



resource manual for smeartakers

ICSP/ICGP would like to acknowledge and express our appreciation for the contribution and guidance received from colleagues, doctors and others, in the development and production of this manual.

Content

Introduction

Section 1 Cervical Cancer & Screening Principles 1-2

1.1	Epidemiology	3
1.2	Natural History	3
1.3	Risk Factors	4
1.4	The Role Of Human Papilloma Virus	5
1.5	Prevention Of Cervical Cancer - The Case For Screening	5
1.6	Rationale For Screening Intervals	7
1.7	Understanding Terms Commonly Used In Screening	7
1.8	Invasive Cervical Cancer	8
1.9	Investigation	8
1.10	Treatment Of Invasive Carcinoma Of The Cervix	9

Section 2 The Irish Cervical Screening Programme 11-12

2.1	Key Responsibilities Of The ICSP	13
2.2	Awareness Raising	14
2.3	Registration Of Women	14
2.3.1	Eligible Population	14
2.3.2	Self-Registration	14
2.4	The ICSP and Women Communication Processes	14
2.4.1	Call Invitation	14
2.4.2	Normal Results	14
2.4.3	Inadequate/Unsatisfactory Results	15
2.4.4	"Not Normal" Results	15
2.5	Quality	16
2.6	Registered Smeartakers	16
2.7	Unique Individual Identifiers	16
2.7.1	The Woman	16
2.7.2	The Smeartaker	16

Section 3 Women And Cervical Screening 17-18

3.1	Key Responsibilities Of The Woman	19
3.2	Barriers To Screening	19
3.2.1	Why Some Women May Not Attend For Screening	19
3.2.2	Personal Reasons For Non-Attendance	19
3.2.3	Practical Reasons For Non-Attendance	20
3.2.4	Factors Influencing Attitudes And Beliefs About Screening	20
3.2.5	Factors In Considering Attitudes And Beliefs	20
3.2.6	Factors That May Cause Dissatisfaction With Cervical Screening	20
3.3	ICSP And Specific Groups Of Women	21



3.3.1	Women Under 25 Years	21
3.3.2	Women Over 60 Years	21
3.3.3	Post-Menopausal Women	21
3.4	Special Cases And Circumstances	22
3.4.1	Pregnancy	22
3.4.2	Women Who Have Had Hysterectomies	22
3.4.3	Women Who Have Had Cervical Treatment	22
3.4.4	Women With Physical Disabilities	22
3.4.5	Women With Learning Disability Or Illiteracy	23
3.4.6	Women From Other Cultural Backgrounds	23
3.4.7	Women Who Are Immuno-Compromised	23
3.4.8	Women Having Smears At GUM/STI Clinics	23
 Section 4 The Role Of Primary Care In Cervical Screening		 24
4.1	Potential Contribution Of Primary Care	25
4.2	Key Responsibilities Of The Smeartaker (Whether Nurse Or Doctor)	26
4.2.1	Key Responsibilities Of The Doctor With Clinical Responsibility	27
4.2.2	Key Responsibilities Of The Laboratory	27
4.2.3	Key Responsibilities Of Colposcopy Services	27
 Section 5 Taking A Quality Cervical Smear		 28
5.1	Anatomy And Physiology	29
5.2	Environment And Equipment	30
5.2.1	Environment	30
5.2.2	Equipment Required	30
5.3	Infection Control	32
5.3.1	Sterilisation	32
5.3.2	ICSP Recommendations	32
5.4	Counselling, Consent And Confidentiality	33
5.4.1	Counselling	33
5.4.2	Informed Consent	34
5.4.3	Women Who Do Not Wish To Participate In The ICSP	35
5.4.4	Confidentiality	35
5.5	History-Taking And The Cytology Referral Form	35
5.5.1	Appropriate Timing	35
5.5.2	Pre-screening Interview	35
5.5.3	Clinical History Taking	35
5.5.4	Cytology Referral Form	36
5.5.5	Before Proceeding	36
5.6	Taking A Cervical Smear	37
5.7	Procedural Details	37
5.7.1	Positioning The Woman	38
5.7.2	Insertion Of The Speculum	38
5.7.3	Assessment Of The Cervix	39

5.7.4	Taking The Sample	39
5.7.5	Preparing The Slide Or The LBC Vial	39
5.7.6	Transfer The Sample To The Slide	40
5.7.7	Fixing The Slide	40
5.7.8	Slide To Holder	40
5.7.9	Liquid Based Cytology	41
5.7.10	Complete Cytology Referral Form	41
5.7.11	Submit Samples To Laboratory	41
5.8	Quality Issues	41
5.8.1	Accuracy Of Information	41
5.8.2	Quality Assurance Targets	41
5.8.3	Inadequate Smears	41

Section 6 Primary Care Office Organisation 43-44

6.1	Results And Screening Recommendations	45
6.1.1	Normal Results	45
6.1.2	'Not Normal' Results	45
6.1.3	Referral For Colposcopy	45
6.1.4	Recommendations	46
6.2	Records - Manual And Computerised Systems	46
6.2.1	Clinical Records	46
6.2.2	Laboratory Records	47
6.2.3	Tracing Smear Results	47
6.2.4	Manual Record Systems	47
6.2.5	Computerised Record Systems	49
6.3	Primary Care And ICSP Paperwork	50
6.3.1	Smeartaker Registering Requirements	50
6.3.2	Payment For ICSP Smears	50

Section 7 Frequently Asked Questions 51-56

Appendices 51-56

Appendix 1	ICSP's Women's Health Charter	59
Appendix 2	ICSP's Quality Policy Statement	62
Appendix 3	ICSP's Quality Assurance Targets For Smeartakers	63
Appendix 4	Terminology	66

References 71



Introduction

The first phase of the Irish Cervical Screening Programme was launched in the Mid-Western Health Board area in October 2000, to test the operational issues for establishing a national screening programme in Ireland. This was based on the recommendation of the Report of the Department of Health Cervical Screening Committee, published in December 1996.

Cervical screening through the Programme will be based in primary care. It is anticipated that practice nurses will take the majority of screening smears. Accordingly, there is a need to provide support and training for both GPs and practice nurses. The Irish College of General Practitioners has devised an education programme for GPs and this has been well received in the Mid-Western Health Board area.

The Irish Cervical Screening Programme, in partnership with the Royal College of Surgeons have developed a comprehensive smearer training programme which is primarily aimed at nurses, at this time, and focuses on clinical competencies. Accreditation for this programme is anticipated in October 2003.

This document has been written by general practitioners from the Irish College of General Practitioners in collaboration with the Irish Cervical Screening Programme to support these training programmes. It provides:

- An overview of cervical cancer and screening
- Details of the Irish Cervical Screening Programme
- The role of primary care professionals in cervical screening
- Guidelines on taking a quality smear

Irish College of General Practitioners

Irish Cervical Screening Programme

September 2003

