

Optimising Self-Collected Cervical Screening in Eligible Practice Patients



CPD Outcomes



Reviewing
Performance (RP)

5 hours



Measuring
Outcomes (MO)

6 hours

| RACGP CPD Approved Activity | | |
|-----------------------------|-----------------------|--------------------|
| Educational Activities | Reviewing Performance | Measuring Outcomes |
| 00 | 05 | 06 |
| hours | hours | hours |

Part A: Instructions & Reflective Questions (submit this document back to GCPHN)

Please download and SAVE this document to your computer first before filling in your details.

Once you have finished completing this document, submit this back to Gold Coast PHN at practicesupport@gcphn.com.au to review and approve your submission for your CPD hours to be uploaded to the RACGP dashboard.

Learning outcomes

By the end of this clinical audit, GPs will be able to:

1. Outline the differences between the cervical screening self-collection and clinician-collected pathways.
 2. Assess patient data to better identify patients who are eligible for cervical screening self-collection in particular vulnerable populations.
 3. Determine the suitability of a patient for cervical screening self-collection according to National Cervical Screening Program clinical guidelines.
 4. Implement practice system improvements to optimise identification and participation in cervical screening self-collection for eligible patients.
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1. This clinical audit includes 2 documents:
 - Part A: Instructions / Reflective Questions (submitted to GCPHN) – this document
 - Part B: Optimising self-collected cervical screening in eligible practice patients clinical audit checklist (this is your working document for each patient, retain for your records)
 2. Practice Manager to ensure the National Cancer Screening Register (NCSR) is downloaded and integrated with practice clinical software.
 3. GPs are to review each of the guidelines provided with the intent of ensuring the audit is incorporating these as the standard:
 - [RACGP Red book 10th Edition- RACGP Guidelines for preventive activities in General Practice.](#)
 - [National Cervical Screening Program – Understanding the National Cervical Screening Program Management Pathway.](#)
 - [National Cervical Screening Program – Healthcare Provider toolkit \(Dept of Health and Aged Care\).](#)

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- [Access the NCSR via compatible clinical systems \(Best Practice/Medical Director\).](#)
- 4. Using the NCSR or practice clinical software, prepare a list of 10 patients per GP, of patients who have had a cervical screening test performed in the last 12 months.
- 5. GP to document on Part B: Audit Checklist and refer to the guidelines/standards provided in step 3 above. Review each patient's clinical record using the practice software and NCSR and establish whether the patient was eligible for self-collection at the time of screening.
- 6. From the initial audit, GP to document:
 - a. What the gaps in care are for each patient and what is required to be done,
 - b. Overall reflections on improvements to cervical screening self-collection for the cohort of patients
 - c. If any potential improvements in the practice system are identified.
- 7. GP to present findings at a practice meeting with at least one other GP in attendance plus a practice manager and a practice nurse. Minutes of the practice meeting need to be recorded to document the agreed changes and assign who is initiating the changes required based on the team discussion.
- 8. Implement the agreed changes based on findings from cycle 1- clinical audit.
- 9. Identified patients requiring review or action are recalled and seen by GP/Nurse.

Cycle 2

1. PM or practice nurse to identify patients due/overdue for cervical screening using Primary Sense reports:
 - a. *"Patients missing PIP QI or accreditation measures"* as this report identifies those patients who do not have a cervical screen recorded in the clinical software (this indicates that no screening has occurred in the last 5yrs). OR
 - b. *"Patients booked in with missing PIP QI measures (with appointments in next two weeks)"* if you would like to discuss with a patient opportunistically in an upcoming appointment.
2. From the above list, GP to identify 10 patients due/overdue for cervical screening and review eligibility for self-collection based on guidelines/standards and patient's history,
 - a. woman or person with a cervix aged 25-74yrs,
 - b. had any type of sexual contact,
 - c. due or overdue for cervical screening
 - d. asymptomatic
3. Patients identified as eligible for self-collection cervical screening should be flagged (in clinical record) and offered this test during the consultation.
4. Patients identified as requiring review or action for cervical screening are recalled as per practice recall and reminder policy and procedure.
5. GP to document using Audit Checklist (1 per patient) for Cycle 2.
6. GP to document Cycle 2 overall reflections on self-collection cervical screening for the cohort of patients recalled and offered self-collection during consultation (page 4).
7. GP, Practice Nurse and Practice Manager to develop a plan to implement the change/s (if any identified) based on the results from Cycle 2 and discuss the improved policy/process/system in a team meeting to confirm changes and refine further improvements to be made in the general practice. Don't forget to document in meeting minutes.
8. GP, please complete the post activity evaluation form— submit to the GCPHN email on page 1, via the snapform [link](#) or the QR Code.
9. GCPHN to submit record of participation to RACGP & provide 'certificate of completion' to GP/s.



Cycle 1: Post – Audit Reflection Questions

1. Were there any unexpected gaps in care identified?
2. What changes can be implemented to address the identified gaps in care?
3. Are there any other changes or improvements that will implemented because of this audit (including practice systems & processes)?

Cycle 2: Post – Audit Reflection Questions

1. Were there any further unexpected gaps in care identified with this process?
2. What were your overall learnings from this audit?
3. Are there any other changes or improvements that will implemented because of this audit (including practice systems & processes)?