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**Delivering cervical screening within a primary care practice or in non-primary care settings**

Cervical Screening Protocol

Audience: All staff involved in delivering a cervical screening service

|  |  |
| --- | --- |
| Adapted By: << insert name>> | Date developed: |
| Approved by:<< insert name>> | Date approved: |
| Implementation date: | Review date: |

|  |
| --- |
| **Responsible person for implementation:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designated person must ensure all involved in cervical screening in the practice have read, understood and agreed to adhere to the protocol. |

Before adopting this protocol for use in primary and non-primary care, the clinical healthcare professionals involved need to review and amend as appropriate prior to implementation.

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**Acronyms**

**CLCS** Clinical Lead in Cervical Screening

**CRD** Clinically Responsible Doctor

**CSPID** Cervical Screening Programme Identifier

**CSR** Cervical Screening Register

**DEASP** Department of Employment Affairs and Social Protection

**DOB** Date of Birth

**FGM** Female Genital Mutilation

**GDPR** General Data Protection Regulation

**GP** General Practitioner

**HDC** Hysterectomy Data Collection

**hrHPV** High Risk Human Papillomavirus

**HRT** Hormone Replacement Therapy

**IUCD** Intrauterine Contraceptive Device

**IMC** Irish Medical Council

**LGBTQI** Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual

**MCRN** Medical Council Registration Number

**NCRI** National Cancer Registry of Ireland

**NMBI** Nursing and Midwifery Board of Ireland

**OCP** Oral Contraceptive Pill

**PMB** Post-menopausal bleeding

**PCB** Post-coital bleeding

**PPPG** Policy, Procedure, Protocol, Guidelines

**PPSN** Personal Public Service Number

**SATU** Sexual Assault Treatment Unit

**STI** Sexually transmitted infection

**STU** Screening Training Unit

# INTRODUCTION

Cervical screening is a population-based health measure that aims to reduce the incidence and mortality of cervical cancer in Ireland.

The national cervical screening programme is administered via a call-recall system by CervicalCheck, the national cervical screening programme. The eligible population - women and people with a cervix aged 25 to 65 - is identified through public service records and via self-registration. The screening programme contacts eligible women living in Ireland via letter when their screening tests are due. The letter will be sent to the most recent updated address on the CervicalCheck website.

The majority of screening tests are carried out in primary care settings, with some tests also being taken in non-primary care and other clinical environments.

In order to meet the standards and requirements set out in [CervicalCheck *Standards for Quality Assurance in Cervical Screening Quality Assurance in Primary Care and Other Cervical Screening Settings* (2023)](https://www.cervicalcheck.ie/_fileupload/QualityAssurance/Quality%20assurance%20in%20Primary%20Care%20and%20Other%20Cervical%20Screening%20Settings.pdf) and to meet contractual obligations[[1]](#endnote-2), it is recommended that each practice develop and maintain a cervical screening protocol.

This protocol template for delivering a quality assured cervical screening service in a primary care/non-primary setting has been formulated through a joint effort between the CervicalCheck Programme Management, the Screening Training Unit, and the Professional Development Coordinators for General Practice.

It is designed for use by practices in the Republic of Ireland and is aligned with current national policy, standards and guidance for cervical screening. Please note that this is a generic template, and as such modifications may be required at individual practice level.

The template should be regularly reviewed and updated in the event of any changing policy or practice. Any primary care practice using the template should ensure that they access the most recent version at [www.cervicalcheck.ie](http://www.cervicalcheck.ie). Please email **STU@CervicalCheck.ie**, or your local Professional Development Coordinator for General Practice Nurses, if you have any questions about the use of this template.

This guidance document can be used to ensure that all aspects of cervical screening are delivered to a high standard within <<Insert practice name>>

# Protocol Purpose

The aim of this protocol is to facilitate the delivery of the cervical screening service to all eligible women and people with a cervix in line with the CervicalCheck [*Standards for Quality Assurance in Cervical Screening Quality Assurance in Primary Care and Other Cervical Screening Settings* (2023)](https://www.cervicalcheck.ie/_fileupload/QualityAssurance/Quality%20assurance%20in%20Primary%20Care%20and%20Other%20Cervical%20Screening%20Settings.pdf)

This protocol is also in line with:

* [Scope of Nursing and Midwifery Practice Framework](https://www.nmbi.ie/Standards-Guidance/Scope-of-Practice)

Nursing and Midwifery Board of Ireland, 2015

* [Code of Professional Conduct and Ethics for registered Nurses and Registered Midwives](https://www.nmbi.ie/Standards-Guidance/Code)

Nursing and Midwifery Board of Ireland, 2021

# Protocol Statement

This protocol recognises that cervical screening is an extended role for the Registered Nurse and Midwife (NMBI, 2015) in clinical areas of general practice and non-primary care setting such as gynaecology services, colposcopy services, STI (sexually transmitted infections) clinics and Sexual Assault Treatment Unit (SATU) services. This protocol applies current evidence-based guidance to the general practice setting for providing a high-quality cervical screening service.

# 3. Protocol Scope

This protocol is applicable to all general practice/clinic staff involved in providing a quality-assured cervical screening service, with the overarching objective of ensuring that women receive screening provided to a high standard in a sensitive, timely, and dignified manner.

Providing a high-quality cervical screening service encompasses comprehensive staff education and training, mandatory updates to maintain best practices, registration with CervicalCheck, accurate identification of eligible women, proactive promotion of screening participation with ease of access, and the provision of informed decision-making resources. It further emphasizes maintaining up-to-date information, creating a safe and respectful screening environment, taking a quality sample, meticulous sample tracking, failsafe procedures, and effective result management protocols.

Additionally, the protocol underscores the significance of data protection, confidentiality, incident reporting, complaint management and continuous professional development for all sample takers. Adhering to this Cervical Screening Practice protocol aims to uphold the highest standards in delivering screening services to patients.

# 4.Roles and Responsibilities

## **4.1 Clinically Responsible Doctor**

The Clinically Responsible Doctor is the GP/Medical Practitioner who holds a contract with CervicalCheck.

It is their responsibility to:

* Ensure all staff who are taking cervical samples are qualified and registered with the Irish Medical Council or the division of either Registered General Nurse or Registered Midwife with the Nursing and Midwifery Board of Ireland.
* Maintain professional registration for the period of time that they are registered with CervicalCheck and update the CervicalCheck Programme if there are any changes to work location.
* Ensure all sample takers working under the CervicalCheck contract are registered with CervicalCheck at their contracted work location and under each CRD in that work location.
* Undertake an introductory module "[CervicalCheck in Practice](https://nssresources.ie/course/view.php?id=80)" as outlined in the contract for registered medical practitioners for the provision of a primary care based cervical screening service under the National Cervical Screening programme.
* Support all sample takers to undertake an accredited cervical screening education programme
* Nominate a registered sample taker in the practice as Clinical Lead in Cervical Screening to oversee the management of cervical screening in the practice (see role in 4.2).
* Must inform CervicalCheck of any changes to registration details such as retirement. In this instance no screening tests should be taken 6 weeks prior to the retirement date to ensure all sample recall recommendations are actioned and all relevant documentation is complete prior to the retirement date.

## **4.2** **Clinical Lead in Cervical Screening (CLCS)**

All practices should have an allocated Clinical Lead in Cervical Screening (CLCS). The CLCS is responsible for overseeing all aspects of the screening service within the practice. The key responsibilities of the CLCS include communication, performance review, staff training arrangements and engaging with the failsafe systems relating to cervical screening.

Their role also includes:

* Ensuring that the registered sample takers who are undertaking cervical screening have read, understood and will adhere to this protocol.
* Assigning roles and responsibilities to practice staff in relation to the management of cervical screening in the practice; this will include the administrative staff who are involved in promoting screening and making appointments.
* Ensuring appropriate equipment and consumables are available and maintained in the clinical area.
* Delegating audit and monitoring of the guidance as appropriate

## **4.3** **Registered Sample takers**

A registered sample taker is an appropriately qualified clinician who is registered with CervicalCheck as a Healthcare Professional to take cervical screening samples.

Their responsibilities include:

* Must be correctly registered with CervicalCheck as a sample taker under **each** Clinically Responsible Doctor (CRD) within the practice, and be aware of their cervical screening sample taker ID when completing the cervical screening form
* Ensuring they are up to date with best practice in cervical screening and are working within their scope of practice whilst providing a quality assured cervical screening service as outlined in the [Standards for Quality Assurance in Cervical Screening Quality Assurance in Primary Care and Other Cervical Screening Settings](https://www.cervicalcheck.ie/_fileupload/QualityAssurance/Quality%20assurance%20in%20Primary%20Care%20and%20Other%20Cervical%20Screening%20Settings.pdf)
* Ensuring all women attending for cervical screening are eligible for the test by using the online [eligibility checker](https://apps.cervicalcheck.ie/check-eligibility/check-eligibility.596.checkeligibilityv2.html?gclid=EAIaIQobChMIuLmByLPZgQMVl-3tCh0x3QZFEAAYASABEgJG7_D_BwE&gclsrc=aw.ds) on the CervicalCheck website
* Ensuring that all women attending for cervical screening have received information on the screening programme in an appropriate format to support them to make an informed choice. Multilingual information sheets and information videos are available to support

sample takers in providing the correct information here: [Multilingual forms](https://www.cervicalcheck.ie/cervical-screening-test-guidelines-and-forms/forms-reference-documents-and-reports.16279.html)

* Accurately completing the cervical screening form in line with the Quality Assurance requirements, ensuring accuracy and completeness in all aspects of the form [Reference document on completing the screening form](http://chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.cervicalcheck.ie/_fileupload/Health-professionals/How_to_complete_the_CervicalCheck_Cervical_Screening_Form.pdf)
* Ensuring that the woman has reviewed that her details on the form are correct and signs her consent on the form. Third party consent will not be accepted without specific legal basis
* Recording the sample taker identification number and the Clinically Responsible Doctor’s number on the screening form
* Ensuring the use of consumables provided by CervicalCheck and checking the expiry date of vials prior to taking a sample.There must be at least 42 days viability on the vial.
* Verifying the correct demographic details have been entered on the form and the vial, and the detachable barcode from the vial has been attached to the screening form.
* Ensuring the sample is added to the practice log (either digital or manual), which can be used as a failsafe mechanism to record dispatch dates and result management
* Ensuring the sample and form are stored in the dispatch box and all samples are dispatched at least every 3 working days to the designated screening laboratory
* Advising the patient on when and how she will receive her result
* Ensuring that a result is received on all samples submitted to the laboratory by checking the practice log regularly and identifying any results that have not yet been received
* Ensuring that all patients are informed of their results. For any results that require follow up actions, the woman must be notified by telephone which may be followed up by a face-to-face consultation if requested by the woman.
* Awareness of roles and responsibilities in relation to referrals and failsafe ([Click here for guidance on Failsafe procedures](https://www.cervicalcheck.ie/respond-to-failsafe-request/failsafe-requests.16273.html)).
* Maintaining clinical competence through CPD by participating in CervicalCheck clinical and programme updates at least once every three years.

# 5.Education and Training Records

CLINICALLY RESPONSIBLE DOCTOR(S)

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | MCRN | CERVICALCHECK CONTRACT SIGNED (DATE) | CERVICALCHECK CONTRACT CESSATION (DATE) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

The following staff are appropriately registered with this practice, trained\* and are currently eligible to perform cervical sample taking within the Practice:

|  |  |  |
| --- | --- | --- |
| NAME | SAMPLE TAKER ID | HEALTH PROFESSIONAL REGISTRATION COMPLETED (DATE) |
|  |  |  |
|  |  |  |
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|  |  |  |
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TRAINING RECORDS

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | CERVICAL SCREENING EDUCATION COURSE COMPLETED  (Name and date of course) | CLINICAL UPDATE COMPLETED | NEXT CLINICAL UPDATE DUE (every 3 years) |
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**CLINICAL SUPERVISOR\*(S) – clinical team members who are suitably qualified to act as Clinical Supervisors to support novice sample takers**

|  |  |  |
| --- | --- | --- |
| NAME OF CS | ID | STUDENTS SUPERVISED (DATES) |
|  |  |  |
|  |  |  |
|  |  |  |
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**\*** **The Clinical Supervisor must be a registered nurse/midwife or doctor who is a competent and experienced sample taker who has engaged in continuing professional development in relation to cervical screening in order to keep up to date with changes in practice.**

# 6. Guidance for Managing Cervical Screening in Practice

Only suitably trained and competent practitioners should undertake this procedure.

|  |  |  |
| --- | --- | --- |
| Procedure | Rationale | Resources |
| **Promoting awareness of cervical screening in your Practice** | |  |
| * Clinics must have current CervicalCheck posters on display and have current CervicalCheck information leaflets available * Use every opportunity to promote screening. * LGBTQI+-inclusive posters and language - * Actively remind women to check their eligibility online * Use CervicalCheck easy-read materials * Access Trauma-informed practices * Access to multilingual videos and resources * CervicalCheck Lunchtime webinars cover a variety of topics to help promote screening in your practice * Contact the CervicalCheck Access Officer for advice | The success of CervicalCheck depends on the uptake and ongoing participation of women from the target population. CervicalCheck aims to achieve at least 80% coverage of the target population.  Health professionals in primary care and other cervical screening settings have a pivotal role in identifying eligible women and encouraging them to participate in regular cervical screening.  There are several groups of people who we know may find cervical screening more difficult. These include people over the age of 50, those in the LGBTQI+ community, members of the Travelling community, neurodiverse people, people with intellectual disability, people with additional physical needs, those living with chronic enduring mental illness, and those who have experienced Female Genital Mutilation (FGM) or other trauma.  Health professionals must ensure that the information they give to women is accurate and in a format that is easily understood. | **www.screenlink.ie**  [**www.healthpromotion.ie**](http://www.healthpromotion.ie)  [LGBTQI+ resources](https://www.cervicalcheck.ie/cervical-screening-test-guidelines-and-forms/lgbtplus-resources.16323.html)  Check the register  [Webinar on Trauma informed care and cervical screening](https://youtu.be/CXwimVhnF5k)  [Translate Ireland](https://translateireland.ie/)  [Click here to access our library of webinars](https://www.cervicalcheck.ie/health-professionals/webinars-and-updates.16316.html)  [**www.healthpromotion.ie**](http://www.healthpromotion.ie)  [access@cervicalcheck.ie](mailto:access@cervicalcheck.ie) |
| **Each practice and clinic must have access to, and be aware of, current versions of relevant learning and reference resources provided by CervicalCheck** | |  |
| Relevant learning and reference resources, at a minimum, are available to download  Please ensure that you have read our *Quality Assurance in Cervical Screening Quality Assurance in Primary Care and Other Cervical Screening Settings* (2023)  We also have an Online CervicalCheck eLearning portal the [National Screening Service Resources](http://www.NSSresources.ie) | Using CervicalCheck resources to standardise procedures and practices and to provide consistent and high-quality care and information to patients  Ensures quality assurance and patient safety | [https://www.cervicalcheck.ie/health-professionals.](https://www.cervicalcheck.ie/health-professionals.3800.html?_gl=1*1xwew7p*_ga*MTk4OTAwNTQ1OS4xNjgzNjYxODI0*_ga_5G1S3MW2ZK*MTcwNTkzNjMxMS43OC4wLjE3MDU5MzYzMTEuMC4wLjA.)  [*Quality Assurance in Cervical Screening Quality Assurance in Primary Care and Other Cervical Screening Settings* (2023)](https://www.cervicalcheck.ie/_fileupload/QualityAssurance/Quality%20assurance%20in%20Primary%20Care%20and%20Other%20Cervical%20Screening%20Settings.pdf)  [National Screening Service Resources](http://www.NSSresources.ie) |
| **The cervical screening consultation** | |  |
| Prior to commencing the consultation, the sample taker should ensure all necessary supplies and equipment are ready and a private, secure and comfortable setting is maintained to ensure the woman’s comfort. | If setting up a new clinic, all consumables are available to order free of charge  Your trolley should be set-up in advance of the person entering the room and should contain:  Speculums of varying sizes,  Thin prep Vial and Cervex brush,  gloves, water-soluble (Carbomer-free) lubricant. | Contact list available [here](https://nssresources.ie/course/index.php?categoryid=18). |
| Eligibility of the person should be checked prior to commencing the consultation | A cervical screening test is only required when a woman is due to have a test and may not be processed by the laboratory and will not be paid for by the programme if not eligible | [eligibility checker](https://apps.cervicalcheck.ie/check-eligibility/check-eligibility.596.checkeligibilityv2.html?_ga=2.84218589.597576662.1697706188-1519749764.1634553761&_gl=1*l3alln*_ga*MTUxOTc0OTc2NC4xNjM0NTUzNzYx*_ga_5G1S3MW2ZK*MTY5NzcwNjE4My4xMjkuMS4xNjk3NzA3NTI1LjAuMC4w) |
| Explain and discuss the procedure with client using the Cervical screening information sheet  The following should be covered:   * How the test is taken * Purpose of screening * Benefits and limitations of screening * Risk factors for cervical cancer * Disease process associated with cervical cancer * What is HPV * How does primary HPV screening compare to traditional cytology testing * All possible results and outcomes * Overview of what to expect in colposcopy * Informed consent prior to procedure * Gynae symptoms should be discussed and need for clinical assessment of same   **Consent**  This is completed by the women at the time of the consultation when the information sharing is complete, and understanding has been checked. | The woman signs the form to demonstrate consent to the following:   * She has received sufficient information in a way that she can understand to enable her to exercise her right to make informed decisions about her care * The information given to the women must include disclosure of limitations as well as benefits * Women should be asked if they have understood the information they have been given and afforded the time to ask any additional questions prior to signing the consent form * The woman must check her demographic details are correct on the form to ensure future communication from the programme is received * Consenting allows CervicalCheck to receive, hold and exchange the woman’s personal information and screening history with those who deliver the HPV cervical screening programme. * Consideration must be given to women with learning or cognitive disabilities to ensure informed consent. | [Cervical screening information sheet](http://chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.cervicalcheck.ie/_fileupload/Health-professionals/guidelines/CS-F-LAB-2-Rev-16-Cervical-Screening-Form.pdf)  [Multi-lingual forms](https://www.cervicalcheck.ie/cervical-screening-test-guidelines-and-forms/forms-reference-documents-and-reports.16279.html) |
| **Completing the Cervical screening form** | |  |
| **Client’s details**  Demographics should be checked for accuracy at the time of the consultation.  Any amendments should be applied to the client records on the practice software system also.  Please include:   * PPSN * DOB * CSPID * Surname * First name * Middle name * Surname at birth * Mother’s maiden name * Address * Eircode * Telephone number | A complete and accurately completed cervical screening form is essential for the screening test to be processed by the screening laboratory and for the correct matching of the woman on the Cervical Screening Register (CSR) database.  Any change to demographic details such as address and telephone number will be updated by the information processors so it is of utmost importance that it is accurate and correct as this will be used to contact the woman with results and next invitation call letter. Incorrect addresses (including ineligible street numbers or missing part of the street name) can lead to the result letter being returned to the programme undelivered or being delivered to the wrong address.  The woman should be informed that she can update her demographic details online |  |
| **Details of Clinically Responsible Doctor (CRD) (Contracted Doctor)**  Medical Council Registration Number (MCRN) of CRD/contracted doctor, practice address and phone number | This section of the screening form is of the utmost importance to ensure timely processing and payment of samples.  If the details are entered incorrectly, sample processing will be delayed or cancelled, with no payment to the contracted doctor |  |
| **Sample taker’s details**  MCRN/NMBI  Sample taker’s name | For correct clinical governance of the sample, it must be traceable to the clinician who carried out the test |  |
| **Cervical Screening Test Information**   * Date of sample * Sample site | Date of sample and date of LMP assists the cytologist to differentiate between endometrial cells that are normal or abnormal depending on the time of cycle. If present in the first 12 days of the menstrual cycle endometrial cells are a normal finding. If endometrial cells are present after the 12th day of the menstrual cycle this may be an abnormal finding.  By ticking the sample site on the form, the screening laboratory is aware of the sample site and the appropriate recall recommendation can be applied.  By ticking the “Cervix” box, the sample taker is confirming the cervix is present and the sample taker confirms they have visualised the entire cervix and sampled it correctly with 5x360-degree rotations of the Cervex-brush.  By ticking “Vault”, the screening laboratory will assign a “No further screening” recall recommendation to screen negative test results and the programme will issue a Hysterectomy Data collection form for the CRD to complete. If screen positive, recall recommendation will be as per screening algorithm. | [Hysterectomy Data Collection form](https://www.cervicalcheck.ie/cervical-screening-test-guidelines-and-forms/forms-reference-documents-and-reports.16279.html) |
| **Clinical details**  Tick the boxes that are appropriate for the person having the test.  These include:   * OCP/hormones/HRT * IUCD * Post-menopausal * Pre/post-transplant * Dialysis * HIV positive * Post-coital bleeding * Post-menopausal bleeding (PMB) * Total Hysterectomy * Sub-total Hysterectomy | The information requested in the Relevant Clinical Details section assists the cytologist in their assessment of the cells and in applying the correct recall recommendation for the woman’s next screening test.  CervicalCheck does not have access to the woman’s medical history, so it is important that this section is completed accurately even if submitted on previous screening test forms.  Only relevant clinical information should be shared.  Symptoms such as PCB/PMB should be managed by the CRD and will receive a “Refer to Gynaecology” recommendation, even if the screening test is reported as normal.  If sub-total hysterectomy is ticked, the recall recommendation will be as per the general eligible population. |  |
| **Screening and Treatment History**  Complete any additional known screening or treatment history | This section is important if the woman has had screening or treatment outside of the state and can be used to highlight any previous screening history of note |  |
| **Taking the cervical screening sample** | |  |
| **Preparing the woman**  Advise the woman you are locking the door to prevent interruptions.  Ensure privacy while the patient is undressing from the waist down.  A suitable couch with disposable cover must be used.  Disposable couch roll can be provided to use as a privacy shield. | This ensures privacy for the woman and reduces the need to disrupt the sample taking appointment.  Ensure the practice provides all necessary personnel, equipment, facilities, materials, and services to create a safe environment that respects the privacy, dignity, and autonomy of women.  Ensure room temperature is suitable for the woman’s comfort.  Facilitate requests for chaperones. | Chaperone recs from IMC |
| **Position of woman**  There are many physiological and anatomical variations of the vulva and vagina which can make the cervix difficult to visualise.  These include, intact hymen, narrow introitus, cystocele/rectocele, long labia, perineal scarring post-episiotomy or Female Genital Mutilation (FGM).  Ensure the woman is in the correct position as this will make locating the cervix easier.  Ask the woman to bend her knees while keeping her ankles together (dorsal position)  If cervix is hard to visualise at first, repositioning the woman or asking her to place her fists under her buttocks may be effective. | The position of a woman is important, and time spent ensuring she is in the correct position will make locating the cervix easier.  It is important to communicate with the woman in an unrushed and confident way as this will help her to relax.  The dorsal position allows for better communication and observation of the woman.  By asking the woman to place her fists under her buttocks you can tilt the pelvis to allow better view of the cervix.  Some women are used to having cervical sampling in the left lateral position. It is a useful position for many situations such as limitation in mobility or anteverted/retroverted uterus.  Using the appropriately sized speculum will enable the cervix to be located more efficiently.  Lubricant should not be applied to the tip of the speculum as this may contaminate the specimen rendering it unsuitable for processing.  Lubricant allows the ease of insertion of the speculum and is especially important in the peri/post-menopausal woman who may have vulvovaginal atrophy. | FGM protocols |
| **Selecting a speculum**  When choosing a speculum consider the age, parity and body shape and size of the woman.  Ensure you use an appropriate(pea-sized) amount of lubricant on the speculum (avoiding the tip) to reduce discomfort to the woman. | Sizes extra small, small, medium, medium long and broad are available to order for use in CervicalCheck cervical screening sampling. | Williams Medical Supply at [sales@williamsmedical.ie](mailto:sales@williamsmedical.ie) Tel: 01513222. click [here](https://nssresources.ie/course/index.php?categoryid=18) to access contact details of all equipment. |
| **Position of light**  To ensure a high-quality cervical sample, a good light source should be used to visualise the cervix in its entirety.  A headtorch may be useful. | The light source should be angled to allow full visualisation of the cervix and vaginal walls and should be adjusted as necessary during the procedure.  This can be a wall-mounted light.  Alternatively, a head torch may be used to adjust the direction of the light with ease whilst keeping both hands free. |  |
| **Insertion of the speculum**  The largest size speculum that can be comfortably inserted should be chosen as this will be helpful in holding back the walls of the vagina.  After inspection of the vulva, the labia should be separated, and the speculum inserted gently but firmly along the axis of the introitus with the speculum pointing downwards and backwards.  It is important to angle the speculum towards the woman’s coccyx and not to open the speculum until it is fully inserted.  Gently opening and closing the speculum and changing the angle of insertion should bring the cervix into view. | The more relaxed the woman is, the easier it will be to insert the speculum and locate the cervix.  Inspection of the vulva and vagina is important to assess for any anomalies or abnormalities.  It is vital to insert the speculum fully before opening it and allow a little time after passing the speculum to allow the woman to relax.  Encourage the woman to relax or cough if the cervix is hard to locate and it will help to bring cervix into view.  If you cannot visualise the cervix in its entirety, do not take the test.  Assess the screening environment to ensure it can accommodate individuals with varying disabilities.  If unable to successfully take the screening test in primary care, refer to colposcopy. |  |
| **Locating the cervix**  Following the insertion of the speculum in most cases, the cervix is obvious. In others, it is more difficult to locate and inspect. | An anteverted uterus is the usual position for the uterus where the cervix tilts slightly backward.  A retroverted uterus where the cervix lies behind the pubic bone or anteriorly in the vagina is less common and can be more challenging to visualise |  |
| **Taking the sample**  Having visualised the cervix and identifying the squamocolumnar junction, the long bristles of the Cervex-Brush are inserted into the external cervical os, ensuring good contact is made.  The Cervex-Brush is firmly rotated to a full degree, five times in a clockwise direction using pencil pressure.  Ensure the lateral bristles bend against the ectocervix and maintain good contact throughout. | When taking the screening test ensure you sample the entire cervix including the columnar epithelium, the squamous epithelium, SCJ and transformation zone.  The bristles of the Cervex- brush should be removed from the os and rotated in a spiralling outward fashion if a large eversion is noted.  If a polyp is visualised, it must be sampled and managed as per local protocol |  |
| **Preparation of sample for the laboratory**  Once the sample is obtained, the cells need to be transferred directly into the preservative solution in the Thin Prep vial.  Use a “mash and bash” action, ensuring the bristles of the brush are pushed vigorously against the bottom of the vial to ensure maximum yield of cells.  The cap of the vial should be tightened so that the line on the cap passes the torque line on the vial.  The detachable label from the Thin Prep vial should be removed and placed on the screening form and the name and DOB of the woman should be placed on the vial.  The vial and screening form should be placed in the transport box provided by CervicalCheck and dispatched within 3 working days, even if the transport box is not full.  Screening test must be documented in the woman’s medical notes. | It is important to prioritise harvesting the cells once the sample is obtained as they can dry out quickly if not placed in the Thin Prep vial.  The broom should never be reinserted into the preservative solution a second time as this will cause withdrawal of cells from the sample and may cause the sample to be insufficient.  The broom should not be left in the vial for any length of time other than to mash and bash due to a fixant in the solution which would cause the cells to fix to the broom.  Ensure you close the vial immediately to prevent spillage of the sample.  Cervical screening activity must adhere to infection control procedures and all single use consumables are disposed as clinical waste.  The samples and forms should be checked by the sample taker prior to dispatch to ensure all the quality requirements have been met and each screening form has a corresponding vial with completed details as required.  Medical notes should have record of date of screening test, consultation and findings and informed consent obtained and information leaflet given |  |
| **Result Management**  Each sample will receive a result and a recall recommendation.  Result management includes:  The woman should be informed during the consultation when and how she should expect her result.  The sample taker should check the result and ensure it is accompanied by the correct recommendation for the woman based on her age and clinical history.  Cervical screening test results must be recorded in the correct woman’s medical record. The woman’s medical record must be updated with the cervical screening test result and management recommendation.  **Management of a normal result**:  The woman should be informed at the time of consultation that she will receive a letter from CervicalCheck informing her of her result and her recall recommendation.  The woman should be advised that if she has not received her result letter within 6-8 weeks to contact the practice.  **Management of an abnormal result**:  The woman should be informed at the time of consultation of all possible results. Any result other than HPV negative will result in a letter advising her to contact the doctor or nurse who took the test to discuss the result.  If an abnormal result is received, the woman must be contacted directly by the sample taker to explain the result and follow-up.  **Management of normal result with no further screening required recommendation.**  A “No further screening” recommendation will be issued from the screening laboratory on 2 occasions:  The woman has reached the maximum age of eligibility in the presence of a negative result.  Sample site has been documented as vault and total hysterectomy has been reported in the presence of a negative result. | Result management can be made more efficient with the use of a practice sample log. The log can be a handwritten or an electronic list of all samples taken in the practice with date of sample taken and date of dispatch recorded. This provides a record of all samples taken but also acts as a failsafe mechanism to track results received and identify any overdue results.  CervicalCheck recommends that one sample taker in the practice is nominated as the Clinical Lead in Cervical Screening who will take responsibility for result management.  If you receive an incorrect recall recommendation, please contact the relevant screening laboratory to follow-up. Always refer to the [Cervical Screening results and recommendation table](http://chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/www.cervicalcheck.ie/_fileupload/Health-professionals/CervicalScreeningResultsandRecommendations.pdf) to ensure the recall is correct based on the woman’s age, screening history and medical history and if correction is needed, please contact the screening laboratory.  If you have not received a result for a screening test, please contact the screening laboratory to follow up.  During the cervical screening consultation, the woman should be informed of the possible results and the practice policy on contacting the woman in relation to results. This may be a text message or telephone call to the woman.  If an abnormal result is received, the sample taker should contact the woman directly and re-iterate the information regarding her result and possible follow-up or referral required. This contact can be by telephone, but in some cases may necessitate a face-to-face consultation.  If the woman requests a face-to-face appointment to discuss a result, this is included in the fee paid by CervicalCheck to the doctor and no additional fee should be charged.  The maximum age of eligibility is 65 years. If a woman has a normal result and will be older than 65 years on her next recall date, she will receive a no further screening required recommendation.    If sample site is ticked as Vault, and the HPV test is negative, the CervicalCheck programme will issue a Hysterectomy Data Collection form to the CRD. This form should be completed by the CRD, signed and returned to CervicalCheck. It confirms the woman has had a total hysterectomy and once processed by CervicalCheck, the woman will no longer receive an invite from the screening programme. | [Cervical Screening results and recommendation table](http://chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/www.cervicalcheck.ie/_fileupload/Health-professionals/CervicalScreeningResultsandRecommendations.pdf)  HDC form  Examples of letters |
| **Referral to Colposcopy, if recommended**  A referral to colposcopy will be recommended if a woman receives:   * HPV positive with cytology positive result * 2nd HPV positive result * 3rd consecutive inadequate/indeterminate result   A partially prefilled form will be sent to the CRD by the CervicalCheck and should be used for referral to the named colposcopy service  At the time of taking the test, if there is a clinical suspicion of cervical cancer:   * Do not take the test * Contact the colposcopy clinic by telephone to discuss your clinical concerns. * Refer directly to the colposcopy clinic using a colposcopy form | If a result is received with a refer to colposcopy recommendation, the sample taker must contact the woman directly to inform her of her results, explain the results if required and give information on what to expect when attending colposcopy.  The prefilled colposcopy referral form will be received 2-3 working days after the result and should be completed by the CRD, attaching a copy of the full screening result.  The screening programme will assign the woman to the nearest colposcopy clinic, but the woman may choose which clinic she wishes to attend.  The colposcopy referral should be received by the colposcopy clinic within 10 days of it being received by the practice.  If there is a clinical suspicion of cervical cancer, the colposcopy clinic will facilitate this referral at the next available clinic as a matter of urgency. The CRD should contact the colposcopy clinic by phone to arrange an urgent referral.  Only one referral to one clinic should be sent to avoid misuse of colposcopy appointments. | [CervicalCheck colposcopy referral form](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/www.cervicalcheck.ie/_fileupload/CS-F-CLP-6-Rev-11-CervicalCheck-Colposcopy-Referral-Form.pdf) |
| **Failsafe**  Failsafe follow-up of abnormal results refers to the process that occurs when a recommended action for a woman following an abnormal screening test has not occurred or has not been notified to the programme within a defined period from the due date of the recommended action.  The following scenarios will initiate the failsafe process:   * Failure to attend for a 3 month repeat on an indeterminate/unsatisfactory sample * Failure to attend for a 12 month repeat of an HPV + cytology negative result * Failure to attend for first post colposcopy discharge screening test * If a colposcopy unit does not provide an update on referral received to the CSR following a refer to colposcopy recommendation. | The programme will send a failsafe follow-up information request by letter to the clinically responsible doctor and to the woman.  The CRD must encourage women to follow recommended actions. Where this has not been possible, follow-up information must be recorded and returned to the programme (online or by post) on receipt of a failsafe follow-up letter.    The sample taker who took the screening test or the Clinical lead must contact the woman, when required, to obtain the necessary information for completion of the information request. Every reasonable effort (at least two recorded efforts, one in writing) must be made. |  |

# 7. Implementation Plan

Each CRD/Clinical Lead will ensure that all registered sample takers are educated, trained and are facilitated to deliver a quality-assured cervical screening service.

# 8. Audit and Revision Plan

For best practice, audit of practice should occur one year post introduction to the clinical area and two yearly thereafter, or sooner if practice changes.

1. Link to current contract (assuming this is publicly available) [↑](#endnote-ref-2)