



Royal College
of Nursing

RCN Position Statement on Nursing Associates (NAs) Training in Cervical Screening

(England only)

POLICY AND POSITION STATEMENTS



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Notes

It is recognised that services may be provided by nurses and midwives, health care support workers, assistant practitioners, nursing associates and student nurses and midwives, and trainee nursing associates. For ease of reading, the generic terms ‘nurse’, ‘nursing’ and ‘nurses’ are used throughout this document.

The RCN recognises and embraces our gender diverse society and encourages this guideline to be used by and/or applied to people who identify as non-binary, transgender, or gender fluid.

The RCN also recognises that not all those born female, or male, will identify with the same gender nouns but for ease of reading uses the term woman; and, where appropriate, acknowledges non-binary terms.

RCN statement

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).

Background and context

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 (2018a) and once practising can undertake further training and education to achieve additional knowledge and skills, enhancing their competence (NMC, 2018b). They must also undertake revalidation, in line with NMC requirements. In 2024, the NMC Council approved regulation of nursing associates in Wales (NMC 2024).

In September 2019, NHS Cervical Screening Programme (NHS CSP), Health Education England and NHS England/ NHS Improvement Primary Care Nursing team confirmed that *“Registered NAs working in primary care are eligible to train to undertake the role of cervical sample taker”* (PHE 2019).

Governance arrangements outlined by NHSE Office for Health Improvement and Disparities (OHID) advises screening providers need to ensure the following governance arrangements are in place:

NAs must meet the core clinical competencies in the Skills for Health competency framework set out in the NHS CSP sample taker training guidance.

To undertake cervical screening, NAs must have:

- completed a nursing associate qualification and be registered as a NA with the Nursing and Midwifery Council (NMC)
- undertaken initial theory and practical training as required by the NHS CSP
- be registered as a cervical sample taker on the NHS CSP data base

- 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, midwives, nursing associates or medical practitioners. The following UK registered health care professionals are eligible to train to undertake the role of cervical sample taker:

- registered nurses
- nursing associates
- midwives
- physician associates who are registered on the Physician Associate Managed Voluntary Register (PAMVR)
- registered health care professionals working in integrated sexual health (ISH) clinics
- General Medical Council (GMC) registered medical doctors.

Supervision

When a NA has registered with the NMC, a registered professional listed under the legislation (registered nurse, GP or medical practitioner (they may be working in a sexual health clinic)) will need to supervise the practice of that NA. The supervisor must be present on site (GP surgery or sexual health clinic) when the NA is carrying out the procedure. The supervisor can undertake indirect supervision of the NA when carrying out this procedure. This is a delegated activity and the NA would be expected to work within the remits of their professional code.

Education and training

Cervical sample taking is one element of a complex screening pathway. A cervical screening test is a consultation and clinical procedure. A cervical sample taker must have the required level of knowledge and understanding of the cervical screening programme, and clinical skill, to safeguard the individual.

The RCN recognises the importance of the role of the NA in enhancing multidisciplinary care, however any training programme needs to allow for differences in different registrants joining the programme, for example: prerequisites, previous clinical experience, pre-reading and learning.

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) [who is trained as a cervical sample taker] will need to supervise their practice. The individual who provides this professional support must be present at the [general] practice in order to undertake indirect supervision of the nursing associate when carrying out the procedure.”

The RCN supports the accreditation of training programmes, where there is clarity about who the training is directed at, eg registered nurses, midwives and/or nursing associates. RCN accredited courses can be found here: [rcn.org.uk/Professional-Development/Professional-services/Accreditation/Accredited-events-and-resources](https://www.rcn.org.uk/Professional-Development/Professional-services/Accreditation/Accredited-events-and-resources)

If NAs are to access any training, the programme should explicitly include them as potential learners.

Training providers must seek external accreditation for their cervical screening initial training (as described in the relevant PHE guidance) and the requirement for accreditation also applies when updating training, (with training provision taking place within the period of accreditation).

The RCN believes it is the responsibility of training organisations to ensure that an accredited programme meets the needs of all the learners who access it, which will then determine and manage the scope of practice, and recognition of competencies for those who successfully complete the programme of learning.

References and further reading

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