

Cervical screening and the role of the Practice Nurse in General Practice

The introduction of MBS item #10998 for a practice nurse to undertake Pap tests in general practices in rural and remote areas (RRMA 3-7) has made this role more viable in many general practices. Even in metropolitan areas, where the item number is not yet available, more nurses are becoming pap test providers which has had the effect of freeing up the time of general practitioners to either see more patients, or decrease overall workload and stress.

Nurses have been undertaking cervical screening in Victoria since the early 1990s, and Victorian Cervical Cytology Registry (VCCR) reports tell us that nurses are more likely to screen unscreened and under screened women than other providers. For many practices, providing the option of a practice nurse undertaking Pap tests will increase their client's choice through access to a female provider.

How can GPs ensure that practice nurses will work at a level of clinical skill to be an added advantage to their practice and ensure service of the highest quality?

Victoria leads the way in this area. All nurses who have successfully completed accredited courses in Victoria agree to work under the National Nurse Pap Smear Provider standards and competencies to become credentialled. These National standards were developed to ensure quality practice of nurse-based cervical screening services.

All nurses who successfully complete either one of the two accredited courses in Victoria (either through Family Planning Victoria or Department of General Practice, at the University of Melbourne) will be eligible to be credentialled by the Royal College of Nursing, Australia. This status then enables the nurse to have access to a practice number at Victorian Cytology Service where the Department of Human Services funds the processing of their Pap test. This access to Victorian Cytology Service, as the public laboratory in Victoria, eliminates the need for the GP to have to sign for Pap tests taken by the practice nurse. The level of quality assurance built into the credentialling system for Victorian nurses provides a high level of assurance for the GP and the consumer regarding their skill level.

Victorian Cervical Cytology Registry report on the standards of quality of clinical practice that nurses have achieved and on average, nurses sample a higher rate of endocervical component than all other providers in Victoria.

Credentialled nurses taking Pap tests in Victoria undergo a three yearly recredentialling process that includes review of their clinical level of skills. To enable this process to be undertaken, it is critical that nurses utilise laboratories that provide them with individual clinical reports, such as Victorian Cytology Service.

Within general practice, nurses taking Pap tests will save the GP time, which can be used to see additional patients. Training through the accredited course at the University of Melbourne is readily accessible for rural practice nurses because it is offered in distance mode.

With regard to professional indemnity concerns, coverage for procedural work currently undertaken will cover the practice for any vicarious liability arising from nurse-initiated Pap tests. In addition many practice nurses have their own professional indemnity to cover themselves (this is recommended by the Australian Practice Nurses Association). We are not aware, though, of any legal action having arisen from a nurse performing pap tests in Victoria.

The GP can provide a consultation before the practice nurse provides the screening and claim their usual consultation fee, as well as the Nurse MBS item. However, general practices are still able to claim the Practice Incentive Program (PIP) service incentive payment for unscreened or significantly underscreened women when the practice nurse takes the Pap test independently; and the screened women will contribute to the practice PIP outcomes payment regardless of the provider.

The Rural Doctors Association of Australia president Dr Sue Page was quoted in February in Australian Doctor saying that practice nurses currently performed 15% of Pap tests in rural areas and this number will certainly increase as use of the MBS rebate increases.

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