



Tūmuaki Nēhi Aotearoa | HANGAIA NGĀ KAIĀRAHI NĒHI  
Nurse Executives Aotearoa | DEVELOPING NEW ZEALAND'S NURSE LEADERS

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Dr Jane O'Hallahan  
Clinical Director  
Clinicians Screening  
National Screening Unit  
National Public Health Service  
PO Box 793  
Wellington 6140  
[Jane.ohallahan@health.govt.nz](mailto:Jane.ohallahan@health.govt.nz)

Anne Stewart  
Programme Manager  
Cervical Screening  
National Screening Unit  
National Public Health Service  
PO Box 793  
Wellington 6140  
[Anne.stewart@health.govt.nz](mailto:Anne.stewart@health.govt.nz)

Tena koe Jane and Anne,

### **Re: HPV Screening Changes**

Thank you for the opportunity to comment on the proposed changes to HPV screening and the implications for the nursing workforce who do not have cervical screening accreditation. The College of Nurse Aotearoa is a professional association for Registered Nurses and Nurse Practitioners. We have consulted members working in primary health and women's health to formulate this response and worked alongside the Nurse Executives Aotearoa (NEA) who have contributed to this consultation feedback.

#### ***Stage 1 Expanded nursing workforce***

*The expanded workforce for Stage 1 is to include **enrolled nurses, registered nurses, and nurse practitioners without cervical screening accreditation**, whom will collectively be called **HPV Nurse Screen-takers**, to work under the delegation of a responsible clinician (an accredited cervical sample-taker) in the HPV programme.*

*For enrolled nurses, registered nurses, and nurse practitioners without cervical screening accreditation to become HPV Nurse Screen-takers, they will need to:*

- have successfully completed all the necessary HPV programme-related training modules,*
- have successfully completed a peer assessment process, AND*
- have made the necessary arrangement to work under the delegation of an accredited cervical sample-taker before commencing on their role as HPV Nurse Screen takers.*



The College and NEA note that Enrolled Nurses (EN), Registered Nurses (RN) and Nurse Practitioners (NP) are going to be working under the *delegation* of an accredited cervical sample taker.

- **This requirement is challenged.** All nurses work within their scope under the HPCA autonomously, so are not required to work under the direction of another health practitioner.

The Enrolled Nurse scope has recently been updated – due to be gazetted at the end of 2023/ early 2024. The words direction/ delegation has been replaced by working in partnership and collaboration with consumers, whānau and the wider health care team. However, until the changes are gazetted, the EN will still have RN and NP oversight within the HPV screening programme. <sup>1</sup>RN scope is described as working independently and in collaboration.

Skills such as obtaining a vaginal swab test for HPV are in nursing scope and can be acquired. The necessary skills and techniques should be part of the education for the programme and supported by adequate standards and protocols.

- **The College and NEA recommend that working under delegation is removed from the document, with at statement that EN and RN should “Have an arrangement with an accredited cervical sample taker for discussion and review”.**

NPs diagnose, treat, and prescribe within scope<sup>2</sup>. They will undertake a screen within their scope of practice. NPs are increasingly the clinician of choice for a growing number of patients. As such they should be the responsible clinician in the same way as GPs and be subject to the same requirements in terms of ongoing annual competence for smear taking.

- **The College and NEA recommend that you remove NP from the document entirely, as they should be considered as the responsible clinician in the same way as GPs.**

The nursing workforce should not need to work under the direction and delegation of an accredited cervical sample taker to provide HPV screening. If the RN is not accredited to complete liquid-based cytology, this does not mean they don't have the necessary skills and knowledge to carry out HPV

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<sup>1</sup> [https://www.nursingcouncil.org.nz/NCNZ/nursing-section/Registered\\_nurse.aspx](https://www.nursingcouncil.org.nz/NCNZ/nursing-section/Registered_nurse.aspx)

<sup>2</sup> [https://www.nursingcouncil.org.nz/Public/Nursing/Scopes\\_of\\_practice/NCNZ/nursingsection/Scopes\\_of\\_practice.aspx?hkey=61f53c32-ca6c-4529-ae6c-484a0f42f875](https://www.nursingcouncil.org.nz/Public/Nursing/Scopes_of_practice/NCNZ/nursingsection/Scopes_of_practice.aspx?hkey=61f53c32-ca6c-4529-ae6c-484a0f42f875)



screening including the ordering and management of lab results if they can demonstrate competency and within appropriate protocols. Without this, it is perpetuating the notion of 'task based' nursing which does not support or enable the workforce to be fully utilised.

The College and NEA acknowledge that obtaining a liquid based cytology does require the practitioner to be an accredited cervical sample-taker. However, given that only 10% of women/people who have a cervix are predicted to require liquid based cytology, the intention to require EN/RN who are not accredited to work under delegation of another practitioner will increase the workload on an already stretched workforce. Lab results would need to be ordered under a GP or accredited cervical sample takers name, resulting in tests going back into their inboxes. **This increases workloads and increases the likelihood of results being missed.**

- **We do not consider that NPs should be considered part of the expanded nursing workforce, but they should be recognised as the responsible clinician.**

This is a low-risk test, with clear pathways. The HPV nurse screen taker who has demonstrated competency should be enabled to order an HPV related test (excluding liquid-based cytology). If this is not enabled, unnecessary barriers to services will be created which will disadvantage women by potentially duplicating appointments. This is not supportive of enhanced access to healthcare or addressing equity.

- **The College and NEA are supportive of course criteria, requirements and competencies that enable HPV screen takers to work independently – with clear pathways for referral to Accredited RN, NP, or GP for positive results.**
- **The College and NEA encourage greater numbers of RN to be accredited cervical sample takers to facilitate follow up and review of results and referral to colposcopy services as appropriate.**

## **Stage 2 Further expansion of HPV workforce**

*Stage 2 of the proposed expansion in HPV workforce will involve the **non-clinical workforce**, who are currently working within or outside Screening Support Services or Māori/Pasifika service providers, to work under the delegation of a responsible clinician (an accredited cervical sample-taker) in the HPV programme. It is proposed that these kaimahi will collectively be known as **HPV Screen Facilitators**.*



The College and NEA are supportive of the kaimahi workforce working with EN, RN and NP to facilitate access to services for women, improving access to health care. Kaimahi who have completed the necessary requirements to become HPV Screen Facilitators should be able to work alongside RNs or ENs who are HPV Screen takers.

- **This level of oversight should be sufficient if there is not an accredited provider available to enable the majority of women to access healthcare at a screening level, with clear pathways for referral available for women requiring cervical smears or further follow up/ referral.**

The intention of the expanded workforce is to effectively manage demand, ensuring that women have access to timely high-quality health care. As such, nursing practice should not be unnecessarily constrained.

Thank you for the opportunity to comment on this issue, I am happy to be contacted for more information.

Ngā mihi nui

Kate Weston  
Executive Director  
College of Nurses Aotearoa (NZ) Inc  
[executivedirector@nurse.org.nz](mailto:executivedirector@nurse.org.nz)  
[www.nurse.org.nz](http://www.nurse.org.nz)

Dr Jill Clendon  
Co-Chair  
**Nurse Executives Aotearoa (NEA)**  
[jill.clendon@nmdhb.govt.nz](mailto:jill.clendon@nmdhb.govt.nz)  
<https://www.nurseexecutivesaotearoa.org.nz/>

Brenda Close  
Co-Chair Māori,  
**Nurse Executives Aotearoa (NEA)**  
[brenda.close@cdhb.health.nz](mailto:brenda.close@cdhb.health.nz)  
<https://www.nurseexecutivesaotearoa.org.nz/>