Cervical screening

RCN guidance for good practice

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Introduction

This guidance has been prepared in response to requests from nurses for recommendations and guidelines in relation to good clinical practice for taking cervical samples.

It is essential that nurses undertaking cervical screening within the United Kingdom are provided with a cohesive structure of education and training relating to cervical screening. The RCN, the NHS Cervical Screening Programme (NHSCSP) for England, Scotland and Northern Ireland and Cervical Screening Wales (CSW) all believe sufficient and appropriate training programmes are vitally important to equip sample takers to undertake the cervical screening test.

Improving training in this arena will ultimately enhance the overall quality of national screening services, and the RCN recommends that trainers (and trainees) read this guidance, which identifies the criteria for incorporation into a cervical screening training programme.

Future developments in the delivery of cervical screening in the four UK countries are likely to influence the training and supervision of cervical sample takers. It is therefore recommended that registered nurses and midwives practicing in their respective countries should apply this guidance to that of their appropriate national body. Throughout this guidance, all national programmes are referred to collectively as National Cervical Screening Programmes (NCSP).

Background

All eligible women have a right to access a NCSP, and to have a cervical screening test taken by an appropriately trained, competent and skilled sample taker. Practitioners should only perform cervical screening if they have completed a recognised training programme, and every individual nurse has a professional duty to inform their employer if they require training.

Since the introduction of the NHS’ computerised call and recall system for cervical screening, the majority of cervical samples are now undertaken in the primary care setting. However, nurses working in all settings need access to appropriate, ongoing training if they wish to perform cervical screening.

Many nurses have been trained in cervical screening within recognized screening courses. Training programmes should incorporate the guidance contained in the NHSCSP Publication No. 23: April 2006 Taking Samples for Cervical Screening – a Resource Pack for Trainers. The NHS Cervical Screening Programme website also contains a number of useful and contemporary guides and resources (www.cancerscreening.nhs.uk).
What is a screening?

Screening tests are undertaken to monitor the health of an individual and are designed to detect diseases, precursors, or factors which predispose asymptomatic people to disease (Marshall 1995).

The UK National Screening Committee (UK NSC) defines screening as:

“...a public health service in which members of a defined population, who do not necessarily perceive they are at risk of, or are already affected by a disease or its complications, are asked a question or offered a test, to identify those individuals who are more likely to be helped than harmed by further tests or treatment to reduce the risk of a disease or its complications.”

In the second of its UK screening committee reports (2000), the UK NSC made reference to two measures by which the nature of screening and its implications should be made apparent to everyone involved in screening – clinicians and members of the public. It recommended:

- ensuring that screening is offered, and that the individual to whom it is offered is helped to make an informed choice, and
- ensuring that screening is viewed as a programme to reduce the risk of disease – and not as a guarantee of diagnosis and cure.

Cervical screening

In order to achieve maximum effect, cervical screening programmes depend on the female population responding to an invitation to be screened. The success of a screening programme is assessed by the extent to which it reduces overall morbidity and mortality in the general population.

Cervical screening is unique, as it allows signs of changes to be identified at an early stage when treatment – which can be carried out on an outpatient basis – effectively prevents the vast majority of cases progressing to cervical cancer. Poor technique in cervical screening, however, may result in a failure to detect pre-cancerous abnormalities.

The cervical screening programme consists of a cyto-pathological examination of a cell sample taken from the cervix, which may identify precursors to disease constituting an abnormal result. The investigation and actual diagnosis of an abnormal test result can only be confirmed following histological assessment of a cervical tissue biopsy, usually undertaken at a colposcopy clinic.

Professional accountability

The Nursing and Midwifery Council’s (NMC) The code (2008) states that, “as a registered nurse, midwife or health visitor, you are personally accountable for your practice”, and that you should, “maintain your professional knowledge and competence”, and that you must, “acknowledge any limitations in your knowledge and competence and decline any duties or responsibilities unless able to perform them in a safe and skilled manner.”

The NMC lays professional accountability on the individual practitioner. Consequently, under no circumstances should a nurse, midwife or specialist community public health nurse undertake a procedure unless he or she is competent to do so.

The NHSCSP’s recommended training for cervical sample takers (NHSCSP April 2006) is designed to support the education and training of competent practitioners and is based on the assumption of prior knowledge expected of a qualified nurse or midwife.

Furthermore, training should reflect current trends, developments and understanding of the cervical screening process, and that various issues and criteria in the training programmes will have been updated in light of new recommendations (for example, the introduction of liquid-based cytology, inadequacy rates, and call and recall).

To assist in the provision of good quality training programmes, resource packs for cervical screening provide a list of qualifications and knowledge expected of those who train sample takers (the trainer). The trainer must demonstrate personal knowledge; understanding and competence in sample taking and undertake regular update training (minimum three-yearly update).

Resource packs for trainers are designed to ensure theoretical consistency of the information being passed...
onto trainees undertaking cervical screening as part of the NSPs, and provides a common core of learning to a minimum recognised level.

The theoretical component of the training pack should support the competence-based practice required to undertake appropriate cervical screening. The trainee should have a named clinical supervisor who they can call upon for support and advice. This supervisor should also provide discussion and feedback on clinical practice and achievement of competences.

Consent to screening

Health professionals have an obligation to respect a patient’s autonomy and their right to receive information and support relevant to their needs (NMC 2008), and women have the right to decline cervical screening. Guidance documents relating to consent can be accessed through the Department of Health website at www.dh.gov.uk

Providing information, and establishing a patient’s understanding of the topic, may be the most important elements in encouraging informed choice leading to consent or agreement to a procedure (Beauchamp and Childress 2009). As part of the consent process, it should be stressed that the cervical screening test is not 100 per cent effective in detecting abnormalities later proven to be present on the cervix (NHSCSP 2006).

The sample taker should have the knowledge and ability to explain the limitations and benefits of a screening test to a woman. Some women may have expectations that the screening procedure will also identify infections or other problems in the pelvic area, and it is important for the practitioner to explain what the screening test does not do.

Adequate and appropriate information (both verbal and written) should be available to women at all stages in the screening process to assist in making an informed choice. Reference should be made to national screening guidance, for example the NHSCSP’s Improving the quality of the written information sent to women about cervical screening (2006b) and the NMC The Code of professional conduct (2008).

Confidentiality

Due to the sensitive nature of the cervical screening consultation and examination process, a woman must feel confident that the sample taker will not disclose her personal details to anyone not involved in her care. Patient information is generally held under legal and ethical obligations of confidentiality. Information provided in confidence should not be used or disclosed in a manner that might identify a patient without her consent. The NMC (2008) states: “You must treat information about patients and clients as confidential and use it only for the purpose it was given.”

The NHS Cancer Screening Programmes Information Security Policy (2009) and NHS Cancer Screening Programmes Confidentiality and Disclosure Policy Version 4 (2011) provided by the NHSCSP contain guidance on these issues.

Chaperones

All women attending for screening should be offered the option of having a chaperone present during any consultation, examination, treatment or care – which may or may not include physical examination – and their decision documented. A chaperone should be offered, as outlined in the RCN’s guidance for nursing staff Chaperoning: the role of the nurse and rights of patients (2002a). The NMC also provides information on chaperoning at www.nmc-uk.org

Additional issues to consider

While this guidance focuses on cervical screening, it is important to recognise that this is one of the few occasions when a woman encounters a health care professional in a relatively private environment. A woman comes to the consultation with a variety of concerns, and the health care professional should be alert and sensitive to what the woman may wish to discuss. For example, women may have questions about Human Papillomavirus (HPV), cervical cancer and the HPV vaccine. Health care professionals should be able to share accurate and evidence-based information with clients. For more information please read Human papillomavirus (HPV) and cervical cancer – the facts (RCN, 2006, updated 2013).
Women may mistakenly assume that sexually transmitted infections will be screened for, or may wish to discuss a vaginal discharge or abnormal bleeding. Some women may also wish to take this opportunity to discuss menopausal symptoms, or problems they and their partner are having sexually. It is important to be sensitive, listen to the woman, and where appropriate advise her, undertake further tests, or refer her to an appropriate professional or service.

All health care professionals involved in caring for women should be aware that domestic violence is not uncommon. Should a woman disclose domestic violence during a consultation, you should be prepared to give her information regarding a local or national telephone helpline and record her disclosure.

Further information on domestic violence and violence against women is available from Women’s Aid and Refuge. www.nationaldomesticviolencehelpline.org.uk or the Women’s Aid Federation of England website at www.womensaid.org.uk and the Department of Health website has a number of useful resources. For further information, please refer to Female genital mutilation – an educational resource (RCN, 2005).

The consultation

The first step should be to confirm the woman’s perception and understanding relating to the screening test:

+ explain the reason for the test and confirm if the test is a call or recall
+ offer the woman the option of having a chaperone, or someone of her choice, present in the room while being examined
+ discuss any concerns the woman may have (for example, she may have had a previous abnormal smear result, or treatment, and may wish to talk about this in more detail)
+ enquire about any symptoms of post-coital bleeding, abnormal vaginal discharge or dyspareunia, which may be significant and need further investigation or referral
+ complete the cervical sample request form.

When explaining the examination procedure, ensure you use language a woman can easily understand and avoid unnecessary jargon. If you encounter communication difficulties, you may want to consider postponement of the test until an appropriately trained interpreter/professional is available.

Next you need to confirm consent. You should again offer the woman the opportunity to decline the examination, ensuring you reaffirm her right to withdraw consent at any time and request the procedure be stopped. You should:

+ confirm the woman agrees to the procedure as described
+ record verbal consent and, if local policy requires, obtain written consent
+ reconsider the need for a chaperone and, if the woman declines, record this
+ applying correct procedures for their local method of liquid-based cytology (LBC)
+ reassuring the woman with regards the possibility of an abnormal result.

Preparing for the test

Training must cover the practical competences of taking a cervical sample. The RCN publication Genital examination in women: a resource for skills development and assessment, published in 2013 and available at www.rcn.org.uk/publications, it provides further details on this skill. The sample taker must have achieved competence in the following areas:

+ positioning the woman to assist in comfort and visualisation of the cervix
+ selection, use and disposal of appropriate specula
+ identification of the transformation zone
+ selection and use of a sampler to obtain a representative sample.

Taking a cervical sample

The following equipment is required:

+ a height-adjustable couch
+ angle-poised light source, preferably free standing
+ an appropriately stocked room to avoid delay in procedure
+ a trolley with appropriately sized speculum, sampling device and gloves
+ appropriately labelled vial and completed request form.
To avoid the examination being disrupted or causing additional delays it is important to have any additional equipment readily available. This will include samplers to undertake testing for infection (for example, microbiological and Chlamydia swabs), alternative samplers to ensure the whole cervix is sampled and any other additional equipment that may be required (for example latex free products).

**Environment**

Private, warm, secure and comfortable changing facilities should be available for the woman to prepare for the test. The examination should take place in a closed room that cannot be entered while the examination is in progress. If the environment permits, the examination couch should be situated so that the woman faces away from the door during the examination. Alternatively, privacy can be ensured by a screen to block the door entrance (or by locking the door).

Request that the woman remove her underclothes. A paper sheet to preserve modesty should be provided to cover the full lower torso. Instruct the woman to inform you when she is ready.

**Examination**

During examination of the external genitalia, abnormalities such as candida albicans, lichen sclerosis or vulval lesions, may be noted during the internal examination, abnormal vaginal discharge or signs of infection may be seen. If this is the case these symptoms will need to be discussed with the woman, recorded in her notes and appropriate action taken or a referral made.

In proceeding with the examination you should:

- offer the woman the opportunity to empty her bladder before commencing the examination
- if necessary, offer assistance onto the couch
- confirm the woman may request to stop the examination at any point
- advise the examination may be uncomfortable but should not be painful
- explain each phase of the test before you proceed
- offer to demonstrate the speculum and explain which part of the speculum will be inserted into the vagina if appropriate
- instruct the woman into the prone position (most common) or left lateral position, to assist in comfort and visualisation of the cervix
- explain that spotting, following a cervical sample, is not unusual
- position the trolley at the bottom of the couch
- position the couch at an appropriate height for working and the light at an angle which will illuminate the vagina (ensuring the light poses no threat to the woman)
- wash hands and wear gloves
- warm the speculum with warm water (avoid lubricants)
- ask the woman to raise the modesty sheet to allow access
- ensure that the blades of the speculum are closed before commencing
- proceed to gently insert the speculum into the vagina, aiming for the posterior vault
- open the blades approximately 5mm and gently but seamlessly guide the speculum until the anterior lip of the cervix can be seen (appears as a smooth crescent)
- open the speculum to expose the full cervix
  - avoid scraping the cervix with the speculum as this may cause contact bleeding
  - the speculum need only be opened wide enough to reveal the cervix
  - it is not necessary to overexpose the cervix and vagina as this may cause discomfort to the woman
- once the entire cervix is visualised, secure the speculum in place
- inspect the cervix; note the appearance and colour of the cervix, amount and colour of vaginal secretions and the location of the transformation zone
- obtain the sample using the appropriate sampling tool (follow manufacturer’s instruction on correct use), ensuring all the transformation zone is sampled
- ensure sample placed in LBC vial as per protocol
- remove speculum from vagina – it may be necessary to open the speculum slightly to release the cervix before removing the speculum
to ensure modesty, make sure the woman is covered and remove the trolley from the area

advise the woman to dress and inform you when she is ready

ensure safe disposal of all equipment and adhere to local health and safety guidelines.

Bi-manual examination is not necessary when undertaking cervical screening and is not a prerequisite for the sample taker. Digital examination may only be necessary to assist in the location of the cervix, and not as a means of physical assessment that will aid diagnosis.

Should it not be possible to visualise the cervix, the sample taker may consider repositioning the woman (lateral position), raising the buttocks off the couch using a pillow, turning the speculum so the locking ratchet faces up or down or using a sheath to support the vaginal walls. Requesting assistance from another sample taker should be considered.

If it is still not possible to visualise the cervix then the procedure should be abandoned and referral made to a colposcopy clinic.

Following the examination

Ensure that the woman knows how and when she will receive her results. Reassurance should be given about what will happen if a result is abnormal and how her care will progress from here.

Documentation

Record keeping must be in accordance with the NMC’s Record keeping: Guidance for nurses and midwives (2009). Accurate completion of the sample request form is important to avoid an inadequate report due to clerical omission.

Should additional tests or swabs be indicated during the consultation, the nature of these tests should be fully discussed with the woman and arrangements made for her to receive these results, together with any follow-up treatment that may be indicated.

Results

The sample taker should be knowledgeable in, and responsible for:

- the understanding and interpretation of results
- communication of results to women
- making appropriate follow-up arrangements
- monitoring onward referral to secondary services
- implementing the failsafe recommendations for non-responders. Sample takers should be familiar with national guidance on failsafe actions, for example, the NHSCSP’s Guidelines on failsafe actions for the follow-up of cervical cytology reports (2004).

Audit

Audit is obligatory. Individual National Cervical Screening Programmes will have their own requirements regarding audit, and sample takers should therefore consult their own regional co-ordinators.

Nevertheless, audit may include:

- the number and rate of unsatisfactory samples
- percentage of abnormal results
- monitoring population coverage and uptake.

Systems should be in place at a local level to provide continuous audit and regular update training. A named person, within each practice or clinic site where cervical samples are taken, should be responsible for an overview of the screening programme. This should include tables of results that are made available regularly to each smear taker within the practice. Where results are consistently different from the local laboratory or national average, discussion with the laboratory or national co-ordinator should be mandatory and retraining made available. Laboratories should report regularly and in detail on the quality of all sample takers’ work. New sample takers should have feedback from the laboratory or regional co-ordinator on the quality of their first 15 smears (or the nationally agreed number).
Good practice

Good practice should encompass the following:

- promoting health education programmes
- giving accurate information and advice about the prevention of cervical cancer
- ensuring informed consent is obtained from the woman
- ensuring the woman receives notification of her test results (this is the responsibility of the sample taker)
- understanding the impact of an abnormal test result
- offering appropriate help and advice at all stages of the process
- understanding the reasons for non-attendance
- encouraging non-responders to use the service
- understanding of, and sensitivity to, cultural issues in relation to the procedure
- enabling vulnerable women to access the service – for example, women with learning difficulties (see NHS Cancer Screening Programmes (2006) Cancer Screening Series No. 2: Equal access to breast and cervical screening for disabled women NHSCSP. www.cancerscreening.nhs.uk accessed on 7 January 2013)
- maintaining regular communications with the local cytology laboratory and colposcopy clinic
- keeping individual practice up to date, for example ongoing changes relating to HPV, which can be found on the Public Health England/NHS Cervical Screening Programme website at www.cancerscreening.nhs.uk/cervical/hpv-triage-test-of-cure.html.

Conclusion

It is crucial that those performing cervical screening are thoroughly trained in order to meet the requirements of clinical governance, and to offer women participation and confidence in a successful screening programme. Women should be fully informed of the reason for the procedure and the implications for their future health and wellbeing, prior to the sample being taken. A screening test should be taken in such a way as to provide an adequate sample for assessment with the minimum of distress or discomfort.

Particular attention should be given to ensuring that women who have difficulty accessing the service are identified and invited for screening. It may be helpful to liaise with local groups and service providers to reach those groups who traditionally do not seek screening.
References


Further reading


Royal College of Nursing (2013) Genital Examination in Women, London: RCN


NHS Cervical Screening Programme: Leaflets and booklets available at www.cancerscreening.nhs.uk including:

Cervical Screening - The Facts 2012
www.cancerscreening.nhs.uk

Cervical screening in lesbian and bisexual women, September 2009 www.cancerscreening.nhs.uk

Fact sheets: HPV testing information for women August 2011 www.cancerscreening.nhs.uk/cervical/hpv-triage.html

What your abnormal result means May 2012
www.cancerscreening.nhs.uk

The Colposcopy Examination February 2012
www.cancerscreening.nhs.uk

An Easy Guide to Cervical Screening March 2006
www.cancerscreening.nhs.uk

Useful websites

NHS Cancer Screening Programmes
www.cancerscreening.nhs.uk

Cervical Screening Wales
www.screeningservices.org.uk/csww

Queens University Belfast’s website www.qub.ac.uk contains information on training in Northern Ireland

Department of Health www.dh.gov.uk

Skills for Health www.skillsforhealth.org.uk
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