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Professional Partnership Clinical Assessment HPV Screen Takers

## Graphical user interface, text, application Description automatically generated

## A close up of a logo Description automatically generatedProfessional partnership clinical assessment HPV screen taker

This assessment must be completed following completion of the four National Cervical Screening Programme Modules Cervical Screening with Human Papillomavirus (HPV) testing, and prior to facilitating HPV self-testing. On completion, this assessment forms a professional partnership between the responsible clinician and the HPV screen taker.

The person assessing the HPV Screen-taker must be the same responsible clinician who will be delegating the HPV screening role. The responsible clinician must be an experienced cervical sample taker with a current New Zealand practising certificate and a minimum of 12 months experience as an accredited cervical sample taker.

Completed assessments should be retained as a professional partnership record.

|  |  |
| --- | --- |
| Name of HPV Screen taker: |  |
| Employer / Provider: |  |
| Role: |  |
| Evidence of current NZ Annual Practising Certificate (APC) | Yes No  Registration number  HPI-CPN number |
| Evidence of completion of all four NCSP Cervical Screening with Human Papillomavirus (HPV) testing modules. | Yes No |
| Can access the following documents and is familiar with their contents: |  |
| NCSP Policy and Quality Standards Section 3: Cervical Screening Services | Yes No |
| Clinical Practice Guideline for Cervical Screening in Aotearoa New Zealand | Yes No |

### A close up of a logo Description automatically generatedReview completed by:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Designation: |  |
| Registration number: |  | HPI Number: |  |
| Signed: |  | Date: |  |

### Competency measures:

Standard met (M) – standard met

Standard not met (NM) – standard not met

(clinical support or supervision required to meet standard)

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| --- | --- |
| Competency measures | |
| Standard met | M |
| Standard not met  (Further supervision and support required) | NM |

| Standard |  | A close up of a logo  Description automatically generatedM | NM |
| --- | --- | --- | --- |
| Standard 3.1.8 Professional Partnership | Can clearly state scope of role and when consultation with responsible clinician is required. |  |  |
| Can describe legislative responsibilities when providing cervical screening |  |  |
| Aware of agreed process for referring to responsible clinician where indicated |  |  |
| Understands process to follow if responsible clinician is not available. |  |  |
| Has a regular time allocated to review HPV screening processes with responsible clinician and discuss feedback. |  |  |
| Standard 3.2  Best practice service delivery principles | Demonstrates commitment to Māori through responsive methods and equitable health outcomes pursuant to Te Tiriti o Waitangi, Pae Ora and Hauora Māori models. |  |  |
| Demonstrates cultural competency and cultural safety when providing cervical screening. |  |  |
| Can describe how to ensure a culturally and physically safe cervical screening environment. |  |  |
| Can identify priority groups and actively supports access and participation for priority groups. |  |  |
| Uses knowledge of the barriers and enablers for cervical screening to improve access to and experience of cervical screening. |  |  |
| Can describe strategies to ensure inclusive practice for groups who:  live with a disability  identify as LGBTQIA+  belong to other diverse groups who may experience barriers to screening. |  |  |
| Comments: |  |  |
| Standard 3.3 Notification, invitation, and recall | Where relevant and as delegated by the responsible clinician.  Effectively coordinates the invitation and recall system for participants in their service (this may also include managing whole-of-service recalls).  Demonstrates knowledge of screening intervals according to the NCSP Guidelines and the NCSP NPQS. |  |  |
| Demonstrates sound knowledge of the service providers process for referring to responsible clinician, ensures this is timely, meets the participants expectations and completes documentation of the referral. |  |  |
| Facilitates the participants access to relevant services and resources as available (e.g. Screening Support Services). |  |  |
| Checks participant’s vaccination record if available to ensure HPV vaccination course is complete. |  |  |
| If HPV vaccination is not complete provide information about vaccination and refer participant to an appropriate vaccination provider if required |  |  |
| Comments: |  |  |
| Standard 3.4 Informed consent and communication  Standard 3.5  Cervical screening and follow up responsibilities | Is aware of responsibilities under Section 112L of Part 4A of the Health Act 1956 and:  Provides appropriate information to participants about screening and the NCSP so they can make an informed choice to participate including:  The objectives of the NCSP  Benefits of participating in NCSP  Enrolment in the NCSP and how to cancel enrolment if this is chosen  Communications from the NCSP  How personal information is stored, who can access this and what it may be used for |  |  |
| Knows how to access NSCP resources and leaflets in languages suitable for the participant and provides these as appropriate. |  |  |
| Ensures participant has opportunity for discussion and questions. |  |  |
| Ensures participant is aware of the types of HPV result they might receive and understands what is recommended follow up when HPV is detected. |  |  |
| Discusses with participant the most appropriate way for them to receive results and documents this in their record. |  |  |
| Comments: |  |  |
| Standard 3.5 HPV screening process | Demonstrates ability to ensure participant meets eligibility criteria  Checks screening history (knows how to access if not included in participant records)  Checks meets eligibility criteria  Uses HPV screen- taker flow chart  Refers to responsible clinician where appropriate  Refers to the HPV screen taker flow chart, Section 3 policies and standards and the Clinical Practice Guidelines when required. |  |  |
| Demonstrates ability to correctly generate a laboratory request under the responsible clinicians HPI number |  |  |
| Demonstrates ability to correctly identify participant and check specimen labels and laboratory request are correct. |  |  |
| Shares instructions “How to do the HPV self-test “and can provide supporting information on how to obtain the sample including;  Washing hands prior to taking sample and after swab completed  Position options when taking sample  Removing swab from package and correctly holding it  Inserting swab and rotating technique  Placing swab into collection tube/vial  Returning swab to healthcare provider  Refer to HealthEd leaflet HE1181 “How to do the HPV self-test” to support this conversation |  |  |
| Supports participant with obtaining sample or takes vaginal swab sample for participant as required and if within scope of practice. |  |  |
| Ensures an appropriate space for self-testing is available that is private, has hand hygiene facilities and is free from contamination. |  |  |
| Documents accurately and clearly in participant records that:  Cervical screening options were discussed  Informed consent to participate in NCSP was obtained  Legislative requirements to provide information are met  Any symptoms or concerns referred to the responsible clinician  Other relevant clinical information |  |  |
| Comments: |  |  |
| Standard 3.5 Management of results | Informs participant of results as agreed in professional partnership with responsible clinician. Ensures this is completed in a timely manner and in the way requested by the participant. |  |  |
| Ensures participant understands when the next recommended screening should take place and how they will be informed of this. |  |  |
| Demonstrates ability to file HPV not detected results and enter updated recall in PMS where appropriate. |  |  |
| Comments: |  |  |

Agreement to work in professional partnership as HPV Screen taker and Responsible Clinician as per NCSP Section 3 policies and standards.

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|  |  |  |
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| Name | Signature | Date |

**HPV Screen taker:**

|  |  |  |
| --- | --- | --- |
| Name | Signature | Date |