

## Background

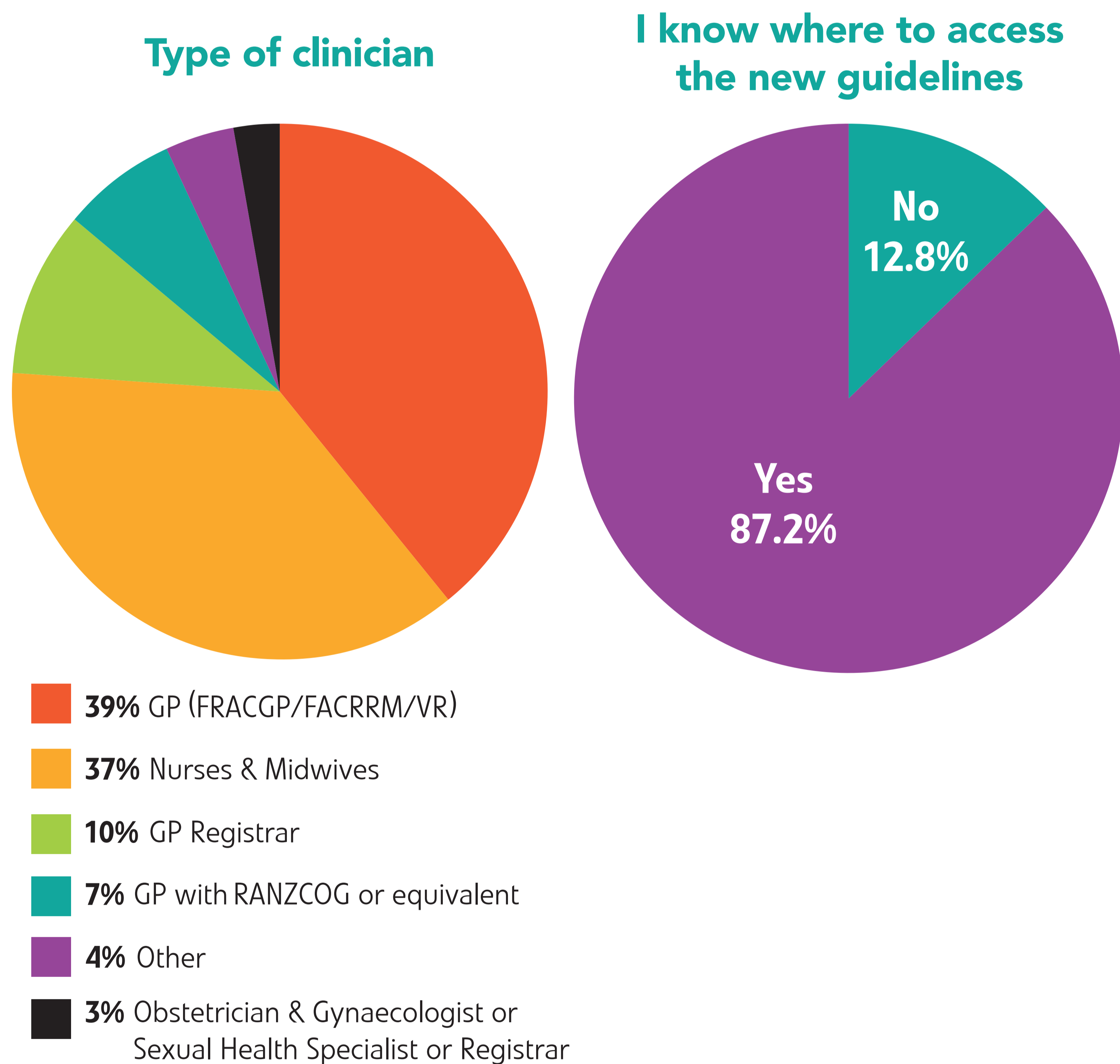
In December 2017, the National Cervical Screening Program (NCSP) was renewed in Australia, with the introduction of 5-yearly HPV screening from age 25, and the release of accompanying updated screening guidelines<sup>1</sup>. Clinician awareness and knowledge of the changes, and correct implementation of the new program, is integral to its success. This research provides a snapshot of clinician understanding and practices in the first year of implementation.

## Method

Clinicians providing cervical screening in NSW were invited to complete an online survey. Invitations were posted in relevant stakeholder newsletters, FPNSW internal and external email lists and via FPNSW social media posts, as well as posts in various professional online platforms. Survey questions were designed to elicit information regarding clinician familiarity with the new cervical screening guidelines, knowledge regarding the renewed screening program, and what (if any) education activities relevant to the renewal clinicians had undertaken. Several clinical case-related questions were also asked to assess understanding of specific areas of the new guidelines. The survey was open for two months from Sept-Nov 2018. The data were analysed using Stata 14.0.

## Results

241 responses were included in the data analysis; 96% of respondents were female & 4% were male.



37.2% of respondents had accessed the guidelines "Never or Rarely". 88% of female respondents vs 60% male respondents knew where to access the guidelines ( $p < 0.05$ )

92% of participants agreed "I support the change in the National Cervical Screening program to commencing screening for HPV every 5 years from age 25."

31% agreed "Commencing cervical screening from age 25 risks missing substantial numbers of cervical cancer."

64-85% of respondents correctly identified indications for screening or testing prior to age 25.

56% of respondents were aware of specific guidance on screening women following hysterectomy. Awareness was significantly less across all types of GP, respondents from a regional area, and significantly higher for those who had completed a FPNSW educational activity.

78% correctly identified that a symptomatic woman required investigation including a Co-Test. This was significantly less for male respondents.

37% correctly identified "Immune-deficient women require 3 yearly screening". This was significantly higher among those who accessed guidelines weekly or more than weekly ( $P < 0.05$ ).

81% correctly agreed "Unvaccinated women have the same screening requirements as vaccinated women". The percentage was significantly lower among clinicians from rural or remote area ( $P < 0.05$ ).

87% correctly agreed "Women still needing to complete Test of Cure after previous abnormalities on the old program should continue with Test of Cure under the new program". The percentage was significantly higher among clinicians who accessed the guideline weekly or more than weekly ( $P < 0.05$ ).

89% correctly agreed "Lesbian women who have never had heterosexual intercourse have the same screening requirements as heterosexual women".

46% of respondents agreed "DES (diethylstilboestrol) exposed women require annual screening and specialist review". The percentage was highest for clinicians who had undertaken educational activities from National Prescriber Service ( $p < 0.05$ ).

61-66% of respondents correctly identified indications for screening with self collection. Knowledge regarding indication for self collected samples was greater for clinicians who had completed education activities from FPNSW or a Primary Health Network, and clinicians who accessed the guidelines weekly or more than weekly ( $p < 0.05$ ).

## Conclusions

Clinician knowledge and correct implementation of the renewed NCSP is pivotal to the success of the program<sup>2,3</sup>.

The introduction of the renewed NCSP has posed a challenge for clinicians and has required change in knowledge, practice, and development of updated systems to manage the new program in practice.

Many educational resources were available to clinicians in the lead up to the renewal and continue to be available. The guidelines themselves provide an excellent resource.

This research has provided insights into where the gaps lie in knowledge and practices of clinicians delivering cervical screening in NSW, particularly in relation to specific sections of the guidelines regarding special groups, and for screening with self-collection. Findings will inform new educational tools to further support clinicians in delivery of screening, improve translation of guidelines into practice, and enable improved and more effective delivery of the NCSP.

## References

1. Cancer Council Australia Cervical Cancer Screening Guidelines Working Party. National Cervical Screening Program: Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding. Sydney: Cancer Council Australia. [Version URL: <https://wiki.cancer.org.au/australiawiki/index.php?oldid=203648>, cited 2019 Jul 16]. Available from: [https://wiki.cancer.org.au/australia/Guidelines:Cervical\\_cancer/Screening](https://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening)
2. Roeske, L. *A new era in cervical cancer prevention*. AJGP VOL. 47, NO. 7, 2018.
3. Yap D, Liang X, Garland SM, Hartley S, Gorelik A, Ogilvie G, Tan J, Wrede CDH, Jayasinghe. *Clinicians' attitude towards changes in Australian National Cervical Screening Program*. Journal of Clinical Virology March 1 2016 | Volume 76 | Issue 1 | ppg S81-S87