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POLICY AND POSITION STATEMENTS



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The RCN recognises that nursing associates (NAs) carry out cervical screening, in line with national standards. Service and education providers should be confident that appropriate and relevant training and supervision is in place. Extra training, pre-reading and pre-course work may be required to ensure NAs are not disadvantaged during cervical screening training. They should be supported and supervised in their practice, in line with national standards (NHSE, 2023).

Nursing associates have been part of the NMC register since 2018 (England only). The role was introduced in response to the Shape of Caring Review (2015), to help build the capacity of the nursing workforce and the delivery of high quality care. The NHS long term workforce plan 2023 has an ambition to increase NAs by 40% (NHSE, 2023). A vital part of the wider health care team, the role of the NA is intended to:

- support the career progression of health care assistants
- enable nurses to focus on more complex clinical work
- increase the supply of nurses by providing a progression route into graduate level nursing.

NAs are part of the nursing team, who have gained a foundation degree, and are accountable for their practice. They are subject to the NMC Code

- successfully completed the course and been assessed as competent
- undertaken updated training and maintained competency in line with the national cervical sample taker training guidance (cervical screening update every three years).

The NA is not yet a named profession under the Treatment of Disease, Disorder or Injury (TDDI) legislation regulated by the Care Quality Commission (CQC). However, the CQC expects any provider to consider safety, quality, competency and TDDI legislation when deploying a NA. See CQC briefing for providers.

([cqc.org.uk/news/providers/briefing-providers-nursing-associates](https://www.cqc.org.uk/news/providers/briefing-providers-nursing-associates))

In 2021, NHSE Office of Health Improvement and Disparities published guidance ([gov.uk/government/collections/cervical-screening-professional-guidance](https://www.gov.uk/government/collections/cervical-screening-professional-guidance)) on cervical screening. In cervical sample taker training, the content refers to 'sample takers' and does not distinguish between registered nurses, m p.1 (e)1.7 (a)8.69.1 (n)6.7 (g -0.7 15.5 (f)4Tu m)7.2.6 (e)

These may include having confidence that their primary or ongoing continuing professional development (CPD) has enabled them to understand the complexities of cervical screening, recognising that it is not just taking a cervical screening sample, but an opportunity to talk to the woman and understand her social construct. This should include individual wider determinants of physical and mental health and how this impacts on individual women, in addition to the complexity of recognising and reporting any underlying vulnerabilities such as female genital mutilation (FGM), domestic abuse (DA), and/or previous sexual assault. This would include understanding the issues that may impact on access to services for individual women (vulnerable women and those who are under represented in accessing screening) and the evidence about why women do not attend for screening appointments. This would also include consideration of physical, or learning disabilities, and the neurodiverse needs of the woman. All NAs have a duty to understand the extent and limits of their competence, expertise and experience, and to report any deviation from normal to their designated supervisor.

Public Health England in 2020 stated in their education pathway that: “training providers must make sure the trainee is eligible to undertake training,” which is outlined here: [gov.uk/government/publications/cervical-screening-cervical-sample-taker-training/training-for-cervical-sample-takers-education-pathway](https://www.gov.uk/government/publications/cervical-screening-cervical-sample-taker-training/training-for-cervical-sample-takers-education-pathway)

“Taking cervical samples is a delegated activity and the nursing associate works within the remits of their professional code. The screening provider must consider safety, quality, competency and the treatment of disease, disorder or injury (TDDI) legislation when deploying a nursing associate. When a nursing associate has registered with the Nursing and Midwifery Council (NMC), a registered professional listed under the legislation (registered nurse or GP) [d ugit2 (t)1 98r530.8 (e)-2.3 (d a)9.2 (s a c)7.8 (e)1.2 (r)-15.7 (v)10.6 (i)6.6 (c)7.4 (a) their practice. The individual .3 (d u)-2rovideihis professional support must be present at the

Health Education England (HEE) (2019) Registered nursing associates training in cervical sample taking . Available at: [hee.nhs.uk/sites/default/files/documents/National%20message%20-%20Nursing%20Associates%20-%20Cytology.pdf](https://www.hee.nhs.uk/sites/default/files/documents/National%20message%20-%20Nursing%20Associates%20-%20Cytology.pdf) (Accessed: 17 June 2024).

HEE (2019)

RCN (2019) The Role of Nursing Associates in Vaccination and Immunisation Position statement . Available at: [rcn.org.uk/professional-development/publications/pub-007565](https://www.rcn.org.uk/professional-development/publications/pub-007565) (Accessed: 17 June 2024).

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