PREAMBLE

For quality assurance and safety reasons, the Department of Health (DoH) recommends that those persons registered with the Nursing and Midwifery Board of Australia (NMBA) who provide a cervical screening service apply for credentialing as a Pap smear provider (PSP).

INTRODUCTION

Cervical cancer is one of the most preventable cancers and is unique in that it has been found in nearly every case to be virally induced, specifically by certain types of the human papilloma virus (HPV). Prevention of cervical cancer includes immunisation against certain carcinogenic types of HPV and screening for cervical abnormalities to enable monitoring and, if needed, treatment prior to the progression of cancer. The participation of women in regular cervical screening is best delivered as part of an organised screening program. Since 1991, when Australia's National Cervical Screening Program (NCSP) commenced, the incidence and mortality rates of cervical cancer have halved.

The WA Cervical Cancer Prevention Program (WACCPP) functions as part of the NCSP. The program acts to raise awareness, increase access to appropriate cervical screening services and overall, support women, health care providers and laboratories.

Despite the success of Australia’s organised approach to cervical screening, and that most cervical cancer cases are preventable with regular Pap smears, Western Australia had 90 new cases and 34 deaths from this disease in 2010. These cervical cancer cases have consistently been shown to occur predominately in unscreened or under-screened women. Subsequently, increasing the availability of appropriate and accessible screening services is essential to assist in improving cervical screening participation. Central to this is the assurance of available, appropriately trained Pap smear providers.

NURSES AND MIDWIVES AS PAP SMEAR PROVIDERS

The National Standards for Nurse Pap Smear Providers were developed in 1997 as part of a national strategy to increase women’s access to cervical screening services in Australia, particularly in rural and remote areas. These standards are used as a basis for the WA Pap Smear Provider Initiative, which is administered by the WACCPP. This initiative provides the opportunity for nurses and midwives to provide a safe and convenient cervical screening service for women in a variety of health care settings.
SCOPE OF PRACTICE

The scope of practice of the PSP is limited to cervical screening, with the exception of nurse practitioners and eligible midwives who are able to diagnose and refer as required. The PSP will not provide a diagnostic service to symptomatic women. Where a woman presents to a PSP for cervical screening and admits to gynaecological symptoms, the woman will have a Pap smear performed and be immediately referred to a medical practitioner for assessment and, if needed, treatment. Additionally, if upon visual inspection of the cervix the PSP is concerned regarding an abnormality, the woman will be immediately referred to a medical practitioner, regardless of the Pap smear result, and without awaiting these results.

All PSPs, for medico-legal purposes and continuity of care, must keep detailed records relating to screening, follow-up and referral provided to women who seek their service.

NMBA approved codes of ethics and professional conduct must be adhered to at all times.

NMBA registration stipulates involvement in continuing professional development activities which are relevant to the individual’s context of practice. Thus, it is expected that PSPs will be involved in educational activities in the areas of women’s health and cervical cancer prevention.

APPLICATION FOR CREDENTIALING

Nurses/midwives who seek credentialing, have queries or require an application package can contact the WACCPP by:

1. Telephone 13 15 56 or 61 8 9323 6788,
2. Email cervicalscreening@health.wa.gov.au

Applications from persons seeking to be credentialed are assessed by the WACCPP PSP Credentialing Committee, a review panel comprised of experts in nursing and midwifery practice and cervical screening. Subject to all components of the application meeting the stated criteria, a unique identification (ID) number is issued to the applicant.

The unique ID number means credentialed providers need not use a doctor’s Medicare Provider Number on PathWest laboratory request forms. PathWest laboratory will supply each credentialed PSP with his/her own pad of cytology request forms bearing his/her details, ID number and supporting medical officer’s name.

Use of the ID number not only means that providers remain accountable for their own practice in this area but also enables:

1. PathWest laboratories to provide these PSPs with direct feedback on the smears they have taken, and
2. the PSP Credentialing Committee to confirm the provider’s competence using laboratory reports based on the ID number.
First Application

Required documentation:

1. Completed application form
2. Completed self-assessment against the National Competencies for Nurse Pap Smear Providers
3. Copy of current NMBA registration certificate
4. Evidence of appropriate education and training in the taking of Pap smears. If an educational program was completed more than two years previously, a statement from the supporting employer/nurse manager or medical officer declaring that the nurse/midwife:
   • has been providing Pap smear services within the last two years, and
   • has the necessary skills to obtain satisfactory Pap smears
5. Signed statement from the health service manager/director of nursing and midwifery confirming the nurse/midwife is able to provide cervical screening services as part of their employment and that the facility complies with the National Standards for Nurse Pap Smear Providers
6. Signed statement from a medical practitioner with whom the nurse/midwife has a mutually supportive relationship confirming his/her willingness to clarify with the applicant clinical issues and support a referral process for patients as required

Re-credentialing

All PSPs must demonstrate continuing competence and are required to re-credential at the following intervals:

1. within one year of initial credentialing approval, and
2. every three years thereafter

Required documentation:

1. Completed application form
2. Completed self-assessment against the National Competencies for Nurse Pap Smear Providers
3. Copy of current NMBA registration certificate
4. Cytology laboratory statistics. If the laboratory is unable to provide these statistics, submission of the nurse/midwife’s personal log of patient services, inclusive of outcomes, will suffice

EMPLOYER RESPONSIBILITIES

Health services requiring Pap smear provider services should be aware of the obligation to meet the financial cost of education/training and support credentialing and re-credentialing of these nurses/midwives.

Where Pap smear credentialing becomes a policy requirement of the health service this should be included in the Job Description Form.
Health service managers/directors of nursing and midwifery should ensure that credentialed Pap smear providers working in their institution/jurisdiction have current credentialing.

PROFESSIONAL SUPPORT
The professional support expected of the nurse/midwife’s supporting medical officer includes clinical support and the ongoing management of symptomatic women or women with screen detected abnormalities, including referral where required.

PROFESSIONAL INDEMNITY INSURANCE ARRANGEMENTS REGISTRATION STANDARD (this registration standard applies to enrolled and registered nurses, registered nurses endorsed as nurse practitioners, registered midwives and eligible midwives)

Nurses and/or midwives must not practice their respective profession(s) unless they are covered by appropriate professional indemnity insurance (PII) arrangements. The NMBA has approved PII guidelines for nurses and midwives to use in conjunction with this registration standard³.

Enrolled Nurse
An enrolled nurse means a person registered under the Health Practitioner Regulation National Law (Western Australia) in the nursing and midwifery profession whose name is entered on Division 2 of the Register of Nurses kept under that Law as a registered nurse.

Registered Nurse
A registered nurse means a person registered under the Health Practitioner Regulation National Law (Western Australia) in the nursing and midwifery profession whose name is entered on Division 1 of the Register of Nurses kept under that Law as a registered nurse.

Nurse Practitioner
A nurse practitioner means a person registered under the Health Practitioner Regulation National Law (Western Australia) whose name is entered on the Register of Nurses kept under that Law as being qualified to practise as a nurse practitioner.

Registered Midwife
A registered midwife means a person registered under the Health Practitioner Regulation National Law (Western Australia) whose name is entered on the Register of Midwives kept under that Law.

Eligible midwife
An eligible midwife means a person registered under the Health Practitioner Regulation National Law (Western Australia) whose name is entered on the Register of Midwives kept under that Law, and has been recognised by the Nursing and Midwifery Board of Australia as being qualified to practise as an eligible midwife.

Public Sector
Nurses/midwives employed in the public sector are covered by the RiskCover policy, a 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 to claims made against it.

Further information regarding the RiskCover policy may be obtained by contacting RiskCover, 13th Floor The Forrest Centre, 221 St George’s Terrace, Perth WA 6000; Telephone (08) 9264 3333 or at the RiskCover website.

Private Sector
Self-employed or nurses/midwives employed in the private sector are not covered by the RiskCover policy.

Self-employed nurses/midwives are required under National Law to have Professional Indemnity Insurance (PII).

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

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

LABORATORY REPORTING ARRANGEMENTS
Where possible, Pap smears taken by credentialed PSPs should be forwarded to PathWest for processing. The pre-printed cervical cytology request forms provided by PathWest include the name and ID number of the nurse/midwife, as well as the name of the supporting medical officer.

As Medicare Australia does not fund services provided by credentialed PSPs using laboratories other than PathWest, these nurses and midwives will need to have their requests for processing countersigned by a medical officer prior to dispatch. This however, does not apply to nurse practitioners or eligible midwives as they are able to able to order diagnostic tests.

QUALITY CONTROL
Participating cytology laboratories will provide regular feedback to credentialed PSPs.

PSPs are encouraged to be involved in quality assurance processes such as peer review and/or patient satisfaction surveys/feedback as appropriate to their practice site and population served.

FOR FURTHER INFORMATION CONTACT
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PH (08) 9323 6783 (Direct) Reception (08) 9323 6788
FAX (08) 9323 6711
Professor Bryant Stokes
A/DIRECTOR GENERAL
DEPARTMENT OF HEALTH WA

References
2. 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

Bibliography

This information is available in alternative formats on request from a person with disability.