



**Feedback On – Draft Document:
NCSP Competencies for Smear Taker Training**

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Feedback to:

National Cervical Screening Programme

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This feedback was prepared by Annette Milligan on behalf of the College of Nurses (Aotearoa) and the College welcomes the opportunity to provide feedback on the draft document NCSP Competencies for Smear Taker Training

Overall

This Draft is a sound document to ensure that those who are performing smears are competent to do so. There are a few areas which do need comment:

Introduction

The draft document describes three pathways to achieve smear-taking status for nurses. There needs to be a fourth: there are now nurses, and Nurse Practitioners who have excellent overseas training. It would be an absolute waste of time and money, to say nothing of the insult, to ask, for example, a qualified and experienced Nurse Practitioner from the USA, who has already completed training more comprehensive than that described in this paper, to undergo one of the three processes described. It is vital to enable overseas trained nurses to be added to the Cervical Screening Register list of Approved Smear Takers.

Competency 4: Information For Women

It is vital that NCSP continue to provide their excellent pamphlets to support nurses in the education of clients. While it may be possible to go through every item mentioned in this list, there are no studies which evaluate just how much women understand and remember of the words spoken by the nurse. Saying the words does not necessarily mean that women absorb the information conveyed. Being able to give women written material is invaluable to maximising the opportunities for women to comprehend the complexities of screening and the implications of being part of the Cervical Screening Register.

Competency 7: Smear Taking Practice

"Obtains Screening History From The NCSP-Register".

This is not done, and cannot, be done routinely. It can only be done when indicated by the history presented. It is totally unrealistic to expect that smear-takers consult the Register prior to doing a smear on a woman they have not seen before. Absolute compliance to this requirement would result in fewer smears being because of the considerable additional costs which would be required. In reality, it can be very difficult to obtain information from the Register at the time of the smear. For the NCSP-Register to be able to manage what would be a dramatic increase in the volume of queries, there would have to be a significant increase in the number of staff able to respond to the many phone calls.

OPQS Standard 410

“Ensure that results are obtained from the laboratory within 14 days of sending the cervical cytology to the laboratory”.

The issue here is not with the smear-taker – it is with the laboratory. There have been times in the history of the Register, when results have taken up to six weeks to be returned from the laboratory. The standard is entirely mis-placed as a smear-taker standard, because it is not within their control. This standard is more appropriately sited as a standard for a laboratory.

A more appropriate standard for smear-takers could be developed which ensures that smear samples are delivered to a laboratory within a particular time-frame, and that results are given to clients within a particular time of receipt from the laboratory.

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