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1. Purpose of Standards for Education Providers

These national education standards have been developed for educational providers in NHS Boards and the university sector who have a responsibility for providing education and training for healthcare staff to undertake cervical screening. 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 initial and update education in cervical sample taking, it is anticipated that training courses will be consistent, transparent, transferable, equitable and quality assured.

These standards were developed taking into account stakeholder perspectives; discussion with course providers in Scotland; a literature search; and examination of existing provision in other countries in the UK.

2. Background

The Scottish Cervical Screening Programme was introduced in Scotland 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.

Unlike breast and bowel screening, the cervical screening programme in Scotland is not fully nationally commissioned. In 2007, following a review of local call/recall arrangements, a new national IT system, the Scottish Cervical Call Recall System (SCCRS), was introduced across NHS Scotland. In addition, National Services Division of NHS National Services Scotland centrally commissions the laboratory elements of the programme, including QA and training. NHS Boards are therefore responsible for all other practice/clinical elements and clinical governance in their own areas, including ensuring practitioners are appropriately trained and audited.
Across Scotland there are various groups of registered practitioners that are involved in undertaking cervical samples. These practitioners include registered nurses employed in general practice, general practitioners, General Practice Specialist Trainees (GPST) and doctors and registered nurses working within sexual health, Colposcopy, Genito Urinary Medicine, Gynaecology and infertility clinics.

2.1. Cervical cytology clinical workforce

Within Scotland it has been estimated that there are approximately 2000 registered nurses employed in general practice. It is acknowledged that this workforce provides the majority of the cervical samples obtained in general practice.

As part of pre-registration midwifery programmes trainee midwives are assessed in examining the vulva, vagina and cervix. Specialist sexual health nurses currently all attend theoretical training provided by universities and are assessed in practice by trained assessors. New guidance and competencies on genital examination of women from the RCN and Faculty of Sexual and Reproduction Health Care will be available at the end of 2012.

As part of pre-registration medicine programmes doctors are assessed in pelvic examination. The Royal College of General Practitioners’ curriculum for General Practice Speciality Training includes a direct observation of procedural skill in cervical cytology as part of the work based assessment component of the MRCGP membership exam.

These Education Standards can be used by NHS Boards and the university sector to design and deliver courses to prepare health care professionals new to obtaining a cervical cytology sample and also remain competent so as to deliver a quality cervical screening service in Scotland. Practitioners require initial and subsequent three yearly update learning.

2.2. Developing the education standards

At the start of 2012 NHS Education for Scotland was approached by Scottish Government to be part of a national group to consider the education and training requirements of the cervical cytology sample taking workforce. This group met on a number of occasions throughout 2012 and agreement was reached that one of the outcomes of this group would be the production of this document - Standards for Education Providers: Cervical Cytology in Clinical Practice.

Healthcare Improvement Scotland’s Knowledge Management Team, undertook a literature search to support the work of the Smear Taker Training – Short Life Working Group (Scottish Government). The briefing report describing the questions, methods and literature summary were taken into account in preparing these Standards for Education Providers (see Appendix 2).

A review of the content and format of existing initial preparation courses was undertaken and used as the basis for discussion with an expert group. It was also recognised that existing vocational training programmes for medical general practice and general practice nursing include cervical cytology and assess both theoretical and practical components. The outcome of the review and discussion formed the basis for draft standards that were then consulted upon with stakeholders (see Appendix 1 & 2 for consultation process and members of stakeholder groups).

Stakeholders were asked to consider the following aspects for both the initial and update courses:

- Length
- Core content
- Competence
- Practical assessment and supervision
- Balance of theoretical content and learning in practice.

Key elements of the education standards are presented in Figure 1 overleaf.
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. Some of these frameworks are UK wide whereas others are specific to Scotland or are more locally produced.

As registered nurses employed in general practice became increasingly involved in cervical screening specific guidance directed at them was produced. The Royal College of Nursing (RCN) published a document in 2006 entitled ‘Cervical Screening’ to provide guidance with regard to education and training (http://www.rcn.org.uk/__data/assets/pdf_file/0007/78730/003105.pdf)

The RCN guidance states that:

- Sufficient and appropriate training programmes are vitally important to equip sample takers to undertake the cervical screening test
- Practitioners should only perform cervical screening if they have completed a recognised training programme
- Training should reflect current trends, developments and understanding of the cervical screening process.

The document also highlights the following points:

- Trainers must also have specific knowledge and qualifications and undertake regular update training
- Clinical supervisors also need skills in providing support, assessment and feedback on clinical competencies.

In addition to the above guidance specific Skills for Health workforce competencies are also available with regard to obtaining cervical cytology 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:


The above document confirms that cervical sample takers should ensure they have been adequately trained to take cervical samples and to request samples in SCCRS. Practitioners should adhere to local standards and protocols for cervical sampling and never take a sample if the cervix cannot be visualised.

For information on SCCRS see http://www.sccrs.scot.nhs.uk/smtakers.html and click on your role to access relevant parts of the training manual.


Both these valuable publications provide the theory and competencies needed by non specialist cervical sample takers. However practical teaching and assessment of clinical competencies are also required.
4. Initial Cervical Cytology Education

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

4.1 Aim of initial 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 initial education

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

- Recognise and evaluate own role in undertaking a cervical cytology sample as part of the national 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 HPV testing and the ways in which women may be managed in the future
- Exercise responsibility in applying knowledge and understanding of the Scottish Cervical Call Recall System (SCCRS) to support and enhance best practice
- Draw on skills to ensure safe and effective clinical examination of the woman, offering a chaperone and working in accordance with local policy and guidelines such as Protection of Vulnerable Individuals in the assessment of any client’s capacity to provide valid consent
- Use a range of principle professional skills to initiate effective health education based on the health beliefs of the woman

- Apply knowledge, skills and critical understanding in demonstrating:
  - taking correct cervical samples from women across the screening age range
  - preparing adequate Liquid Based Cervical samples and dispatching safely to designated laboratory for analysis
  - skills required to undertake 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 sample results
- Undertake and critically analyse an audit of own supervised and unsupervised cervical samples, normally 20 or more samples, and reflect on results, changing practice as required for delivering best practice.

4.3 Content of initial course

The recommendations for the initial training course design are provided in Table 1 and are based on key elements of course provision which form the Standards for Education Providers. Education providers for cervical sample takers are either delivering this as part of a vocational training programme for medical general practice and general practice nursing or as a stand alone course. Education providers for stand alone courses are normally NHS Health Boards and / or universities. Any other providers/courses will require Health Board approval.
### Table 1 Design for Initial Course

<table>
<thead>
<tr>
<th>Education Standards</th>
<th>Education Provider Implications</th>
<th>Practice Implications</th>
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</thead>
<tbody>
<tr>
<td>Free standing or integrated into existing programmes of learning, e.g. vocational general practitioner or general practice nurse training</td>
<td>Whether delivered as free standing or as part of another programme of learning the key elements should be observed.</td>
<td>This will promote a baseline level of ability across cervical sample takers in Scotland.</td>
</tr>
</tbody>
</table>
| Open to all registered health care practitioners who are expected to undertake cervical sampling as part of their role. | Checking that participants are either:  
   a) Qualified health practitioners who are to take cervical samples as part of their professional role.  
   b) Enrolled in a relevant programme leading to a health professional qualification / registration. | Participants are supported by their line manager.  
Health practitioners who are to be cervical sample takers should access a standard baseline curriculum as part of a free standing course if not already part of their vocational training programme. |
| Academic level of course at a minimum of Scottish Credit and Qualification Framework (SCQF) level 9. | Applicants must be able to demonstrate the ability to study at SCQF level 9 e.g. previous certified degree level learning or experiential learning. | Cervical sample takers are able to analyse audit results, reflect and implement change to improve practice. |
| Curriculum content to reflect that cervical examination and sampling is a competence based sexual health and reproductive activity within both opportunistic and planned consultations. | All participants require access to clinical practice areas where cervical cytology samples are taken regularly. | Practitioners learning in the work place will require supervision and assessment prior to undertaking cervical examination and sampling autonomously. |
| Normally delivered over 3 months (this includes both theory and practice). | Stand alone courses will normally last a minimum of three months to deliver curriculum and complete assessment.  
In programmes of vocational learning standard cervical sample curriculum and assessment will be completed within the normal period of course delivery. | In practice the participant should be accompanied by the training supervisor and should:  
   • identify learning needs in discussion with supervisor  
   • observe at least two samples being taken  
   • take a minimum of five samples under direct observed supervision.  
The supervisor and participant should decide if the learner may proceed without further direct observed supervision. |
| Variety of assessment strategies should be used. | Assessment strategy should be varied and include a range of valid and reliable assessment tools e.g. direct observation of procedural skills, audit of practice, theoretical knowledge assessment. | Once the participant is able to proceed without direct supervision the trainee should complete an audit of the next 20 cervical sample results.  
The participant should reflect on the process of taking their cervical samples and handling their results. |
4.4 Training and Course Delivery

These standards have implications for course delivery affecting education providers, learners’ clinical practice areas and their supervisors. These are detailed in Table 2.

Table 2 Delivery Implications for Initial Training

<table>
<thead>
<tr>
<th>Education Standards</th>
<th>Education Provider Implications</th>
<th>Clinical Practice Implications</th>
<th>Supervisor Implications</th>
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<tbody>
<tr>
<td>Open to all registered health care professionals who are expected to be cervical sample takers as part of their role.</td>
<td>Arrangements must be in place for teaching, supervision, support and assessment of participants within their clinical area. A method to audit practice placements is required. Support to placements to meet the required standards may be necessary.</td>
<td>There should be a commitment from the participant’s clinical environment to support participant supervision and to provide access to taking cervical samples including arranging for unique SCCRS number.</td>
<td>Education providers and clinical areas should work closely together in providing opportunities for participants to achieve the required competencies.</td>
</tr>
<tr>
<td>Academic level SCQF 9 or above</td>
<td>Provide participants with opportunities for simulated cervical sample taking. Work based access to taking cervical samples across the age spectrum under supervision and logged for audit. Education Providers should have systems in place which enable them to work in partnership with relevant clinical areas e.g. general practices. Assessment processes must evidence the learning outcomes and be clearly communicated to participants.</td>
<td>Participants must have a designated supervisor in practice prior to commencing the course who will provide them with supervision, assessment, support and opportunities to develop competence in cervical examination and sampling. Access in clinical area to a broad spectrum of women attending for cervical cytology screening.</td>
<td>Supervisors must be competent in all aspects of smear taking. Supervisors must have undertaken a recognised programme of learning on cervical sampling within the previous three years or demonstrate personal knowledge and competencies in sample taking and undertaken an update training in the last three years.* Supervisors should be fully cognisant with the course requirements and be proficient in assessing the participant’s educational needs with regard to cervical sampling.</td>
</tr>
<tr>
<td>Variety of assessment</td>
<td>Flexible delivery methods to allow for equitable access by participants</td>
<td>There needs to be consideration given by practice areas that they can meet the learning needs of course participants. There may be the potential for the involvement of other clinical areas to provide experience for the participant.</td>
<td>Supervisors need to identify whether a learning need can be met by the participant’s clinical area and if not seek other access e.g. can sufficient varied opportunities for taking cervical samples be available to the participant for supervision over a three month period, if not organise visiting another clinical area.</td>
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* Where participant is unable to identify appropriate supervisor in their practice who fully meets the Standards for Education Providers: Cervical Cytology in Clinical Practice, the course organiser must be able to provide an alternative appropriate supervisor for the participant to take part in the course / programme.
4.5 Structure

The stand alone courses should normally be around three months in length and include practical assessment which consists of direct observation of obtaining a cervical cytology sample by suitably qualified supervisors until the participant is assessed as competent.

Assessment of the competence of individuals will be made by the educational provider and supervisor in line with the approved course outline.

4.6 Educational focus

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

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

- Aims, objectives and overview of cervical screening programmes
- Anatomy and physiology
- Practical aspects
  - Initial consultation (consent, chaperoning, privacy)
  - Preparation (positioning of the woman, equipment and forms)
  - Examination for taking the cervical cytology sample
  - Preparing and sending the sample
  - Informing and explaining the result to the woman
- Cervical Screening – Laboratory aspects
- Handling and understanding results
- Colposcopy – role in screening programme and the procedure within clinics
- Record keeping and SCCRS IT system
- Communication skills
- Women with additional needs e.g. cultural sensitivity, learning disabilities.
4.7 Pre-course preparation

Education providers should check the professional registration of potential participants and ensure that clinical placements are arranged and supported by employers.

Access to SCCRS must be organised following local protocols, prior to the course commencing.

Participants should be encouraged, as adult learners, to access relevant material in preparation for the course including a basic understanding of SCCRS. Information and pre-course reading should be made readily available, including The Cervix Chart for sample takers in Primary Care (available from Health Boards).

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 practitioners may supervise cervical examination and sampling but the responsibility for the overall assessment of the participant remains with the designated supervisor.

Currently, a range of criteria are used to identify supervisors for participants in cervical screening. These allow for contextual differences, and maintain a degree of quality assurance. The identification of supervisors will be done in partnership between educational providers and service partners.

4.8 Preparation and support of the designated supervisor

The supervisor will normally be an experienced current practitioner who can demonstrate personal knowledge and competencies in cervical cytology. In addition they should have undertaken a recognised programme of learning with regard to cervical screening and undertaken update training in the last three years (see page 14 for update learning information)

Prior to the course commencing, the education provider should brief the supervisor on:

- Course content and structure
- Learning outcomes to be achieved
- Assessor role in the support, supervision and assessment of the participant.
During the period of the audit the supervisor should maintain regular contact and discuss progress. Also the supervisor, or an equivalent deputy, should be available to assist with cervical sampling if required.

A final evaluation session to discuss the audit report should take place within a nine month period.

Geographical barriers to accessing courses may exist for some health care practitioners thus flexibility in delivery is an important consideration, e.g. blended learning.

4.10 Assessment strategy

The expected level of competence will be demonstrated through assessment of both theory and practice. To facilitate this, each student will maintain a portfolio of assessment with a log of directly observed samples and achievement of the stated learning outcomes. An audit of 20 samples reporting unsatisfactory rates should be included within the assessment strategy.

It is anticipated that the participants’ portfolio, together with observation of their practice will provide the supervisor and educator with the evidence to judge their competence in cervical cytology sampling. They will be expected to ‘sign off’ the assessment in practice by using a standard observation matrix. 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.

4.11 Teaching

To enable participants to achieve the learning outcomes, education providers must include clinical experts within their course team. These may include practitioners such as experienced practice nurses, laboratory staff, colposcopy nurses, general practitioners, gynaecology medical practitioners and others. Access to teaching support materials such as anatomical models and cervical cytology sampling equipment is required.

4.12 Staffing levels

Education providers will be expected to demonstrate that there are sufficient teaching staff and supervisors to support the course.
5. Update Learning in Cervical Sampling

Active cervical sample takers should undertake update learning every three years.

The content of the update training should include the following topics:
- Overview of basic concepts and recent development in the field
- Human papilloma virus
- Current developments in SCCRS
- Recent literature relevant to cervical screening
- Changes to national screening policies and procedures
- Personal reflection on recent cervical cytology activity including regular audit.

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

Health Boards should choose the type of education update by taking into account the geography and demographics. Varying types of learning activity include:
- a half day face to face session
- facilitated small group learning session
- e-learning.

Education providers, including universities, health professional organisations and professionals within Health Boards should seek advice on the proposed content from local cervical screen co-ordinators within Health Boards.

Education providers and employers should be able to advise health professionals on the suitability of update content. More than a short update session may be required for someone returning from a career break. In this instance repeating an initial course or repeating a process of assessed supervision may be more appropriate.
Appendix 1

Process for Development of Standards for Education Providers: Cervical Cytology in Clinical Practice

1. Review of literature and existing provision in Scotland and wider UK.
2. Draft educational standards discussed and reviewed with existing Scottish Education Providers.
3. Discussion and review by Cervical Sample Training - Short Life Working Group (Scottish Government).
4. Generalised agreement with draft educational standards from stakeholders at all levels.
5. Production of Standards for Education Providers: Cervical Cytology in Clinical Practice.
Appendix 2

Membership of Consultation Groups

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Existing Stand Alone Education Providers in Scotland

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- **Bernadette Campbell**  
  Primary Care Support Nurse, Practice Nurse Advisors Team, NHS Greater Glasgow and Clyde
- **Julie Orr**  
  Lecturer, University of the West of Scotland
- **Kirsten Kernaghan**  
  Sexual Health Nurse, Napier University / NHS Lothian
Appendix 3  Literature search briefing report

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 5 questions to be addressed by the literature search:

Key questions

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

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

3. Do healthcare professionals trained in taking cervical smear samples require continuous/repeated training post-qualification?

4. What evidence is there for an optimal time lapse between training sessions on cervical smear testing?

5. 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 1st and 9th 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 organizations and improvement organizations.

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 (8 secondary publications and 8 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, Ireland and New Zealand all consider training to be essential for smear takers. Smear taker training is expected to cover both theoretical content and practical training.

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 5 samples being taken by the trainee. Following this initial sampling period the trainee and mentor decide if further direct supervision is needed. Each healthcare professional should then take a minimum of 20 cytologically adequate samples within 9 months of beginning the training course. Access to a mentor during this 9 month sampling period is essential.

In Wales healthcare professionals are recommended to take at least 20 samples per year to maintain their competence in smear taking. 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.
The New Zealand Cervical Screening Programme recommends a minimum of 30 smears per year to maintain clinical competence in sample taking. Smear takers who consistently perform below the expected standard are advised to seek assistance from a peer supervisor or screening programme lead. 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 3-5 smears following the gap period.

**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. This framework sets out fifty-seven criteria on cervical screening “knowledge and understanding” and a further twenty-seven criteria relating to performance of cervical sampling. 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.

In Wales smear takers are expected to conform with the All-Wales Screening Policy and relevant Cervical Screening Wales protocols.

The cervical screening programme in New Zealand has defined nine competency areas that smear takers are assessed against. These criteria cover preparing women for cervical screening (4 competencies), taking cervical smears (3 competencies) and interpreting smear results, initiating follow-up action and completing documentation (2 competencies).

**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, Ireland and New Zealand all recommend that healthcare professionals undergo update training post-qualification to maintain their skills in smear taking.

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. 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. The English screening programme supports the use of e-learning modules for update training provided they meet local and national requirements.

Cervical Screening Wales recommend all staff involved in primary care smear sampling update their knowledge at least every three years. In Ireland smear takers are required to complete a CervicalCheck recognized course on smear taking within 3-5 years following registration, followed by a CervicalCheck accredited clinical update session on a three yearly basis.

The New Zealand screening programme recommends smear takers attend one update session per year to maintain their competence in taking smear samples. 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.

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. In Ireland an annual rate of unsatisfactory or inadequate samples greater than or equal to 2% indicates the healthcare professional may require retraining.

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

A resource pack for trainers of sample takers, published by the cervical screening programme in England, was the only literature identified on the training requirements of trainers or assessors.

The resource pack identifies the following training requirements, skills and

*CervicalCheck is the name of the Irish national cervical screening programme*
qualifications for trainers delivering training on cervical smear taking:

- Good teaching and communication skills
- Ideally a teaching qualification
- 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.

References


Bibliography of primary literature


- Practice nurses will be trained to carry out LBC smear test... liquid based cytology. Pract Nurse. 2003;26(8):6.

Appendix 4: Useful Resources

EXAMPLE PERSONAL RECORD BOOK:

CERVICAL CYTOLOGY TRAINING

Personal training record

Cervical cytology sample takers should have a personal training record, including attendance at taught courses, supervised practice, visits to cytology laboratories and colposcopy clinics and update training. Supervisors should agree an action plan with the trainee before he / she takes unsupervised samples of a minimum of 2 observed by trainee and 5 direct supervision of trainee by supervisor.

SUMMARY OF TRAINING

Name ______________________________________________________________

Current role _______________________________________________________

Commencement of training (date) ______________________________________

Completion of theoretical course (date) _________________________________

Submission of Summative Assessment (date) ____________________________

Result of Summative Submission  Pass ☐  Resubmit ☐

Visit to cytology laboratory (if undertaken) _____________________________

Date_________________________  Laboratory __________________________

Signature of cytologist in charge ______________________________________

Visit to colposcopy clinic (if undertaken) _______________________________

Date_________________________  Clinic _________________________________

Signature of colposcopist in charge ____________________________________

Completion of practical training _______________________________________

Date_________________________  Signature of mentor / supervisor _________

Completion of training ______________________________________________

This is to certify that ________________________________________________

has satisfactorily completed training and is competent in taking samples for cervical cytology sample taker.

Date_________________________  Signature of trainee _____________________

Signature of Supervisor ______________________________________________

RECORD SHEETS FOR PRACTICAL TRAINING AUDIT

(one sheet should be completed for each of 20 samples taken)

Name of trainee _____________________________________________________

Sample number ___________________________  Date of sample _____________

Observation ☐  Supervised ☐  Unsupervised ☐

Client details

Age ______  Date of last test _____________  Date of LMP ______________

Screening history ____________________________________________________

Reason for this test

Routine call ☐  Opportunistic ☐  Routine recall ☐

Follow up after treatment ☐  Previous abnormal ☐  Other ☐

Previous inadequate ☐
## ESSENTIAL FINAL CLINICAL ASSESSMENT CHECK LIST

### Welcoming the woman
- Giving information and answering questions
- Checking details for the cytology request form
- Taking a history
- Providing privacy
- Offering a chaperone

### Visualising the cervix
- Positioning the woman
- Choice of speculum
- Inserting the speculum
- Assessing the cervix

### Taking the sample (LBC)
- Sampling the cervix
- Transferring the cells
- Removing the speculum
- Preparing and sending the sample

### Ending the consultation
- Explaining how and when results will be received
- Completing the cytology request form
- Completing the woman’s records (SCCRS)
- Handling and understanding results

### Infection control and disposal of waste

### Self assessment comments by participant:
UPDATE TRAINING

Date _______________________

Resource / Organiser / Venue

_____________________________________________________________________

Subjects covered _____________________________________________________

_____________________________________________________________________

Self reflection by sample taker

Current unsatisfactory / inadequate rate _________________________________

Current positive pick-up rate ________________________________________

Signature of sample taker ____________________________________________