

Competencies for Cervical Screening Education and Training

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Introduction

The National Cervical Screening Programme (NCSP) National Policy and Quality Standards (NPQS) require all cervical sample-takers to complete a recognised educational course in cervical screening through one of the following training programmes:

- A New Zealand Qualifications Authority (NZQA) accredited cervical screening course
- Training as part of a medical degree
- Training as part of a midwifery training programme.

Empowering screening participants is a fundamental principle of the NCSP and the support that trained health professionals provide greatly influences a participant's experience of the entire screening programme.

Thank you for undertaking and completing this training to support participants to have a safe and positive experience throughout their screening journey.

Amohia ake te ora o te iwi ka putaki te whei ao
To protect the wellbeing of people is paramount.

Application of Training Competencies

The National Screening Unit created this document to help you build the skills and competencies required to deliver National Cervical Screening Programme (NCSP) screening services safely and effectively.

Cervical screening training providers all use the same competencies to instruct learners, supervisors, and clinical assessors.

Instruction Using Unit Standard 29556

Unit Standard 29556 – *Conduct Cervical Screening* was updated in 2023 to align to NCSP HPV Primary Screening. Learners who successfully complete this standard are qualified to conduct vaginal swab and liquid-based cytology sample collection as per NCSP Clinical Practice Guidelines 2023.

NZQA Qualification

New Zealand Qualification Authority (NZQA) measures and maintains the quality of tertiary providers teaching **Unit Standard 29556 – Conduct Cervical Screening** and regularly undertakes external evaluation and review of training providers.

Steps to Completing Unit Standard 29556

1. Complete both theoretical and practical components of course.
2. Collect 10 liquid-based cytology samples under supervision.
3. Facilitate five vaginal self-swab HPV testing samples.
4. Complete a clinical assessment and decision-making training workbook for liquid-based cervical cytology and HPV vaginal self-swab testing.
5. Demonstrate competence in Unit Standard outcomes within 12 months of undertaking training.

The practical component of training must be completed within 12 months of starting the training. Training providers must have a process to identify and contact learners who have not completed training within the required 12-month period.

Learners who are not able to complete the course within the 12-month timeframe must contact their training provider to make a plan to complete the practical component of training as soon as is reasonably practicable.

The learner will become an NCSP-accredited cervical sample-taker, and a certificate will be issued after successfully completing training and being assessed as competent.

Learners will not be able to conduct cervical screenings if they do not complete the course within 12 months nor contact their training provider to agree a plan for completing the Unit Standard.

Roles and Responsibilities

Training Providers

1. Te Whatu Ora recognises the special relationship between Māori and the Crown under Te Tiriti o Waitangi. Training providers have a responsibility to ensure all instruction provided supports equitable health outcomes for Māori in ways that enable Māori to live, thrive and flourish as Māori.
2. Providers of training programmes are required to be registered and accredited by NZQA to deliver Unit Standard 29556 to ensure nationally consistent teaching and assessment standards. Accredited providers are required to engage in the NZQA moderation system for Unit Standard 29556.
3. Training programme providers must have links to NCSP Regional Coordination Services and Screening Support Services, where available.
4. Training content must be evidence-based and aligned with:
 - Clinical Practice Guidelines for Cervical Screening in Aotearoa New Zealand 2023
 - NCSP Policies and Standards - in particular. Section 3 Cervical Screening Services.
5. Trainee enrolment and attendance records must be kept and maintained. A list of trainees must be provided to NCSP Regional Services on completion of the course.
6. The process for obtaining a laboratory requestor code and how to notify NCSP-Register services of a Health Provider Index (HPI) number must be provided by training providers in writing to trainees.
7. Training providers must notify NCSP Regional Services of non-completion of course requirements.
8. Workbooks and materials must reflect best-practice evidence and NCSP guidelines, policies, and standards.
9. Trainee supervisors must be clear about their responsibilities. These should be clearly documented in course materials.
10. Assessment criteria must be available to learners, so they are clear about assessment criteria.
11. An experienced clinical assessor must be provided for assessment of the course's practical component. The clinical training supervisor cannot provide the clinical assessment. See

12. **Appendix 1:** Definitions for definition of clinical training supervisor.
13. Training providers must notify NCSP Regional Services that the learner is a qualified cervical sample-taker once the qualification is completed.

NCSP Regional Services

1. Maintain and update the list of trainee sample takers for their district / region using the central list in the EXT-HNZ HPV and Regional Coordinators team channel.
2. Track completion timeframe of 12 months for trainee sample takers. An extension can be arranged and provided to NCSP Regional Services by the training provider to allow sample collection to continue.
3. Notify training providers, who have not completed within twelve months.
4. Maintain ongoing communication with training providers and laboratories.
5. Will notify trainees that do not complete training within 18 months that they are no longer able to conduct cervical sample collection.
6. Will notify Laboratories that the learner has not completed training and that their requestor code should no longer be used by them.

Learners / Trainee Cervical Sample-Takers must:

1. have a current Annual Practicing Certificate.
2. have indemnity insurance.
3. have an appropriate clinical training supervisor.
4. have access to participants to undertake training.
5. request cervical screening tests under their own HPI number.
6. Provide a copy of '*Cervical Sample Taker Report*' (previously known as Quality of Smear Report) to their training provider. This report is available from the Central Register Team by info@ncspregister.health.nz. Trainees must include their HPI-CPN and the time period required.
7. Must contact the training provider to arrange a completion plan if they are not able to be assessed as competent within 12 months.

Laboratories must:

1. make requestor codes available to trainee Cervical Sample-Takers who have completed the course's theoretical component.
2. ensure that when advised a trainee sample-taker has not completed training that any requestor code associated with the trainee is disabled.

New Zealand Qualifications Authority (NZQA) will:

1. regularly check the quality of tertiary education organisations;
2. investigate possible breaches of the relevant NZQA rules; and

3. evaluate the quality and performance of education providers through the external evaluation and review process.

The National Cervical Screening Programme will:

1. ensure that all sample-takers can attend a free cervical screening update, provided by NCSP Regional Services, every two years.
2. provide evidence-based Clinical Practice Guidelines.
3. ensure NCSP Standards and Policies Section 3 are current.
4. provide advice, when required, on a case-by-case basis.

NZQA Accredited Training Providers

Training Provider	Contact
Family Planning	ptdadmin@familyplanning.org.nz
Eastern Institute of Technology (EIT)	info@eit.ac.nz
Well Women and Family	education@wons.org.nz
WINTERC	PGHSP@wintec.ac.nz
Toi Ohomai	Deborah.Sims@toiohomai.ac.nz

Entry to a Cervical Screening Training Programme

New Zealand Registered Health Practitioners

Entry to cervical screening training is restricted to individuals who meet the following criteria:

The learner must be a registered health practitioner and the professional group to which they belong must have a scope of practice that includes cervical screening. For example, a medical practitioner, nurse practitioner, registered nurse, enrolled nurse, or midwife.

The Learner must:

- have a current New Zealand Annual Practising Certificate
- be supported by a clinical supervisor (training) to complete the course's clinical component (see Appendix 1: Definitions for more details about this role)

- have current professional / personal indemnity insurance
- have access to an appropriate client base that requires cervical screening to ensure they can maintain their competency.

Training Programme Components

Theoretical Component

The learner must complete a minimum of 20 hours of theory in a cervical screening training programme, which covers the ten competencies outlined in this document.

The theoretical component involves either a written assessment (for example, of a workbook or assignments based on case studies) and / or an oral assessment using an assessment tool developed by the training provider.

Practical Component

This component involves the learner performing cervical screening supervised by a clinical training supervisor. The objective is to ensure that the learner:

- becomes confident in supporting participant decision-making and informed consent for the different cervical screening options and clinical pathways
- becomes confident and skilled in cervical sample-taking for liquid-based cytology testing becomes confident and skilled at supporting people to obtain an HPV vaginal self- swab sample
- becomes confident and skilled at supporting participants with self-testing and their role as a responsible clinician
- can recognise normal from abnormal clinical findings
- recognises the limitations of their knowledge and experience and when to consult with or refer to a colleague, supervisor, medical or nurse practitioner or specialist.

A clinical assessor, using an assessment tool developed by the training provider, is responsible for assessing the practical component of the training. The assessment tool must reflect NCSP Clinical Practice Guidelines and NCSP Policies and Standards - Section Three: Providing a Cervical Screening Service.

Before the applicant is eligible for assessment, they must have facilitated HPV self-testing for five participants and taken at least 10 cervical samples¹ that meet the standard described in Competency 8: Cervical screening practice. The learner and their clinical

¹ This requirement may be modified at the discretion of the training provider in recognition of previous learning.

training supervisor can then decide if the applicant is ready to proceed without further direct supervision but with ready access to their nominated supervisor.

Recognition of Previous Learning and Assessing Overseas-Trained Sample-takers

Training providers may adapt the course requirements on a case-by-case basis in recognition of a learner's previous learning. This should be clearly documented and a clinical assessment must take place to complete accreditation.

From the NCSP Policy and Standards: Section 3 – Cervical Screening Services

Standard 3.1.3: Cervical screening services are responsible for ensuring that any overseas-trained cervical sample-taker holds a current New Zealand practising certificate and meets the NCSP training requirements for cervical screening.

Health practitioners with overseas qualifications in cervical screening who want to provide services in Aotearoa New Zealand are recommended to undertake additional training to cover competencies that are specific to the New Zealand setting. Cervical Screening Using Human Papillomavirus (HPV) Testing eLearning modules should be completed by Medical Practitioners and Midwives, prior to them offering cervical screening in Aotearoa New Zealand.

Enrolled nurses, registered nurses and nurse practitioners who are qualified as Cervical Sample-Takers overseas should complete the Cervical Screening Using Human Papillomavirus (HPV) Testing Learning Programme. An assessment of prior learning should be undertaken by the training provider. If a practitioner is required to undertake full sample-taker training, this decision should be made in consultation with NCSP Regional Services by contacting 0800 729 729. Alternatively, you can contact the NCSP by emailing ncsp@health.govt.nz. Training providers must consider prior learning when assessing whether a full training course is required.

Required Texts

1. *Nursing Council – Te Tiriti o Waitangi Policy Statement and Improving Our Responsiveness to Māori Action Plan* - URL: https://www.nursingcouncil.org.nz/Public/Treaty_of_Waitangi/NCNZ/About-section/Te_Tiriti_o_Waitangi.aspx?hkey=36e3b0b6-da14-4186-bf0a-720446b56c52
2. *NCSP Guidelines for Cervical Screening in New Zealand*. URL: www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/cervical-screening-guidelines
3. *National Cervical Screening Programme Policy and Standards*, with particular emphasis on Section 3 – Cervical Screening Services. URL: www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/policies-and-standards
4. *Cervical Screening Using Human Papillomavirus (HPV) Testing Learning Programme*

5. *The Cartwright Enquiry* – URL: <https://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/legislation/cervical-screening-inquiry-0>
6. *A Brief Narrative on Māori Women and the National Cervical Screening Programme* – URL: [https://www.moh.govt.nz/notebook/nbbooks.nsf/0/988B28DF5C86944B4C2565D70018B69E/\\$file/whaitia.pdf](https://www.moh.govt.nz/notebook/nbbooks.nsf/0/988B28DF5C86944B4C2565D70018B69E/$file/whaitia.pdf)
7. Part 4A of the Health Act 1956.
URL: <https://www.legislation.govt.nz/act/public/1956/0065/latest/DLM307750.html>
8. Code of Health and Disability Services Consumers' Rights.
URL: <https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/>
9. *Bethesda 2001 (New Zealand modified): Codes, descriptors and assessment of sample adequacy for cytology laboratories.* URL: www.nsu.govt.nz/publications/bethesda-2001-nz-modified-codes-cytology-laboratories
10. NCSP resources for people including:
Prevention of cervical cancer. A guide for people in New Zealand
Cervical Smear Tests: What people need to know
Cervical Screening: What wāhine need to know
Cervical Screening: What Pacific people need to know
Cervical Screening: Understanding cervical smear test results
Colposcopy: Information for people who have abnormal smear test results.

These resources are available from the NSU website:

<https://www.timetoscreen.nz/cervical-screening/cervical-screening-resources>

Additional Recommended Reading

1. Pae Ora (Healthy Futures) Act 2022 – URL: <https://www.legislation.govt.nz/act/public/2022/0030/latest/LMS575405.html>
2. NZ Health Strategy – URL: <https://www.health.govt.nz/system/files/documents/publications/new-zealand-health-strategy-jul23.pdf>
3. Pae Tū – Hauora Māori Strategy – URL: <https://www.health.govt.nz/system/files/documents/publications/pae-tu-hauora-maori-strategy-july2023.pdf>
4. Health Information Privacy Code. URL: <https://privacy.org.nz/privacy-act-2020/codes-of-practice/hipc2020/>
5. NSU Cervical Screening Coverage. URL: <https://tewhatuora.shinyapps.io/nsu-ncsp-coverage/5> NSU. NSCP Publications and Reports. URL: www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/publications-and-reports

Approval Process for Cervical Sample-takers

The training provider will submit the following in writing to NCSP Regional Services:

- At the beginning of each training programme, a list of sample-taker trainee names and their unique registration number / Health Practitioner Index (HPI) number.
- Within 12 months of the training start date, a list of names, a copy of the NZQA Record of Learning and other relevant written evidence of the learners' successful completion and assessment against the theoretical and practical components of **Unit Standard 29556 - Conduct Cervical Screening**. This list should also include trainee sample-takers who have not completed the Unit Standard.

NCSP Regional Services will:

- at the commencement of each training programme, record each sample-taker's unique registration number / HPI number and their training status
- notify the NCSP, Sector Services in the Ministry of Health by emailing HI_Provider@health.govt.nz, and the relevant laboratories of each sample-taker's number
- Notify laboratories if the trainee is no longer able to request cervical screening tests.

Competency Table

Competency	NZQA Unit Standard 29556 (2023)	NCSP Policy and Quality Standards
<p>1. Competency 1: The National Cervical Screening Programme</p> <p>Demonstrates knowledge of the National Cervical Screening Programme (NCSP) and the unique context of cervical screening in Aotearoa. Participants have cervical samples taken by a person who has a sound knowledge of cervical screening in Aotearoa New Zealand.</p> <p>Performance Requirements</p> <p>Can explain the principles of population-based screening.</p> <p>Understands concept of World Health Organization (WHO) cervical cancer elimination strategy</p> <p>Demonstrates knowledge of the NCSP, including:</p> <ul style="list-style-type: none"> • the programme objectives • equitable access and outcomes, priority groups, HPV Primary Screening, cervical screening and HPV key messages, the screening pathways • age range • screening intervals • difference between routine screening and investigation of symptoms • the function of the NCSP-Register • relevant NCSP national standards • Clinical Practice Guidelines for Cervical Screening in Aotearoa New Zealand 2023 	<p>Outcome 1. Demonstrates knowledge of the National Cervical Screening Programme.</p> <p>1.1 Describes the National Cervical Screening Programme according to the NCSP Policies and Standards, and the Clinical Practice Guidelines 2023.</p> <p>Range: past and present state, goals, priorities, effect on participant’s health</p> <p>1.2 Describes the cervical screening pathway according to the NCSP Policies and Standards and Clinical Practice Guidelines 2023.</p> <p>Range: enrolment status, intervals for recall, choices, following up results.</p>	<p>NCSP Policies and Standards</p> <p>Section 1: Tiro Whānui Overview</p>

- NCSP targets indicators and monitoring
- Clearly understands and identifies the roles and responsibilities of:
 - cervical sample-takers
 - responsible clinicians
 - Screening Support Services
 - a clinical assessor
 - a clinical supervisor (training)
 - cervical screening services
 - the NCSP-Register
 - NCSP services (regional and central)
 - Laboratories
 - Colposcopy services
 - National Screening Unit
- Shows a good working knowledge of relevant legislative requirements, in particular:
 - Part 4A of the Health Act 1956
 - Health (Cervical Screening (Kaitiaki)) Regulations 1995
 - the Health Practitioners Competence Assurance Act 2003
 - the Privacy Act 2020
 - the Health Information Privacy Code 1994
 - the Code of Health and Disability Services Consumers' Rights.
 - Pae Ora (Healthy Futures) Act 2022

Te Pae Tata Interim New Zealand Health Plan 2022.

Competency 2: Te Tiriti o Waitangi

Applies Te Tiriti o Waitangi principles and hauora Māori models to cervical screening practice. Ensures the cultural safety of participants.

Performance requirements

Practises cervical screening in accordance with the Nursing Council of New Zealand and / or Medical Council of New Zealand guidelines for cultural safety.

Applies principles of te Tiriti o Waitangi to cervical screening practice.

Identifies a range of hauora Māori models.

Describes the relevance of hauora Māori models to cervical screening and the wellbeing of Māori.

Describes the significance of Te Whare Tangata to Māori.

Can identify strategies to protect the sanctity of Te Whare Tangata when providing cervical screening.

Demonstrates culturally safe practice by:

- respecting the dignity, privacy, and autonomy of participants in a way that is mana-enhancing and empowering.
- supporting participants to observe their own cultural practices
- including the participant's whānau / family, when appropriate
- providing options to support cultural choices
- ensuring a culturally-safe environment

Outcome 2. Demonstrates knowledge of the relevance of Te Tiriti o Waitangi and hauora Māori models to the cervical screening of Māori in Aotearoa New Zealand.

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

Range: principles of Te Tiriti o Waitangi may include, but are not limited to, reciprocity, active protection, partnership, equity, and equal treatment.

2.2 Describes hauora Māori models in terms of their relevance to the cervical screening programme in Aotearoa New Zealand.

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

2.3 Describes te whare tangata (the womb) in terms of its significance to Māori.

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

Outcome 3

3.3 Identifies and explains strategies to ensure cultural safety within the practice of cervical screen-taking according to the NCSP Policies and Standards, and the Clinical Practice Guidelines 2023.

Range: includes, but is not limited to, strategies for Māori, Pacific Peoples, any other cultural group relevant to the candidate's practice.

NCSP Policies and Standards

Section 1: Tiro Whānui Overview

Policy: Culturally-safe practices

NCSP providers must employ culturally-appropriate practices and procedures that provide a culturally-safe service and promote equity of access to cervical screening across all population groups.

Providers should be aware of the component groups and rationale for NCSP 'priority group participants'.

NCSP Policies and Standards

Section 3: Cervical Screening Services

3.2 Best Practice Service Delivery Principles

Standards:

3.2.1 Cervical screening providers and services understand how the principles of Te Tiriti o Waitangi apply to cervical screening.

3.2.2 Sample-takers and cervical screening services understand hauora Māori models as being central to the wellbeing of Māori.

3.2.3 Sample-takers and cervical screening services ensure cultural competency and cultural safety.

3.2.5 Participants are supported to observe their own cultural practices, where appropriate.

3.2.6 Cervical sample-takers and cervical screening services maintain a culturally-safe and appropriate environment for providing cervical screening.

3.2.7 Informs participants of other cultural networks and services for their health needs and support.

<ul style="list-style-type: none"> using language-matched staff or interpreters, where appropriate. <p>Acknowledges and respects the importance of culture, diversity, and inclusivity. This includes acknowledging the possible limitations of their knowledge in relation to the participant's culture and an openness to ongoing development of cultural safety.</p>		<p>3.2.8 Cervical sample-takers and cervical screening services actively support access and participation for priority groups in cervical screening.</p> <p>3.2.10 Cervical sample-takers and cervical screening services work to support participants' needs and provide services that respect the dignity, privacy, and autonomy of participants in a way that is mana-enhancing and empowering.</p> <p>3.2.11 Cervical sample-takers and cervical screening services ensure practice that supports diversity and inclusion.</p>
<p>3</p> <p>Competency 3: Barriers and enablers to cervical screening in Aotearoa</p> <p>Uses knowledge of cervical screening barriers and enablers to ensure participants have a positive experience of cervical screening and to improve participation and equitable outcomes.</p> <p>Performance requirements</p> <p>Identifies key barriers to participation in cervical screening according to evidence.</p> <p>Identifies key enablers to participation in cervical screening according to evidence.</p> <p>Identifies points within a clinical pathway where personal and / or systemic barriers present a risk to participants completing screening, assessment, or treatment.</p> <p>Reflects on personal practice and knowledge of NCSP to identify strategies to improve equity of access to cervical screening and equity of outcome for participants requiring assessment and / or treatment.</p>	<p>Outcome 3</p> <p>Demonstrates knowledge of the barriers to cervical screening and strategies for improving participation and equitable outcomes.</p> <p>3.1 Explains barriers to cervical screening in terms of the needs and concerns of individuals and service providers.</p> <p>Range: barriers include individual, societal, systemic, historical, inequity.</p> <p>3.2 Describes strategies for improving participation and reducing inequities in the cervical screening programme according to the NCSP Policies and Standards, and the Clinical Practice Guidelines 2023.</p> <p>Range: strategies for candidate, cervical screening providers, government.</p>	<p>NCSP Policies and Standards</p> <p>Section 3: Cervical Screening Services</p> <p>Standards:</p> <p>3.2.9 Cervical sample-takers and cervical screening services use their knowledge of the enablers and barriers to cervical screening to improve services to participants</p>

	<p>Demonstrates awareness of the critical importance of practices and processes that contribute to a positive experience for participants and that foster their commitment to having regular cervical screening.</p>		
4	<p>Competency 4: Effective communication</p> <p>Uses a range of strategies to effectively engage and communicate with people, including those who have specific communication needs, to notify, invite, and recall participants.</p> <p>Performance requirements</p> <p>Demonstrates knowledge of NCSP notification, invitation, and recall guidelines, policies and standards.</p>	<p>Outcome 5</p> <p>Invites participants for cervical screening and participation in the NCSP.</p> <p>Performance criteria</p> <p>5.2 Invites people to participate in the NCSP according to the NCSP Policies, Standards, and Guidelines.</p> <p>Range: invitation includes scheduling appointments and recall for ongoing participation.</p>	<p>NCSP Policies and Standards</p> <p>Section 1: Tiro Whānui Overview</p> <p>NCSP Policies and Standards</p> <p>Section 3: Cervical Screening Services</p> <p>Standards:</p> <p>3.3.2 Eligible people are invited and recalled in accordance with NCSP policy and the NCSP Guidelines.</p> <p>3.3.3 The cervical sample-taker minimises inappropriate early re-screening.</p> <p>3.3.4 The cervical screening service and the cervical sample-takers who work there have an effective recall system in place to ensure participants are appropriately followed up.</p> <p>3.3.5 The clinician who requested the test or another delegated health practitioner must set the recall date.</p>
5	<p>Competency 5: Conversations, informed consent, and options for cervical screening</p> <p>Performance requirements</p> <p>Communicates respectfully in a way that is mindful of people’s needs and preferences.</p> <p>Provides information about screening, enrolment in the NCSP and the letters and information participants will receive from the NCSP in a way that considers people’s levels of health literacy and</p>	<p>Outcome 5</p> <p>Performance criteria</p> <p>5.1 Provides information and advice to people eligible for screening under the NCSP according to the NCSP Policies, Standards, and Guidelines.</p> <p>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</p>	<p>NCSP Policies and Standards</p> <p>Section 1: Tiro Whānui Overview</p> <p>NCSP Policies and Standards</p> <p>Section 3: Cervical Screening Services</p> <p>Standards:</p>

<p>presents information in a language and a manner that is culturally appropriate and easy to understand.</p> <p>Supports people to make an informed choice to participate in cervical screening and the NCSP.</p> <p>Is capable of using shared decision-making principles to provide information and options to support participants to choose the cervical screening test that is right for them.</p> <p>Provides appropriate information for participants regarding:</p> <ul style="list-style-type: none"> options for cervical screening choice of sample-taker and location, where practicable how specific needs and preferences, such as disability, or whānau support can be met. <p>Uses NCSP key messages and resources, where appropriate, to provide information that includes:</p> <ul style="list-style-type: none"> HPV and how cervical cancer develops the HPV vaccine and its role in preventing cervical cancer the HPV screening test options who is eligible for cervical screening frequency of cervical screening getting results what happens if HPV is found follow-up tests – what to expect accuracy of HPV screening people who have symptoms should see a health practitioner can communicate what to expect at a colposcopy appointment. 	<p>cervical screening test, the process involved, how participants receive results, the effect of HPV on the cervix, the pathophysiology of cervical cancer.</p> <p>Outcome 4</p> <p>Provides instruction to a cervical screening participant about how to take an HPV self-test.</p> <p>Performance criteria</p> <p>4.1 Describes HPV and what this means for participants according to the NCSP Policies, Standards, and Guidelines.</p> <p>Range: how it is transmitted, progression, types related to cervical cancer.</p> <p>4.2 Describes the role of HPV vaccination in the prevention of cervical cancer according to the NCSP Policies, Standards, and Guidelines.</p> <p>4.3 Explains new clinical pathway choices to a cervical screening participant. Obtains informed consent according to the NCSP Policies, Standards, and Guidelines.</p>	<p>3.4.1 People are supported to make an informed choice to participate in cervical screening and the NCSP.</p> <p>3.4.2 Cervical sample-takers and cervical screening services must use NCSP resources or NCSP-approved resources.</p> <p>3.4.3 Cervical sample-takers must provide information to participants about the NCSP and the NCSP-Register.</p> <p>3.4.4 Cervical sample-takers and cervical screening services must notify the NCSP-Register about any participants who decline screening.</p> <p>3.2.11 Cervical sample-takers and cervical screening services ensure practice that supports diversity and inclusion.</p>
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<p>6</p> <p>Competency 6: Privacy and Safe Screening Environments</p> <p>The cervical screening environment is physically and culturally safe.</p> <p>Performance requirements</p> <p>Provides a screening environment that is safe, warm, private, secure, and free from interruption and intrusion.</p> <p>Ensures privacy is always maintained for the participant.</p> <p>Areas used for self-testing are private, acceptable to participants, and have hand hygiene facilities and a place for disposal of potentially contaminated items.</p> <p>The cervical sample-taking space includes:</p>	<p>Outcome 6</p> <p>Assesses the cervix and obtains a cervical screening sample.</p> <p>Range: fifteen assessments.</p>	<p>NCSP Policies and Standards</p> <p>Section 1: Tiro Whānui Overview</p> <p>NCSP Policies and Standards</p> <p>Section 3: Cervical Screening Services</p> <p>Standards:</p> <p>3.2.10 Cervical sample-takers and cervical screening services work to support participant’s needs and provide services that respect the dignity, privacy, and autonomy of participants in a way that is mana enhancing and empowering.</p>

<ul style="list-style-type: none"> • a curtain or screen for privacy when getting changed before and after the procedure • a place for the participant to put their belongings • appropriate covers for modesty during the procedure. <p>Provides choice of location and sample-taker, where practicable.</p>		
<p>7</p> <p>Competency 7: Aetiology and pathophysiology of the cervix and cervical cancer</p> <p>Demonstrates good knowledge of aetiology and pathophysiology of cervical cancer.</p> <p>Demonstrates knowledge of the anatomy and physiology of the female genital tract, the menstrual cycle, and changes in the cervix throughout the adult lifespan.</p> <p>Demonstrates knowledge of the epidemiology, natural history, and aetiology of cervical cancer.</p> <p>Can identify the role of HPV in the development of cervical cancer.</p> <p>Demonstrates knowledge of HPV testing in cervical cancer screening.</p> <p>Demonstrates knowledge of cervical cytology, both normal and abnormal.</p> <p>Identifies when a co-test is indicated.</p> <p>Identifies when a vaginal vault cervical screening sample is appropriate.</p> <p>Can identify common methods of treatment for pre-cancerous cervical lesions.</p>	<p>Outcome 6</p> <p>Assesses the cervix and obtains a cervical screening sample.</p> <p>Range: fifteen assessments.</p>	<p>Clinical Practice Guidelines for Cervical Screening in Aotearoa New Zealand</p>

<p>8 Competency 8: Cervical screening tests – self-testing and taking a cervical sample</p> <p>Is aware of role as a responsible clinician.</p> <p>Practises under own HPI number.</p> <p>Obtains a screening history date and result of last cervical screening test.</p> <p>Identifies recommended pathway for cervical screening based on clinical presentation and history.</p> <p>Takes a history that includes participant preferences for screening and assesses for:</p> <ul style="list-style-type: none"> • Immune deficiency • Hysterectomy total / subtotal • Any symptoms of concern to the participant. <p>Communicates the procedure that is chosen by the participant, equipment to be used, and what the participant might expect during the procedure.</p> <p>Ensures best practice standards for infection-control and that contamination is avoided throughout the procedure.</p> <p>Documents findings and includes these on laboratory request.</p> <p>Self-testing samples</p> <p>Ensures participant has access to instructions for self-testing and has had an opportunity to ask questions.</p> <p>Ensures the swab is labelled prior to taking the sample, and the laboratory form completed, arranges for the return of sample.</p>	<p>Outcome 4</p> <p>4.4 Provides instruction to a cervical screening participant about how to take an HPV self-test according to the NCSP Policies, Standards, and Guidelines.</p> <p>Range: preparing a test, reading a test, disposing of test materials, actions to take when a result has been obtained.</p> <p>Outcome 6</p> <p>Assesses the cervix and obtains a cervical screening sample.</p> <p>Range: fifteen assessments.</p> <p>Performance criteria</p> <p>6.1 Undertakes a clinical assessment that is developed by the training provider which assesses application of the NCSP Policies, Standards, and Guidelines to clinical practice.</p> <p>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.</p> <p>6.2 Takes a clinical sample, visualises the cervix, and assesses the lower genital tract for abnormalities according to the NCSP Policies, Standards, and Guidelines. Ensures the techniques used avoid unnecessary pain or discomfort to the participant.</p> <p>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.</p>	<p>NCSP Policies and Standards</p> <p>Section 3: Cervical Screening Services</p> <p>Standards:</p> <p>3.1.2 The cervical sample-taker practises under their own HPI health provider index number, and appropriate health facility code.</p> <p>3.1.4 Trainee cervical sample-takers demonstrate competence in obtaining informed consent, taking optimal cervical screening samples, and providing instructions to participants about how to take an HPV self-test.</p> <p>Trainee cervical screen-takers demonstrate competence by:</p> <ul style="list-style-type: none"> • taking 10 LBC samples from the cervix • facilitating HPV self-testing for 5 participants. <p>3.5.2 The process of taking cervical screening samples follows best-practice techniques.</p> <p>3.5.3 Participants with symptoms or abnormal examination findings suggestive of genital tract cancer are referred for further investigation regardless of the cytological findings.</p> <p>3.5.4 Screening samples taken during pregnancy and post-partum follow best-practice guidelines.</p> <p>3.5.5 LBC samples and samples for HPV testing are labelled in accordance with laboratory policy. Laboratory request forms provide relevant clinical information.</p> <p>3.5.6 All participants self-identify their ethnicity.</p>
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<p>Ensures participant knows how they will receive their results and the follow-up management plan if HPV is detected.</p> <p>Clinician-taken vaginal sample</p> <p>Identifies best practice techniques for obtaining a clinician-collected vaginal swab.</p> <p>Cervical LBC sample</p> <p>Offers participants a choice of position for sample-taking.</p> <p>Demonstrates competence in speculum insertion and exposing the cervix that minimises participant discomfort.</p> <p>Identifies methods for exposing the cervix.</p> <p>Adequately visualises the cervix.</p> <p>Able to identify transformation zone, when visible.</p> <p>Recognises the characteristics of normal and abnormal cervical appearance.</p> <p>Selects appropriate sampling instruments.</p> <p>Uses the sample-taking technique most likely to provide a satisfactory specimen.</p> <p>Knows how to take vaginal vault cervical samples, when appropriate.</p> <p>Prepares the sample according to instructions from the manufacturer or laboratory.</p> <p>Takes STI swabs if indicated by the clinical history and with participant consent.</p> <p>Can describe causes of unsatisfactory samples and ways to improve rate of satisfactory samples.</p>	<p>6.3 The candidate's NCSP Quality of Smears report meets the NCSP Competency requirements according to the NCSP Policies, Standards, and Guidelines.</p>	<p>3.5.7 Cervical sample-takers and cervical screening services follow best practice standards for infection control.</p>
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<p>Understands the boundaries of their own skills and knowledge and seeks support or refers, when appropriate.</p> <p>Identifies when to refer participants who have symptoms or abnormal examination findings.</p>		
<p>9 Competency 9: Cervical screening follow-up responsibilities</p> <p>Results are accurately interpreted and sensitively communicated to participants, and appropriate follow-up is undertaken.</p> <p>Performance requirements</p> <p>Accurately interprets a minimum of 10 cervical screening results in conjunction with the clinical findings, including HPV and cytology results.</p> <p>Demonstrates the ability to appropriately communicate abnormal cytology and HPV results to participants and provide advice on the need for further investigation according the NCSP Guidelines.</p> <p>Communicates test results and any required follow-up to participants in a sensitive, culturally-safe manner.</p> <p>Refers appropriately according to NCSP Clinical Practice Guidelines.</p> <p>Refers appropriately if abnormalities are identified from clinical history or examination.</p> <p>Contacts the laboratory, when necessary, to ensure results are received in a timely manner.</p> <p>Contacts the laboratory if the recommendation for management is not consistent with the NCSP Clinical Practice Guidelines.</p>	<p>Outcome 7</p> <p>Interprets cervical screening test results, provide information about results, initiate follow-up action, and complete documentation.</p> <p>Performance criteria</p> <p>7.1 Interprets cervical screening test results according to laboratory recommendations, NCSP Clinical Practice Guidelines, and clinical indications.</p> <p>Range: ten interpretations.</p> <p>7.2 Informs participants of the test results and follow-up with the participant to meet the requirements of NCSP Policies and Standards and the NCSP Clinical Practice Guidelines.</p> <p>Range: follow-ups may include, but are not limited to, providing results, a repeat test, referral to a general practitioner, referral to a screening support service, referral to a colposcopy service.</p> <p>Maintains and updates cervical screening records according to the NCSP Policies and Standards, and Clinical Practice Guidelines.</p> <p>Range: records include alignment between the NCSP-Register, PMS system; complete, accurate, confidential recalls.</p> <p>7.4 Uses the NCSP-Register according to the NCSP Policies and Standards, and Clinical Practice Guidelines.</p>	<p>NCSP Policies and Standards</p> <p>Section 3: Cervical Screening Services</p> <p>Standards:</p> <p>3.5.8 Cervical sample-takers and cervical screening services have processes in place to ensure that results are obtained from the laboratory in a timely manner.</p> <p>3.5.9 Cervical screening results are viewed and acted on by the cervical sample-taker before filing.</p> <p>3.5.10 Participants are informed about their results and any future follow-up in the manner agreed upon with the cervical sample-taker.</p> <p>3.5.12 Cervical sample-takers and cervical screening services have processes in place to ensure the appropriate referral and / or follow-up of participants with a 'detected' HPV test, an abnormal cervical screening test or histology result, or other clinical signs and symptoms suggestive of cervical cancer.</p>

<p>Uses an effective recall system to recall participants according to the laboratory recommendations and the NCSP Clinical Practice Guidelines.</p> <p>Demonstrates an understanding of colposcopy and histology results and treatment processes and can liaise with local colposcopy services.</p> <p>Ensures processes are in place so that participants receive appropriate follow-up.</p> <p>Refers appropriately to Screening Support Services, where available.</p>	<p>Range: search for participants, extract a report.</p>	
<p>10</p> <p>Competency 10: Continuous quality improvement</p> <p>Demonstrates a commitment to ongoing development of cervical screening practice.</p> <p>Demonstrates the ability to reflect on cervical screening practice and identify strengths and areas of improvement.</p> <p>Understands the benefit of feedback from peers and uses feedback to improve cervical screening practice.</p> <p>Understands requirement to have a peer assessment every two years.</p> <p>Where able, elicits feedback from participants about cervical screening practice to ensure a safe, comfortable and informative partnership environment is provided.</p> <p>Understands requirement to maintain competence through NCSP or other updates at least once every two years.</p> <p>Understands the need to access peer support or supervision, when required.</p>	<p>Outcome 8</p> <p>Evaluates own cervical screening practice.</p> <p>Range: includes, but is not limited to, technical performance, interpersonal skills, cultural competence, adequacy of samples taken.</p> <p>Performance criteria</p> <p>8.1 Identifies own strengths and areas for improvement to inform future practice according to the NCSP Policies, Standards, and Guidelines.</p> <p>8.2 Elicits feedback from peers about own strengths and areas for improvement. Uses feedback to inform future practice according to the NCSP Policies, Standards, and Guidelines.</p>	<p>NCSP Policies and Standards</p> <p>Section 3: Cervical Screening Services</p> <p>Standards:</p> <p>3.1.5 Everyone who provides cervical screening services must maintain competency by providing cervical screening regularly and through ongoing professional development activities.</p>

Maintaining Competency

Once the learner has been assessed as competent and has completed Unit Standard 29556, it is their responsibility to maintain competency and stay up-to-date with NCSP Policies and Standards and any changes to the Clinical Practice Guidelines.

Standard 3.1.5 sets out requirements for maintaining competency:

Maintaining competency	3.1.5 Everyone who provides cervical screening services must maintain competency by providing cervical screening regularly and through ongoing professional development activities.	<p>Cervical screening services and everyone who provides cervical screening are responsible for ensuring that competency in cervical screening is maintained. Employers must support the cervical sample-taker to maintain their competency by providing the opportunity for ongoing professional development.</p> <p>All current cervical sample-takers must complete NCSP training modules for cervical screening.</p> <p>The following are expected activities to maintain competency:</p> <ul style="list-style-type: none">• Taking and facilitating cervical screening samples on a regular basis• Attending NCSP updates, at a minimum of once every two years. These are provided yearly and are free-of-charge - contact the NCSP Coordinator for information; or attending updates provided by other professional bodies or NZQA-accredited training establishments.• Keeping up to date with information from the NCSP and relevant literature.• Completing a peer assessment two-yearly - see Appendix 1 for peer review.• Self-monitoring adequacy of cytology samples.	<p>The cervical sample-taker:</p> <p>Takes at least 10 LBC cervical samples each year.</p> <p>Attends a cervical screening update session no less than once every two years.</p> <p>Completes a peer assessment every two years.</p>
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Monitoring the effectiveness of cervical cytology samples

3.1.6 Cervical sample-takers must collect high quality LBC samples. No more than 3 reported as unsatisfactory per year.

Where support is required to maintain competency, this should be discussed with NCSP Regional Coordinators and options considered that may include:

- access to a clinical supervisor¹
- professional / cultural supervision
- peer supervision and assessment.

If the cervical sample-taker has not been practising for over two years, it is recommended they:

- have a clinical supervisor for the first few samples (e.g., three to five)
- review NCSP Clinical Practice Guidelines and Policies and Standards
- attend a cervical screening update session
- seek advice from an experienced cervical sample-taker or supervisor about any changes in the intervening period and check the Te Whatu Ora website for this information.

Monitoring the adequacy of cervical cytology samples

Cervical sample-takers can monitor the adequacy of cervical screening samples taken by monitoring the adequacy of cervical screening tests against laboratory results received. Screen takers with persistent high rates of 'unsatisfactory' cytology samples over one year (i.e., more than three) must undertake a peer review to address the cause or enlist the support of a clinical supervisor.

No more than three cervical samples per year are reported unsatisfactory.

Appendix 1: Definitions

Cervical sample-taker

A registered health practitioner, such as a medical practitioner, nurse practitioner, registered nurse, enrolled nurse, or registered midwife who holds a current New Zealand Annual Practising Certificate and has completed cervical screening training either through:

- training as part of a medical degree or midwifery training programme; or
- an NZQA-accredited course to conduct cervical screening.

Cervical Screen

General term for having a cervical screening test.

This includes HPV screening tests as well as cytology screening tests (e.g., cytology done after an HPV-found result at primary HPV screening).

Cervical Screening Services

Any service provider, business, or organisation that provides any type of cervical screening or employs persons who provide cervical screening services.

Clinical assessor

A sample-taker designated by a training provider to carry out assessments in the practical component of the cervical screening training course. This person must be an experienced sample-taker. A minimum of two years' experience is required. The assessor should have some knowledge of workplace assessment. The clinical assessor cannot be the applicant's clinical training supervisor.

Clinical training supervisor

An experienced cervical sample-taker who is a registered nurse, nurse practitioner, midwife, or medical practitioner chosen by the learner to provide mentoring, support and clinical advice while the applicant is undergoing their training. The clinical supervisor provides support by being present during screening, demonstrating a best-practice approach to cervical screening and offering solutions for any problem areas encountered. They must have a current Annual Practising Certificate and be an experienced cervical sample-taker currently involved with cervical screening and delivering services according to the NCSP NPQS for cervical screening. A minimum of

two years' practice in cervical screening is recommended.

Clinical supervisor

An experienced sample-taker who is a registered nurse, nurse practitioner, midwife, or medical practitioner who can provide support with ongoing supervision or delegation and direction of enrolled nurses, where support is required or indicated to provide best-practice cervical screening or if there has been a break in providing cervical screening of two years or more. The clinical supervisor provides support to the sample-taker by explaining and demonstrating cervical screening best practice and offering solutions for any problem areas encountered. This may be a formal or informal arrangement. They must have a current Annual Practising Certificate and be an experienced cervical sample-taker currently involved with cervical screening and delivering services according to the NCSP NPQS for cervical screening. A minimum of two years' practice in sample taking is recommended.

Co-test

An LBC sample for both HPV and cytology testing.

Cultural Safety

Cultural safety emphasises the importance of self-reflection, and invites health practitioners to become aware of, and address their own cultural biases to understand how this may impact the care they provide to patients from different cultures. It encompasses an approach that requires ongoing self-reflection and accountability.

Clinical Responsibility

Clinical responsibility in the context of screening (including for self-testing) means ensuring:

- information is provided and informed consent is obtained
- kits provided and coordinating the return of the samples
- all quality assurance measures are met
- the lab request information is completed
- the test result is received and reviewed
- the participant is told of the test result and that the result is followed up.

Cytology test	Cell sample taken where the participant's cervix is visualised, that is processed for cytology (previously known as a 'smear test').
Eligible participants	People who are within the age range for cervical screening as defined by the NCSP. Refer to 3.3 Identifying and inviting eligible people to be screened.
Equity	"In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes."
Health Facility Number	The unique identifier (ID) number allocated to each health facility.
Health Provider Index (HPI) Number	CPN (Common Person Number) issued to practitioners (people) who provide health services.
Human Papillomavirus (HPV)	<p>Human papillomaviruses (HPV) are an extremely common group of DNA viruses that have an affinity for skin and mucous membranes.</p> <p>Most infections are asymptomatic. There are 14 high-risk types of HPV that are associated with the development of invasive cervical cancers. These are also referred to as oncogenic HPV types. Persistent infection with one of these 14 types may lead to cervical and other cancers such as anal, oropharyngeal, penile, vaginal and vulval cancers. Over 95per cent of cervical cancer is caused by these 14 high-risk HPV types.</p>
Immune deficient	Immune deficient, also known as immunocompromised, is a state in which the immune system's ability to fight infectious diseases and cancer is compromised or absent.
Priority group participants	<p>Priority groups are Māori, Pacific peoples, and under-screened and unscreened people who are over 30 years. Within this group, the highest priority are Māori and Pacific peoples aged over 30, who are unscreened and under-screened.</p> <p>The clinician is responsible for:</p>

- obtaining informed consent
- result management
- follow-up of participants.

Responsible clinician

Responsible Clinicians are registered health practitioners, such as:

- a medical practitioner, nurse practitioner, registered nurse, enrolled nurse, or registered midwife. They must have a current New Zealand Annual Practising Certificate and must complete cervical screening training either through:
 - training as part of a medical degree or midwifery training programme; or
 - an NZQA-accredited course to conduct cervical screening.

Surveillance

The process of ongoing and / or more frequent monitoring of an individual following an abnormal result, e.g., participants who are on an annual follow-up pathway after HPV or cell changes are detected, as the participant has an increased risk of developing cervical cancer.

Priority-group people

women and people with a cervix who are Māori, Pacific, other people who are 30 years and over and unscreened (have never had a screening test) as well as people who are 30 years and over and under-screened (haven't had a cytology test in the past five years).

Appendix 2: Standard Operating Procedure

Standard Operating Procedure

Management of Trainee Sample Takers

SOP Title	Management of Trainee Sample Takers
Application	NCSP Regional Coordination teams Cervical Screening Training Providers Trainee Sample takers Laboratories that provide NCSP services

Background and Purpose

The transition to the New National Cervical Screening Programme implemented a new register (the NCSP-Register) on a new technology platform. As part of the transition to the NCSP-Register, the management and training of Trainee sample takers is moving to an interim process managed outside of the register.

The purpose of this **Standard Operating Procedure** is to provide step-by-step guidance on how to manage Trainee sample takers on an interim basis.

This standard operating procedure refers to the following:

- NCSP Policies and Standards Section Three Cervical Screening Services (interim) 2023
- NCSP Competencies for Cervical Screening Training and Education

Scope

In scope

- This SOP applies to the management of Trainee sample takers assessed **after** 12 September 2023 (the cutover to the NCSP Register).

Out of scope

- The management of Trainee sample takers assessed **prior to** 12 September 2023 (the cutover to the NCSP Register).

Roles and Responsibilities

Role	Responsibility
Training providers	<ul style="list-style-type: none">• Following course completion, provide a list of trainee sample takers to the trainee's Regional Register team

	<ul style="list-style-type: none"> • Notify NCSP Regional Services that the learner is a qualified cervical sample-taker once the qualification is completed. • Notify NCSP Regional Services of any learners who have not completed the qualification.
Regional Register Coordinators	<ul style="list-style-type: none"> • Maintain and update the list of trainee sample takers for their district / region using the central list in the <u>EXT-HNZ HPV and Regional Coordinators</u> team channel • Track completion timeframe of 12 months for trainee sample takers • Notify training providers, who have not completed within twelve months • Maintain ongoing communication with training providers and laboratories
Laboratories	<ul style="list-style-type: none"> • Ensure cervical screening reports are recorded against HPI-CPN for Sample takers • Provide requestor code to trainee sample takers • Ensure that when advised a trainee sample-taker has not completed training that any requestor code associated with the trainee is disabled

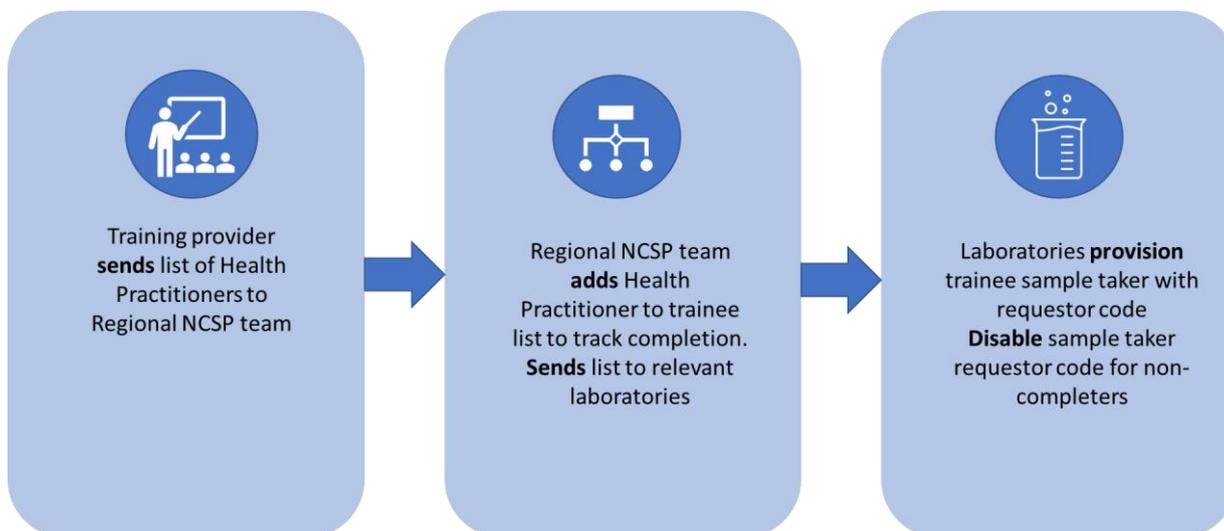
Tools required

To work through this Standard Operating Procedure you need the following tools:

- Access to the Health Practitioner’s HPI/CPN, this is provided by the Training provider.
- A working computer with an active internet connection.
- Access to the list of Sample Takers available on the MS Teams site:
 - The link to the HPV and Regional Coordinators:
https://teams.microsoft.com/l/team/19%3a4Od7HhcnAwqkz5U9DOS4BV_c3zB0gYRlXRdNnQmvbrQ1%40thread.tacv2/conversations?groupId=eeddcf2e-d94f-45e3-b5ed-4e32a5065d50&tenantId=23cec724-6d20-4bd1-9fe9-dc4447edd1fa
 - The link to the list of trainee Sample Taker List (Interim)

Procedure

The high-level process is as follows:



The process to follow is detailed below.

Step	Screenshot	Action
1	<p>Training providers send the following information to Regional Coordinators:</p> <ul style="list-style-type: none"> • HPI/CPN • Name of workplace (facility) • Registration Number • First Name • Last Name • Email Address • Course Completion Date 	Send to Regional Coordinators
2	<p>Regional Coordinators update the trainee sample taker List (Interim) by accessing the following link:</p> <p><u>Sample Taker List (Interim)</u></p>	Access the Sample Taker List (Interim).
3	<p>Regional Coordinators enter the following information into the list:</p> <ul style="list-style-type: none"> • HPI/CPN • Name of workplace (facility) • Registration Number • First Name • Last Name • Email Address 	Enter information into the list.

4	<p>Regional Coordinators update following information on the list:</p> <ul style="list-style-type: none"> • Training Provider • District • Start Date = Date course completed. (Used for monitoring 12-month window to complete 10 quality smears). • Status = Enrolled. 	<p>Update information for the fields on the list.</p>
5	<p>Regional Coordinators sends the NCSP contracted lab(s) the following information:</p> <ul style="list-style-type: none"> • HPI/CPN • Registration Number • First Name • Last Name • Email Address 	<p>Sends information to the lab.</p>
6	<p>Regional Coordinators notify training providers, who have not completed within twelve months</p>	<p>Sends information to Training Providers</p>
7	<p>Training Providers, Trainee develop plan to complete qualification within a maximum extended period of 6 months</p>	<p>Communicate and Develop completion plan</p>
8a	<p>Training Providers notify Regional coordinators and laboratories when trainee has not completed the qualification</p>	<p>Sends information to Regional coordinators and laboratories</p>
8b	<p>Laboratories disable requestor code for trainees who have not completed qualification</p>	<p>Disable requestor code</p>
9	<p>Training Providers notify Regional coordinators and laboratories when trainee has been assessed and training is completed</p>	<p>Sends information to Regional coordinators and laboratories</p>
10	<p>Regional Coordinators update interim sample taker list</p>	<p>Updates list</p>