

## **Process for Cervical Smear Training for GPs in Surrey and Sussex**

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Please see the attached Flow Chart from PHE which summarises what you need to do to get a smear taker code. You need a smear taker code to ensure that smears you take are not rejected by the lab – which would of course potentially cause a patient distress.

GPs who have a smear taker number must complete the e-learning module every 3 years and ensure PHE is kept updated with their contact details and place of work to ensure their number remains valid. You can do this via: [PHE.Screening-ImmsSSAT@nhs.net](mailto:PHE.Screening-ImmsSSAT@nhs.net)

Within GP Training it is a core training requirement that GPs demonstrate competency in speculum examination and vaginal examination of a female. The cervical smear DOP has now been removed from the e-portfolio requirement but it is expected that GPs are competent to take a cervical smear.

GPs and GP Trainees have a different process to nurses with regards to smear taker training as it is not a core part of nurse training to be competent in speculum examination.

### **1. Complete the e-learning for health module on the NHS cervical screening programme.**

GPs and GP Trainees can complete the NHS cervical screening programme e-module on the e-learning for health website. You need your GMC number to access this free e-learning website and once registered you add the cervical screening programme e-module to your account and you can complete it. <https://www.e-lfh.org.uk/programmes/nhs-screening-programmes/>

### **2. Find a smear taker at your practice who can act as your mentor and then register with PHE for a trainee smear taker code using the forms on the attached PHE document to prove that you have thin-prep training.**

You need to get a Smear Taker Mentor and register with PHE for a trainee smear taker code as per the attached PHE smear taker training flow chart. You need to do this to prove that you have thin-prep training.

A mentor needs to be a smear taker with a number who:

- has completed the e-learning for health e-module in the last 3 years and
- has been taking smears for more than 1 year.
- They need to observe you take at least 5 samples.
- They then need to check the outcome of those samples (that all were complete samples – not rejected by the lab – the samples need to be entered under your trainee code).

They can then sign you off and complete the forms which you then email to the PHE email address: [PHE.Screening-ImmsSSAT@nhs.net](mailto:PHE.Screening-ImmsSSAT@nhs.net) Problems can be discussed with PHE preferably via email or on 01138250698.

- 3. Complete the forms and send evidence of e-learning module and practical training to PHE via email.**
- 4. Your PM should be able to arrange you a username and password for Open Exeter so that you can complete forms online when taking smears**

Forms should be done this way as they then contain the patient's previous smear details and this speeds up the process of analysing samples and producing results for the patient.

The GP needs to put their smear taker number on the form after taking a smear sample. This allows for any patterns with inadequate smears to be identified and further education suggested.

The LMC has issued guidance that GPs should not be required to attend mandatory courses as prescribed for practice nurses due to the differences in core training between GPs and nurses re practical speculum skills.

**You may wish to also consider the cervical screening service at your surgery and check if you are up to current standards with regards to:**

1. Training for smear takers: <https://www.gov.uk/government/publications/cervical-screening-cervical-sample-taker-training> details the evidence for what is done and why.
2. Access for patients with learning disabilities: <https://www.gov.uk/government/publications/cervical-screening-supporting-women-with-learning-disabilities/supporting-women-with-learning-disabilities-to-access-cervical-screening>
3. Management of patients under 25 with abnormal vaginal bleeding: <https://www.gov.uk/government/publications/abnormal-vaginal-bleeding-in-women-under-25-clinical-assessment>
4. Do you audit your smears taken for numbers of inadequate smears?

5. What are your processes in place for women who are overdue a cervical smear?
6. What are your processes in place for women who decline a cervical smear on the grounds of being a virgin?
7. What are your processes in place for women who have a total hysterectomy including removal of cervix in terms of coding post procedure and implications for cervical smear recall?

GP surgery processes after receiving lists of those due smears advice from PHE as of 2018: <https://pcse.england.nhs.uk/services/cervical-screening/>

### Step One – Prior Notification Lists (PNL)

PCSE provides Prior Notification Lists (PNLs) to GP practices either hardcopy via post or electronically via Open Exeter approximately 10 weeks before patients' cervical screening tests are due.

## 2

### Step Two – Review PNL

Practices need to review the PNLs and identify any patients who shouldn't be screened.

GP Practices can delay screening due to the patient:

- Being pregnant
- Having had a recent test
- Currently under cytological follow-up

Women can be removed from the screening programme:

- By informed choice – a signed Disclaimer form is required
- If they are aged over 65
- If they have no cervix
- Under the Mental Capacity Act
- If they are undergoing radiotherapy

## 3

Notify PCSE of Ceasing, Deferral or Amendment

Practices should email or fax any Ceased, Deferral, and Amendment to Cytology forms to PCSE before the cut off shown on the Open Exeter PNL to avoid inappropriate invitations. Our contact details can be found on our [contacts page](#).

When a practice notifies us that a woman should be ceased from the PNL, a marker is set on NHAIS and we will cancel the patient from Screening the Call/Recall programme. The practice will then receive a Cease notification via Open Exeter.

## 4

### Screening invitations and reminders

PCSE posts out screening invitation letters to patients approximately six weeks before the test is due. Reminder letters will be sent approximately 18 weeks after the first invitation letter and approximately 14 weeks after reminder letter, where no test has been received.

## 5

### Sample taking

Tests are completed at the GP practice. The sample taker should use the pre-populated HMR101 form agreed in your area which can be accessed through your clinical system or via Open Exeter. When using Open Exeter please ensure you print the HMR101 – A5(2009) version, which provides the woman's last 12 results on the form, making it easier and quicker for the lab to produce accurate results.

Sample takers should validate the woman's address at the time of the test to ensure that result letters can be sent directly to the patient.

## 6

### Result letters

PCSE receives electronic files of patient results from laboratories daily. We then send out result letters to the patient according to result code, action code and repeat months as recommended by the laboratory.

All women must receive the cervical screening results within 14 days of having the test. If a result is abnormal, patients are sent a Direct Referral to Colposcopy. The GP Practice will also be notified of an abnormal result and Direct Referral to Colposcopy recommendation. Patients should contact their GP Practice / the number on the referral letter to organise a colposcopy appointment.

What action should my practice take if a patient has a private test or test carried out abroad?

Private test results and tests carried out abroad can be added to a woman's screening history. A copy of the test result should be sent to PCSE so that it can be added to the records. Women registered with a GP Practice who have private tests or have tests carried out abroad are entitled to a free NHS test and should still be offered screening at the appropriate interval.