MINISTRY OF HEALTH
MANATŪ HAUORA

New Zealand Government

National Cervical Screening Programme Policies and Standards

Section 3: Cervical screening services

2021

National Screening Unit

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NCSP Policies and Standards are available on the National Screening website:
nsu.govt.nz/health-professionals/national-cervical-screening-programme/policies-and-standards

Contents

Introduction

The quality of our cervical screening services is critical in determining the overall quality of the National Cervical Screening Programme (NCSP). In addition to ensuring a quality clinical environment, the cervical sample taker has a key role in ensuring that each person who is receiving cervical screening (the client) understands the reasons for that screening and the procedures involved and their experience encourages them to return for further screening, assessment or treatment as necessary.

This section of the NCSP Policy and Quality Standards contains information, policies and standards of practice for cervical sample takers and providers of cervical screening services and applies to both primary and secondary health care services.

Evidence of best practice in cervical screening is changing as a result of our improved understanding of the role of high-risk human papillomavirus (hrHPV) in the pathogenesis of cervical cancer. The NCSP guidelines and policies and standards will be amended when new information becomes available.

Cervical screening is important for anyone who has a cervix or vagina and has ever been sexually active. This includes women who have sex with women and transgender or non-binary people who have a cervix or vagina.

Me aro koe ki te hā o Hine-ahu-one.
Pay heed to the dignity of women.

Definitions

Culture	Integrated patterns of human behaviour that include the 'language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups'.[1] Cultural identity is not restricted to ethnicity but includes (and are not limited to) gender, beliefs (including spiritual beliefs), sexual orientation, lifestyle, age, social status or socioeconomic status.[2] People can belong to more than one cultural group, and the groups people belong to can change over time.
Cultural competence	A set of congruent behaviours and attitudes that enable people to function effectively and respectfully when providing care to people of different cultural backgrounds. Cultural competence requires an understanding of cultural diversity and includes the attitudes, knowledge and skills necessary for providing quality care to diverse populations.[3]
Eligibility	People who are within the age range for cervical screening as defined by the NCSP. See also 3.3 Identifying and inviting eligible people to be screened.
Invitation and recall	The entire systems and processes of: • identifying people who are eligible for cervical screening and inviting them to be screened • providing information and support • obtaining informed consent • providing additional support and information to priority groups to be screened • recalling people for further screening, assessment or treatment as necessary • notifying people of their test results • referring people to alternative cervical screening services, as appropriate.
Priority groups	People aged 25–69 years who are Māori, Pacific or Asian and other people aged 30–69 years who have never had a cervical screening test or who have not had a test in the previous five years.[4]
Provider	Any health provider involved in cervical screening.

1 United States Department of Health and Human Services Office of Minority Health. 2000. *Assuring Cultural Competence in Health Care: Recommendations for national standards and outcomes-focused research agenda*. Washington, DC: United States Government Printing Office.

2 Medical Council of New Zealand. 2006. *Statement on Cultural Competence*. Wellington: Medical Council of New Zealand.

3 Medical Council of New Zealand. 2006. *Statement on Cultural Competence*. Wellington: Medical Council of New Zealand.

4 Ministry of Health. 2014. *National Cervical Screening Programme Policies and Standards: Section 1 – NCSP Overview*. Wellington: Ministry of Health. URL: **www.nsu.govt.nz/system/files/page/ncsp_standards_1.pdf** (accessed 12 December 2016).

Abbreviations

DHB	District health board
GP	General practitioner
HPI	Health Practitioner Index
HPV	Human papillomavirus
hrHPV	High-risk human papillomavirus
IUCD	Intrauterine contraceptive device
LBC	Liquid-based cytology
LMP	Last menstrual period
NCC	NCSP National Coordination Centre
NCSP	National Cervical Screening Programme
NHI	National Health Index
NSU	National Screening Unit
NZQA	New Zealand Qualifications Authority
PHO	Primary health organisation
PMS	Patient management system
RANZCOG	The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RNZCGP	The Royal New Zealand College of General Practitioners
STI	Sexually transmitted infection

Overview

Roles and responsibilities of providers of cervical screening services

This section of the National Policy and Quality Standards outlines the roles and responsibilities of providers of cervical screening services.

In summary, cervical sample takers and providers of cervical screening services are responsible for:

- identifying and inviting eligible people (clients) to have a cervical screening test
- providing clients with information on the NCSP and cervical screening and what to expect when having a sample taken
- providing a culturally safe environment for sample taking and ensuring services are sensitive to each client's needs
- taking an optimal sample
- explaining to the client that, regardless of a normal test result, any abnormal signs or symptoms need to be reported to the client's general practitioner (GP) as soon as possible
- taking into account the clinical signs and symptoms presented (irrespective of the laboratory result and recommendations made) in order to inform a decision on recall or referral for gynaecological assessment
- ensuring that the sample taken is sent to the laboratory with the appropriate details recorded
- ensuring each client is appropriately informed of the results of their test and a system is in place to provide appropriate invitation and recall
- ensuring referral for specialist assessment and investigation when required and coordinating ongoing care following discharge.

Audit

While the Ministry of Health (the Ministry) does not currently audit primary health care services, it reserves the right to do so using these standards.

The standards in this document can be used by providers of cervical screening services and cervical sample takers to undertake a self-audit.

Summary of the cervical screening standards

3.1 Training, performance review and professional development

Training

3.1.1 In order to provide cervical screening services, the people performing cervical screening have completed a recognised educational course in cervical screening.

3.1.2 New sample takers contact the NCSP Register coordinator in their region to be allocated a health worker and health facility number(s).

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

Performance review and professional development

3.1.4 Both the sample taker and their employer are responsible for ensuring competency in cervical screening is maintained.

3.1.5 Both the sample taker and their employer are responsible for monitoring the adequacy of the samples taken.

3.2 Supportive service delivery

Cultural competency

3.2.1 The sample taker follows the relevant cultural competency or cultural safety guidelines for their own discipline when dealing with clients from different cultural backgrounds.

3.2.2 The sample taker and/or provider is responsive to cultural diversity and is committed to the ongoing development of their own cultural competency.

3.2.3 The sample taker and/or provider is committed to being responsive to Māori interests and ensuring these are protected and to pursuing equity in health outcomes.

3.2.4 The sample taker and/or provider understands how the principles of the Treaty of Waitangi apply to cervical screening practices in New Zealand.

3.2.5 The sample taker and/or provider understands the holistic framework of the Māori health model Te Whare Tapa Whā as being central to the wellbeing of Māori and the importance of te whare tangata (the womb) to Māori.

3.2.6 The sample taker maintains a culturally appropriate environment for sample taking.

3.2.7 The sample taker helps their clients observe the client's own cultural practices.

3.2.8 The sample taker informs their clients of other cultural networks and services that are available to support the client's health needs.

Supporting priority groups

3.2.9 The sample taker and/or provider maximises access to and the participation of priority groups in cervical screening.

3.2.10 The sample taker and/or provider informs Māori of the full range of options for cervical screening, including services provided by Māori for Māori.

Barriers to cervical screening

3.2.11 The sample taker and/or provider uses their knowledge of the barriers to cervical screening to improve the services they provide.

The cervical screening environment and interpersonal factors

3.2.12 The sample taker partners with their client to individualise the client's care according to each client's needs and provides care that respects the client's dignity, privacy and autonomy.

3.2.13 The sample taker uses effective interpersonal skills throughout the cervical screening process.

3.2.14 The sample taker and/or provider makes every effort to accommodate clients with special needs.

3.3 Invitation and recall

Identifying and inviting eligible people to be screened

3.3.1 The sample taker invites people to be screened in accordance with NCSP policy and the *Clinical Practice Guidelines for Cervical Screening in New Zealand 2020*.

3.3.2 The sample taker minimises inappropriate early re-screening.

3.3.3 As appropriate, the sample taker provides their clients with information on local cervical screening options.

3.3.4 The sample taker refers clients with symptoms or abnormal examination findings that are suggestive of genital tract cancer for further investigation, regardless of the cytological findings.

Recall processes

3.3.5 The sample taker and/or provider has an effective recall system in place to ensure appropriate follow-up, in particular, for clients with abnormal screening histories.

3.3.6 The sample taker or another delegated health practitioner sets the recall date.

3.3.7 The sample taker and/or providers of opportunistic cervical screening services have follow-up processes in place, and they advised clients about the expected recall and follow-up processes.

3.4 Informed consent and communication

Providing information

3.4.1 The sample taker uses NCSP resources or NCSP-approved resources.

3.4.2 The sample taker helps clients make an informed choice to participate in cervical screening and the NCSP.

3.4.3 The sample taker provides information about enrolment in the NCSP.

3.4.4 The sample taker notifies the NCSP Register about anyone enrolled in the NCSP who declines screening.

3.4.5 The sample taker follows the Ministry's Eligibility Direction policy.[5]

Communication between the NCSP and clients

3.4.6 The sample taker is able to explain the letters and information that a client may receive from the NCSP and how the client can access their screening history on the NCSP Register.

3.5 Cervical screening and follow-up responsibilities

Taking the cervical screening sample

3.5.1 The sample taker practises under their own NCSP Register ID number.

3.5.2 The sample taker follows best-practice techniques when taking samples.

Cervical screening during pregnancy and post-partum

3.5.3 Cervical screening during pregnancy and post-partum follows best-practice guidelines.

Information required by the laboratory

3.5.4 Relevant information required by the laboratory is provided on the sample and laboratory form.

3.5.5 All clients self-identify their ethnicity.

[5] For more information on this policy, see the Eligibility Direction webpage on the Ministry's website at: **www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/eligibility-direction**.

Follow-up responsibilities after taking a cervical screening sample

3.5.6 The sample taker and/or provider has mechanisms in place to ensure that results are obtained from the laboratory in a timely manner.

Filing results

3.5.7 Cervical screening results are viewed and acted on before filing.

Information about results

3.5.8 Clients are informed about their results and any future follow-up in the manner that they have agreed with their sample taker.

Transfer of clients if the provider ceases to perform cervical screening

3.5.9 If the provider ceases to perform cervical screening services, the client is informed and, where possible, is transferred to another provider.

Referral or follow-up for further investigation

3.5.10 The sample taker and/or provider has processes in place to ensure the appropriate referral and/or follow-up of clients with a 'detected' human papillomavirus (HPV) test, an abnormal cervical screening test or histology result, or other clinical signs and symptoms suggestive of cervical cancer.

3.6 Safety and quality

Infection control processes

3.6.1 The sample taker and/or provider follows infection control policies and procedures that utilise best-practice standards.

3.1 Training, performance review and professional development

Training

Purpose

To ensure cervical screening services are provided by qualified and experienced health practitioners.

Refer also to:

- Appendix 4: Enrolled nurse delegated authority
- New Zealand Qualifications Authority (NZQA) Unit Standard 29556 – Conduct cervical screening (revised 2016). URL: **www.nzqa.govt.nz/nqfdocs/units/pdf/29556.pdf** (accessed 16 January 2017).

Topic	Definition	Detail
Cervical sample taker	A cervical sample taker is a registered health practitioner, and the professional group to which they belong has a scope of practice that includes cervical screening. They hold a current practising certificate and have completed appropriate cervical screening training.	Both sample takers and the people employing them are responsible for ensuring the health practitioner performing cervical screening holds a current New Zealand practicing certificate. Health practitioners working within a scope of practice that includes cervical screening are medical practitioners, nurse practitioners, registered nurses, enrolled nurses and midwives. Enrolled nurses practise cervical screening under the direction and delegation of a registered nurse or nurse practitioner (Nursing Council of New Zealand 2011). For cervical screening, this also includes under the direction or delegation of a medical practitioner. Direct supervision of enrolled nurses is not required when they are taking cervical screening samples. See **Training, Standard 3.1.1** below.

Topic	Standard		Detail	Target
Training	3.1.1	In order to provide cervical screening services, the people performing cervical screening have completed a recognised educational course in cervical screening.	Cervical sample takers must complete cervical screening training either through: • training as part of a medical degree or midwifery training programme; or • an NZQA accredited course for cervical sample takers. Refer to **Standard 3.1.3** below for the requirements for sample takers who trained overseas. Following completion of the theoretical component of the course, the trainee sample taker is supervised by an experienced sample taker. Refer to the *Competencies for Cervical Screening Education and Training (*Ministry of Health 2017) for the cervical screening training requirements.	
Registration of new cervical screening sample takers	3.1.2	New sample takers contact the NCSP Register coordinator in their region to be allocated a health worker and health facility number(s).	The health worker identification number is determined by the health worker's role. • Medical practitioners use their Medical Council of New Zealand number. • Nurses use their Nursing Council of New Zealand number. • Midwives use their Midwifery Council number. • The Health Practitioner Index (HPI) number may also be used. Health workers can provide services from multiple facilities. Each facility where a health worker undertakes cervical screening is loaded into the NCSP Register. Trainee sample takers are listed on the NCSP Register as being in training. This listing changes once a sample taker has completed their training.	
Overseas trained cervical screening sample takers	3.1.3	The sample taker's employer is responsible for ensuring that any overseas-trained sample taker holds a current New Zealand practicing certificate and meets the NCSP training requirements for cervical screening.	The *Competencies for Cervical Screening Education and Training* (Ministry of Health 2017) provides guidance on the expected areas of competence that are likely to be specific to sample takers from overseas who are working in a New Zealand setting. This provides a point of reference for cervical screening training providers to work with sample takers to fill any gaps. There is likely be a wide range of knowledge and skills among overseas-trained sample takers, depending on their country of origin. Note: United Kingdom and Australian screening programmes require nurses who undertake cervical screening to have undertaken an accredited cervical screening course.	

References

Ministry of Health. 2017. *Competencies for Cervical Screening Education and Training*. Wellington: Ministry of Health. URL: **www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/ncsp-workforce/smear-takers** (accessed 16 January 2017).

Nursing Council of New Zealand. 2011. *Guideline: Responsibilities for Direction and Delegation of Care to Enrolled Nurses*. Wellington: Nursing Council of New Zealand. URL: **www.nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses** (accessed 16 January 2017).

Performance review and professional development

Topic	Standard		Detail	Target
Maintaining competency	3.1.4	Both the sample taker and their employer are responsible for ensuring competency in cervical screening is maintained.	Employers must support their sample takers to maintain their competency by providing the opportunity for ongoing professional development. Both the sample taker and the employer can ensure the sample taker maintains their competency by: • taking cervical screening samples on a regular basis • attending regular clinical updates run by district health board (DHB) / regional NCSP services and/or the National Screening Unit (NSU), or relevant professional bodies, for example, primary health organisations (PHOs), The Royal New Zealand College of General Practitioners (RNZCGP), The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), New Zealand Nurses Organisation, College of Nurses Aotearoa (NZ), New Zealand College of Midwives • 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 (available on request from the NCSP Register coordinator). Other recommended activities for maintaining competency include: • peer review (see Appendix 5: Group peer review for cervical screening • individual assessment by an experienced sample taker (see Appendix 6: Individual assessment for cervical screening) • access to a clinical supervisor[6] • professional/cultural supervision. **Sample takers returning to screening after a lapse of more than two years** 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 (for example, the first three to five samples) • attend a cervical screening update session • seek advice from an experienced sample taker or supervisor about any changes that might have occurred since they were last screening and check the NSU website for this information.	The sample taker: • takes at least 15 cervical screening samples each year • attends a cervical screening update session no less than once every three years.

[6] In the *Competencies for Cervical Screening Education and Training* (Ministry of Health 2017), 'clinical supervisor (ongoing)' is defined as an experienced sample taker who is a registered nurse, nurse practitioner, midwife or medical practitioner chosen by the sample taker to provide ongoing supervision or if there has been a lapse in performing cervical screening practice. An ongoing clinical supervisor is different from a clinical supervisor used during training. For ongoing practice, clinical supervision and support may be a formal or informal arrangement. The supervisor must have a current NCSP Register ID number and a current practising certificate and be an experienced sample taker currently involved with cervical screening and delivering sample taking services according to Section 3 of the NCSP Policies and Standards – cervical screening services. It is preferred that the supervisor has a minimum of two years practice in sample taking.

Topic	Standard		Detail	Target
Monitoring the effectiveness of cervical cytology samples	3.1.5	Both the sample taker and their employer are responsible for monitoring the adequacy of the samples taken.	Sample takers and their employers can monitor the adequacy of cervical screening samples taken by: • reviewing the adequacy of specimens taken using the *Quality of Smears* report; and/or • monitoring the adequacy (satisfactory) rate of their own cervical screening samples compared with those of colleagues working in the same clinic or with sample takers working with similar population groups.	

References

Ministry of Health. 2017. *Competencies for Cervical Screening Education and Training*. Wellington: Ministry of Health.
URL: **www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/ncsp-workforce/smear-takers** (accessed 16 January 2017).

3.2 Supportive service delivery

Cultural competency

Purpose

To support positive health outcomes by ensuring cultural needs are met.

Refer also to:

- the definitions of 'culture' and 'cultural competence' provided in the Definitions section above
- the next subsection, **Supporting priority groups**
- *National Cervical Screening Programme Policies and Standards: Section 1 – NCSP Overview* (Ministry of Health 2014), for information about the cultural context for the NCSP.

Topic	Standard		Detail	Target
Culturally competent and culturally safe practices	3.2.1	The sample taker follows the relevant cultural competency or cultural safety guidelines for their own discipline when dealing with clients from different cultural backgrounds.	The sample taker practises cervical screening in accordance with relevant health practitioner cultural competency standards (for example, Nursing Council of New Zealand 2011; Medical Council of New Zealand 2006). Notes: • Cultural practices are not restricted to ethnicity but include (and are not limited to) gender, beliefs (including spiritual beliefs), sexual orientation, lifestyle, age, social status or socioeconomic status (Medical Council of New Zealand 2006). • People can belong to more than one cultural group, and the groups they belong to can change over time.	

Topic	Standard		Detail	Target
	3.2.2	The sample taker and/or provider is responsive to cultural diversity and is committed to the ongoing development of their own cultural competency.	The sample taker and/or health provider: • considers cultural preferences in the design and/or delivery of services. The sample taker: • reflects on their own practice and values the impact their practice has on health care in relation to their client's age, ethnicity, culture, beliefs, gender, sexual orientation and/or disability (Nursing Council of New Zealand 2007) • has an awareness of the limitations of their knowledge in relation to the client's culture and: – is prepared to not impose their own beliefs, values, biases, assumptions and expectations in relation to each client's ethnicity, culture, beliefs, sexual orientation, health status and/or disability on their clients – seeks assistance when necessary to better understand a client's cultural needs • is open to the ongoing development of their cultural awareness and the development of cultural competency in partnership with their clients (Medical Council of New Zealand 2006). Note: It is strongly recommended that sample takers undertake the following online cultural competency learning modules. (1) The Ministry's Foundation Course in Cultural Competency (2016), which focuses on improving Māori health outcomes, available online at: **https://learnonline.health.nz/totara/catalog/index.php?catalog_fts=cultural+competency** (2) The eCALD online cultural competency learning modules, which focus on improving cultural awareness, sensitivity, knowledge and skills in working with CALD[7] clients, available online at: **www.ecald.com** (see also Waitematā DHB and eCALD® Services 2016).	
Being responsive to Māori and committed to ensuring there is equity in health outcomes	3.2.3	The sample taker and/or provider is committed to being responsive to Māori interests and ensuring these are protected and to pursuing equity in health outcomes.	The sample taker and/or provider: • recognises and respects the unique identity of Māori as tangata whenua in the planning and provision of services • assists each Māori client to access relevant services, support and resources, such as 'for Māori, by Māori' services, where these are available • engages with iwi and Māori, as appropriate, in order to provide services that better meet the needs of Māori clients.	

[7] CALD is an abbreviation standing for: culturally and linguistically diverse. In New Zealand, CALD relates, in particular, to groups who are migrants and refugees from Asian, Middle Eastern, Latin American and African backgrounds.

Topic	Standard		Detail	Target
	3.2.4	The sample taker and/or provider understands how the principles of the Treaty of Waitangi apply to cervical screening practices in New Zealand.	The sample taker and/or provider understands that, under the Treaty of Waitangi, the principles of partnership, participation and protection underpin the relationship between the Government and Māori. • *Partnership* involves working with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services. • *Participation* requires Māori to be involved at all levels of the health and disability sector, including in decision-making, planning, development and delivery of health and disability services. • *Protection* involves the Government working to ensure Māori have at least the same level of health as non-Māori and safeguarding Māori cultural concepts, values and practices. Further details on Treaty of Waitangi principles can be found on the Treaty of Waitangi principles webpage of the Ministry's website at: **www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/strengthening-he-korowai-oranga/treaty-waitangi-principles**	
	3.2.5	The sample taker and/or provider understands the holistic framework of the Māori health model Te Whare Tapa Whā as being central to the wellbeing of Māori and the importance of te whare tangata (the womb) to Māori.	The sample taker and/or provider understands that Te Whare Tapa Whā is a well-recognised and endorsed health concept for Māori (Durie 2004). It is a holistic approach in which health and wellbeing are described in relation to the four walls of a house. The four dimensions of Te Whare Tapa Whā are: • Te taha hinengaro – mental health and wellbeing • Te taha tinana – physical health and wellbeing • Te taha wairua – spiritual health and wellbeing • Te taha whānau – family health and wellbeing. Māori view these dimensions as being interrelated, with disruption on one part affecting the whole. Using this framework, physical health and wellbeing are integrally linked to spiritual, mental and social wellbeing, and wellbeing is maintained through a balance of all of these dimensions. In Māori terms, the womb is often referred to as 'te whare tangata', or the house of humanity, as this is where human life is created and grows until it is born. The multiple meanings of whānau (family and birth), whenua (placenta and land) and hapū (subtribe and pregnancy) all reinforce this importance. The cervix is a key part of te whare tangata as it is the gatekeeper to all it encompasses. Therefore, it is a pathway to whakapapa (genealogy) and te ao marama (world of light, the physical world). For this reason, it is essential that the NCSP is managed in a culturally appropriate manner. Within the context of cervical screening, the entire female reproductive system is considered holistic and a taonga (a treasure, something of great worth). This view is upheld by the whakataukī (proverb) 'He wāhine, he whenua, kua ngaro he tangata' (Without women or land, people will be lost).[8]	

[8] This information was developed for *National Cervical Screening Programme Policies and Standards. Section 5: Providing a laboratory service* (Ministry of Health 2021) by Dr Riripeti Haretuku (Mauri Ora Associates), and Professor Bev Lawton and Kendall Stevenson (Victoria University of Wellington).

Topic	Standard		Detail	Target
Maintaining a culturally safe environment	3.2.6	The sample taker maintains a culturally appropriate environment for sample taking.	The sample taker: 1. understands that a client's experience with cervical screening must be positive from the first contact with the service onwards 2. considers how the environment can be adapted to be more culturally appropriate for their clients 3. uses appropriate communication strategies, for example: a. sends language-matched information pamphlets with invitation/recall letters and/or appropriate translated resources, where available b. spends extra time establishing a rapport with clients from cultures that are different from their own (RNZCGP 2007) c. uses appropriate language and culturally appropriate key messages when communicating with clients from different cultures and backgrounds d. recognises that the verbal and non-verbal communication styles of clients may differ from their own style and adapts their communication as required (Medical Council of New Zealand 2006) e. uses 'language matched' staff or interpreters when required (refer to the notes below on use of interpreters) 4. is willing to challenge the cultural bias of individual colleagues or systemic bias within health care services where such bias would have a negative impact on people (Medical Council of New Zealand 2006). The provider is committed to the ongoing development of cultural awareness in colleagues and staff (Medical Council of New Zealand 2006).	

Topic	Standard		Detail	Target
Maintaining a culturally safe environment (continued)			**Notes around using interpreters** 1. For effective communication, it is essential that providers assess the clients' proficiency in English, both conversation and reading. 2. Clients generally prefer to speak with health professionals who speak the client's first language. The best option is to provide a language-matched health professional for any work with non-English-speaking clients. The next best option is to use skilled professional interpreters to address the communication barrier between non-English-speaking clients and health providers (Lim and Mortensen 2014). 3. If an interpreter is used, it is recommended that the appointment time be extended, as it could be used as an opportunity to discuss other health issues with the sample taker. 4. For some cultures, it is inappropriate or embarrassing for people to discuss sensitive health issues in the presence of males. Where practical, it is therefore important to provide a female interpreter for screening or when managing sensitive issues. The provider could use phone interpreting services if face-to-face interpreting services are not available. 5. Some migrant or refugee communities are small and close-knit, and this can compromise confidentiality if the interpreter knows the client or their family personally. To overcome this, the provider could use phone interpreting services that access interpreters from outside the local community. 6. The provider needs to be careful when considering a request to have a family member interpret for the client. The family member may not be fluent in English, may not translate everything that the sample taker says, may normalise the information provided or may unconsciously make decisions for the client. The provider may need to negotiate the situation respectfully and explain to the client that the use of a skilled interpreter is essential to ensure effective communication and that interpreters are bound by confidentiality. 7. It is essential that providers know how to work with interpreters before using them with clients. They can do this by attending eCALD® Working with Interpreters training: • Interpreting and Translation Service – available online at: www.ecald.com/resources/migrant-and-refugee-services/interpreting-and-translation-service • eCALD® Resources: CALD Working with Interpreters – see **www.eCALD.com**	
	3.2.7	The sample taker helps their clients observe the client's own cultural practices.	The sample taker: • works with the client's cultural beliefs, values and practices when providing cervical screening services • includes family in the client's health care, when appropriate.	

Topic	Standard		Detail	Target
Providing information on other health services and networks	3.2.8	The sample taker informs their clients of other cultural networks and services that are available to support the client's health needs.	The sample taker: • provides information on or refers the client to other cervical screening services that may better suit the client's needs • consults with members of cultural and other groups as requested and approved by the client (Nursing Council of New Zealand 2007).	

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Additional reading

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United States Department of Health and Human Services Office of Minority Health. 2000. *Assuring Cultural Competence in Health Care: Recommendations for national standards and outcomes-focused research agenda*. Washington, DC: United States Government Printing Office.

Supporting priority groups

Purpose

To support priority groups to receive cervical screening services.

Refer also to:

- the definition of 'priority-groups' provided in the Definitions section above
- the previous subsection **Cultural competency**.

Topic	Standard		Detail	Target
Providing services to priority groups	3.2.9	The sample taker and/or provider maximises access to and the participation of priority groups in cervical screening.	Cervical sample takers and providers must: • understand that lack of participation in cervical screening or long intervals between screening contributes to priority groups having a higher risk of developing, and dying from, cervical cancer compared with other groups • implement a process for identifying priority group people within their own populations • implement systems and strategies for inviting and recalling priority groups, acknowledging that they may need to use additional or alternative strategies to do this effectively • as appropriate, provide information to priority groups on services that are culturally appropriate and/or refer such clients to the appropriate services. Options include New Zealand Family Planning, DHB community clinics, screening support services[9] and other primary health care services provided by Māori and Pacific providers. Information is available from the NCSP Register / DHB regional services.	80% coverage across all ethnic groups
Informing Māori about Māori cervical screening services	3.2.10	The sample taker and/or provider informs Māori of the full range of options for cervical screening, including services provided by Māori for Māori.	Māori screening support services are available in a number of districts. Information is available by contacting the NCSP Register / DHB regional services.	80% coverage for Māori

[9] These services are available in a number of districts and provide additional support to priority groups to attend cervical screening or colposcopy appointments.

Barriers to cervical screening

Purpose

Knowledge of the barriers to cervical screening is used to improve services.

Topic	Standard	Detail	Target
Understanding barriers to cervical screening	3.2.11 The sample taker and/or provider uses their knowledge of the barriers to cervical screening to improve the services they provide.	To overcome disparities in cervical screening it is important that any barriers are identified and this information is used to improve service delivery or tailor the delivery of services. Common barriers include: • embarrassment • shyness • cost • fear of cancer following an abnormal result • a previous bad experience, for example, pain or discomfort • not knowing what to expect. Other barriers include: • communication difficulties (different language, lack of time to discuss issues) • lack of knowledge, for example, believing that cervical screening is not required if a person is not currently sexually active, has completed childbearing or is postmenopausal • cultural insensitivity and incompetence • institutional racism • unwelcoming environment / reception staff • health literacy issues (personal or system-level barriers) and the provider is unable to clearly communicate key messages to the client • lack of availability of a female sample taker • no after-hours service • the stigma associated with having HPV • screening not being considered relevant or important • provider issues, including lack of privacy (for example, facing the door, no lock on the door), cold room, cold speculum, no high-low examination couch	

Topic	Standard	Detail	Target
Understanding barriers to cervical screening (continued)		• fear of lack of confidentiality • history of sexual abuse • fear or distrust of the process and/or the results • obesity, where there is discomfort and embarrassment • lack of time, transport, the need to arrange childcare • an outstanding bill with the GP • feeling unprepared for an opportunistic sample to be taken • not aware of alternative services available • difficulty in taking time off work • disability • myths related to cervical screening. Engagement, information and building rapport with each client will increase the sample taker's understanding of individual situations and their ability to provide appropriate support to overcome these barriers.	

The cervical screening environment and interpersonal factors

Purpose

To ensure cervical screening occurs in an appropriate environment.

Topic	Standard	Detail	Target
Providing an appropriate environment	3.2.12 The sample taker partners with their client to individualise the client's care according to each client's needs and provides care that respects the client's dignity, privacy and autonomy.	The sample taker should provide or consider providing: • a space that feels safe and is private, secure and warm, for example, it includes a warm blanket and may include dimmable lights (Pene 2014) • a chaperone or support person for the client • the choice of a female sample taker, if available • a choice of position for the test, either dorsal or left lateral. The sample taker should also consider their own requirement for the presence of a chaperone or support person.	
Interpersonal skills	3.2.13 The sample taker uses effective interpersonal skills to throughout the cervical screening process.	Key points to be considered are: • building rapport before taking the sample (with Māori and Pacific people and people from many other cultural groups, it is culturally appropriate for the health practitioner to ease into the consultation by starting with general conversation before initiating any discussion about the purpose of the visit) • actively listening and demonstrating empathy (for example, acknowledging the client's feelings about the process and that some people find this a difficult test) • identifying the client's previous experiences with cervical screening • using signals to gauge what information clients need to know (this will be specific to each client).	
Helping people with special needs	3.2.14 The sample taker and/or provider makes every effort to accommodate clients with special needs.	Sample takers need to make every effort to accommodate clients with special needs when performing cervical screening, for example: • people living with disabilities • people who have been sexually abused.	

References

Pene M. 2014. Using darkness to improve practice. *Kai Tiaki Nursing New Zealand* 19(11).

3.3 Invitation and recall

Identifying and inviting eligible people to be screened

Purpose

To ensure eligible people are invited to participate in cervical screening and the NCSP.

Policy on the screening age and interval

The policy on the age to start and stop screening can be found in the *Clinical Practice Guidelines for Cervical Screening in New Zealand 2020* (Ministry of Health 2020).

Anyone with a cervix or vagina who has ever been sexually active should be offered three-yearly cervical screening from age 25 to age 69. It is recommended people be screened as close as possible to the age of 25 years and before they turn 26 years of age.

Providers can start to recall people from the age 24.5 years.

The guidelines outline certain clinical scenarios when people can be screened under the age of 25 years (see Immune deficiency under Part B of the guidelines) and over the age of 70 years (see Age to stop screening under Part A of the guidelines). If this is the first test or more than five years have elapsed since the previous test, a second test is recommended one year after the first, with a three-yearly screening interval thereafter if no abnormalities are identified.

Topic	Standard		Detail	Target
Invitation and recall	3.3.1	The sample taker invites people to be screened in accordance with NCSP policy and the *Clinical Practice Guidelines for Cervical Screening in New Zealand 2020*.	**Who should be offered screening?** Any person within the eligible age range for cervical screening who is, or has ever been, sexually active should be offered cervical screening regardless of their vaccination status. HPV is a common sexually transmitted infection. The same virus (but a different strain) causes genital warts. The infection is spread by intimate skin-to-skin contact during sexual activity, which means not just penetrative sex. It can be spread by sex play and the use of sex toys. People who may not be aware of the need to participate in screening include: • people who have been immunised against HPV • people who are single or who are no longer having sex • women who have sex with women • people with a disability • people who have completed childbearing • people who have been through menopause • some people who have had a hysterectomy (see Ministry of Health 2020) • transgender people – screening is indicated in transgender or non-binary people with a cervix or vagina. **Encouraging participation** Critical factors that improve participation in the NCSP include: • maintaining an effective identification and recall system that identifies people who are due to have their first cervical screening test or be recalled for subsequent screening • ensuring people understand the importance of regular cervical screening • providing a safe and supportive cervical screening environment • ensuring people are physically and psychologically comfortable during the sample-taking procedure • meeting client's cultural needs (see 3.2: Supportive service delivery: **Cultural competency** above). Clients who are not already enrolled with a primary health care provider should be encouraged to do so.	100% of people eligible for cervical screening are invited to be screened.

Topic	Standard		Detail	Target
Minimising early screening	3.3.2	The sample taker minimises inappropriate early re-screening.	Early re-screening is defined as people who are screened earlier than 2.5 years (30 months) from their last test if they are on a three-yearly screening cycle, and people screened earlier than nine months from their last test if they are on an annual screening cycle. This definition does not apply to those who require earlier sampling due to their clinical history or if the laboratory requests that the sample be repeated. Cervical sampling need only be taken more often if it is required on clinical grounds determined by the sample taker or if the specialist or laboratory recommends a shorter interval. Early re-screening without clinical basis: • can lead to undue anxiety and inappropriate medical intervention • represents inappropriate use of limited NCSP resources • impacts on provider workload. **Key messages** • Cervical cancer is very rare in people under 25 years of age. • The NCSP does not recommend screening earlier than 25 years of age. The starting age for screening takes into account the risks of harm from screening and consequential (unnecessary) treatment balanced against the potential benefits (NSU 2020). • Regardless of the starting age for screening, any person with symptoms suggestive of cervical cancer, namely post-coital or intermenstrual bleeding, pelvic pain or a persistent vaginal discharge, must have appropriate diagnostic tests and examination. A cervical sample taken in this case is a diagnostic test rather than a screening test. (Note: A sample should be taken even if the person is bleeding.)	
Information on cervical screening options	3.3.3	As appropriate, the sample taker provides their clients with information on local cervical screening options.	See 3.2: Supportive service delivery: **Supporting priority groups**.	

Topic	Standard		Detail	Target
Visible abnormalities or abnormal bleeding	3.3.4	The sample taker refers clients with symptoms or abnormal examination findings that are suggestive of genital tract cancer for further investigation, regardless of the cytological findings.	Any person who is eligible for screening or who is outside the recommended age range for screening but presents with symptoms suggestive of cervical cancer (for example, post-coital or intermenstrual bleeding, pelvic pain or a persistent vaginal discharge) must be referred for gynaecologic or colposcopic examination. A normal or unsatisfactory cervical screening test can occur in the presence of an invasive carcinoma of the cervix. Clinical suspicion of cancer overrules any normal cervical screening test result, and the person should be urgently referred for further investigation.	

References

Ministry of Health. 2020. *Clinical Practice Guidelines for Cervical Screening in New Zealand 2020*. Wellington: National Screening Unit, Ministry of Health. URL: **www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/cervical-screening-guidelines** (accessed June 2020).

NSU. 2020. *Age Range Change for Cervical Screening*. URL: **www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/age-range-change-cervical-screening** (accessed 1 October 2020).

Recall processes

Purpose

To ensure effective recall processes and follow-up.

Refer also to:

- Appendix 1: Sample letters
- 3.2: Supportive service delivery: **Supporting priority groups**.

Topic	Standard	Detail	Target
Recall systems and processes	3.3.5 The sample taker and/or provider has an effective recall system in place to ensure appropriate follow-up, in particular, for clients with abnormal screening histories. 3.3.6 The sample taker or another delegated health practitioner sets the recall date.	**Recall processes** Sample takers and providers of cervical screening services must have an effective recall system in place to ensure clients are recalled appropriately and followed up if they have an abnormal result. This includes: • accessing a screening event history from the NCSP Register • having systems in place to recall clients at the appropriate time in accordance with NCSP policy and guidelines. The recall date *must* be set by the sample taker or another delegated health practitioner. Providers should recall clients for a cervical screening test at least four weeks before the due date for their test. • Providers must undertake all reasonable efforts to contact clients for cervical screening – with the minimum being three attempts. Where possible, up to three different methods of contacting clients should be used, for example, letter, text, phone call, email. • If a client is to be recalled at the normal screening interval, providers should make a minimum of three attempts within six months of the recall date. • If a client requires recall within or at 12 months, providers should make a minimum of three attempts within three months of the recall date. The NCSP PHO cervical screening data match report and the NCSP smear taker's recall and overdue cervical smear reports can supplement the provider's records and assist with recall. The recommended minimum requirement is for sample takers to undertake an audit of overdue, unscreened and under-screened clients at least once a year. In order to avoid inappropriate recall, providers must have a system for identifying people who have advised that they do not wish to participate in cervical screening.	

Topic	Standard	Detail	Target
Recall systems and processes (continued)		**People screened elsewhere** PHOs/ general practice are responsible for the health needs of their enrolled population, and so, it is important that clients who are overdue are followed up, particularly any client with an abnormal screening history. If a provider is aware that a client is regularly screened elsewhere, they should consider waiting for the client to be screened by the other provider before intervening (for example, allowing three months after the due date for screening before recalling the client). **People who do not respond to recall** Providers should not remove or archive people from recall lists. Such people should be recalled regularly even if they have not previously responded. Options for following up any person who is not responding to recall include: • providing the person with information on alternative services • placing an alert on the patient management system (PMS) so that opportunistic screening is considered when the person next presents • referring the person to an alternative cervical screening or screening support services provider (Alternative services are available in most districts, for example, New Zealand Family Planning, DHB community clinics, screening support services and other primary health care services provided by Māori and Pacific providers (see 3.2: Supportive service delivery: **Supporting priority groups**). **Regular review of people who are unscreened or overdue** Sample takers should carry out regular audits to identify eligible people who are unscreened or overdue and invite them for screening. Options include: • undertaking a practice audit of information held in the PMS • comparing information held in the provider's records with the NCSP overdue and recall reports and/or the NCSP PHO cervical screening data match report. **People who decline further screening** If a person declines further screening, the NCSP Register should be notified so their records can be updated. If the person has been screened in the last five years, they will receive a 'no more cervical screening' letter from the NCSP Register in order to understand the consequences. The person's screening history remains intact on the Register.	

Topic	Standard	Detail	Target
Recall systems and processes (continued)		**The impact of withdrawing from the NCSP Register** Note: People do not need to withdraw from the NCSP Register to stop being recalled for screening by their health provider or sent reminders from the Register when they are overdue for screening. The impact of withdrawing from the Register is that a person's screening history is removed and is not available if future symptoms require follow-up. Further information on withdrawing from the NCSP Register is available in **standard 3.4.3**: The sample taker provides information about enrolment in the NCSP. **People who choose to not receive communication from the NCSP Register** Contact the regional NCSP service on 0800 729 729 to discuss the management of people who do not wish to receive communication from the Register. **Further details** A person who is overdue will be on the PHO Cervical Screening Data Match Report or the NCSP paper-based recall report. Note: In the paper-based NCSP overdue recall report, the person will show as being overdue for a period of 90 days. The NCSP sends two reminder letters. • For a person with a normal screening history, a letter is sent from the NCSP Register when the person is six months and then nine months overdue for screening. • For a person with an abnormal screening history, a letter is sent from the NCSP Register when the person is three months and then six months overdue for screening.	100% of people who are eligible for cervical screening are recalled within four weeks of the due date for their test.

Topic	Standard		Detail	Target
Clinics providing opportunistic cervical screening services	3.3.7	The sample taker and/or providers of opportunistic cervical screening services have follow-up processes in place, and they advise clients about the expected recall and follow-up processes.	A small number of cervical screening providers and outreach services are not resourced to provide full cervical screening services but serve an important role in providing opportunistic screening. These clinics must: • inform the client of their results and ensure (where possible) that a copy of the result is sent to the client's GP or other provider – if the result is normal, advise the client that they will not be recalled but a copy of their result will be sent to their GP or another provider advising when their next cervical screening test is due (consent should be obtained for this) – if the result needs to be repeated, arrange for a follow-up test with either themselves or another provider – if the result is abnormal and requires referral, the sample taker must refer the client for specialist assessment as per the NCSP's *Clinical Practice Guidelines for Cervical Screening in New Zealand 2020* (Ministry of Health 2020). A client who chooses not to have the result forwarded to their GP or other provider is advised when the test is next due and provided with options for future screening.	
Clinical discretion with recall			The NCSP Register is a tool to support providers recalling clients for another test based on results held on the NCSP Register. Providers may advise a different recall interval based on the client's history and other clinical features – see **Overseas test results** (below).	

Topic	Standard	Detail	Target
Overseas test results		Sample takers should be aware that, where a client has had cervical screening tests taken overseas, the laboratory recommendations may not necessarily reflect the client's entire clinical/screening history. Provided there is sufficient supporting evidence, this detail should be reported on the laboratory request form. Abnormal results reported outside New Zealand, including hysterectomy information, can be added to the Register if appropriate clinical evidence is provided. This evidence can take the form of a copy of the cytology or histology result or a specialist letter that refers to the result. This information is useful in helping laboratories and colposcopy services determine appropriate management. Until such time as a secure transfer process is available, secure email can be used to send requests to add overseas results to the Register (**info@ncspregister.health.nz**), or fax (04 460 1100) if secure email is not available. The laboratory may have insufficient information to determine appropriate recall in clients from overseas. Until such time as the screening history of a client from overseas is more complete, it is the clinical responsibility of the sample taker in New Zealand to decide that client's screening interval and recall with respect to the NCSP's *Clinical Practice Guidelines for Cervical Screening in New Zealand, 2020* (Ministry of Health 2020). A client from overseas may receive NCSP Register overdue reminder letters that may not necessarily line up with the recall interval advised by the sample taker. They should be advised to disregard these letters and rely on the screening interval advised by the sample taker until they have had subsequent results listed on the Register.	

References

Ministry of Health. 2020. *Clinical Practice Guidelines for Cervical Screening in New Zealand 2020*. Wellington: National Screening Unit, Ministry of Health. URL: **www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/cervical-screening-guidelines** (accessed June 2020).

3.4 Informed consent and communication

Providing information

Purpose

To ensure people are informed about cervical screening and the NCSP.

Topic	Standard		Detail	Target
NCSP resources	3.4.1	The sample taker uses NCSP resources or NCSP-approved resources.	NCSP resources are available to assist with explaining the NCSP, the NCSP Register, cervical screening and colposcopy services. It is particularly important that people are fully informed about cervical screening and the NCSP when they are invited to participate in the NCSP for the first time. An NCSP brochure *Cervical Screening: What you need to know* is available in a range of languages. This and other NCSP resources can be ordered online from the Cervical screening resources webpage of the Time to Screen website at: **www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/national-cervical-screening-programme,** or HealthEd **https://www.healthed.govt.nz/.** Providers and sample takers must ensure that any resources provided are either NCSP resources or resources that have been approved by the NCSP Programme Manager.	100% of people are provided with information on cervical screening and the NCSP when they are invited to participate in the NCSP for the first time.

Topic	Standard		Detail	Target
Informed consent	3.4.2	The sample taker helps clients make an informed choice to participate in cervical screening and the NCSP.	The sample taker has a key role in ensuring that each client understands cervical screening and the procedures involved and in communicating information about the NCSP Register. Section 112L of Part 4A of the Health Act 1956 sets out the duties of people conducting cervical screening, including duties to provide information to clients and the NCSP (Health Act 1956). Information about screening, the NCSP and enrolment on the NCSP must take into account different levels of health literacy and be presented in a language and a manner that is culturally appropriate and easy to understand. If a client demonstrates difficulties due to language or cultural barriers, the sample taker should consider using a qualified interpreter and linking with or referring the client to services that might be more appropriate to their needs (see **standard 3.2.6** in section 3.2: Supportive service delivery). **Key messages** Key messages to provide on cervical screening include: • risk factors for developing cervical cancer (that is, the sample taker and/or provider 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 people to be screened every three years, even if they have been vaccinated against HPV • cytology testing – the meaning of abnormal cell changes • 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 abnormal symptoms to a health professional immediately.	

Topic	Standard	Detail	Target
Informed consent (continued)		**Information to be provided at a first test** To ensure sufficient information has been provided, sample takers should discuss the following with a client when the client has their first cervical screening test. ***Information on the NCSP*** • The objectives and benefits of participating in the NCSP, including the letters and information the client will receive from the NCSP • Enrolment in the NCSP, including how a person may cancel their enrolment in the NCSP if they wish to do so (refer below) • Who can access the information stored on the NCSP Register • How information can be used following enrolment in the NCSP. ***Information on cervical screening*** • Risk factors • The importance of HPV immunisation • The importance of having regular cervical screening tests, even if a person has been immunised against HPV • The benefits and limitations of cervical screening (the difference between a screening test and a diagnostic test[10] is that the cervical screening test is a screening test only and has limitations, such as the possibility of a false positive or negative result. However, regular tests increase the likelihood of abnormalities being detected) • The importance of the person immediately reporting any symptoms (such as inter-menstrual or post-coital bleeding, pelvic pain or a persistent discharge) to their health professional, even if they had a recent normal cervical screening test.	

[10] A screening test is undertaken when a person has no symptoms, whereas a diagnostic test is usually performed when a person has symptoms and requires a diagnosis.

Topic	Standard	Detail	Target
Informed consent (continued)		***Information on the cervical screening test*** • The test • The procedure • How and when results will be provided. The best practice for a client having their first test is for the sample taker and/or provider to supplement verbal information with written information about the NCSP and cervical screening. Full information on cervical screening is contained in the NCSP brochure *Cervical Screening: What you need to know,* which is available in a range of languages. This and other NCSP resources can be ordered online from the cervical screening resources webpage of the Time to Screen website at **www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/national-cervical-screening-programme** or HealthED **https://www.healthed.govt.nz/.** ***Other information*** As appropriate, make information available on alternative, affordable cervical screening options or about services with female sample takers in their area. **Information to be provided with subsequent cervical screening** When subsequent cervical screening tests are undertaken, the sample taker and/or provider should supply as much information as is 'reasonable in the circumstances' (Section 112L (2) of Part 4A of the Health Act, 1956).	

Topic	Standard		Detail	Target
Information on enrolment in the NCSP	3.4.3	The sample taker provides information about enrolment in the NCSP.	**Enrolment in the NCSP** Enrolment in the NCSP occurs when a person's details are entered onto the NCSP Register. This occurs when the NCSP receives the first cervical screening test, HPV test or histology result. At the time of a first cervical screening test, sample takers must provide their client with information about enrolling in the NCSP. The client's result and all subsequent results will be recorded on the NCSP Register unless the client has chosen to withdraw from the programme. **Withdrawal from the NCSP** People can choose to withdraw from the NCSP. If so, they should be encouraged to continue to have regular cervical screening tests. Following withdrawal, all electronic records except for background details that identify the person are deleted from the NCSP Register, and there is no further communication from the NCSP Register except to notify the person that their request to be withdrawn from the programme has been received and processed. Any person who chooses to withdraw must complete a *Request to withdraw from the National Cervical Screening Programme* form, available from the Enrolment in the National Cervical Screening Programme webpage of the Time to Screen website at: **www.nsu.govt.nz/resources/withdraw-national-cervical-screening-programme-consent-form**. Alternatively, they email their request to **info@ncspregister@health.nz** with full details of their identity. A person can re-enrol at any time, and their screening history will recommence with the most recent cervical screening test. A *Re-enrol in the Programme* form is available from the Enrolment in the National Cervical Screening Programme webpage of the Time to Screen website at: **www.nsu.govt.nz/resources/ncsp-re-enrolment-form.** Note: Clients need to complete these forms themselves; sample takers / providers cannot do it for them.	

Topic	Standard		Detail	Target
Declining screening	3.4.4	The sample taker notifies the NCSP Register about anyone enrolled in the NCSP who declines screening.	People can decline to be screened, for example, if they have a serious health condition and further screening is not indicated or for another personal reason. However, depending on the situation, recall should not always be removed for people who decline screening, as this reminds the provider to continue to offer opportunistic screening. **Informing the Register of people who decline further screening** Sample takers must notify the NCSP Register about anyone enrolled in the programme who declines further screening so that their records can be amended to become 'inactive'. This will ensure that the Register does not generate overdue letters. Sample takers should also stop sending practice-generated recall letters. If people who are listed as 'inactive' subsequently have a cervical sample taken, their cervical screening records will be automatically re-activated by the NCSP Register.	
Eligibility for publicly-funded services	3.4.5	The sample taker follows the Ministry's Eligibility Direction policy.	The sample taker should follow the Ministry's Eligibility Direction policy (Ministry of Health 2011), that is, they should advise laboratory and colposcopy services if clients are not eligible for publicly funded services and advise the clients of the likely charges.	

References

Health Act 1956, Part 4A, sections 112A to 112ZP (National Cervical Screening Programme):
URL: **www.legislation.govt.nz/act/public/1956/0065/latest/whole.html#DLM307752** (accessed 16 January 2017).

Ministry of Health. 2011. *Eligibility Direction*.
URL: **www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/eligibility-direction** (accessed 16 January 2017).

Time to Screen. Cervical Screening Resources. URL: **www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/national-cervical-screening-programme** (accessed 16 January 2017).

Communication between the NCSP and clients

Purpose

To ensure people are aware of the communication they may receive from the NCSP.

Topic	Standard		Detail	Target
Informing people about: • letters from the NCSP • how they can access their screening history	3.4.6	The sample taker is able to explain the letters and information that a client may receive from the NCSP and how the client can access their screening history on the NCSP Register.	The NCSP Register is a back-up to cervical screening recall systems in primary health care. **Letters from the NCSP** Once enrolled in the NCSP, people can expect to receive letters from the NCSP Register. The letters are generated automatically and are based on laboratory recommendations, previous cervical screening and HPV test results, histological history and relevant clinical information. A person with a completely normal screening history who has timely cervical screening tests is likely to only ever receive two letters from the NCSP – an initial result letter and a letter when cervical screening tests are no longer required. The main types of letters sent are outlined below. 1 An initial result letter is sent when the person first enrols. This confirms the result of the initial cervical screening test taken at time of enrolment, identifies the person's details held on the NCSP Register and encourages the person to contact the NCSP to update any missing or incorrect information. 2 Reminder letters – at least two are sent for overdue cervical screening tests. • A person with a normal screening history receives two reminder letters – one when they are overdue by six months and another when they are overdue by nine months. • A person with an abnormal screening history receives a letter when they are overdue by three months and another if they are still overdue at six months.	

Topic	Standard	Detail	Target
Informing clients about: • letters from the NCSP • how they can access their screening history (continued)		3 A result letter is sent for a subsequent abnormal cervical screening result, unless the person is currently in treatment (that is, a colposcopy referral has been received on the Register). (This letter is delayed by approximately 20 working days to provide time for the sample taker to inform their client of the screening result. The letter contains the laboratory result and a recommendation to discuss follow-up with the sample taker. This acts as a back-up to ensure that the person is aware of the result and is prompt to initiate appropriate action, as appropriate.) 4 People who no longer require cervical screening tests are sent a letter acknowledging this. 5 A letter is sent to people who decline all further screening, acknowledging that the NCSP has been advised of this. 6 Withdrawal acknowledgment and withdrawal confirmation letters are sent when a person no longer wishes to participate in the NCSP or have their test results included on the NCSP Register. **How people can access their information** People can obtain information about letters, results and cervical screening histories by phoning the regional NCSP service on 0800 729 729.	

3.5 Cervical screening and follow-up responsibilities

Taking the cervical screening sample

Purpose

To promote the taking of an optimal cervical screening sample.

This section includes information on:

- key actions for taking a cervical screening sample
- obtaining an optimal cervical cytology sample
- factors related to an inadequate/unsatisfactory cytology sample.

Refer also to:

- 3.4: Informed consent and communication.

Topic	Standard		Detail	Target
Cervical screening practices	3.5.1	The sample taker practises under their own NCSP Register ID number.	Sample takers must take responsibility for the services they provide by practising under their own NCSP Register ID number.	
Sample taking	3.5.2	The sample taker follows best-practice techniques when taking samples.	Further information is provided below.	

Key actions for taking a cervical screening sample

Stages	Action
1	Obtain a screening history from the NCSP Register.
2	Take a history, which should include information on: • date of the last cervical or HPV test and the result • previous gynaecological and cervical screening history (noting any abnormalities and anatomic variances) • difficulties with previous cervical screening tests • contraception • parity • last menstrual period (LMP) and menstrual cycle • inter-menstrual bleeding • post-coital bleeding • any persistent or unusual discharge • pelvic pain.
3	Provide information about the NCSP and cervical screening in accordance with section 112L of Part 4A of the Health Act 1956 (see 3.4: Informed consent and communication).
4	Explain the procedure, equipment to be used and what the client might experience during the cervical sampling procedure. Take into consideration the individual needs of each client when carrying out the procedure.
5	Ensure that all equipment is clean and that contamination is avoided throughout the process.
6	Insert the speculum and visualise the cervix. Assess the lower genital tract and note any irregularities (for example, two cervices).

Stages	Action
7	Use an appropriate sampling device. • The cervibroom is the recommended sampling device for cervical screening as it is able to collect sufficient cells for both cytology and HPV testing and effectively sample the endocervical/transformation zone. It is normally the only sampling device necessary for collecting both SurePath™ and ThinPrep® liquid-based cytology (LBC) samples. • The cervibroom is also appropriate for vaginal vault samples. • Sample takers may consider using a cytobrush in addition to a cervibroom if an unsatisfactory result was achieved previously, particularly in post-menopausal clients, where the squamo-columnar junction may be high in the endocervical canal. • The absence of an endocervical / transformation zone component does not indicate a limited or less-than-satisfactory sample and does not warrant use of an additional sampling device or early recall (see Obtaining an optimal cervical cytology sample below). If an ectropion is present, the sample must include the ectropion and the border of the ectropion. Note: Gynaecology/colposcopy specialists may consider the use of a cytobrush on a case-by-case basis when considering previous results and the clinical presentation.
8	Transfer the sample into the LBC vial according to the instructions from the manufacturer and the laboratory. See also 3.6: Safety and quality. Ensure the lid of the specimen container is tightly closed and the container is placed in an individual, leak-proof bag for transport to avoid contamination of the environment or other specimens. Note: If the lid is not closed tightly and the specimen container leaks during transport to the laboratory, the laboratory may discard the sample or reject it for HPV testing (if required) because of the potential for sample contamination. If this occurs, the sample will need to be recollected.
9	Remove the speculum, examining the vaginal walls as the speculum is withdrawn.
10	Provide the client with a tissue if needed and privacy to get dressed.
11	Discuss how the results will be received and the follow-up management plan.
12	Document the history and clinical examination details in the client's clinical record.
13	Complete the required details on the sample and laboratory referral form. See **standard 3.5.4**: Relevant information required by the laboratory is provided on the sample and laboratory form.
14	If the sample was not taken at the client's general practice, the client should be strongly encouraged to allow the results to be communicated to their GP. Explain that the client's GP has primary responsibility for ensuring screening occurs at the appropriate intervals.

Taking samples from people from overseas who are in New Zealand temporarily

Sample takers should consider only taking samples from people from overseas who are temporarily in New Zealand where this is clinically indicated because the follow-up of abnormal results can be difficult if the person has returned overseas.

Obtaining an optimal cervical cytology sample

The sensitivity of the screening programme is improved by sample takers taking a high-quality sample and carefully following the instructions from the manufacturer and the laboratory for transferring cells into the LBC medium. Inadequate sampling may be responsible for a significant proportion of false-negative results and failure to detect abnormalities.

Cervical screening can occur at any time, but it is best taken mid-cycle. It is preferable to avoid sample collection during menses (refer to Factors related to an inadequate/unsatisfactory cytology sample below).

If the cytology specimen is unsatisfactory, it should be repeated after four to six weeks and before three months.

How to obtain an optimal cervical cytology sample	
Adequate sampling: including endocervical cells	The majority of cervical lesions occur in the cervical transformation zone, and an optimal cervical screening sample contains sufficient endocervical or metaplastic squamous cells to indicate that the transformation zone has been sampled. A satisfactory cervical screening sample is determined as containing sufficient well-preserved and well-visualised squamous cells. Although the presence of an endocervical / transformation zone component is optimal and indicates that the transformation zone has been sampled, an absence of these cells will be commented on in the cytology report but will not make the sample unsatisfactory. If a cytology test is reported as 'satisfactory' (even if no endocervical / transformation zone component is present), it does not need to be repeated. The sample taker should follow the recommended recall provided in the laboratory report. When the laboratory reports that endocervical cells are absent, the sample taker should consider the clinical situation that may have affected the cell content at the time of taking the sample and, if indicated, review their sample-taking technique. Factors that can make it difficult for a sample taker to obtain endocervical cells include: • pregnant or post-menopausal clients (when the endocervical cells are located high in the endocervical canal) so the sampling device cannot sample the area • poor visualisation of the cervix and inability to locate the os • very heavy mucus or inflammation obscuring the transformation zone • cervical stenosis.
An optimal sample	Sample takers can help to ensure endocervical cells are sampled by: • undertaking four to five full rotations with the broom as per the manufacturer's recommendations (due to the fine cutting-edge design of the cervibroom bristles, it is only effective when sufficiently rotated in a clockwise direction) • for SurePath™ samples – placing and retaining the head of the sampling device in the LBC vial • for ThinPrep® – being reasonably vigorous when swirling and agitating the head of the sampling device in the LBC vial. Do NOT retain the head in the ThinPrep® vial. It should not be necessary to wipe the cervix before taking the sample. Gentle removal of excessive mucus or inflammatory exudate is acceptable. Heavy wiping is not acceptable under any circumstance as this may remove surface epithelial cells. Note: The use of LBC means that the processing of the sample in the laboratory removes excessive mucus, blood and leucocytes when the cytology slide is prepared. Also see 'Cervix covered in inflammatory exudate due to infection' under Factors related to an inadequate/unsatisfactory cytology sample below.
Cervical ectropion	A cervical ectropion appears as a well-demarcated red velvety area on the ectocervix, extending into the endocervical canal. An ectropion was formerly inaccurately known as an 'erosion'. Almost every pre-menopausal person has a cervical ectropion. It is normal and represents an area of normal columnar cells on the ectocervix. It is less common in post-menopausal people. It is important to sample around the edge of the ectropion not just the inner os.

How to obtain an optimal cervical cytology sample	
Order of procedure where a swab is also taken	The order of sampling when obtaining both a cervical sample and a sexually transmitted infection (STI) swab is not important as the sampling is usually from different sites. The exception to this is if the STI swab is to be taken from the cervix or cervical os if there is a lot of discharge, in which case the cervical screening sample should be taken first. See also the Guidelines webpage of The New Zealand Sexual Health Society Incorporated (NZSHS) website at: **www.nzshs.org/guidelines**.
If the person has two cervices	If the person has two cervices, the sample taker needs to take two individual samples, which are placed in separate LBC vials. The samples must be carefully labelled and clear information provided on the laboratory form so the laboratory understands that the samples are from two cervices for the one person.

Factors related to an inadequate/unsatisfactory cytology sample

Use of LBC overcomes most factors for an unsatisfactory cytology sample, however, the table below lists some of these factors.

Possible causative factor for an inadequate sample	Suggested improvement measure
The person may be tense for a variety of reasons, and the cervix may not be adequately visualised	Establish a rapport, offer further information and the opportunity to discuss the process in more detail or provide a referral to another sample taker. Use a speculum of a different size or reposition the person either dorsally or laterally.
Insufficient squamous cells	Revise the technique to ensure that the sampling device samples the cervix appropriately – refer above to 'Adequate sampling including endocervical cells' and 'An optimal sample'. Use the appropriate technique with the LBC sampling instrument and vial. • If ThinPrep® is used, ensure the proper technique is used to rinse the sampling device. The device head should NOT be retained in the vial. • If SurePath™ is used, ensure the head of the sampling device IS retained in the vial.

Possible causative factor for an inadequate sample	Suggested improvement measure
Cervix covered in inflammatory exudate due to infection	Where appropriate, it is recommended the test be postponed until the infection has been treated, as the presence of infection may adversely affect the adequacy of the sample. The person should be asked to return two to four weeks after treatment. **If the person is unlikely to return for a follow-up test, it is important to take the sample anyway**. The person should be referred to a medical practitioner if the infection has not resolved on the return visit. Refer also to 'How to obtain an optimal cervical cytology sample' above and note the importance of not wiping away exudate unless absolutely necessary.
Contamination with lubricant	Excess lubricant applied to the speculum increases the risk of obscuring the cellular sample. It is recommended that minimal lubricant (less than 0.4 mL) be used to lubricate the speculum. The lubricant should be applied sparingly on the outer portion of the speculum, avoiding the tip.
Contamination with spermicide or vaginal cream	Creams can have a profound effect on cytology as they can mask the cells, rendering the sample unsatisfactory or possibly masking abnormal cells. It is preferable to postpone the test for two days, as wiping the cream off before sampling could remove the surface cells. Note: A client's use of such creams should be researched before taking the sample.
Timing of the cervical screening test	While a sample can be taken at any time when collected into an LBC vial, samples taken during menstruation can be more difficult to interpret because of the presence of abundant blood and numerous endometrial cells, particularly on days of heavy bleeding. Unless there is a risk of the person not attending, it is preferable to avoid sample collection during menses. The optimal time to collect a sample is mid-cycle.
Timing of a repeat test	If a repeat cervical screening test is required, it should be repeated after four to six weeks and before three months.
Difficulty in obtaining an endocervical / transformation zone component in post-menopausal people, people using Depo Provera®, breastfeeding people or people who have had treatment for a cervical abnormality	Consider arranging for a medical practitioner to prescribe a course of topical oestrogen therapy before the next test. The course can be either daily for two weeks or twice weekly for six weeks. The next test should be undertaken within two weeks after the person has completed the course. If there has been a recent application of oestrogen cream, as noted under 'Contamination with spermicide or vaginal cream' above, it is preferable to postpone the test for a couple of days as the cream can mask the cells, rendering the sample unsatisfactory and wiping it off before sampling could remove the surface cells.
Leaking LBC sample	Ensure the lid is closed tightly on the vial following the sampling procedure.

Cervical screening during pregnancy and post-partum

Purpose

To ensure pregnant people receive appropriate follow-up.

Refer also to:

- 'Key actions for taking a cervical screening sample' and 'Factors related to an inadequate/unsatisfactory cytology sample' in Taking the cervical screening sample above.

Topic	Standard		Detail	Target
Cervical screening during pregnancy and post-partum	3.5.3	Cervical screening during pregnancy and post-partum follows best-practice guidelines.	Cervical screening can be taken at any time during pregnancy, particularly if the client has never been screened, is overdue for a test or has an abnormal screening history and is due for a test, or if there have been specific indications or recommendations for a follow-up test. If the client has a normal screening history, a decision may be made to delay screening until three months post-partum. After the birth (or a miscarriage or termination of pregnancy), cervical screening should be delayed until three months post-partum to allow the changes associated with pregnancy to resolve. Colposcopy is safe for both the baby and mother and so, if indicated, a client should be referred to colposcopy during pregnancy. It is unlikely that a biopsy or treatment would be recommended for a pregnant person, but a colposcopic assessment can exclude the presence of invasive cervical cancer and provide reassurance. **Notes** 1 The cervibroom is the recommended sampling instrument. Cytobrushes are not recommended for routine screening and are **NOT** advised during pregnancy (see 'Key actions for taking a cervical screening sample' in Taking the cervical screening sample above). 2 Endocervical cells may not be evident in a sample collected during pregnancy because of the change in cervical anatomy. This is not a cause for concern. 3 When cervical screening is performed in the postnatal period, low levels of oestrogen associated with breastfeeding may make the collection or interpretation of the cervical sample unsatisfactory. If this occurs, the client could apply local oestrogen cream or pessaries before the test is repeated. (For more information, see 'Factors related to an inadequate/unsatisfactory cytology sample' in Taking the cervical screening sample above).	

Information required by the laboratory

Purpose

To ensure the laboratory receives complete information to accurately process the specimen and assign recall.

Topic	Standard		Detail	Target
Information required by the laboratory	3.5.4	Relevant information required by the laboratory is provided on the sample and laboratory form.	The provision of sufficient accurate information on both the LBC vial and the laboratory referral form is essential to allow: • the laboratory to identify the client unequivocally when accessing that client's NCSP Register screening history. There must be an unequivocal link between the information on the sample and the laboratory form • the laboratory to process the cervical screening sample appropriately • the person assessing the sample to assign the appropriate recall date or recommendation for referral • the laboratory and the NCSP to process the result information appropriately, including ensuring the result is matched to the correct client • the programme to be evaluated and monitored accurately. Individual laboratories may have a more stringent specimen acceptance policy, and sample takers should check each laboratory's requirements before submitting samples. Failure to meet the labelling requirements for the sample and the laboratory form may mean the laboratory cannot process the sample and the client has to return for a repeat sample. **Samples** The minimum details required for labelling samples are two client identifiers and: • the client's family name and given name(s) • the client's National Health Index (NHI) number and/or date of birth (preferably both) • the date the sample was collected • the collection site, if relevant (IANZ 2014).	

Topic	Standard	Detail	Target
Information required by the laboratory (continued)		**Laboratory request form** Information on the laboratory request form must include: • identity and demographic information for the client, including: – NHI number – family name and given name(s), plus any other names known by, if available – date of birth – gender – contact details (to enable the NCSP Register to send a letter) o a valid New Zealand residential address, including post code o a postal address if different from the residential address – ethnicity (self-identified by the client) – see: Ethnicity data collection below • sample information, including: – date the sample was collected – type of sample (that is, SurePath™ or ThinPrep®) – collection site, if relevant – the sample(s) requested • relevant clinical information, that is: – HPV immunisation status (Yes, No, Partial) – relevant gynaecological history, which includes: LMP, use of an intrauterine contraceptive device (IUCD) or Depo Provera®; if post-partum and/or breastfeeding; any hysterectomy details (total/subtotal) and whether the client is post-menopausal or on hormone replacement treatment or has a history of post-coital, intermenstrual or postmenopausal bleeding, pelvic pain or a persistent or abnormal discharge – any other relevant clinical information that may influence either the result or the laboratory recommendations for recall or referral, for example, symptoms of cervical disease, an abnormal appearance of the cervix or if the client is immune-deficient – any history of abnormal hrHPV tests or cervical cytology/histology results reported outside New Zealand that are not already recorded on the NCSP Register (these must be noted on the request form and the documented evidence sent with the sample to the laboratory so that all previous results can be considered when the sample is reported)	

Topic	Standard	Detail	Target
Information required by the laboratory (continued)		Notes 1. The sample taker must also send the documented evidence of previous abnormal results to the NCC Cervical Screening Register team so this can be noted on the NCSP Register. The sample taker is responsible for advising the NCSP Register about this not the laboratory. 2. Documented evidence is the cytology or histology result, or a specialist letter referring to the result. 3. See 'Overseas test results' under 3.3 Invitation and recall: Recall process above. • sample taker information: – the health facility identifier (ID) number – the sample taker's registration (ID) number – the sample taker's name – the name and address of the clinic • other information, such as the contact details of health providers needing a copy of the result. If the sample needs to be processed urgently, this should be indicated on the form with the reason. Provide the appropriate contact number if the result needs to be phoned through. Note: Some clients may request a code replace their name on the laboratory request form and sample to protect their identity. This is not acceptable when sending results to the NCSP Register. According to legislation, all cervical screening and cervical and vaginal histology results are sent to the NCSP Register, and identity and demographic details (as per above) are needed to ensure there is an unequivocal match and the results are linked to the correct person. (If the person has withdrawn from the NCSP, the laboratory still sends the results to the Register, and the identifying details of all people who have withdrawn are held to ensure the results are not accepted on to the Register.)	

Topic	Standard	Detail	Target
Ethnicity data collection	3.5.5 All clients self-identify their ethnicity.	The NCSP requires accurate ethnicity data to monitor rates of disease within different ethnic groups. This information benefits policy makers, funders and providers in that it enables services to be planned and targeted appropriately. To promote accurate documentation of ethnicity: • the sample taker uses the health and disability sector's standard ethnicity question, that is, the Stats NZ 2001 Census ethnicity question, which allows the respondent to identify as many ethnicities as they feel they identify with • the respondent must identify their own ethnicity/ethnicities (called **self-identification**) regardless of the collection method, for example, face-to-face contact, on a form, electronic collection or telephone contact • the sample taker must not guess the client's ethnicity, transfer the information from another form or limit the number of ethnicities that the client can identify with. The approach can be adjusted if a client is not be able to provide this information themselves due to disability or incapacity (Ministry of Health 2017).	

References

IANZ. 2014. *IANZ Specific Criteria for Accreditation: Medical testing AS LAB C 7*, 2nd edition. Auckland: International Accreditation New Zealand (IANZ).

Ministry of Health. 2017. *HISO 10001:2017 Ethnicity Data Protocols*. Wellington: Ministry of Health.
URL: **www.health.govt.nz/publication/ethnicity-data-protocols-health-and-disability-sector** (accessed 16 January 2017).

Follow-up responsibilities after taking a cervical screening sample

Purpose

To ensure effective recall processes and follow-up of people.

Topic	Standard		Detail	Target
Ensuring cervical screening results have been received	3.5.6	The sample taker and/or provider has mechanisms in place to ensure that results are obtained from the laboratory in a timely manner.	Laboratories are required to send 98% of cervical screening results to sample takers within 15 working days of receiving the sample. Sample takers must have processes in place to ensure that they receive the laboratory results in a timely manner. If cervical screening results are not received, the sample taker (or other practice staff) must contact the laboratory to ensure that the laboratory received the cervical screening sample and that a report will be forthcoming.	
Filing of results	3.5.7	Cervical screening results are viewed and acted on before filing.	The sample taker must sight all laboratory results and initiate appropriate follow-up before the results are filed. If the sample taker is unable to check the results, for whatever reason, they or the provider must have processes in place to ensure that clients' results are received and acted upon in a timely manner. The sample taker must check the laboratory recommendation against the screening history. Any discrepancy or questions regarding the recommendation should be referred to the laboratory. Clients' records must always be treated as confidential. All reports, results and letters that identify an individual person must be held in accordance with the Health Information Privacy Code 1994. Wherever possible, hard-copy results should be stored in a lockable cabinet or other secure location.	100% of cervical screening test results are reviewed, and the necessary follow-up is undertaken.

Topic	Standard		Detail	Target
Providing people with the result of their test and future follow-up	3.5.8	Clients are informed about their results and any future follow-up in the manner that they have agreed with their sample taker.	Clients must be informed about their results, whether normal or abnormal, unless the client agrees to only be informed about abnormal results. Providers cannot have a blanket policy that clients will only receive their results if they are abnormal. Clients can request their screening history if they choose to do so. Information on abnormal results must be provided in person, or by phone. However, from time to time, extenuating circumstances may prevent this, for example, if the client is overseas or not contactable. Unless otherwise arranged by the client, it is important that information is given only to the client concerned. **Communication by email or text message** Unless otherwise agreed with the client, text or email communication should only be used for non-clinical notifications (that is, appointment reminders, confirmation of appointments and following up missed appointments) as privacy cannot be assured via these methods of communication. **Telephone contact** When making telephone contact, the provider representative must: • identify themselves to the client (that is, provide their full name, role and workplace) • identify the client by their full name • confirm the client's date of birth • advise any third party who might answer the phone that the call is 'personal' • not leave messages on answering machines or with friends or relatives of the client, unless the client has given instructions to do so (such instructions must be documented) • offer the client a contact phone number for follow-up contact, if needed (Ministry of Health 2014).	
Transfer of clients if the provider ceases to perform cervical screening	3.5.9	If the provider ceases to perform cervical screening services, the client is informed and, where possible, is transferred to another provider.	If a provider ceases to perform cervical services, clients should be advised and, where possible, either: • referred to a GP or another sample taker for future follow-up; OR • advised about alternative cervical screening options for their next test. The provider must also inform the NCSP Register that they have ceased to perform cervical screening services.	

References

Health Information Privacy Code 2004 (revised 2008).
URL: **www.privacy.org.nz/assets/Files/Codes-of-Practice-materials/HIPC-1994-2008-revised-edition.pdf** (accessed 16 January 2017).

Ministry of Health. 2014. *National Cervical Screening Programme Policies and Standards: Section 1 – NCSP Overview*. Wellington: Ministry of Health. URL: **www.nsu.govt.nz/system/files/page/ncsp_standards_1.pdf** (accessed 12 December 2016).

Referral or follow-up for further investigation

Purpose

To ensure appropriate referral for further investigation.

Refer also to:

- Appendix 2 for a sample form for referral to colposcopy services
- *National Cervical Screening Programme Policies and Standards: Section 6 – Providing a Colposcopy Service* (Ministry of Health 2013).

Topic	Standard	Detail	Target
Referral and/or follow-up of people for further investigation	3.5.10 The sample taker and/or provider has processes in place to ensure the appropriate referral and/or follow-up of clients with a 'detected' HPV test, an abnormal cervical screening test or histology result, or other clinical signs and symptoms suggestive of cervical cancer.	The pathway for referral to colposcopy is outlined in the *Clinical Practice Guidelines for Cervical Screening in New Zealand 2020* (Ministry of Health 2020). The sample taker is responsible for ensuring appropriate referral to colposcopy for clients with an abnormal test result that meets the criteria for referral. In addition, clients presenting with symptoms suggestive of cervical cancer (for example, post-coital or intermenstrual bleeding, pelvic pain or a persistent vaginal discharge) must be referred promptly for gynaecologic or colposcopic examination, with all the relevant clinical information provided. If a client has a cervical screening test result that is 'suspicious of cancer or cancer', an urgent referral is made to colposcopy, and the urgency of the referral is indicated in the referral. Note: Sample takers also need to take into account clinical signs and symptoms presented (irrespective of the laboratory result and recommendations made) to inform a decision on recall or referral for gynaecological assessment. If the sample taker is not the client's regular GP, with consent, a copy of the cervical screening result should be sent to the client's GP. If the sample taker is a nurse, the client does not need to be seen by their GP before they are referred to colposcopy, unless there are clinical signs and symptoms that the sample taker believes warrants assessment. If the client has a gender preference for a colposcopist, this should be stated on the referral form. Note: This will not be possible in all colposcopy services. When referring to colposcopy, the sample taker must provide: • a referral letter including all the relevant clinical information • a copy of the laboratory results (cytology and/or the HPV test result). Note: If the client is not referred to colposcopy as recommended by the laboratory, the sample taker needs to ensure that the GP and NCSP Register are informed of this.	

References

Ministry of Health. 2013. *National Cervical Screening Programme Policies and Standards: Section 6 – Providing a Colposcopy Service*. Wellington: Ministry of Health. URL: **www.nsu.govt.nz/system/files/page/ncsp_policies_and_standards_section_6_providing_a_colposcopy_service_june_2014_0.pdf** (accessed 12 December 2016).

Ministry of Health. 2020. *Clinical Practice Guidelines for Cervical Screening in New Zealand 2020*. Wellington: National Screening Unit, Ministry of Health. URL: **www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/cervical-screening-guidelines** (accessed 27 August 2021.

3.6 Safety and quality

Infection control processes

Purpose

To ensure optimal infection control processes are in place to minimise spread of potentially infectious materials or contamination of the sample.

Topic	Standard		Detail	Target
Infection control processes	3.6.1	The sample taker and/or provider follows infection control policies and procedures that utilise best-practice standards.	**Standard precautions** Standard infection control processes must be followed to prevent potentially infectious materials contaminating the client, the cervical sample or other personnel. For cervical screening, infection control procedures include: • using barrier protective coverings for all surfaces that are likely to be touched with gloved hands during the delivery of client care and likely to become contaminated with blood or body substances (CDC 2003) • washing hands before and after contact with each client and after activities that are likely to cause contamination of cervical screening equipment or clinic surfaces • using gloves during sample collection • immediately transferring the sampling instrument into the LBC medium without contacting other surfaces or causing the material to become airborne (The sample taker must be careful not to touch other objects in the clinic environment while they are wearing gloves.) • ensuring the lid of the specimen container is tightly closed and placed in an individual leak-proof bag for transport to avoid contamination of the environment or other samples • cleaning and disinfecting commonly touched surfaces, such as trolleys and benches (CDC 2003) (Warm water and a neutral detergent or a detergent wipe is adequate for initial cleaning. Disinfectants should be used according to the manufacturer's instructions.) • ensuring medical waste is managed according to local body (council) regulations.	

Topic	Standard	Detail	Target
Infection control processes (continued)		**Standards New Zealand requirements** The sample taker must implement appropriate infection control policies and procedures as outlined in Standards New Zealand NZS 8134.3:2008 (Standards New Zealand 2008). The sample taker must ensure that re-usable equipment is cleaned and sterilised meticulously according to the manufacturer's instructions. The method of cleaning, disinfection and sterilisation should meet AS/NZS 4815:2006 and AS/NZS:4187:2014 standards (Standards New Zealand 2006, 2014). If equipment is not sterilised in a pouch, meticulous care must be taken to avoid contaminating the instruments following sterilisation and storage. Providers need to balance the cost of ensuring correct processing and sterilising of re-usable specula against the hygiene provided by using disposable specula. Disposable specula must be used if decontamination, sterilisation and storage of instruments is not able to be carried out effectively. Disposable specula must be used only once and then discarded.	

References

CDC. 2003. Guidelines for environmental infection control in health-care facilities: recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC). *MMWR* 2003; 52(No. RR-10): 1–48. URL: **www.cdc.gov/hicpac/pdf/guidelines/eic_in_HCF_03.pdf** (accessed 12 December 2016).

Standards New Zealand. 2006. Joint Australian/New Zealand Standard AS/NZS 4815:2006. *Office-based Health Care Facilities – Reprocessing of reusable medical and surgical instruments and equipment and maintenance of the associated environment*. Sydney/Wellington: Standards Australia / Standards New Zealand. URL: **www.saiglobal.com/PDFTemp/Previews/OSH/AS/AS4000/4800/4815-2006.pdf** (accessed 12 December 2016).

Standards New Zealand. 2008. New Zealand Standard 8134.3:2008. *Health and Disability Services (Infection Prevention and Control) Standards.* URL: **www.health.govt.nz/system/files/documents/pages/81343-2008-nzs-health-and-disability-services-infection-prevention-and-control.pdf** (accessed 12 December 2016).

Standards New Zealand. 2014. Joint Australian/New Zealand Standard 4187:2014. *Australian/New Zealand Standard: Reprocessing of Reusable Medical Devices in Health Service Organizations.* Sydney/Wellington: Standards Australia / Standards New Zealand. URL: **https://shop.standards.govt.nz/catalog/4187:2014(AS%7CNZS)/scope** (accessed 12 December 2016).

Appendices

Appendix 1: Sample letters

1 First test

Tēnā koe PREFERRED NAME

As you will soon be 25 years old, you can start cervical screening.

This is recommended for women and people with a cervix between the ages of 25 and 69 years who have ever been sexually active.

Immunisation against HPV combined with regular cervical screening gives you the best protection against cervical cancer. If you have not already been vaccinated against HPV, vaccination is free up to the age of 26 years.

You have a choice about who takes your screening test and can decide on the option that would best suit you. Options include:

- an appointment with a doctor or nurse at our clinic
- an appointment with another health provider. You can contact the regional NCSP service on phone: 0800 729 729 for information on other cervical screening providers in your district.

You can find out more about cervical screening on the Give Your Cervix Some Screen Time webpage of the Time to Screen website at: **www.starttoscreen.nz**.

We look forward to hearing from you.

Ngā mihi

Practice Nurse
PRACTICE NAME

ATTACH a copy of the NCSP brochure *Cervical Screening: What you need to know*.[11]

[11] Available free to download (available in English, Chinese simplified, Chinese traditional, Hindi, Japanese, Korean, Māori, NZ Sign Language) from the HealthEd website at: **www.healthed.govt.nz/resource/cervical-screening-what-you-need-know-%E2%80%93-english-version**.

2 Due for a test

Tēnā koe PREFERRED NAME

Well done for having your previous cervical screening test. Our records show that it is time for you to have another test.

Regular screening is recommended for women and people with a cervix between the age of 25 and 69 years who have ever been sexually active.

You have a choice about who takes the sample and can decide on the option that would best suit you. Options include:

- an appointment with a doctor or nurse at our clinic
- an appointment with another health provider. You can contact the regional NCSP service on phone: 0800 729 729 for information on other cervical screening providers in your district.

If you have had a test elsewhere, please let us know so we can update our files.

You can find out more about cervical screening on the Time to Screen website at: **www.timetoscreen.nz**.

We look forward to hearing from you.

Ngā mihi

Practice Nurse
PRACTICE NAME

3 No record of a test on file

Tēnā koe PREFERRED NAME

We have no record on file that you have had a cervical screening test.

If this is incorrect or you wish to discuss this further, please call and ask to speak to a nurse, or you can make an appointment to come in and talk in person with a health professional about it.

If you have had a test elsewhere, please let us know so we can update our files.

If you haven't had a cervical screening test, you have a choice about who takes the sample and can decide on the option that would best suit you. Options include:

- an appointment with a doctor or nurse at our clinic
- an appointment with another health provider. You can contact the regional NCSP service on phone: 0800 729 729 for information on other cervical screening providers in your district.

Regular cervical screening every three years is recommended for women and people with a cervix between the age of 25 and 69 years who have ever been sexually active.

You can find out more about cervical screening on the Time to Screen website at: **www.timetoscreen.co.nz**.

I look forward to hearing from you.

Ngā mihi

Practice Nurse
PRACTICE NAME

ATTACH a copy of the NCSP brochure *Cervical Screening: What you need to know*.[12]

[12] Available free to download (available in English, Chinese simplified, Chinese traditional, Hindi, Japanese, Korean, Māori, NZ Sign Language) from the HealthEd website at: **www.healthed.govt.nz/resource/cervical-screening-what-you-need-know-%E2%80%93-english-version**.

4 Test overdue

Tēnā koe PREFERRED NAME

Well done for having your previous cervical screening test. However, it is time to have another test. Our records show that you were due on DATE.

If this is incorrect or you wish to discuss this further, please call and ask to speak to a nurse, or you can make an appointment to come in and talk in person with a health professional about it.

If you have had a test elsewhere, please let us know so we can update our files.

If you haven't had a cervical screening test, you have a choice about who takes the sample and can decide on the option that would best suit you. Options include:

- an appointment with a doctor or nurse at our clinic
- an appointment with another health provider. Contact the regional NCSP service on phone: 0800 729 729 for information on other cervical screening providers in your district.

OPTIONAL FOR THE LAST LETTER

If we don't hear from you, you may be contacted by a screening support services provider in our district to discuss options for having a cervical screening test.

Regular cervical screening every three years is recommended for women and people with a cervix between the age of 25 and 69 years who have ever been sexually active.

You can find out more about cervical screening on the Time to Screen website at: **www.timetoscreen.co.nz**.

I look forward to hearing from you.

Ngā mihi

Practice Nurse
PRACTICE NAME

Appendix 2: Referral to colposcopy

Date of referral		**URGENT**	**SEMI-URGENT**	**ROUTINE**	
From (referrer)	**Name of health facility**				
	Name of referrer		**Position**		
	Phone	**Cell**	**Fax**		
	Email				

Client details					
NHI		**Date of birth**		**Ethnicities**	
Name	First names			Surname	
Residential address					
GP		**Clinic**			
Contact phone numbers	**Day**		**Evening**	**Cell**	
	Alternative contact person				
Email					

Referral details					
Type of referral	First assessment (new case)	☐ Yes	☐ No		
	Subsequent assessment (follow-up)	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th
Reason for referral	☐ ☐ ☐ ☐	1. Abnormal cytology test A. Low grade (ASC-US / LSIL) B. High grade (ASC-H / HSIL) C. Suspicious of invasive cancer (squamous/adenocarcinoma) D. Glandular abnormality (AIS / AGC)			
	☐	2. Positive / detected hrHPV test result only			
	☐	3. Positive / detected hrHPV test result PLUS abnormal cytology test			
	☐	4. Clinical reasons only (for example, postcoital bleeding, abnormal cervical appearance, pelvic pain)			
	☐	5. Other reason, for example, vulval (specify)			
Relevant clinical history/ symptoms					

Signature	**Name**	
	Signature	

ATTACH: (1) cervical screening history (2) other relevant investigations.

Appendix 3: Referral to screening support services

Date of referral		**URGENT**	**SEMI-URGENT**	**ROUTINE**	
From (referrer)	**Name of health facility**				
	Name of referrer		**Position**		
	Phone	**Cell**	**Fax**		
	Email				

Client details					
NHI		**Date of birth**		**Ethnicities**	
Name	First names			Surname	
Address					
GP		**Clinic**			
Contact phone numbers	**Day**		**Evening**		**Cell**
	Alternative contact person				
Email					

Referral				
Diagnosis				
Type of referral	**BSA** (Māori and Pacific peoples or other people unscreened or under-screened)	☐	**NCSP** (Māori and Pacific and Asian peoples or other people unscreened or under-screened)	☐
	Support to mammography	☐	Support to screening	☐
	Support to assessment or first specialist treatment appointment	☐	Support to colposcopy (assessment/treatment)	☐
	Other support required (for example, transport, childcare, interpreter) – please state	☐	Other support required (for example, transport, childcare, interpreter) – please state	☐
Is the client aware of the referral?	☐ YES		☐ NO	
Follow-up actions taken by the referrer to contact the client				

Referral		
Relevant medical history		
Social history		
Other relevant information		

Signature	**Name**	
	Signature	

ATTACH other relevant information (for example, laboratory reports, date when the test was due, etc).

Appendix 4:
Enrolled nurse delegated authority

Enrolled Nurse Delegated Authority for Cervical Screening	
To be completed for each health practitioner providing supervision	
Name of enrolled nurse	
Nursing Council of New Zealand number	
Employer(s)	

Name of the health practitioner providing supervision to the enrolled nurse	
Health Practitioner Index (HPI) number	
Employer(s)	

What is the process for the enrolled nurse to seek support from you?	
What supervision/support will be provided? (for example, meetings to discuss practice issues, review of work, etc)	

Signature of health practitioner providing supervision to the enrolled nurse	
Date	

Notes

- As per the Nursing Council of New Zealand requirements,[13] enrolled nurses work under the direction and delegation of a registered nurse or nurse practitioner. For cervical screening, this also includes under the direction and delegation of a medical practitioner.
- If enrolled nurses practise cervical screening independently in community settings, it is best practice that this delegation is formally documented.
- Enrolled nurses do not need direct supervision when taking cervical screening samples.
- Enrolled nurses must inform and seek guidance from the health practitioner when they encounter situations or aspects of care that are beyond their educational preparation and competency. They must transfer care to a relevant health practitioner when the client's needs are beyond their scope of practice.
- The health practitioner(s) supervising the enrolled nurse must be available to provide timely advice.

[13] Nursing Council of New Zealand. 2011. *Guideline: Responsibilities for direction and delegation of care to enrolled nurses.* Wellington: Nursing Council of New Zealand.

Appendix 5: Group peer review for cervical screening[14]

Overview

Reflective practice is a process in which professionals examine situations encountered within their work setting in order to better understand their own practices and increase their professional knowledge and skills. It can be used for accreditation processes and professional portfolios.

Group peer review involves cervical sample takers meeting on a regular basis to reflect on and discuss their practice by sharing clinical situations / case studies and relevant articles and information. A group review session encourages support and learning by providing the opportunity to give and receive feedback in a safe environment and encouraging personal and professional development through reflection.

It is anticipated that each member of the peer review group will, at some stage, both present a topic and/or act as a facilitator for a meeting.

The process should be documented as it may be used for auditing as part of an accreditation process or a quality-assurance programme or as a quality requirement as part of a contract.

Ideas for a presentation

1 Discussing a case study / exemplar or critical incident

2 Critiquing a research article

3 Discussing a topic of interest, for example, STIs and the role of the sample taker

4 Reviewing one area within section 3 of the NCSP Policy and Quality Standards (cervical screening services)

[14] Adapted from a peer review process developed by Dunedin- and Timaru-based South Link Health in 2002.

Facilitating a group peer review session

Leadership is required when facilitating a group peer review session. The facilitator needs to provide guidance and direction to the group in order to ensure a smooth process of sharing, participating and learning.

Key points the facilitator should consider include:

- establishing ground rules, for example, all cell phones to be switched off during the session
- keeping the session to the pre-determined timeframe set by the group
- asking the presenter for the evening to begin their presentation
- initiating feedback when the presenter has finished presenting
- keeping the group focused and the discussion moving along at all times
- addressing any other relevant issues that require discussion during the session
- keeping the environment safe by identifying and resolving any problems/issues/conflicts within the group as soon as they occur
- ending the session by summarising the valuable learning points
- negotiating the next meeting date, time, venue, presenter and facilitator with the group
- encouraging attendees to complete their own documentation/evaluation for the session (for example, through reflection, learning contracts or use of a journal).

Documentation

Record of attendance for personal professional development portfolios

The record of attendance should include the date, topic and learning outcomes.

Documentation of the presentation

Being involved in a group peer review session will inevitably require presenting/discussing cases that sample takers have been associated with.

Retaining records of cases studies / exemplars presented is not a Nursing Council of New Zealand requirement, but if the sample taker chooses to retain a case study in their professional development portfolio, then the following principles apply.

- The recall and documentation of an event must be made carefully and thoughtfully.
- Judgemental statements should be avoided, as should any ambiguous statements.
- Information should not be identifiable – the information should avoid any personal details that could identify the people involved or an organisation.

- Care must be taken to use only relevant information of professional and educational interest.
- The information must be factual, accurate, concise, legible and indelible. Facts, observations, decisions and events must be described objectively.
- The information is signed and dated.
- Adhere to legal and employer standards / practice policies.

Presentation points to consider

Case study / Exemplar / Critical incident

The presentation to a group peer review session can be made in an oral or written format.

Types of practice 'stories' that might be covered in the presentation include:

- managing an episode of care: assessing, planning, implementing and evaluating
- managing an event where there was a crisis or clinical risk
- dealing with an ethical dilemma, for example, domestic violence
- describing an episode that involved client education
- meeting a client's unique cultural needs
- using section 3 of the NCSP Policies and Standards (cervical screening services) as a framework to guide practice.

When you have chosen a case study / exemplar / critical incident, ask yourself the following questions.

- What was my role in this situation? What was going on?
- What actions did I take?
- Did I feel comfortable or uncomfortable?
- How did I react?
- How did others react?
- Were these reactions appropriate?
- What were my concerns?
- What went well?
- What could have been done better?

Appendix 6: Individual assessment for cervical screening

Name of sample taker	
Name of peer reviewer	
How long have you known the sample taker and in what capacity?	
What opportunities have you had to observe the sample taker's clinical work?	

The following information provided is a comprehensive and fair assessment of the sample taker's clinical performance.

Additional information has been provided to support the decisions made.

Peer review completed by

Name		**Designation**	
Signed		**Date**	

This template can be used for a self-assessment or assessment by a peer or supervisor.

Category	Rating	Description
Excellent performance	4	Performance is outstanding and is an example for others to follow.
Competent performance	3	Performance is consistently high. Performance against section 3 of the NCSP Policies and Standards (cervical screening services) and has been met or exceeded on occasions.
Adequate performance	2	Performance meets the minimum requirements in section 3 of the NCSP Policies and Standards (cervical screening services). Some improvement is expected. This rating may indicate a lack of experience.
Unsatisfactory performance	1	Performance is below the expected standards in section 3 of the NCSP Policies and Standards (cervical screening services). Progress towards an adequate performance will require mentoring, regular clinical supervision and upskilling.

	Standard		4	3	2	1
3.1	Training, performance review and professional development	Has attended at least one cervical screening update or education session within the last three years.				
		Keeps up to date on relevant information on cervical screening.				
		Takes a minimum of 15 cervical screening samples per year.				
		The adequacy rate of samples taken is consistent with those of colleagues or sample takers working with similar population groups.				
		Comments:				
3.2	Supportive service delivery	Is committed to being responsive to Māori interests and ensuring these are protected and to pursuing equity in health outcomes.				
		Delivers care in a manner that is sensitive to the cultural diversity of clients and their family/whānau, as appropriate.				
		Provides additional support to priority groups so that access to and participation in cervical screening is maximised.				
		Uses knowledge of the barriers to cervical screening to improve services.				
		Partners with clients to individualise care according to the clients' needs and provides care that respects the clients' dignity, privacy and autonomy.				
		Maintains a therapeutic environment by using effective communication skills.				
		Accommodates the needs of clients with special needs.				
		As appropriate, proactively manages practices by others that could compromise the safety, privacy or dignity of clients.				
		Comments:				
3.3	Invitation and recall	Effectively coordinates the invitation and recall system for clients in their care (this may also include managing whole-of-practice recalls). Recall timeframes are according to the NCSP Guidelines and section 3 of the NCSP Policies and Standards (cervical screening services). Inappropriate screening of clients who are outside the recommended age for screening and early re-screening is minimised.				
		Provides information on alternative screening options, as appropriate.				
		Comments:				

	Standard		4	3	2	1
3.4	Informed consent and communication	Provides appropriate information about screening and the NCSP so clients can make an informed choice to participate.				
		Follows the Ministry's Eligibility Direction policy, that is, advises the laboratory and colposcopy services if a client is not eligible for publicly funded services and advises the client of the implications.				
		Comments:				
3.5	Cervical screening and follow-up responsibilities	Takes cervical screening samples, using best practice techniques.				
		Provides the required information on the specimen and laboratory referral form.				
		Demonstrates accurate clinical decision-making, integrating all data available on the client. The wider health care team is involved, as appropriate.				
		Documents care accurately.				
		Facilitates the client's access to relevant services and resources, as required.				
		Reviews laboratory results and provides results in a timely and sensitive way.				
		Informs clients about their results and any future follow-up (using the manner agreed with the client).				
		Has processes in place to ensure that all clients with an abnormal screening history are followed up.				
		Utilises the NCSP Guidelines to support clinical decision-making for clients with abnormal screening histories.				
		Ensures that referrals to specialist care are made in a timely manner.				
		Comments:				
3.6	Safety and quality	Uses best-practice infection control practices and procedures.				
		Comments:				