



Northern Ireland standards for education providers who deliver nurse and midwife cervical screening sample taking programmes

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Introduction

These standards have been developed for education providers in Northern Ireland who deliver nurse and midwife cervical screening sample-taking education programmes. They replace the *Northern Ireland Standards for Nurse and Midwife Education Providers: Cervical Screening Sample Taking* (PHA, 2016). The change in title reflects that fact that there may be a range of education providers who deliver programmes to nurses and midwives.

These standards provide details of the theoretical content and practical assessment, required within the core education programme and the theoretical content of the three yearly update programme to prepare students to deliver a comprehensive, person-centred cervical screening service in clinical practice. These standards will provide consistency, standardisation and quality assurance in the delivery of both education programmes.

Aim

The education standards aim to ensure a culture of high quality and continuous improvement in cervical screening practice, that is consistent with national and locally agreed guidelines and policies and the cervical screening programme requirements.

The standards set out the required criteria for the education programmes that will ensure that the sample takers receive a high quality evidenced based and consistent level of education to enable them to provide safe and effective person-centred care.

Scope

The education standards are aimed at those directly involved in the learning process, such as primary and secondary care registered nurse and midwife sample takers, their employers and education providers.

The education standards

The standards:

- promote the achievement of required knowledge and skills to implement the Northern Ireland Cervical Screening Programme;
- create a flexible framework that will continue to be consistent with national policy and the cervical screening programme requirements;
- provide guidance on the responsibilities of the education provider, student sample takers, designated practice supervisor and supporting organisations;
- ensure a regionally agreed standardised approach to education to ensure sample takers can provide a quality, safe, effective, person-centred delivery of the screening programme;
- are supported by a quality assurance mechanism to ensure the full range of learning outcomes support the cervical screening programme.

NB: The Governance section of this guidance provides further detail on quality assurance mechanisms. These may differ between education providers but in addition to meeting these education standards, [Education pathway - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/education-pathway-2020-2021) section 4.1-4.3 provides checklists for education providers to strengthen their quality assurance mechanisms.

Current context

In Northern Ireland, screening is aimed at all women and people who have a cervix aged 25-64. They will be routinely invited every three years if aged 25-49, and every five years if aged 50-64. Transgender patients who are aged 25-64 and have a cervix are eligible for cervical screening. However, if they are registered with their GP as a male, they will not be routinely invited for screening and will need to arrange it directly with their GP practice.

Anyone who is 65 years or older and has never been for cervical screening can ask their GP for a cervical screening test.

The Northern Ireland Cervical Screening Programme introduced the Primary Human Papillomavirus (HPV) testing pathway on Monday 11 December 2023.

Specimens provided from this date are tested for the presence of high-risk HPV (HrHPV). Samples which test negative for HrHPV will not have cytology and these patients will be returned to routine call.

If a sample tests positive for HrHPV, then cytological examination is the next step to determine which samples contain abnormal cells. Individuals who test positive for HrHPV and for whom abnormal cells are detected will be directly referred to Colposcopy Services to enable assessment.

Primary HPV screening will not involve any changes to the clinical procedure for taking the cervical sample.

Governance

In order to ensure that the benefits of these standards are realised, and to provide assurances that the education programmes meet the requirements to support and facilitate the delivery of safe, effective person-centred care; governance mechanisms must be in place.

Nurses and midwives: Nurses and midwives must adhere to the principles within the Nursing and Midwifery Council Code (2018) and their professional scope of practice. The nurse or midwife must provide their employer with evidence of successful completion of the core education programme before undertaking cervical screening practice and successfully complete an update programme every 3 years.

Employers and education providers: Employers and education providers are responsible for ensuring that nurses and midwives are suitably prepared to undertake cervical screening practice through successful completion of an appropriate theoretical and practice-based core education programme and update programme which meet the requirements of these standards.

Employers: Employers must ensure that there are appropriate systems and processes in place to support the student in the practice learning environment. For the core programme, the student must work or have access to supervised experience in a clinical setting which offers cervical screening consultations and be assigned to a designated practice supervisor who is a competent experienced sample-taker and has engaged in continuing professional development in order to keep up-to-date with changes in practice. The employer must request that the nurse or midwife provides evidence demonstrating their successful completion of the core and update education programmes.

Education providers: Education providers must adhere to their own quality assurance processes and that of their accreditation awarding body/organisation, and in line with the NI Cervical Screening education standards. Programmes must be delivered by a healthcare professional experienced in cervical smear screening. Education providers should undertake self-evaluation against the standards:

- when designing the core and update education programmes;
- at the commencement of an education programme where it hasn't been delivered in more than three years;
- at the end of each education programme delivery.

Accreditation

Due to the Higher Education Institutes' (HEIs) governance arrangements they do not require external accreditation. However, education providers, other than HEIs, must seek external accreditation for their education programme to ensure it meets the defined standards. Accreditation can be provided by a national awarding body/organisation, a professional organisation (for example a royal college) or a higher education institute which offers this service. The education programme must take place within the period of accreditation which must be renewed in accordance with the awarding body/organisation's renewal procedure, to ensure that the quality of the programme is maintained.

The core education programme

Aim

The core education programme focuses on providing registered nurses and midwives with the knowledge and skills to undertake cervical screening consultations. This includes collecting a quality routine cervical sample and offering information and support in the event of an abnormal result.

Eligibility

Cervical screening consultations should only be carried out by registered nurses and midwives who have completed a recognised education programme, with access to ongoing continuous professional development. Therefore, all registered nurses and midwives who are expected to undertake cervical screening consultations as part of their role, are eligible to undertake the education programme.

Delivery of the core education programme

The core education programme can be delivered as a stand-alone programme or integrated into a vocational learning programme. The core education programme contains two elements:

- theory
- clinical practice

The core education programme should incorporate the equivalent of a minimum of 12 hours theoretical preparation. The practical aspects must take place in a clinical setting, normally the students place of work. The practical aspect will consist of direct observation of obtaining a cervical screening sample by the designated practice supervisor until the student is assessed as competent. The education programme is delivered in partnership with the education provider and designated practice supervisor.

The student should:

- discuss and identify individual learning needs with the designated practice supervisor;
- observe the designated practice supervisor undertaking at least two cervical screening consultations;
- undertake a minimum of five cervical screening consultations under direct observed supervision by the designated practice supervisor;
- ensure there is another competent sample taker on site when undertaking the remaining 15 cervical screening consultations;
- complete a portfolio which includes:
 - 20 cervical screening consultations and receipt of results
 - a reflective account of each consultation and interpretation and management of the result.

The education programme should take no longer than 12 months from enrolment through to completion. If a student's training exceeds 12 months, then they must re-enrol in the core education programme.

Core education programme learning outcomes

On successful completion of the core education programme students should 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 and policies.
- Apply knowledge of anatomy and physiology to recognise the features of healthy cervix and external genitalia.
- Demonstrate a critical understanding and application of the principles and criteria for 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 and recall process to support and enhance best practice.
- Demonstrate safe and effective person-centred clinical examination, working in accordance with local policy and guidelines such as safeguarding adults and in the assessment of capacity to provide valid consent.
- Use a range of professional skills to initiate effective health education and health promotion based on individual health needs.
- Demonstrate knowledge, skills and critical understanding in:
 - taking correct cervical samples from individuals 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, 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 abnormal cervical screening results.
- Maintain and critically analyse their recorded portfolio.

Content of the core education programme

- Anatomy and physiology of female reproductive system
- Consultation skills
- Primary HPV screening
- Cervical sample pathway
- Cervical screening results pathway
- Colposcopy overview
- Laboratory overview
- Northern Ireland Call Recall System overview/links to resources
- Sexual health overview
- Equality, diversity and inclusivity
- Barriers and enablers to cervical screening engagement
- Menopause overview
- Trauma informed care, safeguarding (to include female genital mutilation)
- Person centred care
- Principles of screening
- Ethical issues

Individuals with lived experience of cervical cytology screening, should be involved in the design and or delivery of the core programme content. Delivery may include the production of a media clip.

Core education programme preparation

Education providers

Education providers should:

- check that potential students are live on the NMC register as a registered nurse or midwife;
- ensure that clinical placements are arranged that meet the requirements to support students;
- ensure a designated practice supervisor has been identified and a Cervical screening designated practice supervisor form (example in Appendix 2) has been completed;
- ensure that the student is facilitated and supported by their employer to achieve the learning outcomes;
- provide the student with preparatory reading material and education programme information;
- arrange an approved clinical laboratory visit (preferably as a group) to observe the testing process (HrHPV and cytology);

Students

Students should:

- ensure they have a suitable practice learning environment and a designated practice supervisor who is responsible for facilitating appropriate learning opportunities and assessing the student's practice;
- complete preparatory reading material and education programme information;
- (for HSC Trust students on DoH commissioned programmes) complete a learning agreement and evaluation of learning in practice framework (NIPEC 2021).

Designated practice supervisor

The designated practice supervisor will be an experienced registered healthcare professional who can demonstrate knowledge and skills in cervical screening sample taking. In addition, they must have undertaken a recognised programme of learning with regard to cervical screening and undertaken an update education programme in the last three years. The designated practice supervisor should have a minimum of one year's experience of taking cervical samples to allow for consolidation of skill following successful completion of a programme of learning. In exceptional circumstances, where this is not possible, the student, the education provider and the designated practice supervisor must agree the suitability of the role. The student may also be supported by a range of suitably qualified and experienced supervisors, some of which may identified by the student.

Prior to the education programme commencing, the education provider should ensure a designated practice supervisor form is signed by the student and the designated practice supervisor. The designated practice supervisor must have an understanding of:

- the education programme content and structure;
- learning outcomes to be achieved;
- the role in support, supervision, reflective practice and assessment of the student;
- the need to facilitate the student to undertake a minimum of 20 cervical screening consultations, until deemed competent and confident.

The designated practice supervisor must facilitate the student to observe two cervical screening consultations. They then must directly observe the student undertaking a minimum of five cervical screening consultations and be assured that the student is sufficiently able to undertake the remaining 15 consultations under indirect supervision.

The student's final clinical assessment should be undertaken by the designated practice supervisor who will consider feedback from any additional practice supervisors, where relevant. In exceptional circumstances the assessment may be undertaken by another identified supervisor. Exceptional circumstances include the designated practice supervisor unexpectedly being absent from work. In this instance the Cervical screening designated practice supervisor form (Appendix 2) must be signed by the new supervisor and resubmitted to the education provider.

Where a designated practice supervisor has a planned absence from work and will be unable to complete the final clinical assessment, a new designated practice supervisor should be identified. The student must inform the education provider and the practice learning agreement and the Cervical screening designated practice supervisor form (Appendix 2) should be reviewed.

The education provider lead should be available to provide support and advice to the designated practice supervisor or any other supervisors as required.

Assessment

The expected level of proficiency will be demonstrated through assessment of both applied theory and clinical practice. The assessment process therefore consists of two parts and the student must successfully complete both.

1. Applied theory – theoretical content will be assessed by the education provider through coursework submission.
2. Clinical practice assessment – clinical practice will be assessed by the designated practice supervisor. This will include:
 - review of the portfolio
 - a final clinical assessment which demonstrates that the student has successfully achieved the learning outcomes (see Appendix 4 for example)

These will be submitted to the education provider by the student.

Where there are any concerns regarding the achievement of the student's level of proficiency, the designated practice supervisor should discuss this with the education provider, to facilitate the appropriate remedial action. Remedial action will vary depending on the individual student's practice or learning needs.

Maintaining proficiency

Nurses and midwives are accountable for their practice and must provide care on the basis of best available evidence. They must ensure that they maintain proficiency, reflecting on their practice as part of their appraisal and NMC revalidation.

Nurse and midwife sample takers should undertake a minimum number of 20 cervical screening consultations per year to maintain clinical proficiency, and facilitate self-audit of practice.

Anyone returning from a career break or who has not been practising their skills for more than 12 months, should agree their theoretical and practical skills update with their employer, as individual needs will differ. Where practical skills require development, the nurse or midwife should repeat a process of assessed supervision. This will include an agreed number of supervised and unsupervised cervical consultations until the level of proficiency has been achieved.

If a nurse or midwife completes a cervical screening education programme in another jurisdiction of the UK or Republic of Ireland, and commences a job role in Northern Ireland, they must complete the update programme as a minimum. This is because the cervical screening programmes differs across the five nations.

Employers must ensure that nurses and midwives are supported to maintain proficiency.

Update programme

Active nurse and midwife cervical sample takers should undertake an update programme of a minimum of three hours every three years. The update programme will build on the content of the core education programme, and takes account of current evidence base and best practice guidance.

The content of the update programme should include the following:

- overview of basic concepts and recent developments in cervical cancer and screening;
- changes to national and locally agreed guidelines and policies and the cervical screening programme requirements;
- operational changes to call recall processes;
- relevant updates from laboratory and colposcopy perspectives;
- trauma/inclusion;
- learning from incidents.

The update programme can be delivered via various learning methods including:

- a face to face session;
- facilitated small group learning session;
- e-learning.

Appendices

Appendix 1

Membership of the task and finish group

PHA cervical screening sample education update – task and finish group		
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Appendix 2 (example template)

Cervical screening designated practice supervisor form

Education provider	
Name of student	
Title of course	
Date/s of course	
Name of designated practice supervisor	
Practice learning address/es	

For completion by designated practice supervisor

I am an experienced, registered health professional who can demonstrate personal knowledge and competencies in cervical screening consultations.

I have undertaken a recognised cervical screening programme of learning, including a three-yearly update.

I can facilitate the student to achieve the education programme learning outcomes including the requirement to undertake a minimum of 20 supervised cervical screening consultations.

I have agreed to supervise the above student during the clinical component of the education programme and to document their level of proficiency at the end of the placement should they be successful in their application.

Signature of designated practice supervisor _____

Date: _____

Qualifications _____

Current post _____

Date of last update programme _____

Completed forms must be returned to: [name of education provider]

Appendix 3

Cervical screening sample taking portfolio (example template)

	Date of smear	Date of birth	Points of note <ul style="list-style-type: none">- LMP- Date of last smear- Reason for smear (eg routine, recall, opportunistic)- Screening history	Reflection on practice	Evidence of TZ sampling (Yes/no)	Result and comment	Observation (O) Supervised (S) Unsupervised (US)
1							
2							
3							
4							

Appendix 4

Final clinical assessment (example template)

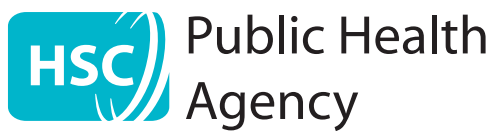
Date _____ Student's name _____ Designated practice supervisor's name _____		
Link to education programme learning outcomes	Tick	Practice supervisor's comments
Preparation of environment <ul style="list-style-type: none">• Coverings on all windows• Door locked (with individual's consent) or do not disturb notice on door• Records of previous patients/individuals not visible in any format• Couch prepared• Range of specula and supply samplers available		
Communication <ul style="list-style-type: none">• Hello my name is...• Puts the individual at ease• Listens attentively• Maintains a friendly but professional relationship with the individual		

<ul style="list-style-type: none"> • Conveys sensitively to the needs of the individual • Uses clear, correct and understandable language • Considers physical, social and psychological factors as appropriate • Recognises withdrawal of behavioural consent 		
<p>History taking and preparation of form</p> <ul style="list-style-type: none"> • Individual correctly identified • Ensures that the individual understands why a cervical sample is being taken • Benefits and limitations of screening explained • Menstrual, contraceptive and cervical screening history provided • Allergies checked • Chaperone offered 		
<p>Preparation of individual</p> <ul style="list-style-type: none"> • The individual is properly positioned on the couch • There is a suitable light • The size of the speculum is appropriate 		
<p>Taking the sample</p> <ul style="list-style-type: none"> • Appropriate use of lubrication • Correct insertion and removal of speculum • Recognition and assessment of cervix • Sampling technique 		

<ul style="list-style-type: none"> • Sample transfer to vial • Infection control 		
<p>Documentation and results</p> <ul style="list-style-type: none"> • Date sample taken and record of the consultation entered in notes - paper or computer • Vial correctly labelled • Interpretation of and action for results 		
<p>When to ask for help</p> <ul style="list-style-type: none"> • Individual unable to consent • Individual with a physical disability unable to assume position • Unable to completely see the cervix • Psychosexual issue • Female genital mutilation • Disclosure of domestic abuse/safeguarding issue 		
<p>Resources</p> <ul style="list-style-type: none"> • Display knowledge of available local resources and of client information literature and leaflets 		

Resources

1. HSE, National Screening Service, Cervical Screening Education Programme: Standards and Requirements, January 2023. Available at: <https://www.cervicalcheck.ie/fileupload/Cervical%20Screening%20Education%20Programme%20-%20Standards%20and%20Requirements.pdf>
2. NHS Education for Scotland, Cervical Screening Education Standards, August 2021. Available at: <https://learn.nes.nhs.scot/61950>
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6. Nursing and Midwifery Council (2018) The Code. Professional standards of practice and behaviour for nurses, midwives and nursing associates. Available at: <https://www.nmc.org.uk/standards/code/>
7. Public Health Agency, Northern Ireland, Cancer Screening, Cervical screening overview, December 2023. Available at: <https://cancerscreening.hscni.net/cervical-screening/overview/>
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9. Public Health Wales, Cervical Screening Wales, January 2022. Link unavailable.
10. Skills for Health, CHS37 Obtain cervical cytology samples from individuals, June 2010. Available at: <https://tools.skillsforhealth.org.uk/competence/show/html/id/1030/>.
11. The Royal College of Nursing (RCN), Human Papillomavirus (HPV), cervical screening and cervical cancer, 18 December 2023, Available at: <https://www.rcn.org.uk/Professional-Development/publications/rcn-cervical-screening-uk-pub-011-051>



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