

Title	Conduct cervical screening		
Level	6	Credits	10

Purpose	<p>A person credited with this standard can demonstrate knowledge of the:</p> <ul style="list-style-type: none"> • National Cervical Screening Programme (NCSP) • relevance of Te Tiriti o Waitangi and hauora Māori models to the cervical screening of Māori in Aotearoa New Zealand, and • barriers to cervical screening and strategies for improving participation and equitable outcomes <p>A person credited with this standard can</p> <ul style="list-style-type: none"> • provide instruction to a cervical screening participant about how to take an HPV self-test • invite participants for cervical screening and participation in the NCSP • assess the cervix and obtain a cervical screening sample • interpret cervical screening test results, provide information about results, initiate follow-up action, and complete documentation, and • evaluate own cervical screening practice.
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Classification	Health Studies > Cervical Screening
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Available grade	Achieved
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Prerequisites	<p>Candidates must be a registered health practitioner, such as a medical practitioner, nurse practitioner, registered nurse, enrolled nurse, or registered midwife and must:</p> <ul style="list-style-type: none"> • have a current New Zealand practising certificate • have a nominated accredited cervical screen taker as a clinical supervisor for completion of the clinical component • possess professional/personal indemnity insurance, and • have access to an appropriate client base.
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Guidance Information

- 1 Assessment conditions
Candidates enrolled in a programme leading to this unit standard must have access to a nominated cervical screen taker with minimum two years screening experience.

Any person who participates in assessment against this standard must be treated with dignity and respect and must be treated in a culturally appropriate manner.

- 2 Evidence generated for assessment against this standard must comply with NCSP operational and procedural requirements as documented in:
- *Competencies for Cervical Screening Education and Training*
 - NCSP Policies and Standards and its revisions
 - NCSP Policies and Standards Section 3: Cervical Screening Services
 - Clinical Practice Guidelines for Cervical Screening in New Zealand 2023 (referred to in this unit standard as the NCSP Guidelines).

- 3 Evidence generated for assessment against this standard must reflect:
- Bethesda Coding System available at <https://www.nsu.govt.nz/publications/bethesda-2001-nz-modified-codes-cytology-laboratories>;
 - Clinical Practice Guidelines for Cervical Screening in New Zealand 2023;
 - Health and Disability Commissioner Act 1994 [(Part 2) Code of Health and Disability Services Consumers' Rights];
 - Health (Cervical Screening (Kaitiaki)) Regulations 1995;
 - Health Act 1956 [Part 4A National Cervical Screening Programme (s112A to s112ZP)];
 - Health Practitioners Competence Assurance Act 2003;
 - Pae Ora (Healthy Futures) Act 2022.

4 References

Clinical Practice Guidelines for Cervical Screening in New Zealand | National Screening Unit. www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/clinical-practice-guidelines-cervical. Retrieved December 2022.

New Zealand. Ministry of Health Manatū Hauora. 2017. *Competencies for Cervical Screening Education and Training*. Wellington: Ministry of Health. Available at https://www.nsu.govt.nz/system/files/page/competencies-for-cervical-screening-education-and-training_may_2019.pdf.

New Zealand. Ministry of Health Manatū Hauora. 2017. *National Cervical Screening Programme Policies and Standards: Section 1 – NCSP Overview*. Wellington: Ministry of Health. Available at https://www.nsu.govt.nz/system/files/page/ncsp_standards_1.pdf.

New Zealand. Ministry of Health Manatū Hauora. 2021. *National Cervical Screening Programme Policies and Standards: Section 3 – Cervical screening services*. Wellington: Ministry of Health. Available at <https://www.nsu.govt.nz/system/files/page/npqs-section-3-cervical-screening-sep21.pdf>.

5 Definitions

Cervical screen taker is a registered health practitioner, such as a medical practitioner, registered nurse, nurse practitioner, enrolled nurse, or registered midwife, who has successfully completed cervical screening training in accordance with the NCSP policies and standards and is registered with the NCSP.

Clinical supervisor is a person who is appointed to provide supervision, mentoring and support to the candidate according to NCSP requirements.

Enrolled nurse refers to a nurse trained in New Zealand with a diploma in enrolled nursing (or equivalent), working under the direction and delegation of a registered nurse.

HPV is the initialism for human papillomavirus, the main risk factor for the development of cervical cancer.

NCSP Quality of Smears Report identifies the percentage of samples in a given period that were adequate specimens. The NCSP provides this report to all cervical sample takers on request.

Participants, for the purposes of this standard, refers to any person who is eligible for a cervical screening examination.

Priority group participants refers to Māori or Pacific Peoples aged 25-69 years and other participants aged 30-69 years who are either unscreened or who have not had a cervical screening test in the previous five years.

Reduce inequity refers to improving the health outcomes of disadvantaged populations.

Sample refers to a cervical or vaginal sample which is sent to laboratory for analysis.

Visualising the cervix refers to the insertion of a speculum to obtain a clear view of the cervix, in order to note and record any abnormal findings, and to take the cervical sample.

Outcomes and performance criteria

Outcome 1

Demonstrate knowledge of the National Cervical Screening Programme (NCSP).

Performance criteria

1.1 Describe the National Cervical Screening Programme.

Range past and present state, goals, priorities, effect on participant's health.

1.2 Describe the cervical screening pathway according to the NCSP Policies and Standards and the NCSP Guidelines.

Range enrolment status, intervals for recall, choices, following up results.

Outcome 2

Demonstrate knowledge of the relevance of Te Tiriti o Waitangi and hauora Māori models to the cervical screening of Māori in Aotearoa New Zealand.

Performance criteria

2.1 Explain how the principles of Te Tiriti o Waitangi apply to cervical screen taking in Aotearoa New Zealand.

2.2 Describe the relationship between hauora Māori models and the cervical screening programme in Aotearoa New Zealand.

Range may include but is not limited to – Te Whare Tapa Whā, Te Wheke.

2.3 Describe the significance of te whare tangata (the womb) to Māori.

Range may include but is not limited to – tapu, whakapapa, whānau, intergenerational kōrero.

2.4 Identify and explain strategies to ensure cultural safety within the practice of cervical screen taking.

Outcome 3

Demonstrate knowledge of the barriers to cervical screening and strategies for improving participation and equitable outcomes.

Performance criteria

3.1 Explain barriers to cervical screening in terms of the needs and concerns of individuals and service providers.

Range barriers include – individual, societal, systemic, historical, inequity.

3.2 Describe strategies for improving participation and reducing inequities in the cervical screening programme.

Range strategies for – candidate, cervical screening providers, government.

Outcome 4

Provide instruction to a cervical screening participant about how to take an HPV self-test.

Performance criteria

4.1 Describe HPV and what this means for participants.

Range how it is transmitted, progression, types related to cervical cancer.

4.2 Describe how an HPV vaccine works and the significance it has for reducing cervical cancer.

4.3 Explain new clinical pathway choices to a cervical screening participant. Obtain informed consent.

4.4 Provide instruction to a cervical screening participant about how to take an HPV self-test.

Range preparing a test, reading a test, disposing of test materials, actions to take when a result has been obtained.

Outcome 5

Invite participants for cervical screening and participation in the NCSP.

Performance criteria

5.1 Provide information and advice to people eligible for screening under the NCSP.

Range participants must include but are not limited to – priority groups; information includes but is not limited to – health education, health promotion, community awareness raising; reasons for having a cervical screening test, the process involved, how participants receive results, the effect of HPV on the cervix, the pathophysiology of cervical cancer; health education includes but is not limited to – reasons for having a cervical screening test, the process involved, how participants will receive their results, the effect of HPV on the cervix, the pathophysiology of cervical cancer.

5.2 Invite people to participate in the NCSP.

Range invitation includes – scheduling appointments, recall for ongoing participation.

Outcome 6

Assess the cervix and obtain a cervical screening sample.

Range fifteen assessments.

Performance criteria

6.1 Undertake a clinical assessment.

Range clinical assessment includes – health history, signs or symptoms indicating abnormalities, identification of when a cytology test should be offered instead of an HPV test.

6.2 Take a clinical sample, visualise the cervix, and assess the lower genital tract for abnormalities. Ensure the techniques used avoid unnecessary discomfort to the participant.

Range lower genital tract includes – external genitalia, vagina and cervix; assessing the lower genital tract includes – recognising characteristics of normal and abnormal, the range of normality.

6.3 The candidate's NCSP Quality of Smears report meets the NCSP Competency requirements.

Outcome 7

Interpret cervical screening test results, provide information about results, initiate follow-up action, and complete documentation.

Performance criteria

7.1 Interpret cervical screening test results according to laboratory recommendations, NCSP Guidelines, and clinical indications.

Range ten interpretations.

7.2 Inform participants of the test results and follow-up with the participant to meet the requirements of NCSP Policies and Standards and the NCSP Guidelines.

Range follow-ups may include but are not limited to – providing results, a repeat test, referral to a general practitioner, referral to a colposcopy service.

7.3 Maintain and update cervical screening records.

Range records include alignment between the NCSP-Register, PMS system; complete, accurate, confidential, recalls.

7.4 Use the NCSP register.

Range search for participants, extract a report.

Outcome 8

Evaluate own cervical screening practice.

Range includes but is not limited to – technical performance, interpersonal skills, cultural competence, adequacy of samples taken.

Performance criteria

8.1 Identify own strengths and areas for improvement to inform future practice.

8.2 Elicit feedback from peers about own strengths and weaknesses. Use feedback to inform future practice.

Replacement information	This unit standard replaced unit standard 1098.
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Planned review date	dd MMMM yyyy
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Status information and last date for assessment for superseded versions

Process	Version	Date	Last Date for Assessment
Registration	1	21 July 2016	31 December 2021
Rollover and Revision	2	27 February 2020	31 December 2021
Review	3	10 December 2020	31 December 2023
Review	4	dd MMMM yyyy	N/A

Consent and Moderation Requirements (CMR) reference	0007
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This CMR can be accessed at <http://www.nzqa.govt.nz/framework/search/index.do>.

Comments on this unit standard

Please contact Toitū te Waiora Community, Health, Education and Social Services Workforce Development Council qualifications@toitutewaiora.nz if you wish to suggest changes to the content of this unit standard.