

Competencies for Cervical Screening Education and Training



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Introduction

The National Cervical Screening Programme (NCSP) National Policy and Quality Standards (NPQS) requires all people who are performing cervical screening to have completed a recognised educational course in cervical screening through one of the following training programmes:

- A New Zealand Qualifications Authority (NZQA) accredited cervical screening course
- Training as part of a medical degree
- Training as part of a midwifery training programme.

Guidance on the training requirements for sample takers trained overseas who intend to undertake cervical screening in New Zealand is provided in this document.

From the NCSP Policy and Quality Standards: Section 3 – Cervical Screening Services

Standard 3.1.1: People performing cervical screening must complete a recognised educational course in cervical screening before providing cervical screening services.

The competencies in this document have been developed by the NCSP to provide information on the skills, knowledge and attributes expected of health practitioners who are performing cervical screening services and to ensure they are trained to provide consistent, high-quality cervical screening services. It draws on the experience of training course providers and other key stakeholders.

The competencies are primarily intended for use by trainees, supervisors and accredited training providers of the New Zealand Qualifications Authority (NZQA) unit standard 29556 (*Conduct cervical screening*), and they align closely with this unit standard.

Employers, district health board (DHB) or regional NCSP services and medical and midwifery students and their educators will also find this document useful. Cervical sample takers who trained under earlier standards should also refer to these competencies to check the currency of their skills.

Abbreviations

DHB	District health board
HPI	Health Practitioner Index
HPV	Human papillomavirus
NCSP	National Cervical Screening Programme
NPQS	National Policy and Quality Standards
NSU	National Screening Unit
NZQA	New Zealand Qualifications Authority
STI	Sexually transmitted infection

1 Training programme providers

In order to ensure nationally consistent teaching and assessment standards, providers of training programmes are required to be registered and accredited by NZQA to deliver unit standard 29556. An accredited provider is required to engage in the NZQA moderation system for unit standard 29556. Training programme providers should have links with DHB or NCSP regional services.

2 Entry to a cervical screening training programme

New Zealand registered health practitioners

Entry to cervical screening training is restricted to individuals who meet the following criteria.

The applicant is a registered health practitioner and the professional group to which they belong has a scope of practice that includes cervical screening such as a medical practitioner, nurse practitioner, registered nurse, enrolled nurse or midwife. They must:

- a have a current New Zealand practising certificate
- b be supported by a clinical supervisor (training) to complete the clinical component of the course (see Appendix 1: Definitions for more details about this role)
- c possess professional/personal indemnity insurance
- d have access to an appropriate client base who require cervical screening to ensure they can maintain their competency.

Health practitioners not registered in New Zealand intending to practice in New Zealand or overseas

Under exceptional circumstances, health practitioners who do not have a current New Zealand registration but who intend to practise cervical screening in New Zealand or overseas will be considered to be eligible for cervical screening training.

Applications will be considered on a case-by-case basis by the National Screening Unit (NSU). The applicant will need to:

- have a scope of practice that includes cervical screening
- have evidence of an employment background in the health sector (references must be provided)
- demonstrate there is strong community support and a need for the screening services they intend to provide
- show competence in the English language
- confirm they have a clinical supervisor (training) to provide supervision until they have been assessed as being competent
- confirm that ongoing supervision will be provided by a permanent clinical supervisor if the applicant is not a medical practitioner, registered nurse, nurse practitioner or midwife.

Notes

The health practitioner will not be able to practise cervical screening in New Zealand without full registration and a current practising certificate.

Contact the Ministry of Health NCSP programme manager for more details.

Recognition of previous learning

In recognition of previous learning, training providers may adapt the course requirements at their discretion and/or in collaboration with the NSU.

3 Components of the programme

Theoretical component

The applicant must complete a minimum of 20 hours of theory in a cervical screening training programme, which covers the competencies outlined in section 5 of this document – Required competencies for cervical sample takers. The theoretical component involves either a written assessment (eg, of a workbook or assignments based on case studies) and/or an oral assessment using an assessment tool developed by the provider.

Practical component

This component involves the applicant performing cervical screening supervised by a clinical supervisor (training). The objective is to ensure that the applicant:

- becomes confident and skilled in sample-taking
- is able to recognise normal from abnormal clinical findings
- recognises the limitations of their knowledge and experience and when to consult with or refer to a medical practitioner or specialist.

The practical component is assessed by a clinical assessor using an assessment tool developed by the provider.

Before the applicant is eligible for assessment, they must have taken at least 15 cervical screening samples¹ that meet the standard described in Competency 8: Cervical sample taking practice. The clinical supervisor (training) can then decide if the applicant is ready to proceed without further direct supervision but with ready access to their nominated supervisor.

At that stage, the clinical assessor can decide to provide the applicant with a formative assessment of their practice (ie, a mock version of the final assessment), or proceed with the final assessment.

Training providers should have a strategy for reviewing applicants who do not meet the practical component of the course. Re-enrolment may be required if the practical component is not completed within one year.

¹ This requirement may be modified at the discretion of the training provider in recognition of previous learning.

Assessing overseas-trained sample takers

From the NCSP Policy and Standards: Section 3 – Cervical Screening Services

Standard 3.1.3: The employer is responsible for ensuring that any overseas-trained sample taker holds a current New Zealand practising certificate and meets the NCSP training requirements for cervical screening.

It is strongly recommended that health practitioners with overseas qualifications in cervical screening who want to provide services in New Zealand undertake additional training to cover competencies that are specific to the New Zealand setting.

This document can be used as a checklist of the knowledge and skills required in a New Zealand setting. Appendix 2: Competencies of particular importance to overseas-trained cervical sample takers outlines the expected areas of competence that are most likely to be specific to New Zealand and that would vary from other similar programmes.

Health practitioners from overseas should contact their local cervical screening training provider for an assessment of their previous learning and appropriate modification of the course, as required.

The overseas-trained applicant can be assessed in various ways, for example, they can:

- attend a course for sample takers who have been trained overseas
- attend sessions covering the areas outlined in Appendix 2 and, depending on previous training, covering any other competencies that may be required.
- provide a portfolio to an approved assessor containing evidence of their practice and the ability to meet the cervical screening competencies applicable in a New Zealand setting
- complete a workbook specifically designed to cover in detail all areas specific to New Zealand.

Once this has been completed a clinical assessor can take the overseas-trained cervical sample taker through a practical assessment. The assessor should also check the sample taker's sample adequacy rate.

4 Required texts

- 1 *National Cervical Screening Programme Policy and Standards*, with particular emphasis on Section 3 – Cervical Screening Services. URL: www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/policies-and-standards
- 2 Part 4A of the Health Act 1956. URL: www.legislation.govt.nz/act/public/1956/0065/latest/DLM305840.html
- 3 Code of Health and Disability Services Consumers' Rights. URL: www.hdc.org.nz/the-act--code/the-code-of-rights
- 4 *Bethesda 2001 (New Zealand modified): Codes, descriptors and assessment of sample adequacy for cytology laboratories*. URL: www.nsu.govt.nz/publications/bethesda-2001-nz-modified-codes-cytology-laboratories
- 5 *NCSP Guidelines for Cervical Screening in New Zealand*. URL: www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/cervical-screening-guidelines
- 6 NCSP resources for women including:
 - *Prevention of cervical cancer. A guide for women in New Zealand*
 - *Cervical Smear Tests: What women need to know*
 - *Cervical Screening: What wāhine need to know*
 - *Cervical Screening: What Pacific women need to know*
 - *Cervical Screening: Understanding cervical smear test results*
 - *Colposcopy: Information for women who have abnormal smear test results*.

These resources are available from the NSU website: www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/national-cervical-screening-programme

Additional recommended reading

- 1 Nursing Council of New Zealand. 2005. *Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice*. Wellington: Nursing Council of New Zealand. URL: www.nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses
- 2 Medical Council of New Zealand. 2006. *Statement on Cultural Competence*. Wellington: Medical Council of New Zealand. URL: www.mcnz.org.nz/news-and-publications/statements-standards-for-doctors/#Content-h2-5
- 3 Health Information Privacy Code. URL: <https://privacy.org.nz/the-privacy-act-and-codes/codes-of-practice/health-information-privacy-code/>
- 4 NSU. Cervical Screening Coverage. URL: www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/cervical-screening-coverage
- 5 NSU. NSCP Publications and Reports. URL: www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/publications-and-reports

5 Required competencies for cervical sample takers

Notes:

- 1 Throughout this section reference is made to the relevant NZQA and NCSP NPQS standards that apply to each competency.
- 2 NZQA unit standard 29556 Conduct Cervical Screening is found on URL: <http://www.nzqa.govt.nz/nqfdocs/units/pdf/29556.pdf>
- 3 'NCSP Guidelines' refers to the NCSP *Guidelines for Cervical Screening in New Zealand* URL: www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/cervical-screening-guidelines.
- 3 'NCSP Competencies' as discussed in the NZQA unit standard 29556 refers to this document, the *Competencies for Cervical Screening Education and Training*.

5.1 Overview of cervical screening in New Zealand

Competency 1: Overview of cervical screening in New Zealand

Outcome: Women have cervical samples taken by a person with sound knowledge of cervical screening in New Zealand.

NZQA unit standard 29556

Outcome 1 – Demonstrate understanding of the NCSP

- 1.1 A cervical screening programme is explained in terms of the context of women's health as identified in the NCSP Competencies.
- 1.2 Women's participation in the cervical screening pathway is described as per the NCSP Policies and Standards and the NCSP Guidelines for Cervical Screening in New Zealand.

NCSP Policy and Quality Standards: Section 3 – Cervical Screening Services

- 3: Invitation and recall
- 4: Informed consent and communication

Competency statement	Performance requirements
Demonstrates knowledge of the NCSP	<p>Can explain the principles of population-based screening.</p> <p>Demonstrates knowledge of the NCSP, including:</p> <ul style="list-style-type: none"> • the programme objectives • the screening pathway • recent developments. <p>Knows the priority groups for screening in New Zealand and the programme’s aim to achieve equitable access to and through the cervical screening pathway (see Appendix 1 for a definition of priority-group women).</p> <p>Demonstrates knowledge of cervical screening in the context of women’s health and sexuality, and human papillomavirus (HPV) immunisation.</p> <p>Identifies the normal screening age range and screening interval and the reasons for:</p> <ul style="list-style-type: none"> • minimising routine screening of women under the recommended starting age for screening • minimising short-interval re-screening. <p>Demonstrates knowledge of:</p> <ul style="list-style-type: none"> • cervical screening services • the function of the NCSP Register and forms and reports • relevant NCSP national standards, indicators and targets • the NCSP Guidelines. <p>Identifies the roles and responsibilities of:</p> <ul style="list-style-type: none"> • cervical sample takers • a clinical assessor • peer support • a clinical supervisor (training) • a clinical supervisor (ongoing) • their employer • the NCSP Register. <p>Demonstrates knowledge of the role of regional/DHB NCSP services, laboratories, colposcopy services, the NSU, and independent service providers who undertake cervical screening.</p> <p>Shows a good working knowledge of relevant legislative requirements, in particular:</p> <ul style="list-style-type: none"> • Part 4A of the Health Act 1956 • the Health Practitioners Competence Assurance Act 2003 • the Health Information Privacy Code 1994 • the Code of Health and Disability Services Consumers’ Rights.

5.2 Participation in the National Cervical Screening Programme

NZQA unit standard 29556

Outcome 2 – Demonstrate understanding of barriers to cervical screening and strategies for improving participation

- 2.1 Barriers to cervical screening are explained in terms of the needs and concerns of individuals and service providers.
- 2.2 Strategies for improving participation are described that address barriers to cervical screening and reduce inequalities.

NCSP Policy and Quality Standards: Section 3 – Cervical Screening Services

- 2: Supportive delivery of services
- 3: Invitation and recall
- 4: Informed consent and communication

Competency 2: Encouraging participation in cervical screening

Outcome: The sample taker is able to use a range of mechanisms to encourage women to participate in cervical screening, in particular priority-group women.

Competency statement	Performance requirements
Demonstrates ways of encouraging women to participate in cervical screening	<p>Identifies population groups most likely to be unscreened and under-screened and the implications for cervical screening.</p> <p>Identifies barriers to screening coverage and strategies for improving participation at the national, local and provider levels.</p> <p>Describes the requirements of an effective recall system and actions if women do not respond.</p> <p>Can advise women on the range of cervical screening options available locally.</p>

Competency 3: Interpersonal skills for cervical screening

Outcome: Women have cervical samples taken by a person who demonstrates effective interpersonal skills.

Competency statement	Performance requirements
Demonstrates effective interpersonal skills for screening	<p>Demonstrates active listening and effective communication skills with women in relation to cervical screening.</p> <p>Demonstrates the ability to put women at ease and discuss sexuality in a way that is comfortable for the women.</p> <p>Responds sensitively to a woman's specific needs.</p> <p>Demonstrates how confidentiality is able to be maintained when communicating results.</p> <p>Acts as an advocate or provides support for women.</p>

Competency 4: Cultural competency for cervical screening

Outcome: Positive health outcomes are achieved by the woman's cultural needs being met.

Competency statement	Performance requirements
Ensures the cultural needs of women are met	<p>Practises cervical screening in accordance with the Nursing Council of New Zealand and/or Medical Council of New Zealand guidelines for cultural competence or cultural safety.²</p> <p>Understands the need for being responsive to Māori interests and ensuring these are protected, and pursuing equity in health outcomes.</p> <p>Demonstrates knowledge of how the principles of the Treaty of Waitangi apply to cervical screening.</p> <p>Understands the holistic framework of Te Whare Tapa Whā as being central to the wellbeing of Māori.</p> <p>Acknowledges and respects the importance of the woman's culture and understands the implications on the woman's health care needs. This includes acknowledging the possible limitations of their knowledge in relation to the woman's culture and an openness to ongoing development of cultural awareness.</p> <p>Identifies how to maintain a culturally appropriate environment for sample taking.</p> <p>Works with the woman's cultural beliefs, values and practices when providing cervical screening services.</p> <p>Informs the woman of other cultural networks and services for her health needs and support.</p> <p>Has an understanding of using interpreting services for women who do not speak English.</p>

² Nursing Council of New Zealand. 2011. *Guidelines for Cultural Safety, the Treaty of Waitangi and Māori Health in Nursing Education and Practice*. Wellington, New Zealand; Medical Council of New Zealand. 2006. *Statement on Cultural Competence*. Wellington, New Zealand.

Competency 5: Information for women

Outcome: Women understand the reasons for and the process of having a cervical sample taken.

NZQA unit standard 29556

Outcome 3 – Encourage and invite women for cervical screening and participation in the NCSP

- 3.1 Women eligible for cervical screening, in particular priority group women, are encouraged to participate in cervical screening.
- 3.2 Women are invited to participate in the NCSP in accordance with legislative requirements and the NCSP Policies and Standards.

NCSP Policy and Quality Standards: Section 3 – Cervical Screening Services

4: Informed consent and communication

Competency statement	Performance requirements
Demonstrates the ability to ensure informed consent for cervical screening, building on each woman's knowledge of cervical screening in a way she can understand	<p>Introduces a woman to having a cervical sample taken and participating in the NCSP.</p> <p>Ascertains the woman's health history and can obtain a screening history from the NCSP-Register.</p> <p>Provides appropriate information for women regarding:</p> <ul style="list-style-type: none">• choice of sample taker and location• how specific needs, such as disability, can be met• how, and approximately when, results will be provided• the letters and information women will receive from the NCSP. <p>Is able to provide appropriate clinical information to women with special circumstances, for example, immune deficient women, women who have had a total hysterectomy, pregnant women and gender variant people.</p> <p>Provides accurate clinical information to women (including through NCSP resources) including:</p> <ul style="list-style-type: none">• risk factors for developing cervical cancer – is able to provide a clear explanation of the role of HPV infection in the development of cervical cancer• the HPV vaccine and its role in preventing cervical cancer• the need for women to be screened every three years, even if they have been vaccinated against HPV• cytology testing – the meaning of an abnormal result• HPV testing – reasons for a test and what a 'detected' or 'not detected' HPV result means, plus reasons why a result can change• the importance of reporting any symptoms to a health professional immediately. <p>Assesses the need for sexually transmitted infection (STI) screening and seeks informed consent to take a sample if this is appropriate.</p> <p>Advises women of the potential costs for cervical screening or colposcopy if they are not eligible for publicly-funded health services.</p>

5.3 Taking cervical samples

NZQA unit standard 29556

Outcome 4 – Assess the cervix and obtain a cervical screening specimen

- 4.1 Women are treated with dignity and respect, in a culturally appropriate manner.
- 4.2 A clinical assessment is made in respect of the woman's health history, and any signs and symptoms indicating possible abnormalities, in accordance with NCSP Policy and Standards.
- 4.3 The technique used for taking a cervical screening specimen avoids unnecessary discomfort to the woman in accordance with the NCSP Competencies.
- 4.4 The technique used for taking a cervical screening specimen includes visualising the cervix and taking a sample to produce an optimal result, and assessing the lower genital tract for any abnormalities.
- 4.5 The candidate's NCSP Quality of Smears Report identifies a rate of cervical samples that are adequate in accordance with the NCSP Competencies.

NCSP Policy and Quality Standards: Section 3 – Cervical Screening Services

2: Supportive delivery of services

5: Cervical screening and follow-up responsibilities (in particular 5.1 – Taking the cervical screening sample)

Competency 6: Providing a suitable environment for sample taking

Outcome: Women have cervical samples taken in an environment that is private, safe and comfortable.

Competency statement	Performance requirements
Provides an appropriate environment for sample taking	Provides a screening environment that feels safe and is private, secure and warm. Ensures privacy is maintained for the woman at all times. Provides a female sample taker if this is preferred by the woman, and/or refers the woman on to another cervical screening service, as appropriate.

Competency 7: Knowledge of cervical pathophysiology

Outcome: Women have cervical samples taken by a person who has a good knowledge of the pathophysiology of cervical cancer.

Competency statement	Performance requirements
Demonstrates good knowledge of the pathophysiology of cervical cancer	<p>Demonstrates knowledge of the anatomy and physiology of the female genital tract, the menstrual cycle and changes in the cervix throughout a woman's life.</p> <p>Demonstrates knowledge of the natural history and epidemiology of cervical cancer.</p> <p>Can identify risk factors for the development of cervical cancer and ways to minimise risk, including an understanding of the HPV vaccine.</p> <p>Demonstrates knowledge of cervical cytology, both normal and abnormal.</p> <p>Demonstrates understanding of the role of HPV testing in cervical cancer screening and identifies when it is appropriate to request an HPV test according to the NCSP Guidelines.</p> <p>Identifies when a vaginal vault cervical screening sample is appropriate.</p> <p>Can identify common methods of treatment for pre-cancerous cervical lesions.</p>

Competency 8: Cervical sample taking practice

Outcome: Women have cervical samples taken by a person who is competent in performing cervical screening.

Competency statement	Performance requirements
Demonstrates a sample taking technique likely to produce an optimal result and avoid unnecessary discomfort to the woman	<p>Assesses the lower genital tract and notes any irregularities (eg, two cervixes).</p> <p>Offers women a choice of position for sample taking.</p> <p>Demonstrates procedures for exposing the cervix and identifying the transformation zone, including dorsal and left lateral positioning.</p> <p>Adheres to best-practice principles for infection control.</p> <p>Adequately visualises the cervix.</p> <p>Knows how to take vaginal vault cervical samples, when appropriate.</p> <p>Recognises the characteristics of normal and abnormal cervixes and the range of normality. Understands the boundaries of their own skills and knowledge and refers the woman on appropriately.</p> <p>Selects appropriate sampling instruments.</p> <p>Uses the sample-taking technique most likely to provide a satisfactory specimen and minimise false-negative results.</p> <p>Prepares the sample according to instructions from the manufacturer or laboratory.</p> <p>Provides appropriate detail on the specimen and laboratory referral form.</p> <p>Takes STI swabs if indicated by the clinical history.</p> <p>The Quality of Smears report identifies that at least 90 percent of samples are satisfactory.</p>

5.4 Interpreting cervical screening results, documenting results and ensuring follow-up

Competency 9: Follow-up responsibilities

Outcome: Women have accurate, timely and sensitive follow-up of their results.

NZQA unit standard 29556

Outcome 5 – Interpret cervical screening test results, initiate follow-up action, and complete documentation

- 5.1 Results are interpreted according to laboratory recommendations, the NCSP Guidelines for Cervical Screening in New Zealand, and clinical indications.
- 5.2 Follow-ups for all screened women are carried out in accordance with NCSP Policies and Standards and the NCSP Guidelines for Cervical Screening in New Zealand.
- 5.3 Accurate and confidential record-keeping systems are maintained including an effective recall and transfer system in accordance with legislative requirements and the NCSP Policies and Standards.
- 5.4 An effective interface with the NCSP Register is maintained in accordance with the NCSP policies and standards.

NCSP Policy and Quality Standards: Section 3 – Cervical Screening Services

5: Cervical screening and follow-up responsibilities

Competency statement	Performance requirements
Results are accurately interpreted and sensitively communicated to women, and appropriate follow-up is undertaken	<p>Refers appropriately if abnormalities are identified from the clinical history or examination.</p> <p>Contacts the laboratory, when necessary, to ensure results are received in a timely manner.</p> <p>Contacts the laboratory if the recommendation for management is not consistent with the NCSP Guidelines.</p> <p>Accurately interprets a minimum of 10 cervical screening results in conjunction with the clinical findings, including HPV and cytology results.</p> <p>Demonstrates the ability to appropriately communicate abnormal cytology and HPV results to women, and provide advice on the need for further investigation according the NCSP Guidelines.</p> <p>Uses an effective recall system to recalls women according to the laboratory recommendations and the NCSP Guidelines.</p> <p>Demonstrates an understanding of colposcopy and histology results and treatment processes and can liaise with local colposcopy services.</p> <p>Ensures processes are in place so that women screened receive appropriate follow-up.</p>

Competency 10: Sample taker records

Outcome: Cervical screening records are accurately and confidentially maintained by the sample taker.

Competency statement	Performance requirements
Demonstrates the ability to keep accurate and confidential records	Identifies the minimum information requirements in the woman's health record and the importance of providing accurate ethnicity information. Demonstrates a good knowledge of: <ul style="list-style-type: none">• effective and accurate record-keeping systems• transfer of information to the NCSP Register• measures to ensure the confidentiality of records and storage according to legislative requirements• the need for an effective system for transferring clients when a sample taker ceases to provide services. Maintains confidentiality of patient records.

5.5 Continuous quality improvement

Competency 11: Ongoing development of cervical screening practice

Outcome: Understands the need to maintain competency in cervical screening, and how this is achieved.

NZQA unit standard 29556

Outcome 6 – Evaluate own cervical screening practice

6.1 The candidate's own strengths and areas for improvement are identified to inform future practice.

NCSP Policy and Quality Standards: Section 3 – Cervical Screening Services

1: Training, performance review and professional development

Competency statement	Performance requirements
Demonstrates a commitment to ongoing development of cervical screening practice	Demonstrates the ability to reflect on cervical screening practice and identify strengths and areas of improvement. Understands the need to attend regular clinical updates run by DHB / regional NCSP services and/or the NSU, or relevant professional bodies eg, primary health organisations, Royal New Zealand College of General Practitioners, Royal Australian and New Zealand College of Obstetricians and Gynaecologists, New Zealand Nurses Organisation, College of Nurses Aotearoa (NZ), New Zealand College of Midwives). Understands the need to access peer support or supervision, when required.

6 Approval of cervical sample takers

The NZQA accredited training provider for unit standard 29556 will submit the following in writing to the DHB or regional NCSP Register service where the trainee is practising.

- At the commencement of each training programme, a list of names of the sample taker trainees and their unique registration number / Health Practitioner Index (HPI) number.
- Within 12 months of the commencement date, a list of names, a copy of the NZQA Record of Learning and other relevant written evidence of the trainees' successful completion and assessment against the theoretical and practical requirements of unit standard 29556 Conduct Cervical Screening.
- Annually, a list of names of the cervical sample taker trainees who have not completed unit standard 29556 Conduct Cervical Screening.

The DHB or regional NCSP Register service will:

- at the commencement of each training programme, record each sample taker's unique registration number / HPI number and their training status on the NCSP Register (according to the NCSP Register User Guide)
- notify Sector Services, in the Ministry of Health, and the relevant laboratory/ies of each sample taker's number
- follow up with trainees who have not completed the training programme after 18 months.

Notes

1. All people performing cervical screening must practice under their own NCSP Register ID number.
2. It is the responsibility of every cervical sample taker and/or their employer to arrange appropriate indemnity insurance.

7 Maintaining competency

Both the sample taker and the employer are responsible for ensuring competency in cervical screening is maintained. Employers must support the sample taker to maintain their competency by providing the opportunity for ongoing professional development.

The following are expected activities to maintain competency:

- taking cervical screening samples on a regular basis (at least 30 per year)
- attending regular cervical screening updates run by DHB/regional NCSP services and/or the NSU, or relevant professional bodies eg, primary health organisations, Royal New Zealand College of General Practitioners, Royal Australian and New Zealand College of Obstetricians and Gynaecologists, New Zealand Nurses Organisation, College of Nurses Aotearoa (NZ), New Zealand College of Midwives – one update no less than every three years.
- keeping up to date with information from the NCSP and relevant journal articles
- monitoring the adequacy rate of cervical screening samples using laboratory or practice records, or the Quality of Smears report.

Other recommended activities for maintaining competency include:

- peer review (refer to Appendix 5: Group peer review for cervical screening)
- individual assessment by an experienced sample taker (refer to Appendix 6: Individual assessment for cervical screening)
- access to a clinical supervisor (refer to Appendix 1, Definitions)
- professional/cultural supervision.

If the sample taker has not been practising for over two years, it is recommended they:

- have a clinical supervisor for the first few samples (eg, three to five)
- attend a cervical screening update session
- seek advice from an experienced sample taker or supervisor about any changes in the intervening period and also check the NSU website for this information.

Sample takers with persistent high rates of ‘unsatisfactory’ cytology samples over one year (ie, >3%) must seek further training in cervical screening or enlist the support of a clinical supervisor.

Appendix 1: Definitions

(Cervical) sample taker	A registered health practitioner with a scope of practice that includes cervical screening, such as a medical practitioner, nurse practitioner, registered nurse, enrolled nurse or registered midwife. They have successfully completed cervical screening training, which may be part of their clinical training.
Clinical assessor	A sample taker designated by a training provider to carry out assessments in the practical component of the cervical screening training course. This person must meet the same requirements as for clinical supervisors (below). The clinical assessor should not be the applicant's clinical supervisor (training) unless there are extenuating circumstances, for example the applicant practices in a rural area.
Clinical supervisor (training)	An experienced sample taker who is a registered nurse, nurse practitioner, midwife or medical practitioner chosen by the applicant to provide mentoring, support and clinical advice while the applicant is undergoing their training. The clinical supervisor provides support by explaining, demonstrating and documenting solutions for any problem areas encountered. They must have a current NCSP Register ID number and a current practising certificate, and be an experienced cervical sample taker currently involved with cervical screening and delivering services according to the NCSP NPQS for cervical screening. A minimum of two years practice in sample taking is preferable.
Clinical supervisor (ongoing)	An experienced sample taker who is a registered nurse, nurse practitioner, midwife or medical practitioner chosen by the applicant for ongoing supervision, or if there has been a lapse in performing cervical screening. The clinical supervisor provides support to the sample taker by explaining and demonstrating solutions for any problem areas encountered. This may be a formal or informal arrangement. They must have a current NCSP Register ID number and a current practising certificate, and be an experienced cervical sample taker currently involved with cervical screening and delivering services according to the NCSP NPQS for cervical screening. A minimum of two years practice in sample taking is preferable.
Priority-group women	Women aged 20–69 years who are Māori, Pacific or Asian and other women aged 30–69 years who have never had a cervical screening test, or who have not had a test in the previous five years.

Appendix 2: Competencies of particular importance to overseas-trained cervical sample takers

Competency 1: Overview of cervical screening in New Zealand	<p>Knowledge of:</p> <ul style="list-style-type: none"> the NCSP, including history, recent developments, roles and responsibilities relevant New Zealand legislation the screening interval, screening coverage and related issues, including short interval re-screening the NCSP <i>Guidelines for Cervical Screening in New Zealand</i> the function of the NCSP Register and forms and reports relevant NCSP national standards, indicators and targets the priority groups for cervical screening in New Zealand, and the Programme's aim to achieve equitable access to and through the cervical screening pathway
Competency 2: Encouraging participation in cervical screening	<p>Population groups most likely to be unscreened and under-screened and the implications for cervical screening</p> <p>Setting up effective recall and referral systems</p>
Competency 3: Interpersonal skills for cervical screening	N/A
Competency 4: Cultural competence for cervical screening	<p>Knowledge of how the principles of the Treaty of Waitangi apply to cervical screening</p> <p>New Zealand-specific cultural issues/attitudes with regard to cervical screening, especially in relation to Māori, Pacific and Asian women</p>
Competency 5: Information for women	<p>Knowledge of section 112L of Part 4A of the Health Act 1956: the duties of persons taking specimens for screening tests</p> <p>Options for women to have a cervical screening test</p> <p>The letters and information women may expect to receive from the NCSP</p> <p>HPV and cytology testing – information and reasons for testing</p> <p>HPV immunisation</p> <p>Guidelines for screening after a hysterectomy</p>
Competency 6: Providing a suitable environment for sample taking	N/A
Competency 7: Knowledge of cervical pathophysiology	<p>Risk factors for the development of cervical cancer</p> <p>HPV immunisation in New Zealand</p> <p>Use of HPV testing in New Zealand</p>
Competency 8: Cervical sample taking practice	<p>Obtaining a screening history from the NCSP Register</p> <p>Competence with the specimen collection equipment used in New Zealand</p>

Competency 9: Follow-up responsibilities	<p>Interpreting results</p> <p>Follow-up according to the NCSP <i>Guidelines for Cervical Screening in New Zealand</i></p> <p>The procedure for following up women who do not respond or who do not attend</p>
Competency 10: Sample taker records	<p>Familiarity with laboratory forms</p> <p>Knowledge of the procedure for self-identification of ethnicity</p> <p>Transfer of information to the NCSP Register</p> <p>Confidentiality of records and storage</p> <p>Transferring clients to another provider</p>
Competency 11: Ongoing development of cervical screening practices	N/A