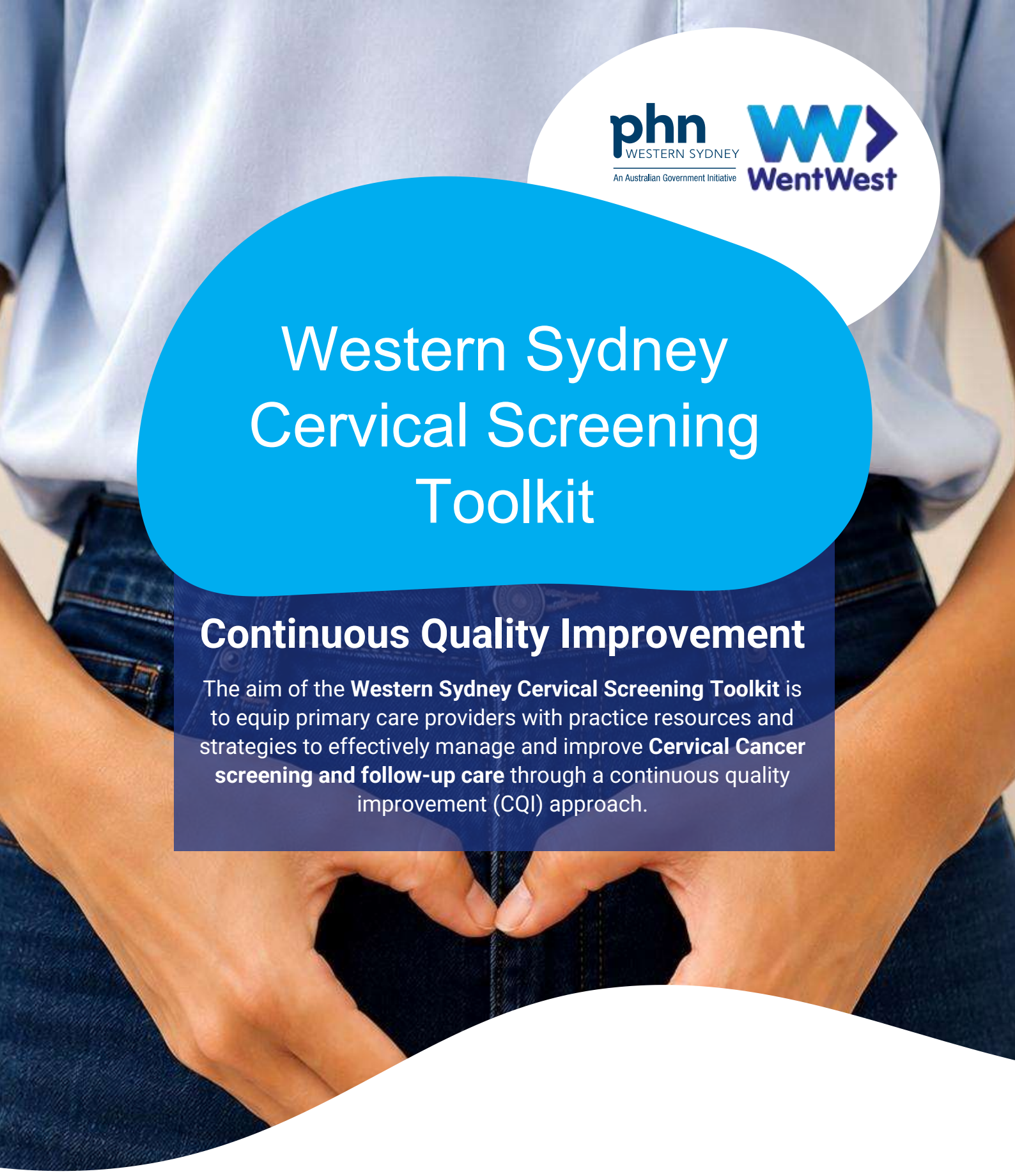

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An Australian Government Initiative

WentWest

Western Sydney Cervical Screening Toolkit

Continuous Quality Improvement

The aim of the **Western Sydney Cervical Screening Toolkit** is to equip primary care providers with practice resources and strategies to effectively manage and improve **Cervical Cancer screening and follow-up care** through a continuous quality improvement (CQI) approach.

Proudly supported by:

NSW GOVERNMENT Cancer Institute NSW

About Cervical Cancer Prevention

Australia's **National Strategy for Elimination of Cervical Cancer** sets out a commitment to eliminate cervical cancer as a public health issue by 2035. This includes targets of achieving a 70% screening rate for eligible individuals aged 25-74 years and extending the 90% HPV vaccination target to include boys as well as girls.

Around 70% of Australians diagnosed with cervical cancer are either unscreened or significantly overdue for screening. Although screening is an effective way to prevent cervical cancer, participation rates remain relatively low.

Table of Contents

Did you know?

Cervical Screening participation rates in Western Sydney is 55.4%, among the lowest rates in the country (**AIHW, 2018-21**)

Patient Registration

MyMedicare is a voluntary patient registration model which aims to strengthen the relationship between patients, their general practice, GPs and primary care teams.

QI Documentation

Use the **Model for Improvement** and **Plan-Do-Study-Act (PDSA) cycles.** to test changes, drive progress and embed high-quality care.

PHN contacts

E: support@wentwest.com.au
P: (02) 8811 7117
W: **wentwest.com.au**

Contact us to book an in-person appointment

Western Sydney Health News

The weekly **Western Sydney Health News newsletter** features health care updates, resources and upcoming events for health care professionals.

Subscribe to our Newsletter

Training and Education

WentWest provides tailored training, professional development and networking opportunities for providers in Western Sydney. Check **What's On at WentWest**

WentWest, the Western Sydney Primary Health Network, acknowledges the First Nations peoples of Australia as the Traditional Custodians of the land on which we work and live. We pay our respect to Elders past, present and future and extend that respect to all Aboriginal and Torres Strait Islander peoples within western Sydney. For the full acknowledgement and disclaimer, please click **here**.

Practice Readiness Checklist

This readiness checklist is designed to be completed by general practices to ascertain their focus on quality improvement and cervical cancer control activities. The focus is on general readiness for change within the practice and to assess the systems in place to support robust cervical cancer screening and prevention activities. For a comprehensive checklist, visit Cancer Institute's **Primary care toolkit: readiness checklist**

Implementation Steps	COMPLETED
Appoint a QI lead/champion and brief the practice team (GPs, nurses, admin) on **QI plan.**	☐
Define team roles and set up **regular team meetings**	☐
Obtain access to the National Cancer Screening Register (NCSR) through **PRODA** if not already set up and link to Clinical Management Software Access Module 1	☐
Get your **data ready** – conduct **data cleansing** and use **Pen CS CAT4 recipes** to identify patient cohorts Does the practice manage cervical screening results, recalls and reminders in a way that allows for data extraction?	☐
Practical guides for navigating Clinical Management Software to optimise use for cervical cancer prevention. Best Practice Medical Director	☐
Flag patients in your clinical system (Topbar or Cubiko Care Prompts) for opportunistic identification.	☐
Training and Education - Cervical Screening Online Training Modules	☐
The practice utilises **HealthPathways** for clinical guidelines, management and referral	☐
Promote the Cancer Screening and HPV vaccination via social media, website, in-practice posters, and order printed resources for your clinic. Access Module 2	☐
Establish **recall/reminder systems** (use **GoShare**). Does the practice have a standard list for coding cervical screening recalls and reminders and are all staff compliant with the list?	☐
Use **PDSA (Plan-Do-Study-Act) cycles** to test change ideas and improve workflows.	☐
Celebrate team efforts and share outcomes in team meetings.	☐

Tools and Enablers

Cancer Institute NSW QI module

WentWest Website

GoShare

HealthPathways

PenCS Suite

Module 1

Engaging Leadership

On completion of this module, you will:

- Evaluate your practice's readiness to implement cervical cancer prevention
- Integrating National Cancer Screening Register into your practice

Did you know?
Since July 2022, all eligible people can choose cervical screening through clinician collection or **self-collection** through a healthcare provider.

Preparing your practice

Patient Care

Identify patterns in individuals who are under-screened or who have never been screened, e.g. age, cultural background, location, employment, disability status. This may assist your practice in identifying a cohort or patients that you could follow-up and offer tailored screening. Does your practice support an environment that is inclusive and culturally safe? Ensure staff and appropriately trained and able to provide appropriate care and advice for all patients

Team Approach

Patients who are reminded by their primary care provider to attend screening and more likely to screen. General practice performs around 85% of cervical screening in NSW. Taking a whole-of-team approach enhances patient outcomes and ensures the team feels involved. Utilising clinical and non-clinical champions can enhance motivation within the team.

- **Role of GP:** Perform screening. Provide clinical advice (including explaining the choice of self-collection or clinician collection), manage results, set recalls/ reminders, and act as a clinical champion.
- **Role of nurse:** Perform screening (if accredited), data cleansing, and provide patient education and counselling, Consider a nurse-led clinic
- **Role of management/admin**: Oversee systems improvement, reminders, and awareness raising. Connect to the National Register.

Eligibility for cervical screening

The Cervical Screening Test is recommended every 5 years for women and people with a cervix aged 25 to 74 years old who have ever had any type of sexual activity or sexual contact. This includes women and people with a cervix who:

- have or have not had the HPV vaccine
- are pregnant (tell your healthcare provider if you are pregnant)
- have had a baby
- identify as lesbian, gay or bisexual, or straight
- are non-binary, transgender or intersex and have a cervix
- have a mental or physical disability
- are no longer sexually active
- have been through menopause
- have been with only one sexual partner
- have experienced female genital mutilation or cutting, or circumcision

Learn about the clinical pathway that supports the National Cervical Screening Program and the guidelines for pathology testing of cervical and vaginal samples including self-collection - **Understanding the National Cervical Screening Program Management Pathway**

NCSR Integration

Access the National Cancer Screening Register (NCSR) via the Healthcare Provider Portal

There are three options to contacting the NCSR:

1. The Healthcare Provider Portal

The Healthcare Provider Portal allows healthcare providers to communicate with the National Register to:

- Access your patient's bowel and cervical screening results and histories online, in real-time
- Prepare for patient appointments by accessing results and histories online, prior to appointments
- Submit forms/reports electronically
- Update information regarding your patient's participation.

Key points

- Visit the **Healthcare Provider Portal Quick Start Guide** (PDF) for a one-page overview.
- You will need a PRODA account to login. **Click here to register your healthcare provider**.
- Watch the **Healthcare Provider Portal walk-through videos**. These short (approx. 2 min) how-to videos cover access, registration, function features, your practice profile and clinical software integration.
  - **Introduction**
  - **Logging in and registering your account**
  - **Participant search and other functions**
  - **Managing your profile and delegating access**
- Click through to directly access the **Healthcare Portal Login page**

2. Integration with practice software:

View more information on NCSR integration at the below links:

- **NCSR Primary Care Onboarding Kit**
- **Clinical software integration animation**
- **Communicare integration with the NCSR**
- **Medical Director integration with the NCSR**
- **Best Practice Premier integration with the NCSR**

HealthPathways

Developed by local GPs, specialists, nurses and allied health providers, Western Sydney HealthPathways supports health professionals by providing local, relevant information on managing medical conditions and referral options for their patients.

Register today!

NCSR Contact Centre: You can continue to call the Contact Centre on 1800 627 701 to communicate with the National Register or manage your participant's details. (Hours of Operation: 8am to 6pm) Fax: Cervical Screening: 1800 627 702 Bowel Screening: 1800 115 062 concerns.

3. Check for cervical screening results through the NCSR

Your practice has the option of extracting a list of patients that your records show are overdue for cervical screening. This provides you with a list that you can then utilise patient records via access to the NCSR.

Use PenCS CAT 4 to extract a list of patients overdue for cervical screening. Visit **Cancer Screening - Reminder Workflow - CAT Recipes - PenCS Help**

The NCSR will send back the pathology results for any of the patients who have recorded results. This will allow you to identify the patients who are up to date with their screening and focus on the patients who are overdue.

Module 2

Patient Engagement

On completion of this module, you will:

- Access culturally appropriate resources for your patient community.
- Create recall & reminder systems for proactive patient engagement

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Addressing Low Screening & Vaccination Rates

General Practitioners (GPs) play a critical role in increasing cervical screening participation through patient education, culturally responsive communication, opportunistic screening, reminder and recall systems, and by creating safe and accessible environments for women from diverse backgrounds. GPs are often the first point of contact within the healthcare system and are well positioned to address barriers such as limited health literacy, stigma, fear, language barriers, and misconceptions about cervical screening. Evidence shows that a trusted recommendation from a GP is one of the strongest predictors of participation in cervical screening programs, particularly among culturally and linguistically diverse (CALD), migrant and refugee women[1].

Bridging the Gaps

Populations with **lower levels of participation** in cervical screening can experience higher cancer incidence and mortality.[2][3][4] There are various community groups who are less likely to participate in cervical screening including:

- Aboriginal and Torres Strait Islander communities
- Culturally and linguistically diverse communities
- People with disability
- People of Diverse Genders and Sexualities
- People who live very remotely
- People in the lowest socioeconomic (SES) group
- People that have experienced sexual violence
- People who have had previous negative cervical screening experiences.

Tips to promote and encourage cervical screening among under-screened patients

- Understand your under-screened patient population by cleaning up your practice data. This will help you decide which population group/s your practice will prioritise.
- Seek patient feedback to understand what prevents them from participating in cervical screening and the actions your practice can take to promote cervical screening as being safe, as comfortable as possible and accessible for patients. The **RACGP Patient feedback guide** provides a comprehensive guide on methods for collecting and acting on patient feedback.
- Discuss the choice between **self-collection** and clinician-collected cervical screening tests with all eligible people. Self-collection may help to overcome the barriers experienced by many under screened population groups.

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[1] **Cervical screening QI module | Cancer Institute NSW**
[2] Australian Institute of Health and Welfare. *Access to health services by Australians with disability*. Canberra: AIHW, 2017
[3] Carroll, B. *Women's Cancer Screening Program Consumer Research: Project Completion Report*. Ballina, NSW: North Coast Primary Health Network, 2018
[4] Eastgate G, Scheermeyer E, van Driel M, Lennox M. *Intellectual disability, sexuality and sexual abuse prevention – a study of family*

Community-specific information and resources

There are a range of resources, translated materials, training modules and educational courses available to build capability and confidence in delivering culturally appropriate cervical screening education and engagement. These resources aim to strengthen communication skills, improve culturally responsive practice, and support healthcare professionals in encouraging patients to participate in cervical screening programs.

Cervical screening QI module | Cancer Institute NSW – highly recommended QI resource containing information specific to focus populations including Aboriginal communities, Culturally and Linguistically Diverse (CALD) communities, people with disability, and sexuality and gender diverse people.

Aboriginal and Torres Strait Islander Communities

Resource	Info
Guide: How to increase cervical screening in your local area, online toolkit and checklists	
Resources for Aboriginal and Torres Strait Islander women – National Cervical Screening Program	Languages: Alyawarr, Eastern Arrernte, Pintupi-Luritja, Pitjantjatjara, Torres Strait Creole – Yumplatok, Warlpiri
'Own It' cervical screening campaign	Posters, social media tiles and campaign assets
Helping Mob Live Healthy and Prevent Cancer: Toolkit for the Aboriginal health workforce	Sections: Supporting your clients with staying healthy and preventing cancer, Supporting your clients social and emotional wellbeing & Resource hub
Cervical Screening for Mob Campaign 2025/26 | Cancer Institute NSW	posters, digital screens, video and social media tiles encourage Aboriginal people with a cervix aged 24-74 in NSW to do Cervical Screening.

Culturally and Linguistically Diverse Communities

Resource	Info
Cervical Screening – Taking Care of Your Health A3 Flipchart and Facilitator Manual	Printed A3 sized flipcharts with an inbuilt stand are available for free to NSW organisations. Languages: English, Arabic, Assyrian, Bengali, Chinese Simplified, Chinese Traditional, Dari, Farsi, Khmer, Korean, Nepali, Spanish, Thai, Tibetan, Turkish, Vietnamese Please **email the cervical screening team** with the required languages and postal address. OR Access the PDF and PowerPoint versions of the resources
Cervical Screening for Multicultural Women - webpage and PDF Factsheet	Languages: Arabic, Assyrian, Chinese simplified, Chinese Traditional, Khmer, Korean, Persian, Punjabi, Thai, Vietnamese
Resources for women from culturally and linguistically diverse backgrounds – National Cervical Screening Program	Languages: Arabic, Bengali, Burmese, Chinese (Simplified and Traditional), Dari, Greek, Hazaragi, Hindi, Indonesian, Italian, Karen, Korean, Farsi, Polish, Punjabi, Russian, Spanish, Swahili, Tagalog, Thai, Turkish, Ukrainian, Urdu, Vietnamese
Cervical Screening for Pregnant Women	**Webpage, PDF Factsheet, and audio recordings** Languages: Arabic, Bengali, Burmese, Cantonese, Dari, English, Farsi, Gujarati, Indonesian, Japanese, Korean, Mandarin, Nepali, Portuguese, Punjabi, Spanish, Tagalog, Thai, Turkish, Urdu, and Vietnamese.
Cervical Screening Test is safe at anytime during pregnancy | Cancer Institute NSW	**A poster promoting the safety of screening during pregnancy developed by SESLHD** Languages: English, Arabic, Bengali, Indonesian, Nepali, Chinese Traditional, Mongolian, and Thai
Colposcopy: A guide to what you need to know	**Webpage, PDF Factsheet, and audio recordings** Languages: Arabic, English, Greek, Hindi, Italian, Korean, Simplified Chinese, Spanish, Tagalog, Traditional Chinese, Vietnamese
Cervical screening – Own It stakeholder communication toolkit	Languages: Arabic, Cantonese, Mandarin and Vietnamese
Translated cancer resources for multicultural communities | Cancer Institute NSW	

Translated material | Department of Health, Disability and Ageing	booklets, brochures and fact sheets about cervical screening in different languages.
Cervical Screening Videos & Brochures | Family Planning NSW	*Know Your Health* resources available in multiple languages.
'What is cancer screening?' | Cancer Institute NSW	Factsheets and brochures explaining bowel, breast and cervical screening in different languages.

LGBTIQ+ Communities

Resource	Info
Cervical Screening for trans and gender diverse people with a cervix	Creating a safe environment & clinical considerations
CanWe: LGBTQ+ Inclusion Toolkit	The toolkit includes guidance on allyship, best practices, inclusive language, training, and more, it's designed to help you and your organisation deliver effective and meaningful LGBTQ+ patient-centred care.
CanWe: LGBTQ+ Patient-Facing Cervical Screening Resources	Webpage content, FAQs, videos
LGBTQ Communities and Cancer Care Training Module	This module has been developed by ACON's Pride Training in cooperation with eviQ Education and the Cancer Institute NSW (30 minutes)

People with Disability

Resource	Link
Resources for people with disability – National Cervical Screening Program	Videos and Easy Read Guides
Screen Me! Cervical Screening for People with Disability,	Website with FAQs for patients, family and friends and healthcare providers

General Resources

Resource	Link
Cervical screening | Cancer Institute NSW	Provider- and patient-facing resources
Self-collection for the Cervical Screening Test	How to guides, videos and resources
Cervical Screening for Pregnant Women	Webpage, PDF factsheet and audio recording
Where to book a Cervical Screening Test	See a doctor: HealthDirect search tool See a Women's Health Nurse: Australian Women's Health Nurse Association locations
Colposcopy: A guide to what you need to know	Patient-facing
National Cervical Screening Program – Healthcare provider toolkit | Department of Health, Disability and Ageing -	Outlines the barriers to cervical screening for focus populations and strategies to engage with these communities.
Cervical Screening Training and Support | Department of Health, Disability and Ageing	Find training opportunities to improve your cervical screening skills and cultural competency.

Did you know?

The HPV vaccine remains the strongest safeguard against HPV. It is available for free to young people aged 12 and 13 through school-based programs, and catch-up vaccines are provided at no cost up to the age of 26 for those who were missed.[5]

HPV Vaccination Resources

Resource	Info
HPV Vaccine Australia | Protect Against HPV-Related Cancers & Diseases - HPV Vaccine - Cancer Council	
Human papillomavirus (HPV) | The Australian Immunisation Handbook	
National Immunisation Program Schedule | Department of Health, Disability and Ageing	

[5] Australia's HPV vaccine program leads to 90% drop in prevalence, but gaps remain | Australian Centre for Disease Control

HPV and cervical cancer | Cancer Institute NSW	
What is the HPV vaccine? | Cancer Institute NSW	
NSW School Vaccination Program	
School Vaccination Program translated resources	Parent information, and video Languages: Arabic, Bangla, Burmese, Chinese-Simplified, Chinese-Traditional, Dari, Dinka, English, Farsi, French, Hindi, Indonesian, Japanese, Karen, Khmer, Korean, Lao, Nepali, Portuguese, Punjabi, Russian, Samoan, Spanish, Tamil, Thai, Tongan, Turkish, Ukranian, and Vietnamese
Human papillomavirus vaccine – frequently asked questions (FAQs) | NCIRS	

Recall and Reminders

The foundation of improved cancer screening participation is a high-quality recall and reminder system. A good recall and reminder system is dependent on good data management. This will allow your practice to:

- systematically remind all eligible patients about cancer screening (often reminders are only set for when a result comes in, overlooking patients who are not screening)
- identify and appropriately engage under-screened patients
- support clinicians to deliver better care to patients who are under-screened
- track your cancer screening participation rates (which is key to knowing whether what you are doing is working or not).

Visit our Practice Management Software User Guides for recall and reminders advice

- **Best Practice - User and Setting Guide for Data Quality and Accreditation**
- **Medical Director - User and Setting Guide for Data Quality and Accreditation**

Find out how you can implement a **Cancer screening recall and reminder workflow illustrated by Cancer Institute NSW**

GoShare – Patient education Platform

Access GoShare

GoShare is a patient education platform enabling health professionals to send tailored, trusted resources—such as videos and fact sheets—via email or SMS to help patients manage their health, improve **health literacy, and boost engagement**.

WentWest has funded GoShare subscriptions for all general practices in Western Sydney.

For access, please contact us at **support@wentwest.com.au**

Sharing Knowledge About Immunisation (SKAI)

SKAI is a suite of communication tools that support discussions about childhood immunisation between parents and healthcare providers.

The SKAI e-learning module helps health professionals build confidence and skills to recommend vaccination, tailor conversations to parents' needs, and can be completed in under 90 minutes, with CPD points and a certificate available on completion.

Access SKAI e-Learning Module via: **Log in to the site \| QUM Learning**

Module 3

Team Based Care

On completion of this module, you will:

- Explore the role of all team members in cervical screening and HPV vaccination
- Embed cervical cancer prevention workflows into your practice

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Promoting a culture of quality improvement within a practice means that **every staff member is involved** in the delivery and improvement of care, and most importantly feels valued in their role. Primary care teams vary considerably, however, tapping into each member's skillset and interests creates a high functioning team that contributes to better patient care.

Working as a team, discuss and identify:

- Who is responsible for each task?
- When will they complete the task?
- What training and resources will they need to complete the task?
- Who will provide the necessary training/resources (most of the necessary resources are in the toolkit but may require printing, laminating, etc.), and when?
- What practice policies/standing orders or protocols need to be developed to support the workflow (including incorporation of workflow tasks into practice job descriptions and on-boarding processes)?
- How and when will your team review the implementation of the workflow to identify any necessary changes (and to celebrate the positive changes achieved)?

Examples of Roles and Responsibilities of Practice Team Members

General Practitioners	• Facilitate the Cervical Screening Test. • Patient education on NCSP. • Offer the two options for cervical screening where clinically indicated. • Answer any patient questions that might arise as part of taking the test and offer any extra support or assistance if needed. • Complete the pathology request form for tests, include patient ethnicity information. • Support your clinical team to provide clinical oversight and governance of the activity.
Practice Nurses	• Practice nurses can be instrumental in supporting patients to engage in cancer screening, such as, education around the NCSP and options for screening. This may occur during health assessments, CCM plans, or opportunistically. • Trained Nurse Cervical Screening providers can facilitate Cervical Screening Test. • Practice nurses can provide education on or facilitate the self-collection CST should patients require support. • Support the implementation of the activity. • Provide support to generate data reports from clinical information system or PenCS. • Identify patients to provide opportunistic interventions. • Access NCSR to search for patient information on behalf of the GP. Nurse cervical screeners can also access NCSR by obtaining a Registered Identification Number (RIN). • Nurse practitioners can sign the pathology request for tests under current MBS rules.
Practice Manager	• Coordinate NCSR integration through PRODA. • Maintain up to date patient registers. • Analyse practice data. • Provide protected time for nursing staff to complete **free online CPD accredited training**. • Provide protected time for the quality improvement lead team to complete activities.

Reception Staff	• Order and maintain supplies of resources (e.g. patient information). • Display brochures and posters in high visibility areas within the practice that target a range of different under screened communities. • Add flags or clinician reminders for due or overdue patients. • Support the implementation of the activity. • Provide support to generate data reports. • Support the practice team to identify patients eligible for relevant reminders and contact patients as per practice reminder/recall procedure. • Review process with clinical team if a patient cancels a screening appointment and does not reschedule (who to inform etc.)
Medical and Nursing Students	Consider tasks that medical or nursing students could implement during clinical placements to support your QI activities.

Examples of Workflow Integration in Primary Care

Providing Culturally Safe Cervical Screening

Reception Staff	GP	Nurse	Practice Manager

• Use respectful, non-judgemental language
• Maintain privacy at check-in
• Offer choice of:
  ○ female clinician
  ○ nurse-led appointment (if relevant for your practice)
  ○ self-collection
• Confirm preferred language and interpreter needs
• Display culturally inclusive posters and resources
• Provide translated screening information
• Ensure private areas for sensitive conversations
Suggested prompt:
• "We offer both clinician-collected screening and self-collection options."
	• Discuss screening sensitively
	• Normalise self-collection
	• Support informed choice
	• Provide culturally respectful care
	• Manage abnormal results clearly and safely
	Suggested prompt:
	"There are different screening options available, and we can choose what feels most comfortable for you."
		• Explain the process clearly and respectfully and check patient understanding
		• Reassure patients
		• Answer questions privately
		• Support patient choice and consent
		• using trauma-informed communication
		• Avoiding assumptions
		• Allowing extra time if needed
		• Supporting anxious or previously unscreened patients
		Suggested prompt:
		"You can collect the sample yourself in private, and we can guide you through the process."
			Practice managers support culturally safe systems by:
			• organising staff training
			• ensuring inclusive resources are available
			• monitoring screening participation
			• supporting interpreter access
			• ensuring recall systems are respectful and confidential

Sample Practice QI Plan – Cervical Screening

Please complete the following table to outline your plan to complete the goal.

Engaged Leadership	**Goal**	**Improve patient care by focusing on cervical screening recordings in 6 months from ##% (## patients) to ##% (## patients) by DD/MM/YYYY.** **Make sure to include baseline measure and date.**		
	Measure/s	Proportion of female active clients who are aged 25 to 74, who have not had a total hysterectomy and who have had a cervical screening (HPV test) within the previous 5 years.	**Search criteria**	i.e. CAT4 filters
	QI lead and Team	Who will need to be involved?	**Period**	Start date - end date

	Actions (Tip: Use **PDSA cycles** to test change ideas)	**Resources**	**Who**	**Period**	**Update**
Data-Driven Improvement	PenCAT search active patients 25-74 years – date range 1/12/2017 to 1/2/25 cervical screening not recorded	QIM 9 – Cervical Screening - CAT Recipes - PenCS Help		Start date - end date	Date: xx ##% (## patients) not recorded
	Reminder to clinical staff of correct data entry for cervical screening results	Bp-Summary-Sheet-Enter-Cervical-Screening-Test-CST-Result-Train-IT-Medical-V03-2017.pdf MD-Summary-Sheet-Enter-Cervical-Screening-Test-CST-Result-Train-IT-Medical-V03-2017.pdf			Date: Number of GPs that have been reminded of data coding for Cervical Screening results
Team-Based Care	Reminder to all clinical staff to promote self-collection and/or cervical screening for female patients aged 25-74 who are eligible	Self-collection for the Cervical Screening Test | DoHDA	All team		
	Discuss and map workflow/roles and responsibilities processes to implement improvements				

	Ensure Clinical staff are trained in collecting CSTs	https://www.fpnsw.org.au/cervical-screening-comprehensive-skills-training https://www.health.gov.au/our-work/ncsp-healthcare-provider-toolkit/training-and-support https://www.nps.org.au/cpd/activities/national-cervical-screening-program https://www.cancer.nsw.gov.au/prevention-and-screening/screening-and-early-detection/cervical-screening/cervical-screening-for-health-professionals			
Patient Registration	Enrol patients to MyMedicare and allocate to care team				
	Patient engagement – GoShare/HotDoc/CMS	GoShare Healthcare Train IT Medical Online Courses			
	Ensure National Cancer Screening Register (NCSR) is integrated into clinical software	Integrating NCSR into Best Practice Integrating NCSR into Medical Director			

Reflection	**Outcomes Summary**	As a team, what did you learn? What changes would you make to your practice as a result? **RACGP CPD Tip:** utilise the self-reporting feature on Quick Log **mycpd.racgp.org.au** to document reflection.

Sample Practice QI Plan – HPV Vaccination

Please complete the following table to outline your plan to complete the goal.

Engaged Leadership	**Goal**	Improve HPV vaccination rates for eligible patients aged **12–25 years** by increasing the proportion of patients with documented HPV vaccination status from **##% (## patients) to ##% (## patients) by DD/MM/YYYY.**		
	Measure/s	Percentage of eligible patients with HPV vaccination recorded. • Number of eligible patients who receive HPV vaccination during the QI activity • Number of recalls/reminders sent and completed.	**Search criteria**	i.e. CAT4 filters
	QI lead and Team	Who will need to be involved? PM (QI Lead) GP Champion, PN, Reception	**Period**	Start date - end date

	Actions (Tip: Use **PDSA cycles** to test change ideas)	**Resources**	**Who**	**Period**	**Update**
Data-Driven Improvement	Establish Baseline data/Identify patients who remain overdue	Pen Cat/BP/MD	PM/PN	Start date - end date	Date: xx ##% (## patients) overdue
	Send SMS recalls and reminders for overdue HPV vaccinations	BP/MD/Hotdoc	PM/PN		
	Share progress with practice team at staff meetings		PM/PN		
Team-Based Care	Educate practice team on current HPV vaccinations recommendations and eligibility	**https://immunisationhandbook.health.gov.au/** **https://www.health.nsw.gov.au/immunisation/Publications/gp-toolkit.pdf** **https://www.ncirs.org.au/ncirs-fact-sheets-faqs-and-other-resources/human-papillomavirus-vaccine-frequently-asked-questions** **https://immunisationhandbook.health.gov.au/catch-up-calculator/calculator**	GP/PN		
	Nurses to proactively check HPV status Nurses to send immunisations to AIR Nurses to do Shared Health Summary and send to MYHR	**https://www.digitalhealth.gov.au/sites/default/files/documents/best-practice-summary-sheet-uploading-a-shared-health-summary.pdf**	PN		
	Reception staff to encourage eligible patients to book HPV vaccinations		Reception		

Patient Registration	Enrol patients to MyMedicare and allocate them to their preferred GP and care team	https://www.health.gov.au/resources/publications/mymedicare-registration-form?language=en	Reception		
	Display HPV vaccination information in waiting room and on the practice website/social media	**https://www.ncirs.org.au/resources**	PM		
	Promote HPV vaccination through GoShare educational resources	Sign in » GoShare Healthcare	PM/PN		

Reflection	**Outcomes Summary**	As a team, what did you learn? What changes would you make to your practice as a result? **RACGP CPD Tip:** utilise the self-reporting feature on Quick Log **mycpd.racgp.org.au** to document reflection.

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