
Chapter 4 –Providing a Smear-taking Service

In this Chapter

Introduction This chapter contains information about the smear-taking services and the NCSP and applies to both primary care smear takers and those within a secondary care environment.

Contents

Topic	See Page
Introduction	2
Role of the Smear taker	3
Training and Continuing Education	5
Internal Quality Control	7
External Quality Assurance	8
Improving Women's Participation in the NCSP	9
Informed Consent Regarding a Smear Test	10
Smear-taking Environment	11
Enrolment in the NCSP – Register	12
Taking the Smear	13
Obtaining an Optimal Test	14
Infection Control Processes	18
Communication between the NCSP and Women	19
Information Required by the Laboratory	20
Communicating Results to Women	23
Recall and Referral Process	24

Chapter 4 –Providing a Smear-taking Service

Introduction

Smear-taking services for women

For most women having a cervical smear is an important decision about their health and well being. Women are encouraged by friends, family, and key health professionals such as their GP to have regular smears. Fear of being told they have cancer is one of the main reasons for not having a smear.

For Maori women, the notion of tapu accorded to reproductive organs is a significant issue. Providers of smear-taking services should be mindful of this in encouraging Maori women to participate in the NCSP.

The quality of the smear-taking service is critical in determining the overall quality of the NCSP. The NCSP operates in partnership with those who take cervical smears in order to assure women of this quality.

E aro ki te hā o te wahine.

Respect the dignity of women.

Chapter 4 –Providing a Smear-taking Service

Role of the Smear Taker

Role of the smear taker

Smear takers play a key role in the NCSP. Smear takers are responsible for:

- Identification of women for whom screening is recommended and the maintenance of appropriate call and recall systems
- Educating women about the importance of regular cervical smears
- Educating women about the benefits and limitations of cervical screening
- Educating women about the objectives of the NCSP and the benefits of participating in the NCSP
- Informing women about what information is collected, who can access the information stored on the NCSP-Register and what this information may be used for, including evaluation of the Programme
- Informing women about how the programme is evaluated, including evaluators ability to access personal health records
- Advising women that they will be enrolled on the NCSP, but that they may withdraw and how they may do this
- Explaining to women, that regardless of a normal smear result, any signs or symptoms suggestive of cervical cancer need to be reported to her general practitioner immediately
- Informing women about the procedure of taking a smear
- Providing a smear-taking service
- Ensuring women are referred for specialist assessment and investigation when required and co-ordinating their on-going care when investigations are complete
- Sending a copy of smear results to the woman's GP, if the smear taker is not her regular GP provided the woman has consented to this.

In most instances, a woman will pay a normal consultation fee to have a smear taken. Some smear takers also charge for the use of additional equipment.

Continued on next page

Chapter 4 –Providing a Smear-taking Service

Role of the Smear Taker, Continued

Failsafe mechanisms

Smear takers must have in place mechanisms to ensure a result is received for each smear taken.

Smear takers must have in place protocols to ensure women are recalled, as appropriate, for regular smears.

Smear takers must have in place protocols to ensure women with abnormal smears receive appropriate follow-up.

Liaison with the NCSP Regional Services

The Ministry of Health contracts with 13 DHB's to provide regional co-ordination services for the NCSP. One of the roles of the Regional Services is to liaise with smear takers. This includes sending information out to new practitioners providing a smear-taking service to women.

New smear takers must contact their Regional Service to make themselves known and to receive the required information about the NCSP.

Regional Services act as a resource for smear takers and additional information or pamphlets can be obtained by contacting the Authorised Health Education Resources Providers (See Appendix 2).

NCSP resource material

Smear takers should have a process in place to ensure that the practice has an ongoing supply of NCSP resource material. Resources are available from the Authorised Health Education Resources Providers (see Appendix 2) or call 0800 729 729.

Chapter 4 –Providing a Smear-taking Service

Training and Continuing Education

Training requirements All smear takers are required to complete cervical screening training through one of the training programmes listed below:

- Training as part of a medical degree
 - NZQA Midwifery Training programmes
 - NZQA Accredited courses for non-medical smear takers.
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Standard 401 **All smear takers will complete a recognised educational course in smear-taking practice prior to providing a smear-taking service for women.**

Competencies for smear takers The NCSP expects smear takers to have an up-to-date knowledge of smear-taking techniques, screening issues and the NCSP, including its benefits and limitations.

Other standards for smear takers Additional standards that link with the provision of screening services include:

- Aiming for Excellence in General Practice, RNZCGP Standards for General Practice, April 2000.
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Chapter 4 –Providing a Smear-taking Service

Training and Continuing Education, Continued

Maintaining competency

Smear takers are expected to maintain their competency by:

- Taking smears on a regular basis
 - Reading current information from the NCSP and relevant journal articles
 - Attending regular clinical updates run by relevant professional bodies and NCSP Regional Services
 - Attending regular continuing education updates on cervical screening or related topics.
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Chapter 4 –Providing a Smear-taking Service

Internal Quality Control

Internal quality control Smear takers should monitor the screening coverage of their female patient population and their individual adequacy and abnormality rates by quantifying feedback from the laboratory or using the Quality of Smears report produced by the NCSP Regional Services, and by carrying out smear taker / practice audit.

Inadequate sampling and preparation are responsible for a significant proportion of false negative results. Improvement in sensitivity of the screening programme needs to begin with the smear taker with high quality smear-taking, preparation and fixation.

Smear takers who persistently have high rates of “unsatisfactory” smears should seek further training in smear-taking techniques. The accepted adequacy rates of smears (A1) is 80% or higher.

NCSP Regional Co-ordinators and laboratories can be a support resource for smear takers experiencing quality issues or difficulty with smear-taking.

Chapter 4 –Providing a Smear-taking Service

External Quality Assurance

**External
quality
assurance**

It is expected that smear takers will participate in an external quality assurance process relevant to their general sphere of practice.

**Monitoring and
Audit of the
NCSP**

The national indicators and targets for monitoring the NCSP have been agreed and are monitored by an independent monitoring group. Quarterly monitoring reports are produced and any issues arising from the reports are followed up by the National Screening Unit.

Chapter 4 –Providing a Smear-taking Service

Improving Women’s Participation in the NCSP

Improving participation in the NCSP

There are some critical factors that improve women’s participation in the Programme. These include:

- Support of the NCSP by the health promoter, smear taker, primary care provider, and colposcopist
 - Information about the NCSP and its benefits and limitations
 - Informing women that policy, standards, monitoring and evaluation are in place.
-

Encouraging women to have regular smears

A key role played by the smear taker is that of encouraging women to have regular smears in accordance with the Screening Recommendations in Chapter 2 of this manual. The main strategies that should be used by smear takers to encourage women to have regular smears are:

- Taking the initiative and raising the issue of cervical smears with women
 - Maintaining an identification and recall system which identifies women who are due to have their first smear, and women who are due to be recalled for subsequent screening
 - Ensuring women are physically and psychologically comfortable
 - Making sure that every woman knows how she will receive her results and knows when her next smear test is due.
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Standard 402

Smear takers will invite or recall women and provide a smear-taking service in accordance with the Screening Recommendations 1997 summarised in Chapter 2 of this manual.

Standard 403

Smear-taking providers will ensure that women have access to information about a range of smear-taking providers.

Standard 404

Smear-taking providers will ensure that Maori women are given information about other options for smear-taking, including services provided by Maori.

Chapter 4 –Providing a Smear-taking Service

Informed Consent Regarding a Smear Test

Women’s informed choice for the smear

To ensure women are able to make an informed choice about having a cervical smear test, it is important that full information about the procedure is provided.

For many women information on screening can occur in the context of a general discussion on women’s health. Information about screening, the NCSP and enrolment on the NCSP should be presented to women in a language and manner that is culturally appropriate. When women demonstrate discomfort or difficulties due to language or cultural barriers, linkages should be made with services more appropriate to the woman’s needs.

Information to ensure informed consent

To ensure sufficient information has been provided, smear takers must discuss the following:

- The preventative function of having a smear and that it is a way of detecting pre-cancerous changes to cervical cells; and
- The difference between a screening test¹ and a diagnostic test explaining that the smear test is a screening test only and as such has inherent limitations; and
- The procedure, equipment and the anatomy involved in the detail required; and
- The importance of having regular cervical screening tests; and
- Agree how all results will be provided; and
- The objectives of and the benefits of participating in the NCSP (including the letters and information women will receive from the NCSP); and
- Who can access the information stored on the NCSP-Register; and
- The uses to which this information may be put; and
- How a woman may prevent or cancel her enrolment in the Programme, if she wishes to do so.

Pamphlets are available to facilitate the provision of the above information and process to women.

¹ A screening test is performed on a woman who has no symptoms whereas a diagnostic test is usually performed where a woman who has symptoms requires a diagnosis.

Chapter 4 –Providing a Smear-taking Service

Smear-taking Environment

Providing an appropriate environment

Cervical smear-taking services should be provided in an environment that respects the dignity and autonomy of women. This includes the points listed below:

- The space must be private, secure and warm
 - Women should be offered a chaperone or/to have their support person present
 - The smear taker should consider their own requirement for a chaperone
 - The choice of a female smear taker should be offered wherever possible.
-

Women with special requirements

Some women will have special requirements, which the smear taker should take into consideration when taking a smear, for example, women with physical disabilities, intellectual disabilities or women who have been sexually abused. Smear takers should make every effort to provide these women with an environment and smear-taking process that accommodates their requirements.

Chapter 4 –Providing a Smear-taking Service

Enrolment in the NCSP

Enrolment in the NCSP

Enrolment in the NCSP occurs when a woman's details are entered onto the NCSP-Register. This usually occurs when the first smear or histology result is received by the NCSP.

Smear takers must notify women at the time of their first smear that their result will be forwarded to the NCSP and recorded on the NCSP-Register, unless they choose to withdraw.

Notification to women about the NCSP

Smear takers are required to ensure all women receive the following information:

- The objective and benefits of participating in the NCSP
- The benefits and limitations of cervical screening
- Importance of providing accurate ethnicity information
- Who has access to the information stored on the NCSP-Register
- The uses to which this information may be put
- The NCSP information pamphlets including the appropriate language pamphlets e.g. Maori.

Pamphlets are available to facilitate the provision of the above information and process to women.

Standard 406

Smear takers including specialists will ensure women have been provided with the required information prior to taking a smear or a histology sample.

Chapter 4 –Providing a Smear-taking Service

Taking the Smear

Stages involved Once the woman has decided to have a smear the key stages involved in taking a smear test are listed in the table below.

Stages	Action
1	Take a history.
2	Complete all the details on the NCSP Laboratory Referral Form.
3	Ensure that all the equipment is clean and avoid contamination throughout the process.
4	Insert the speculum and identify the Transformation Zone.
5	Choose sampling instruments that best suit the shape of the Transformation Zone in order to sample the whole of the Transformation Zone. If an ectropion is present the sample must include the ectropion and the ectropion border.
6	Transfer the cervical cell sample onto the glass slide or into a liquid preparation to fix immediately.
7	Discuss with the woman how she will receive her result and future follow-up.
8	Document details on the woman's clinical record.

Visible abnormalities or abnormal bleeding

The smear taker should be aware that a woman with any visible abnormality of the genital tract or cervix, or abnormal vaginal bleeding should be referred to a gynaecologist for further investigation regardless of the cytological findings.

A normal or unsatisfactory smear can occur in the presence of an invasive carcinoma of the cervix or endometrial carcinoma and clinical suspicion of cancer should overrule a normal smear report.

Chapter 4 –Providing a Smear-taking Service

Obtaining an Optimal Smear

The importance of a good specimen²

There are two important elements in ensuring accurate smear results – good smear-taking technique and rigorous cytological examination. An optimal smear test contains:

- Sufficient mature and metaplastic squamous cells to indicate adequate sampling from the transformation zone
 - Sufficient endocervical cells to indicate that the upper limit of the transformation zone was sampled, and to provide a sample for screening for adenocarcinoma and its precursors.
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Cervical ectropion

A cervical ectropion appears as a well-demarcated red velvety area on the ectocervix, extending into the endocervical canal. Almost every premenopausal woman has a cervical ectropion. It is normal, and represents an area of normal columnar cells on the ectocervix. It is less common in older women. Ectropion was formerly known as erosion. It is important to sample around the edge of the ectropion not just the inner os.

Continued on next page

² Reference: Screening for the Prevention of Cervical Cancer, Commonwealth of Australia 1998

Chapter 4 –Providing a Smear-taking Service

Obtaining an Optimal Smear, Continued

Inadequate smears and possible improvement measures

A number of causative factors have been identified as contributing to inadequate smears.

Where a smear taker has ongoing problems with smear-taking technique they should refer back to their training notes, seek advice from the laboratory and / or a colleague, and seek retraining if necessary.

The table below lists some of these factors including suggested methods that may assist the smear taker in improving the quality of the smear.

Possible Causative Factor	Suggested Improvement Measures
The woman may be tense for a variety of reasons	Establish rapport or refer her to another smear taker.
The cervix could not be visualised adequately	Use a speculum of a different size or reposition the woman either dorsally or laterally. Where there is still difficulty in locating the cervix, establish the position by doing a bimanual examination
Inadequate sampling of the Transformation Zone	Revise technique to ensure that the spatula / broom / cytobrush samples the whole of the Transformation Zone.
Cellular material not adequately transferred to the slide	Revise technique.
Poor spread of the sample on the slide: <ul style="list-style-type: none"> • Too thin • Too thick • Cell distortion due to excess pressure 	Revise technique.
Poor fixation	Ensure potency of fixative solution and revise technique.
Cervix covered in inflammatory exudate due to infection or inflammation	Consider postponing the smear until the infection has been treated. Where this is not possible gently swab secretions away prior to taking the smear.

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Chapter 4 –Providing a Smear-taking Service

Obtaining an Optimal Smear, Continued

Inadequate smears and possible improvement measures (continued)

Possible Causative Factor	Suggested Improvement Measures
Contact bleeding on taking the smear	Use the instruments in the following order when taking the smear – spatula or broom followed by the cytobrush.
Timing of the smear: <ul style="list-style-type: none"> • During menstruation • During the second half of the menstrual cycle (due to cytolysis) 	Optimal timing for taking a smear is mid cycle.
Timing of the smear: <ul style="list-style-type: none"> • Previous smear within the previous month (due to higher false negative rate) 	If a repeat smear is required it is preferable to wait 3 months.
Contamination with lubricant	Where possible use warm water to lubricate. Commercial lubricants may interfere with the examination of the smear so should be used sparingly if at all.
Contamination with spermicide or vaginal cream	It is preferable to postpone the smear. Otherwise, wipe the spermicide or cream from the cervix prior to taking the smear.
Difficulty in obtaining endocervical cells in postmenopausal women, women using Depo Provera, breastfeeding women or women post treatment	Use the cytobrush after the spatula or broom. A course of topical oestrogen therapy prior to having the smear test done may be beneficial in some cases.
Difficulty in visualising the transformation zone	Use the cytobrush after the spatula or broom
Incorrect or inadequate labelling of the slide or laboratory referral form	Review technique. Refer standards 407 and 408.

Continued on next page

Chapter 4 –Providing a Smear-taking Service

Obtaining an Optimal Smear , Continued

Transformation zone not visible In some women, particularly peri-and post-menopausal women, the transformation zone is often within the endocervical canal and not visible. A cytobrush should follow the use of a spatula or broom. A cytobrush usually gives a good endocervical cell sample, but when used alone will not give an adequate ectocervical sample.

Two samples on one slide. If two sampling instruments are used, it is preferable for both samples to be placed adjacently on one slide.

Chapter 4 –Providing a Smear-taking Service

Infection Control Processes

Infection control processes

The use of inadequately decontaminated instruments and appliances during examination of the vagina and cervix may lead to the transmission of infection. Smear takers must have appropriate infection control processes in place including:

- Documented policies and procedures that outline infection control practices for cleaning, disinfection and sterilisation
- Steam steriliser or autoclave for sterilisation, used appropriately, for sterilisation of reusable instruments and materials
- Surgically clean instruments are stored in a manner that ensures they remain clean
- Regular monitoring and review of infection control procedures to ensure their effectiveness.

Ensuring ‘single use only’ use if decontamination of instruments and appliances cannot be carried out effectively.

Standard 405

The smear taker’s practice will have appropriate infection control procedures and facilities.

Use of disposable speculum

The use of disposable speculum for taking cervical smears is preferable to non-disposable. Following single use the disposable speculum should be discarded.

Chapter 4 –Providing a Smear-taking Service

Communication between the NCSP and Women

Letters

Once enrolled on the NCSP women should expect to receive letters from the NCSP. The letters are generated automatically by the NCSP–Register and are based on laboratory recommendations, the woman’s smear and histological history and relevant clinical information. The main types of letters sent to women include:

- an initial welcome letter on enrolment which confirms the result of the initial smear at time of enrolment, gives the recommendation for the next smear or referral, shows the woman’s details held on the NCSP-Register and encourages the woman to contact the NCSP to update any missing or incorrect information
- result and recommendation letters if the woman has a subsequent smear with an abnormal result
- at least one reminder letter is sent to women overdue for their smear test
- letters to women who no longer require smear tests.

A woman with a completely normal smear history, who has timely smears is likely to only ever receive two letters from the NCSP. This does not mean she is not enrolled on the NCSP.

Result and recommendation letters

If the result is not normal a letter will be sent to the woman. This letter is delayed by approximately 10 days to allow the smear taker time to inform the woman of her result. The letter will contain the laboratory result and a recommendation for recall or referral. This acts to ensure where possible, that the woman is aware of her result and allows her to initiate appropriate ongoing care when necessary.

Reminder letters

Reminder letters are sent to women with a normal smear history who are six months or more overdue, and to women with an abnormal smear history who are three months or more overdue.

Women’s access to their data

Women can obtain information about letters, results, smear histories and access to their data by contacting the NCSP Regional Service in their area (see Appendix 6) or by phoning 0800 729 729.

Chapter 4 –Providing a Smear-taking Service

Information Required by Laboratory

Provision of information on slide and referral form

The provision of sufficient accurate information on both the cervical smear slide and the laboratory referral form is essential to allow for:

- appropriate processing of the smear
 - the assigning of the appropriate recall date or recommendation for referral
 - appropriate processing of the result information by the laboratory and the NCSP including ensuring the result is matched to the correct woman
 - accurate evaluation and monitoring of the programme.
-

Minimum information on the slide

Specimens submitted for gynaecological cytology or histological examination must be permanently marked in such a way as to ensure an unambiguous identification with the laboratory referral form. The minimum information required on the slide is:

- Woman's family or surname and initials of first or given names, and
 - Date of birth or NHI.
-

Standard 407

Smear takers will provide the woman's family name or surname and initials of first or given names, and date of birth or NHI on all cytology slides.

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Chapter 4 –Providing a Smear-taking Service

Information Required by Laboratory, Continued

Minimum information on the laboratory referral form

If the NCSP laboratory referral form is correctly completed, the minimum requirements will be met. If providers choose to have their own forms or electronic versions the minimum information required on the laboratory referral form is as follows:

- Demographic information
 - NHI
 - Surname / family name, first names in full (including other versions of)
 - Other surnames including maiden name and other names known by, if appropriate
 - Date of birth
 - Postal address
 - Contact phone number
 - Ethnicity
- Smear taker information
 - Health Team number
 - Smear taker's registration number
 - Smear taker's name
 - Name and address of clinic
 - Signature of smear taker
- Clinical information
 - Date test taken
 - If urgent whether to fax or phone and the appropriate number
 - The woman's gynaecological history
 - The smear site
 - The smear technique and the number of slides used
 - Type of swab if taken
 - Any other relevant clinical information that may influence either the result or the laboratory recommendations for recall or referral, eg signs or symptoms, appearance of the cervix, date of LMP, if postnatal, and contraception method
 - If histology the site of the sample and any other relevant information
- Other information
 - Address if additional copy of result required

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Chapter 4 –Providing a Smear-taking Service

Information Required by Laboratory, Continued

- Standard 408** **Prior to sending the form and the specimen to the laboratory smear takers must ensure that;**
- (a) the minimum information (as above) is supplied on a generic laboratory referral form,**
 - or**
 - (b) all details on the NCSP Laboratory Referral form are completed.**
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Chapter 4 –Providing a Smear-taking Service

Communicating Results to Women

Communicating results to women Smear takers or the practice nurse should ensure all women know how to get the results of their smear. All smear takers must have in place a consistent policy regarding the provision of all results to each woman and communicate this to all women.

Women should be reminded at the time of being given their results when to return for their next smear.

If the results are abnormal and follow-up or referral is required, the smear taker should inform women in a gentle and sensitive manner. They should be given full details of the result and advised of the process for follow up or referral as indicated. Women should be given the opportunity for an appointment for further discussion and provision of information about the possible diagnostic procedures required.

The woman should also be given a contact number for the smear taker so they can call back if necessary with questions or concerns after being notified of the results.

NCSP resources are available to assist smear takers in providing women with result information.

Standard 409 **Smear takers will ensure that 100% of women know how they will be notified of their results.**

Chapter 4 –Providing a Smear-taking Service

Recall and Referral Process

Responsibilities of the smear taker following taking a smear

The smear takers follow up responsibilities include:

- Checking that smear results have been received within 14 working days of the smear being taken
- Checking the laboratory recommendation against the smear history
- Ensuring women understand the process for receiving their result within 16 working days
- Recall and referral of women with abnormal results or clinical indications that referral is required
- Recalling women in accordance with the laboratory recommendations and clinical indications
- If the recall is not in accordance with the laboratory recommendation, notifying the NCSP and the laboratory of the change of recall
- Contacting women who require further investigation and fail to attend
- Monitoring the NCSP-Register reports, updating the information and returning to the NCSP Regional Service, and wherever necessary, making every attempt to contact women on the reports
- Ensuring continuity of service to women by informing the NCSP of changes in women's clinical status or demographic information.

Obtaining results from the laboratory

There should be a mechanism within each practice to ensure that results are obtained from the laboratory in a timely manner. If the results are not received, the smear taker (or other practice staff) should communicate with the laboratory to ensure that the laboratory received the smear and that a report will be forthcoming.

Standard 410

Smear takers will have processes in place to ensure that results are obtained from the laboratory within 14 working days of sending the cervical cytology to the laboratory.

Continued on next page

Chapter 4 –Providing a Smear-taking Service

Recall and Referral Process, Continued

**Recall
mechanisms**

Smear takers need to ensure processes are in place to recall women and to ensure that women are appropriately followed up.

The process should include:

- if a woman is on a normal screening interval there should be a minimum of two attempts within six months of the recall date
- if a woman requires a recall within or at twelve months a minimum of three attempts within three months of the recall date.

These processes can include contacting the woman by letter or phone as appropriate to the woman. If still unable to contact the woman the NCSP Regional Service should be notified.

Continued on next page

Chapter 4 –Providing a Smear-taking Service

Recall and Referral Process, Continued

Standard 411 **Smear takers will recall women in accordance with laboratory recommendations on smear results and clinical indications.**

Follow up of women not enrolled on the NCSP There is added responsibility on the smear taker for women who decline to enrol on the NCSP. Women should be made aware of the fact that they will not receive follow-up from the NCSP if they are not enrolled.

Referral to colposcopy service Colposcopy services referral recommendations for the NCSP are detailed in “Cervical Screening Guidelines for Management of Women with an Abnormal Smear” NCSP Ministry of Health 1999.

Referral of women with abnormal smears to colposcopy should occur promptly and a copy of the cytology result must accompany the referral letter.

Where there are female colposcopists available women should be informed of this and if desired the referral may request a female colposcopist.

Standard 412 **Smear takers will have processes in place, which ensure all women with an abnormal smear result are appropriately followed up.**

Filing The smear taker should see all laboratory results, and initiate appropriate recall or referral prior to the results being filed.

All reports, results and letters which identify an individual woman must be held in accordance with the Health Information Privacy Code. Wherever possible a lockable cabinet or secure premises are to be utilised. Confidentiality of clients records are to be maintained at all times.

Transfer of women if a smear taker ceases to perform smear-taking. In the event that a smear taker ceases to perform smear taking, the smear taker must arrange for an appropriate smear taker to take over the client base and recall system.

The smear taker must ensure that a process is in place with the new smear taker that ensures women are informed of the change before or at the time of recall.
