CLINICAL PRACTICE GUIDELINES
for nurses undertaking cervical screening in Victoria
Produced as part of PapScreen Victoria, the Victorian component of the National Cervical Screening Program.

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A number of people have contributed to updating the guidelines:

› Ms Michelle Cook, Senior Nurse – Service, Quality and Standards, Family Planning Victoria
› Ms Christina Inness, Senior Nurse, Family Planning Victoria
› Ms Sandy Anderson, Nurse Consultant, PapScreen Victoria
› Ms Kirsten Hausknecht, Community Health Professionals Coordinator, PapScreen Victoria
› Ms Hiranthi Perera, Program Manager, PapScreen Victoria

The consultation review panel:

› Ms Catherine Bevan, Youth & Women’s Health Nurse, Western Region Health Centre
› Ms Kate Broun, Manager Cancer Screening Programs, Cancer Council Victoria
› Ms Genevieve Dally, Senior Nurse Educator, Family Planning Victoria
› Ms Genevieve Lilley, Nurse Educator, Family Planning Victoria
› Ms Lorna Moss, Clinical Nursing Coordinator, Melbourne Sexual Health
› Ms Tracy Murphy, Coordinator Women’s Health Screening, University of Melbourne
› Ms Lea Rawlings, Manager Cancer Screening Programs, Cancer Council Victoria
› Ms Anne Watts, Women’s Health Nurse, Sunraysia Community Health Services

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CHAPTER ONE

INTRODUCTION
1.1 PURPOSE OF GUIDELINES

The purpose of these guidelines is to facilitate a high standard of clinical practice for nurses providing cervical screening throughout Victoria.

The guidelines aim to:
› guide practice in the area of cervical screening
› clarify some of the broad standards of practice
› assist in a coordinated approach to women’s health service provision.

1.2 LANGUAGE USED IN THESE GUIDELINES

1.2.1 Client
The term ‘client’ is used throughout these guidelines and refers to any person/s receiving nursing care. Other terms that may be used in practice include patient, consumer or customer.

1.2.2 Service
The term ‘service’ is used throughout these guidelines and refers to any organisation/company/healthcare agency that offer cervical screening by nurse cervical screening providers.

1.2.3 Nurse cervical screening providers (NCSPs)
Previously known as nurse Pap test providers, nurse cervical screening providers (NCSPs) are defined as nurses who have:
› Current registration as a Registered Nurse (Division 1), General with the Australian Health Practitioners Regulation Agency (AHPRA)
› Successfully completed an accredited Victorian Pap test provider course; or Australian, interstate or overseas course equivalent
› Current credentialling status as an NCSP with PapScreen Victoria
› Appropriate professional indemnity insurance cover.

The role and functions of the NCSP should be clearly outlined in the nurse’s current job description.
1.2.4 Pap test
The terms ‘Pap test’, ‘cervical screening’ and ‘Pap smear’ are used interchangeably throughout these guidelines and all refer to the same procedure.

1.3 BACKGROUND OF CERVICAL SCREENING

1.3.1 National Cervical Screening Program
The National Cervical Screening Program aims to reduce morbidity and deaths from cervical cancer. This occurs in a cost-effective manner, through an organised and collaborative approach to cervical screening. The program encourages women in the target population to have regular Pap tests.

In 1988, the Australian Health Ministers’ Advisory Council (AHMAC) established the Cervical Cancer Screening Evaluation Steering Committee to examine cervical screening. In light of their findings, the Committee recommended health authorities establish an organised approach to screening which would provide better protection against cervical cancer. In 1991, the Organised Approach to Preventing Cancer of the Cervix was established as a joint initiative of the Australian and state and territory governments. In 1995, this initiative was renamed the National Cervical Screening Program.

The program promotes routine screening with Pap tests every two years for asymptomatic women between the ages of 18 (or one to two years after first sexual intercourse, whichever is later) and 70 years. For more information on the National Cervical Screening Program.

1.3.2 National Cervical Screening Program Renewal
The Australian Government’s Department of Health and Ageing is leading a renewal of the National Cervical Screening Program to review current national guidelines and recommendations for Australian women.

Since the program was introduced in 1991, progressive developments in the knowledge and understanding of the pathophysiology of cervical cancer have led to new testing and treatment technologies.

The objective of the renewal is to ensure Australia has the most effective and cost-efficient cervical screening program that will continue to improve health outcomes for Australian women. It is anticipated that the renewal process will be completed mid-2014. For more information on the National Cervical Screening Program Renewal.
1.3.3 PapScreen Victoria

PapScreen Victoria is a joint Commonwealth and State government funded program led by Cancer Council Victoria. PapScreen works in collaboration with the Victorian Department of Health, the Victorian Cytology Service and the Victorian Cervical Cytology Registry.

PapScreen works to meet their objectives by:

› running public awareness campaigns
› working with cervical screening providers to ensure Pap tests are as accessible and stress-free as possible for women
› finding out what women think about Pap tests, and using this research to inform policy.3

For more information  ►► PapScreen Victoria

1.4 CREDENTIALLING

In Victoria, in addition to completing an accredited course, each nurse is highly recommended to become credentialled by PapScreen Victoria.

Credentialling is the formal recognition of an individual nurse’s expertise. It demonstrates to consumers and professional colleagues that a nurse is participating in a process that ensures standards of practice are met and maintained.

In Victoria, nurse cervical screening providers (NCSPs) are eligible to credential when they have successfully completed an accredited training course and have been employed by a service where part or their entire role is to undertake cervical screening. Once the NCSP has successfully applied for credentialling, he/she is able to apply for a Victorian Cytology Service (VCS) practice number which allows for their cervical screening tests to be processed and recorded by VCS.

Having a practice number is beneficial for nurses as it means they are able to practice independently within their service. Results of the Pap tests performed can be recorded against their name. This record will provide the nurse with information about the quality of their screening. This is also an important part of the recredentialling process. In contrast, nurses using private laboratories, once credentialled, are required to record all of their cervical screening statistical data onto the PapScreen statistical summary worksheet including Aboriginal and Torres Strait Islander and Cultural and Linguistically Diverse identification data.4

NCSPs are required to recredential every three years. This process requires NCSPs to provide key documents including cytology laboratory statistics, self-assessment tools and manager feedback, which are reviewed by three members of the Credentialling Program review panel.5 The review panel is comprised of representatives from key nursing organisations.

Credentialled nurses have access to PapScreen’s professional development workshops and newsletters.

For more information  ►► Credentialling (PapScreen Victoria)
1.5 CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Continuing professional development (CPD) is the means by which members of the nursing profession maintain, improve and broaden their knowledge, expertise and competence. CPD ensures the nurse continues to develop personal and professional qualities required to demonstrate the highest standard of practice. The CPD cycle involves reviewing practice, identifying learning needs, planning and participating in relevant learning activities, and reflecting on the value of those activities.6

As a registered nurse, at least 20 hours of CPD is required per year. One hour of active learning will equal one hour of CPD.6

For more information ★★ Registration Standards (AHPRA)

1.6 MEDICO-LEGAL ISSUES

1.6.1 Consent

Nurse cervical screening providers (NCSPs) cannot provide a service to a client without valid agreement (called consent) from the client. A person over the age of 18 can consent or refuse service provision if the practitioner deems the client has the capacity to make an informed decision. Capacity is defined as the ability to reason things out; to understand, retain, believe, evaluate and weigh relevant information.7

Clients under the age of 18 do not fall into the recommended screening guidelines and in most cases should not require a Pap test from a NCSP. For more information see Section 2.4.3 Women under 18.

Adequate time and information should always be given to ensure the client understands what is involved in cervical screening and feels comfortable to participate. To the extent possible, information should be provided in a way that is accessible to the individual person.

A person consenting or refusing service provision must be able to understand the information about the procedure involved and make an informed choice based on this reasoning. If a person cannot understand the information regarding the proposed procedure given to them by the NCSP, and it is determined they lack capacity, another person must make the decision on the client’s behalf. The 'person responsible' is the person who is available and willing to make medical and dental decisions on behalf of the client.7

For more information ★★ Medical Consent (Office of the Public Advocate)

1.6.2 Duty of care

Health care services have a duty of care to protect people working in or visiting the setting from harm and also to protect the privacy and confidentiality of all people in the health care setting.8
1.6.3 Professional misconduct

Professional misconduct of a registered health practitioner includes:

a) unprofessional conduct by the practitioner that amounts to conduct that is substantially below the standard reasonably expected of a registered health practitioner of an equivalent level of training or experience; and

b) more than one instance of unprofessional conduct that, when considered together, amounts to conduct that is substantially below the standard reasonably expected of a registered health practitioner of an equivalent level of training or experience; and

c) conduct of the practitioner, whether occurring in connection with the practice of the health practitioner’s profession or not, that is inconsistent with the practitioner being a fit and proper person to hold registration in the profession.9

For more information ➤➤ Health Practitioner Regulation National Law Act 2009 (Victoria)

1.6.4 Unprofessional conduct

The Health Practitioner Regulation National Law Act states that unprofessional conduct of a registered health practitioner is conduct that is of a lesser standard than that which might reasonably be expected of the health practitioner by the public or the practitioner’s professional peers, and includes:

a) a contravention by the practitioner of this Law, whether or not the practitioner has been prosecuted for, or convicted of, an offence in relation to the contravention; and

b) a contravention by the practitioner of:

(i) a condition to which the practitioner’s registration was subject; or

(ii) an undertaking given by the practitioner to the National Board that registers the practitioner; and

c) the conviction of the practitioner for an offence under another Act, the nature of which may affect the practitioner’s suitability to continue to practise the profession; and

d) providing a person with health services of a kind that are excessive, unnecessary or otherwise not reasonably required for the person’s well-being; and

e) influencing, or attempting to influence, the conduct of another registered health practitioner in a way that may compromise patient care; and

f) accepting a benefit as inducement, consideration or reward for referring another person to a health service provider or recommending another person use or consult with a health service provider; and
g) offering or giving a person a benefit, consideration or reward in return for the person referring another person to the practitioner or recommending to another person that the person use a health service provided by the practitioner; and

h) referring a person to, or recommending that a person use or consult, another health service provider, health service or health product if the practitioner has a pecuniary interest in giving that referral or recommendation, unless the practitioner discloses the nature of that interest to the person before or at the time of giving the referral or recommendation.9

For more information ➤➤ Health Practitioner Regulation National Law Act 2009 (Victoria)

1.6.5 Code of professional conduct for nurses in Australia

The Code of Professional Conduct for Nurses in Australia (2008) outlines a set of minimum national standards of conduct that members of the nursing profession are expected to uphold. They also inform the community of the standards of professional conduct it can expect nurses in Australia to uphold, and provide consumer, regulatory, employing and professional bodies with a basis for evaluating the professional conduct of nurses.10

The Code of Professional Conduct for Nurses in Australia (2008) sets out the following 10 statements:

1) Nurses practise in a safe and competent manner.
2) Nurses practise in accordance with the standards of the profession and broader health system.
3) Nurses practise and conduct themselves in accordance with laws relevant to the profession and practice of nursing.
4) Nurses respect the dignity, culture, ethnicity, values and beliefs of people receiving care and treatment, and of their colleagues.
5) Nurses treat personal information obtained in a professional capacity as private and confidential.
6) Nurses provide impartial, honest and accurate information in relation to nursing care and health care products.
7) Nurses support the health, wellbeing and informed decision making of people requiring or receiving care.
8) Nurses promote and preserve the trust and privilege inherent in the relationship between nurses and people receiving care.
9) Nurses maintain and build on the community’s trust and confidence in the nursing profession.
10) Nurses practise nursing reflectively and ethically.10

For more information ➤➤ Code of Professional Conduct for Nurses in Australia (Nursing and Midwifery Board of Australia)
Health Practitioner Regulation National Law Act 2009
1.6.6 Code of ethics for nurses in Australia

The purpose of the *Code of Ethics for Nurses* in Australia is to identify the fundamental ethical standards and values to which the nursing profession is committed, and that are incorporated in other endorsed professional nursing guidelines and standards of conduct. They also provide nurses with a reference point from which to reflect on the conduct of themselves and others, guide ethical decision making and practice and indicate to the community the human rights standards and ethical values it can expect nurses to uphold.\(^{11}\)

**The purpose of the *Code of Ethics for Nurses* in Australia states:**

1) Nurses value quality nursing care for all people.
2) Nurses value respect and kindness for self and others.
3) Nurses value the diversity of people.
4) Nurses value access to quality nursing and health care for all people.
5) Nurses value informed decision making.
6) Nurses value a culture of safety in nursing and health care.
7) Nurses value ethical management of information.
8) Nurses value a socially, economically and ecologically sustainable environment promoting health and wellbeing.\(^{11}\)

For more information  
[Code of Ethics for Nurses in Australia (Nursing and Midwifery Board of Australia)](http://www.nmc.org.au/)
[Health Practitioner Regulation National Law Act 2009](http://www.nmc.org.au/)

1.6.7 Professional indemnity

Nurses must not practice unless they are covered by appropriate professional indemnity insurance (PII) arrangements.\(^{12}\)

For more information  
[Codes and Guidelines (Nursing and Midwifery Board of Australia)](http://www.nmc.org.au/)

REFERENCES


6. Continuing professional development registration standard, Nursing and Midwifery Board of Australia, viewed 22 April 2013


CHAPTER TWO

POLICIES AND GUIDELINES
FOR CERVICAL SCREENING
2.1 NATIONAL RECOMMENDATIONS FOR ROUTINE SCREENING

The national policy provides consensus guidelines on the cohort of women to be screened and including how often. It states:

1) Routine screening with Pap tests should be carried out every two years for women who have no symptoms or history suggestive of cervical pathology.

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

3) Pap tests may cease at the age of 70 years for women who have had two normal Pap tests within the last five years. Women over 70 years who have never had a Pap test, or who request a Pap test, should be screened.¹

For more information ➤ Policy Overview (National Cervical Screening Program)

2.2 NATIONAL STANDARDS FOR NURSE PAP SMEAR PROVIDERS

These standards provide a framework for the legal and ethical responsibilities of nurses providing Pap tests.² To view this document, see Appendix A National Standards for Nurse Pap Smear Providers (National Cervical Screening Program)

2.3 POLICY AND GUIDELINES FOR NURSE CERVICAL SCREENING PROVIDERS

The policy and guidelines (2013) provides NCSPs with all the information required to credential and re-credential. To view this document, see Appendix B Policy and Guidelines (PapScreen Victoria)

2.4 GUIDELINES FOR SCREENING IN SPECIFIC CIRCUMSTANCES

2.4.1 Women who have not been sexually active

Women who have never had genital-skin to genital-skin contact with anyone do not require Pap tests.³
2.4.2 Women who have been vaccinated

If the woman has had the human papillomavirus (HPV) vaccine (also called cervical cancer vaccine), she should still continue to have regular Pap tests. The vaccine only protects against some HPV types. There are two different vaccines available in Australia, Gardasil™ and Cervarix™. They both protect against HPV type 16 and 18 which can lead to 70 per cent of cervical cancer.³

Gardasil™ is funded by the government as part of the National Immunisation Program schedule and also protects against HPV types 6 and 11 which are associated with genital warts.³

There are several other HPV types that can cause cervical cancer that are not covered by the vaccine. The woman may have been exposed to these via sexual activity. Additionally, the woman may have been exposed to HPV types before she had the vaccine. The HPV vaccine can’t protect from HPV infections the woman may have already been exposed to.⁴

2.4.3 Women under 18

For women aged under 18 a routine Pap test is not required. Although Pap tests will detect abnormalities when performed on sexually active women in this age group, most are due to acute HPV infection and will clear spontaneously. Thus, unnecessary treatment should be avoided. The small number of persisting abnormalities can be safely left undiagnosed because cervical cancer develops slowly and there is sufficient time for treatment if necessary. Cervical cancer is extremely rare in women aged under 25. In some cases, it may be appropriate to start screening before a woman turns 18. This is based on the practitioner’s assessment and the woman’s individual situation.⁵ A woman of any age should be reviewed for symptoms.

2.4.4 Women over 50

While the risk of cervical cancer increases with age, many women over the age of 50 believe they are unlikely to develop cancer. Women over 50 are more likely to develop cervical cancer than younger women. Even women who have been with the same partner for years, are divorced or widowed still need to have regular Pap tests.⁶

For more information ➤➤ Pap Tests and Women over 50 (PapScreen Victoria)

2.4.5 Women over 70

About half of all cases of cervical cancer occur in women older than 50 years; so many women want to know why they can stop having Pap tests once they reach 70. If the woman has had at least two normal Pap test results in the five years before she turns 70, she can stop having Pap tests at 70 years old. However, the woman can continue having Pap tests after 70 if she chooses. The risk of developing cervical cancer after having regular normal Pap tests is minimal.¹

For more information ➤➤ Pap Tests and Women over 70 (PapScreen Victoria)
Pap Tests and Older Women (Better Health Channel)
2.4.6 Women post hysterectomy +/- cervix

The cervix, fallopian tubes and ovaries may or may not be removed as part of the hysterectomy procedure. It is important for women to be aware of what surgery has been performed as this will impact their need for future Pap tests.

Women will still need regular Pap tests if they have a cervix. Women will need a vaginal vault test (where a cell sample is taken from the top of the vagina) if they:

› had a hysterectomy as part of treatment for a gynaecological cancer (e.g. cervical, ovarian, endometrial, vaginal cancer)
› have ever had a significant abnormality detected on a Pap test
› have never had a Pap test.7

For more information
Pap Tests After Hysterectomy (PapScreen Victoria)
Cytological Follow Up After Hysterectomy (The Royal Australian and New Zealand College of Obstetricians and Gynaecologists)

2.4.7 Women who identify as lesbian

Lesbians need to have a Pap test every two years to prevent cervical cancer as they are at risk of HPV infection. HPV is spread through genital skin to genital skin contact during sexual activity so women who identify as lesbian, same-sex attracted or queer are at risk of cervical cancer.4

For more information
Lesbians (PapScreen Victoria)

2.4.8 Women with a disability

It is recommended that all women with disabilities who have ever been sexually active have a Pap test every two years between the ages of 18 and 70. This must be done with their consent (see Section 1.6.1 Consent)

There are many barriers for women with a disability accessing a Pap test. These may include reliance on carers, difficulty organising their health appointments and the physical barriers that can be associated with accessing a health service.8

For more information
Chapter 3: Reaching the Unscreened and Under-screened with a Settings Approach
Women with Disabilities (PapScreen Victoria)
Pap Tests and Women with Disabilities (Better Health Channel)
2.4.9 Pregnant women

A Pap test should be offered to every woman receiving antenatal care, who has not had cervical screening within the past two years. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) advises that women should be reassured there is no evidence that a properly collected Pap test causes any pregnancy problems. However, clients should be warned of possible spotting and minor bleeding following the Pap test.9

Pap tests can usually be performed during pregnancy up to at least 28 weeks gestation10 provided an Endocervical brush or Cervex-Brush Combi is not used (see Appendix C Cervical Sampling Card).

For more information 
National Cervical Screening Program’s Policy for Cervical Screening During Pregnancy (National Cervical Screening Program)
Pregnant Women (PapScreen Victoria)

2.4.10 Immunosuppressed women

Women are said to be immunosuppressed if they have an inherited immunodeficiency disorder or take medication that affects their immune system, such as drugs for lupus, ulcerative colitis, transplanted organs and cancer. Women may also have acquired immunodeficiency as a result of certain cancers or HIV infection.

Australasian Society for HIV Medicine (ASHM) guidelines recommends more frequent Pap test for women with HIV.11

In general, immunosuppressed women are at greater risk of developing cervical cancer. It is recommended in the NHMRC Guidelines that if an immunosuppressed woman has a screen-detected abnormality (even if the lesion is low-grade) she should be referred for a colposcopy.12 These cases can be complex and should be referred to a doctor if there is any uncertainty regarding cervical screening requirements.

For more information 
Frequently Asked Questions (National Cervical Screening Program)
HIV Management in Australasia. A Guide for Clinical Care (Australasian Society for HIV Medicine)
2.4.11 Women who have been exposed to diethylstilboestrol (DES)

Daughters of women who took diethylstilboestrol (DES) while pregnant are at higher risk of developing pre-cancerous and cancerous cells. These women should be offered annual Pap tests and have a colposcopic examination of both the cervix and the vagina. Screening should begin any time at the woman’s request and continue indefinitely. These cases can be complex and should be referred to a doctor if there is any uncertainty regarding cervical screening requirements.

For more information ►► Frequently Asked Questions (National Cervical Screening Program)
DES Daughters, Sons and Mothers (Royal Women’s Hospital)
DES Daughters – Gynaecological Changes (Better Health Channel)

2.5 SCREENING TO PREVENT CERVICAL CANCER: GUIDELINES FOR THE MANAGEMENT OF ASYMPOMATIC WOMEN WITH SCREEN DETECTED ABNORMALITIES

The 2005 guidelines were formulated in line with National Health and Medical Research Council (NHMRC) standards for clinical practice guidelines to assist women and health professionals to achieve the best outcomes in the management of abnormal Pap test results. The guidelines are based on epidemiological and scientific evidence and a greater understanding of the role of HPV in cervical cancer.

The guidelines address the:

› current state of cervical cancer in Australia
› natural history of cervical cancer
› revised terminology for cervical cytology
› management of squamous abnormalities, glandular abnormalities and special clinical circumstances, and
› psychosocial, economic and implementation issues.

The Victorian Cytology Service has developed a reference sheet (see Appendix D) of the NHMRC guidelines for the management of asymptomatic women with screen detected abnormalities. It is intended to assist medical practitioners take appropriate action on receipt of Pap test reports.

For more information ►► The NHMRC Screening to Prevent Cervical Cancer: Guidelines for the Management of Asymptomatic Women with Screen Detected Abnormalities (NHMRC Cervical Guidelines)
REFERENCES


CHAPTER THREE

REACHING THE UNSCREENED AND UNDER-SCREENED WITH A SETTINGS APPROACH
3.1 PROMOTING CERVICAL SCREENING IN YOUR COMMUNITY

The Victorian Cervical Cytology Registry (VCCR) reports that the screening rate in Victoria is currently 59.2 per cent (2010–2011). This means more than a third of eligible women are not screening every two years as recommended.

There are many barriers that women face in accessing cervical screening. These are identified in Section 3.3: Barriers to Cervical Screening. Below is a list of actions that services and NCSPs can take to limit such barriers:

- List your services on PapScreen Victoria’s website under the section ‘Where can I get a Pap test?’.
- Reduce or eliminate fees for women with a health care card.
- Reduce or eliminate fees for women from a marginalised group, including those from under-screened populations as defined in Section 3.2: Under-screened Populations.
- Send reminder letters to women to promote attendance.
- Encourage all clinical staff within a service to discuss cervical screening with clients even if they are attending for another reason.
- Provide education sessions to women in the community.
- Have an ‘open day’ so women can see where the procedure will be done and ask any questions.
- Have posters in the waiting room reminding women of the importance of cervical screening.
- Have brochures available in the waiting room so women can gain more information about cervical screening.
- Provide childcare for women accessing your service.
- Provide transport for women accessing your service.
- Provide after-hours clinics.
- Ensure you have equipment that can assist women with a disability accessing your service (consider electronic beds with adjustable height).
- Promote your service within community groups.
- Advertise when a female provider will be available.

This list is to give the nurse some ideas. It is not exhaustive and it is important to consider the setting and community when implementing appropriate strategies.

For more information [Integrated Health Promotion Resource Kit (State Government of Victoria, Department of Health)](PapScreen Victoria)
3.2 UNDER-SCREENED POPULATIONS

Most cases of cervical cancer occur in under-screened women. It is especially important to promote and encourage cervical screening participation for these women.

Some groups of under-screened women include:
- Aboriginal and Torres Strait Islander (ATSI)
- Culturally and Linguistically Diverse (CALD)
- Women from low socio-economic backgrounds
- Women who identify as lesbians
- Women in rural/remote areas
- Women with disabilities
- Women who have experienced sexual violence/abuse
- Older women

3.3 BARRIERS TO CERVICAL SCREENING

For different population groups, there are different barriers that may prevent women having Pap tests.

Some of these barriers include:
- Lack of information and understanding about Pap tests
- Belief that cervical cancer will not affect them
- Fear of Pap tests, or bad past experiences
- Lack of transport and/or access to health services
- Fear of health and mainstream services
- Past sexual abuse
- Cost
- Fear of results
- Cultural and language issues
- Embarrassment, awkward nature of the test, concerned about showing their genitals
- Reluctance to have a Pap test taken by a practitioner they know
- Difficulty in accessing a provider of their choice
- Being busy or forgetting when their next Pap test is due
- Disabilities
For more information

- Cervical Screening in General Practice - Strategies for Improving Participation (Royal Australian College of General Practitioners)
- Overcoming Barriers to Screening (PapScreen Victoria)
- Guide to Improving Cervical Screening Rates (National Cervical Screening Program)
- Volume 2: Identifying Hard-to-Reach Groups: A Review of the Factors (Including Barriers) Associated with Cancer Screening
- Improving Cancer Screening Participation in Under-Screened, Never-Screened and Hard-to-Reach Populations: Environmental Survey, Results for Participants
- Gay and Lesbian Health Victoria (GLHV) website
- Principles of Practice, Standards and Guidelines for Providers of Cervical Screening Services for Indigenous Women (National Cervical Screening Program)
- Pap Tests and Older Women (Better Health Channel)
- Women with Disabilities (PapScreen Victoria)
- Pap Tests and Women with Disabilities (Better Health Channel)
- Screened Out – Women with Disabilities and Cervical Screening (PapScreen Victoria)
- Barriers to Cervical Screening Experienced by Victims/Survivors of Sexual Assault (PapScreen Victoria)
3.4 ABORIGINAL AND TORRES STRAIT ISLANDER (ATSI)/CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) COMMUNITIES

3.4.1 Aboriginal and Torres Strait Islander (ATSI)
Aboriginal and Torres Strait Islander (ATSI) women are up to five times more likely to die from cervical cancer than other women in Australia, and the incidence rate of cervical cancer for ATSI women is double that of non-ATSI women. This suggests that ATSI women are less likely to have regular Pap tests than other women in Australia, potentially because of difficulties accessing Pap tests, or cultural barriers.  
It is very important that all ATSI women who have ever been sexually active have Pap tests every two years between the ages of 18 and 70.

For more information ➤ Aboriginal and Torres Strait Islander Women (PapScreen Victoria)

3.4.2 Culturally and Linguistically Diverse (CALD) communities
Women from diverse cultural and linguistic backgrounds are thought to be less likely to have regular Pap tests, due to cultural barriers or lack of knowledge about the screening program.  
It is very important that all culturally and linguistically diverse women who have ever been sexually active have Pap tests every two years between the ages of 18 and 70.

For more information ➤ Culturally and Linguistically Diverse Women (PapScreen Victoria)

3.4.3 ATSI and CALD data collection
From January 2011, nurse cervical screening providers (NCSPs) have been collecting and recording identification data for their clients. This includes Aboriginal and Torres Strait Islander (ATSI) identification, and country of birth and language spoken at home for all Pap tests taken. Collecting data on the cervical screening participation of culturally and linguistically diverse (CALD) and ATSI women in Victoria will enable a greater understanding of their screening behaviour, which will inform future strategic direction.

The ATSI and CALD percentage is reported on in the NCSP Victorian Cervical Cytology Registry (VCCR) annual statistical report and is expected to be collected by all NCSPs, even those using private laboratories.

When collecting ATSI and CALD data, as part of the consent process, it is important to disclose how the information is being transferred from the provider to the pathology laboratory and then stored at the VCCR to improve service planning and delivery.

To aid this explanation, PapScreen Victoria has produced a consent poster to display in your waiting room or consultation room.

Identifier project: Consent poster
3.5 RESOURCES AVAILABLE TO USE IN COMMUNITY EDUCATION

There are resources that can be used to help increase participation among under-screened women. These are available from PapScreen Victoria and include:

- Esmeralda apron (an adult-sized apron with detachable female reproductive parts)
- Reproductive system jigsaw puzzle
- Pelvic models
- Cervical cancer prevention flipcharts tailored to Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse communities.

For more information

- Resources for Health Professionals (PapScreen Victoria)
- Promoting Cervical Screening in Your Community (PapScreen Victoria)

REFERENCES


5 Barriers to screening for women, PapScreen Victoria, viewed 22 April 2013, <http://www.papscreen.org.au/forhealthprofessional/barrierstoscreening>

6 Aboriginal and Torres Strait Islander women, PapScreen Victoria, viewed 22 April 2013, <http://www.papscreen.org.au/forwomen/whoshouldhavepaptests/atsiwomen>


CHAPTER FOUR
EFFECTIVE WORK ENVIRONMENT, POLICIES AND PRACTICES
4.1 PLANNING A NURSE-LED CERVICAL SCREENING SERVICE

When setting up a nurse-led cervical screening service, consider writing a proposal that describes the reasoning for initiating the service. The proposal should explain why the service is needed, state aims/objectives, define client criteria, describe venue, propose referral management options, and plan for future quality assurance.¹

A proposal will also help with considering a variety of factors that may be critical to the success of your cervical screening service. It also may be useful for promoting cervical screening within your community, and for future audits/evaluations.

For more information ►► Planning, Facilitating and Evaluating (PapScreen Victoria) Nurse-led Clinics: 10 Essential Steps to Setting Up a Service

4.2 SERVICE LOCATION AND FACILITIES

A suitable venue to provide a cervical screening service should have appropriate facilities and access for target populations. For example, a mobile or outreach service might be more suitable for women with disabilities or remote women.

Some venue considerations might include:

› Privacy
› Computer access
› Warm water
› Toilet location
› Room position
› Heating
› Storage
› Posters
› Clinic bed/couch
› Electrical source

› Lighting
› Hand washing facilities
› Supply of pillow cases and drapes
› Versa towel or underpad
› Screening equipment (see Chapter 7 for more info)
› Time management
› Equipment for women with a disability
› Administrative support
› Transport of specimens
› Storage and handling of client case notes
› Relevant infection control prevention
4.3 PROMOTING A CERVICAL SCREENING SERVICE

Investigate the best way to promote your service in the community.\(^2,3\)

› Seek permission to place flyers in local libraries, shopping centres or health centres.
› Ensure local health staff and community organisations are aware of your service and seek their assistance to promote the program to potential participants.
› Promote the program on local radio, the internet, and local and free newspapers.

For more information ➤ Promoting Cervical Screening in your Community (PapScreen Victoria)
Tips for Placing Ads and Getting Editorial Coverage (PapScreen Victoria)

4.4 MANAGING CLIENTS WHO NEED REFERRAL

The nurse cervical screening provider (NCSP) should have a broad knowledge of community resources and health care agencies available to women for follow up care and treatment. It is important to develop effective strategies to create a supportive relationship with a medical practitioner within the local community or area of the health service for referral purposes.\(^4\)

NCSPs should have a good understanding and knowledge of the referral processes and provide clients with information such as cost, waiting time and location of the service when referring. NCSPs may also consider having clients sign a ‘release of information’ form before providing confidential information to other health professionals or services.

4.5 QUALITY ASSURANCE

Quality assurance is a process of assessing, monitoring, and implementing improvements in practice. Quality assurance processes within a health care setting should consist of education and evidence-based practice, which maintains a high professional standard. Services should also consider providing feedback to clients. This feedback should be incorporated into the relevant clinical areas.

See Appendix E: Women’s Satisfaction Survey (PapScreen Victoria)
4.6 PROFESSIONAL DEVELOPMENT

Professional development is an essential element of being a nurse cervical screening provider as it helps to ensure competent, current nursing care. As part of the requirements for national registration, nurses are required to complete continuing professional development (CPD) that is relevant to their context of practice.

For more information ➤➤ Nursing and Midwifery Continuing Professional Development Registration Standards
Continuing Professional Development FAQs
Continuing Professional Development Workshops for Health Professionals (PapScreen Victoria)

4.7 INFECTION CONTROL

Each setting has its own infection control challenges. The Australian Guidelines for the Prevention and Control of Infection in Healthcare provide recommendations that outline the critical aspects of infection prevention and control. It is recognised that the level of risk may differ according to the different types of service. Some infection control recommendations should be justified through a risk assessment.

For more information ➤➤ NHMRC (2010) Australian Guidelines for the Prevention and Control of Infection in Healthcare (Commonwealth of Australia)
Infection Prevention in Health Services (Department of Health Victoria)
4.8 OCCUPATIONAL HEALTH AND SAFETY

In Victoria, workplace health and safety is governed by a set of laws, regulations and compliance codes which set out the responsibilities of employers and workers to ensure safety is maintained in the workplace. Familiarity with Occupational Health & Safety (OH&S) laws, and Work Health & Safety (WHS) laws, will help avoid unnecessary workplace injury and illness.

For more information  ►► WorkSafe Victoria
The Royal Australian College of General Practitioners

REFERENCES


CHAPTER FIVE

HUMAN PAPILLOMAVIRUS (HPV)
5.1 HUMAN PAPILLOMAVIRUS (HPV)

The human papillomavirus (HPV) is the leading cause of cervical cancer.\(^1\) It can be a challenge to communicate the complexity of HPV to clients in a timely manner. There are a number of resources that can assist you with this. See Appendix F National Cancer Prevention Policy - Cervical Cancer (Cancer Council Australia)

For more information ►► HPV A Guide for Practitioners (PapScreen Victoria)

HPV Testing for Women with High Grade Abnormalities (PapScreen Victoria)

HPV Vaccine Website (Cancer Council Australia)

5.2 HPV VACCINE

A vaccine called Gardasil has been developed that protects against the two high-risk HPV types (types 16 and 18), which cause 70 per cent of cervical cancers in women and 90 per cent of all HPV-related cancers in men. It also protects against two low-risk HPV types (types 6 and 11), which cause 90 per cent of genital warts. Gardasil is used in the school-based National HPV Vaccination Program.\(^2\)

For more information ►► A Vaccine to Prevent Cervical Cancer (PapScreen Victoria)

HPV Vaccine Website (Cancer Council Australia)

5.3 THE NATIONAL HPV VACCINATION PROGRAM REGISTER

The Victorian Cytology Service (VCS), together with the Commonwealth Department of Health and Ageing have established the National HPV Vaccination Program Register (HPV Register).

The HPV Register supports the National HPV Vaccination Program funded by the Australian Government. The HPV Register plays an essential role in monitoring and evaluating the program by recording information about HPV vaccine doses administered in Australia.\(^3\)

For more information ►► The National HPV Vaccination Program Register website

REFERENCES


CHAPTER SIX

TAKING A REPRODUCTIVE AND SEXUAL HEALTH HISTORY
Taking a comprehensive reproductive and sexual history is important for nurse cervical screening providers to help identify health risks, address client concerns, and assist in implementing a flexible approach to client-centred care. The process also assists the nurse to advocate and promote sexual health through education.

The depth of enquiry will be greatly influenced by the reason the client has presented and the clinical context, including time restraints. A sexual and reproductive health history is most successful when taken by someone with knowledge of the subject, who is comfortable discussing the information, has good communication skills, and knows when referral is necessary.¹

6.1 THE ENVIRONMENT

› Reproductive and sexual history taking should take place in a welcoming, confidential, and private environment where the client does not feel anxious or rushed.¹,²
› The storage, security, and visibility of client information should be maintained confidentially.³
› Trainees should be present only with the client’s consent.
› While some clients may request that friends or relatives be present for support, in some circumstances they may inhibit a client from revealing sensitive information. Ideally, clients should be seen alone, at least for some of the consultation.

6.2 CONFIDENTIALITY

› Some people might be reluctant to seek medical treatment and be less honest when giving a reproductive and sexual history if they are not assured of confidentiality.
› Information about confidentiality should be reflected in client literature, posters, etc.
› Nurse cervical screening providers are ethically and legally obligated to protect their client’s privacy.³,⁴,⁵
› Confidentiality can only be broken in exceptional circumstances. These may be if a client is at risk to themselves or another person and in some child protection cases.
› Nurses should have an understanding of privacy and confidentially within their workplace, as well as Australian privacy legislation.
For more information

Have you informed your patient where her ATSI/CALD identification information is going? poster (PapScreen Victoria)

The Privacy Act
The primary piece of legislation governing the privacy of health care information in Australia. Nurses must make themselves aware of their privacy and confidentiality obligations in their workplace settings.

The Regulation of Health Information Privacy in Australia (NHMRC)
Code of Professional Conduct for Nurses In Australia (Australian Nursing and Midwifery Council)

6.3 COMMUNICATION

Good communication skills are an important factor in improving health outcomes. A respectful and non-judgmental approach should be used when taking a reproductive and sexual history. Discussing the relevance and rationale of the questions that will be asked also helps to facilitate communication.²

6.3.1 Communication barriers

Regardless of practice area, all nurse cervical screening providers should have policies in place to address the needs of clients when there are communication difficulties.

Clients from culturally and linguistically diverse backgrounds often need the services of interpreters and translators.⁶

› Health Sector Development, Using Language Services (The Centre for Culture, Ethnicity and Health)
› Using Interpreters – A Guide for GPs (RACGP)
› Culturally and Linguistically Diverse Patient Issues (State Government of Victoria, Department of Health)
› Health Translations (State Government of Victoria, Department of Health)

Working with sign language interpreters

› Vicdeaf
Vicdeaf is the main provider of specialised services to deaf and hard of hearing people in Victoria
CHAPTER SIX
TAking a reproductive and sexual health history

To ensure the assessment is comprehensive, the nurse needs knowledge of sexual and reproductive health issues, and an understanding of the rationale for the questions that are being asked. Nurses should avoid using terms that make assumptions about sexual behaviour or orientation. Questions should be selective and adapted to various settings, and it may not be necessary to document all aspects for every person.

- General health status and medical history
- Relevant family history
- Social history
- Gynaecological and obstetric history
- Cervical screening history
- Menstrual history
- An assessment of use of contraception and risk of pregnancy
- Breast health
- Sexual history, STI risk, and prevention
- Sexual assault and relationship violence
- Assessment of other sexual health issues

For more information

6.5 DOCUMENTATION AND COLLECTING INFORMATION

Clinics may use an electronic or paper based health history proforma (see Appendix G Sexual and Reproductive Health History Proforma). This may assist with record keeping. A proforma may make history taking more systematic and reduce the chance of overlooking important information. Developing a routine way to take a sexual and reproductive history makes it easier to gather the necessary data.7

6.6 eHEALTH

eHealth will provide clients and healthcare providers access to client health summary information electronically. Consolidating client health information in this way has enormous scope for improving the quality of your personal healthcare.

For more information ➤ eHealth

REFERENCES

5 Code of professional conduct for nurses in Australia, Australian Nursing and Midwifery Council viewed 22 April 2013, <http://www.anmc.org.au>
CHAPTER SEVEN
PAP TEST
7.1 WHAT IS A PAP TEST?

The Pap test checks for changes to the cells of the cervix. These changes can almost always be treated if found early. Like all screening tests, it is not 100 per cent accurate. With regular two yearly screening, up to 90 per cent of the most common cancers of the cervix can be prevented. Early detection of cervical abnormalities and cancer improves outcomes.

7.2 ADVANCES IN PAP TEST TECHNOLOGIES

The Pap test was developed in the 1920s by Dr George Papanicolaou and has remained essentially unchanged. Although nothing has yet replaced the need for direct examination of the cervix, technological advances are available, and if used, should be in addition to regular Pap tests.

For more information

New Technologies for Cervical Screening (National Cervical Screening Program)

7.2.1 Liquid-based cytology (LBC)/Thin Prep

ThinPrep is the brand name of a liquid-based method of laboratory preparation of a Pap test. Liquid-based cytology (LBC) is offered in addition to conventional Pap tests. Unnecessary material such as bacteria and blood can be filtered from the sample, before the cells are deposited onto a second slide for analysis.

**LBC might be useful for the following clients:**

› Women with evident excessive mucus, discharge or blood present.
› Women with recurrent ‘inflammatory’ Pap tests or unsatisfactory results due to a lack of cells.

Please note, wooden spatulas cannot be used when undertaking LBC. Wooden spatulas are currently being phased out, as obtaining consistent quality has been problematic.

For more information

Automation-Assisted and Liquid-Based Cytology (LBC) for Cervical Cancer Screening, 2009, (Medical Services Advisory Committee)
7.2.2 HPV testing
A test for detecting human papillomavirus (HPV) types that can cause cervical cancer is available. The HPV DNA test is often not helpful in women under the age of 30. This is because infection with these HPV types is very common in young women, but the body normally naturally clears the virus in one to two years. National guidelines recommend that HPV tests are beneficial for women who have had biopsy-proven high-grade disease which has been treated. Refer to Chapter 5 Human Papillomavirus (HPV) and Appendix H HPV Testing for more details about HPV testing.

For more information ➤ HPV Testing for Women with High-Grade Abnormal Pap Tests (PapScreen Victoria)

7.2.3 Self-testing technologies
New technologies that test for the presence of human papillomavirus have been developed. These new technologies are currently not recommended by the National Cervical Screening Program as a replacement for a Pap test, as there is inadequate evidence to support their use.

For more information ➤ Other Tests (PapScreen Victoria)

7.3 PREPARING THE ROOM
The examination room should be prepared before beginning the Pap test. Below are a number of equipment and supply suggestions.

› A height-adjustable couch
› Adjustable light source
› Adequate drapes and privacy
› Bivalve speculums (plastic or metal) in different sizes
› Water based lubricant
› Sampling devices. For instructions about use see Appendix C Cervical Sampling Card
   – Spatula (plastic)
   – Endocervical brush
   – Cervical sampler broom
   – Cervex-Brush® Combi
   – Hybrid Capture® Brush
› Additional testing equipment (e.g. STI, HPV)
› Gloves
› Labelled glass slides with frosted end.
   See Appendix I Labelling of Pap Test Slides
› Lead pencil
› Spray fixative
› Slide cases
› Tissues
› Cytology request forms
› Sanitary pads
› Kidney dish
› Gloves
› Buttock cushion
› Medical waste container
7.4 PROCEDURE FOR TAKING A PAP TEST

7.4.1 Confirmation of understanding

In addition to taking a general sexual and reproductive health history, the cervical screening nurse should confirm the woman’s understanding of the Pap test and consent before proceeding with the examination.

This can include confirming understanding of:

› The role of the Pap test, which is to detect pre-cancerous or early cell changes which, if left untreated, may develop into cancer
› Major risk factors for developing cervical cancer such as human papillomavirus and smoking
› Limitations of screening, such as false negatives/false positives
› Reasons for having two-yearly screening
› Pap test timing – not menstruating, no marked vaginal infection, no vaginal creams/pessaries within the last 24–48 hours (see pharmacy recommendations) and client preferably more than 12 weeks post-partum
› Age of commencement and cessation of screening
› New cervical screening technologies
› Clinical procedure for taking the Pap test
› Results process and the role of the Victorian Cervical Cytology Register (VCCR)
› Advise women that ATSI and CALD identification information will be forwarded to the laboratory and the VCCR.
7.4.2 Pap test examination

› Ensure the woman’s physical needs are addressed before the Pap test. Women should be provided with an opportunity to empty their bladder, privacy while undressing and dressing, and appropriate comfort and draping during the procedure.
› Position the client: most clinicians prefer to take the Pap test in the supine position, with knees bent and feet placed slightly apart. The left lateral position can be used if Pap tests are difficult to obtain, such as in older women with lax anterior vaginal walls.
› Elevating the pelvis with a cushion may assist in visualising the cervix by altering the angle of the pelvis. Women should not be asked to elevate their pelvis using clenched fists to prop themselves up as it is disempowering for the woman being screened.
› Warm/lubricate the speculum.
› Inspect external genitalia for abnormalities.
› Gently and slowly insert the speculum into the woman’s vagina. Visualise and assess the vaginal walls and cervix. Note the appearance of cervix, vaginal discharge, and the location of the transformation zone.
› Choose appropriate sampling equipment. See Appendix C Cervical Sampling Card.
› Excessive cervical mucus can be removed gently with a cotton swab without disturbing the epithelium but may need to be plated and fixed onto a second slide.
› Collect cells from the cervix ensuring the transformation zone is sampled.
› Spread the sample(s) evenly on the glass slide using moderate pressure.
› Spray the slide immediately (within 4 seconds) with cytology fixative.
› For liquid based Pap tests, place the plastic spatula, broom or cytobrush into the liquid vial and swirl vigorously 10 times afterwards.
› Collect other tests as indicated (such as a HPV DNA test, chlamydia swab or vaginal swab).
For more information on choosing an instrument/sampling tool and sampling technologies

How to Take a Pap Test instructional video (Melbourne Sexual Health Centre, PapScreen Victoria and Victoria Cytology Service)
(Please note: the endocervical brush needs to be inserted seven-eighths of the way into the cervical os)
Water Soluble Gel Lubricant on Vaginal Speculums had no Effect on Cervical Cytology Results
Lubrication of the Vaginal Introitus and Speculum Does Not Affect Papanicolaou Smears

7.5 BIMANUAL EXAM

In the past, the bimanual pelvic examination has been seen as a component of routine cervical screening. Studies have demonstrated that when its value is assessed on the basis of its sensitivity and specificity it serves no value as a screening test for pelvic disease in asymptomatic women. In addition, women who have a negative bimanual exam might delay seeking treatment for abnormal symptoms.

7.6 CONCLUDING EXAM

› Remove the speculum.
  – It may be necessary to open the speculum slightly to release the cervix before removing the speculum.
  – Visually guide the speculum blade past the cervix before closing the speculum and removing it from the vagina.
› Offer client tissues and opportunity to dress in private.
› Reassure the client that some post procedure spotting can be normal and offer a sanitary pad if required.
› Confirm arrangements made for her to receive results and follow up, including updating her contact details.
› Place sample in appropriate carrier.
› Ensure safe disposal of all equipment and adhere to local health and safety guidelines.
› Document all details of the clinical exam and Pap test.
7.7 SPECIAL CIRCUMSTANCES

7.7.1 Unable to locate the cervix

Withdraw the speculum and palpate the position of the cervix with a gloved hand moistened with water to locate the cervix. Reinsert the speculum once the position of the cervix has been identified.

Examination with lax vaginal walls: a wider or longer speculum can be used, but sometimes the vaginal wall may still obscure the cervix. A condom (tip removed) placed over the speculum may prevent intrusion of the lateral vaginal walls.

7.7.2 Stenosed os

It might be difficult to obtain an endocervical component in older women or women post treatment due to a stenosed cervical os. Women with a stenosed os should have a conventional Pap test without attempting to force entry into the os.

Consider using a smaller swab (such as a chlamydia swab) to collect cells. Send more than one slide if multiple samples are taken in an attempt to obtain a good sample of cells.

7.7.3 Vaginal atrophy and discomfort

Vaginal atrophy and discomfort often occurs after menopause due to a decrease in oestrogen. This can easily be treated. Vaginal oestrogen creams and pessaries can be used for a few weeks prior to a Pap test to increase comfort and increase the pickup of endocervical cells on a Pap test if the symptoms are due to a lack of oestrogen. Vaginal oestrogen needs to be prescribed by a doctor and should be stopped for two days prior to the Pap test.9

Women who are breastfeeding may also experience a similar effect due to the decrease in oestrogen. Once a woman’s periods return, her oestrogen levels usually increase and any atrophic changes will resolve.9

7.7.4 Abnormal clinical findings

Referral is appropriate when there is an abnormality seen on clinical examination. Women who have abnormal symptoms or signs should be referred and managed by a doctor on the basis of their symptoms. These may include but are not limited to abnormal appearance, bleeding or pain.
Overall, VCS reports that about 2.3 per cent of Pap tests are unsatisfactory. The common reasons for this include obscuring of the cervical cells by blood or inflammation, insufficient numbers of squamous cells on the slide and inadequate fixation of the cells during a time delay allowing air drying of cells.

Occasionally Pap tests may not always detect cell changes because abnormal cells are missed under the microscope. Sometimes abnormal cells occur in cells high up in the cervix or deep in the glands of the cervix (adenocarcinoma). It is not always possible to get samples from these areas.

Avoiding a Pap test during menstruation, obvious vaginal infections, within 24 to 48 hours of use of vaginal creams or pessaries and ceasing vaginal oestrogen preparations two days before a Pap test helps achieve the best specimen.

REFERENCES
CHAPTER EIGHT

GENERAL WOMEN’S HEALTH
**8.1 BOWEL CANCER SCREENING**

Bowel cancer is the second most common cause of cancer-related deaths, after lung cancer, in Australia.

Screening for bowel cancer is important because it can develop without any early warning signs. Ninety per cent of bowel cancers can be treated successfully if detected early; however, only 40 per cent are currently detected at the early stage.

The National Health and Medical Research Council (NHMRC) recommend screening for bowel cancer every two years for men and women from the age of 50 onwards. Discussion about bowel cancer screening should be part of any general health assessment for people of that age.

Health professionals recommending and endorsing bowel screening to clients is consistently associated with higher participation rates.

View **new bowel screening resources** to support health professionals, including a suggested script to initiate discussion with clients and sources where clients can obtain an FOBT.

**For more information**

- National Bowel Cancer Screening Program or phone 1800 118 868
- NBCSP Monitoring Reports (AIHW)
- Prevention and Early detection of Bowel Cancer using a Faecal Occult Blood Test (FOBT)
- Bowel Cancer Screening chapter of The National Cancer Prevention Policy (published 2011)
- Bowel cancer risk calculator
- Survivor stories (5:53 mins)
- Order an FOBT online
8.2 BREAST HEALTH

Women should be familiar with the normal look and feel of their breasts and be advised to see a doctor with any new or unusual changes. Current evidence does not identify a specific method of breast self-examination technique as being most effective. The breast awareness approach should complement regular mammograms in women within the target age range for screening. Women aged 50–74 are recommended to have free screening mammograms at two-yearly intervals with BreastScreen Victoria. Women aged 40–49 and over 74 are also eligible for a free mammogram.

For more information
- Position Statement: Early Detection of Breast Cancer (Cancer Council Australia)
- Finding Breast Cancer Early: A guide to Breast health (Cancer Council Victoria)
- BreastScreen Victoria
- BreastScreen Australia
- Clinical Breast Examination for Asymptomatic Women – Exploring the Evidence (Royal Australian College of General Practitioners)

8.3 CONTRACEPTION AND FAMILY PLANNING

Contraception is the use of hormones, devices or surgery to assist in preventing a pregnancy. There are different methods of contraception that a woman can choose depending on her general health, lifestyle and relationships.

For more information
- Family Planning Victoria
- Provides specialised contraceptive services, health professional training, counselling, advice, health promotion, and management of sexual and reproductive health.
- Marie Stopes International Australia
- GPs with family planning experience
8.4 SEXUALLY TRANSMISSIBLE INFECTIONS (STIs)

8.4.1 Testing for sexually transmissible infections

16.9 per cent of Australian women have been diagnosed with a sexually transmitted infection or blood-borne virus at some stage of their life. Testing for STIs should be discussed and offered based on the woman’s history and/or clinical findings. As Victorian nurses do not have Medicare item numbers for STI screening, forming good networks with other GPs or community service providers should be considered for those nurses working in community settings.

Chlamydia trachomatis is one of the most common STIs in Australia, particularly among young men and women. Australia’s Health 2010 reports that 80 per cent of all cases occur in the 15–29 age group.

The RACGP guidelines for preventive activities in general practice recommends annual chlamydia screening for all sexually active females under 25 years of age. This has been shown to reduce rates of infections and complications.

For more information

Melbourne Sexual Health Centre
Melbourne Sexual Health Centre (MSHC) is Victoria’s largest clinic for the diagnosis, treatment and prevention of STIs.

Guidelines for Preventive Activities in General Practice: Sexually Transmitted Infections (Royal Australian College of General Practitioners)

For additional services

TESTme
A free service of MSHC offering telephone consultations with a doctor or nurse for STI testing and contraceptive advice for country Victorians living 100kms or more from Melbourne.

Let Them Know
A website, developed by MSHC to help people who have been diagnosed with an STI, to tell their sexual partners that they might also be at risk.

8.4.2 Contact tracing and partner notification

Partner notification is an essential component in the control of STIs. The Australasian Contact Tracing Manual is a practical handbook for health care providers managing people with HIV, viral hepatitis, and other STIs.

For more information

Contact Tracing Manual (The Australasian Society for HIV Medicine-ASHM)
8.5 VAGINAL AND GENITAL SKIN HEALTH

8.5.1 Vaginal health
Most women experience an inoffensive vaginal discharge throughout their cycle. While this is reported as normal; a change in discharge or genital skin irritation can indicate a problem. For more information please visit the Vaginal Discharge (Family Planning Victoria) and Vaginal Health (Family Planning Victoria) websites.

8.5.2 Genital skin care
The external genital organs of a female are called the vulva. The vulva includes the labia majora and minora, clitoris, urinary opening, perineum and vestibule of the vagina. The skin of the vulva can be sensitive and easily irritated. For more information please visit the Genital Skin Care fact sheet (Melbourne Sexual Health Centre), Vulva Health (Family Planning Victoria), Vulval Conditions (Women’s Health Queensland Wide) and Ageing Down Under (Women’s Health Queensland Wide) websites.

8.6 MENOPAUSE
In Australia, the average age of natural menopause is 52. It can occur in women aged 40–60 and rarely, earlier. During this time, the ovaries make less oestrogen and periods become irregular before stopping. Women often have other symptoms such as hot flushes, sore joints, low libido, vaginal dryness and heavy bleeding. These symptoms can be lessened with some medical interventions. For more information please visit the Jean Hailes for Women’s Health website. Evidence-based information on physical and emotional wellbeing to women and health professionals. Managing Menopause (Jean Hailes), Australasian Menopause Society, Sex and Ageing brochure (Family Planning Victoria) websites.
8.7 CONTINENCE

An Australian woman who has had two children has a one in three chance of having a problem with urinary incontinence, yet only about 40 per cent of those women seek help. Nurse cervical screening providers play an important role in discussing incontinence and linking women to appropriate referral pathways.

For more information
- Continence Foundation of Victoria
  Supports state-wide services that raise awareness about bladder and bowel control problems, create resources, and provide community education
- Continence Foundation of Australia
  The peak body in Australia for continence information and resources
- Local continence services
- Physiotherapists with special training in women’s health

8.8 SEXUAL ASSAULT AND VIOLENCE AGAINST WOMEN

The Australian component of the International Violence against Women Survey reports that 34 per cent of Australian women have experienced a form of sexual violence. It is important to recognise the impact of violence on women’s access to health services. Research demonstrates that some women who have encountered sexual assault are reminded of the experience by gynaecological procedures such as the Pap test. These women may be more likely to avoid participating in regular cervical screening. PapScreen Victoria have developed a resource to assist NCSPs in working with victim/survivors of sexual assault to access cervical screening. This nurse card is designed to give practical advice about providing Pap tests to this group of women.

For more information
- CASA Forum
- Sexual Assault Information (Royal Women’s Hospital)
- Support Victim/Survivors of Sexual Assault (PapScreen Victoria)
- Violence and Sexual Assault (Victoria Legal Aid)
8.9 UNPLANNED PREGNANCY

It is estimated that around half of the pregnancies in Australia are unplanned. Women in Victoria have three options when it comes to an unplanned pregnancy: abortion, adoption or parenting.\(^\text{12}\)

For more information on pregnancy options ►►

- Royal Women’s Hospital
  Provides fact sheets and a step-by-step guide to work through pregnancy options
- Pregnancy – Your Options (Better Health Channel)
- Children by Choice
  Provides unbiased information on all unplanned pregnancy options

8.9.1 Continuing the pregnancy/parenting

About half of women experiencing unplanned pregnancy choose to continue their pregnancy and parent.\(^\text{12}\)

For more information ►►

- Having a Baby in Victoria (Victorian State Government, Department of Health, Australia)
- Preparing for Pregnancy – Pregnancy Care Options in Victoria (Royal Women’s Hospital)

8.9.2 Abortion

It is estimated that almost one in four women will choose abortion in their lifetime.\(^\text{13}\) Abortion is legal in Victoria. The availability and cost of having an abortion changes as the gestation of a pregnancy increases.

For more information ►►

- Abortion (Royal Women’s Hospital)
- Abortion (Better Health Channel)
- Marie Stopes International Australia
  This organisation provides unbiased information on all unplanned pregnancy options as well as abortion services and advice

8.9.3 Adoption and permanent care

Adoption in Victoria is the legal process by which a child becomes a member of a new family. Children placed in permanent care come through child protection services. Unlike adoption, it is not a voluntary placement. The Department of Human Services makes decisions about the safety of children and whether children will be placed with a permanent care family.

For more information ►►

- Adoption and Permanent Care (Victorian Department of Human Services)
8.10 FERTILITY/SUBFERTILITY

Infertility is the failure to conceive after one year of regular (at least twice weekly) unprotected sex with the same partner. The term sub-fertility is often used, as many couples will conceive in the second year of trying without medical help. It is important for couples to remember that the problem can be with either partner, or both.

For more information
- The Fertility Coalition: VARTA, Andrology Australia, Jean Hailes for Women’s Health and the Robinson Institute
- Infertility (Family Planning Victoria)
- Infertility Treatments – Female (Better Health Channel)
- Andrology Australia

For about one in five infertile couples the problem lies solely with the male partner (male infertility). Andrology Australia specialises in men’s reproductive health and male-factor infertility.

8.11 GENERAL WOMEN’S HEALTH RESOURCES

8.11.1 The Women’s Health Information Centre (WHIC)

Free confidential service. The WHIC offers information, support and referral options on a wide range of women’s health issues.

For more information
- Health Information (Royal Women’s Hospital)

8.11.2 Women’s Health Victoria

Women’s Health Victoria (WHV) is a state-wide women’s health promotion, information and advocacy organisation. WHV works with health professionals and policy-makers to influence and inform health policy and service delivery for women.

For more information
- Women’s Health Victoria
REFERENCES


7 Mitchell H 2004, Vaginal discharge—causes, diagnosis, and treatment, BMJ, 328:1306. DOI: 10.1136/bmj.328.7451.1306


CHAPTER NINE
RESULTS AND FOLLOW UP
9.1 NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL (NHMRC) GUIDELINES FOR THE MANAGEMENT OF ASYMPTOMATIC WOMEN WITH SCREEN DETECTED ABNORMALITIES, 2005

Please refer to Section 2.5 Screening to Prevent Cervical Cancer: Guidelines for the Management of Asymptomatic Women with Screen Detected Abnormalities.

9.2 MANAGING NORMAL RESULTS

It is important to inform clients how they are able to access their results.

It is common practice that NCSPs provide normal cervical screening results to clients by post. A result slip is usually provided by the pathology company with the client’s result. This slip can be signed by the NCSP and sent to the client. Alternative arrangements may be used for clients with concerns around confidentiality or English literacy. It is important that consent is provided for any client contact. A password system may also be used to ensure confidentiality in some situations.

9.3 MANAGING ABNORMAL RESULTS

There is no official national policy outlining how to inform clients of abnormal results. It is common practice that a client will be contacted directly by phone if the result is abnormal, to arrange for the client to come in for a consult. This gives the provider an opportunity to discuss the result and answer any questions.

When contacting a client to follow up their abnormal Pap test result, the Standards in Colposcopy and Treatment (RANZCOG and ASCCP Working Party) states that two or three attempts would appear to be reasonable current practice. While this is for the follow up for clients requiring colposcopy, the same applies to clients with abnormal Pap test results.

All client contact and attempted contact should be with consent from the client. This may include phone calls, text messaging, emails, postal mail or registered mail. It is expected that these attempts are clearly documented in the client files. It would also be advised that the service develops a policy around managing abnormal results to guide the follow up.
9.4 VICTORIAN CERVICAL CYTOLOGY REGISTER (VCCR)

The Victorian Cervical Cytology Registry (VCCR) is a confidential, computerised database of Victorian women’s Pap test results. The main functions of the Registry are to facilitate the regular participation of women in the National Cervical Screening Program by sending reminder letters for overdue cervical screening, and to provide a safety net for the follow-up of women with abnormal results.

The register was established in 1989 and provides a framework which has allowed a more structured approach to cervical screening within Victoria and assists with data collection for monitoring and evaluation. VCCR can also provide assistance to NCSPs who are having difficulty locating women with abnormal Pap test results.

For more information  ►► Victorian Cervical Cytology Register (VCCR)

9.5 CLINIC-BASED RECALL AND REMINDER SYSTEMS

Recall and reminder systems are the process of reminding women that their routine Pap test is due. In most cases, a letter is sent to the client reminding them to attend for their Pap test when two years have passed since their last test. For clinics, there is no official statewide policy for this and should only be implemented if the service has the capacity and resources to provide services for these clients.

Recall and reminder systems are also recommended as part of the Royal Australian College of General Practitioners (RACGP) Standards 4th Ed (2010). As a result, they are required as part of the accreditation process by both Australian General Practice Accreditation Limited (AGPAL) and GPA Accreditation. They are also set up in many services as part of best practice.

It is important to note that the Victorian Cervical Cytology Register (VCCR) will send clients a reminder when they are three months overdue or 27 months after their last normal Pap test. If a client does not want to receive mail at home, it is essential to inform VCCR of this.

From time to time, VCCR have additional letter campaigns to encourage women who have not had a Pap test in the last two years to attend for screening.

For more information  ►► Royal Australian College of General Practitioners (RACGP) Standards 4th Ed (2010)
Victorian Cervical Cytology Registry: summary of follow-up and reminder protocol
REFERENCES


10.1 VICTORIAN PRECEPTOR PROGRAM (VPP)

A preceptor is a credentialled nurse cervical screening provider who teaches, inspires and serves as a role model to support the growth and development of other nurses training to become cervical screening providers.¹

The Victorian Preceptor Program (VPP) is a state-wide program enabling students from Victorian Pap test provider courses to request preceptorship from preceptors registered in Victoria. The VPP is a committee made up of representatives from PapScreen Victoria, Family Planning Victoria, Melbourne Sexual Health Centre and The University of Melbourne. The VPP provides preceptors with additional support through joint professional development days and streamlining of processes for each course.

The *Victorian preceptor program standards for cervical screening clinical preceptors*, outlines the program’s development, defines preceptorship, and states the current standards for preceptors. This can be viewed in Appendix J VPP Preceptor Standards (PapScreen Victoria) or is available on PapScreen’s website.

The role of a preceptor can extend beyond the VPP. Preceptors can continue to provide an informal mentoring role after nurses complete the course. This can be in the form of regular meetings or just being available by phone.

In some areas, cervical screening nurses have collaborated to form networks to provide supervision and support to one another.

REFERENCES

APPENDICES
APPENDICES

A) National Standards for Nurse Pap Test Providers
B) Victorian Credentialling and Re-Credentialling Policy and Guidelines for Nurses
C) Cervical Sampling Card
D) National Health and Medical Research Council (NHMRC) Guidelines for the Management of Asymptomatic Women with Screen-Detected Abnormalities: Reference Sheet
E) Women’s Satisfaction Survey
F) National Cancer Prevention Policy – Cervical Cancer
G) Sexual and Reproductive Health History Proforma
H) HPV Testing
I) Labelling of Pap Test Slides
J) VPP Preceptor Standards
K) Case Studies