NORTHERN TERRITORY OF AUSTRALIA

PUBLIC HEALTH (CERVICAL CYTOLOGY REGISTER) REGULATIONS

As in force at 1 July 2012

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This reprint shows the Regulations as in force at 1 July 2012. Any amendments that commence after that date are not included.

PUBLIC HEALTH (CERVICAL CYTOLOGY REGISTER) REGULATIONS

Regulations under the *Public and Environmental Health Act*

1 Citation

These Regulations may be cited as the *Public Health (Cervical Cytology Register) Regulations*.

2 Definitions

In these Regulations:

abnormal, for a test result, means the test detects a potential precursor of cancer of the cervix.

appropriate interval means the appropriate interval referred to in regulation 5(1), (2), (3), (4) or (5), as the case requires.

cervical examination means an examination of the cervix or of cervical material, and includes the taking of cervical material by cervical smear or other means.

cervical material means tissue taken from the cervix.

cervical smear means a process for taking cervical material from a woman to determine whether or not the woman has cancer of the cervix or a precursor to cancer of the cervix.

details means the details specified in the Schedule.

health practitioner means:

(a) a medical practitioner; or

(b) a person registered under the Health Practitioner Regulation National Law (other than as a student) to practise in:

(i) the Aboriginal and Torres Strait Islander health practice profession; or

(ii) the nursing and midwifery profession as a nurse.

laboratory means a place where cervical material is accepted for pathological examination.

National Cervical Screening Program means the National Cervical Screening Program as revised and renamed from time to time.

person in charge of a laboratory includes a person authorised by a person in charge of a laboratory.

recommendation, see regulation 2A.

reference code means the series of alphanumeric symbols entered into the Register in place of the name of a health practitioner or a clinic, medical centre or laboratory wherever there is a reference to the health practitioner or the clinic, medical centre or laboratory.

refusal of consent marker means a clearly visible marker placed on a request form to indicate that:

(a) a woman has refused to consent to her details being recorded in the Register; and

(b) the details are not to be provided to the Chief Health Officer.

Register means the Cervical Cytology Register established and maintained under regulation 3(1).

request form means an approved form relating to a cervical examination.

test results means the results of a cervical examination.

2A Recommendations

A reference in this Act to a recommendation of a specialist is a reference to a recommendation recorded in the Register that is made by:

(a) a medical practitioner; or

(b) a person in charge of a laboratory.

2AA Application of Regulations

These Regulations apply only to the recording of details relating to a woman who has a postal address within the Territory.

3 Cervical Cytology Register

(1) The Chief Health Officer shall cause to be established and maintained, in any form (including an electronic form) or combination of forms he or she thinks appropriate, a register to be known as the Cervical Cytology Register.

(2) Subject to these Regulations, the Chief Health Officer shall cause to be recorded in the Register the details specified in the Schedule and provided to him or her under these Regulations by a health practitioner or a person in charge of a laboratory.

4 Purpose of Register

The purpose of the Register is to ensure the effective implementation of the National Cervical Screening Program and, in so doing, to facilitate the:

(a) notification, after the expiration of the appropriate interval since the date a cervical examination was carried out on a woman, to the woman that the due date for a cervical examination has passed; and

(b) establishment of a record of the course of action taken, including the treatment implemented, as a consequence of an abnormal test result; and

(c) monitoring of test results to encourage consistency of performance of health practitioners and laboratories; and

(d) promotion of the health and well being of women whose test results are abnormal; and

(e) provision of data:

(i) to assess participation in the National Cervical Screening Program within the Territory;

(ii) that will assist to design a strategy to increase public awareness and encourage women to:

(A) have a cervical examination at the appropriate interval; and

(B) consent to details being recorded in the Register;

(iii) where approved by the Chief Health Officer:

(A) for use in research programs for the prevention and treatment of cancer of the cervix;

(B) for the compilation of information in statistical form; and

(iv) to a health practitioner who is being consulted by, or who is treating, a woman for cancer of the cervix or a precursor to cancer of the cervix, or to a person in charge of a laboratory where the pathological examination of cervical material is being carried out, where he or she requires the data for the purposes of the consultation, treatment or examination.

5 Determination of appropriate interval

(1) The Chief Health Officer must, having regard to the National Cervical Screening Program:

(a) determine the appropriate interval between the date a cervical examination is carried out on a woman that has normal test results and the date cervical material should next be taken by cervical smear from the woman; and

(b) for each type of abnormal test result, determine the appropriate interval between the date a cervical examination is carried out on a woman that has the type of abnormal result and the date:

(i) cervical material should next be taken from the woman; or

(ii) some other recommended course of action should be taken.

(2) The Chief Health Officer must determine the appropriate interval for notifying a woman for regulation 8(1)(b), which is the sum of:

(a) the appropriate interval determined under subregulation (1)(a); and

(b) the period the Chief Health Officer considers reasonable to wait after the expiration of that interval before sending the notification.

(3) The Chief Health Officer must, for each type of abnormal test result, determine the appropriate interval for notifying a woman for regulation 8(2)(b), which is:

(a) if no recommendation about the period within which a course of action be taken has been made by the specialist reporting on the cervical examination – the sum of:

(i) the appropriate interval determined under subregulation (1)(b); and

(ii) the period the Chief Health Officer considers reasonable to wait after the expiration of that interval before sending the notification; or

(b) if a recommendation about the period within which a course of action be taken has been made by the specialist reporting on the cervical examination – the sum of:

(i) the recommended period; and

(ii) the period the Chief Health Officer considers reasonable to wait after the expiration of the recommended period before sending the notification.

(4) The appropriate interval for notifying a health practitioner for regulation 9(1)(b) is the appropriate interval determined under subregulation (1)(a).

(5) The appropriate interval for notifying a health practitioner for regulation 9(2)(b) is:

(a) if no recommendation about the period within which a course of action be taken has been made by the specialist reporting on the cervical examination – the appropriate interval determined under subregulation (1)(b); or

(b) if a recommendation about the period within which a course of action be taken has been made by the specialist reporting on the cervical examination – the recommended period.

6 Duties of health practitioners

(1) A health practitioner who carries out a cervical examination on a woman must, at the time of carrying out the examination, inform the woman:

(a) about the existence of the Register, the purpose of the Register and the nature of the details that may be recorded in the Register; and

(b) that she may refuse to consent to her details being recorded in the Register; and

(c) that her details may be provided to the Chief Health Officer so that they may be recorded in the Register unless she refuses to consent to the recording of the details in the Register.

(2) The woman may refuse to consent to the recording of her details in the Register by written certificate signed by the woman.

(3) The health practitioner must place a refusal of consent marker on the request form for the cervical examination if the woman does not consent to the recording of her details in the Register in accordance with subregulation (2).

(4) However, the health practitioner must not place a refusal of consent marker on the request form in any other circumstances.

(5) If a woman consents to the recording of her details in the Register:

(a) a health practitioner who is taking cervical material from the woman must enter the details specified in paragraphs (a) and (b)(i), (ii) and (iii) of the Schedule (but only to the extent to which the health practitioner is able to ascertain those details at the consultation) on the request form; and

(b) a health practitioner who is conducting another type of cervical examination on the woman may enter the details specified in paragraphs (a) and (b)(i), (ii), (iii), (v) and (vii) on the request form.

(6) If a woman consents to the recording of her details in the Register, a health practitioner who takes cervical material from the woman and sends the request form directly to a laboratory outside the Territory must, within 60 days of receiving test results for the request form, provide the Chief Health Officer with the following details for recording in the Register:

(a) any details entered on the request form;

(b) the other details relating to the cervical examination that are provided by the laboratory.

7 Duties of persons in charge of laboratory

(1) The person in charge of a laboratory within the Territory must, within 60 days of receiving test results relating to a woman, provide the Chief Health Officer with the following details relating to the woman for recording in the Register:

(a) any details entered on the request form by a health practitioner under regulation 6(5);

(b) the other details relating to the cervical examination.

(2) Subregulation (1):

(a) applies whether or not the pathological examinations take place within the Territory; and

(b) does not apply if a refusal of consent marker has been placed on the relevant request form.

Maximum penalty: $1 000.

8 Notification that appropriate interval expired

(1) Where the details recorded in the Register relating to a woman indicate that:

(a) the last recorded test results relating to the woman were normal; and

(b) the appropriate interval for this subregulation has expired,

the Chief Health Officer shall cause reasonable steps to be taken to notify the woman that the recommended date to have a cervical smear has passed and, unless she has since done so, recommend that she have a cervical smear as soon as practicable.

(2) Where the details recorded in the Register relating to a woman indicate that:

(a) the last recorded test results relating to the woman were abnormal; and

(b) the appropriate interval for this subregulation has expired,

the Chief Health Officer shall cause reasonable steps to be taken to notify the woman that the recommended date to have cervical material taken from her, or to have undertaken another course of action recommended by the specialist reporting on the cervical examination to which the test results relate, has passed and, unless

she has since done so, recommend that she have cervical material taken, or complete that other course of action, as soon as practicable.

9 Notification of health practitioners

(1) Where the details recorded in the Register relating to a woman indicate that:

(a) the last recorded test results relating to the woman were normal; and

(b) the appropriate interval for this subregulation has expired,

the Chief Health Officer shall cause reasonable steps to be taken to notify a health practitioner who is responsible for the management of the clinic or medical centre where the cervical examination to which the test results relate was carried out that the recommended date for the woman to have a cervical smear has passed and, unless the woman has done so, recommend that the woman be advised to have a cervical smear as soon as practicable.

(2) Where the details recorded in the Register relating to a woman indicate that:

(a) the last recorded test results relating to the woman were abnormal; and

(b) the appropriate interval for this subregulation has expired,

the Chief Health Officer shall cause reasonable steps to be taken to notify:

(c) the health practitioner, who appears from the details to be treating the woman; or

(d) a health practitioner who is responsible for the management of the clinic or medical centre where the cervical examination to which the test results relate was carried out,

that the recommended date for the woman to have cervical material taken from her, or to have undertaken another course of action recommended by the specialist reporting on the cervical examination, has passed and, unless the woman has done so, recommend that the health practitioner advise the woman to have cervical material taken from her, or complete that other course of action, as soon as practicable.

(3) In this regulation, a reference to a clinic or medical centre where a cervical examination was carried out does not include a laboratory where any cervical material taken was examined.

10 Restriction of liability

No action, suit or other proceeding lies against the Territory, an employee or an agent of the Territory for any loss or injury directly or indirectly suffered as a result of a failure to send or to receive a notification under regulation 8 or 9.

11 Confidentiality of information

(1) Subject to subregulation (2), it is an offence for a person to disclose to another, except for a purpose related to the carrying out of these Regulations or where the disclosure is required by law, any information required to be provided to the Chief Health Officer under regulation 6 or 7 which has come to his or her knowledge in the performance of a function connected with or incidental to the carrying out of these Regulations, unless the woman to whom the information relates consents in writing to the disclosure.

Maximum penalty: $1 000.

(2) The Chief Health Officer may make information provided under regulation 6 or 7 publicly available in a statistical form that does not identify the women to whom the information relates.

12 Request for release of information relating to self

If a woman's details have been recorded in the Register, the woman may make a request in writing to the Chief Health Officer for the disclosure to her of all information recorded in the Register that relates to her, and the Chief Health Officer shall, as soon as practicable after receipt of the request, cause only the information recorded in the Register that relates to the woman alone to be disclosed to her.

13 Correction of, and removal of details from, Register

(1) Where the Chief Health Officer is satisfied that a record in the Register contains an error or misstatement in, or an omission from, a detail, he or she:

(a) may correct the Register by causing the true detail to be recorded in association with the relevant detail; and

(b) having made the correction, shall:

(i) sign his or her name, and write the date on which the correction was made, immediately under or alongside the correction; or

(ii) where the Register is kept in an electronic form, enter in association with the correction identifying symbols equivalent to his or her signature and the date.

(2) A woman, who has consented to details being recorded in the Register, may make a request in writing to the Chief Health Officer to erase or remove from the Register all details that identify her, and the Chief Health Officer shall, as soon as practicable after receipt of the request, cause all details that could reasonably enable the woman to be identified to be erased or removed from the Register.

Schedule Details to be recorded in Register

regulation 3(2)

The details that must be recorded in the Register relating to a woman who has had a cervical examination are:

(a) the following personal details:

(i) full name;

(ii) former names or aliases, if any;

(iii) postal address;

(iv) date of birth;

(v) aboriginality; and

(b) the following details about the cervical examination:

(i) date the cervical examination was carried out and the procedures used;

(ii) reference code of the clinic or medical centre where the cervical examination was carried out;

(iii) reference code of the health practitioner who carried out the cervical examination;

(iv) reference code of the laboratory where any cervical material was examined;

(v) test results;

(vi) date of the test results;

(vii) where the test results are abnormal, the following details:

(A) course of action (whether the taking of cervical material or another course of action) recommended to be taken by the specialist reporting on the cervical examination;

(B) period of time within which the specialist reporting on the cervical examination has recommended that the course of action be taken;

(C) course of action in fact taken;

(D) treatment implemented.

ENDNOTES

1 KEY

Key to abbreviations

amd = amended
app = appendix
bl = by-law
ch = Chapter
cl = clause
div = Division
exp = expires/expired
f = forms
Gaz = *Gazette*
hdg = heading
ins = inserted
lt = long title
nc = not commenced
od = order
om = omitted
pt = Part
r = regulation/rule
rem = remainder
renum = renumbered
rep = repealed
s = section
sch = Schedule
sdiv = Subdivision
SL = Subordinate Legislation
sub = substituted

2 LIST OF LEGISLATION

Public Health (Cervical Cytology Register) Regulations (SL No. 3, 1996)

Notified	9 February 1996
Commenced	9 February 1996

Statute Law Revision Act 1997 (Act No. 17, 1997)

Assent date	11 April 1997
Commenced	s 16: 10 December 1997; rem: 1 May 1997 (s 2 and *Gaz* G17, 30 April 1997, p 2)

Statute Law Revision Act 2005 (SL No. 44, 2005)

Assent date	14 December 2005
Commenced	14 December 2005

Public Health (Cervical Cytology Register) Amendment Regulations (SL No. 28, 2007)

Notified	22 August 2007
Commenced	22 August 2007

Health Practitioner (National Uniform Legislation) Implementation Act 2010 (Act No. 18, 2010)

Assent date	20 May 2010
Commenced	1 July 2010 (s 2)

Health Practitioner (National Uniform Legislation) Implementation Act 2012 (Act No. 17, 2012)

Assent date	22 May 2012
Commenced	1 July 2012 (s 2)

3 LIST OF AMENDMENTS

r 2	amd Act No. 17, 1997, s 18; Act No. 44, 2005, s 22; No. 28, 2007, r 3; Act No. 18, 2010, s 89; Act No. 17, 2012, s 55
r 2A	ins No. 28, 2007, r 4 amd Act No. 18, 2010, s 89
r 2AA	ins No. 28, 2007, r 4
r 3	amd Act No. 17, 1997, s 18
r 4	amd Act No. 17, 1997, s 18; No. 28, 2007, r 5
rr 5 – 7	amd Act No. 17, 1997, s 18 sub No. 28, 2007, r 6
r 8	amd Act No. 17, 1997, s 18; No. 28, 2007, r 7
r 9	amd Act No. 17, 1997, s 18; No. 28, 2007, r 8
r 11	amd Act No. 17, 1997, s 18; No. 28, 2007, r 9
r 12	amd Act No. 17, 1997, s 18; No. 28, 2007, r 10
r 13	amd Act No. 17, 1997, s 18
sch	amd No. 28, 2007, r 11