
Evaluation of the Nurse Pap Test Provider Credentialing Process: Brief Report

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for:
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Introduction

Background

The credentialling of nurse Pap test providers is part of an ongoing commitment to the quality assurance of Pap test provision in Victoria. At the beginning of the financial year 2003-2004, the project management of the credentialling process was transferred from Heather Jarman (Deakin University/Barwon Health) to PapScreen Victoria (PSV) under the project coordination of Sandy Anderson. Immediately prior to that time, the *Credentialling and Re-credentialling Policy and Guidelines* had been revised (May 2003). This revision has meant that nurse Pap test providers (from now on referred to as nurses), their line managers and the Review Panel have experienced changes in the way the process is carried out and what is expected of them.

More specifically the changes that have occurred to the credentialling process are as follows. One change relates to the time frame within which credentialling and re-credentialling applications are expected to be processed. Previously, the processing of applications could take up to a period of six weeks or longer on occasions. Now Panel members are expected to process the applications so that nurses receive an outcome within three weeks. Three other changes relate to the information collected at the re-credentialling stage. Previous to the change, nurses were required to submit 10 completed client satisfaction surveys, forms on which clients were able to comment on their satisfaction with the Pap test service they had received. This requirement has now been removed for nurses that work within an accredited organisation.¹ In addition, the managers of the nurses from accredited organisations are now required to fill out the *Quality Practice Statement*, a form that asks the manager to comment on the satisfaction and complaints of clients seen by the nurse. Finally, all nurses are also now expected to submit the entire three years of cytology statistics², whereas prior to the change, only a sample (at the discretion of the nurse) of statistics was required across the three years of practice.

Although annual reports have been produced since the introduction of the process (1996) that summarise the credentialling activities during a particular year, the impact of the credentialling process on those involved has not been formally evaluated, nor has the impact of the changes to the process as noted above.

¹ The organisations that nurses work within are classified as either accredited or non-accredited according to whether they have been accredited by one of the recognised quality assurance bodies that sets and monitors the standards for the quality of practice within medical settings.

² Cytology statistics are the reports that the cytology laboratories provide back to the nurse that list the percentage of the tests that were technically satisfactory (at least 95%), and the percentage of the tests that contains endo-cervical cells, the cells in which pre-cancerous cell changes can be detected (required to be at least 75%).

For the 2004-2005 financial year, PSV included an evaluation of the credentialling process in their strategic plan for that year's recruitment and communication activities. An evaluation plan was prepared in December 2004 and the evaluation conducted during January to June 2005.

This brief report contains a summary of the findings from the evaluation and includes recommendations for an improved credentialling process for nurses. The full report, including detailed results sections for each of the project phases and a copy of all of the measures used, can be obtained by contacting Jenny Anderson at PapScreen Victoria (phone: 03 9635 5624 or email: jenny.anderson@cancervic.org.au).

Aims

After consultation with Kate Broun (Manager Recruitment and Communication Program, PSV), Sandy Anderson (Coordinator for the Credentialling Project), Christine Ashley-Coe (Manager, Credentialling Secretariat, RCNA) and Helen Morrison (Administrator, Credentialling Secretariat, RCNA), three overall aims for the evaluation were established:

1. To determine the **impact** of the credentialling process on nurses, their line managers and the Review Panel.
2. To determine if the credentialling process is well defined and **communicated** clearly to nurses and their line managers.
3. To determine the **value** of the credentialling process from the perspective of nurses, line managers and the Review Panel.

Design

The evaluation was conducted in three phases. Each phase was designed to target each of the three groups involved in the credentialling process: nurses, their line managers and members of the panel that review the credentialling applications and other related forms. The methods used for each of these three phases are summarised as follows:

Phase 1: Nurses	Focus groups and self-report questionnaires
Phase 2: Managers	Self-report questionnaires
Phase 3: Panel	Telephone interviews

A summary of the methods used and results found for each phase follow this section of the report. Conclusions from these results are then presented. Finally, a set of recommendations is presented for the consideration of PSV and RCNA.

Method

Phase 1: Nurses

Phase 1 was comprised of two evaluation activities for nurses: focus groups and a questionnaire.

Focus Groups

Aims:

Focus groups were held with a small sample of nurses (n = 13) to determine three things:

1. Whether there would be any barriers to the proposed methodology for the evaluation (questionnaires sent to all nurses and their line managers, followed up with a short reminder phone call if the questionnaire had not been returned);
2. The validity of the proposed questions for the questionnaire; and
3. If there were any additional topics that required attention in the evaluation that had not already been included.

Thus the information gathered from the focus groups informed the content of the questionnaire, the key evaluation tool for the nurses.

Participants:

Focus groups were held in two locations, one in the metropolitan area (Carlton) and one regionally based (Shepparton). Details of the groups are listed below:

Focus Group 1

Attendees at the meeting of the Women's Health Nurse Assoc. of Vic. (n = 8)
8 February 2005, held at The Cancer Council Victoria.

Focus Group 2

Attendees of a professional development seminar (n = 5)
8 March 2005, held at the Elsie Jones Education Centre, Goulburn Valley Health Hospital.

Research Tools:

A focus group interview schedule (see the *Full Report*) was constructed to test questionnaire items about the impact the credentialling process has had on nurses, how effective they find communication about the process, and what value they find from participating in the process. The schedule also included questions to determine if there were any anticipated problems with the proposed methodology for the evaluation.

Procedure:

Focus groups were organised with the assistance of the Credentialling Project Coordinator. The aims of both the evaluation and the focus groups were discussed with the participants prior to asking the questions outlined on the interview schedule. The focus groups were

approximately 30 to 45 minutes long. Participants sat around a table in a circle and their responses were recorded on a tape recorder for later transcription and analysis.

Data Analysis:

The focus groups were taped and transcribed for qualitative analysis. The key themes extracted were used to inform the content of the questionnaire.

Questionnaire

Participants:

All nurses listed on the Credentialling database held with the Credentialling Secretariat at RCNA were mailed a questionnaire. These nurses came from a variety of workplaces, including hospitals, GP practices, community health clinics, sexual health clinics and family planning clinics. The total number of nurses mailed surveys was 254, and the total number of surveys completed and returned was 112, representing a 44.1% response rate.

Research Tools:

A questionnaire was developed (see the *Full Report*) based on information about the credentialling process collected from the two focus groups with nurses, the Credentialling Project Coordinator, the annual credentialling reports and the forms used in the credentialling process.

Procedure:

The questionnaire was developed and mailed to all nurses on the Credentialling database held with the Credentialling Secretariat at RCNA. A letter of introduction accompanied the questionnaire, signed by the Manager of the PSV Recruitment and Communications Program,. A reply-paid envelope was also included so that surveys could be returned at no expense to the nurse.

Data Analysis:

The data from the returned questionnaires was entered into SPSS (*Statistical Package for the Social Sciences*). Both quantitative and qualitative analyses were conducted. Descriptive analyses (frequencies) were run in addition to Fisher Test analyses for some questions. Thematic analysis of open-ended responses was also conducted.

Phase 2: Managers

Participants

All nurse line managers listed on the credentialling database held with the Credentialling Secretariat were mailed a questionnaire. The total number of managers mailed a questionnaire was 52 and the total number of returned questionnaires was 25, representing a 48.1% response rate.

Research Tools

A questionnaire was developed (see the *Full Report*) based on the same questions asked in the nurse questionnaire, so that answers could be compared.

Procedure

The questionnaire was mailed to all managers listed on the credentialling database. A letter of introduction accompanied the questionnaire, signed by the Manager of the Recruitment and Communications Program, PSV. A reply-paid envelope was included so that questionnaires could be returned at no expense to the manager.

Data Analysis

The data from the returned questionnaires was entered into a statistical program called SPSS (*Statistical Package for the Social Sciences*). Both quantitative and qualitative analyses were conducted. Descriptive analyses (frequencies) were run in addition to thematic analysis of open-ended responses.

Phase 3: Review Panel

Method Overview and Participants

Individual phone interviews were scheduled with each of the Review Panel members. Four out of the five Panel members completed the phone interview. In addition, the Credentialling Project Coordinator and the Manager and Administrator from the RCNA Credentialling Secretariat also contributed to this phase of the evaluation by providing their perspective on the credentialling process. In order that their comments remain confidential, the Project Coordinator and RCNA staff will be referred to as Panel members for the purpose of this report.

Research Tools

An interview schedule was developed based on the elements of the credentialling process and feedback from the Credentialling Project Coordinator (see Appendix D).

Procedure

Panel members were first sent a letter signed by the Manager of the Recruitment and Communications Program, PSV, informing them of the evaluation and inviting them to participate. Each Panel member was then approached by phone and email to schedule a suitable interview time. The phone interviews were approximately 30 minutes in duration.

Data Analysis

Interviewer notes including verbatim quotes were analysed for consistent themes and for suggestions for improvements that could be made to the credentialling process.

Summary of Results

Phase 1: Nurses

Focus Groups

- The focus groups confirmed that a questionnaire would be acceptable to nurses and the best way of reaching as many nurses as possible. The proposed questions were also found to be suitable and relevant to the nurse's experiences. A few additional questions were added in response to the information gathered in the focus groups.

Questionnaire

Demographic Information:

- All nurses who returned a survey were female (although the complete database of nurses at the time of the survey mail-out included three males).
- Of the 112 nurses who returned a survey, 54 (48.6%) had been credentialled, 39 (35.1%) had been re-credentialled once, 18 (16.2%) had been re-credentialled twice, and 1 did not indicate her credentialling stage. No nurse had been re-credentialled more than twice.
- Sixty-four (57.2%) nurses came from regional or rural areas in Victoria and 42 (37.5%) came from Melbourne, with 6 (5.4%) indicating they worked in both regional and the metropolitan areas.
- The majority of the participants worked within accredited organisations (n=103, 92%) with only six (5.4%) participants indicating they worked within non-accredited organisations and three (2.7%) indicating that they worked in both an accredited and a non-accredited organisation.
- Half of the nurses who responded were aged 40 to 49 years (n=56, 50.5%), with the majority of the remaining nurses aged 30 to 39 years (n=22, 19.8%) and 50 to 59 years (n=26, 23.4%). Two nurses reported being aged less than 29 years (1.8%) and five nurses reported being aged over 60 years (4.5%).
- The majority of nurses (35.1%) reported that they conducted less than 5 Pap tests per month or 6 to 10 Pap tests per month (27%). Therefore a total of 62.1% of the nurses sampled conducted 10 or less tests per month. Only 10% conducted more than one Pap test per day.

Impact

A set of questions was asked in order to determine the impact that the credentialling process has on participating nurses (Aim 1 of the evaluation).

- Three-quarters of the nurses sampled indicated they were comfortable or very comfortable with the change to the *Policy* that states that nurses now need to provide cytology statistics across the previous 3-year period at the re-credentialling stage.
- Two-thirds of nurses indicated that they felt positively about the change to the *Policy* to remove the requirement of 10 client satisfaction surveys at the re-credentialling stage.
- Pap test specific client satisfaction does not appear to be consistently or thoroughly measured by accredited organisations. However 45% of nurses surveyed reported that their organisations measure general satisfaction with services overall, using organisation-wide satisfaction surveys.
- The majority of nurses who had used the *Self-Assessment Tool* indicated that it provided them with the opportunity to reflect on their practice to a medium or large extent.
- The majority of nurses indicated they were currently happy with the credentialling process and did not suggest changes. Suggestions for improvements included the move away from paperwork to electronic forms, the provision of a simple flow chart that documents the credentialling process and the forms required, and the inclusion of a professional development/educational component to the list of re-credentialling requirements.

Communication

A set of questions was asked in order to determine the effectiveness of communications relayed to nurses relating to the credentialling process and its components (Aim 2 of the evaluation).

- Nurses have a limited awareness of which forms and other information must be submitted at both the credentialling and re-credentialling stages. In addition, almost half of all the nurses surveyed indicated they still believed client satisfaction surveys were necessary for nurses to submit at the re-credentialling stage. These two results indicate that clearer or specifically timed (early reminder) communication is required so that nurses have an accurate understanding of the information requirements of the credentialling process.
- There is some confusion over how credentialling and re-credentialling forms can be accessed. While 51% correctly nominated the RCNA website and 24% nominated RCNA, approximately 15% incorrectly nominated PSV or the PSV website, and almost 20% nominated some other incorrect source, including VCS.
- Approximately 25% of the nurses surveyed were unaware that nurses are now required to submit three years of cytology statistics when re-credentialling.

- 44.1% of the nurses surveyed were unaware that nurses from accredited organisations are no longer required to collect and submit 10 client satisfaction surveys when applying to be re-credentialled.
- Approximately half (52%) of nurses surveyed indicated that they would most like to receive information about the credentialling process via a mailed newsletter, while approximately one third (36%) indicated they would prefer an emailed newsletter. Only 5% of nurses indicated they would prefer information via the RCNA website.
- Almost half of nurses would prefer to be contacted annually with updates about the credentialling process, however one-quarter of nurses would like to be contacted six-monthly.
- In relation to the RCNA website, many nurses indicated they had difficulty locating the credentialling page once on the website. Nurses also indicated that they would like the credentialling page to outline the differences between an accredited and a non-accredited organisation, so that they could then easily determine which forms to download.
- Approximately half of the nurses surveyed reported that they would prefer to access the credentialling forms via the RCNA website, while almost 40% reported they would prefer to be sent hard copies.
- An overwhelming majority of the nurses rated the Credentialling Secretariat and the Credentialling Project Coordinator as extremely helpful and efficient.

Value

A set of questions were asked in order to determine the value that nurses perceive they gain from participating in the credentialling process (Aim 3 of the evaluation).

- Over 70% of the nurses surveyed reported that they believed the credentialling process provided them with value to a large extent across the three areas assessed: (1) recognition for their expertise, (2) quality of Pap test provision, and (3) ensuring nurses are accountable/responsible for their practice.
- Many of the nurses did not provide any suggestions for how the credentialling process could be improved in order to provide them with greater value. The few suggestions provided included the addition of a peer review (another Pap test provider rather than a line manager who may not have Pap test experience) component to the process, and the addition of educational components such as attendance at professional development seminars.

There was one succinct comment provided by a nurse that provided a window into the many forms of value participation in the credentialling process can provide nurses:

“Credentialling has been a successful, easy and rewarding experience. It has improved my confidence on a professional level and given me the independence I craved for within my work practice. It has eliminated the ‘just a nurse’ label.”

Phase 2: Managers

Demographic Characteristics

- Of the 25 managers who returned a questionnaire, just over half had been supervising nurses for over 4 years. On the other end of the scale, 20% (n = 5) had been supervising for less than one year. The remaining 30% had been supervising from one to four years.
- The majority of managers (n=13, 54%) reported only supervising one nurse currently, while one-quarter of all the managers reported supervising two nurses. Only one manager supervised either three nurses, and four managers reported supervising more than five nurses.
- Managers were also asked to indicate whether the nurse/s they currently supervised were at either the credentialling or re-credentialling stage. The high number of missing responses (n=17, 68%) may indicate that managers are unaware of the credentialling status of their nurses, or the difference between credentialling and re-credentialling. Those that did respond indicated that they were experienced in managing credentialled (n=7) and re-credentialled (n=11) nurses. In addition, four managers indicated that one of their nurses had re-credentialled twice, while two managers indicated that two of their nurses had re-credentialled twice.
- Sixty percent of the managers (n=15) reported possessing a nursing background, with 24% (n=6) reporting a medical background other than nursing, and 16 % (n=4) reporting a non-medical background. The high proportion of managers with nursing backgrounds may represent a desire to contribute to nursing related research, rather than representing the actual balance of professional backgrounds of the managers of nurses overall.
- Just over half of the managers reported working in a regional/rural practice (n=14, 56%) with the remaining 11 managers (44%) reporting they worked within metropolitan Melbourne.
- The majority of the managers reported working in an accredited organisation (n=23, 92%) compared to a non-accredited organisation (n=2, 8%).
- The majority of managers also came from an organisation that employed a large number of employees. Just under half of the respondents reported working within an organisation

that had over 76 employees (n=11, 44%). Only three respondents (12%) reported working in small organisations of 5 employees or less.

Impact

A set of questions was asked in order to determine the impact that the credentialing process has on the line managers of participating nurses (Aim 1 of the evaluation).

- Providing resources and equipment for nurses does not appear to be a significant problem for managers.
- Almost half of the managers surveyed indicated that they found commenting on nurse service quality using the *Quality of Practice Statement* was either easy or very easy. Another 24% indicated it was neither easy nor difficult to comment on the quality of service.
- Just over 40% of managers indicated that they found commenting on complaints about nurses either easy or very easy, and another 20% indicated that they found commenting on complaints neither easy nor difficult. Only two managers reported it being difficult or very difficult.

Communication

A set of questions was asked in order to determine the effectiveness of communications relayed to managers relating to the credentialing process and its components (Aim 2 of the evaluation).

- Approximately half of the managers surveyed indicated they had received enough information about the credentialing process.
- Almost an equal proportion of managers reported that they would prefer to receive further information regarding the credentialing process via an emailed newsletter (36%) or a mailed newsletter (32%). Only 16% (n=4) indicated they would prefer information posted to the RCNA website.
- 40% of managers indicated they would prefer annual communications, whereas 32% indicated they would prefer six-monthly communications.
- Over three-quarters of the managers surveyed reported they were aware of the change to the *Policy and Guidelines*, in regards to nurses now being required to submit 3 years of cytology statistics when applying to be re-credentialled.
- In contrast, approximately half of the managers reported *not* being aware that client satisfaction surveys were no longer required.
- Managers reported that Pap test specific client satisfaction is not currently being measured by accredited organisations however broad organisational satisfaction is being measured.

- The *Self-Assessment Tool* was reported to assist half of the managers to become aware of the competency-based standards nurses are assessed against. While 20% of the managers had not used the tool.

Value

A set of questions were asked in order to determine the value that managers perceive they gain from participating in the credentialling process as well as the value they perceive nurses gain (Aim 3 of the evaluation).

- Managers believed to a large extent that credentialling provides nurses with value across the three areas assessed: (1) recognition for their expertise, (2) quality of Pap test provision, and (3) ensuring nurses are accountable/responsible for their practice.
- The *Self-Assessment Tool* provided managers with a medium to high level of opportunity to reflect on the quality of the nurse they supervised.
- Only a few managers provided suggestions for how the credentialling process could be changed so that both nurses and managers received more value from participating. Two asked for the manager's role in the process to be more clearly outlined to managers, two asked for the paperwork to be reduced, and one suggested the manager should be notified at the same time as the nurse is notified that they are due to be re-credentialled.

Phase 3: Review Panel

Demographic Characteristics

- The length of time Panel members had worked in that capacity ranged from a few months to 5 years.
- Each Panel member reported receiving between four and eight credentialling applications or forms a month.
- The Credentialling Project Coordinator reported processing every form or application related to the process, of which the most recent monthly total was 16 credentialling related forms.

Impact

A set of questions was asked in order to determine the impact that the credentialling process has on Panel members (Aim 1 of the evaluation).

- Some of the Panel members complete their credentialling duties on their own time (i.e. not as part of paid employment). Whilst the Panel members are happy with this, they

would appreciate being provided with envelopes to post back the forms to RCNA, rather than having to buy them themselves.

- The Panel members who complete their credentialling duties as part of their employment have expressed the need for some sort of formal documentation to be produced about the credentialling process (its aims and its value) so that they can educate their employers about the type of work they are doing. The Panel members who complete their credentialling duties on their own time would also benefit from this type of documentation, as they could use this to encourage their employers to include the credentialling duties in their workload.
- All Panel members agreed that the change to the *Policy and Guidelines* related to 3-years of cytology statistics now being required was a positive change.
- Three Panel members expressed disappointment at the change to the *Policy and Guidelines* relating to client satisfaction surveys no longer being a requirement of re-credentialling, as they were not certain client satisfaction was being addressed adequately by other measures.

Communication

A set of questions was asked in order to determine the effectiveness of communications between Panel members, nurses and the Credentialling Secretariat (Aim 2 of the evaluation).

- The Credentialling Project Coordinator and the Credentialling Secretariat are viewed as being highly supportive of the Panel members and were praised for their helpfulness and efficiency.
- The only aspect of the credentialling process that does not appear to be working as efficiently as possible is the transmission of forms from the Secretariat to the Panel members and back again. Whilst Panel members are dealing with the delays the postal system can sometimes create by processing the forms the day they are received, this does create some pressure on the Panel member to complete the process in a 24-hour time frame (so that all documentation can be processed and returned to the nurse, within the set three-week time-frame).
- Panel members expressed satisfaction with the credentialling forms overall, in terms of the information they provided.
- Two Panel members questioned the reliability of the *Self-Assessment Form*, commenting that they had no objective way to judge the accuracy of the self-report by the nurse.
- One Panel member suggested the *Quality Practice Statement* could include a question that asks the manager to state whether they have a Pap test background or not, so that the

Panel member can better assess the ability of the manager to judge the performance of the nurse.

Value

A set of questions were asked in order to determine the value that Panel members perceive they gain from participating in the credentialling process (Aim 3 of the evaluation).

- All of the Panel members reported that their involvement with the credentialling process had been a satisfying and positive experience.
- Panel members gained both personal and professional value from their experience.
- Panel members reported that they believe their work is recognised and valued by other Panel members, the Credentialling Secretariat and the Credentialling Project Coordinator. However, they do not believe that others outside of this specific group are aware of the role that they play and the contribution that they make.
- Two suggestions to improve the efficiency of the credentialling process, were to use email or electronic forms rather than the postal system for communications, and to utilise the RCNA website to provide online education that could be incorporated into the re-credentialling requirements.

Conclusions

This evaluation was designed to measure three aspects of the nurse Pap test provider credentialling process:

1. The **impact** of the credentialling process on nurses, their line managers and the Review Panel.
2. Whether the credentialling process is well defined and **communicated** clearly to nurses and their line managers; and,
3. The **value** of the credentialling process from the perspective of nurses, line managers and the Review Panel.

Overall the evaluation has found that the credentialling process is well managed and well received by all participants. The impact of the process on all concerned is balanced by the benefits received. There are some issues with communication but these are not due to the neglect of the Credentialling Secretariat or Coordinator. Rather, they are due to nurses and managers not always engaging with the information provided, perhaps due to the time-poor environments most work within and the need to only engage with material on a needs basis. All participants expressed the view that they gained a great deal of value from the process, not only from a professional perspective, but sometimes also from a personal perspective.

The evaluation surveyed the three main types of participants involved in the process: nurses, managers and the Review Panel. Whilst participation in the credentialling process is sometimes viewed as time consuming, most nurses expressed the view that it is worthwhile, contributes to their understanding of their practice and assists them to maintain quality service, both key aims of credentialling. Managers are not heavily involved in the process and while some expressed the desire to be more involved, this may not be a priority for the Credentialling Secretariat or Coordinator to follow-up. The Review Panel is a dedicated team of hardworking professionals who are committed to maintaining the tight response timeframes despite sometimes needing to do this on their own time. Finally, the Credentialling Secretariat and the Credentialling Project Coordinator are to be commended for their knowledge, efficiency and dedication to maintaining a quality nurse Pap test provider service.

Recommendations

Following on from the conclusions, a set of recommendations is presented below, organised under the three main aims of the evaluation. Recommendations have not been further divided by evaluation participant groups (nurses, managers, Panel), as many recommendations are applicable to more than one of the groups, thus eliminating repetition.

It should be noted that many of the recommendations have been provided as options for the PSV and RCNA to consider, rather than options that should be adopted without question. This has been done as it is acknowledged that whilst a recommendation may be a logical progression from the evaluation results, it may not prove to be practical in the field or financially possible.

Impact

1. Maintain the 3-year cytology statistics requirement for the re-credentialling stage.
2. Maintain the removal of the 10 client satisfaction surveys from the re-credentialling stage.
3. Consider ways in which Pap test client satisfaction can be measured. One alternative that may be considered is to liaise with accredited organisations that provide Pap tests and request that a Pap test specific question be added to their general client satisfaction survey administered annually.
4. Maintain the use of all current credentialling forms.
5. Add a question to the *Quality Practice Statement* that asks managers to state their background (i.e., whether they have had nursing training or Pap test experience).
6. Supply Panel members with reply paid/stamped envelopes so that documentation can be sent back to the Credentialling Secretariat free from cost

Communication

1. It is acknowledged that much of the information listed in point form below has been communicated to nurses already on a regular basis via several means (e.g., newsletters, reminder letters, website). However, it is recommended that this information be continually reinforced, as some of the nurses surveyed conveyed that they still did not understand some aspects of the credentialling process, probably due to those nurses only engaging with the information at the time when they are due to be credentialled/re-credentialled themselves.

The website appears to be the one channel of information that could be improved. Thus it is recommended that the website be updated with the following information in a design format that is easily navigated and understood by nurses:

- a. Provide a flow chart of the credentialling process to illustrate the components and timing of the process in a simple visual form,
 - b. Explain the difference between an accredited and a non-accredited organisation,
 - c. Provide a clear explanation of the forms and other documentation required for the credentialling process, with a clear distinction made between forms required for the initial credentialling stage and the later re-credentialling stages,
 - d. Clearly state where the credentialling process forms can be accessed from, by including this information on the reminder letter sent when a nurse is due for re-credentialling,
 - e. Explain that 3-years of cytology statistics are required when being re-credentialled,
 - f. Explain that client satisfaction surveys are no longer a component of the re-credentialling process for accredited organisations.
2. If feasible, update the RCNA homepage to include a direct link to the credentialling page.
 3. Continue to include the information recommended in point 1 above in a hard copy newsletter.
 4. Consider sending newsletters to nurses annually (rather than twice a year), with additional newsletters sent when updates need to be communicated immediately.
 5. Continue to keep an up-to-date database of those nurses who have email addresses and ask nurses to indicate their preference for communication (email or post). Use this database to send out the annual newsletter, while still posting out a paper copy to those nurses who don't wish to use email.
 6. Include an explanation of the difference between an accredited organisation and a non-accredited organisation in the cover note and reminder letters sent when a nurse is due to be re-credentialled.
 7. On the reminder letter sent to nurses, consider including the option to call the Credentialling Secretariat to request the credentialling forms be sent out in hard copy form (for nurses where Internet access is problematic).
 8. At the same time a nurse is sent a reminder letter, consider sending a letter to their manager to notify them that their nurse is due to be re-credentialled and outline the manager's responsibilities in the process.
 9. Produce a communication document that outlines the credentialling process, its aims and the role and responsibilities of Panel members. This could be distributed to all Panel members so that they are able to communicate more formally with the organisation they

work for about the role they play, and gain recognition for and understanding of their contribution.

10. Consider the development of an electronic communication system so that the forms Panel members use could be completed online and then either emailed or sent directly via the website. (This system could also be expanded to allow nurses and their managers to fill out their forms online, although a hard copy system would also need to be available to those who do not have Internet access or skills.)

Value

1. Consider the addition of an educational component to the re-credentialing stage. This could take the form of attendance at a professional development seminar, or completion of an online education module posted to the RCNA website.
 2. Consider the addition of a peer review component to the re-credentialing stage. Another nurse or manager who has Pap test experience and who can comment directly on the skill level of the nurse could complete this component. This component could replace the *Quality Practice Statement*.
 3. Consider providing the Panel members with free membership of RCNA for the duration of their involvement in the credentialing process, to provide recognition for their valued contribution.
-