

**EVALUATION OF CERVICAL SCREENING TESTS
COLLECTED BY NURSES IN VICTORIA DURING 2014**

Victorian Cervical Cytology Registry



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Victorian Cervical
Cytology Registry

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Forward

Victorian Nurse Cervical Screening Providers - Credentialling Program 2014

This year, the Victorian Credentialling Program celebrates its twentieth year. The program continues its role in monitoring cervical screening nurse providers through ongoing quality assurance, professional accountability and responsibility for clinical practice.

Nurses having completed their endorsed Victorian training course are granted a one year credentialling period to enable support and quality monitoring as they enter this area of practice.

Thereafter a three year re-credentialling process ensures Victorian women continue to receive a high quality of service in cervical screening, and that nurses are equipped with up-to-date knowledge on screening practices and technologies.

In 2014, the program had 527 registered nurses, 443 of which were actively participating in the screening program.

The quality of nurses' practice has been reported by the Victorian Cervical Cytology Registry (VCCR) annually since 2000. Victoria is the only Australian state or territory that has nurse collected cervical screening data reported by their cervical cytology registry.

The VCCR Nurses Evaluation Report 2014 is the second edition in which data from all Victorian nurses providing cervical screening has been reported, regardless of pathology provider used.

The outcome of this report demonstrates the close working relationship between VCCR and PapScreen Victoria (PSV) and their shared commitment to showcasing cervical screening undertaken by Victorian nurse cervical screening providers.

We would like to acknowledge the work of VCCR, VCS Pathology and PapScreen Victoria staff who have enabled the successful reporting of cervical screening provided by nurses working in Victoria.

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1. Number of Cervical Screening Tests (CST) collected by nurses

This report includes data on Cervical Screening Tests (CST) where nurses are credentialled and funded by the Department of Health and Human Services (DHHS) to be eligible for their own 'practice number' at VCS Pathology. Also included in this report are CST from nurses using Private Pathology Services. These nurses provide cervical screening data to PapScreen Victoria, which is then provided to the Victorian Cervical Cytology Registry (VCCR) for analysis in this report.

The report captures all cervical screening tests reported in Victoria, including those conducted as part of the Compass trial. The Compass pilot study is a clinical trial comparing three-yearly Pap test screening with six-yearly HPV screening¹ which commenced at the end of 2013.

The report includes:

1. All Pap and LBC² tests (as usually reported) that are not part of the Compass trial.
2. All LBC primary screening tests conducted as part of the Compass trial.
3. LBC triage tests for Compass – the associated HPV screening test is not included so it is not double counted.
4. Compass HPV primary screening tests for which there is no LBC triage.

This method is used to prevent counting the same sample twice, due to current reporting limitations, which will be amended for future reports. Footnotes have been included under tables/figures to indicate where Compass HPV tests (without LBC) are excluded from the analysis.

Due to the addition of HPV tests (without LBC) to the data for 2014, the term Cervical Screening Tests (CST) is used in place of Pap tests when referring to data that includes HPV tests (without LBC).

As reported to the VCCR, a total of 36,410 CST were collected by 443 nurses during 2014 (with 36,087 being from women with a cervix). This is out of a total of 595,099 Victorian CST for 2014 (with 586,431 being from women with a cervix).

Of the CST reported by nurses, 31,152 tests (85.6%) are recorded on the VCCR and were reported to VCS Pathology. The remaining 5,258 tests (14.4%) were taken by nurses through Private Pathology Services under a doctor's name.

The 36,410 tests collected by nurses represents 6.1% of all Victorian CST collected during 2014. As shown in Table 1.1 and Figure 1.1, the number and proportion of tests collected by nurses has decreased slightly compared to 2013, however, the number remains seven times higher than the figure recorded in 1996.

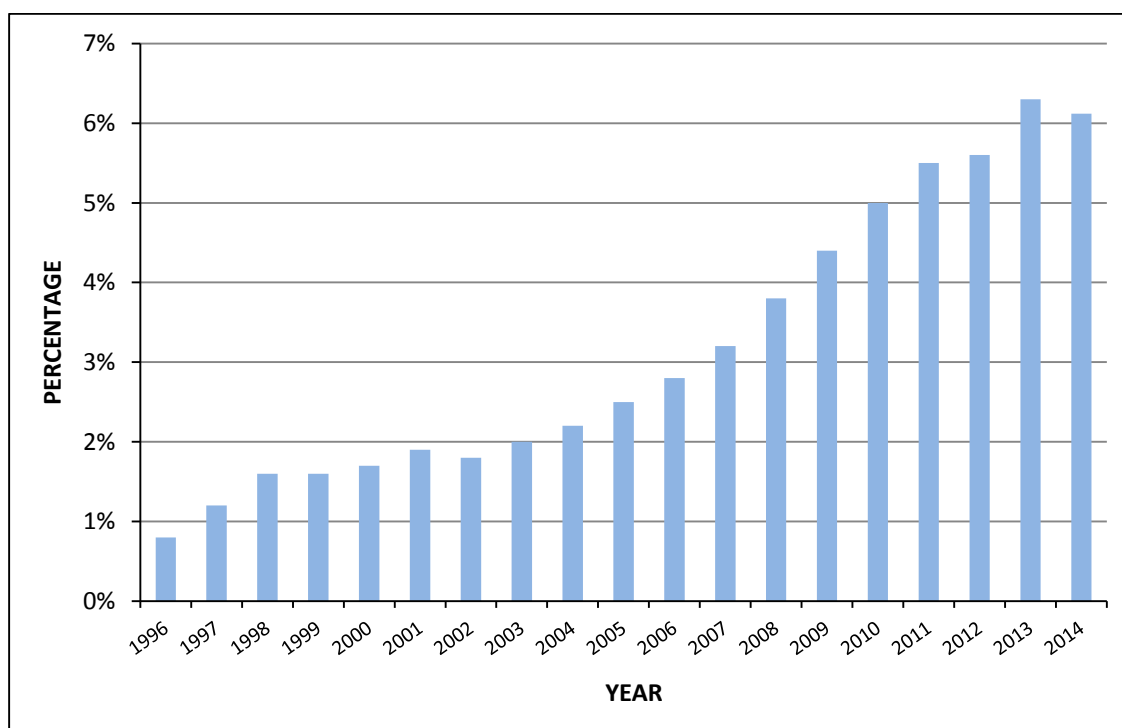
¹ Victorian Cytology Service (VCS). *About Compass*. URL: www.compasstrial.org.au/about. Accessed: 18/06/2015.

² Liquid Based Cytology

Table 1.1 Number of Cervical Screening Tests (CST) collected by nurses in Victoria³

Year	Number of CST collected by nurses	% of all Victorian CST
2014	36,410 ⁴	6.1%
2013	38,012	6.3%
2012	33,875	5.6%
2011	31,613	5.5%
2010	28,546	5.0%
2009	25,594	4.4%
2008	21,668	3.8%
2007	18,651	3.2%
2006	16,035	2.8%
2005	14,375	2.5%
2004	13,100	2.2%
2003	11,494	2.0%
2002	10,635	1.8%
2001	11,017	1.9%
2000	9,628	1.7%
1999	9,922	1.6%
1998	9,858	1.6%
1997	7,155	1.2%
1996	5,170	0.8%

Figure 1.1 Proportion of CST collected by nurses in Victoria, 1996 – 2014



2. Post-hysterectomy tests

Three hundred and twenty four CST collected by nurses during 2014 were taken from women whose records indicate they have had a hysterectomy. This represents 0.9% of tests collected by nurses during 2014. Amongst other Victorian provider types, 0.6% of CST performed during 2014 were from women who have had a hysterectomy.

³ Data from 1996-2012 excludes tests taken by nurses through Private Pathology under a doctor's name.

⁴ In 2014 HPV tests (without LBC) and Pap tests completed by nurses as part of the Compass trial have been included in the data.

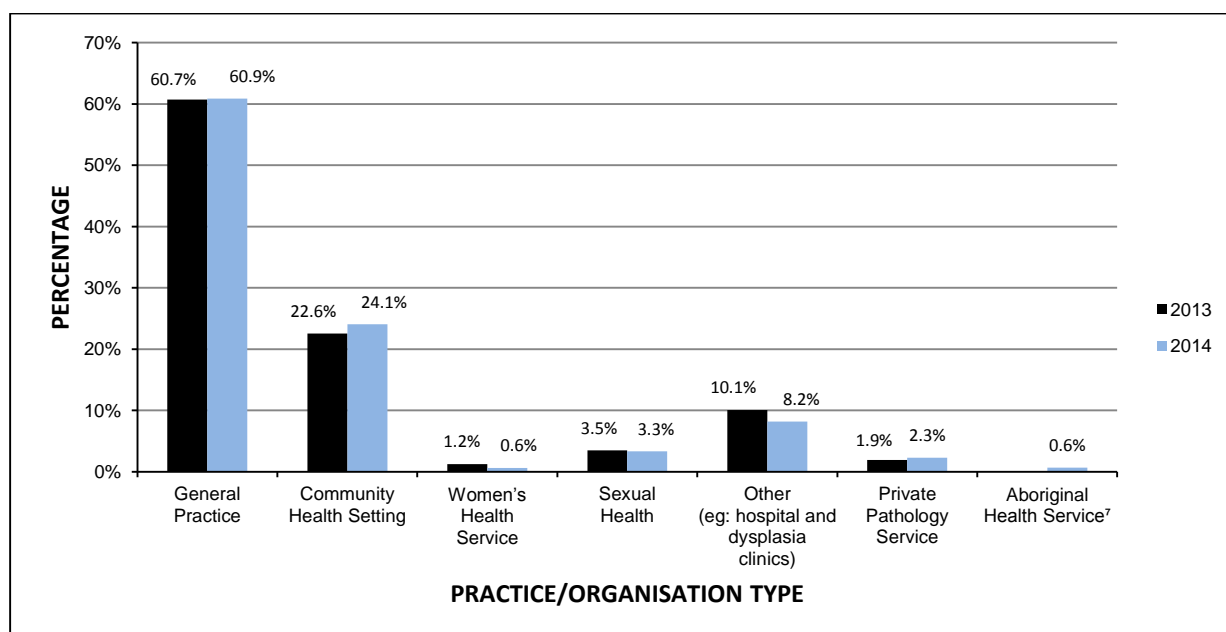
3. Type of practice/organisation for nurses

Of the CST collected by nurses during 2014, the majority were conducted in General Practice or in a Community Health setting. The combined proportion of CST collected in General Practice or a Community Health setting increased from 83.3% in 2013 to 85.0% in 2014. There was also an increase in collection by Private Pathology Services. Aboriginal Health Services have been categorised separately, whereas in previous reports these services were incorporated into the other categories specified.

Table 3.1 Number of CST collected by nurses during 2014 by practice/organisation

Practice/organisation type	Number of practices/organisations	Number of nurses at each practice/organisation ⁵	Number of CST by nurses during 2014	% of CST by practice/organisation
General Practice	224	233	22,156	60.9%
Community Health setting	96	106	8,763	24.1%
Women's Health Service ⁶	2	3	230	0.6%
Sexual Health ⁷	3	42	1,220	3.3%
Other (e.g. hospitals and dysplasia clinics)	18	44	2,975	8.2%
Private Pathology Service	1	1	834	2.3%
Aboriginal Health Service	9	14	232	0.6%
Total	353	443	36,410	100.0%

Figure 3.1 Comparison of the proportion of CST collected by nurses during 2013 and 2014 by practice/organisation



⁵ For nurses who worked at more than one type of practice/organisation, their most common type was used.

⁶ Women's Health Services represent statewide health services such as Women's Health Loddon Mallee.

⁷ Sexual Health includes: Melbourne Sexual Health Centre, Family Planning Victoria – Box Hill, and the Action Centre – Family Planning Victoria.

⁸ Prior to 2014, data identified as CST in Aboriginal Health Services was categorised in the other listed practice types.

4. Practice and woman location at time of CST

During 2014, 443 nurses performed CST in Victoria. The Registry recorded 403 credentialed nurses which were reported by VCS Pathology. The data of 40 additional unique nurses were provided by PapScreen Victoria whose CST were reported, to the Registry, through Private Pathology Services under a doctor's name.

The geographical location of nurses (by practice) and the women whose CST were collected by a nurse during 2014 are classified below using the Australian Statistical Geography Standard (ASGS) Remoteness Areas.

The ASGS Remoteness Areas classification was developed by the Australian Bureau of Statistics (ABS), and classifies Australia into large regions which share common characteristics of remoteness into broad geographical regions.

The ASGS Remoteness Areas classification divides Australia into five areas:

- Major Cities of Australia: includes most capital cities, as well as major urban areas such as Melbourne, Geelong, Newcastle and the Gold Coast.
- Inner Regional Australia: includes towns such as Ballarat, Bendigo, Albury-Wodonga, Hamilton, Hobart, Launceston, Mackay and Tamworth.
- Outer Regional Australia: includes towns and cities such as Bairnsdale, Horsham, Darwin, Whyalla, Cairns and Gunnedah.
- Remote Australia: includes Mallacoota, Alice Springs, Mount Isa and Esperance.
- Very Remote Australia: represents much of central and western Australia and includes towns such as Tennant Creek, Longreach and Coober Pedy.⁹

Using the ASGS classification, Table 4.1 shows that the majority of nurses who collected CST during 2014 were based in a major city or inner regional area, as were the women tested.

Table 4.1 Nurse practice and CST location by Australian Statistical Geography Standard Remoteness Areas¹⁰

ASGS Remoteness Area	Nurses located in the area ¹¹		CST in the area ¹²	
	Number	%	Number	%
Major Cities of Australia	187	46.4%	12,433	40.0%
Inner Regional Australia	156	38.7%	13,042	42.0%
Outer Regional Australia	59	14.6%	5,499	17.7%
Remote Australia	1	0.3%	106	0.3%
Very Remote Australia ¹³	0	0.0%	0	0.0%

⁹ Australian Bureau of Statistics (2013). *Glossary of Statistical Geography Terminology*. Cat.no.1217.0.55.001. URL: www.abs.gov.au/ausstats/abs@.nsf/mf/1217.0.55.001

¹⁰ Courtesy of the Australian Institute of Health and Welfare (AIHW) (May 2014). *Postal Area to ASGS RA conversion file*. Data is based on 2011 Remoteness Areas on 2011 census data.

¹¹ Data from nurses using Private Pathology Services are not included in these statistics as postcode was not collected.

¹² The postcode for three CST could not be mapped and there were 69 CST where the VCCR did not have a postcode recorded.

¹³ Very Remote Australia areas are not represented within Victoria.

5. Age distribution of CST

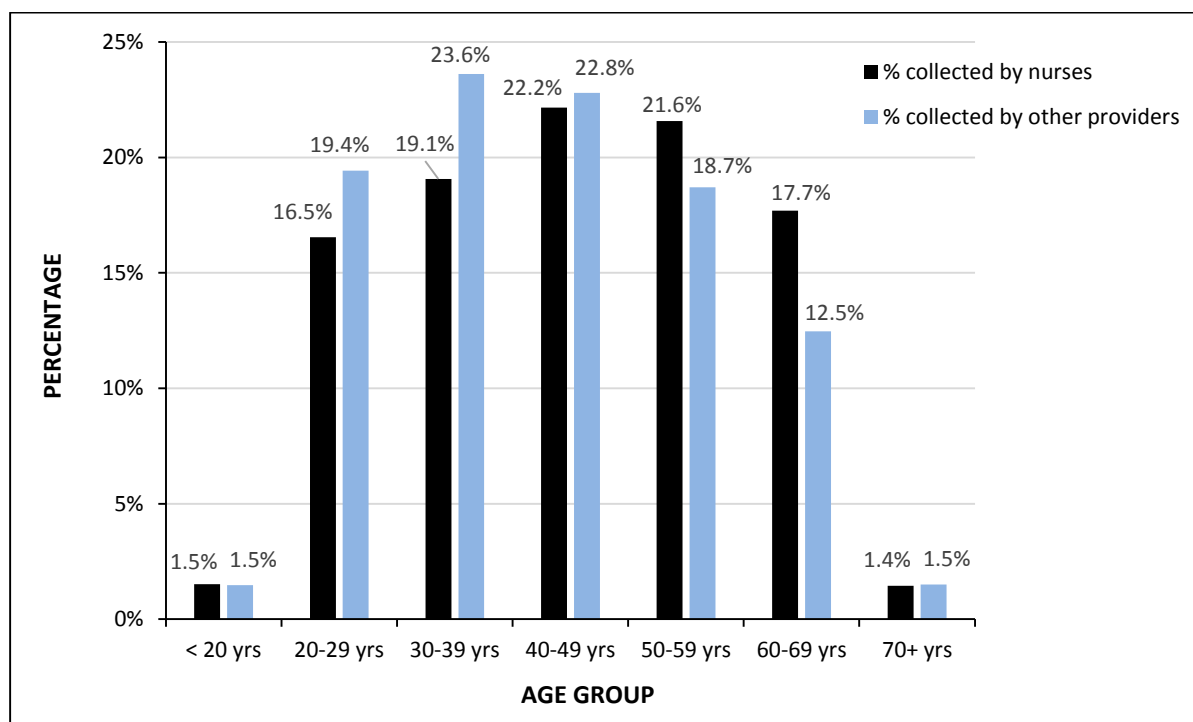
The age distribution of women whose CST were collected by nurses and other provider types is shown in the table below¹⁴. A comparison of 2013 and 2014 data shows the percentage of CST for each age group to be very similar.

Consistent with the findings for 2013, the aggregated percentage of CST collected by nurses during 2014 for women aged 50 years or older was greater than those collected by other provider types (40.7% compared with 32.7%).

Table 5.1 Age distribution at time of CST in 2013 and 2014

Age group	CST collected by:			
	Nurses		Other Provider types	
	2013	2014	2013	2014
<20 yrs	1.9%	1.5%	1.7%	1.5%
20-29 yrs	17.2%	16.5%	19.2%	19.4%
30-39 yrs	18.7%	19.1%	23.5%	23.6%
40-49 yrs	22.0%	22.2%	23.2%	22.8%
50-59 yrs	21.3%	21.6%	18.7%	18.7%
60-69 yrs	17.5%	17.7%	12.3%	12.5%
70+ yrs	1.4%	1.4%	1.4%	1.5%
Total	100%	100.0%	100%	100.0%

Figure 5.1 Age distribution at time of CST in 2014



¹⁴ Note- age range for Compass trial participants is 20-69 years: analysis is based on the number of tests, not the number of unique women.

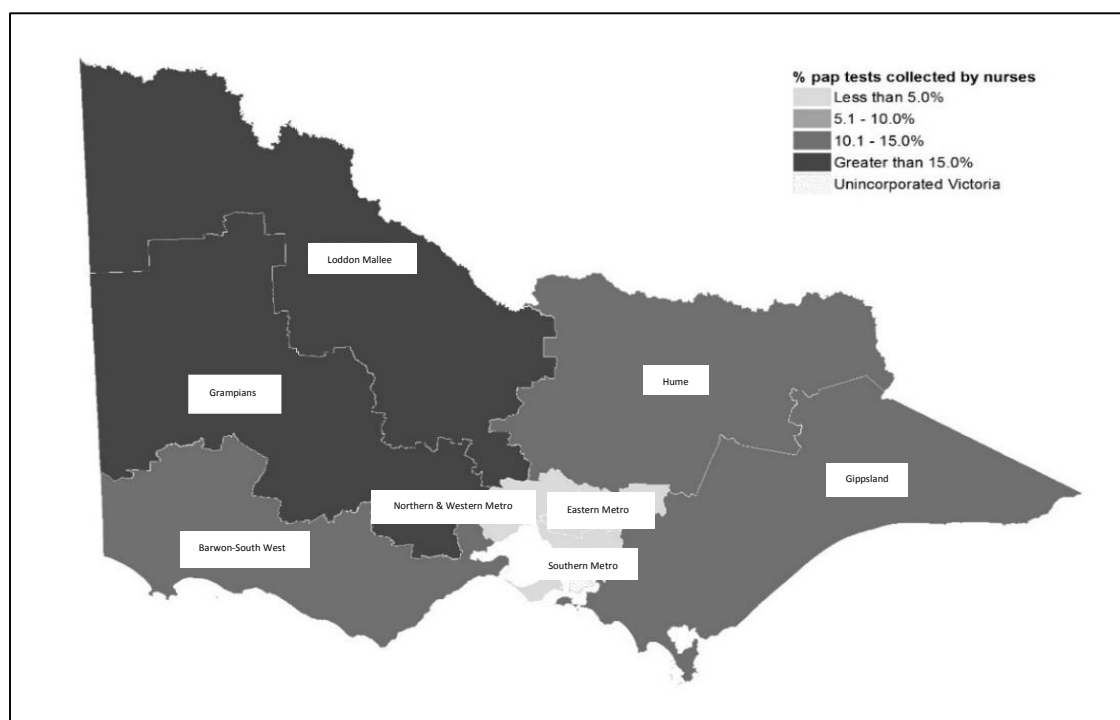
6. Proportion of CST collected by nurses by Department of Health and Human Services (DHHS) region¹⁵

Most Victorian postcodes are assigned to a region of the Victorian DHHS (previously the Department of Health). Victoria is divided into eight regions, five in rural Victoria and three covering metropolitan Melbourne. The table below shows that nurses collected a higher proportion of CST in rural regions than in metropolitan regions. The proportion of CST decreased across all DHHS regions except Gippsland between 2013 and 2014 which was unchanged. The largest changes were seen in the Grampians region, which saw a three percent reduction in the number of tests.

Table 6.1 CST for women with a cervix collected by nurses by Department of Health and Human Services (DHHS) region

Region name	Number of CST collected by nurses in 2014 ¹⁶	Number of nurses in each region in 2014 ¹⁷	% of CST collected by nurses in 2014	% of CST collected by nurses in 2013
Barwon-South West	3,899	47	10.8%	11.4%
Eastern Metropolitan	2,076	33	2.0%	2.2%
Gippsland	2,455	27	10.5%	10.5%
Grampians	3,248	28	16.1%	19.1%
Hume	3,387	55	13.6%	14.3%
Loddon Mallee	6,296	63	22.0%	22.2%
Northern & Western Metropolitan	6,542	107	3.7%	3.9%
Southern Metropolitan	2,904	35	2.1%	2.3%

Figure 6.1 Proportion of CST collected by nurses during 2014 by DHHS region



¹⁵ Department of Health, Modelling GIS and Planning Products Unit (2013). Concordance file created using Australia Post postcode file, *ABS digital geographic boundaries* (Cat. no. 1270.0.55.006) and Department of Health regions (www.health.vic.gov.au/regions). Note that this section does not include private pathology nurses as postcode data is not collected.

¹⁶ Excludes 274 post-hysterectomy CST, two CST interstate postcodes, 69 CST where postcode was missing or not able to be matched and 5,258 CST submitted to PapScreen Victoria from nurses using Private Pathology Services, where postcode data is not collected.

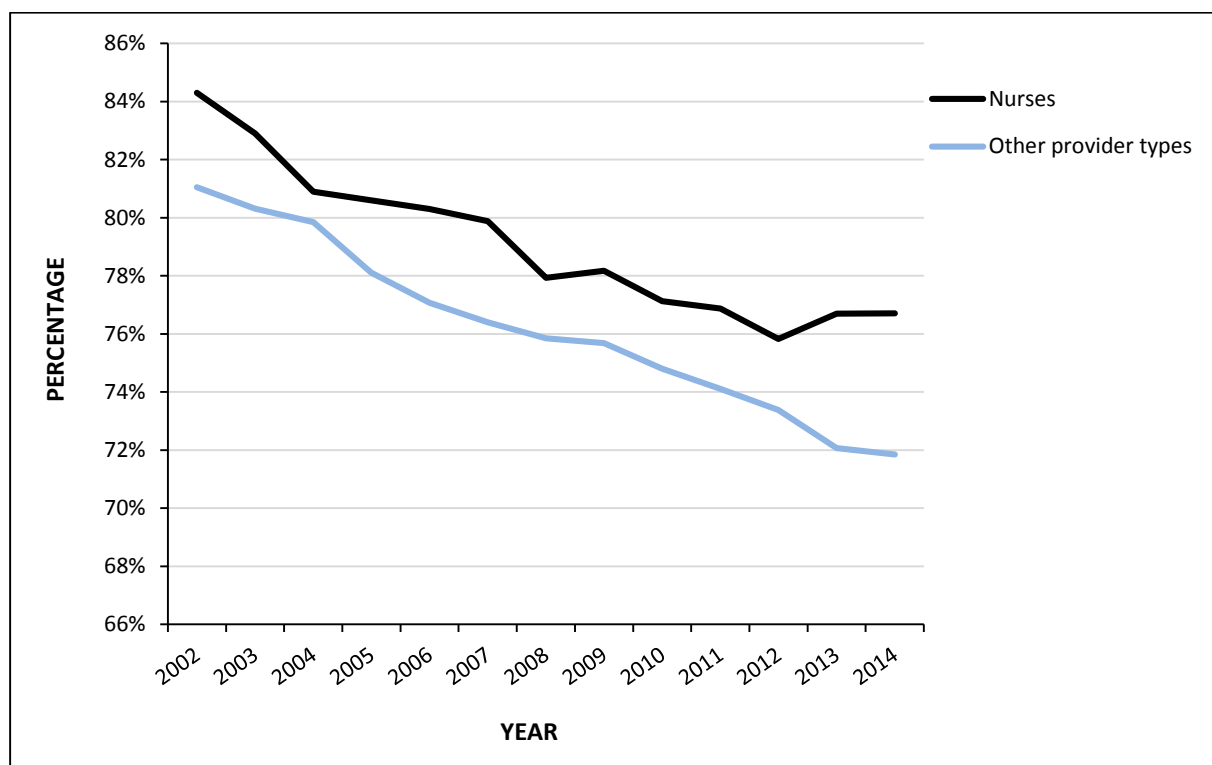
¹⁷ Excludes 40 nurses who do not collect postcode data when submitted to PapScreen Victoria and eight nurses with interstate postcodes.

7. Endocervical status

The presence of endocervical cells within a Pap test specimen is considered to be a reflection of smear quality. Of the technically satisfactory Pap tests collected from women with a cervix by nurses in 2014, 76.7% were reported as including an endocervical component. The proportion of Pap tests with an endocervical component for other provider types during the same time period was 71.9%.

The graph below shows that the proportion of Pap tests collected by nurses having an endocervical component from 2012 has remained stable. However, the proportion for other provider types has continued to decrease. Over the decade prior to 2013, a general decline in the proportion of Pap tests with an endocervical component was observed across all provider types.

Figure 7.1 Proportion of Victorian Pap tests collected by nurses and other provider types with an endocervical component¹⁸



¹⁸ Excludes Compass HPV tests (without LBC)

8. Profile of CST

The following tables show the result categories for CST collected by nurses and other provider types during 2014. Note that Pap tests and HPV tests (without LBC) are shown separately.

Table 8.1 shows the Pap test result categories for tests collected by nurses and other provider types during 2014 for women with a cervix. Compared with Victorian Pap tests collected by other provider types, nurses had a higher proportion of tests with negative results and lower proportions for high-grade and unsatisfactory tests. The proportion of low-grade and inconclusive Pap tests was consistent with other provider types.

Table 8.1 Profile of Pap test results collected during 2014 for women with a cervix¹⁹

Result category ²⁰	Number (%) of Pap tests collected by nurses	% of Pap tests collected by other provider types
High-grade abnormality	201 (0.57%)	0.8%
Low-grade abnormality	1,793 (5.04%)	5.1%
Inconclusive	199 (0.56%)	0.6%
Negative	32,801 (92.23%)	90.8%
Unsatisfactory	562 (1.58%)	2.7%
No reported result*	8 (0.02%)	-
Total	35,564 (100%)	100%

*This indicates Pap tests where there were no reported results by nurses using Private Pathology Services.

Table 8.2 shows the HPV (without LBC) test result categories for tests collected by nurses during 2014. These results are included in this report for the first time and are part of the cervical screening completed in the Compass trial, which commenced at the end of 2013. Over 97.7% of HPV tests (without LBC) returned a negative result and for positive results there was an even spread across HPV types.

Table 8.2 Profile of HPV (without LBC) test results for women during 2014²¹

Test result	Number (%) of tests
Negative	510 (97.7%)
Positive (not type 16/18)	4 (0.8%)
Positive (not type 16/18/45)	5 (0.9%)
Positive type 16	3 (0.6%)
Total	522 (100%)

¹⁹ Excludes Compass HPV tests (without LBC) and 324 post-hysterectomy CST.

²⁰ Based only on the squamous cell code within the VCCR Cytology Coding Schedule 2006.

²¹ Includes HPV tests (without LBC) completed as part of the Compass Pilot trial only (the Main trial commenced in 2015). It does not represent the total number of Primary HPV tests in the Compass Pilot trial.

9. Time since previous screening

The following table shows the length of time since any previous Pap test, as known to the Registry, for tests collected by nurses during 2014. Compared with Pap tests collected by other Victorian provider types and similar to the findings of 2013, a higher proportion of Pap tests were collected by nurses where the time interval since the last test was greater than 21 months.

Table 9.1 Time since previous Pap test during 2014 for women with a cervix²²

Time since previous test	Number (%) of Pap tests collected by nurses	% of Pap tests collected by other provider types
No previous test	3,453 (9.7%)	11.2%
<21 months	5,598 (15.8%)	24.9%
21-27 months	12,522 (35.2%)	23.0%
Greater than 27 months	8,258 (23.2%)	26.3%
Greater than 36 months	2,655 (7.5%)	6.8%
Greater than 48 months	2,931 (8.2%)	7.8%
Unknown ²³	147 (0.4%)	-
Total	35,564 (100%)	100%

²² Excludes Compass HPV tests (without LBC) and 324 post-hysterectomy CST.

²³ 147 represents the data from PapScreen Victoria where time since previous Pap test for women with a cervix was not reported.

10. Collection of Aboriginal and Torres Strait Islander status, Country of Birth and Language Spoken at Home

Closing the data gaps

A priority for the Victorian DHHS as outlined in the Victorian Public Health and Well Being Plan 2011-2015, and the previous governments' Victorian Cancer Action Plan (2008-2011) is to improve the participation of Aboriginal and Torres Strait Islander women in cervical screening^{24,25}. Following a successful pilot in 2008, the nurses who work with VCS Pathology continue to record Aboriginal and Torres Strait Islander status on the VCS Pathology Request Forms.

The standard nationally approved format is used on data collection forms as follows:

- Aboriginal
- Torres Strait Islander
- Aboriginal and Torres Strait Islander
- Not Aboriginal or Torres Strait Islander

Table 10.1 Number and percentage of CST collected by nurses in 2014 by Aboriginal and Torres Strait Islander status

Aboriginal and Torres Strait Islander status	Number	%
Aboriginal	458	1.3%
Torres Strait Islander	21	0.1%
Aboriginal and Torres Strait Islander	51	0.1%
Not Aboriginal or Torres Strait Islander	34,812	95.6%
Data not collected	1,068	2.9%
Total	36,410²⁶	100%

The overall percentage of CST collected by nurses for which an Aboriginal and Torres Strait Islander status was reported in 2014 was 97.1%, an increase of 0.5% from 96.6% in 2013.

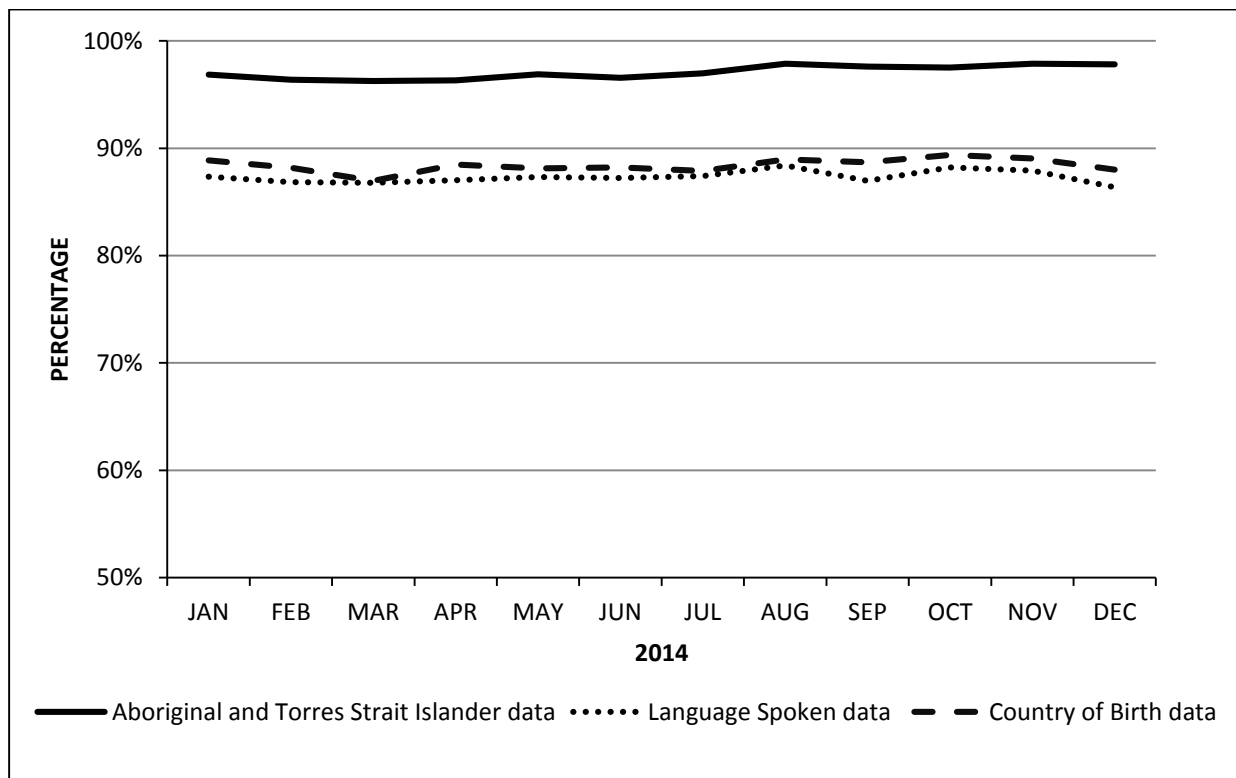
²⁴ DHHS, Victoria (2011). *Victorian Public Health and Wellbeing Plan 2011-2015*. State Government of Victoria, Melbourne.

²⁵ Department of Health, Victoria (2008). *Victoria's Cancer Action Plan 2008-2011*. State Government of Victoria, Melbourne.

²⁶ Total CST includes VCCR and Compass Pap tests, Compass HPV tests (without LBC) and nurses who use Private Pathology Services.

In 2011, the data collection was expanded to also include Country of Birth and Language Spoken at Home. It is intended that the collection of this additional information will assist with understanding and addressing the screening needs of women from culturally diverse backgrounds.

Figure 10.1 Percentage of CST collected by nurses for which Aboriginal and Torres Strait Islander status, Language Spoken at Home and Country of Birth were recorded for each month of 2014²⁷



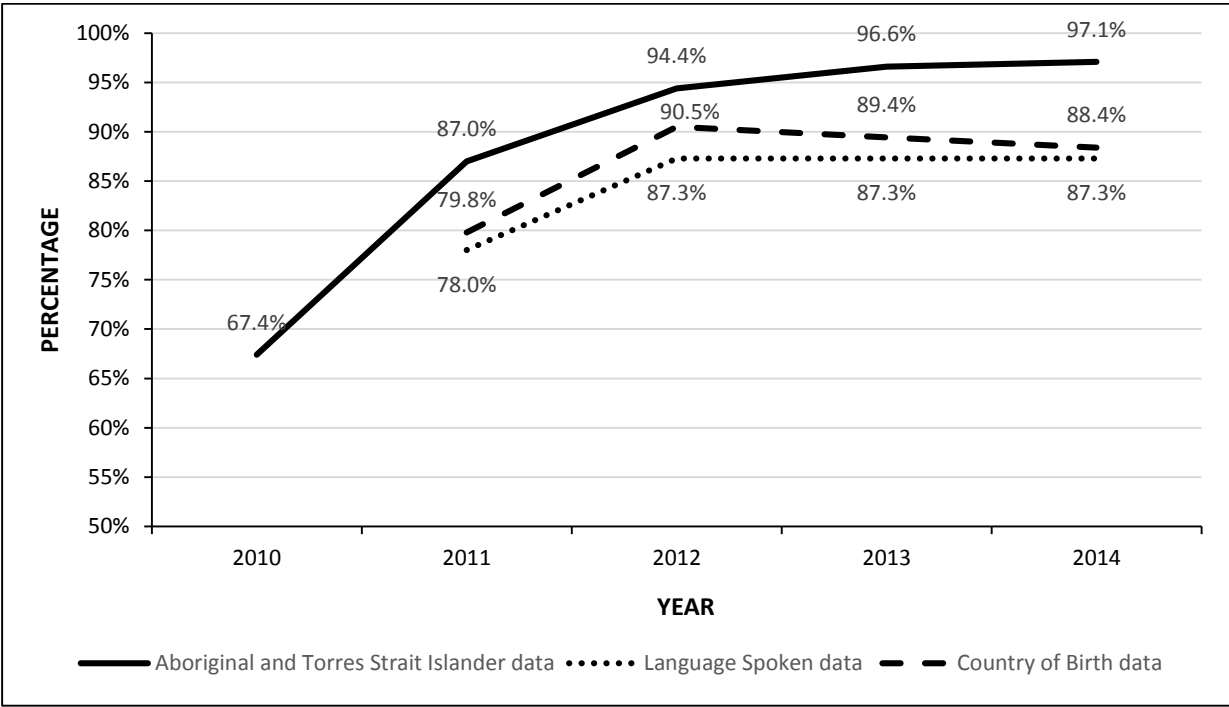
In 2014, the overall percentage of CST recorded by nurses for which Language Spoken at Home was collected was 87.3%. This has remained consistent since 2012. The most common Non-English languages were as follows (most common first): Khmer, Vietnamese, Mandarin, Greek, Italian, Chinese (not elsewhere classified), Arabic, Karen, Turkish and Cantonese.

The overall percentage of CST recorded by nurses for which Country of Birth was recorded was 88.4%. This is a decrease of 1.0% compared with the 89.4% recorded in 2013. The most common countries of birth outside of Australia were as follows (most common first): England, China (excludes SARS and Taiwan), Cambodia, Vietnam, New Zealand, Burma (Myanmar), United Kingdom (includes Channel Islands and Isle of Man), Philippines, India and Greece.

²⁷ CST includes VCCR and Compass Pap tests, Compass HPV tests (without LBC) and nurses who use Private Pathology Services.

VCCR continues to work closely with VCS Pathology and PapScreen Victoria to capture these data items on the registry database from nurse notifications including from nurses who use Private Pathology Services. Figure 10.2 below represents the continued increase in the recording of Aboriginal and Torres Strait Islander status. There is also a high percentage of Language Spoken at Home and Country of Birth data collection. The high percentage figures shown in the graph below illustrate the strong commitment to complete data collection by nurses involved in cervical screening and other key stakeholders.

Figure 10.2 Percentage of CST collected by nurses for which Aboriginal and Torres Strait Islander status, Language Spoken at Home²⁸ and Country of Birth²⁸ were recorded by year²⁹



²⁸ Language Spoken at Home and Country of Birth not collected prior to 2011.
²⁹ CST includes VCCR and Compass Pap tests, Compass HPV tests (without LBC) and nurses who use Private Pathology Services.

11. Conclusion

There were 443 active credentialed nurses in Victoria during 2014. Of these, 403 reported Cervical Screening Tests (CST) directly to VCS Pathology and the remaining 40 reported to the Registry through other Private Pathology Services under a doctor's name.

During 2014, the number of tests collected by these credentialed nurses and reported to the Registry was 36,410 tests (85.6% reported through VCS Pathology and 14.4% reported through private pathology under a doctor's name). The CST collected by nurses represented 6.1% of all CST performed that year, which was a small reduction from 6.3% in 2013.

General Practice and Community Health settings continued to represent the main practice/organisation types where nurses collected CST. There was also an increase in collection by Private Pathology Services. For the first time, Aboriginal Health Services were categorised separately to other practice types.

The majority of nurses who collected CST and Victorian women who had CST collected by nurses during 2014 were located in major cities or inner regional areas of Victoria.

In 2014, nurses continued to collect a higher proportion of tests from women over the age of 50 years than other provider types. Within DHHS regions, the proportion of CST decreased across all regions except Gippsland.

Although a general downward trend has been observed over the last decade, the proportion of Pap tests with an endocervical component continued to be higher for nurses than other provider types during 2014.

The data in this report highlights the important role that nurses have in the success of the Victorian Cervical Screening Program, particularly in relation to the rising number of CST performed by them over the past two decades and the high quality of their tests. Also of note is the commitment of nurses to complete data collection, which assists with targeting under screened groups.

12. References

- Australian Bureau of Statistics (ABS) (2011). *Australian Statistical Geography Standard (ASGS): Volume 1 - Main Structure and Greater Capital City Statistical Areas, July 2011*. Cat. no.1270.0.55.001. URL: www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/1270.0.55.001July%202011?OpenDocument
- Australian Bureau of Statistics (ABS) (2013). *Glossary of Statistical Geography Terminology*. Cat. no. 1217.0.55.001. URL: www.abs.gov.au/ausstats/abs@.nsf/mf/1217.0.55.001
- Department of Health, Victoria (2008). *Victoria's Cancer Action Plan 2008-2011*. State Government of Victoria, Melbourne.
- Department of Health and Human Services (DHHS), Victoria (2011). *Victorian Public Health and Wellbeing Plan 2011-2015*. State Government of Victoria, Melbourne.
- Department of Health, Modelling GIS and Planning Products Unit (2013). Concordance file created using Australia Post postcode file, ABS digital geographic boundaries (Cat. no. 1270.0.55.006) and Department of Health regions (www.health.vic.gov.au/regions).
- Courtesy of the Australian Institute of Health and Welfare (AIHW) (May 2014). *Postal Area to ASGS RA conversion file*. Data is based on 2011 Remoteness Areas on 2011 census data.
- Victorian Cervical Cytology Registry (VCCR) (2006). *2006 Cytology Coding Schedule*.
- Victorian Cytology Service (VCS). *About Compass*. URL: www.compasstrial.org.au/about. Accessed: 18/06/2015.



WWW.VCCR.ORG