

PARLIAMENT OF WESTERN AUSTRALIA

**JOINT STANDING COMMITTEE ON
DELEGATED LEGISLATION**

EIGHTH REPORT

(April 1992)

***REPORT ON THE HEALTH (CERVICAL
CYTOLOGY REGISTER) REGULATIONS
1991***

Laid on the Table April 1992

Joint Standing Committee on Delegated Legislation

Membership

Hon Tom Helm MLC (Chairman)
Hon Margaret McAleer MLC (Deputy Chairman)
Hon Reg Davies MLC
Hon Beryl Jones MLC
Mr Bob Wiese MLA
Dr Judy Edwards MLA
Mr Phil Smith MLA
Mr Bob Bloffwitch MLA

Advisory/Research Officer

Mrs Jane Burn

Committee Clerk

Ms Jan Paniperis

Terms of Reference (extracts)

5. *It is the function of the Committee to consider and report on any regulation that:*
 - (a) *appears not to be within power or not to be in accord with the objects of the Act pursuant to which it purports to be made;*
 - (b) *unduly trespasses on established rights, freedoms or liberties;*
 - (c) *contains matter which ought properly to be dealt with by an Act of Parliament;*
 - (d) *unduly makes rights dependent upon administrative, and not judicial, decisions.*

7. *If the Committee is of the opinion that any other matter relating to any regulation should be brought to the notice of the House, it may report that opinion and matter to the House.*

REPORT BY THE JOINT STANDING COMMITTEE ON DELEGATED LEGISLATION
ON THE
HEALTH (CERVICAL CYTOLOGY REGISTER) REGULATIONS 1991

The Background

As part of its routine scrutiny of regulations, the Joint Standing Committee on Delegated Legislation has considered the *Health (Cervical Cytology) Regulations 1991* which were gazetted on January 3 1992¹ and tabled on February 6 in the Legislative Council.

The regulations are made under the authority of the *Health Act 1911* with the purpose of establishing a Register to record the results of cervical cytology tests. Cancer of the cervix is one of the main forms of preventable cancer causing death in adult women.

The intention of the Register is that the results of cervical cancer tests will be compiled on the Register (*Regs 6-7*)² for the prime purposes of -

- (a) notifying women whose tests were normal of the appropriate time for the next routine test;
- (b) ensuring that appropriate procedures are put in place for women whose test results were abnormal;
- (c) providing epidemiological data to monitor participation patterns, assist programme planning, provide a data base for research and increase public awareness by publication of statistical profiles.

Details of test results will be included in the Register unless a woman objects to the inclusion of those details in the approved form³. *Regulation 10*⁴ also provides the opportunity for a woman to opt out of inclusion in the Register at any time by requesting in writing that any data which identifies her on the Register be removed.

Prior to the establishment of the Register, the initiation of routine tests was left to the individual or her medical practitioner; the medical practitioner was solely responsible for reminders, follow-up tests and the implementation of treatment. The Health Department believes that this uncoordinated approach was ineffective for a number of reasons:

¹ see Appendix A

² *ibid.* 1 above

³ see Appendix B

⁴ *ibid.* 1 above

- (i) lack of awareness among women of the need for regular pap smear tests;
- (ii) a failure by medical practitioners to recall women who have had abnormal test results;
- (iii) infrequency of screening;
- (iv) lack of access for laboratories to previous results.

An article in the *Medical Journal of Australia*⁵ reached the following conclusions from a survey -

"At one extreme, even if all smears were considered to contribute to the recommended frequency, the present Western Australian programme did not approach the recommended Canadian programme (annual smears from 18-35 years of age and then every five years to age 60) in younger women or the recommended US programme (every one to three years from 19 to 60 years of age) at any age."

The Committee has been informed that the proposed Register is modelled on the Victorian Register which has successfully operated for some years and that the authorities in New Zealand have decided to change from an 'opting off' to an 'opting on' system after a number of inadequacies had been identified.⁶

A Working Party was established 18 months ago to consider the feasibility of a Cervical Cytology Register for Western Australia, with representatives from the public health sector, medical profession, community groups and the Country Womens' Association.

An extensive media and public education programme will preface the launch of the Register. Information packages are to be distributed to all medical practitioners and to be made available to the community at large.

⁵ *Cervical Cytology in Western Australia: Frequency, geographical and socio economic distributions and providers of the service* by Bruce K Armstrong, Ian L Rouse and Terrence L Butler : Vol 144 March 3 1986

⁶ see Appendix C -

- (i) *How not to organise a cervical screening programme* : NZ Medical Journal : October 11 1989
- (ii) *Situation Analysis* (extract from a paper prepared by Network Communications for the NZ Department of Health, 1991)

The Committee's concerns

Whilst appreciating the rationale for the establishment of the Register and recognising the vital importance to the health and well-being of women of an efficient and effective system of early diagnosis and treatment of cervical cancer, the Committee is also charged by the Parliament to ensure that the balance of the public good and the rights of the individual is maintained. It is with this criterion in mind that members had identified a number of concerns which appeared to contravene its second term of reference, namely that the regulation -

"unduly trespasses on established rights, freedoms or liberties;"

1. The use and disclosure of information on the Register

Members of the Committee were concerned that the inclusion of identifying data on the Register could lead to problems of confidentiality. Members also queried the appropriateness of the 'opting out' system for women who did not wish to be included in the Register. These concerns had also been independently voiced to the Committee by members of Parliament and constituents.

2. Consultation with interest groups

After hearing evidence from various womens' organisations including the Womens' Electoral Lobby and the YWCA, neither of which had been consulted in the formulation process, members became concerned at the extent of the consultation by the Health Department.

3. Public Education Programme

Members queried whether a 2-week education programme is adequate time to launch a new project of this magnitude and importance, and whether the necessary funding for ongoing education and publicity for some months would be available.

The Evidence

With these issues in mind the Committee met with representatives of the Health Department, Womens' Cancer Prevention Unit, Cervical Cytology Working Party,⁷ Womens' Electoral Lobby, YWCA and Country Womens' Association on Thursday April 9 1992.⁸

1. The use and disclosure of information on the Register

Representatives of the Womens' Electoral Lobby, YWCA and Country Womens' Association were unanimous in their support for the concept of the Register. Witnesses expressed the view that the establishment of the Register was overdue and that it would be of substantial benefit to women in general and in the prevention of unnecessary deaths from cervical cancer.

The question of confidentiality and 'negative' action to ensure exclusion from the Register was not considered by the witnesses to be a problem as it was likely from existing statistics that only 5% of women would choose to be excluded. Furthermore, the regulations provide for the removal of identifying details from the Register at any time.

The Committee has also been made aware that the authorities in New Zealand, which had opted for positive consent to inclusion on the Register in its pilot study, are now changing to the use of 'negative' action, or 'opting out', after it was discovered that the Register was not achieving the desired effect in terms of ensuring better and more efficient use of the screening facility.

2. Consultation with interest groups

The Committee was disturbed to find that of the groups from whom it heard evidence, only the Country Womens' Association had been asked to comment or provide submissions to a Working Party which had operated for 18 months prior to the implementation of the proposals.

3. Public Education Programme

One of the witnesses expressed concern at the short time allowed for education programmes and publicity before the commencement of the operation of the Register.

Further witnesses believed that as in real terms an education programme could take up to a

⁷ see Appendix D - briefing notes prepared by Dr Edwards of the Womens' Cancer Prevention Unit

⁸ see Appendix E

year before it could be judged effective, it was preferable to establish the Register at the earliest opportunity and to provide ongoing information, education and publicity.

The Committee is aware that the *Regulations* took effect 2 months after gazettal and therefore theoretically, the Register has operated from March 3 1992. From further discussions with the Health Department, it appears that, given the importance of the public information and education programme necessary for the successful operation of the Register, the decision was made to launch the Register officially after an extensive and high profile public relations campaign. The representatives from the Health Department gave evidence that the 2-week education period prior to the official launch was flexible and could be extended to accommodate the Committee's views.

The Committee was also briefed on the availability of adequate ongoing funding from both State and Commonwealth sources.

The Committee's Conclusions

1. The use and disclosure of information on the Register

From the evidence received, the Committee is satisfied that the safeguards in the regulations together with the option for a woman to request removal of identifying data "at any time" (*Regulation 10*) appear to be sufficient to preserve the confidentiality of test results compiled on the Register.

The Committee is of the opinion that, in the light of the experience in Victoria and New Zealand⁹, the use of 'negative action' for exclusion from the Register appears to be more effective than positive consent to inclusion, in encouraging the maximum participation in the Register and the avoidance of unnecessary pain, suffering and death.

The Committee also believes, however, that the successful operation of the Register and its overall effectiveness is inextricably linked to the thoroughness of the education programme, which must be given a high profile for as long as is necessary to ensure full awareness of the Register.

2. Consultation with interest groups

The Committee is critical of the Health Department for the extent of its consultation with womens' groups. Members believe that in an issue of this importance with such serious 'life or death' implications for women and which has attracted such extensive public comment, the Department should have taken the same broad view as the Committee did in obtaining informed opinion.

3. Public Education Programme

As stated in *Conclusion 1* above, the Committee is of the opinion that an extensive public education programme is vital to the success of the Register and that sufficient funds must be made available for the continuation of information and media campaigns after the establishment of the Register.

4. Disallowance

The Committee recommends that in the interests of the health and well-being of women in this State, the regulations should not be disallowed.

⁹ see Appendix C

HEALTH

HE301

HEALTH ACT 1911

HEALTH (CERVICAL CYTOLOGY REGISTER) REGULATIONS 1991

Made by His Excellency the Governor in Executive Council.

PART 1 — PRELIMINARY

Citation

1. These regulations may be cited as the *Health (Cervical Cytology Register) Regulations 1991*.

Commencement

2. These regulations shall come into operation on the expiry of 2 months beginning on the day on which they are published in the *Gazette*.

Interpretation

3. In these regulations unless the contrary intention appears —

“approved” means approved by the Commissioner;

“cervical cancer” means the malignant growth of human tissue in the uterine cervix which if unchecked is likely to spread to adjacent tissue and beyond its site of origin and which has a tendency to recur;

“cervical cancer test” means a test undertaken to determine whether or not a woman is suffering from cancer of the uterine cervix or any of its precursors and which includes, or consists of, a pathological examination of a specimen from the woman;

“Register” means the Cervical Cytology Register referred to in regulation 5.

Cervical cancer is a prescribed condition of health

4. Cervical cancer is prescribed under section 289B of the Act as a condition of health to which Part IXA of the Act applies.

PART 2 — CERVICAL CYTOLOGY REGISTER

Cervical Cytology Register

5. (1) There shall be a Register compiled and maintained by the Commissioner to be known as the Cervical Cytology Register.

(2) The Register shall consist of a compilation of results, or copies of results, of cervical cancer tests forwarded to the Commissioner under regulation 9.

Use of information on Register

6. (1) The information on the Register shall be used by the Commissioner —

- (a) where possible, to provide for notification to women whose cervical cancer test results are normal, the appropriate time for their next test;
- (b) where possible, to ensure that appropriate procedures are put in place for women whose test results are abnormal;

- (c) to provide a linked record of results for every woman on the Register, which is available in accordance with regulation 7 (1) (b) —
 - (i) to the woman;
 - (ii) to the woman's medical practitioner; and
 - (iii) to a laboratory engaged by, or on behalf of, the woman;
- (d) to provide comparative data from laboratories to encourage consistency of performance; and
- (e) to provide epidemiological data in order to —
 - (i) monitor participation rates and patterns;
 - (ii) assist programme planning;
 - (iii) provide a data base for use in approved research into cancer, its alleviation and prevention;
 - (iv) increase public awareness by the publication of statistical profiles; and
 - (v) assist the compilation of comparative data by any national organization approved by the Commissioner.

(2) Data provided under subregulation (1) (e) (iv) or (v) shall not contain any information which enables the identification of any woman in respect of whom data is held on the Register.

Disclosure of information on the Register

7. (1) A person shall not disclose information on the Register other than —
- (a) with the written consent of any woman to whom the information relates;
 - (b) to a medical practitioner or person in charge of a laboratory, engaged by, or on behalf of, the woman to whom the information relates in order to assist those persons —
 - (i) in diagnosis and treatment of the woman; or
 - (ii) to determine when the woman should have her next cervical cancer test;
 - or
 - (c) for the purposes of regulation 6.
- (2) A person who contravenes subregulation (1) commits an offence.

PART 3 — PROCEDURES FOR DATA COLLECTION

Woman may object to inclusion of results on Register

8. (1) Where a person engaged by a woman to carry out a cervical cancer test is informed by that woman that she objects to the results, or copies of the results, of the test being forwarded to the Commissioner and held on the Register, that person shall, in the approved form, inform the person in charge of any laboratory to which a specimen from the woman is sent for pathological examination for the test that the results, or a copy of the results, of the test shall not be forwarded to the Commissioner.

- (2) A person who contravenes subregulation (1) commits an offence.

Test results forwarded to Commissioner

9. (1) Unless informed under regulation 8 (1) that the results, or a copy of the results, of a cervical cancer test shall not be forwarded to the Commissioner, the person in charge of a laboratory shall within 60 days of completing a cervical cancer test, forward the results, or a copy of the results, of the test to the Commissioner in the approved form.

(2) A person who contravenes subregulation (1) commits an offence.

Identifying data may be removed from Register

10. (1) A woman may at any time request in writing to the Commissioner, that any data held on the Register which identifies her be removed.

(2) The Commissioner shall ensure that a request made under subregulation (1) is complied with as soon as is practicable.

(3) Data relating to, but which does not identify, a woman referred to in subregulation (1) may be retained on the Register.

(4) A person who contravenes subregulation (2) commits an offence.

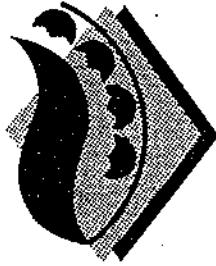
Penalties

11. A person who commits an offence under these regulations is liable to a penalty which is not more than \$1 000 and not less than —

- (a) in the case of a first offence, \$100;
- (b) in the case of a second offence, \$200; and
- (c) in the case of a third or subsequent offence, \$500.

By His Excellency's Command,

L. M. AULD, Clerk of the Council.



**EVERY WOMAN SHOULD HAVE
A REGULAR PAP SMEAR**

A Pap smear can detect the very early warning signs of cervical cancer (cancer of the neck of the womb). Having a regular Pap smear could save your life!

It's easy to forget your next Pap smear...

Now the PAP SMEAR REGISTRY is here to help you and your doctor.

The Registry will:

- *make sure that a reminder letter is sent to you when your next Pap smear is overdue;*
- *act as a safety net to make sure that abnormal results are followed up;*
- *keep a record of all your Pap smear results which you and your doctor can refer to if needed.*

The confidentiality of the information collected by the Registry is protected by law. You have the choice of joining the Registry or not. But please remember that if you don't join, the Registry cannot provide its free service to you and your doctor.

If you would like more information about the Registry, please ask your doctor or the person who takes your Pap smear. Or call the Registry on (09) 242 6900 or (008) 800 033 toll-free from the country.

YOU HAVE ADVISED THE PERSON TAKING YOUR PAP SMEAR THAT YOU DO NOT WISH YOUR RESULT TO BE REGISTERED THIS TIME. THIS FORM IS YOUR RECORD THAT YOUR RESULT WILL NOT BE SENT TO THE REGISTRY.

Name:

Date of test:

This is to certify that your objection to joining the PAP SMEAR REGISTRY (Cervical Cytology Registry of Western Australia) has been noted. Your pathology request form has been marked to indicate that your Pap smear result is not to be sent to the Registry.

Name of practitioner:

Signature:

LEADING ARTICLE

How not to organise a cervical screening programme

New Zealand newspapers and radio bulletins gave prominence to a recent article in the *Lancet*, in which Professor James McCormick (from Dublin) asserted that cervical screening is 'an expensive contribution to ill health because the harms exceed the possible benefits by a substantial margin' (1). We all like to see dogma disputed, and some doctors may have become so tired of hearing sermons about cervical screening that they are tempted to applaud McCormick's stand. Such a reaction would be unwise, because McCormick's review is slanted and selective. Nevertheless, he may have done us a service if the controversy prompts a critical review of the government's current plans for a national screening programme. There are grounds for concern that this could prove to be an expensive failure.

McCormick's article, which contains no new scientific evidence, purports to weigh the case for cervical screening against criteria which are familiar to workers in this field (2). His approach is similar to that of his colleague, Skrabanek, who has been described as a past master of selective quotation (3). Consider the crucial question of whether screening can reduce mortality and morbidity from cervical cancer. McCormick fails to cite the most important studies of this question (4,5). With regard to the evidence from Canada, he refers to one paper published in 1973 and ignores more than a dozen published since then (3,4). With regard to the important evidence from Scandinavia (4,6,7), he cites only three publications—two of which were heavily criticised reviews written by Skrabanek. An uninformed reader of McCormick's article would be surprised to learn that most scientists regard cervical screening as one of the few proven public health measures for the prevention of cancer (8,9).

Although McCormick calls for application of the scientific method, his own approach is unscientific and emotive. Indeed he suggests that advocacy of cervical screening is 'worship of a false god' (1). Despite this lack of balance, his article should remind some that cervical screening is not a panacea and that—like all medical procedures—it has drawbacks. Of course this fact has been emphasised by those who have actually conducted research on screening. The drawbacks McCormick emphasises are the occurrence of false-positive results, leading to unnecessary distress and anxiety; the risk that women with positive or equivocal smears may be labelled as promiscuous; and the possibility of crossinfection through inadequate sterilisation of specula. The latter concern originated in New Zealand (10) and prompted a warning by the Department of Health (11); despite subsequent experimental work (12) it remains only a theoretical possibility at present.

These and other drawbacks can be minimised by careful design and monitoring of a screening programme. Have such issues been addressed in the New Zealand plans? Here we must suspend judgment because, although the government has already committed \$14 million in this year's budget and \$11.8 million annually thereafter, the details of its scheme have not been released. The lack of consultation and open discussion about this programme must be a cause for concern.

After reviewing the evidence presented at the cervical cancer inquiry, Judge Cartwright recommended a national population-based screening programme (13). She stated that the minister of health should establish an advisory group 'representative of a wide range of women health consumers and appropriate health professionals'. The Department of Health apparently rejected this recommendation and decided to plan the programme in house. It ran a workshop in Porirua in December 1988 but, in view of the very large number of people invited, this could not provide effective consultation. Despite the presence of highly paid facilitators, no consensus was achieved and the report of the workshop was not released.

The lack of consumer input has been criticised publicly (14).

Equally worrying is the degree of consultation with health professionals or with researchers who have relevant experience. In her press statement on the anniversary of the Cartwright report (2 August 1989), the minister of health referred to close liaison with organisations such as the Royal New Zealand College of General Practitioners. In fact there has been no significant consultation, since the Porirua workshop, with the college, the NZMA, or the Cancer Society. Nor is there evidence of material input from experts on public health aspects of screening from New Zealand or overseas.

Why is this situation worrying? There is abundant evidence from other countries that it is possible to spend vast sums on cervical screening without achieving much. We cannot afford to repeat their mistakes. Despite the lack of details, one aspect of the New Zealand scheme sounds particularly ominous. Considerable emphasis is being placed on computer-based registers which will be restricted to women who have indicated that they wish to be part of the programme. Apparently no information will be put on these registers without the signing of written consent forms on every occasion.

The full potential of cervical screening can be realised only with effective systems to invite all women for screening, and to check that appropriate action has been taken on positive results (4,15). Computer-based schemes appear to offer the best opportunities and the main characteristics of successful programmes are that they are consumer oriented but service initiated (16). Schemes based on inadequate registers are doomed to fail (16-18). The results of a study in Otago suggest that many women will not take steps to register with the programme and that the nonregistrants will tend to be those who are at higher risk of developing cervical cancer (Cox B, et al, unpublished data).

Judge Cartwright clearly envisaged a comprehensive population-based register, to be maintained under the strictest rules of confidentiality and privacy (13). Such registers are established or proposed in Scandinavian countries, Britain, Canada and Victoria. Why is Judge Cartwright's recommendation now regarded as unacceptable by the Department of Health? The revelations about events at National Women's Hospital have understandably led to a fundamental review of consent procedures in the New Zealand health service. Few would dispute that there was a need for change, but some recent proposals for requiring written consent can only be described as dotty. In opting for a limited register, the Department of Health may be responding to real or perceived pressures, but it is noteworthy that the consumer advocate Sandra Coney has criticised their pusillanimous approach (14).

It is, of course, for the public to decide whether a population-based cervical screening programme is acceptable. I have little doubt that, if the issues were presented fairly, most New Zealand women would support the sort of scheme that Judge Cartwright advocated. The small minority who objected could have a right to opt out, as in the new Victorian legislation (19). But if a comprehensive scheme is not acceptable to most New Zealand women, we should not waste millions of dollars on a complex but incomplete computer system that will probably achieve little. We would be better to attack the problem differently and devote the resources saved to other areas of our ailing health service.

New Zealand needs an effective and efficient cervical screening programme if it is to avoid a future epidemic of cervical cancer (20). What we cannot afford is an expensive charade that ignores the lessons learned in other countries.

D C G Skegg,

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SITUATION ANALYSIS

Through the publicity campaign carried out in the latter half of this year with health professionals and women's groups, a mainly receptive environment has been created towards cervical screening.

However, research undertaken by the Cancer Society and some reaction to date from women (especially Maori women*) shows that in terms of the register itself, there is some suspicion of a national type register. This situation is not helped by recent publicity in terms of the health cards and their possible intrusion of privacy related to this.

On the positive side, it has been acknowledged that a national opt off register has a much higher success rate than an opt on one in terms of the number of women who enrol on the register. This, in turn, makes for a more successful follow up of women, a much better chance of detecting any abnormalities, and so a more successful screening programme.

Another advantage of the opt off register is that there will be substantial savings in costs.

It is also worth noting that there will be several changes in the health system over the next few months which will directly and indirectly affect cervical screening, especially at the awareness end of the campaign. They are:

- the introduction of health cards for people on low incomes
- higher medical charges for families with an income of between \$30,000 and \$50,000.
- the gradual phasing out of the area health boards

It is not part of Network's brief to help resolve the Maori issue which has its own particular dimensions at this time.

In the former cases, the introduction of health cards may help to make it easier and more affordable for women in the lower socio-economic groups to have a cervical smear, but perhaps more difficult for women where the household income is between \$30,000 and \$50,000.

In the latter case, this may mean less grass roots support for a national cervical screening programme in the future.

HEALTH (CERVICAL CYTOLOGY REGISTER) REGULATIONS 1991

1. Rationale

Establishing cervical cytology registries as the most important single strategy to achieve a more systematic approach to cervical cancer screening was a recommendation by the AHMAC Cervical Cancer Screening Evaluation Steering Committee in their report entitled 'Cervical Cancer Screening - options for change'.

This report and its recommendations grew out of two years of pilot projects around Australia. In Victoria, a cervical cytology registry has been operating successfully for nearly three years with community and professional support.

In Western Australia each year, more than 100 women develop cervical cancer, and about 30 women die from this essentially preventable disease. Current screening efforts result in preventing only half of the potentially preventable cases of cervical cancer. There is convincing evidence that cervical cancer screening is more effective in reducing the morbidity and mortality from this disease when it is combined with a systematic recall facility for women.

2. Development of Regulations/Consultation

The regulations were developed over a one and a half year period by the Cervical Cytology Register Implementation Working Party. This group consisted of representatives from gynaecology, general practice, pathology, epidemiology, consumers (WAC, CWA), the Cancer Registry, and Legislation Branch.

These members consulted widely among their organisations (e.g. using newsletters) about the proposed Registry, and the response was overwhelmingly supportive.

A project officer is currently conducting a review of cervical cancer screening services in all health regions. The feedback both from women's groups and health professionals confirms the positive response received by the working party.

3. CHIC committee

The terms of reference of the CHIC committee concern requests of access to name identified data held by the HDWA. Their advice will be sought (under their terms of reference point 4) with regard to operational aspects of data security when setting up the Cervical Cytology Registry .

It needs to be stressed that participation in the registry is voluntary - every woman has the right to object to joining the registry's service and to withdraw her name at any time in writing.

CERVICAL CANCER SCREENING SERVICE DELIVERY REVIEW

My role has been to evaluate cervical screening services in WA and to provide information to both providers and consumers with regard to the proposed Cervical Cytology Registry (objectives attached).

I have sought to obtain feedback regarding various aspects of cervical screening from representative groups of women throughout the community. This has taken place over the past seven weeks in several of the Health Department regions. Publicity for my visit has been arranged by the regional offices. Meetings and forums have been set up in a range of venues with an extensive cross section of the community. So far, I have met with women from the following backgrounds:

- * Women's Group, Golden Mile Community Centre, Boulder.
- * Two groups of women randomly selected from Mammography Screening list and conducted at the Women's Health Resource Centre, Geraldton (included women from non English speaking backgrounds).
- * Women randomly interviewed at the Citizen's Advice Bureau, Bunbury.
- * The Peel Women's Health Group, Mandurah.
- * Women representatives from Albany community in response to an advertisement placed in the local press, and conducted in the Community Health Headquarters, Albany.
- * Aboriginal women randomly interviewed at the Immunization Clinic, Community Health, Narrogin.
- * Representative CWA, Newman.
- * Newman Community Care Council, Women's Health Sub Group.
- * Women in the English as Second Language Class, TAFE College Karratha.
- * Karratha and District Women's Health Group.
- * Representatives from women from non English speaking backgrounds, Hedland Well Women's Centre.
- * Women's forum, Tom Price Wellness Centre.
- * Women's forum, Karringal Neighbourhood Centre, Paraburdoo.

With the exception of one woman at the Karratha Women's Health Group, who stated that she would choose not to have her name added to the Cervical Cytology Register because she felt that she was 'capable of being responsible for her own health', all women involved in the above forums indicated that they were keen to be involved in the Register, to have their names and results of their Pap smears added and to receive a reminder if they were late with their subsequent Pap smears.

All women present at the forums were provided with an explanation of how their details would be transferred to the Register, and that if they chose NOT to be included, they were required to indicate same to the person taking their Pap smear. No woman expressed any concern with regard to this strategy for obtaining their consent. The women were highly supportive of the idea of a Register and many made positive comments as follows:

'We would like to be reminded'.

'We would like to receive a reminder (in simple language)' - Women from NESB.

'We would like a reminder'.

'The Register is a good idea ..we would like to be on it'.

'Time goes quickly .. it's easy to forget'.

As well as obtaining the views of women in the community, feedback has been sought from health professionals from a range of backgrounds. Again, there has been little negative response. Only one General Practitioner (from Hedland) expressed any concern regarding the proposed strategy for obtaining consent and this was resolved with further explanation of the procedure. Reassurance was given as to confidentiality standards.

Plans are under way to meet with women in the Kimberley Health Region, metropolitan health regions and the Central Wheatbelt. It is anticipated that the project will be completed and a report available in June, 1992.

Gloria Sutherland
Project Officer
Women's Cancer Prevention Unit
6th April, 1992

CERVICAL CANCER SCREENING PROJECT

THE AIM OF THE PROJECT:

To review and document cervical screening service delivery in all health regions of Western Australia.

OBJECTIVES:

The objectives of the project are to:

1. Examine Pap smear provision in each health region.
2. Examine possible gaps in Pap smear service provision in the various health regions, especially with regard to groups of women with special needs.
3. Identify Pap smear providers in the health regions.
4. Identify training needs and availability of training in smear taking.
5. Examine the accessibility of services for follow-up of abnormalities.
6. Examine existing recall systems, especially in rural and remote areas.
7. Identify perceived optimal cervical screening services at the various points of the screening pathway.
8. Provide a report with respect to the above issues.
9. Inform key people in the regions about the Western Australian Cervical Cytology Registry (WACCR).

List of Witnesses:

Dr Anne Ghisalberti, Women's Electoral Lobby
Ms Noel Hartley, Women's Electoral Lobby
Mrs Helen Armstrong, Country Women's Association
Ms Marie Oakley, YWCA

Ms Valery Gardner, Health Department
Dr Judy Stratton, University of Western Australia
Ms Kim Macey, Health Department
Ms Barbara Edwards, Women's Cancer Prevention Unit, Health Department
Dr Darcy Holman, University of Western Australia

