Competency Table

Со	mpetency	NZQA Unit Standard 29556 (2023)	NCSP Policy and Quality Standards
1.	Competency 1: The National Cervical Screening Programme 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. Performance Requirements Can explain the principles of population-based screening. Understands concept of World Health Organization (WHO) cervical cancer elimination strategy Demonstrates knowledge of the NCSP, including: • 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	NZQA Unit Standard 29556 (2023) Outcome 1. Demonstrates knowledge of the National Cervical Screening Programme. 1.1 Describes the National Cervical Screening Programme according to the NCSP Policies and Standards, and the Clinical Practice Guidelines 2023. Range: past and present state, goals, priorities, effect on participant's health 1.2 Describes the cervical screening pathway according to the NCSP Policies and Standards and Clinical Practice Guidelines 2023. Range: enrolment status, intervals for recall, choices, following up results.	NCSP Policies and Standards Section 1: Tiro Whānui Overview
	the function of the NCSP-Registerrelevant NCSP national standards		

Clinical Practice Guidelines for Cervical Screening in Aotearoa New Zealand 2023	
NCSP targets indicators and monitoring	
 Clearly understands and identifies the roles and responsibilities of: 	
 cervical sample-takers 	
o responsible clinicians	
 Screening Support Services 	
o a clinical assessor	
o a clinical supervisor (training)	
o cervical screening services	
o 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 Heath Practitioners Competence Assurance Act 2003 	
o the Privacy Act 2020	
o the Health Information Privacy Code 1994	
 the Code of Health and Disability Services Consumers' Rights. 	
o 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 screentaking 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.

 using language-matched staff or interpreters, where appropriate.

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.

3.2.8 Cervical sample-takers and cervical screening services actively support access and participation for priority groups in cervical screening.

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 manaenhancing and empowering.

3.2.11 Cervical sample-takers and cervical screening services ensure practice that supports diversity and inclusion.

Competency 3: Barriers and enablers to cervical screening in Aotearoa

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.

Performance requirements

3

Identifies key barriers to participation in cervical screening according to evidence.

Identifies key enablers to participation in cervical screening according to evidence.

Identifies points within a clinical pathway where personal and / or systemic barriers present a risk to participants completing screening, assessment, or treatment.

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.

Outcome 3

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

3.1 Explains 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 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.

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

NCSP Policies and Standards

Section 3: Cervical Screening Services

Standards:

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

4	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. Competency 4: Effective communication 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. Performance requirements Demonstrates knowledge of NCSP notification, invitation, and recall guidelines, policies and standards.	Outcome 5 Invites participants for cervical screening and participation in the NCSP. Performance criteria 5.2 Invites people to participate in the NCSP according to the NCSP Policies, Standards, and Guidelines. Range: invitation includes scheduling appointments and recall for ongoing participation.	NCSP Policies and Standards Section 1: Tiro Whānui Overview NCSP Policies and Standards Section 3: Cervical Screening Services Standards: 3.3.2 Eligible people are invited and recalled in accordance with NCSP policy and the NCSP Guidelines. 3.3.3 The cervical sample-taker minimises inappropriate early re-screening. 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.
5	Commetency E. Convergations informed	Outcome 5	3.3.5 The clinician who requested the test or another delegated health practitioner must set the recall date. NCSP Policies and Standards
	Competency 5: Conversations, informed consent, and options for cervical screening	Performance criteria	Section 1: Tiro Whānui Overview
	Performance requirements	5.1 Provides information and advice to people	NCSP Policies and Standards
	Communicates respectfully in a way that is mindful of people's needs and preferences.	eligible for screening under the NCSP according to the NCSP Policies, Standards, and Guidelines.	Section 3: Cervical Screening Services
	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	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	Standards:

presents information in a language and a manner that is culturally appropriate and easy to understand.

Supports people to make an informed choice to participate in cervical screening and the NCSP.

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.

Provides appropriate information for participants regarding:

- · 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.

Uses NCSP key messages and resources, where appropriate, to provide information that includes:

- 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.

cervical screening test, the process involved, how participants receive results, the effect of HPV on the cervix, the pathophysiology of cervical cancer.

Outcome 4

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

Performance criteria

4.1 Describes HPV and what this means for participants according to the NCSP Policies, Standards, and Guidelines.

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

- **4.2** Describes the role of HPV vaccination in the prevention of cervical cancer according to the NCSP Policies, Standards, and Guidelines.
- **4.3** Explains new clinical pathway choices to a cervical screening participant. Obtains informed consent according to the NCSP Policies, Standards, and Guidelines.

- 3.4.1 People are supported to make an informed choice to participate in cervical screening and the NCSP.
- 3.4.2 Cervical sample-takers and cervical screening services must use NCSP resources or NCSP-approved resources.
- 3.4.3 Cervical sample-takers must provide information to participants about the NCSP and the NCSP-Register.
- 3.4.4 Cervical sample-takers and cervical screening services must notify the NCSP-Register about any participants who decline screening.
- 3.2.11 Cervical sample-takers and cervical screening services ensure practice that supports diversity and inclusion.

Can provide appropriate clinical information to participants with special circumstances – for example, immune-deficient participants, participants who have had a total hysterectomy, pregnant participants, and gender-variant people.

Assesses the indication for sexually transmitted infection (STI) screening and seeks informed consent to collect a specimen, where appropriate.

Advises participants of the potential costs for cervical screening or colposcopy if they are not eligible for publicly-funded health services.

Aware of principles of trauma-informed clinical practice and can apply these to cervical screening.

Reflects on own communication and cervical screening practice to identify opportunities to provide an empowering experience of cervical screening.

6 Competency 6: Privacy and Safe Screening Environments

The cervical screening environment is physically and culturally safe.

Performance requirements

Provides a screening environment that is safe, warm, private, secure, and free from interruption and intrusion.

Ensures privacy is always maintained for the participant.

Areas used for self-testing are private, acceptable to participants, and have hand hygiene facilities and a place for disposal of potentially contaminated items.

The cervical sample-taking space includes:

Outcome 6

Assesses the cervix and obtains a cervical screening sample.

Range: fifteen assessments.

NCSP Policies and Standards

Section 1: Tiro Whānui Overview

NCSP Policies and Standards

Section 3: Cervical Screening Services

Standards:

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.

	 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. Provides choice of location and sample-taker, where practicable. 		
7	Competency 7: Aetiology and pathophysiology of the cervix and cervical cancer Demonstrates good knowledge of aetiology and pathophysiology of cervical cancer. Demonstrates knowledge of the anatomy and physiology of the female genital tract, the menstrual cycle, and changes in the cervix throughout the adult lifespan. Demonstrates knowledge of the epidemiology, natural history, and aetiology of cervical cancer. Can identify the role of HPV in the development of cervical cancer. Demonstrates knowledge of HPV testing in cervical cancer screening. Demonstrates knowledge of cervical cytology, both normal and abnormal. Identifies when a co-test is indicated. Identifies when a vaginal vault cervical screening sample is appropriate. Can identify common methods of treatment for precancerous cervical lesions.	Outcome 6 Assesses the cervix and obtains a cervical screening sample. Range: fifteen assessments.	Clinical Practice Guidelines for Cervical Screening in Aotearoa New Zealand

8 Competency 8: Cervical screening tests – selftesting and taking a cervical sample

Is aware of role as a responsible clinician.

Practises under own HPI number.

Obtains a screening history date and result of last cervical screening test.

Identifies recommended pathway for cervical screening based on clinical presentation and history.

Takes a history that includes participant preferences for screening and assesses for:

- Immune deficiency
- Hysterectomy total / subtotal
- Any symptoms of concern to the participant.

Communicates the procedure that is chosen by the participant, equipment to be used, and what the participant might expect during the procedure.

Ensures best practice standards for infection-control and that contamination is avoided throughout the procedure.

Documents findings and includes these on laboratory request.

Self-testing samples

Ensures participant has access to instructions for self-testing and has had an opportunity to ask questions.

Ensures the swab is labelled prior to taking the sample, and the laboratory form completed, arranges for the return of sample.

Outcome 4

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.

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

Outcome 6

Assesses the cervix and obtains a cervical screening sample.

Range: fifteen assessments.

Performance criteria

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.

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 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.

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.

NCSP Policies and Standards

Section 3: Cervical Screening Services

Standards:

- 3.1.2 The cervical sample-taker practises under their own HPI health provider index number, and appropriate health facility code.
- 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.

Trainee cervical screen-takers demonstrate competence by:

- taking 10 LBC samples from the cervix
- facilitating HPV self-testing for 5 participants.
- 3.5.2 The process of taking cervical screening samples follows best-practice techniques.
- 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.
- 3.5.4 Screening samples taken during pregnancy and post-partum follow best-practice guidelines.
- 3.5.5 LBC samples and samples for HPV testing are labelled in accordance with laboratory policy. Laboratory request forms provide relevant clinical information.
- 3.5.6 All participants self-identify their ethnicity.

Ensures participant knows how they will receive their results and the follow-up management plan if HPV is detected.

Clinician-taken vaginal sample

Identifies best practice techniques for obtaining a clinician-collected vaginal swab.

Cervical LBC sample

Offers participants a choice of position for sample-taking.

Demonstrates competence in speculum insertion and exposing the cervix that minimises participant discomfort.

Identifies methods for exposing the cervix.

Adequately visualises the cervix.

Able to identify transformation zone, when visible.

Recognises the characteristics of normal and abnormal cervical appearance.

Selects appropriate sampling instruments.

Uses the sample-taking technique most likely to provide a satisfactory specimen.

Knows how to take vaginal vault cervical samples, when appropriate.

Prepares the sample according to instructions from the manufacturer or laboratory.

Takes STI swabs if indicated by the clinical history and with participant consent.

Can describe causes of unsatisfactory samples and ways to improve rate of satisfactory samples.

6.3 The candidate's NCSP Quality of Smears report meets the NCSP Competency requirements according to the NCSP Policies, Standards, and Guidelines.

3.5.7 Cervical sample-takers and cervical screening services follow best practice standards for infection control.

Understands the boundaries of their own skills and knowledge and seeks support or refers, when appropriate.

Identifies when to refer participants who have symptoms or abnormal examination findings.

9 Competency 9: Cervical screening follow-up responsibilities

Results are accurately interpreted and sensitively communicated to participants, and appropriate follow-up is undertaken.

Performance requirements

Accurately interprets a minimum of 10 cervical screening results in conjunction with the clinical findings, including HPV and cytology results.

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.

Communicates test results and any required followup to participants in a sensitive, culturally-safe manner.

Refers appropriately according to NCSP Clinical Practice Guidelines.

Refers appropriately if abnormalities are identified from clinical history or examination.

Contacts the laboratory, when necessary, to ensure results are received in a timely manner.

Contacts the laboratory if the recommendation for management is not consistent with the NCSP Clinical Practice Guidelines.

Outcome 7

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

Performance criteria

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

Range: ten interpretations.

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.

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.

Maintains and updates cervical screening records according to the NCSP Policies and Standards, and Clinical Practice Guidelines.

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

7.4 Uses the NCSP-Register according to the NCSP Policies and Standards, and Clinical Practice Guidelines.

NCSP Policies and Standards

Section 3: Cervical Screening Services

Standards:

- 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.
- 3.5.9 Cervical screening results are viewed and acted on by the cervical sample-taker before filing.
- 3.5.10 Participants are informed about their results and any future follow-up in the manner agreed upon with the cervical sample-taker.
- 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.

Uses an effective recall system to recall participants according to the laboratory recommendations and the NCSP Clinical Practice Guidelines.

Demonstrates an understanding of colposcopy and histology results and treatment processes and can liaise with local colposcopy services.

Ensures processes are in place so that participants receive appropriate follow-up.

Refers appropriately to Screening Support Services, where available.

Range: search for participants, extract a report.

10

Competency 10: Continuous quality improvement

Demonstrates a commitment to ongoing development of cervical screening practice.

Demonstrates the ability to reflect on cervical screening practice and identify strengths and areas of improvement.

Understands the benefit of feedback from peers and uses feedback to improve cervical screening practice.

Understands requirement to have a peer assessment every two years.

Where able, elicits feedback from participants about cervical screening practice to ensure a safe, comfortable and informative partnership environment is provided.

Understands requirement to maintain competence through NCSP or other updates at least once every two years.

Understands the need to access peer support or supervision, when required.

Outcome 8

Evaluates 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** Identifies own strengths and areas for improvement to inform future practice according to the NCSP Policies, Standards, and Guidelines.
- **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.

NCSP Policies and Standards

Section 3: Cervical Screening Services

Standards:

3.1.5 Everyone who provides cervical screening services must maintain competency by providing cervical screening regularly and through ongoing professional development activities.