







Primary Health Care

Cervical Screening

Australian Government

NATIONAL CERVICAL SCREENING PROGRAM

A joint Australian, State and Territory Government Program

Quality Improvement Toolkit

A practical guide to increase the uptake of cervical screening (including self-collection) as a QI activity.

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NATIONAL IMPROVEMENT NETWORK COLLABORATIVE

An Australian Government Initiative



Gold Coast Primary Health Network would like to acknowledge and pay respect to the land and the traditional practices of the families of the Yugambeh Language Region of South East Queensland and their Elders past, present and emerging.

Artwork: Narelle Urquhart. Wiradjuri woman.
Artwork depicts a strong community, with good support for each other, day or night. One mob.

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Where to get help?

Gold Coast Primary Health Network

07 5612 5408 | practicesupport@gcphn.com.au

About Cervical Screening

The National Strategy for Elimination of Cervical Cancer outlines Australia's commitment to eliminating cervical cancer as a public health issue by 2035, with a goal of achieving a 70% screening rate for eligible individuals aged 25-74 years.

Cervical screening as a QI activity aims to increase participation in cervical screening and, to reduce morbidity and mortality. Women and people with a cervix aged 25 to 74 years of age are eligible to have a Cervical Screening Test every 5 years.

Cancer screening is a cost-effective and valuable population health intervention. However, its full benefits are constrained because of relatively low patient participation rates. Participation rates for The National Cervical Screening Program (NCSP) at a National level in Australia is currently 77.9% with participation rates for Queensland currently at 78% (AIHW, National Cervical Screening Program monitoring report, 2023).

81.7%
Participation rate for eligible patients in the Gold Coast region

AIHW, NCSP monitoring report 2025

About this toolkit

This toolkit has been developed to support general practice teams with QI activities including tips, examples and templates to increase the uptake and accurate recording of cervical cancer screening.

This toolkit has also been updated to include the enhancements which have been made to the NCSP to include self-collection as an option, making screening more accessible. Self-collection is an accurate, safe, and culturally appropriate method of testing for high-risk Human Papillomavirus (HPV) which is the cause of 90% of cervical cancers, encouraging those who have never screened or stopped screening to participate (NCSP, 2022).

Outcomes of this toolkit

- Increase clinician knowledge and skills to offer HPV self-collection.
- Increase identification and accurate recording of completed cervical screening results in clinical software.
- Identify eligible people due for cervical screening according to the NCSP and updated self-collection guidelines.
- Boost patient awareness, education, and participation in cervical screening, focusing on under-screened or never-screened individuals.
- Measure sustainable improvements and track progress using Primary Sense.

Relevance to primary health care

This activity will assist primary health care with:

- Meeting Practice Incentive Program (PIP) Quality Improvement (QI) incentive requirements for QIM 9: Proportion of regular female clients with an up-to-date cervical screening.
- RACGP Standards for general practices 5th edition include a range of requirements relating to QI.
- Meeting the requirements of the National Cervical Screening Program (NCSP).

Quality Improvement Activity Summary

This toolkit utlises the Model for Improvement (MFI) framework to plan the activity goal, activity measurement, and improvement ideas.

For more information on MFI:

Weblink: How to Improve: Model for Improvement | Institute for Healthcare Improvement

The improvement ideas in this toolkit are examples only of practical steps to assist with increasing cervical cancer screening rates. It is recommended to review each activity and select what may be appropriate for your primary health care service to consider undertaking and test using Plan Do Study Act (PDSA) cycles to make sustainable changes and record key learnings for your team.

Example: PDSA Example Cervical Screening on page 18
Template: NINCo Plan, Do, Study, Act (PDSA) template

Goal of Quality Improvement Activity

Defining the goal of this activity provides your primary health care team with a statement of what you are trying to accomplish. Review the goal below and adjust according to your practice starting point and requirements.

QI Activity Goal:
Our clinic will aim to improve cervical cancer screening rates to 65% for eligible people with a cervix aged 25-74 within the next 6 months.

Measure – How will you measure the change for this activity?

Regular review of activity measurement enables your general practice team to assess progress and track whether the change(s) you are testing is leading to an improvement. It is best to measure at the beginning of the activity (baseline) and then at regular intervals throughout.

Example QI Activity Measure:
Use the following measurement to track your improvement activity for this focus area at your primary health care service:

QI Measure	Measure description	Detail
Outcome measure: Eligible patients screened	% of eligible patients screened for cervical cancer in the past 5 years	Numerator - # patients who are: • Female or person with cervix aged 25 to 74 • Have not had a hysterectomy • Have had HPV screening within the past 5 years • RACGP active* Denominator - # patients who are: • Female or person with cervix aged 25 to 74 • Have not had a hysterectomy • RACGP active*

*RACGP defines an active patient as a patient who has attended the practice three or more times in the past two years.
Note: Refer to the next section on how to collect data for this measurement.

Quality Improvement Building Blocks

Step 1: Identify your QI team and establish QI activity communication processes

Identify your change team	• Identify the lead and practice team members to drive quality improvement work (e.g. one nurse, GP, admin, PM). Consider allied health, visiting clinicians and others that may form part of the team. • Allocate protected time for the QI team to perform required tasks e.g. 1hr per week. • Ensure that you have identified the "why" as some team members may not see QI as important or necessary. • Plan frequency of planning meetings for QI team. • Provide access to project files and related policy and procedures. • Schedule a whole team practice meeting to: o Identify QI team members o Agree on the QI plan and prepare for implementation o Demonstrate a team-based approach to meet PIP QI requirements
Consider the roles of the team members	• Ask yourself the question, what motivates a team member to want to be part of sustaining change and making improvements? This is an important step as team members have different skill sets, interests, scope of practice and levels of authority. • Assign roles and responsibilities according to staff skill, interest and position. • Required QI team members for should include: o General Practitioner (GP) o Practice Manager o Administrative team representative o Practice Nurse o *(Note) * For smaller practices, staff may fulfill multiple roles* • See Appendix B for potential roles and responsibilities practice staff can carry out.
Communication with the practice team	• Identify who will need to be kept informed. • Identify the method(s) that will be used to inform and update all staff of any changes as a result of the QI activity e.g. staff/Clinical/Admin/Nurse meetings, email, noticeboard, group chat. • Ensure all staff are advised of the chosen communication(s) method. • Provide monthly updates to all staff of ongoing changes e.g. add QI to staff/ Clinical/Admin/Nurse meetings. • Allow staff to contribute ideas and provide opportunities for staff feedback.
Practical considerations for team Meetings	• If full team attendance isn't achievable: o Ensure that each role has representation. o Establish a clear communication plan to share information with absent members. o Distribute minutes/action points following any meetings held and ensure staff are aware of any follow-up needed. • Schedule regular meetings to review progress toward your QI goals, especially during and at the conclusion of the activity, to reflect on progress, identify what is working well, and track goal achievement.

Practical considerations for team Meetings	• Practical suggestions: o Add QI as a standing agenda item in usual team meetings or set up specific meetings for this purpose. o Schedule meetings with advance notice to ensure key team members can attend. o Use practice data (e.g., Primary Sense) to inform planning and review during meetings. o Consider using a PDSA (Plan, Do, Study Act) cycle to guide discussions and document plans, progress, and learning • Share and reflect on and celebrate your progress with the whole team.

Step 2: Establish your improvement activity baseline data

2.1 Track your improvement over time

Decide how often you will monitor your completed screening rates (e.g. monthly) and how you will share this data with your team (team newsletters, lunchroom display, team meetings).

What data report to use?	• The Primary Sense PIP QI report will provide your practice data for PIP QI QIM 9 – Proportion of regular female clients with an up-to-date cervical screening. o Primary Sense Report - Patients missing PIP QI or accreditation measures (all patients missing measures)
Steps to collect baseline data	Improve your practice PIP QI Improvement Measures using Primary Sense • Download the Primary Sense PIP QI report – 10 measures and filter by "QIM 9"

Record your baseline, monthly and completion measurement of your improvement activity here:

Baseline measurement	Monthly measurement	Completion measurement
Baseline percentage:	Month 1:	Activity completion percentage:
	Month 2:	
Baseline date:	Month 3:	Activity completion date:

Get ready to use your data

- Ensure you are on the latest version of clinical software.
- Ensure data extraction tool is functioning correctly.
- Check that team members can log in and are familiar with using Primary Sense or other data extraction tools.

Help: Contact Gold Coast PHN for support: practicesupport@gcphn.com.au

Improvement Idea #1:
Getting your data and systems ready

The aim of improvement idea #1 is to prepare your patient database to enable you to understand your current active patient population who requires cervical screening and ensure your practice systems are ready to support cervical screening operations.

1.1 Data Cleansing

Regularly review and update your policy and procedure for deactivating past patients (non-attending or deceased) to ensure it is appropriate and consistently applied.

- Establish a routine for deactivating patients, commonly every 3-6 months, based on a clinically determined timeframe (e.g., 2-3 years without attendance). Assign this task to the Practice Manager or Practice Nurse, include it in their job descriptions, and schedule it in their calendar to maintain continuity during staff transitions.
- Remind reception staff to always search "all patients" when looking up records.
- Consider archiving or inactivating patients individually if they no longer meet the practice's active patient criteria, such as:
    - o Deceased patients.
    - o Duplicate records.
    - o Patients with irrelevant postcodes or out-of-state addresses.
    - o Patients who registered but never attended (e.g., from online bookings).
    - o Patients who have moved away or no longer attend the clinic.

Resource: Data Cleansing Toolkit

1.2 Accurate recording of diagnosis & recording results

Understanding your population and creating a register is crucial for effective, tailored care. It supports early intervention, optimises resources, enhances coordination, and empowers patients. This will help you identify fundamental areas for improvement prior to undertaking QI cycles in your patient population groups, such as Aboriginal and/or Torres Strait Islander peoples, LGBTQI+ individuals, Culturally and Linguistically Diverse (CALD) communities and people with disabilities.

Clinical Coding: Avoid using free text for diagnosis in your patient records. Instead, using coded diagnosis will enable efficient and reliable recall of patients and ensure your reporting is more reliable.

It is important to note that to accurately identify people eligible for screening and show your general practice cervical screening completion rates, you will need to enter their cervical screening results into Cervical Screening Test (CST) field in your clinical software. Just actioning a result is not recording a cervical screening result. If the screening has been completed elsewhere, it is important that documents/ reports are also recorded in the CST field.

Resource: BP Premier Clinical Entering a Cervical Screening Test (CST) result
Resource: Medical Director Clinical Entering a Cervical Screening Test (CST) result

1.3 National Cancer Screening Register (NCSR) integration within your clinical software

To ensure accurate cervical cancer screening records, integrating your clinical software with the NCSR simplifies capturing screening details for patients who may have been screened elsewhere.

Before contacting patients, who are identified as never screened or under-screened, connect to the NCSR and compare NCSR data with lists of eligible people generated by your clinical software and/or your data extraction tool e.g., Primary Sense and work with your GPs to update patient files as needed.

Consider creating a process to always check new patients CST results from the NCSR and add to patient files. *
(see appendix 1. Potential improvement roles and responsibilities for practice teams).

Access the NCSR via Clinical Software Integration:

Weblink: Clinical Software Integration | National Cancer Screening Register

Video: National Cancer Screening Register | YouTube

Resource: Clinical Information System Registration Guide | National Cancer Screening Register
Resource: Primary Care Onboarding Toolkit | National Cancer Screening Register

Need help?
Primary health care services can integrate their clinical software with the NCSR by registering via PRODA.
FOR FREE integration support, call NCSR: 1800 627 701

Improvement Idea #2: Increase access to cervical screening for patients

The aim of improvement idea #2 is to increase access to cervical screening by enhancing recall and reminder systems, optimising patient booking opportunities, integrating cervical screening into health assessments, and ensuring effective management of self-collection samples.

2.1 Recall and reminder systems

Review current recall and reminder system to ensure an effective system is implemented to support cervical screening.

- A **recall** occurs when a GP decides that the patient needs to be reviewed within a specific timeframe in response to a clinically significant event such as a positive CST.
- A **reminder** is offered to patients who may benefit from preventative care activities or may require review of their treatment e.g.,
  - o Routine cervical screening reminder.
  - o Follow up for patient who declined screening but received take home resources to reconsider.
  - o Scheduling for a patient unable to complete cervical screening at previous visit.
- Proactively using recalls and reminders encourages patients to return for follow-ups, such as test results like CST. Failure to do so may lead to adverse outcomes and potential medico-legal risks for practitioners.

Weblink: Follow-up systems| RACGP

2.2 Review and refine recall and reminder systems

As part of the RACGP accreditation standards, it is a requirement that practices provide health promotion, illness prevention, preventative care, and a reminder system based on patient needs and best available evidence.

- Assign a team member to manage the database and include this in their job description.
- Create a written procedure for the recall and reminder system
- Add newly eligible patients (e.g., turning 25) to the reminder system.
- Train staff on initiating patient reminders in the clinical software.
- Draft and send targeted patient reminders via SMS, email, letters, or calls.
    - The Primary Sense SMS list feature allows practices to identify specific patients to communicate with via SMS. SMS list functionality | Primary Sense
- Follow up with patients overdue for screening.



Cervical Screening QI Tips

Consider how you would capture the information from the following scenarios in your patient files:

- Cervical Screening completed elsewhere
- Patient declined screening
- Screening appointment booked (follow up if appointment cancelled)
- Those who have been invited and have been screened and marking those patients as ineligible when appropriate.

2.3 Optimising cervical screening opportunities in patient bookings

- Provide opportunities for eligible individuals to receive CST/self-collect screening right away or by appointment.
- Collect cervical screening history on new patient forms or check the NCSR, setting reminders for upcoming screenings.
- Routine antenatal and postnatal care should include a review of cervical screening history, and a CST if this is due or overdue. Consider scheduling a screening appointment or add a reminder into patient file.
- Upload Shared Health Summary to My Health Record when cervical screening completed.
- Monitor participation e.g. using an Excel spreadsheet and/or Primary Sense

2.4 Include cervical screening to health assessment and GP management plan templates

Incorporate conversations about cervical screening as part of Medicare Benefit Schedule (MBS) health Assessments and/or GP management plans:

Activity	MBS item
time-based MBS health assessment items	701 (brief), 703 (standard), 705 (long), and 707 (prolonged).
Aboriginal and Torres Strait Islander health assessment	MBS item number 715
Chronic Disease Management / Team Care Arrangement or contributions to plans	Items 721 to 723
Service provided to a person with a chronic disease by a practice nurse	Item 10997

2.5 Offer self-collection

Offering CST via self-collection is a valuable strategy to increase participation in cervical screening, particularly for patients who face barriers to clinician-collected samples. Consider offering self-collect to provide an accessible and flexible option, empowering patients to take charge of their health, and in turn, improve overall screening rates.

Eligibility for self-collection:

- It is recommended that clinical staff familiarise themselves with the eligibility criteria to ensure that the appropriate patients are offered self-collect CST. For more information, click here.

Considerations for offering self-collection:

- Explain to patients the importance of following instructions carefully to ensure sample validity and quality.
- Address any concerns or misconceptions about self-collection, such as fears of doing it incorrectly or doubts about its accuracy.
- Provide a clean, comfortable, and private area within the clinic where patients can collect their sample. This could be a designated room with a chair, table, hand sanitizer, how to guides, and pathology kits.
- Maintain an adequate supply of approved self-collection swabs and kits, ordered based on your local pathology provider's requirements. For more information, see below in "pathology for self-collected CST".
- Explain that self-collection is suitable for HPV testing. Positive results will still require follow-up testing.



Learn about the clinical pathway that supports the National Cervical Screening Program and the guidelines for pathology testing of cervical and vaginal samples, including self-collection.
Weblink: Understanding the National Cervical Screening Program Management Pathway

Pathology for self-collected CST:

- There is a range of collection devices and methods available for use under the National Cervical Screening Program for self-collected vaginal samples. As a result, different pathology laboratories may have varying collection and handling instructions and requirements.
- Talk to your local pathology providers to confirm if and how they can process self-collected vaginal samples, as this will vary by pathology laboratory. For more information click here.
- Steps for managing self-collected vaginal samples:
  - o Confirm with your pathology provider the types of swabs they process and order them accordingly.
  - o Ensure the swabs are stored appropriately to maintain integrity until use.
  - o Establish a regular process for checking expiry dates on swabs and collection kits. Expired swabs should be disposed of appropriately.
  - o Train clinical staff on recognising and understanding the specific types of swabs used, proper labelling on samples, and correct handling procedures to maintain sample viability.

Improvement Idea #3:
Increase patient participation in cervical screening

The aim of improvement idea #3 is to increase patient participation in cervical cancer screening by raising awareness, identifying eligible patients, and offering opportunistic screening opportunities.

3.1 Patient awareness and education

Identify opportunities for health promotion and prevention within your general practice to raise awareness of cervical screening.

- Implement ways to promote cervical screening (and self-collection) for your patients, and consider how your practice may engage with under/never screened patients using the NCSP Healthcare provider toolkit (including the resource library).
- Promotion could be through:
  - o Posters or information pamphlets
  - o Practice webpage and/or social media pages
  - o Phone message during out of hours and/or and on hold
  - o SMS alerts/online booking system messaging

Weblink: National Cervical Screening Programs Communications Toolkit for key messaging

3.2 Identifying patients eligible for cervical screening

- Baseline data is your current performance. Baseline data for QI activities can be obtained from multiple sources e.g.:
  - o Population health management and data analytics tools, such as Primary Sense.
  - o Practice management software, using the "search" function/patient registers.
  - o External data sources - e.g., pathology companies, NCSR.
- For your baseline data percentage of eligible patients who have an up-to-date cervical screen, you can access the PIP QI 10 Measures Report (% compliance). It helps track performance easily over time.
- Find a list of patients without cervical screening recorded (due for screening) using Primary Sense:
  - o Patients missing PIP QI or accreditation measures, filter by "QIM 9" OR
  - o Patients booked in with missing PIP QI measures (with appointments in next two weeks) filter by "QIM 9".
- Check the patient's cervical screening history from either:
  - o The patient's file (practices using Best Practice and MedicalDirector can integrate their clinical software with the NCSR) - click to find out more.
  - o NCSR Healthcare Provider Portal via PRODA. If required, refer to the Healthcare Provider Portal User Guide. Check the patient's cervical screening history from:
  - o The patient's file (practices using Best Practice and MedicalDirector can integrate their clinical software with the NCSR) - click to find out more.

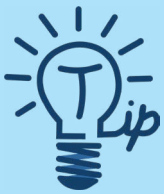
Using your clinical information system to identify eligible patients who are due or overdue:

- o Medical Director Database Search
- o Best Practice Database Search

Select a Sample (or Group) of patients

It is important to direct your improvement efforts at the patients who are most likely to benefit. The next step is therefore to identify a suitable group (sample) of patients eligible for cervical screening. Potential patient groups could be:

- Patients aged 25-26 years who have recently entered the NCSP.
- Patients 45-49 age group, to be included with the 45-49 Health Assessment.
- Patients aged 70-74 years who are exiting the NCSP.
- Patients who identify as Aboriginal and/or Torres Strait Islander as they are less likely to screen regularly or at all.



How to Filter in Excel

- Once you have downloaded your report, you can then export it to Excel to add filters and reduce your patient list with a sample you'd like to work with.
- Open your downloaded report in Excel
- Select the data, then go **Data > Filter** to add filter arrows to the headers.
- Click a column's filter arrow to select specific values, search, or use options like "Greater Than" for numbers or dates.
- To clear a filter, click the filter arrow and select **Clear Filter.**
- Use the **Primary Sense – How to use reports** guide (page. 4) for more information.

3.3 Identifying opportunistic screening

Check patients coming into the clinic on the day or in the coming week and flag in their patient file those who are overdue for cervical screening. This can be done by using the Primary Sense ***Patients booked in with missing PIP QI measures, filter by "QIM 9".***

- Ensure a practice nurse is available to supervise/answer questions on cervical screening and/or self-collection.
- At time of consultation, if patient is due for screening, practice team offer patient to complete self-collection test if eligible.
- Provide support to help patients overcome barriers and prepare for test.

Improvement Idea #4:
Increase workforce capability and patient engagement

The aim of improvement idea #4 is to enhance the capability of practice staff and patient engagement by providing targeted training and creating an inclusive, culturally safe environment.

4.1 Cervical cancer screening education and information

The **Australian Centre for the Prevention of Cervical Cancer (ACPCC)** offers free CPD-accredited training, including National Cervical Screening Program eLearning modules, to equip healthcare providers with the knowledge and skills to support HPV self-collection and informed screening decisions.

Weblink: Cervical Screening Education | ACPCC

The National Cervical Screening Program Clinical Guidelines have been updated to support the expansion of self-collection and have come into effect since 1 July 2022

RACGP offer a free, CPD accredited webinar for GPs which provides a disability-focused overview of the renewed National Cervical Screening Program (NCSP), including self-collection, and explores strategies to support screening for patients with disabilities.

Weblink: Optimising cervical screening for people with disability - supporting equity in your practice | RACGP

Watch Gold Coast Primary Health Network's endorsement video to boost confidence in offering self-collection option for cervical screening.

Video: Cervical Screening Self-Collection with Dr Michelle Davis | YouTube

Gold Coast Primary Health Network offer a clinical audit focused on the differentiating between self-collection and clinician-collected cervical screening pathways, assessing patient data to identify eligible individuals, determining suitability for self-collection based on clinical guidelines, and implementing practice improvements to enhance participation in cervical screening.

For more information:
Gold Coast Primary Health Network
07 5612 5408 | practicesupport@gcphn.com.au

4.2 HealthPathways Gold Coast - Localised Cervical Cancer Pathways

HealthPathways Gold Coast offers practice managers, practices nurses and GPs easy access to locally relevant, evidence-based guidelines for cervical screening. Designed for use during consultations, it provides clear guidance on assessing and managing patients, including details on referral pathways to local services, ensuring consistent and high-quality care.

Consider how your practice will communicate collection options to patients and ensure clinical staff are aware of which option would be most appropriate for each patient using the Cervical Cancer Screening HealthPathways, which provides localised guidance for assessing and managing patients.

Video: How can HealthPathways help GPs? | YouTube

Access to introductory video on HealthPathways Gold Coast – Length 1.17minutes

To register, email the team at gchealthpathways@health.qld.gov.au

Access to HealthPathways Gold Coast is available to general practice teams in the Gold Cost Primary Health Network catchment.

4.3 Creating a safe and inclusive environment for priority patient populations

Create a supportive and culturally safe environment and support priority communities. As a team, develop strategies to address inequities and improve screening rates among under-screened groups based on the priority populations in your practice such as:

- Offer self-collection method to eligible patients. Ensure there is a private, accessible space, with how-to guides available.
- Access to a female GP and/or Practice Nurse.
- National interpreter services.
- Local transport options.
- Accessible, appropriate information and resources for priority groups.
- Deliver education sessions in languages to women from refugee and/or non-English speaking backgrounds on HPV self-collection.
- Provide culturally safe opportunities for women from refugee and/or non-English speaking backgrounds to book and attend appointments.

Patients who identify as Aboriginal and/or Torres Strait Islander

Aboriginal and Torres Strait Islander patients face higher rates of cervical cancer due to under-screening, late detection, and unique barriers such as cultural sensitivities, limited access to services, and distrust of healthcare systems. To address these challenges, it's essential to create culturally safe, flexible, and inclusive screening practices.

Weblink: Aboriginal and Torres Strait Islander people | Australian Government Department of Health and Aged Care

Resource: How to collect your own sample (for Aboriginal and Torres Strait Islander women)

Video: Yarning about Aboriginal Women's Health Business

Cultural Safety and Awareness Training: Delivered in partnership with Kalwun and GCPHN, this training enhances culturally safe practices, covering historical impacts, opportunities, barriers, GP incentives, Closing The Gap initiatives, and RACGP-accredited training, meeting PIP Indigenous Health Incentive requirements and offering CPD hours.

Weblink: GCPHN | Kalwun Cultural awareness and cultural safety training

Patients from culturally and linguistically diverse backgrounds

Offer translated resources and provide access to interpreting services. The Australian Government Department of Home Affairs has a free interpreting service for private medical practitioners: TIS (Translating and Interpreting Service).

Weblink: Translated resources | Australian Government Department of Health and Aged Care
Weblink: Translating and Interpreting Service | (TIS National)

Resource: How to engage patients from culturally and linguistically diverse backgrounds in cervical screening | Australian Government Department of Health and Aged Care

Patients with a disability

Consider accessibility in your practice for patients with disabilities:

- Ensure accessibility within the practice to accommodate the diverse needs of patients with disabilities, including physical, sensory, and communication adjustments.
- Provide suitable facilities such as wheelchair-accessible entrances, height-adjustable examination tables, and accessible restrooms.
- Routinely offer longer appointment times to allow for thorough consultation and to address individual needs effectively.
- Provide resources in accessible formats such as plain English, large print, Braille, or audiovisual materials tailored for patients with disabilities.
- Train staff to use inclusive language, build rapport, and adopt a patient-centered approach that respects individual expertise about their own disability.
- Facilitate alternative methods for cervical screening, such as self-collection, with appropriate support and explanation of options.

Weblink: People with disability | Australian Government Department of Health and Aged Care

Resource: Easy read guide explaining the choices available for having a Cervical Screening Test
Resource: Visual guide on how to collect your own vaginal sample for a Cervical Screening Test
Resource: Visual guide on understanding Cervical Screening Test results

LGBTQIA+ Community

Nearly all cervical cancers are caused by human papillomavirus (HPV). LGBTQIA+ individuals aged 25 to 74 with a cervix require regular cervical screening, as they remain at risk of cervical cancer regardless of their sexual partners or gender identity.

- Consider consistently recommending cervical screening to all eligible patients regardless of their sexual practice, history, or orientation.
- Avoid making assumptions & when discussing cervical screening with patients, healthcare provider should employ a nonjudgmental and open-minded approach.

Weblink: People of diverse sexualities and genders (LGBTQI+) | Australian Government Department of Health and Aged Care

Video: Cervical screening is for everyone with a cervix

People who have experienced sexual assault or trauma

People who have experienced sexual assault often face heightened sensitivity during gynecological procedures, which can serve as distressing reminders of their trauma. As a result, they are less likely to attend cervical screening, and when they do, they may have more challenging experiences during the procedure. Additionally, they are at an increased risk of gynecological issues, including cervical neoplasia.

- Provide trauma-informed care: Offer options like self-collection, longer appointments, and the presence of a support person to create a safe and supportive environment.
- Train healthcare providers: Encourage staff to complete training on trauma-informed practices, sensitive communication, and supporting survivors during cervical screening.



Weblink: People who have experienced sexual assault or trauma | Australian Government Department of Health and Aged Care

Finishing points

Sustainability check list – maintaining the change

Cyclical nature of PDSAs- Adopt, adapt, abandon	• Adopt: excellent work, embed that change. • Adapt: determine if a change is needed to the plan and start a new PDSA. • Abandon: Rethink the next PDSA • Lessons can be learned from PDSAs that are abandoned. Keep a record of learnings.
Set a clear review process for QI Activities	• Frequency of Reviews: Schedule reviews based on the activity timeline (e.g., every fortnight for a 12-week activity). • Data-Driven Reviews: Use practice data at each checkpoint to assess progress toward goals. • Identify Barriers: During reviews, identify challenges or barriers to progress and plan corrective actions if needed.
Document your improvement activity	• Document QI activities to meet PIP QI and CPD guidelines. Use tools like GCPHN's Cervical Screening PDSA Template. • Documentation must be kept for 6 years for evidence of PIP QI if your practice is audited by the Department of Health and Aged Care.
Sustaining project outcomes	• Updates to Policy and Procedure manual. • Specific task procedures. o Assign responsibility for monitoring outcomes and taking corrective action if performance falls short of the new standard. • Establish intervals for regular reviews of performance related to the QI activity. • Local signs or instructions. • Staff work practices. • Position descriptions. • Staff induction. • Staff skills development or education. • Annually review the outcomes of the PDSA cycles to ensure adherence and identify new improvement opportunities. • Regularly audit data to identify gaps, refine targets, and plan future activities. • Use insights and learnings from this activity to inform new QI activities.
Communication is key to finishing a successful project.	**Consider:** • QI project outcome feedback to staff. • Discuss project strengths and challenges. • Feedback to patients, where appropriate. • Consider incorporating this as part of your practice preventative health care promotion activities.
Celebrate success	• Celebrate your outcomes and achievements by sharing a morning tea with your team. • Consider sharing your practice improvement activity efforts with your patients through practice newsletters, website or waiting room. E.g. displaying data reports to demonstrate change over time.
Review and reflect	• Discuss project strengths and challenges. • Annually review the PDSA outcomes to ensure activities are still being adhered to and completed. • Annually review and audit your data related to this activity. Identify gaps, areas for improvement and set new targets if needed. • Where to next on your continuous QI journey? • Consider potential topics for a new QI activity, and how your experience with this activity can help you to be more efficient and effective.

PDSA Exemplars

PDSA Exemplar 1: Identifying patients due for cervical screening
PDSA Exemplar 2: Increase access to cervical screening for patients
PDSA Exemplar 3: Increase patient participation in cervical cancer screening
PDSA Exemplar 4: Increase workforce capability and screening rates
PDSA Template: NINCo PDSA-Template

Cervical Screening Resources

- Access your patients' cancer screening information and submit program forms to the NCSR using MedicalDirector or Best Practice clinical software. Click here to find out more.
- Understanding the NCSP Pathway - learn about the screening pathway that supports the NCSP and the guidance for pathology testing of cervical and vaginal samples.
- Quick Reference Guide - Self-collected vaginal sample - information about testing for HPV through the self-collected vaginal sample option, including possible test results and follow-up requirements.
- Quick Reference Guide - Clinician-collected Cervical Screening Tests - a guide about the clinician-collected cervical screening HPV testing option, including information on possible test results and follow-up requirements.
- NPS Guide to understanding cervical screening test results - a brochure explaining what the Cervical Screening Test is, what the possible test results mean, and what happens when a patient is referred to a specialist.
- Queensland NCSP Asset Library | Queensland Health
- View the full range of national resources for both healthcare providers and participants

Appendix 1

Potential improvement roles and responsibilities of practice team members

General Practitioners	• Facilitate the CST. • Patient education on NCSP. • Offer the two options for cervical screening where clinically indicated. • Answer any patient questions that might arise as part of taking the test and offer any extra support or assistance if needed. • Complete the pathology request form for tests, include patient ethnicity information. • Support your clinical team to provide clinical oversight and governance of the activity.
Practice Nurses	• Practice nurses can be instrumental in supporting patients to engage in cancer screening, such as, education around the NCSP and options for screening. This may occur during health assessments, CDM plans, or opportunistically. • Trained Nurse Cervical Screening providers can facilitate CST. • Practice nurses can provide education on or facilitate the self-collection CST should patients require support. • Support the implementation of the activity. • Provide support to generate data reports from clinical information system or Primary Sense. • Identify patients to provide opportunistic interventions. • Access the National Cancer Screening Register to search for patient information on behalf of the GP. Nurse cervical screeners can also access NCSR by obtaining a Registered Identification Number (RIN). • Nurse practitioners can sign the pathology request for tests under current MBS rules.
Practice Manager	• Coordinate NCSR integration through PRODA. • Maintain up to date patient registers. • Analyse practice data. • Provide protected time for nursing staff to complete free online CPD accredited training. • Provide protected time for the quality improvement lead team to complete activities.
Reception Staff	• Order and maintain supplies of resources (e.g. patient information). • Display brochures and posters in high visibility areas within the practice that target a range of different under screened communities. • Add flags or clinician reminders for due or overdue patients. • Support the implementation of the activity. • Provide support to generate data reports. • Support the practice team to identify patients eligible for relevant reminders and contact patients as per practice reminder/recall procedure. • Review process with clinical team if a patient cancels a screening appointment and does not reschedule (who to inform etc.)
Medical and Nursing Students	Consider tasks that medical or nursing students could implement during clinical placements to support your QI activities.



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