimal care for women.

7.1 Obtains a comprehensive and accurate health history assessment and maintains accurate documentation.	
<p><i>Examples from practice</i></p> <ul style="list-style-type: none"> ▶ Utilises a wide variety of strategies to identify key issues of concern to the woman and responds sensitively, building trust. ▶ Utilises a systematic approach to obtain and document a comprehensive health history including: <ul style="list-style-type: none"> - first day of last normal menstrual period (LNMP) - obstetric/gynaecological history - Pap smear history - hormone replacement therapy - contraceptive history - vaginal infections etc. ▶ Documentation is comprehensive and accurate. 	<p><i>Rating</i> <i>(circle one only)</i></p> <p>0</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>X</p>

Evidence _____

7.2 Demonstrates accurate knowledge and expertise in the performing of the Pap smear procedure to ensure optimum sample of cells with minimal discomfort to the woman.

Examples from practice

- ▶ Utilises strategies to ensure minimal discomfort for the woman during the Pap smear procedure, e.g. checks bladder is empty, warms speculum, utilises appropriate technique to visualise the cervix.
- ▶ Utilises correct technique to ensure optimum sample for adequate Pap smear e.g. recognises and visualises transformation zone and squamo-columnar junction; uses appropriate equipment for collection of Pap smear; labels forms and slides etc.
- ▶ Consistently and effectively recognises vulval, vaginal and cervical variations.

Rating
(circle one only)

0
1
2
3
4
X

Evidence _____

Teamwork

The competencies in this domain relate to the practices essential for the maintenance of effective professional relationships. Competencies include the ability to establish and maintain effective relationships with other members of the health care team, in particular medical practitioners.^{1,2}

Competency 8

Collaborates with the health care team to achieve desired outcomes.

8.1 Establishes accurate knowledge of referral services to facilitate access for women

Examples from practice

- ▶ Consistently and effectively utilises available referral systems and networks.
- ▶ Consistently demonstrates appropriate referral to meet the needs of individual women and the required level of care.
- ▶ Communicates effectively to ensure the woman is informed and gives permission prior to referral.

Rating
(circle one only)

0
1
2
3
4
X

Evidence _____

8.2 Establishes and maintains collaborative and consultative relationships with professional colleagues, in particular medical practitioners.

Examples from practice

- ▶ Utilises effective strategies in order to establish a supportive relationship with a medical practitioner within the local community or area health service for referral purposes.
- ▶ Recognises differences in cytology reports and the need to clarify differences
 - with medical practitioner
 - with appropriate personnel in the cytology laboratory.
- ▶ Recognises the boundaries of nursing practice and the need to refer symptomatic women.
- ▶ Utilises a variety of strategies to advocate for women when the need arises.

Rating (circle one only)

0**1****2****3****4****X**

Evidence _____

Any other comments _____

References

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3. Competency Standards for the advanced registered nurse (2005). Australian Nursing Federation.
4. Australian Nursing and Midwifery Council (2004). *National Competency Standards for the registered nurse*.
5. National Cervical Screening Program (1997). *Making Quality Visible. National Standards for Nurse Pap Smear Providers. National Cervical Screening Program*. Commonwealth Department of Health and Family Services, Canberra.

APPENDIX 10

8.10 Guidance Sheet:- Peer Review Women's Health Clinical Skills Assessment

Clinical skills assessment (CSA) for Pap smear providers (PSP) is conducted using this Clinical Skill Assessment Tool (CSAT). The CSAT has been developed by the Cunningham Centre, and adapted with permission by the Queensland Cervical Screening Program.

Aim of CSAT

To provide a systematic review of clinical performance.

CSAT Framework

The Women's Health CSAT is developed under the framework of the:

- ▶ Competency Standards for the Advanced Nurse (ANF 2005).
- ▶ National Competency standards for the Registered Nurse (ANMC 2004).
- ▶ National Standards for Pap smear providers (NCSP 1997).

(And mapped against the National Standards for Pap Smear providers NCSP 1997).

The CSAT relate to the competencies, which have been identified as crucial to clinical performance at an advanced clinical practice level.

The Women's Health CSA conceptual framework has two subsets:

- ▶ The practice indicators are comprehensive and are the cues expected from the PSP for assessors to identify the appropriate responses/actions to meet the performance criteria.
- ▶ Other indicators may be relevant and the decision of this is up to the assessor. The assessor must exercise judgement on whether the PSP has demonstrated sufficient practice indicators or critical indicators in the context. In this CSAT minimum standards are required and are described below.

Assessment Criteria

Performance Criteria

- ▶ Grading "Achieved" or "Not Achieved".

Grading:

- ▶ "Observed" and "Not Observed".
- ▶ 80% of the total indicators (100% for critical indicators) must be observed for the performance criteria grading of "Achieved" to be recorded.

Critical Indicators:

- ▶ Are indicators coded as *** and indicate to PSPs and assessors that they are designated as critical indicators in the evaluation process and hence require special attention.
- ▶ It is essential that PSPs can competently achieve those indicators coded ***.
- ▶ All critical indicators must be observed by the assessor and documented in the "observed" column in the CSAT.
- ▶ Grading: "Observed" is required for achievement. "Not observed" requires reassessment.

PSPs who are unable to achieve competency will be entitled to one other attempt after which opportunities for further training and reassessment will be strongly advised.

Procedure Setting

This assessment is to be conducted in a clinical setting only.

Clinical skills assessors

The essential requirements to be an assessor are:

- ▶ Current registration with the Australian Health Practitioner Regulation Agency.
- ▶ Authorisation as a Non-medical Pap smear provider to access data on the Queensland Health Pap Smear Register.
- ▶ 2 years post-graduate clinical experience in Women's Health.
- ▶ Queensland Health Preceptor Program or equivalent.

Within the CSA Framework, the PSP will be assessed to determine whether they are competent to practice as a Non-medical Pap Smear Provider (PSP). By participating in a formal assessment process, they will be aiming to demonstrate safe, competent practice according to current legislation and nursing standards.

Pap Smear Providers are encouraged to undergo a CSA on an annual basis as recommended in the Queensland Health Policy, Protocols and Procedures Manual for Non-medical Pap Smear Providers.

Women's Health Clinical Competency Assessment:

<i>Performance Criteria</i>		<i>Achieved</i>	<i>Not Achieved</i>
1. Establish and maintain a caring relationship National Standards for PSP Standards 2, 3, 4			
<i>Critical Indicators</i>	<i>Indicators</i>	<i>Observed</i>	<i>Not Observed</i>
***	Introduces self and assessor to client		
***	Demonstrates concern and respect in all interactions		
	Recognises family / significant others as an integral part of care		
***	Demonstrates understanding of the significance of issues identified during the initial assessment		
***	Provides other relevant information (eg confidentiality)		
	Supports and assists the patient / family in times of crisis		
2. Obtain a comprehensive history National Standards for PSP Standards 1, 3, 4, 7			
<i>Critical Indicators</i>	<i>Indicators</i>	<i>Observed</i>	<i>Not Observed</i>
***	Elicit reasons for presentation and explore issues raised.		
***	Obtains Well Woman's Health Check as per PCCM, Clinical Practice Guidelines for Sexual and Reproductive Health or equivalent guidelines		
	General Health		
	▶ Any general health problems		
	▶ Significant illnesses in the past		
	▶ Surgical history		
	▶ Ask specifically about: diabetes, hypertension, skin conditions, epilepsy, asthma, migraines		
	▶ Medications (including oral contraception, complementary therapies, bush medicine)?		
***	Allergies - be specific, type of reaction experienced.		
	Social History Alcohol, tobacco and other drug use (includes injecting drug use)		
	Family History Any significant family history eg diabetes, cancer, heart disease, stroke, early deaths osteoporosis in near relatives		

<p>***</p> <p>***</p> <p>***</p> <p>***</p> <p>***</p> <p>***</p> <p>***</p>	<p>Reproductive History</p> <ul style="list-style-type: none"> ▶ Parity and obstetric history ▶ Last known menstrual period/menstrual cycle ▶ Menstrual concerns ▶ Any abnormal bleeding IMB PCB PMB ▶ Any urinary problems ▶ Contraception (both male and female) ▶ Any gynaecology concerns / surgery 		
<p>***</p>	<p>Sexual Health</p> <ul style="list-style-type: none"> ▶ Sexual history including-last sexual contact -casual or regular partner, type of sexual contact and other relevant issues indicated by cultural context and history ▶ Identify risk factors ▶ Past STI or related conditions- if yes, details of treatment/management ▶ Sexual Assault screen 		
<p>***</p>	<p>Breast History</p> <ul style="list-style-type: none"> ▶ Any breast concerns ▶ BSA confidence ▶ Mammogram history ▶ Family history of breast cancer 		
<p>***</p>	<p>Pap History</p> <ul style="list-style-type: none"> ▶ Reviews cervical screening history ▶ Gathers cervical screening history ▶ Date of last Pap smear ▶ History of cervical abnormalities ▶ Previous treatment 		
<p>***</p> <p>***</p>	<p>Preparation for physical examination</p> <ul style="list-style-type: none"> ▶ Prepares paperwork and slides as recommended ▶ Provides demonstration of equipment to be used ▶ Obtains consent for results to be sent to GP (if applicable) 		
<p>***</p>	<p>Client Education</p> <ul style="list-style-type: none"> ▶ Ensures client understands rationale for cervical screening ▶ Understands limitations of cervical screening ▶ Understands PSR Consents to PSR ▶ Checks clients knowledge of BSA ▶ Client consents and understands how to receive results 		
	<p>Handover to Assessor</p> <ul style="list-style-type: none"> ▶ Introduces Client to assessor ▶ Summarises and briefly presents the relevant history to assessor 		

3. Initiate physical examination of the patient National Standards for PSP Standards 1, 3, 5, 7			
<i>Critical Indicators</i>	<i>Indicators</i>	<i>Observed</i>	<i>Not Observed</i>
***	<ul style="list-style-type: none"> ▶ Provides clear explanations and rationale for all procedures. Encourages questions, and responds appropriately ▶ Obtains informed verbal consent for every procedure ▶ Prepares necessary equipment ▶ Ensures adequate lighting ▶ Ensures client comfort/ privacy at all time ▶ Provides opportunity for the client to empty her bladder prior to clinical examination 		
***	<p>Abdominal Palpation</p> <ul style="list-style-type: none"> ▶ Gently palpates the abdomen noting any tenderness or masses, in particular, any pelvic masses, enlarged liver and /or spleen 		
***	<p>Examination</p> <ul style="list-style-type: none"> ▶ Appropriately explains procedures as they are undertaken ▶ Inspects the vulva and perineum 		
***	<p>Speculum Examination</p> <ul style="list-style-type: none"> ▶ Chose appropriate speculum ▶ Moistens, warms and/or checks temperature of speculum (if applicable) ▶ Inserts speculum gently into the vagina using an appropriate technique ▶ Visualizes the cervix adequately ▶ Understands techniques to find difficult cervix ▶ Uses the appropriate instruments to sample the whole transformation zone in the recommended manner ▶ Transfers sample onto labeled glass slide in the correct manner and fixes specimen ▶ Collects other swabs for infection if indicated ▶ Withdraws the speculum gently 		
***	<p>Vaginal Examination (Bi Manual) – if indicated/required</p> <ul style="list-style-type: none"> ▶ Explains the examination clearly to the client ▶ Confirms consent to proceed ▶ Places one hand correctly on the client’s abdomen ▶ Inserts gloved fingers gently into the vagina ▶ Assesses pelvic floor muscle tone ▶ Locates cervix and displaces it laterally to assess tenderness ▶ Assess size, position and shape of the uterus ▶ Assesses the lateral fornices for masses and tenderness ▶ Explains findings to client in terminology that the client understands 		

***	Infection Control <ul style="list-style-type: none"> ▶ Maintains infection control measures ▶ Maintains cleanliness of work area ▶ Maintains ongoing infection control measures during procedure ▶ Disposes of equipment appropriately ▶ Cleans room for next client 		
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4. Clinical management

National Standards for PSP Standards 1, 3, 4, 5, 6, 7 & 8

<i>Critical Indicators</i>	<i>Indicators</i>	<i>Observed</i>	<i>Not Observed</i>
***	▶ Explains procedure/findings to client in terminology that the client understands		
***	▶ Provides client with appropriate educational material as needed		
***	▶ Consults with Medical Officer as necessary		
***	▶ Provides appropriate referral/s to Medical Officer if abnormality detected after discussing same with the client		
***	▶ Initiates appropriate treatment/management		
***	▶ Documents accurately and appropriately in Client record		
***	▶ Documents consent for PSR		
***	▶ Documents accurately on Pap Smear Record form		
***	▶ Documents accurately on Pathology request form and pathology specimen/s		
***	▶ Conducted consultation in an organized manner		
***	▶ Is non-judgmental towards client		
***	▶ Answers questions clearly and concisely		
***	▶ Creates an atmosphere that facilitates client participation		
***	▶ Asserts appropriate method of client receiving results		

5. Ongoing clinical management

National Standards for PSP Standards 1, 2, 3, 4, 6, 7 & 8

To be assessed once results available

***	Follow up <ul style="list-style-type: none"> ▶ Pap result is satisfactory 	<i>Observed</i>	<i>Not Observed</i>
***	▶ Client notified of result		
***	▶ Recall system in place		
***	Record of Pap smears <ul style="list-style-type: none"> ▶ Demonstrates adequate quality assurance of completed Pap smears (over 85% satisfactory/ endocervical component present) 	<i>Observed</i>	<i>Not Observed</i>

Addressed all relevant competency standard's subsets **Yes** **No** *(please circle)*

Please circle one: **Competent** **Reassessment required**

Assessor's comments _____

Assessor's name *(printed)* _____ Signature _____

Date _____

Assessor's position _____

Candidate's comments _____

Candidate's name *(printed)* _____ Signature _____

Date _____

APPENDIX 11

8.11 Guidance Sheet:- Professional Organisations

Cancer and cancer screening

Cancer Australia

www.canceraustralia.gov.au

Information concern cancer, including CanNET – the Cancer Service Networks National Demonstration Program which provides improved regional linkage and coordination of cancer services.

National Breast Cancer Centre

<http://www.nbcc.org.au>

Information relating to all aspects of breast cancer.

National Cancer Institute

<http://cancernet.nci.nih.gov>

Connects to a wide range of cancer information which has been reviewed by oncology experts and based on the results of current research. Provides free access to CANCERLIT database and the Journal of the National Cancer Institute. Designed for patients, health professionals or basic researchers.

Ovarian Cancer Program

<http://www.ovariancancerprogram.org.au>

Provides evidence-based information about ovarian cancer for health professionals and consumers.

PapScreen Victoria

<http://www.papscreen.org>

Up to date information about cervical screening issues for women, health professionals and media.

Queensland Centre for Gynaecological Cancer

<http://www.gcsq.org.au>

Information for women with gynaecological cancer (cervix, vulva, uterus, ovary, vagina, tubal) and for professionals.

Queensland Cervical Screening Program

www.health.qld.gov.au/cervicalscreening

Queensland Health site containing cancer screening information for both health professionals and consumers.

Contraceptive methods and family planning

Family Planning Queensland (FPQ)

<http://www.fpq.com.au>

Includes information on FPQ services as well as a range of factsheets on contraceptive methods, safer sex, childrens' sexuality, and various other sexual and reproductive health issues.

Natural Family Planning Program

<http://www.nfpprog.com/services/index.htm>

Contact details for NFPP, a national health initiative funded by the Commonwealth Government and administered by the NFP Board of Management on behalf of the Catholic Bishops of Australia. FPP promotes and delivers services in natural family planning and fertility awareness

Culturally & linguistically diverse resources

ECCQ Ethnic Communities Council:

www.eccq.com.au

Diethylstilbestrol

DES Action

<http://www.desaction.org>

Consumer organization dedicated to informing the public about diethylstilbestrol (DES) and helping DES-exposed individuals. Provides a link with researchers and the medical community.

DES - NSW Health

<http://www.health.nsw.gov.au/des/>

Australian site for women who were pregnant between 1938 and the 1980s, and their children.

Menopause

Australian Menopause Society

<http://www.menopause.org.au>

Site includes news, media releases, educational resources, grants, conference and membership information, and related links. Experts comment on recent articles or issues relating to the menopause.

Sexual and reproductive health

Queensland Health Sexual Health Services

www.health.qld.gov.au/sexhealth

Clinic Locations:

Termination of pregnancy

Abortion in Australia: Public Health Perspectives 2005

<http://www.phaa.net.au/abkit/PHAAAbortionkit.pdf>

Includes several factsheets with supporting statistics and references.

Children by Choice

<http://www.childrenbychoice.org.au>

Includes a wide range of fact sheets, many relating to Queensland.

Women's health

Jean Hailes Foundation

<http://www.jeanhailes.org.au>

Useful Australian site for women's health issues including menopause, sexuality, hormone replacement therapy, and complimentary therapies. The organisation is involved in clinical care, research, and community and professional education.

Polycystic Ovarian Syndrome Association of Australia (POSAA)

www.posaa.asn.au

Royal Aust & NZ College of Obstetrics & Gynaecology

<http://www.ranzcog.edu.au>

RANZCOG site has useful women's health information for both practitioners and consumers.

Women's Health Queensland Wide

<http://www.womhealth.org.au>

Includes factsheets on a range of women's health issues and access to lending library catalogue.

Queensland Cervical Screening
Program

Manual for Authorised Pap smear providers

For more information please contact the
Queensland Cervical Screening Program

Call **13 15 56**

or visit www.health.qld.gov.au/cervicalscreening

