



OPERATIONAL DIRECTIVE

Enquiries to:	Office of the Chief Nursing Officer (08) 9222 4075	Number:	OD 0176/09
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Subject: GUIDELINES FOR THE CREDENTIALLING OF NURSE PAP SMEAR PROVIDERS

PREAMBLE

For quality and safety reasons, the Department of Health (DoH) recommends that persons registered with the Nurses and Midwives Board of WA who provide a cervical screening service apply for credentialling as a Nurse Pap smear provider. (NPSP)

INTRODUCTION

Although approximately thirty women in Western Australia die of cervical cancer each year, the condition is one of the most preventable and curable of all cancers.¹

The incidence of cervical cancer is falling, and Australia now has the second lowest incidence rate and the lowest mortality rate among developed countries with comparable cancer registration systems.^{1,2} Outcome data from the National Cervical Screening Program (NCSP)¹ indicate that prevention, detection and treatment programs continue to be successful in reducing cervical cancer incidence and mortality.

When the NCSP program commenced in 1991, the incidence of cervical cancer in Australian women aged 20–69 years was 17.1 new cases per 100,000 women with a mortality figure of 4.0 deaths per 100,000 women. By 2004 the incidence of cervical cancer had fallen to 8.9 new cases per 100,000 women. In 2005, the mortality rate for cervical cancer was 2.0 per 100,000 women for women in the target age group 20–69 years and 1.9 per 100,000 women for women of all ages.

During the 4-year period 2002–2005, there were 560 deaths in major cities (62.7% of all cervical cancer deaths in that period), 308 deaths in regional areas (34.5% of all cervical cancer deaths) and 19 deaths in remote areas (2.1% of all cervical cancer deaths). As the 700 cases detected each year have been seen to occur predominantly in unscreened or under-screened women the decline in morbidity and mortality has been attributed to the success of the national cervical screening programs.

The WA Cervical Cancer Prevention Program (WACCPP) reminds women to attend for Pap smears when they are overdue for regular screening, follows up women with abnormal findings, promotes cervical cancer screening and provides screening history data to laboratories to assist in the diagnosis of cervical abnormalities. With the assistance of nurses and medical officers, 19,500 Pap smear or other cervical test results are received every month, and approximately 1,500 follow-up and reminder letters are generated each week by the WACCPP.

NURSES AS PAP SMEAR PROVIDERS (NPSPs)

Since the early 1980's, registered nurses have been widely accepted as Pap smear providers throughout Australia. In WA, NPSPs are especially important in rural and remote areas, where lack of access to appropriate services has resulted in inadequate screening of Aboriginal and Torres Strait Islander women.

Based on the National Standards for Nurse Pap Smear Providers (1997) and the original program run by the Royal College of Nursing Australia (RCNA) the WA Pap Smear Provider Program is administered by the Office of the Chief Nursing & Midwifery Officer, in conjunction with the Family Planning Association of WA (FPWA Sexual Health Services) and the WACCPP. The program provides the opportunity for nurses and midwives – registered with the NMBWA and prepared in an accredited educational program to provide a safe and convenient cervical screening service for women in metropolitan, rural and remote health care settings.

Applications from persons seeking to be credentialled are assessed by a review panel which process each application. Subject to all components of the application meeting the stated criteria, a unique identification number (ID) is issued to the applicant.

Each credentialled nurse or midwife is issued with her own pad of cytology request forms bearing her details, her ID number and her support General Practitioner's name. The unique ID number means credentialled providers need not use a doctor's Health Insurance Commission Medicare Provider Number on PathWest laboratory requests. Use of the ID number not only means that providers remain accountable for their own practice in this area but also enables:

1. the PathWest to provide credentialled nurses and midwives with direct feedback on the number, quality and results of their smears.
2. the Credentialling Committee to confirm the provider's competence using laboratory reports based on the NPSP ID number.

As the HIC does not yet fund services provided by credentialled NPSPs using laboratories other than PathWest, these providers need to have their requests for processing countersigned by a medical officer prior to dispatch. They must keep detailed records relating to the screening, follow up and referral provided to the women who seek their service.

Recredentialling of the nurse is dependant upon the provision of evidence of continuing competence in taking Pap smears.

SCOPE OF PRACTICE

The scope of practice of the NPSP is limited to screening only. The nurse will not provide a diagnostic service to symptomatic women. Where a woman presents to a nurse for cervical screening and admits to gynaecological symptoms, the woman will have a smear performed and be immediately referred to a medical practitioner for assessment and treatment.

APPLICATION FOR INITIAL CREDENTIALLING

Nurses who seek initial credentialling may obtain an information kit and application package from the Office of the Chief Nursing Officer (OCNO) by either:

1. presenting to the DoH 189 Royal Street East Perth in person
2. telephoning the OCNO (9222 4075) and requesting a package to be mailed
3. emailing the OCNO and requesting a package (ocno@health.wa.gov.au)
4. downloading the application form and information from the website OCNO website <http://www.ocno.health.wa.gov.au/papsmear/index.cfm>

First Application

Required documentation

1. Completed application form
2. Copy of a statement of proficiency from a nurse Pap smear educational program that has been approved by the NPSP Credentialling Committee. (the Committee) Where the applicant has not attended an educational program, a completed assessment of practice against the national competencies may be deemed acceptable by the Committee.
3. If an educational program was completed more than two years previously, a statement from the supporting Medical Officer declaring that the nurse:
 - i. has been providing Pap smear services within the last two years and
 - ii. has the necessary skills to obtain satisfactory Pap smears (ie meets the national competencies)
4. Copy of current practising certificate issued by the Nurses & Midwives Board of WA. Current registration will be confirmed following access to the public register of nurses available from the Nurses and Midwives Board website www.nmbwa.org.au
5. Signed statement from the Health Service Manager/Director of Nursing that confirms the nurse is required to provide cervical screening services as part of their employment
6. Signed statement from a medical practitioner with whom the nurse has a mutually supportive relationship confirming his/her willingness to clarify clinical issues with the applicant.

DEMONSTRATION OF CONTINUING COMPETENCE AND RENEWAL OF CREDENTIAL

Newly credentialled NPSPs will be required to undergo two full recredentialing approvals:

- i. within 15 months and
- ii. within three years of the initial credentialling date.

Required documentation on both these occasions will comprise:

1. Completed application form.
2. Authorised copy of current practising certificate issued by the Nurses & Midwives Board of WA.
3. Personal log of client services which includes information regarding follow up of women with abnormal findings.
4. Cytology laboratory statistics from PathWest or other laboratories processing the nurse's Pap smears.
5. Completed self assessment form.
6. Summaries of feedback from clients, or satisfaction surveys for a designated period including copy of survey or other data collection methods.
7. Evidence of continuing professional education since initial credentialling. This may include but not be limited to:
 - A record of attendance at conferences and/or continuing professional education sessions
 - Journal reading
 - Viewing audio-visual material
 - Reflective journalising.

Subsequent recredentialling application (after two successful recredentialling applications)

The Committee recognises that once a provider has demonstrated competence as a NPSP on two occasions, the subsequent requirements for recredentialling will be reduced to the submission of:

1. A completed application form.
2. An authorised copy of current practising certificate issued by the Nurses & Midwives Board of WA.
3. The personal log of client services which includes information regarding referral (as required and follow up).
4. Statistics from PathWest or other laboratories processing the Pap smears as to number and adequacy of smears taken.

HEALTH SERVICE RESPONSIBILITIES

Health Services requiring nurse Pap smear provider services should be aware of their obligation to meet the financial cost of education/training, credentialling and re-credentialling of the nurses. Training should be accessed through a course considered by the Committee to contain sufficient theoretical and practical content to enable the learner to meet the criteria set out in the National Standards for Pap smear providers.

Where nurse Pap smear credentialling becomes a policy requirement of the health service this should be included in the Job Description Form.

Health Service Managers/Directors of Nursing should check that the Pap smear provider credential of those NPSPs working in their jurisdiction is current.

PROFESSIONAL SUPPORT

Professional support includes clinical support and the ongoing management of any abnormalities detected (including gynaecological referral where required). Ideally any ongoing care that may be required would be provided by the woman's usual general practitioner who (with the woman's consent) will also receive a copy of the Pap smear results.

If care by the woman's usual GP is not possible, she should only be offered screening where another medical practitioner has been identified to manage her, should she require follow up of an abnormal smear.

PROFESSIONAL INDEMNITY

Registered Nurse

A registered nurse is a person whose qualifications and experience have been approved in writing by the Nurses & Midwives Board of WA, as rendering them capable of practising independently within the legislative framework of the *Nurses & Midwives Act 2006 (WA)*, and the *Nurses Regulations 2007 (WA)*, while abiding with the *Code of Practice 2000 (WA)*.

Enrolled Nurse

An enrolled nurse is a person whose qualifications and experience have been approved in writing by the Nurses & Midwives Board of WA, as rendering them capable of practising under supervision within the legislative framework of the *Nurses & Midwives Act 2006 (WA)*, and the *Nurses Regulations 2007 (WA)*, while abiding with the *Code of Practice 2000 (WA)*.

Public Sector

Nurses employed in the public sector are covered by the RiskCover policy. Most employees will be aware of the RiskCover managed fund that self-insures the government's public authorities, such as hospitals and health services. Broadly speaking, RiskCover will pay to, or on behalf of, public authorities all sums which the public authority becomes legally liable to pay in respect of claims made against it.

Liability cover is provided to the public authority itself and not directly to employees. It is the public authority that provides cover to its employees. This cover includes the personal liability of employees, volunteers and officers of the public authority, secondees, work experience persons and medical students whilst acting in their official capacity, performing a statutory function or performing a function/task requested by the Minister for Health or the public authority.

Liability cover provided by RiskCover is subject to the various limitations set out in its Fund Guidelines. For example, coverage is generally not provided for loss, damage or liability due to an unlawful activity by a public authority or as a result of the authority's dishonest, fraudulent, criminal or malicious act or omission.

This summary outlines only some of the issues covered by the RiskCover policy. Any queries with regard to the RiskCover policy may be directed to RiskCover, 221 St George's Terrace, Perth, Tel: (08) 9264 3333 e-mail riskcover@icwa.wa.gov.au or at the website at www.riskcover.wa.gov.au

Private Sector

Self employed or employed nurses in the private sector are not covered by the RiskCover policy.

Employers are generally vicariously liable for tortious acts (such as breach of professional duty) committed by their employees during the course of their employment. In principle if an employer is found to be vicariously liable for the tortious act of an employee, then it is possible for an employer to take action against an employee, seeking a contribution or indemnity towards any damages (compensation) that the employer may be ordered to pay to the plaintiff. The right of indemnity is only rarely exercised.

Self-employed nurses may need to consider taking out professional indemnity insurance.

Nurses working in the private sector should seek their own independent legal advice as to insurance cover.

Group practices should inform their insurer if NPSPs provide care in the practice

LABORATORY REPORTING ARRANGEMENTS

Where possible, Pap smears taken by credentialed NPSPs should be forwarded to PathWest for processing. The pre printed cervical cytology request form provided by PathWest includes the name and ID number of the nurse, as well as the name of the supporting medical officer.

As the HIC does not fund services provided by credentialed NPSPs using laboratories other than PathWest, these nurses will need to have their requests for processing countersigned by a medical officer prior to dispatch.

QUALITY CONTROL

Participating cytology laboratories will provide regular feedback to the credentialed providers and the Credentialling Committee regarding the quality and adequacy of the smears taken by NPSPs.

FOR FURTHER INFORMATION CONTACT

Senior Registered Nurse (NPSP Program)
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Department of Health
189 Royal Street
EAST PERTH WA 6004
Phone: (08) 9222 4075 Fax: (08) 9222 4467

Dr Peter Flett
Director General Health

References:

1. Australian Institute of Health and Welfare. Cervical Screening in Australia 2005-2006. Canberra: AIHW. 2008
2. Epidemiology Branch Department of Health WA. Population Health in Perspective in Western Australia. Epidemiology Occasional Paper 26. 2004.

Bibliography

Ferlay J, Bray F, Pisani P, Parkin DM. Globocan 2002: incidence mortality and prevalence worldwide [CD-ROM]. Lyon: International Agency for Research on Cancer; 2004.

National Health and Medical Research Council (NHMRC). Screening to prevent cervical cancer: guidelines for the management of asymptomatic women with screen detected abnormalities. Canberra: NHMRC; 2005.