



Detecting and preventing cervical cancer: a nurse-led model for rural Aboriginal women

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The incidence of cervical cancer and related deaths in Aboriginal women is significantly higher than that for the wider population. In one NSW rural community, cost was a major barrier for local Aboriginal women needing to access colposcopy services. Instead of providing services locally, the Aboriginal Community Controlled Health Service (ACCHS) had been supporting women to travel to Sydney to receive the necessary investigations and treatment. Difficulty in finding a suitably trained and available medical practitioner to provide clinical services locally led to the decision to support and train a women's health nurse to perform colposcopy.

To support the service a partnership was formed between the nurse, her employer, the ACCHS, a gynaecologist from a teaching hospital and a statewide NGO. This led to the introduction, in 2012, of what is most likely to be the first nurse practitioner led colposcopy and gynaecology clinic in Australia. By nurse practitioner-led we mean the nurse practitioner is wholly responsible for the clinic from accepting referrals, triage, addressing the results, providing follow-up and pursuing a defined education plan.

Following a well-structured training program developed and overseen by the gynaecologist, the nurse practitioner commenced the clinic with on-going support and supervision provided by the teaching hospital and regular meetings between the project partners. The meetings discussed and resolved issues around referrals, clinic space, equipment and remote supervision. The clinic was marketed to general practitioners as the main referrers. A comprehensive evaluation has been undertaken of the first 125 patients seen at the clinic and the results show that high quality care has been provided with appropriate treatment, referral and follow up.

The introduction of a nurse practitioner led colposcopy and gynaecology clinic has improved access to essential health care for vulnerable and at risk patients. The model employs best practice in terms of effective collaboration between partner organisations, training and supervision and has recently been recognised by receiving a significant statewide health award. The availability of a nurse practitioner provider number, Aboriginal Health Worker training and support to improve cultural competence and the application of suitable telehealth technology will assist to improve both efficiency and effectiveness and enhance access in a culturally safe environment. The evidence suggests that this model can be replicated in other rural and remote locations.