

Resource book for HPV Screen takers

Me aro koe ki te hā o Hine-ahu-one

Pay heed to the dignity of women

He aha te mea nui o te ao.

He tāngata, he tāngata, he tāngata

What is the most important thing in the world?

It is people, it is people, it is people.

Nau mai haere mai, welcome

Mahia te mahi hei painga mo te iwi

Do work for the betterment of the people

Te Puea Hērangi

This resource is designed to support everyone who provides cervical screening in Aotearoa.

Before starting make sure you are clear about your role and responsibilities, (see **page 13**) where to go if you have questions, and that you have met the requirements for your role. (see **page 12 Learning Pathway**).

You can find all of the information you need at **Understanding HPV Primary Screening – Te Whatu Ora – Health New Zealand**

You can help make sure everyone has an empowering experience of cervical screening by providing key messages and options for screening to people you work with.

With vaccination and HPV testing, Aotearoa New Zealand aims to eliminate cervical cancer in the future. Together we can do this!

Definitions

Cervical sample takers	<p>A registered health practitioner, such as a medical practitioner, nurse practitioner, registered nurse, enrolled nurse, or registered midwife who holds a current New Zealand practising certificate and has completed cervical screening training either through:</p> <ul style="list-style-type: none">• training as part of a medical degree or midwifery training programme; or• an NZQA accredited course to conduct cervical screening.
Cervical screen	<p>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).</p>
Cervical Screening Services	<p>Any service provider, business or organisation that provides any type of cervical screening or employs persons who provide cervical screening services.</p>
Co-test	<p>A liquid based cytology (LBC) sample for both HPV and cytology testing.</p>
Cultural safety¹	<p>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.</p>
Clinical Responsibility	<p>Clinical responsibility in the context of screening (including for self-testing) means ensuring:</p>

¹ Health Literacy, equity, cultural safety and competence <http://hqsc.govt.nz/our-work/leadership-and-capability/kaiawhina-workforce/health-literacy-equity-cultural-safety-and-competence>

- information is provided and getting informed consent is attained
- 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).

Delegation The process by which a responsible clinician extends responsibility for obtaining informed consent to participate in the NCSP and facilitating HPV self-testing to a colleague that they are working in a professional partnership with.

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.

Equity² 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 Providers Index (HPI) Number (previously Health CPN (Common Person Number) issued to practitioners (people) who provide health services.

² Achieving equity <http://health.govt.nz/about-ministry/what-we-do/achieving-equity>

Practitioner Index)

Human Papillomavirus (HPV)

Human papillomaviruses (HPV) are an extremely common group of DNA viruses that have an affinity for skin and mucous membranes. 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 95% of cervical cancer is caused by these 14 high-risk HPV types.

HPV Screen taker A registered health practitioner such as a nurse practitioner registered nurse, enrolled nurse, who has completed the Cervical Screening Using Human Papillomavirus (HPV) Testing learning modules and is working in a formally documented professional partnership with a 'responsible clinician' as per **NCSP Policies and Standards 3.1.1, 3.1.3 and 3.1.7**

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

Priority groups are Māori and Pacific people, and under-screened and unscreened people who are over 30. Within this group the highest priority are Māori and Pacific people aged over 30 who are unscreened and under-screened.

Responsible Clinician

Clinician responsible for:

- result management
- follow-up of participants.

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 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.

Professional partnership

A formally documented partnership with clearly defined roles and responsibilities for the provision of clinical care and procedures.

Provider

Any health provider involved in the cervical screening pathway.

Screen taker

Term used to encompass everyone who provides cervical screening, inclusive of cervical sample takers and HPV screen takers

Test of Cure

A completed Test of Cure is defined as two consecutive co-tests at least 12 months apart, each co-test consisting of an HPV not detected test result and a negative cytology test result.

Contents

Nau mai haere mai, welcome	1
Definitions	2
Key Messages	7
Informed consent statement	7
Decision Flowchart	9
Your test your choice	11
Learning Pathway for HPV Screen-takers	12
Roles and Responsibilities: HPV Screen takers and Responsible Clinicians.....	13
Role: Responsible Clinician	13
Role: HPV Screen-taker	15
Professional partnership clinical assessment HPV screen taker	17

Key Messages

All of the National Cervical Screening Programme (NCSP) information you are required to provide under Part 4A Section 112L of the Health Act is provided in the brochure Cervical Screening: What you need to know – you might like to go through this with people or provide them with the brochure.

Available from [Cervical-screening---What-you-need-to-know-DL-ENGLISH---HE1161-WEB-180823pm-v1692591658009.pdf \(accentuate.io\)](#)

Informed consent statement

The following discussion points must be included in conversations about Cervical Screening and the NCSP. Information about the NCSP and cervical screening must be provided when a person has their first screening test. Information provided at subsequent screening should be tailored to suit the participant.

Screen takers should **not** assume that the participant has already received this information.



Discussion points and informed consent

Pre-screening checklist

Discussion

1. Information about NCSP (refer to Cervical Screening: what you need to know)
2. Check eligibility including screening history
3. Talk about cervical screening options

Informed consent

4. Gain informed consent
 - Follow informed consent process for both the procedure and participation in the NCSP
 - Refer to resource if needed

Pre-screening check

Check if participant has **one or more** of the following **referral points**:

Clinical History

- Immune deficiency
- Hysterectomy total/subtotal
- Any symptoms of concern to the participant, including:
 - Bleeding or spotting between periods
 - Bleeding after periods have stopped (after menopause)
 - Pain during sex, or bleeding or spotting after sex
 - Persistent pelvic pain
 - Unusual or persistent discharge from the vagina

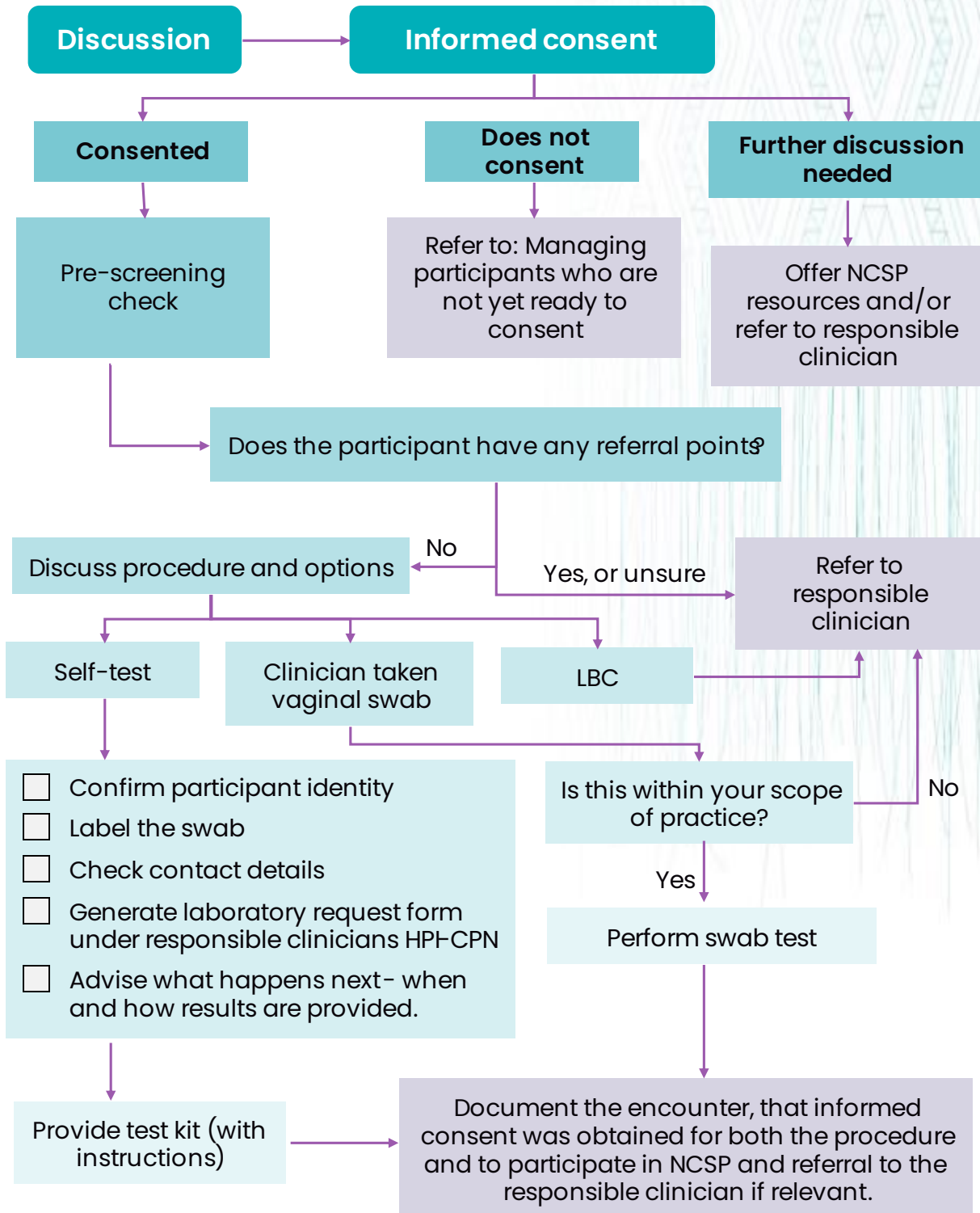
Screening History / Next Expected Event on register

- Due for follow-up test / Test of Cure
- A co-test is recommended

Decision Flowchart

HPV Screen Takers Decision Flow Chart

Te Whatu Ora
Health New Zealand



Managing participants who are not yet ready to consent

If a participant is not yet ready to consent, screen takers are strongly recommended to offer the participant the option(s) of:

1. speaking/seeing another screen taker or responsible clinician of the same or different service provider

AND/OR

2. considering the information provided at their own time and allowing them to return for the test when they are ready to consent to the test.

Important note: If the participant declines cervical screening and doesn't want to have communications from NCSP there are two options.

Option One

Participant opts out of NCSP communications – notify your Regional NCSP team and document this in the participant's record. Participant will need to notify their primary provider if applicable.

Option Two

Participant chooses to withdraw from the programme – only demographic information is kept on the NCSP Register, all screening records are removed permanently.

The participant makes this request in writing to info@ncspregister.heALTH.nz

Your test your choice

OPTION 1: Vaginal swab

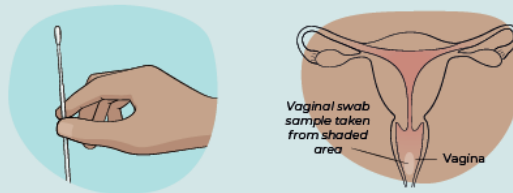
This will be suitable for most people. You will be advised if a different test is appropriate for you.

A) You can do it as a self-test

Usually done in a private area at your screening appointment. Some screen-takers may offer community-based locations, a mobile unit, or a take-home option.

B) A trained health professional can assist you

A sample is collected from your vagina using a swab. The vaginal swab sample is tested only for HPV.



If HPV is not found

Your next screening test will be in 5 years (or 3 years if you are immune deficient).

If HPV is found

Depending on the type of HPV detected, you may need to have a cervical sample taken (what used to be called a smear test) to check for any cell changes or you may be referred to colposcopy to see if there are any changes to the cervix that may need treatment.

OPTION 2: Cervical sample

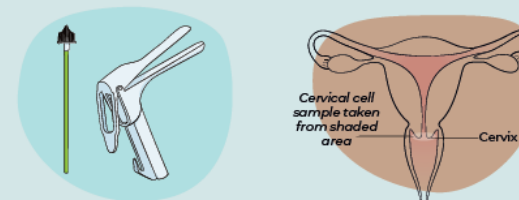
Previously called a smear test. This may be recommended for some people, and you can still choose this option if you prefer.

A cervical sample is taken by a trained health professional

This can be done in clinical or community-based locations, or in a mobile unit.

Your screen-taker will take a sample of cells from your cervix using a speculum and small brush.

The sample is first tested for HPV and, if HPV is found, it will also be checked for cell changes.



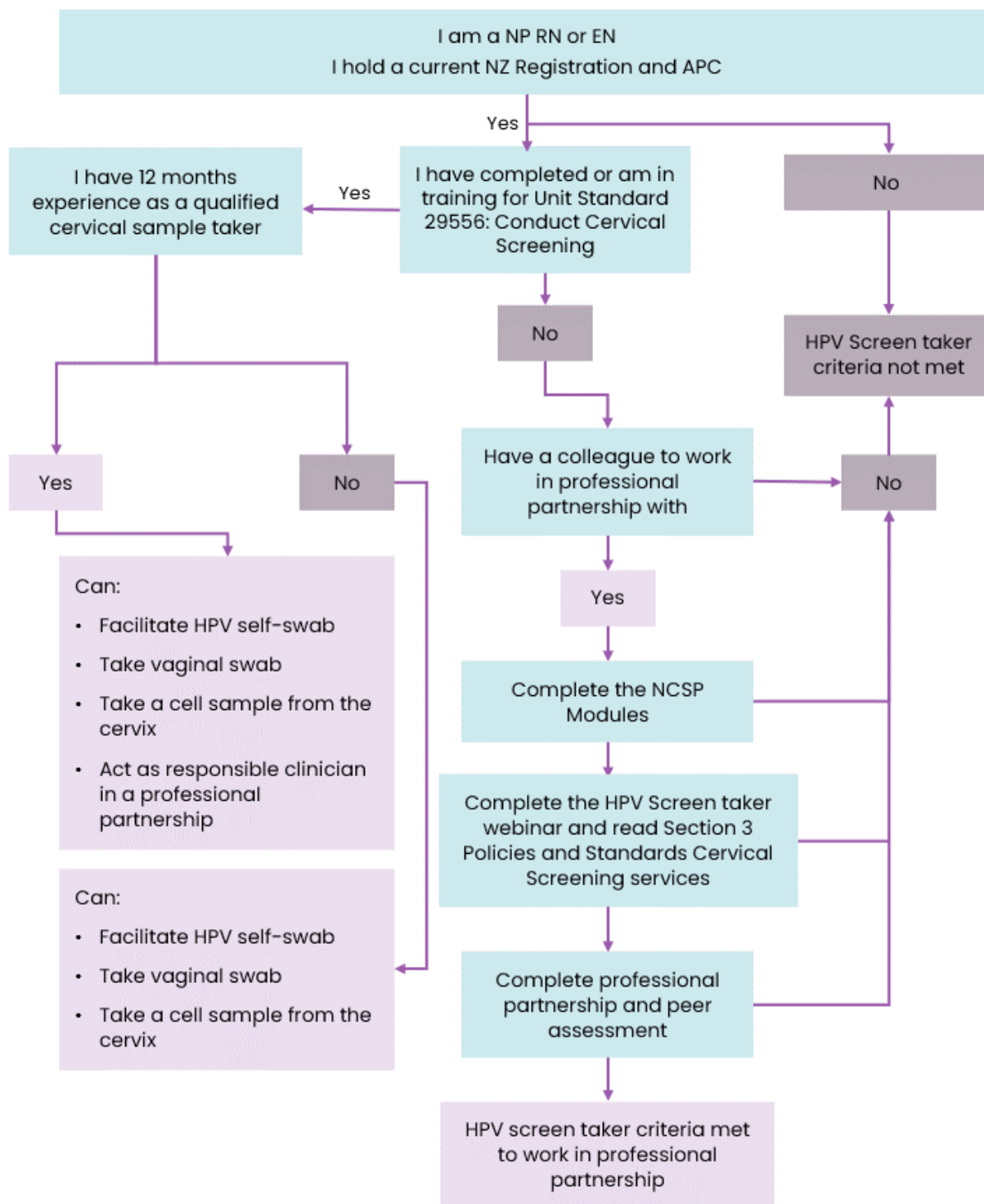
If HPV is not found

Your next screening test will be in 5 years (or 3 years if you are immune deficient).

If HPV is found

The same sample will be checked for any cell changes. Depending on the results, you may be referred to colposcopy to see if there are any changes to the cervix that may need treatment.

Learning Pathway for HPV Screen-takers



Learning Task List

1. Establish a professional partnership with a responsible clinician
2. Complete the four NCSP Cervical Screening with Human Papillomavirus (HPV) testing training modules
3. Be familiar with the updated National Cervical Screening Programme Policies and Standards Section Three: Cervical Screening Services and the [Clinical Practice Guidelines for Cervical Screening in Aotearoa New Zealand](#).
4. Complete a professional partnership assessment and agreement with the nominated responsible clinician

*[Clinical Practice Guidelines for Cervical Screening in Aotearoa New Zealand](#)

Roles and Responsibilities: HPV Screen takers and Responsible Clinicians

Role: Responsible Clinician

Collectively referred to as 'cervical sample-takers'.

Definition:

A registered health practitioner, such as a medical practitioner, an accredited nurse practitioner, registered nurse, enrolled nurse*, or registered midwife with a current New Zealand practicing certificate.

Must have 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.

It is recommended that the cervical sample taker has completed the four NCSP Cervical Screening with HPV Testing learn-online modules.

Responsibilities	<p>Cervical sample-takers are responsible clinicians who request cervical screening tests and take clinical responsibility for the tests they request; this includes when the sample is taken by the participant.</p> <p>Cervical sample-takers can</p> <ul style="list-style-type: none">• provide information about the NCSP and options for cervical screening• obtain informed consent• offer self-testing to participants• obtain a vaginal swab to test for HPV• obtain an LBC sample from the cervix• take responsibility for cervical screening results• provide results to participants• refer to Screening Support Services• refer to colposcopy.
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Clinical responsibility in the context of cervical screening means ensuring:

- those providing HPV self-testing either in a professional partnership do so in accordance with NCSP standards
- information is provided to participants
- informed consent to participate in the programme is obtained
- participants are supported with a test that meets their needs
- kits for self-testing are provided and arrangements are made for the return of samples
- the lab request information is completed
- the test result is received and reviewed
- participants are provided with their test results, and any appropriate follow-ups are actioned
- all relevant NCSP Clinical Guidelines and NCSP Policies and Standards are met.

Standard 3.1.1

People qualified to take a cervical sample for LBC must complete a recognised educational course before taking cervical samples.

And

Standard 3.1.3

All HPV Screen-takers working in professional partnership with a responsible clinician provide HPV self-testing with the HPI number and facility code of the responsible clinician.

Responsible clinicians must keep a written record of people they have a formal professional partnership with or who are working under their delegation.

This should include date and duration of professional partnership or delegation, review date, record of appropriate training and any exceptions or limitations.

<p>Limitations of role</p>	<p>* Enrolled Nurse Cervical Sample-takers</p> <p>Enrolled nurses who have completed an NZQA accredited course to conduct cervical screening practice cervical screening under the direction and delegation of a registered nurse or nurse practitioner who is an accredited cervical sample-taker (Nursing Council of New Zealand 2011).</p> <p>For cervical screening, this also includes under the direction or delegation of a medical practitioner. Direct supervision of enrolled nurses who have completed an NZQA cervical screening course is not required when they are taking cervical screening samples.</p>
<p>Professional partnership</p>	<p>To act as a responsible clinician in professional partnership with HPV Screen-takers the following criteria must be met:</p> <ul style="list-style-type: none"> • Responsible clinician has been practicing as a cervical sample taker for at least 12 months. • Responsible clinician has completed the NCSP Cervical Screening with HPV testing modules <p>The responsible clinician takes responsibility for the management and follow up of all HPV screening requests undertaken by delegated/professional partnership team members.</p> <p>See standard 3.1.8 Professional Partnership</p>

Role: HPV Screen-taker

(Enrolled Nurse, Registered Nurse, Nurse Practitioner)

Definition:

A registered health practitioner such as a nurse practitioner registered nurse, enrolled nurse, who has completed the Cervical Screening Using Human Papillomavirus (HPV) Testing learning modules and is working in a formally documented professional partnership with a 'responsible clinician' as per **standards 3.1.1, 3.1.3 and 3.1.8**

Responsibilities	<p>HPV Screen-takers can:</p> <ul style="list-style-type: none"> • Provide information about the NCSP and options for cervical screening • Obtain informed consent • Generate a laboratory request under the HPI of the responsible clinician • Offer self-testing to participants and arrange return of sample • Obtain a vaginal swab to test for HPV • Provide results to participants in partnership with the responsible clinician See Standard 3.5.8
Limitations of role	<p>HPV Screen-takers cannot:</p> <ul style="list-style-type: none"> • Request a cervical screening test under own HPI number • Take an LBC sample from the cervix • Take responsibility for the management of results
Professional partnership	<p>HPV Screen-takers must always work in professional partnership with a responsible clinician. Laboratory requests for HPV samples must be requested with the HPI number of the responsible clinician.</p> <p>The responsible clinician must maintain a record of those whom they have a professional partnership with. This record should remain up to date and reflect any changes in roles or scope of practice.</p> <p>See Standard 3.1.8 Professional partnership</p>

Professional 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 practicing registration and a minimum of 12 months experience as a 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 clinical registration	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 Yes No

Clinical Practice Guideline for Cervical Screening in Aotearoa New Zealand	
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Review 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)

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

Standard		M	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: <ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> Effectively coordinates the invitation and recall system for participants in their service (this may also include managing whole-of-service recalls). 		

	<ul style="list-style-type: none"> • 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	<p>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:</p> <ul style="list-style-type: none"> • 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 		

	<ul style="list-style-type: none"> 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	<p>Demonstrates ability to ensure participant meets eligibility criteria</p> <ul style="list-style-type: none"> 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 <p>Refers to the HPV screen taker flow chart, Section 3 policies and standards and the Clinical Practice Guidelines when required.</p>		
	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.		
	<p>Shares instructions “How to do the HPV self-test “and can provide supporting information on how to obtain the sample including;</p> <ul style="list-style-type: none"> • 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 <p>Refer to HealthEd leaflet HE1181 “How to do the HPV self-test” to support this conversation</p>		
	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.		
	<p>Documents accurately and clearly in participant records that:</p> <ul style="list-style-type: none"> • 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:		

