



The Daffodil Centre



Terms of Reference – Project Implementation Advisory Group – (project name TBC) – draft 20 June 2022

Background

From 1 July 2022, eligibility to access self-collection for cervical screening will be expanded. All women and people with a cervix who are due for screening should be offered a choice between self-collection and clinician collected samples. This has the potential to address many access barriers for population groups who are under-screened, and thereby increase equitable participation in the National Cervical Screening Program - contributing to the goal of eliminating cervical cancer as a public health issue. Making self-collection a universal option should also mitigate many barriers that practitioners have experienced in offering self-collection to screening participants.

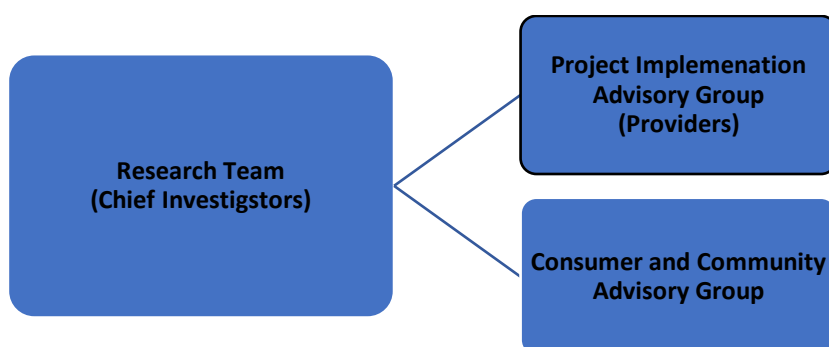
Research collaborators from The University of Melbourne, Daffodil Centre, Kirby Institute, Australian Centre for Prevention of Cervical Cancer (APCC) and the Australian National University have been awarded an NHMRC Grant to generate the evidence about what is needed to scale up implementation of self-collection for cervical screening in Australia to ensure equity and increase participation.

The research project has four key components, focusing on (1) developing and evaluating tools to support primary care providers to offer self-collection, (2) developing and evaluating decision-support tools for under-screened and never-screened women and people, (3) understanding awareness, acceptability and adoption of self-collection among the population and providers and (4) exploring models of self-collection outside mainstream primary care such as community health, nurse-led sexual health or family planning, defence health, prison health, antenatal health services, Aboriginal health practitioner/ worker-led services and those focussed on refugee and LGBTQI+ health.

Purpose of the Project Implementation Advisory Group

The PIAG will be comprised of people who support the provision of cervical screening, including through to follow-up, and will provide advice to the research team to support the implementation of the research project within healthcare settings, from development through to knowledge translation/dissemination of findings.

The PIAG will be one of two advisory groups providing advice to the Chief Investigators.



Role of the Group

The PIAG will support this important research by providing advice to the research team throughout the project including on:

- Research methods and protocols
- Development of research tools (such as surveys, interview guides, focus group schedules aimed at those working in healthcare settings)
- Strategies for recruitment of participants (participants vary between the project components and include clinics, healthcare providers, key stakeholders, and the members of the screen-eligible population)
- Development of tools to support primary care providers to offer self-collection
- Interpretation of project findings
- Knowledge translation plans and dissemination (sharing) of findings
- The PIAG will also consider advice provided by the Consumer and Community Advisory Group – to ensure the views and perspectives of consumers and community members are incorporated into research activities that concern them.

Advice will be sought through discussion at meetings, as well as review of draft documentation developed for the project.

Membership*

The PIAG will be Chaired by Professor Deborah Bateson, who is an experienced clinician and a member of the research team.

The PIAG will be comprised of health professionals and others working in and/or supporting primary care, cervical screening and follow-up services, and women's health and wellbeing. Membership will be sought to represent a broad cross-section of providers/managers from across jurisdictions and healthcare settings*

Members will be asked to join for 12 months, with potential for continuation.

Meeting format and frequency

Meetings will be held online via Zoom/Teams to enable participation from across jurisdictions. Meetings will be held for no more than 2 hours. This may be outside usual business hours to support participation.

The PAG will meet 3-4 times per year with the times and dates to be agreed by members at the first meeting. Meeting papers will be sent out at least one week in advance and minutes one week after meetings.

Out of session input may be sought via email for those unable to attend meetings.

Remuneration and support

People who are participating in the PIAG as part of their salaried role will not receive remuneration.

Members who are participating outside of a salaried position, within their own time, will be offered a \$50 Prezee voucher for each meeting as a sign of appreciation.

The University of Melbourne will provide secretariat support.

There will be the opportunity to co-author publications arising from this work providing the contribution is in line with the National Health and Medical Research Council guidelines for Authorship: A guide to supporting the *Australian Code for the Responsible Conduct of Research* (2019).

Disclosure of conflicts of interest

Any known, perceived or potential conflicts of interest are to be declared by members at the start of each meeting.

*Members will be sought to achieve a diversity of experience and to seek representation from:

- Across multiple States and Territories (all if possible)
- Different geographical settings (metro, regional, rural, remote/very remote)
- Nurses working in primary care and cervical screening
- Midwives who provide antenatal care, midwifery continuity of care and postnatal care following discharge
- General practitioners from different practice types (e.g. large practice, single GP, community health clinics)
- Practice managers
- Providers delivering care to gender-diverse individuals and people from LGBTQI communities
- Providers delivering care to CALD communities
- Primary Health Networks
- Specialists offering colposcopy