

# **Northern Ireland Standards for Nurse and Midwife Education Providers: Cervical Screening Sample Taking**

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## Contents

1. Purpose of Standards for Education Providers .....	3
2. Background.....	3
2.1. Cervical screening clinical workforce .....	4
2.2. Developing the education standards.....	4
3. Relevant National Frameworks and Guidance for Cervical Screening .....	6
4. Novice Cervical Screening Education .....	8
4.1 Aim of Novice Education .....	8
4.2 Learning Outcomes for Novice Education .....	8
4.3 Content of Novice Programme .....	10
4.4 Programme Delivery.....	14
4.5 Structure.....	17
4.6 Educational focus .....	17
4.7 Pre-course preparation.....	18
4.8 Preparation and support of the designated supervisor .....	19
4.9 Learning in clinical practice .....	19
4.10 Assessment strategy .....	21
4.11 Teaching.....	22
4.12 Staffing Levels.....	22
5. Update Learning in Cervical Screening.....	23
5.1 Maintaining Competence.....	24
Appendix 1: Process for Development of Standards for Education Providers: Cervical Screening Sample Taking .....	25
Appendix 2: Membership of Regional Steering group.....	26
Appendix 3: Literature Search Briefing Report.....	28
Appendix 4: Useful Resources.....	36
CERVICAL SCREENING SUPERVISOR FORM .....	36
CERVICAL SCREENING SAMPLE TAKING LOG (SAMPLE TEMPLATE) .....	37
FINAL CLINICAL ASSESSMENT CHECKLIST (SAMPLE TEMPLATE).....	38
Appendix 5: Cervical Screening Sample Taking Assessment Process.....	39
Table 1 - Design for Novice Education Programme.....	11
Table 2 - Delivery Implications for Novice Education.....	14

## 1. Purpose of Standards for Education Providers

These education standards have been developed for education providers in Northern Ireland who have a responsibility for providing education for healthcare staff to undertake sample taking for cervical screening. Cervical screening should only be provided by Doctors (GMC registered) or Nurses/Midwives (NMC registered)<sup>1</sup>. It provides the principles, for both the theoretical content and practical assessment, required to prepare participants to deliver a competent cervical screening service in clinical practice. By setting standards for novice<sup>2</sup> and update education in cervical sample taking, it is anticipated that education programmes will be consistent, transparent, transferable, equitable and quality assured.

These standards have been adapted with permission from the NHS Education for Scotland *Standards for Education Providers: Cervical Cytology in Clinical Practice* (2013)<sup>3</sup>.

## 2. Background

The Northern Ireland Cervical Screening Programme was introduced in 1988 with the aim of reducing the incidence of invasive cancer of the cervix. Cervical screening can identify pre-cancerous cell changes in women who otherwise have no symptoms: any changes can be easily treated, and treatment is usually very effective.

The Public Health Agency<sup>4</sup> is the lead organisation for the commissioning and quality assurance of the cervical screening programme in Northern Ireland. This is delivered through joint working with the Health and Social Care Board, particularly in relation to contracting and clinical governance arrangements with primary care practices. Employers are responsible for ensuring

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<sup>1</sup> Public Health Agency. NI Training & Audit Requirements for Cervical Sample Takers (cited 2016 August 1): Available from <http://www.cancerscreening.hscni.net/2163.htm>

<sup>2</sup> Novice is a registered professional new to obtaining cervical screening sample taking

<sup>3</sup> [http://www.nes.scot.nhs.uk/media/2573148/standards\\_for\\_cervical\\_cytology\\_interactive.pdf](http://www.nes.scot.nhs.uk/media/2573148/standards_for_cervical_cytology_interactive.pdf)

<sup>4</sup> <http://www.publichealth.hscni.net/>

professionals are prepared to undertake cervical screening through successful completion of an appropriate education programme and their practice is audited.

## 2.1. Cervical screening clinical workforce

Across Northern Ireland there are various groups of registered professionals that are involved in undertaking cervical screening sample taking. These professionals include registered nurses employed in general practice, general practitioners, General Practice Specialist Trainees (GPST), and doctors and registered nurses working within sexual and reproductive health, colposcopy, genito urinary medicine and gynaecology services.

These Education Standards should be used by education providers to design and deliver programmes to prepare health care professionals new to obtaining a cervical screening sample (novice sample takers) and also remain competent in order to deliver a quality cervical screening service in Northern Ireland.

**Registered Nurses and Midwives are required to successfully complete a novice education programme in cervical screening sample taking and undertake a minimum of one half day update every three years. This is also desirable for other registered professionals.**

## 2.2. Developing the education standards

In March 2016 a regional steering group was established to review the Nurse education programmes for cervical screening, led by the Public Health Agency. One of the key work streams was to develop education standards for cervical screening sample takers in Northern Ireland. To progress this particular work stream a small task and finish group was established. Appendix 1 and 2 outlines the consultation process and stakeholder group membership.

Preliminary work undertaken by the task and finish group found that a comprehensive literature review in relation to cervical screening had been undertaken in Scotland. With permission from

NHS Education for Scotland it was agreed that NI would build on the Scottish literature review adding additional relevant references (appendix 3). The Northern Ireland Screening programmes primarily follow Public Health England guidance, to support the delivery of high quality screening programmes across Northern Ireland and allow benchmarking against national standards

A scoping of the content and format of existing initial preparation programmes was undertaken. The findings were used as the foundation for discussion with the task and finish group and formed the basis for draft standards that were then consulted upon with stakeholders.

Stakeholders were asked to consider the following aspects for Cervical Screening Sample Taking Education programmes both the initial (novice level) and update programmes:

- Length
- Frequency
- Learning aim and learning outcomes
- Core content
- Competency skills development
- Practical assessment and supervision
- Balance of theoretical content and learning in practice.
- Links to national guidance
- Quality Assurance of programmes

Key elements of the education standards are presented in Figure 1

### **Figure 1: Key elements of standards for Novice cervical screening sample taking education programmes**

Curriculum content to take account of the current evidence base and best practice guidance produced by Public Health England<sup>5</sup> and Public Health Agency NI<sup>6</sup>;

1. Can be delivered at Diploma or Degree level.
2. Is open to all registered health care professionals who are

<sup>5</sup><https://cpdscreening.phe.org.uk/csp/sampletaker>

<sup>6</sup><http://www.publichealth.hscni.net/>

- expected to undertake cervical sampling as part of their role
3. Should use flexible delivery methods to allow for equitable access by participants.
  4. Reflect that cervical sample taking is a competence based sexual health and reproductive activity within both opportunistic and planned consultations.
  5. Normally delivered over an academic semester (this includes both theory and practice).
  6. The programme should incorporate the equivalent of a minimum of 36 hours theoretical preparation
  7. Participants must have an appropriate supervisor in practice
  8. Participants will be assessed on both the theoretical and practical components of the module, and must pass both elements to successfully complete the module.

### **3. Relevant National Frameworks and Guidance for Cervical Screening**

A number of national frameworks / guidance are available which articulate closely with this document and this section gives an overview of these documents and their content.

As registered nurses employed in general practice became increasingly involved in cervical screening specific guidance was produced. The Royal College of Nursing (RCN) published guidance which was updated in 2013 entitled 'Cervical Screening' to provide guidance with regard to education

<https://www.rcn.org.uk/professional-development/publications/pub-003105>

#### **The RCN guidance states that:**

Sufficient and appropriate education programmes are vitally important to equip sample takers to undertake the cervical screening test.

Professionals should only perform cervical screening if they have completed a recognised education programme.

Education should reflect current trends, developments and understanding of the cervical screening process.

**The document also highlights the following points:**

Trainers must demonstrate personal knowledge; understanding and competence in sample taking and undertake regular update education (minimum three yearly update).

The trainee should have a named clinical supervisor who they can call upon for support and advice. This supervisor should also provide discussion and feedback on clinical practice and achievement of competences.

In addition to the above guidance specific Skills for Health workforce competencies are also available with regard to obtaining cervical screening samples from individuals. They complement the RCN guidance and could be considered as a 'blue print' for the knowledge and skills that are required for this procedure:

<https://tools.skillsforhealth.org.uk/competence/show/html/id/1030/>.

The Northern Ireland Cervical Screening Programme primarily follows the guidance and standards published by the NHS (England) Cervical Screening Programme (<https://www.gov.uk/government/collections/cervical-screening-professional-guidance>). These confirm that cervical sample takers should ensure they have been adequately prepared to take cervical samples. The NHS Cervical Screening Programme Guidance for the training of cervical sample takers (PHE 2016<sup>7</sup>) outlines that training for sample takers should be in two parts; a theoretical programme followed by a period of supervised practice and assessment of clinical competency.

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<sup>7</sup><https://cpdscreeing.phe.org.uk/csp/sampletaker>

## 4. Novice Cervical Screening Education

The aim and learning outcomes that underpin education, and reflect the theoretical components and areas of competence for cervical screening are described below.

### 4.1 Aim of Novice Education

To provide registered health professionals with the knowledge and skills to collect a quality routine cervical sample and offer information and support in the event of an abnormal result.

### 4.2 Learning Outcomes for Novice Education

On successful completion of the programme participants will be able to:

- Recognise and evaluate their role in undertaking a cervical sample as part of the Northern Ireland cervical screening programme in accordance with national and locally agreed guidelines
- Apply knowledge of basic anatomy and physiology to recognise the features of a healthy cervix
- Demonstrate a critical understanding of the principles and criteria for screening and apply them to cervical screening
- Demonstrate awareness of human papilloma virus (HPV) in relation to cervical abnormalities, the implications of the vaccination programme and the role of HPV testing in the cervical screening pathway.
- Demonstrate understanding of the Northern Ireland call recall process to support and enhance best practice
- Demonstrate person centred safe and effective clinical examination of the woman, offering a chaperone and working in accordance with local policy and guidelines such as Safeguarding Adults<sup>8</sup> in the assessment of any client's capacity to provide valid consent

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<sup>8</sup> Department of Health (2015) Adult Safeguarding. Prevention and Protection in Partnership



- Use a range of professional skills to initiate effective health education and health promotion based on the health needs of the woman
- Demonstrate knowledge, skills and critical understanding in:
  - taking correct cervical samples from women across the screening age range
  - preparing adequate Liquid Based Cytology samples and dispatching safely to designated laboratory for analysis
  - Undertaking examination procedures and relevant specimen / sample collection required of role, while observing health and safety and infection control procedures.
- Identify common vulval, vaginal and cervical conditions
- Identify and evaluate situations where specialist evaluation and advice may be required
- Interpret and convey clear and accurate results and findings to the woman and consult and refer as appropriate.
- Seek clarification in understanding the findings where needed e.g. laboratory, relevant colleague
- Demonstrate an understanding of the current management and treatment options for women with abnormal cervical screening results
- Using a learning log, critically analyse this written audit of own supervised and unsupervised cervical samples. The log will include a minimum of 20 adequate samples, a reflection on each result, and evidence based outcome for delivering best practice. A sample template for a learning log is provided in appendix 4.

### **4.3 Content of Novice Programme**

The standards for the novice education programme design are provided in Table 1 and are based on key elements of programme provision which form the Standards for Education Providers. Any provider is expected to meet these required standards.

**Table 1 - Design for Novice Education Programme**

Education Standards	Education Provider Implications	Practice Implications
Cervical screening sample taking module delivered at Diploma or Degree level	<p>Whether delivered as stand-alone or as part of another programme of learning the key elements should be observed.</p> <p>Applicants must be able to demonstrate the ability to study at Degree or Diploma level</p>	<p>This will ensure a level of competence by cervical sample takers in Northern Ireland which will promote person centred safe effective care</p> <p>Cervical sample takers will practice independently, analyse audit results, and engage in reflective practice in line with professional revalidation.</p>
Open to all registered health professionals who are expected to undertake cervical sampling as part of their role. Flexible delivery methods to allow for equitable access by participants.	Checking that participants are Registered health professionals (GMC/NMC) who are to take cervical samples as part of their professional role;	<p>Participants are supported by their line manager.</p> <p>Registered health professionals who are to be cervical sample takers should access a standalone cervical screening sample taking education programme if not already part of their vocational programme.</p>
Reflect that cervical sample taking is a competence based sexual health and reproductive	All participants require access to clinical practice areas where cervical screening samples are	Professionals learning in the work place will require supervision and assessment, and have a cervical screening agreement

Education Standards	Education Provider Implications	Practice Implications
activity within both opportunistic and planned consultations	taken regularly.	in place (see appendix 4), prior to undertaking cervical examination and sampling autonomously.
Normally delivered over an academic semester (this includes both theory and practice).	<p>Stand-alone programmes will normally last an academic semester to deliver curriculum and complete assessment.</p> <p>In a programme of vocational learning standard cervical sample curriculum and assessment will be completed within the normal period of programme delivery.</p>	<p>In practice the participant should arrange to meet their supervisor and:-</p> <ul style="list-style-type: none"> <li>• Identify their learning needs in discussion with supervisor</li> <li>• Observe the supervisor taking at least two cervical samples.</li> <li>• Take a minimum of five samples under direct observed supervision by the supervisor</li> <li>• Ensure there is another competent sample taker on site when remaining samples are being taken</li> <li>• At agreed intervals (initial, midpoint and endpoint, or more frequent is deemed necessary) the supervisor and participants should reflect on the participants practice and decide if the participant may proceed without further direct observed supervision.</li> </ul>

Education Standards	Education Provider Implications	Practice Implications
<p>Participants will be assessed on both the theoretical and practical components of the module, and <b>must pass both elements</b> to successfully complete the module</p>	<p>Assessment strategy should be varied and include a range of formative and summative assessment strategies including</p> <ul style="list-style-type: none"> <li>• Direct and indirect observation of cervical screening sample taking competency skills.</li> <li>• Audit of practice,</li> <li>• Theoretical knowledge assessment</li> <li>• Clinical assessment of competency skill in cervical screening sample taking</li> </ul> <p>Appendix 5 provides an outline of the assessment process.</p>	<p>Once the participant is able to proceed without direct supervision the participant should complete an audit of all samples which should include a minimum of 20 adequate results.</p> <p>The participant should reflect on the process of taking their cervical samples and handling their results.</p>

## 4.4 Programme Delivery

These standards have implications for programme delivery affecting education providers, participants' clinical practice areas and their supervisors. They are detailed in Table 2.

**Table 2 - Delivery Implications for Novice Education**

Education Standards	Education Provider Implications	Clinical Practice Implications	Supervisor Implications
<p>Open to all registered health care professionals who are expected to be cervical sample takers as part of their role.</p> <p>Flexible delivery methods to allow for equitable access by participants.</p>	<p>Arrangements must be in place for teaching, supervision, support and assessment of participants within their clinical area.</p> <p>A method of Supervisor audit is required. Support to both participant and supervisor to meet the required standards may be necessary. Education Providers need to consider how</p>	<p>There should be a commitment from the participant's clinical environment to support participant supervision and to provide access to taking cervical samples</p> <p>Consideration needs to be given by the practice area so they can meet the learning needs of programme participants.</p> <p>The NIPEC Learning Agreement process could</p>	<p>Education Providers and clinical areas should work closely together in providing opportunities for participants to achieve the required competencies</p> <p>Supervisors need to identify whether the participants learning need can be met within the clinical area and if not seek other alternative suitable clinical environments e.g. can sufficient varied opportunities for taking cervical samples be available to the participant for supervision over the duration of the module,</p>

Education Standards	Education Provider Implications	Clinical Practice Implications	Supervisor Implications
	they can meet the individual needs of potential participants throughout Northern Ireland	<p>be used to identify education requirements and agreed learning outcomes<sup>9</sup></p> <p>There may be the potential for the involvement of other clinical areas to provide experience for the participant.</p>	if not make arrangements with another clinical area to gain the required experience.
<p>Cervical screening sample taking module delivered at Diploma or Degree level</p> <p>Reflect that cervical examination and sampling is a competence based sexual health and reproductive activity</p>	<p>Provide participants with opportunities for simulated cervical sample taking.</p> <p>Work based access to taking cervical samples across the age spectrum under supervision and logged for audit.</p>	Participants must have a designated supervisor in practice prior to commencing the programme who will provide them with supervision, assessment, support and opportunities to develop competence in cervical examination and sampling.	<p>Supervisors must be:</p> <ul style="list-style-type: none"> <li>• Competent in all aspects of sample taking.</li> <li>• Have undertaken a recognised programme of learning with regard to cervical screening, and undertaken an update education in the last three years</li> <li>• Should be fully cognisant</li> </ul>

<sup>9</sup> NIPEC Learning Agreement Template (cited 2016 August 1): available from <http://www.nipec.hscni.net/wpfb-file/learning-agreement-template-updatedjuly2016-pdf/>

<b>Education Standards</b>	<b>Education Provider Implications</b>	<b>Clinical Practice Implications</b>	<b>Supervisor Implications</b>
<p>within both opportunistic and planned consultations.</p> <p>Participants will be assessed on both the theoretical and practical components of the module, and must pass both elements to successfully complete the module</p>	<p>Education Providers should have arrangements in place which enable them to work in partnership with relevant clinical areas e.g. General Practices.</p> <p>Assessment processes must evidence the learning outcomes and be clearly communicated to participants.</p>	<p>Access in clinical area to a broad spectrum of women attending for cervical screening.</p> <p>The employer will request the participant to provide a Transcript of Training as evidence of successful completion of the programme</p>	<p>with the programme requirements and be proficient in assessing the participant's educational needs with regard to cervical sampling.</p>



## 4.5 Structure

The stand-alone programme should normally be an academic semester in length and include practical assessment which consists of direct observation of obtaining a cervical screening sample by suitably qualified supervisors until the participant is assessed as competent. The programme is delivered in partnership with the education provider and supervisor.

## 4.6 Educational focus

The acquisition of clinical skills will take place in the context of wider theoretical issues, which inform person centred safe and effective practice.

Indicative areas identified as being necessary for inclusion in any programmes for preparing professionals to undertake cervical sampling should include the following:

- Aims, objectives and overview of cervical screening programme
- Principles of population screening programmes and the role of quality assurance
- Anatomy and physiology of reproductive system
- Practical aspects
  - Initial consultation (explanation, consent, chaperoning, privacy)
  - Preparation (positioning of the woman, equipment and administration)
  - Cervical screening sample taking procedure carried out.
  - Preparation of the sample to go to the laboratory and sending the sample
  - Informing and explaining the result to the woman
- Cervical Screening – Laboratory aspects
- Handling and interpreting results
- Colposcopy – role in screening programme and the procedure within clinics

- Record keeping and call recall processes<sup>10</sup>
- Communication skills
- Women with additional needs e.g. cultural sensitivity (including women who have undergone Female Genital Mutilation (FGM), sexual abuse, learning disabilities and transgender individuals.

#### 4.7 Pre-course preparation

Education providers should check that potential participants are on the live register with either the NMC or GMC and ensure that clinical placements are arranged, supervisors identified and supported by employers.

Participants should be encouraged, as adult learners, to access relevant material in preparation for the programme, such as the Northern Ireland Cancer Screening Programmes' website ([www.cancerscreening.hscni.net](http://www.cancerscreening.hscni.net)). Information and pre-course reading will be made readily available following registration and enrolment with the education provider. This will include the module booklet which demonstrates professional responsibility as an adult learner.

The participant must have a designated and suitably qualified supervisor who is responsible for facilitating appropriate learning opportunities and assessing the participant's practice. The supervisor should be willing and able to devote a sufficient part of their time during this period of assessment to provide appropriate guidance and feedback. Other suitably qualified professionals may supervise cervical examination and sampling but the responsibility for the overall assessment of the participant remains with the designated supervisor.

A range of criteria should be used to identify supervisors for participants in cervical screening, and an example is provided in appendix 4. The identification of supervisors will be done by the participant and agreed by the educational provider.

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<sup>10</sup> Primary care guidance on call recall processes  
<http://www.cancerscreening.hscni.net/2163.htm>

## **4.8 Preparation and support of the designated supervisor**

The supervisor will be an experienced current registered health professional who can demonstrate personal knowledge and competencies in cervical screening sample taking. In addition they must have undertaken a recognised programme of learning with regard to cervical screening and undertaken update education in the last three years.

Prior to the programme commencing, the education provider should ensure a learning agreement is signed by the student and supervisor, and the supervisor is aware of:

- Programme content and structure
- Learning outcomes to be achieved
- Supervisor role in the support, supervision and assessment of the participant.
- Enabling the student to take cervical samples which will include a minimum of 20 adequate results, until deemed competent and confident.

This may involve the programme lead visiting the supervisor in the practice area or providing support and advice through telephone discussion/email or other means of communication.

It is recommended that participation in a programme, and subsequent practice sessions should be supported by the supervisor who encourages the participant to reflect on their practice and consider on going learning needs.

## **4.9 Learning in clinical practice**

- Learning and assessment of skills will normally take place in the participant's work setting with the supervisor. (Education providers should ensure that the learning environment is appropriate for teaching cervical sampling). The education provider will be expected to carry out random audit assessments of practice placements, e.g. new practice placement areas

- If the named supervisor is not available another equally suitably qualified health professional can observe practice and record this on the participant's learning log. The final clinical assessment should be undertaken by the named supervisor and in exceptional circumstances by the programme lead.
- The supervisor is responsible for providing guidance for the participant ensuring that learning opportunities to undertake cervical screening are available and competence continuously assessed.
- The participant should initially accompany the supervisor to:
  - Discuss and identify individual learning needs
  - Observe the supervisor taking at least two cervical samples
  - Take a minimum of five samples under direct observed supervision by the supervisor.
  - Decide when the participant may proceed without further direct observed supervision.

The participant should undertake an audit of their cervical samples which will include a minimum of 20 adequate results. The audit report should be part of the formative assessment. The audit report should highlight what has gone well, what has not gone so well and facilitate reflective practice.

If the audit highlights higher than the average rates of inadequate samples for the reporting laboratory then remedial action and additional education should be considered by the educator provider and supervisor with a repeat audit. Rates of inadequate samples are published by reporting laboratory and available on the health professionals section of the NI Cancer Screening Programmes website (<http://www.cancerscreening.hscni.net>). It is acknowledged that inadequate sample rates are a low quality proxy for satisfactory cervical screening sample taking, but it is used in the absence of a better indicator. Practitioners must visualise and adequately sample the whole cervix.

During the period of the audit the supervisor should maintain regular contact and discuss progress with the participant. Also the

supervisor, or an identified suitable alternative, should be available to assist with cervical sampling if required.

The participant and supervisor should ensure there is an opportunity to review and discuss the final audit report at the end of the module.

#### **4.10 Assessment strategy**

The expected level of competence will be demonstrated through assessment of both applied theory and practice (see appendix 5 for assessment process). The assessment strategy therefore consists of two parts and the participant must successfully complete both.

1. Applied theory - theoretical content will be assessed by the education provider through course work submission, specifically in relation to cervical screening.
2. Practice assessment – the supervisor will be responsible for ensuring the student has completed;
  - a. A portfolio of assessment with a log of directly observed samples (5 samples will be under direct observation of the supervisor, and another competent smear taker on site for the rest of samples taken) and achievement of the stated learning outcomes.
  - b. an audit of a minimum of 20 adequate samples

It is anticipated that the participants' portfolio, together with observation of their practice will provide the supervisor and education provider with the evidence to judge the participants competence in cervical screening sample taking. The Supervisor will be expected to 'sign off' the assessment in practice by using a standard observation matrix/checklist (see appendix 4 for a sample template). Any concerns regarding the achievement of competencies should be discussed with the education provider and participant as soon as identified, to facilitate the appropriate remedial action.

An official Transcript of Training from the education provider will be available upon successful completion of the module.

The employer must request that the participant provides an original Transcript of Training demonstrating their successful completion of the cervical screening education programme.

Professionals are accountable for their practice and must provide care on the basis of the best available evidence, they must also maintain the knowledge and skill necessary for safe effective practice.

Participants must not undertake cervical screening unless competent to do so, and have completed the necessary preparation.<sup>11</sup> Following successful completion of the cervical screening education programme the participant must provide the employer with the Transcript of Training.

#### **4.11 Teaching**

To enable participant's to achieve the learning outcomes, education providers must include a range of clinical experts within their programme delivery team. These may include practitioners such as experienced practice nurses, laboratory staff, colposcopy nurses, general practitioners, gynaecology medical practitioners, service users, Public Health Agency staff who coordinate, commission and QA the cervical screening programme and others. Education Providers must have access to current teaching support materials such as anatomical models and cervical screening sampling equipment.

#### **4.12 Staffing Levels**

Education providers will be expected to demonstrate that there are sufficient teaching staff to deliver the programme and there is access to sufficient suitably qualified supervisors in practice to support the participants to achieve their competencies. This should be confirmed prior to commencement of study.

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<sup>11</sup> Nursing and Midwifery Council 2015. The Code. NMC London

## 5. Update Learning in Cervical Screening

Active cervical screening sample takers should undertake a minimum of one half days update (three hours) every three years<sup>12</sup>.

The purpose of update learning is to provide a refresher on the topic that builds on the Novice education programme, and takes account of current evidence base and best practice guidance.

The content of update education should include the following:

- Overview of basic concepts and recent developments in cervical cancer and screening
- Recent literature relevant to cervical screening
- Human papilloma virus
- Changes to Northern Ireland screening policies and procedures
- Operational changes to call recall processes
- Relevant updates from laboratory and colposcopy perspectives
- Personal reflection on recent cervical cytology activity including regular audit.

For further guidance on update content it is advisable to refer to the Northern Ireland Cervical Screening Quality Assurance Reference Centre (QARC).

Various learning methods include:

- a half day face to face session
- facilitated small group learning session
- e-learning.

Education providers and employers should be able to advise health professionals on the suitability of update content.

An update programme will not be sufficient for someone returning from a career break, or who has not been practicing their skills. In these instances repeating a novice programme or repeating a process of assessed supervision may be more appropriate.

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<sup>12</sup> <https://cpdscreening.phe.org.uk/csp/sampletaker>

## 5.1 Maintaining Competence

In addition to a minimum of one half days update every three years, nurse/midwife sample takers are recommended to undertake a minimum number of 20 cervical samples per year to maintain clinical competence in line with revalidation<sup>13</sup>, and facilitate audit of practice. In the case of those who screen few women each year (less than 20), for example Genito- Urinary Medicine service, their individual audit should cover all the samples taken and reflect the reason for the samples being taken.

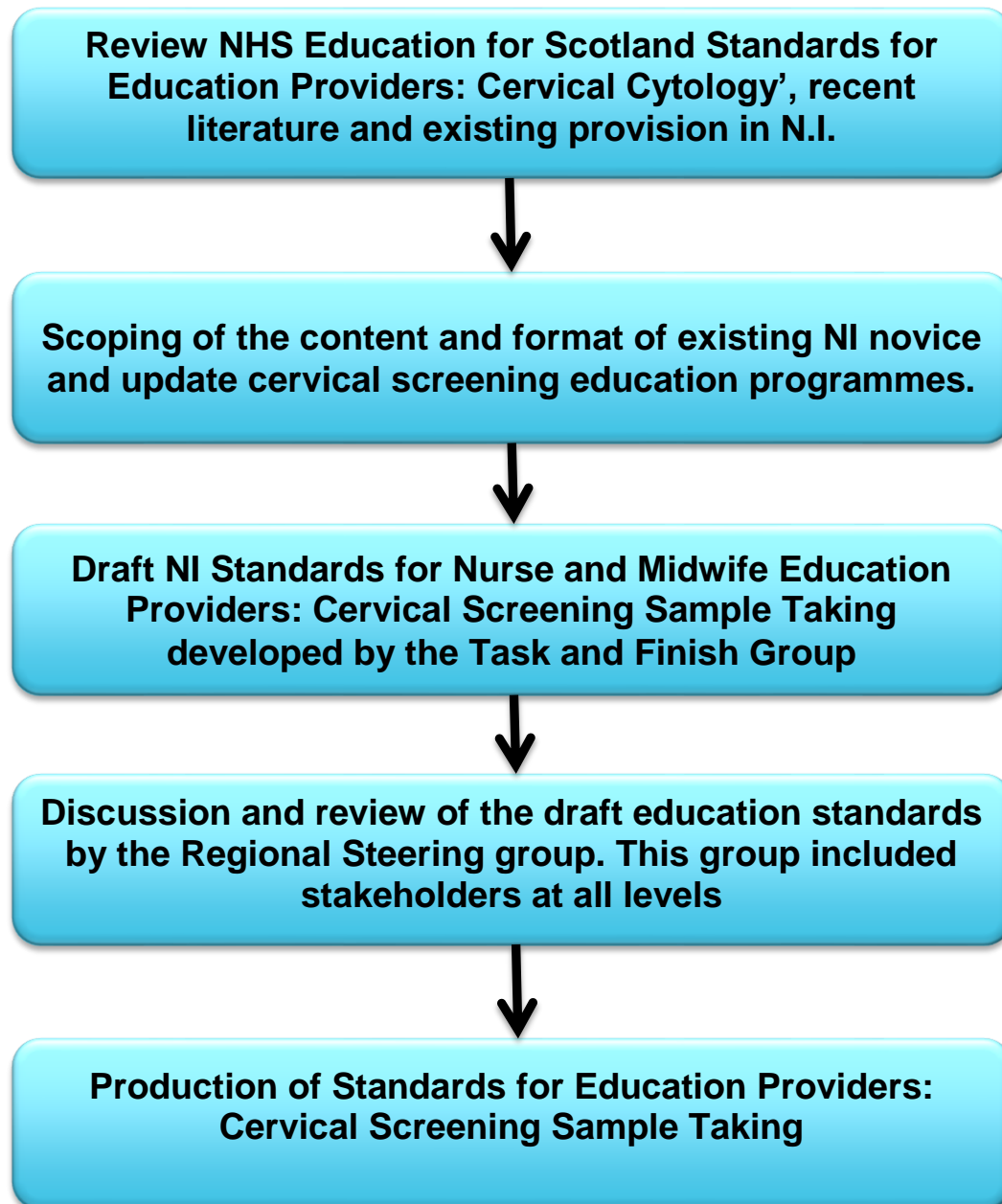
Nurse/Midwife sample takers should carry out continuous self-evaluation and continuing professional development relevant to the clinical area. They are expected to undertake an annual audit and reflect on their individual rates of inadequate tests and abnormal test results compared with the rates reported by the local laboratory. Rates of inadequate samples are published by reporting laboratory and available on the health professionals section of the NI Cancer Screening Programmes website (<http://www.cancerscreening.hscni.net>)

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<sup>13</sup> Public Health Agency. NI Training & Audit Requirements for Cervical Sample Takers (cited 2016 August 1): Available from <http://www.cancerscreening.hscni.net/2163.htm>



## Appendix 1: Process for Development of Standards for Education Providers: Cervical Screening Sample Taking



## Appendix 2: Membership of Regional Steering group

PHA Education Programmes To Support Nurse As Cervical Screening Sample Takers Group		
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### **Membership of Task and Finish subgroup**

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## Appendix 3: Literature Search Briefing Report

(Adapted and updated from NHS Education for Scotland *Standards for Education Providers: Cervical Cytology in Clinical Practice (2013)*<sup>14</sup>)

The Knowledge Management Team (KMT) at Healthcare Improvement Scotland were contacted at the end of August 2012 and asked to conduct a literature search to support the work of the national short life working group. The short life working group were considering sustainable arrangements for keeping cervical sample takers up to date and fit to practice. Within this remit the group identified five questions to be addressed by the literature search:

### Key questions

- Is there an optimal number of supervised cervical smear samples taken by a healthcare professional before they are considered competent in this technique?
- Are there any validated tools for assessing competence in taking cervical smear samples?
- Do healthcare professionals trained in taking cervical smear samples require continuous/repeated training post-qualification?
- What evidence is there for an optimal time lapse between training sessions on cervical smear testing?
- Are there any evidence based guidelines on training requirements of trainers or assessors delivering training on cervical smear testing?

### Literature search methods

The literature search was conducted between the 1<sup>st</sup> and 9<sup>th</sup> October 2012. Selected secondary sources were searched to identify relevant guidelines, systematic reviews, reports and tools. Websites searched included guideline developers, the Cochrane Library, national screening programmes, professional organisations and improvement organisations.

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<sup>14</sup> [http://www.nes.scot.nhs.uk/media/2573148/standards\\_for\\_cervical\\_cytology\\_interactive.pdf](http://www.nes.scot.nhs.uk/media/2573148/standards_for_cervical_cytology_interactive.pdf)

As limited results were identified from the secondary literature, a search of the primary databases was conducted, limited to English language and publications from 2002 - 2012.

**The following databases were searched:**

- Medline
- Medline in process
- Cinahl (nursing)
- ERIC (Education Resources Information Centre)

A total of 16 results were identified from the literature search (eight secondary publications and eight primary journal articles). The results from the secondary literature are summarized below in relation to the questions identified above.

**Literature summary**

Cervical screening programmes in England, Wales, Republic of Ireland (ROI) and New Zealand all consider training to be essential for smear takers<sup>1-4</sup>. Smear taker training is expected to cover both theoretical content and practical training<sup>1-4</sup>.

*Is there an optimal number of supervised cervical smear samples taken by a healthcare professional before they are considered competent in this technique?*

The English cervical screening programme recommends healthcare professionals undergoing training in smear taking observe at least two samples being taken and then have a mentor who supervises a minimum of five samples being taken by the trainee<sup>1</sup>. Following this initial sampling period the trainee and mentor decide if further direct supervision is needed<sup>1</sup>. Each healthcare professional should then take a minimum of 20 cytologically adequate samples within nine months of beginning the education programme<sup>1</sup>. Access to a mentor during this nine month sampling period is essential<sup>1</sup>.

In Wales healthcare professionals are recommended to take at least 20 samples per year to maintain their competence in smear taking<sup>2</sup>. The Irish screening programme does not allocate a figure

for developing or maintaining competence in smear taking but does require new smear takers carry out tests under supervision<sup>3</sup>.

The New Zealand Cervical Screening Programme recommends a minimum of 30 smears per year to maintain clinical competence in sample taking<sup>5</sup>. Smear takers who consistently perform below the expected standard are advised to seek assistance from a peer supervisor or screening programme lead five. Healthcare professionals trained in taking smear samples who have not taken a smear for a period of time are recommended to arrange a clinical supervisor for the first three - five smears following the gap period<sup>5</sup>.

*Are there any validated tools for assessing competence in taking cervical smear samples?*

No clearly validated tools for assessing competence in taking cervical smear samples were identified in the literature search, however tools used or recommended by national programmes and professional bodies were identified.

Skills for Health in England have developed a competency framework to support the national cervical screening programme<sup>1, 6</sup>. This framework sets out 57 criteria on cervical screening “knowledge and understanding” and a further 27 criteria relating to performance of cervical sampling<sup>6</sup>. A competency framework for health professionals working in sexual health has been developed by the Royal College of Nursing (RCN) which matches competencies for nurses with the NHS Knowledge and Skills Framework<sup>7</sup>.

In Wales smear takers are expected to conform with the All-Wales Screening Policy and relevant Cervical Screening Wales protocols<sup>2</sup>.

The cervical screening programme in New Zealand has defined nine competency areas that smear takers are assessed against<sup>5</sup>. These criteria cover preparing women for cervical screening (four competencies), taking cervical smears (three competencies) and interpreting smear results, initiating follow-up action and

completing documentation (two competencies) <sup>5</sup>.

*Do healthcare professionals trained in taking cervical smear samples require continuous/repeated training post-qualification? And what evidence is there for an optimal time lapse between training sessions on cervical smear testing?*

The cervical screening programmes in England, Wales, ROI and New Zealand all recommend that healthcare professionals undergo update training post-qualification to maintain their skills in smear taking<sup>1-3, 5</sup>.

The NHS Cervical Screening Programme in England recommends that all smear takers complete a minimum of one half day's update training every three years <sup>1</sup>. Essential content for update training includes information on developments in the local and national screening programmes, literature on current best practice, changes to policies and procedures and qualitative assessment of twenty recent consecutive samples taken by the trainee<sup>1</sup>. The English screening programme supports the use of e-learning modules for update training provided they meet local and national requirements<sup>1</sup>.

Cervical Screening Wales recommend all staff involved in primary care smear sampling update their knowledge at least every three years<sup>2</sup>. In ROI smear takers are required to complete a Cervical Check\* recognised programme on smear taking within three - five years following registration, followed by a Cervical Check accredited clinical update session on a three yearly basis<sup>3</sup>.

The New Zealand screening programme recommends smear takers attend one update session per year to maintain their competence in taking smear samples<sup>5</sup>. Smear takers in New Zealand who have not taken a smear sample for an extended period of time are recommended to attend an update session and to have clinical supervision for the first few smear samples taken following the gap period<sup>5</sup>.

The English and Welsh screening programmes also recommend continuous self-evaluation through comparison of individual rates

of inadequate tests or abnormal test results with results from local laboratories or national levels<sup>1,2</sup>. In ROI an annual rate of unsatisfactory or inadequate samples greater than or equal to 2% indicates the healthcare professional may require retraining<sup>3</sup>.

*Are there any evidence based guidelines on training requirements of trainers or assessors delivering training on cervical smear testing?*

The NHS Cervical Screening Programme guidance for the training of cervical sample takers (2016) identified training requirements for mentors/supervisors<sup>1</sup>.

This guidance identifies the following training requirements, skills and qualifications for trainers delivering training on cervical smear taking<sup>1</sup>:

- Good teaching and communication skills
- Ideally a teaching qualification
- Have had 12 months continuous training following completion of initial training
- Undertaken a minimum of 50 samples following completion of initial training
- Participation in regular update training on taking cervical smear samples
- Awareness of developments within the cervical screening programme
- Must be currently practicing sample takers
- Able to demonstrate continuing competence in taking samples with
- Particular reference to:
  - Transformation zone sampling
  - Sampling technique
  - Equipment and sample preparation
  - Audit of results, including adequacy rates.



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## Appendix 4: Useful Resources

### CERVICAL SCREENING SUPERVISOR FORM

ACADEMIC SESSION:

NAME OF PARTICIPANT: \_\_\_\_\_

Title of Module	Semester
CERVICAL SCREENING	

NAME OF SUPERVISOR \_\_\_\_\_

ADDRESS/ES WHERE PRACTICAL PLACEMENT WILL BE UNDERTAKEN: \_\_\_\_\_

The supervisor will be an experienced current registered health professional who can demonstrate personal knowledge and competencies in cervical screening sample taking. In addition they must have undertaken a recognised programme of learning with regard to cervical screening and undertaken update education in the last three years.

#### **FOR COMPLETION BY SUPERVISOR**

*I have agreed to supervise the above participant during the clinical component of the programme and to document their level of competence at the end of the placement should they be successful in their application. Sufficient clinical experience is available for the participant to achieve the module learning outcomes and a minimum of 20 adequate supervised cervical samples.*

#### **Please tick the appropriate box**

I have attended a Preparatory Session for Supervisors and have experience of supervising

I would like to discuss the role of the supervisor with module co-ordinator

I would like to attend a preparatory session on supervision

Signature of Supervisor \_\_\_\_\_

Date: \_\_\_\_\_

Qualifications \_\_\_\_\_

Current Post \_\_\_\_\_

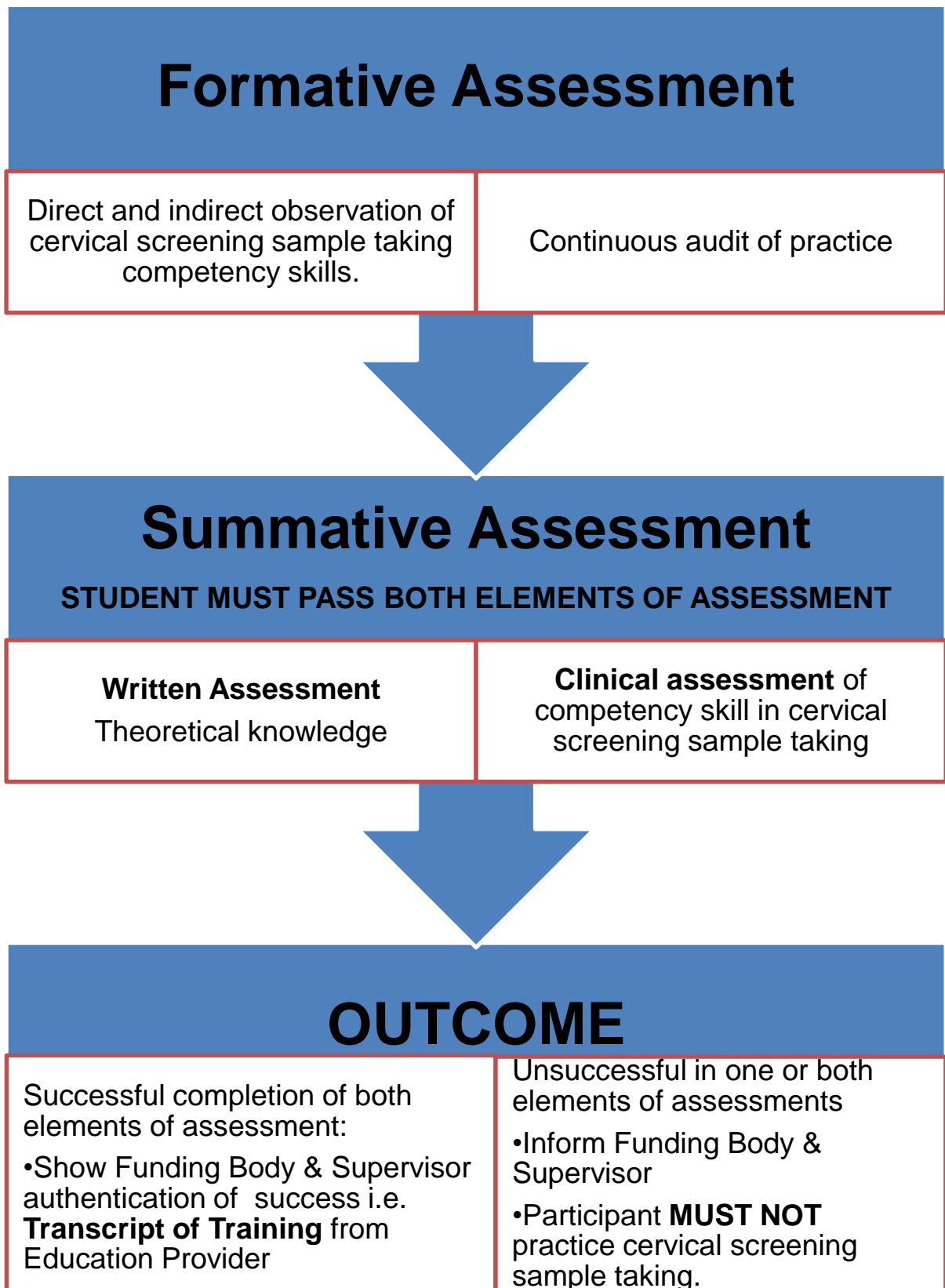
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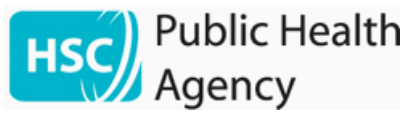


## FINAL CLINICAL ASSESSMENT CHECKLIST (SAMPLE TEMPLATE)

DATE ----- PARTICIPANT'S NAME _____ SUPERVISORS NAME _____		
<b>CHECKLIST</b>	<b>TICK</b>	<b>SUPERVISOR COMMENTS</b>
PREPARATION OF ENVIRONMENT		
COMMUNICATION		
HISTORY TAKING		
PREPARATION OF FORM		
PREPARATION OF SLIDE		
PREPARATION OF CLIENT		
TAKING THE SAMPLE		
ASSESSMENT OF THE CERVIX		
TRANSFER OF SAMPLE TO LBC POT		
INFECTION CONTROL AND DISPOSAL OF WASTE		
DOCUMENTATION		
RESULTS		
DEMONSTRATES ABILITY OF KNOWING WHEN TO REFER		
DEMONSTRATE ABILITY TO CLEARLY AND ACCURATELY RECORD FINDINGS IN NOTES/COMPUTER.		
DISPLAYS KNOWLEDGE OF AVAILABLE LOCAL RESOURCES AND OF CLIENT INFORMATION LITERATURE AND LEAFLETS		

## Appendix 5: Cervical Screening Sample Taking Assessment Process





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