**CERVICAL SCREENING ASSESSOR REGISTER FOR HUMBER AND NORTH YORKSHIRE**

The PHE NHS Cervical Screening Programme Guidance for the training of cervical sample takers (November 2016) criteria for being a cervical screening mentor/ supervisor is as follows:

* Must be a registered nurse, doctor, or physicians associate
* Must hold a relevant mentoring/assessing/ teaching qualification
* Must be practicing sample takers
* Must have 12 months’ continuous experience in taking samples
* Must have taken a minimum of 50 samples
* Must be able to demonstrate continuing competence via audit results
* Must have student feedback

Students accessing the PCWTH cervical screening course need a CS assessor to assess the practical training. CS assessors will need to attend an initial training session and follow protocols provided to ensure consistency. Registered CS assessors will need to ensure they complete the required 3-yearly cervical screening updates to remain on the register.   
  
**The CS assessor role for each student will entail:**

* **Initial training visit**
* Explain history taking, consultation and procedure
* Demonstrate procedure (3 smears)
* Witness student performing procedure (5 smears)
* **Final assessment visit**
* Witness and assess student performing procedure (2 smears)
* **Admin**
* Checking students results to ensure correct technique is indicated
* Telephone conversations with students (queries)
* Arranging visits/assessments
* Checking student’s lab result percentage statistics on QARCS (ensuring 90% or above adequacy rate)
* Sign off as appropriate

In-between the external CS assessor visits students will undertake the required number of procedures with a named in-house qualified CS-taker available.

**Practices will need to commit to:**

* The release of the CS assessor to assess a minimum of two CS students per year as required. The time commitment for each student is 17.5 hours in total (7.5 hours initial training visit, 7.5 hours final assessment visit, 2.5-hour admin)
* The release of the CS assessor for a short initial training session on the roles and responsibilities of a CS mentor and reviews/support as needed
* Ensuring that the CS assessor has suitable indemnity insurance for this role

**Funding will be available to cover 17.5 hours at £36, totalling £630 per student assessed**

To enter the register please return the form below, completed by both the nurse wishing to become a CS assessor, and by the authorised practice representative to confirm support for this commitment.

**APPLICATION FOR ENTRY TO THE CERVICAL SCREENING ASSESSOR REGISTER FOR HUMBER, COAST AND VALE**

This application form needs to be completed by all mentors who would like to be placed on the cervical smear assessor register. Return this form once completed to [training@haxbygroup.co.uk](mailto:training@haxbygroup.co.uk)

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| **Details** | | | | | | |
| Full Name | |  | | | | |
| Workplace | |  | | | | |
| Workplace address | |  | | | | |
| Contact Number | |  | | | | |
| Contact Email | |  | | | | |
| CCG Area | |  | | | | |
| Practice Grouping | |  | | | | |
| Line Manager | |  | | | | |
| Nursing/Midwifery Qualification | |  | | | | |
| PIN Number | |  | | | | |
| Mentorship Qualification | |  | | | | |
| **Statement of Eligibility** | | | | | | |
| **I affirm as a mentor/assessor that I meet the following criteria:** | | | | | | **Please sign** |
| * I am a registered nurse | | | | | |  |
| * I hold an approved mentor/assessor qualification and I am active and up to date on the mentor register | | | | | |  |
| * I am a practicing CS sample taker | | | | | |  |
| * I have at least 12 months’ continuous experience in taking CS samples | | | | | |  |
| * I have taken at least 50 CS samples | | | | | |  |
| * I can demonstrate continuing competence via audit results | | | | | |  |
| * I have completed a CS update within the last 3 years (please include the date of your last update) | | | | | | Date: |
| * I am aware that to remain on the CS assessor register I must continue to complete required three yearly CS updates and maintain a good efficiency rate | | | | | |  |
| * I am willing to commit to assessing a minimum of 2 CS students per year as required and my employer has agreed to allow time for this. I am aware the time commitment for each student is 17.5 hours in total (7.5 hours initial training visit, 7.5 hours final assessment visit, 2.5 hour admin) | | | | | |  |
| Signature of applicant: | |  | | | | |
| Print Name: | |  | | | Date: |  |
| **Practice Agreement** | | | | | | |
| **I affirm as an authorised representative of the practice:** | | | | | | **Please sign** |
| * We will commit to the release of the above named nurse in order to mentor a minimum of 2 CS students per year as required. We are aware that the time commitment for each student is 17.5 hours in total (7.5 hours initial training visit, 7.5 hours final assessment visit, 2.5 hour admin) | | | | | |  |
| * We will commit to the release of the above named nurse for a short initial training session on the roles and responsibilities of a CS mentor and reviews/support as needed | | | | | |  |
| * We will ensure that the above named nurse has suitable indemnity insurance for this role | | | | | |  |
| Signature of authorised practice representative: | | | |  | | |
| Role: |  | | Print Name: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Verification of Application – Office Use Only** | | | |
| Signature of hub representative: |  | | |
| Print Name: |  | Date: |  |