

# Cervical Screening Audit

The QML Pathology Cervical Screening Audit has been created for practitioners who refer cervical screening tests (CST's) to QML Pathology

QML Pathology is proud to present our Cervical Screening Audit for the 2020-2022 triennium.

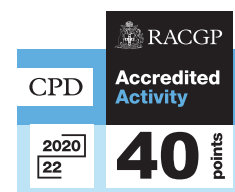
The audit has been designed with input from specialists and generalists to be both informative and practical. Each practitioner registered for the audit will receive their individual results clearly presented in a graphic and text format.

Not only will the audit data include the HPV risk profile of your patient cohort compared to national figures, it will help you ensure that your practice aligns with current National Cervical Screening Program (NCSP) guidelines. Accompanying each audit result sheet is an additional list of all your patients who may specifically need follow up or further intervention – a useful second step to reinforce the safe and correct management of your patients.

The QML Pathology Cervical Screening Audit is the perfect audit for self-reflection, enabling you to target areas in your practise for refinement and continued improvement of your service to your patients.

## AUDIT FEATURES AND BENEFITS

- ✓ Quarterly results.
- ✓ Breakdown of HPV status into type 16, 18 and other.
- ✓ Results separated into HPV vaccinated cohort and non-vaccinated cohort.
- ✓ Compare your routine screening patients' HPV incidence with the published National HPV positivity rate.
- ✓ Highlights deviation from NCSP guidelines by specifically identifying CST's on women <25 years old who are asymptomatic, with no previous abnormal result and no sexual debut before 14 years old.
- ✓ Accurately correlate HPV status with associated cytological findings of your patients.
- ✓ Assess the quality of your completing pathology referral request forms. (The request form plays a crucial role in allowing the laboratory to perform the correct test and issue the correct recommendation). The audit will highlight the proportion of your request forms that the laboratory staff find incomplete, misleading or requesting tests outside of NCSR guidelines without clarification.
- ✓ Detailed categorisation of your cervical cytology results with emphasis on those that are unsatisfactory for reporting.
- ✓ Proportion of your cervical cytology samples without endocervical cells, facilitating your own surveillance of your sampling procedures.
- ✓ Accompanying list of your patients in the preceding audit period who were assigned a risk category other than Low Risk. This list will include all patients reported as Unsatisfactory/Intermediate Risk/High Risk/Abnormal Finding or No Risk Category Assigned.
- ✓ This accompanying list will allow you to correlate your own medical records and practice management software automatic recalls, to ensure that none of those patients have "slipped through the net".



## REGISTRATION REQUIREMENTS

To register, please complete the attached Audit Registration Form and return via fax to **(07) 3121 4478** or via email to **education@qml.com.au**. Registration is also available via the web site at **qml.com.au**. All eligible practitioners **must fill out the registration form** to ensure they are registered in the system to capture information for audit reports.

Although not compulsory, it is recommended that specimens be submitted on **lavender** Cervical Screening Test Request forms which are available via your Medical Liaison Officer, your stores network or your nearest laboratory.

## REPORTING FEATURES

Reports will be generated 3 monthly following your registration. The audit timeline is over a 6 month period with the activity being available each calendar year of the triennium.

## RACGP QI&CPD/ACRRM/RANZCOG POINTS

Following the appropriate completion of all the required elements of the audit - 6 months of participation you will receive your reflective evaluation which is to be completed to ensure your college points. The QML Pathology Education team will then upload successful participants' allocated points for approval. Once approved by respective colleges, participants will receive a statement of completion for their reference.

- This education is a CPD Accredited Activity under the RACGP CPD Program activity number 183534
- PDP Units 30 Outcome measurement 2020- 2022 Triennium  
ACRRM Activity number 19036
- Nurse Practitioners will be eligible\* for ACN CPD accreditation.

## FURTHER INFORMATION

Please speak with your local Medical Liaison Officer, or the QML Pathology Education team on **(07) 3121 4531** or email **education@qml.com.au**.

Doctor code: 1234

### Cervical Screening Audit Report

**Cervical Screening Audit Report**

Doctor name: SMITH, Dr William Doctor code: DOR-1234  
 Address: 12 High St Ivanhoe VIC 3020  
 College(s): ACRRM: 53421, RACGP: 12345  
 Date range: 01/01/2019 - 31/03/2019 Practice Category: Specialist Obs-Gynae

**Cervical screen request form adequacy**

Total patient episodes referred to Albury Histology Department	28
Number of cases with cytology performed	16
Number of cytology cases with endocervical component	3
Number of unsatisfactory cytology results	4
Total asymptomatic screen patients <25yrs* (other than women with sexual debut <14 years)	1
Request forms submitted with all clinically significant data provided (previous history, relevant clinical signs and symptoms)	12
Request forms submitted with some clinically significant data missing	16

HPV/LBC correlation	HPV 16**		HPV 18**		HPV other**	
	Vaccinated cohort	Non-vaccinated cohort	Vaccinated cohort	Non-vaccinated cohort	Vaccinated cohort	Non-vaccinated cohort
Total cases detected	0	4	0	5	2	5

Corresponding LBC result:

	Vaccinated cohort	Non-vaccinated cohort	Vaccinated cohort	Non-vaccinated cohort
UNSATISFACTORY	0	0	0	0
NEGATIVE LBC	1	1	1	1
pLSIL/LSIL	1	0	0	1
pHSIL/HSIL orCa	0	0	0	1

**Test result breakdown (of total tests requested)**

■ Oncogenic HPV positive

Vaccinated cohort† (yours)

■ Oncogenic HPV negative

Vaccinated cohort† (your peers)

■ Testing invalid

Non-vaccinated cohort† (yours)

■ HPV testing not performed (LBC only requested)

Non-vaccinated cohort† (your peers)

**Your SCREENING patients >25yrs HPV positivity rate, compared to the National HPV positivity rate**

Cohort	Your Patients (%)	National rate*** (%)
Vaccinated cohort (%)	50%	14%
Non-vaccinated cohort (%)	100%	6%

† Vaccinated Cohort = DOB ≥ 30 June 1980, Non-vaccinated Cohort = DOB < 30 June 1980  
 \* This number should be ≥250 excluding women with sexual debut <14 years. The National Screening Cervical Screening Program advises routine screening of women >25 years only, (excludes symptomatic patients)  
 \*\* Multiple synchronous HPV infection types are common (e.g. HPV 16 +ve and HPV other +ve). Therefore these figures may add up to more than the total number of positive cases  
 \*\*\* As published in 3 monthly NCSR data. Data published on 11/12/2018

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Patient name	8
icare No.	Patient address
icare No.	Patient address
icare No.	Patient address
icare No.	Patient address
icare No.	Patient address
icare No.	Patient address
icare No.	Patient address

intended for use by the addressee health practitioner only. The information is provided in consent to release or use of the information for any other purpose, and expressly excludes 1988 (Cth) or any other applicable privacy law. The information relates only to information is complete or accurate. The information is provided to supplement rather than replace any information based on the Pathology Report issued for each individual patient to the addressee.

ected abnormalities, screening in specific populations and investigation of abnormal

\*Pending approval

Sample Report

Sample Patient Follow up Report

# Cervical Screening Audit

Please complete all sections below. Please note: Supplying your RACGP/ACRRM/RANZCOG/ACN number and email address is vital for us to accurately allocate your education points.

## DOCTOR INFORMATION

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

QML Dr. Code (if known): \_\_\_\_\_ Provider No.: \_\_\_\_\_

Name of College: \_\_\_\_\_ College Registration No.: \_\_\_\_\_

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### Practitioner Type

- General Practitioner
  General Practitioner specialising in Women's Health  
 Sexual Health Clinic
  Obstetrician and Gynaecologist
  Nurse Practitioner

## PRACTICE DETAILS

Practice Name (Primary Location): \_\_\_\_\_

Practice Address (Primary Location): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Required**

Other practice locations to be included in this audit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, Dr \_\_\_\_\_ (print name) confirm that I wish to receive a 'Cervical Screening Audit Report' of my pathology cases and I will contact QML Pathology if my contact details change or if I no longer want to receive the 'Cervical Screening Audit Report'.

Doctor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note:** It is recommended that specimens be submitted on **lavender** Cervical Screening Test Request forms which are available via your Medical Liaison Officer, your stores network or your nearest laboratory.

Complete, scan and email or fax this registration form to [education@qml.com.au](mailto:education@qml.com.au) / (07) 3121 4478



Completed Registration Form can be faxed to **(07) 3121 4478**  
For the attention of Marketing Department, Central Brisbane Laboratory, Murarrie.  
This form can also be found online at **qml.com.au**.



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