

**APPLICATION PATHWAY FOR CYTOLOGY SAMPLE TAKER NUMBERS IN SURREY AND SUSSEX**

Please note nurses or physician associates new to sample taking or sample takers who have had a break in practice of over 6 months, should contact the Screening and Immunisation team at [[PHE.Screening-ImmsSSAT@nhs.net](mailto:PHE.Screening-ImmsSSAT@nhs.net)](mailto:PHST@nhs.net) for training requirements.

**Anyone undertaking cervical samples in Kent and Medway, Surrey and Sussex must have**

**their own Sample Taker number, before taking Samples.**

For doctors and nurses who have moved into the region, it will be necessary to either:

1. Demonstrate evidence of previous ThinPrep® training and training on HPV Triage & Test of Cure **OR**
2. Complete e-learning training usually with a short period of clinical supervision prior to taking samples.

N.B. Healthcare professionals who have used Surepath® LBC will be required to follow option 2.

Do you have evidence to confirm you trained in liquid based cytology (ThinPrep®), HPV Triage and Test of Cure?

**No**

**Yes**

Please complete section one and email with a copy of your ThinPrep® evidence to [PHE.Screening-ImmsSSAT@nhs.net](mailto:PHE.Screening-ImmsSSAT@nhs.net)

* On verification of the evidence we will issue you with a permanent sample taker number

You are encouraged to undertake online update training every 3 years.

The national online cervical sample taker e-learning course can be accessed through the e-LfH Hub website;

<https://www.e-lfh.org.uk/programmes/nhs-screening-programmes/>

If you do not already have an account you will need to register

\*please note if your evidence does not meet the criteria you may be required to complete the pathway

Please complete section one and two of the training pathway and send your signed form to

[PHE.Screening-ImmsSSAT@nhs.net](mailto:PHE.Screening-ImmsSSAT@nhs.net)

* On verification of your mentors suitability we will issue you with a trainee sample taker number, this will enable you to:
* Online Cervical Screening training with HPV training can be accessed at e-LfH Hub website;

<https://www.e-lfh.org.uk/programmes/nhs-screening-programmes/>

* Complete a minimum of five supervised samples with your eligible mentor present

On completion, please ask your mentor to sign section four of the form before you return it with your online certificate to us.

We will confirm your new permanent number.

**If this is not completed within 3 months you must contact us as your trainee sample taker number will be cancelled and the lab could reject any samples you submit.**

**Trainee:** Identify a work place mentor. Mentors must meet the criteria in the NHS Guidance for the Training of Cervical Sample Takers (Nov 2016).

**Complete section 1 and 2 and return to** [PHE.Screening-ImmsSSAT@nhs.net](mailto:PHE.Screening-ImmsSSAT@nhs.net)

**Section 1 Section 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Trainee Sample Taker Details** | |  | **Mentor details** | |
| Name: |  |  | Name: |  |
| Job title: |  |  | Job title: |  |
| GMC/NMC no: |  |  | GMC/NMC no: |  |
| Work address: |  |  | Work address: |  |
| NHS Email address: |  | NHS Email address |  |
| Previous Sample taker number (if applicable): | |  | As Mentor::   * I meet the mentor criteria as defined in NHS Guidance for the Training of Cervical Sample Takers (Nov 2016) * I agree to observe a minimum of 5 samples * I will only sign off the sample taker when I can give assurance of their competency as a sample taker * I have a valid Surrey and Sussex sample taker number   Signed:  Date: | |
| As a trainee, I agree that:   * I must complete the pathway within three months * I have arranged sufficient opportunities to complete the required number of samples within this period * I cannot undertake further unsupervised samples without confirmation of a permanent sample taker number from PHE Screening and Immunisation Team   Signed:  Date: | |  |

**Now return the form to** [**PHE.Screening-ImmsSSAT@nhs.net**](mailto:PHE.Screening-ImmsSSAT@nhs.net) **and following verification checks, you will receive temporary trainee sample taker number. This will be valid for 3 months.**

**Section 3**

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee Sample Taker number issued (completed by us):  Date issued (completed by SIT): |  | **Sample Taker Number valid until:** |  |

|  |
| --- |
| * **Pathway training:** Online training is available at e-LfH Hub website; <https://www.e-lfh.org.uk/programmes/nhs-screening-programmes/>. The mentor observes the trainee take a **minimum of 5** supervised samples. |

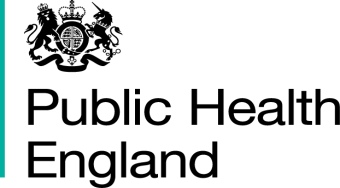
**Your mentor will now observe you undertake at least 5 samples and can only sign you off when they are assured you are a competent sample taker.**

**Section 4**

|  |  |
| --- | --- |
| **Mentor:** sign to confirm you have observed the trainee take a **minimum of 5** samples and that they have demonstrated sufficient skills to confirm they are competent sample takers | Signature: Date:  PRINT NAME: |

**Trainee: return this form with your online certificate to** [**PHE.Screening-ImmsSSAT@nhs.net**](mailto:PHE.Screening-ImmsSSAT@nhs.net)Following verification we will issue you with a completion certificate and permanent sample taker number. **Please note this number is valid for Kent and Medway, Surrey and Sussex only. YOU MUST HAVE YOUR OWN SAMPLE TAKER NUMBER BEFORE UNDERTAKING**

**ANY FURTHER CERVICAL SCREENING**



**Cervical Sample Taker Database Fair Processing Notice**

It is the responsibility of NHS England, via the Section 7a agreement and cervical screening specification No 25, to commission services across the screening pathway. Best practice includes the establishment of a sample taker register - see <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/669132/Guidance-for-acceptance-of-cervical-screening-samples.pdf>.

**How your information will be used**

The Surrey and Sussex Screening and Immunisation Team collects and stores information on their Cervical Sample Taker Database for the purpose of allocating sample taker numbers to doctors and nurses who are in training or who meet the training standard. Each record includes a unique sample taker number, name, job title/role, place of work, work contact details, sample taker training record and a record of related correspondence.

**Who your information is shared with**

Information is shared with the cytology laboratories and employers (e.g. GP Practices, Hospital Trusts), SQAS, NHSE Commissioners, CCG’s, PHE and Local Authorities.

**For more information contact** the Surrey and Sussex Screening and Immunisation Team at [PHE.Screening-ImmsSSAT@nhs.net](mailto:PHE.Screening-ImmsSSAT@nhs.net)