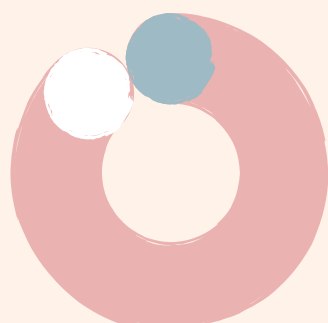
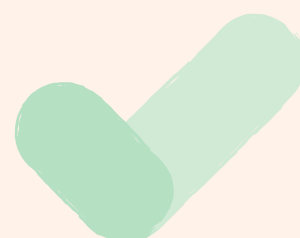
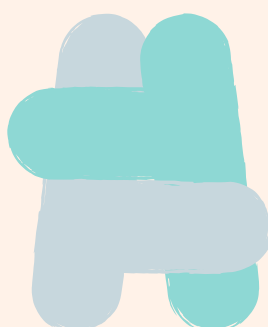
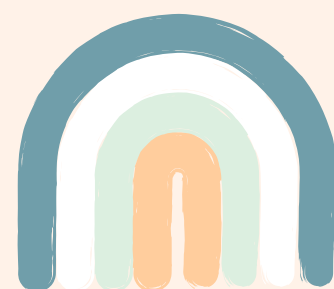
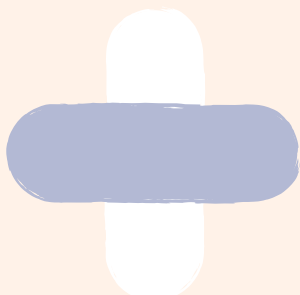
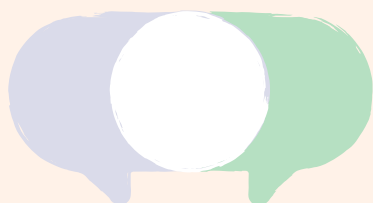
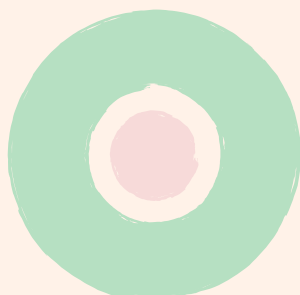
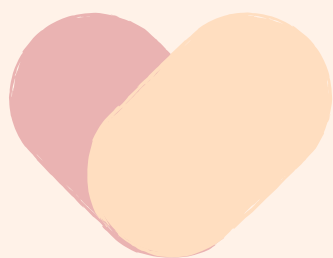
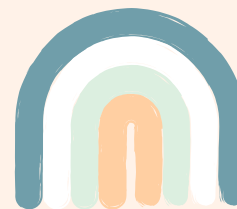


Cervical Screening Education Standards



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Introduction

NHS Education for Scotland (NES) is an education and training body and a national health board within NHS Scotland. NES are responsible for developing and delivering healthcare education and training for the NHS, health and social care sector and other public bodies. NES have a Scotland-wide role in undergraduate, postgraduate and continuing professional development.

In 2020, the General Practice Nursing workstream within the Medical Directorate at NES was asked by Scottish Government to undertake a review process of the NES Standards for Education Providers: Cervical Cytology in Clinical Practice (2013). The result of that review process was the production of this revised set of cervical screening education standards. These standards have been updated to reflect the current context. They seek to maintain Scotland's culture of continuous improvement in cervical screening practice.

The new standards are structured around six key messages:

- + The standards **promote a culture of high quality and continuous improvement** in cervical screening practice.
- + The standards **create a flexible framework** that will continue to be consistent with national policy and the programme requirements.
- + The standards **provide guidance on the responsibilities** of the education provider, trainee sample takers, practice assessors, and supporting organisations.
- + The standards **ensure a consistent level of education** so that sample takers can provide safe, effective, person-centred care.
- + The standards ensure that **training courses will be transparent, transferable and of a high quality to support the safe and effective delivery of the screening programme.**
- + The standards are supported by a **quality assurance** mechanism to ensure they support the full range of learning outcomes across the lifecycle of the cervical screening programme.

Impact of the new standards

Scotland's cervical screening education standards emphasise continuous improvement in quality through the lens of the person experiencing care. They further embed a rights-based approach, where education focuses on addressing barriers to access and is responsive to the diverse needs of those experiencing cervical screening services. This inclusive approach is designed to promote both uptake and a positive experience for all.

Purpose of the standards

These educational standards aim to ensure a culture of high quality and continuous improvement in screening practice, that is consistent with national policy and the programme requirements. They aim to provide clarity on the responsibilities of the education provider, trainee sample takers and practice assessors. They provide guidance on the responsibilities of various supporting agencies, including professional registration bodies.

The standards set out the criteria for the training that will be designed to ensure that sample takers receive a high and consistent level of education so that they can provide safe, effective, person-centred care. It is important that all courses are transparent, transferable, and equitable so these are key underlying principles of the standards. In support of the standards, a quality assurance mechanism and process will ensure there is robust governance on an ongoing basis.

Who are they aimed at?

The education standards are aimed at supporting cervical screening practice through effective training and education. Those directly involved in the learning processes, such as sample takers, trainee sample takers, primary and secondary care clinicians, and education providers are the main audience. They are also aimed for those who manage clinical teams, such as practice managers and GP's.

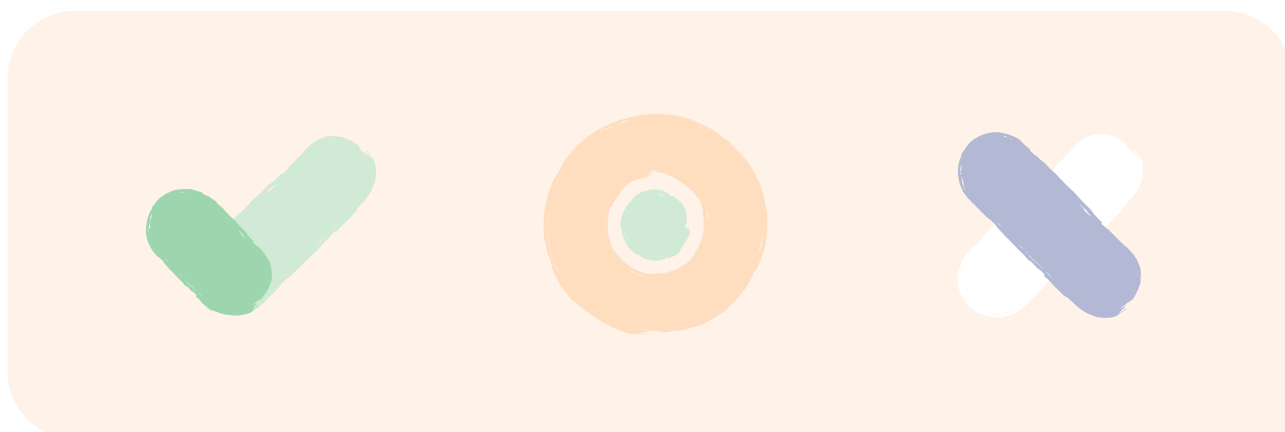
This document may also be a useful resource for administrative staff involved in supporting aspects of the cervical screening programme.

There are approximately 2,500 registered nurses working in general practice in Scotland. It is acknowledged that this workforce provides the majority of the cervical samples obtained in general practice.

Terminology

Where possible, generic terminology has been used which can be applied across all health settings. However, to add clarity, we have explained some of the terminology used below:

- + **Woman:** The term women is used throughout this document. Those who are eligible for cervical screening also include anyone with a cervix, trans men and non-binary people.
- + **Education provider:** The Higher Education Institution (HEI) or Health Board providing cervical screening education.
- + **Sample taker:** The person taking the sample. They must be a registered healthcare professional who has completed a recognised cervical screening education programme. The training should only be accessed by those who are expected to undertake cervical samples as part of their role. Further information is available on page 14.
- + **Trainee sample taker:** A registered healthcare professional undertaking the cervical screening education programme.
- + **Practice Assessor:** The role of a mentor has been updated to Practice Assessor. The role of the practice assessor is to oversee, support and assess the competence of learners, in collaboration with NHS Education for Scotland, during the period of learning in practice. Further information and guidance is available on page 18.



Current context

In March 2020 around the same time as the Covid-19 pandemic was declared, high risk Human Papilloma Virus (Hr-HPV) testing replaced cervical cytology as the primary test in Scotland; this was done due to recognition that HPV causes 99.7% of cervical cancer ^{1,2,3}.

Hr-HPV testing is performed on liquid-based cytology samples, which means that there are no changes in how the sample takers practically perform the test. Lab processing of Hr-HPV samples is different, and subsequently the pathways and follow-up will differ according to the test results. Table 1, below, gives further details of these changes.

Table 1: Contrasts / similarities¹

Previous cervical screening

Cervical cytology is primary test

Screening routinely offered age 25–49 every 3 years, and 50–64 every 5 years. Those on non-routine screening are invited up to age 70

Seven processing laboratories

A minimum of 80% of individuals receive their screening result within 14 days

HPV primary testing

Hr-HPV is primary test using automated platform

Screening routinely offered age 25–64 every 5 years. Those on non-routine screening will be invited up to age 70

Two processing laboratories (Greater Glasgow and Clyde, and Lanarkshire)

A minimum of 80% of individuals receive their screening results within 14 days

Coronavirus

The COVID-19 pandemic has impacted cervical screening and the colposcopy referral process across the world. The national screening programme in Scotland was paused in March 2020 and resumed in June 2020; patients reported concerns about the risk of contracting coronavirus if they attended an appointment⁴. Screening centres had to make changes to working practices to incorporate the necessary precautions. As such, additional personal protective equipment (PPE) was required for staff to undertake screening and reduced the capacity for appointments⁵.

In addition, it also impacted the way in which education and training is delivered. Like many other education courses, cervical screening education was moved to online delivery. This meant that simulated practice was not possible, and visits to colposcopy and the labs were unable to go ahead.

The COVID-19 pandemic has led to more flexible approaches to both training and screening delivery being more widely considered and adopted. For example, some inconclusive evidence around the requirement for simulated practice in cervical screening education has motivated a move to more online delivery of education. This move was supported by a NES pilot that was carried out between November 2020–July 2021 in which a cohort of nurses successfully completed their competencies without undertaking simulated practice. All trainees reported a positive learning experience. These standards are responsive to the identified new approaches and can be adapted to changing methods of education delivery.

Self-sampling HPV Test

Primary HPV testing by the use of HPV self-sampling kits is a convenient method to increase screening participation and coverage⁶. It is not currently part of the screening programme in Scotland, however it is already underway in countries such as Australia and Denmark and is currently being trialled in England and Scotland⁶. It is important to note that even with the introduction of self-sampling, cervical screening will still be offered by healthcare professionals in a clinical setting. When writing these standards, the project team and expert consultation group considered the impact that self-sampling might have on the practical requirements of cervical screening education. As a result, changes that more accurately reflect current practice have been made, most notably in the samples trainees are required to take to achieve competency.

Cervical Screening uptake

Despite being a preventable disease, cervical cancer remains a global health concern³; being one of the leading causes of death from cancer in women worldwide, a trend that is unfortunately projected to continue to increase³. On average, six people in Scotland are diagnosed with cervical cancer each week and cervical cancer accounts for 2% of all new cancer cases in women throughout the UK^{7,8}. For women aged under 35 years of age in Scotland, cervical cancer is now the most common type of cancer diagnosed⁷.

To address cervical cancers, national Cervical Screening Programmes are offered to women aged 25 to 64 years across all areas of the UK. This can include people from the following list, providing that these individuals have not undergone a total hysterectomy:

- + cis-gender women (a person whose sense of personal identity and gender corresponds with their birth sex)
- + trans men
- + people who are non-binary who were assigned female gender at birth

Importantly, individuals who have undergone screening and have received results which demonstrate cervical cell changes requiring further investigation or follow up, will continue to be invited for further screening up to 70 years of age.

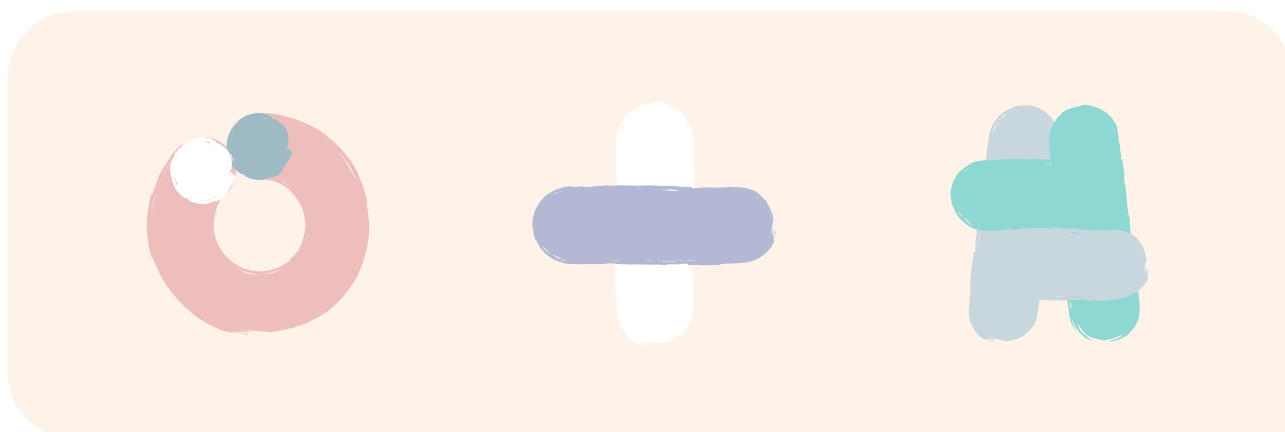
As most cases of cervical cancer develop in unscreened or under-screened individuals it is important that attention is directed at engaging those who have difficulty accessing the service and enable practices/clusters to design targeted interventions that will resonate with specific groups and individuals. Cervical screening uptake is below the NHS cervical screening target of 80%

needed to significantly reduce the incidence of cervical cancer. One in four people in the UK do not attend cervical screening. Several studies have identified lower participation from people from the following groups⁹:

- + those from high areas of deprivation
- + those aged between 25-34 years of age
- + black and minority ethnic people
- + those with learning or physical disabilities
- + lesbian and bisexual individuals
- + those who are eligible from the transgender community

The distribution rates of cervical cancer are not found equally throughout society, with higher rates consistently found in those who are of lower socioeconomic class 8. In 2019/2020, uptake for those aged 25 to 64 in the least deprived areas of Scotland was 75.5% compared with 65.3% in the most deprived areas⁹.

People from socially marginalised groups have difficulty accessing cervical screening services. These groups include the transient population, Roma/gypsy population, and those leading chaotic lifestyles preventing attendance¹⁰. Some have a poor understanding of the importance of attending screening. Studies exploring screening non-attendance suggest a wide range of barriers however there appear to be common, re-occurring practical and emotional barriers¹¹. The Scottish Government's 2016 Scottish Cancer Strategy 'Beating Cancer: Ambition and Action' sets out a clear commitment to reduce inequalities in cancer screening¹².



How were the revised standards developed?

During the development of the standards, an expert consultation group representing sample takers, education providers, Health Boards, policy, and the third sector was established. The standards were developed considering the different stakeholder perspectives.

The standards have been developed based on current evidence and practice. However, at times the evidence was partial, incomplete, or unclear. As such, in these circumstances decisions were made based on the survey result findings, workshop outcomes, and clinical consensus reached between the expert consultation group.

Membership of the expert consultation group is included at Appendix 1.

Literature Search

A literature search on sample-taker education was carried out by NES, Knowledge Services in February 2020. A revised and expanded list of search questions was compiled in July 2020, and the search results were re-examined to identify any potential answers.

An additional search was also requested on other clinical skills, such as cardiopulmonary resuscitation and venepuncture to see if the broader literature may answer a subset of the search questions. Alternative practices in other countries were also considered.

The full literature search was published alongside these standards and can be accessed on the [Turas Learn](#).

How were the revised standards developed?

Surveys

As part of the discovery phase of the project, three separate surveys were distributed to the following groups:

- + sample takers,
- + education providers, and
- + consultation group members.

Each survey comprised a set of questions, in a range of different question formats. They sought to capture evidence and attitudes in relation to the existing standards and expectations of what the review process would cover.

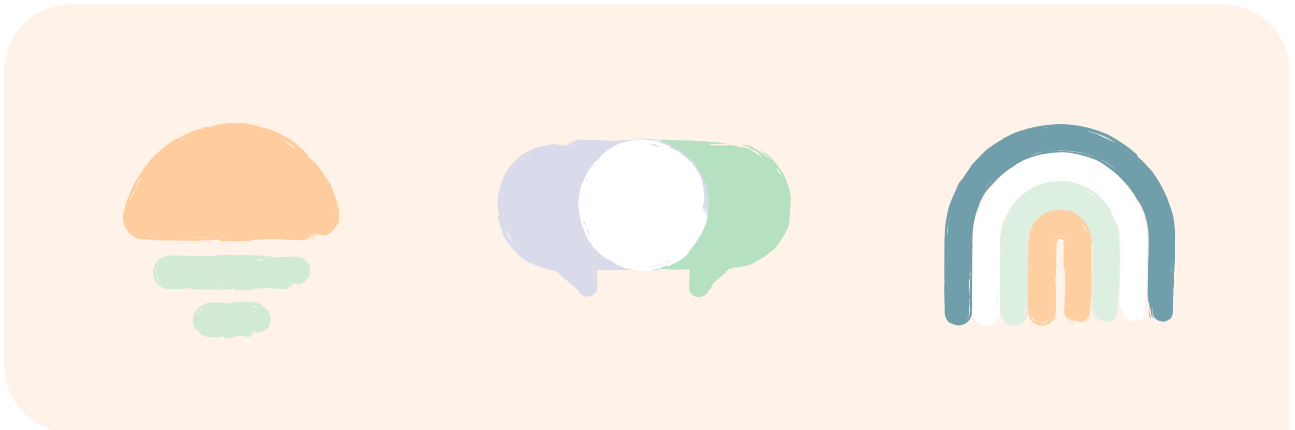
Workshops

Provided in advance with the survey results and the literature review, which included information on alternative practices in other countries, the consultation group met to review research questions.

The following five questions were brought to the group in December:

1. How many supervised, and indirectly supervised, satisfactory samples do learners need to achieve for competency?
2. How frequent should update training be?
3. Who needs to take update training?
4. What topics, and activities should update training include?
5. Is there a minimum number of samples that need to be taken to maintain competency?

Following these meetings, the project team met to review the findings. An anonymised poll was issued to consultation group members with options derived from the December meetings. Based on the majority votes, the project team used the expert opinions of the consultation group members to inform the revised standards.



Governance

In order to ensure that the benefits of these standards are realised, and that the quality of training is assured a governance mechanism will be established.

Employers have a responsibility for all other practice/clinical elements and clinical governance in their own areas, including ensuring practitioners are appropriately trained.

When thinking about how the new standards will be embedded within the system and monitored throughout their lifecycle, it is important to ensure robust governance mechanisms become routine, and providers are regularly undertaking self-evaluation against them.

The proposed governance arrangements will include:

- + Elements to support self-evaluation where education providers regularly review themselves against the standards. This will ensure that those using the standards and the system can be confident that quality of training is supported by a culture of continuous improvement.
- + Three yearly external quality assurance will take place and will consider the outputs of self-evaluation and supporting evidence. This will ensure that there are assurances for the national programme, Scottish Government and the participants using the screening programme.



National Services Division

NSD provide national coordination for the Scottish Cervical Screening Programme. Coordination means NSD brings together the people who commission screening, including:

- + NHS Boards
- + Public Health Experts
- + Programme Clinicians
- + Managers and Staff
- + IT and Communication Experts

Alongside others, they connect to discuss and agree protocols and pathways. As the programme helps to continuously improve services, good risk and adverse event management are also taken into account.

NSD also commission two aspects of the programme; the two cervical screening laboratories which carry out testing of samples and the Scottish Cytology Training School, which provides training and CPD for laboratory staff.



Screening Coordinators

Each Board has a screening coordinator. They are usually a consultant or specialist in public health. They oversee the delivery, quality and effectiveness of the screening programme. Their role is:

- + to liaise with all staff involved in the programme staff both locally and nationally to provide a public health perspective and co-ordinate delivery of the programme.
- + to take a lead role in ensuring that the programme is delivered in a way that achieves equity of access and outcomes amongst the eligible population.
- + to ensure all aspects of the programme are monitored against the appropriate quality standards.
- + to take appropriate immediate action when there is a risk to patient safety and also to escalate appropriately

- + to link the screening programme with all other appropriate services provided within the Health Board and beyond.
- + to advise the Health Board on how best to improve the effectiveness of the programme.
- + to be the Health Board spokesperson and lead for promotion of the screening programme.
- + to co-ordinate the delivery and monitoring of any recommended developments to the local screening programme.

In addition, with regards to new screening programmes, screening coordinators are expected to contribute to the planning, implementation and co-ordination of delivery of any newly recommended screening programme.



Laboratory

There are two cervical screening laboratories in Scotland, which are commissioned by NSD. One in NHS Lanarkshire, at the Monklands site and one in NHS Greater Glasgow and Clyde at the Queen Elizabeth University Hospital. They provide molecular virology, cervical cytology and related histology and administrative services to support and deliver cervical screening to the relevant standards, which are set by external regulatory bodies.

Each screening laboratory has a designated clinical lead. The clinical lead and lead biomedical scientist in the processing labs have responsibility for ensuring the delivery of both the HPV primary screening test and the cytology triage test for those cases that are HPV positive.

The laboratory leads or the staff within the lab will be the primary point of contact for any queries on samples and results including:

- + Management advice for women
- + Turnaround times for samples
- + Problems with samples such as out of date vials.

There are a number of non-screening laboratories which support the screening laboratories by carrying out tasks like:

- + Separating screening samples out from other specimens and sending them to the screening laboratories
- + Entering flags and information into SCCRS
- + Arranging the ordering, delivery and distribution of sample taker consumables



Colposcopy

If a screening test result shows that HPV was found and cell changes seen, participants are referred on to a Colposcopy service for assessment and / or treatment. Each Health Board has a Colposcopy service, with the exception of some smaller Boards, who refer on to their nearest service. Each Colposcopy service has a designated Lead Colposcopist who is responsible for:

- + Producing and reviewing protocols in line with national guidance
- + Collecting data in relation to the BSCCP National Minimum Data Set

- + Auditing the service to ensure it meets national targets
- + Ensuring staff in the service are appropriately trained and accredited
- + Liaising with the screening coordinator around any issues which may arise
- + Convening regular multi-disciplinary meetings to discuss cases and review protocols



Call/Recall (CRO)

Each Health Board has a Call/Recall Office, or CRO. They are the first point of contact for Sample Takers regarding any queries about the use of the Scottish Cervical Call Recall System (SCCRS).

CRO have an overall remit for the Quality Assurance of SCCRS and to ensure that all eligible individuals are called and recalled appropriately according to their screening history.

Each Health Board has a nominated Call/Recall contact. There is also a SCCRS Authoriser in each Board, who can create new SCCRS accounts. They usually sit within Call/Recall. You can find the contact details for both on the [Scottish Cervical Call/Recall System website](#).



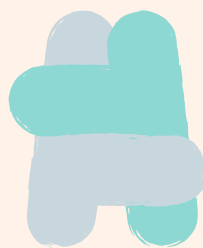
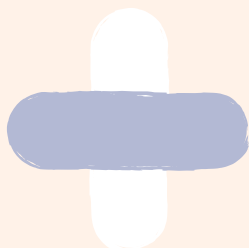
Lead Clinician

The Scottish Cervical Screening Programme as a whole has a Lead Clinician. They are a healthcare professional with extensive experience in cervical screening. Their role is to:

- + provide leadership and expertise to the Scottish Cervical Screening Programme throughout business as usual and while implementing any change

- + work collaboratively with the Senior Programme Manager and other programme stakeholders to deliver the objectives of the programme.

They work closely with colleagues in NSD to oversee the delivery of the programme.



The standards



The standards **promote a culture of continuous improvement** in cervical screening practice.



The standards **create a flexible framework** that will continue to be consistent with national policy and the programme requirements.



The standards **provide guidance on the responsibilities** of the education provider, trainee sample takers, practice assessors, and supporting organisations.



The standards **ensure a consistent level of education** so that sample takers can provide safe, effective, person-centred care.



The standards ensure that **training courses will be transparent, transferable and of a high quality to support the safe and effective delivery of the screening programme.**



The standards are supported by a **quality assurance** mechanism to ensure they support the full range of learning outcomes across the lifecycle of the cervical screening programme.

Initial education

Aim of the initial education

The education focuses on enabling registered healthcare professionals to undertake cervical screening consultations. This includes cervical sample taking in conjunction with a person-centred consultation that demonstrates best practice and promotes engagement and participation within the Scottish cervical screening programme.

Who is eligible to undertake the training?

Cervical screening should only be carried out by a registered healthcare professional who has completed a recognised cervical screening education programme, with access to ongoing continuous professional development. The training should only be accessed by those who are expected to undertake cervical samples as part of their role.

All trainees require access to clinical practice areas where cervical samples are taken and a suitably qualified practice assessor. Please see page 18 for further information.

It is expected that any healthcare professional undertaking the training will have access to ongoing continuous professional development. This will enable qualified sample takers to keep up to date with developments in the programme and ensure they maintain professional accountability, in accordance their professional registration body.

How long does the training take?

The initial training should take no longer than 26 weeks from enrolment through to completion.

There may be exceptional circumstances where this is not possible. It is important that trainee sample takers discuss any concerns with their education provider as soon as they arise. Extensions can be granted up to a maximum of 12 months.

If a trainee sample taker exceeds 12 months, then they must retake the initial training course again as there is a risk that they miss key changes that have occurred in the screening programme.

How should the initial training be delivered?

The training can be stand alone or integrated into existing programmes for registered healthcare professionals. The theoretical aspects of the training can be delivered either online or face to face. The practical aspect must take place in a clinical setting, normally the trainee sample takers place of work. However, clinics can also be arranged in other locations if required.

Cervical screening initial training must be delivered by a Health Board or Higher Education Institution.

Pre-course preparation

Education providers

- + The education provider must check that participants are UK registered healthcare professionals who meet the eligibility criteria which allows them to train and undertake the role of cervical sample taker.
- + The education provider must be available to support both the trainee sample taker and/or practice assessor to clarify any issues through various methods of communication.

Sample taker / Trainee sample taker

- + Provide the information requested by the education provider to evidence that they are a UK registered healthcare professional who meets the eligibility criteria which allows them to train and undertake the role of cervical sample taker.
- + Access to SCCRS must be organised following local protocols.

- + A basic understanding of SCCRS is expected prior to the course commencing. Information can be found on the SCCRS user section of the NSD website (please note that this resource can only be accessed over a secure NHS connection).
- + As adult learners, it is encouraged that relevant material is accessed in preparation for the course.
- + Ensure they have a designated and suitably qualified practice assessor who is responsible for facilitating appropriate learning opportunities and assessing practice. The trainee should discuss with their employer if they have issues identifying a practice assessor. Further guidance is available on page 18.

Learning outcomes

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

- + Apply knowledge of basic anatomy and physiology to recognise a healthy cervix and apply skills in the role of the health care professional in cervical screening.
- + Demonstrate knowledge of the incidence, pathophysiology and treatment of cervical cancer.
- + Understand the principles and criteria for screening and apply them to cervical screening, showing knowledge of the Scottish cervical call recall system (SCCRS).
- + Recognise common vulval, vaginal and cervical conditions.
- + Carry out person centred consultations
- + Initiate effective health education based on the health beliefs of the person and supportive conversations for any previous negative experiences and trauma informed practice.
- + Demonstrate awareness of primary HPV testing, clear understanding of results and offer appropriate responses in relation to cervical cell changes, Colposcopy pathways and treatment options.
- + Understand barriers and enablers to participating in cervical screening.
- + Understand the principles of taking correct cervical samples and ensuring correct preparation of the cervical samples which are dispatched safely to the laboratory for analysis.
- + Undertake and critically analyse a minimum of 5 supervised cervical samples that cover the whole patient consultation and a minimum 5 unsupervised cervical samples that cover the whole patient consultation.

Essential course contents for initial education

Anatomy and physiology of female reproductive system

Consultation skills

Cervical sample pathway

Cervical screening results pathway

Colposcopy overview

Laboratory overview

Scottish Cervical Call Recall System overview / links to resources

Sexual health overview

Equality and diversity

Barriers and enablers to cervical screening engagement

Menopause overview

Trauma informed care

It is recommended that the education provider maintains a record of course completion rates for reporting on an annual basis.

Assessment

The initial training course includes a mixture of theoretical and practical assessments. A breakdown of the **minimum clinical practice requirements** is summarised below in **table 2**.

The following coursework assignments should be submitted to the education provider to evidence competence:

- + A summative assignment, such as a quality improvement project
- + A completed learning log that has been agreed by the named practice assessor.

Table 2: Clinical practice / practical assessment (minimum requirements)

Trainee sample taker will:	Practice assessor will:	Trainee sample taker and assessor jointly will:
Observe at least two full person-centred cervical screening consultations	Facilitate the observation of at least two full person-centred cervical screening consultations	Discuss the full consultation undertaken and emotions evoked
Complete five supervised full person-centred cervical screening consultations—complete personal learning log	Facilitate five supervised full person-centred cervical screening consultations. Assess if learning, through observation and discussion, is now competent and confident to progress	Discussion and reflection on full consultations. Discuss anatomy and physiology, passing speculum, location of cervix and transformation zone, satisfactory sample taking and handling, including SCCRS
Complete five indirectly supervised person-centred cervical screening consultations—complete personal learning log	Support learner	
Audit own results	Assess learner’s sample results	Review SCCRS
Present completed learning log to Practice Assessor	Review learning log	Discuss learning log and assess outcome and sample taking proficiency

Who can be a practice assessor?

The role of a mentor has been updated to practice assessor in line with NMC Standards for Supervision and Assessment (2018) 14. The role of the practice assessor is to oversee, support and assess the competence of learners, in collaboration with NHS Education for Scotland, during the period of learning in practice.

Practice assessor responsibilities:

- + maintain current knowledge and expertise relevant to the proficiencies in cervical screening
- + have a clear understanding of the trainee sample takers theoretical learning and achievement
- + ensure sufficient opportunities to periodically observe the trainee sample takers in practice to inform decisions for competency sign off

Practice assessors should undertake preparation or evidence prior learning and experience that enables them to demonstrate achievement of the following minimum outcomes:

- + providing constructive feedback to facilitate professional development in others
- + knowledge of the assessment process and their role within it
- + interpersonal communication skills relevant to student learning and assessment

They should also continue to proactively develop their professional practice and knowledge to fulfil their role and understand the proficiencies and programme outcomes that the learner they assess is aiming to achieve.

Who can be a practice assessor for cervical screening training?

The practice assessor must be a registered practitioner who is proficient in undertaking cervical screening. Practice assessors should have undertaken a recognised cervical screening initial education course, which may have been part of their pre-registration education and also, attended their update training within the last 3 years. NES also recommend that the practice assessor has been conducting cervical sampling for a minimum of 12 months before taking on the role of assessor. An additional clinician who meets the practice assessor criteria can support sample taking supervision along with nominated practice assessor. However, the overall assessment of the trainee sample taker remains with the designated practice assessor.

More information is available on the [NMC website](#).

What support is available for practice assessors?

NES provide further information and support for practice assessors (nursing).

- + **NES website:** Teaching and learning in practice (some principles of teaching practice)
- + **Turas Learn:** Practice supervisors and practice assessors' learning resource unit 1-6

Maintaining competency

Both the sample taker and the employer are responsible for ensuring competency in cervical screening is maintained. Employers have an obligation to support the sample taker to maintain their competency by providing the opportunity for ongoing professional development. To ensure competency is maintained, it is a requirement for active sample takers to undertake update training every 3 years or sooner if deemed necessary. It is recommended that the education provider maintains a record of course completion rates for reporting on an annual basis.

Sample takers who have had a break in practice must attend the update training as a minimum.

They might also consider:

- + Retaking the initial training.
- + Asking an experienced sample taker to observe the first few samples (eg, three to five).

Who needs to take update training and how often?

Active sample takers are required to take the update training **every three years**. Health boards are required to provide ample opportunity to undertake cervical screening clinical updates.

Sample Takers who have come to Scotland from elsewhere in the UK

If a registered healthcare professional from elsewhere in the UK is expected to take cervical samples in Scotland, then they must do the **update training as a minimum**. This is because the screening programmes differ across the 4 nations.

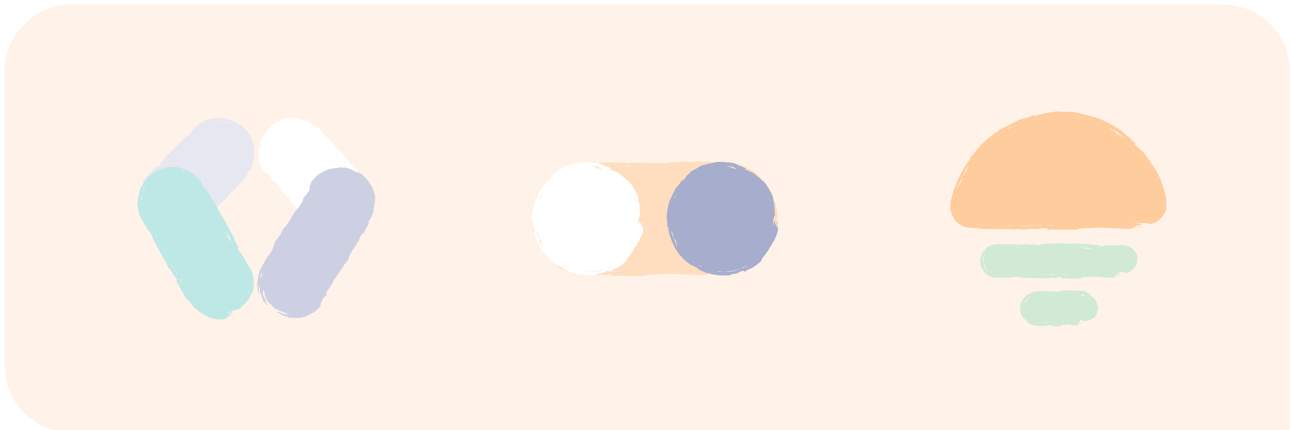
Content of the update training

Essential components of the clinical update are:

- + A revision of anatomy and physiology to recognise a healthy cervix and apply skills in the role of the health care professional in cervical screening.
- + A clinical update of Human Papillomavirus (HPV) and the principles of taking a correct cervical sample
- + Person centred focus for all consultations to initiate effective health education based on the health beliefs of the person and supportive conversations for any previous negative experiences and trauma informed practice.
- + All Scottish cervical call recall system (SCCRS) user updates
- + Education of primary HPV testing, results, colposcopy pathways and treatment options.
- + Discussion on the barriers and enablers to participating in cervical screening.
- + Sharing best practice across the profession.

Delivery of the update training

The update training should be delivered by Health Boards or Higher Education Institutions.



Appendices

Consultation group membership

Name	Organisation
Joanne Anderson	NHS Ayrshire and Arran
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Additional resources

- + Guidance and resources on how to promote uptake is available on the [Public Health Scotland website](#).
- + [Jo's Cervical Cancer Trust \(Jo's Trust\) website](#) has a wealth of information, including a [Good Practice guide](#) for practitioners.
- + The full literature search was published alongside these standards and can be accessed on [Turas Learn](#).

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This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk** to discuss how we can best meet your requirements.



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NESD1482 | Designed by the NES Design Service