

***LRCTC SERVICE PROVIDERS &
TRAINING OFFICERS MEETING 7TH
APRIL 2011***

- **Ian Phillips Deputy Manager**

TIMES THEY ARE A CHANGING.....

- East of England Cytology training centre as of 1st April 2011 has stopped providing mandatory NHSCSP courses.
- EEC are still providing other short courses
- They asked LRCTC if we could step in to provide the East of England with NHSCSP mandatory courses
- I sent out a questionnaire to the 12 laboratories in the region to try and gather as much data as possible to see if any departments would be requiring our services and how many personnel involved

THE EXTRA WORK

- 12 extra laboratories 160 + personnel require training {67% increase in our work}
- We will be monitoring the situation to identify how many personnel use our facilities over the coming year and make adjustments as necessary.
- In theory we will have 34 laboratories to train
- Over 369 personnel requiring training in a 3 year cycle
- 24 trainees in the system

WHAT IS THE PROBLEM ?

- **Class sizes are limited due to the large practical microscopy content of i.e. we cant just increase class sizes.**
- **Maximum we can take is 17 per course.**
- **Investment in larger facilities could overcome this but in the “credit crunch” era this is not likely to be forth coming**

THE EXTRA WORK

- After consultation with NHS London they agreed that we could take on the work.
- In the short term E of E labs will continue to pay per person as they attend a course.
- In the long term NHSL will be trying to negotiate “top slice” funding with EE to provide a more robust funding stream for labs & LRCTC to provide a “free” mandatory training entry for EE staff too.
- This will depend on how many labs use our services i.e if 100% uptake then we stand a better chance of achieving this

A SOLUTION ?

- One additional Update in November 2011 plus uptake of limited vacant spaces on existing courses
- From 1st January 2012:
- Pre-registration:
- New trainees can come here/transfer as their is sufficient course provision
- Post-registration:
- Update courses will increased from 6 to 9
- Medics update increased from 2 to 3

COURSES AVAILABLE

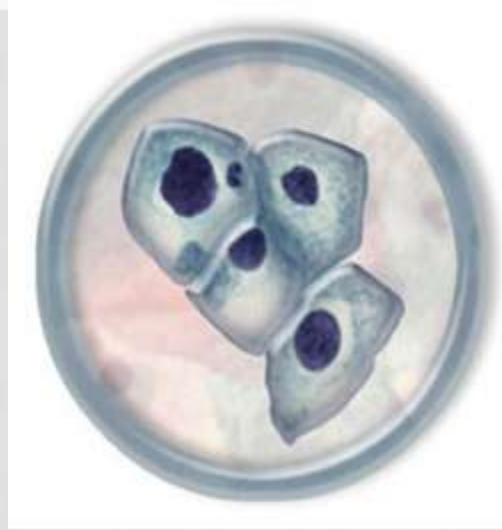
- **Pre-registration - Two Introductory, Follow Up, Pre-exam, 6 Tuition days**
- **Post qualification- Nine updates**
- **Non-gynae Introductory courses- urine, respiratory, serous fluids – one of each**
- **One day medics Update – three planned**
- **Introductory course MLA's – two planned**
- **Foundation courses for smear takers (two per annum)**
- **Update for smear takers (triennial) seven scheduled**
- **Sixty five courses run per annum**

LRCTC

- Was inspected and gained full NHSCSP Accreditation certification on the 25th March 2011
- Has an annual Contract Performance Management contract with NHS London with RAG rating indicators.
- On the 25th May 2011 gained a “Green” status for the academic year 09/10
- “The CPM process is very important and is an indication of value for money, partnership working with the NHS to ensure that qualifiers have the skills, knowledge and personal attributes required by the NHS and your organization's ability to supply timely and accurate data.” *Linda Frost Head of CNMET NHS London*

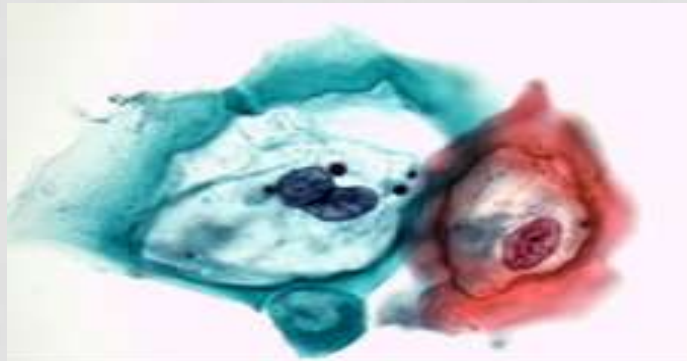
FREE PROSPECTUS

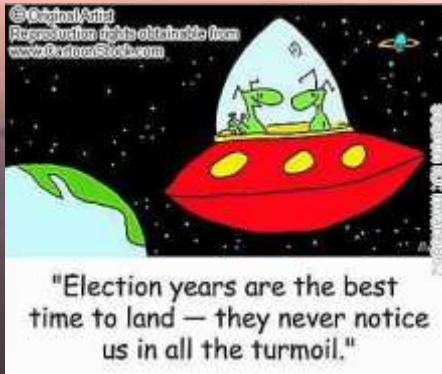
**BOOK
NOW!**



**All prospectus
details are
available on
line too!**

**London Regional Cytology Training Centre
Training Prospectus 2011/12**





- **Which planet are you on ? – this is Mars !**
- **Some details about NHS London Contract Performance Management - RAG rating**

NEW WEBSITE LAUNCH

- **8th June 2011 published**
- **VLE Moodle is being purchased hope to go live by the end of 2011.**

What is Moodle ?

Modular Object-Oriented Dynamic Learning Environment

- Gives educators the best tools to manage and promote learning, but there are many ways to use Moodle:
- Moodle has features that allow it to scale to very large deployment or small educational units
- Many institutions use it as their platform to conduct fully online courses, while some use it simply to augment face-to-face courses (known as blended learning).
- Many of the users like to use the activity modules (such as forums, databases and wikis) to build richly collaborative communities of learning around their subject matter.
- While others prefer to use Moodle as a way to deliver content to students and assess learning using assignments or quizzes.

Moodle

- **Accessed by direct internet links**
- **To Trust or home PC**
- **E-learning for nurse practitioners**
- **Will also be rolled out to cytology trainees as part of blended learning resource**



CITY & GUILDS ASSESSORS SECTION

- **New forms have now been released for portfolio work**

CITY & GUILDS LEVEL 3 DIPLOMA IN CERVICAL CYTOLOGY (3166-01)

LEARNER AND CENTRE DETAILS

Name:	
Signature:	
Telephone number:	
Email address:	

Date registered with City & Guilds:	
City & Guilds registration number:	
Period of registration:	

• Formerly VRQ 1
• First form in portfolio

Centre name:	NHS Cervical Screening Programme
Centre number:	007618
Centre address:	NHSCSP Cytology Education Office Department of Pathology Room 5087, 5 th Floor, Duncan Building The Royal Liverpool & Broadgreen University Hospitals NHS Trust Daulby Street Liverpool L69 3GA

Examinations Secretary/General Enquiries:	Kirsty Hughes
Telephone:	0151 706 4579
Fax:	0151 706 4597
Email:	Kirsty.hughes@ribuht.nhs.uk

Centre Coordinator:	Sharon Whitehurst
Telephone:	0151 706 4519
Email:	Sharon.whitehurst@ribuht.nhs.uk

CITY & GUILDS LEVEL 3 DIPLOMA IN CERVICAL CYTOLOGY (3166-01)

LEARNER AND CENTRE DETAILS

Assessor(s) contact details:

(If more than one, please indicate the coordinating assessor)

- **Learner has all contact details at start of portfolio**

Internal verifier (s) contact details:

(If more than one, please indicate the coordinating IV)

Internal Verifier Coordinator:

Contact details:

City & Guilds External Verifier:

CITY & GUILDS LEVEL 3 DIPLOMA IN CERVICAL CYTOLOGY (3166-01)

LEARNING AND ASSESSMENT RECORD
Planning, review and feedback

Learner name:	Registration number:
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UNIT 004	<p>PRINCIPLES AND PRACTICE OF MICROSCOPY There are two learning outcomes to this unit. The learner will be able to:</p> <ol style="list-style-type: none"> 1. Explain the principles of light microscopy 2. Adjust and maintain a microscope workstation for optimal use
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DATE	DETAILS
	<ul style="list-style-type: none"> • Learning & assessment plan referenced to learning outcomes • Target date with planned review • Feedback –outcome pass/refer/fail • “Medal & Mission” feedback • Reflective practice assessor – CPD points <p style="text-align: center;">REPLACES CAR 1.1 & CAR1.3</p>

I confirm that this is an accurate record of discussions.

Learner signature:	<input type="text"/>	Date:	<input type="text"/>
Assessor signature:	<input type="text"/>	Date:	<input type="text"/>

CITY & GUILDS LEVEL 3 DIPLOMA IN CERVICAL CYTOLOGY (3166-01)

LEARNING AND ASSESSMENT RECORD
Planning, review and feedback

Learner name:	Registration number:
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UNIT 001	PRINCIPLES AND ORGANISATION OF THE UK CERVICAL SCREENING PROGRAMMES
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There are six learning outcomes to this unit. The learner will be able to:

1. Describe the aetiology of cervical cancer
2. Describe the rationale and principles of screening
3. Describe the current reporting terminology relating to cervical cytology
4. Explain how the call and recall programme operates
5. Explain the reporting and management of abnormal samples
6. Explain the operation of a failsafe programme to ensure that abnormal results have appropriate action taken

DATE	DETAILS
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- **DATES , DATES & MORE DATES !**
- **PROSPECTIVE JOURNAL**
- **FUNDAMENTAL ELEMENT OF THE AUDIT TRAIL**

I confirm that this is an accurate record of discussions.

Learner signature:

Date:

Assessor signature:

Date:

CITY & GUILDS LEVEL 3 DIPLOMA IN CERVICAL CYTOLOGY (3165-01 & 3166-01)

PERFORMANCE EVIDENCE RECORD

Learner name:

Registration number:

PERFORMANCE EVIDENCE RECORD

Unit number Title

Use this form to record details of activities observed by the assessor - this may be in the form of a bulleted list. Include names of anyone else who may be involved in the activity. The assessor may wish to ask some questions relating to this activity and these should be recorded separately.

- **Use this form to record details of activities observed, witnessed or for which a reflective self account has been produced**

- **Formerly CAR 1.2**

I attest to witnessing the activity as described.

Assessor signature:

Date:

CITY & GUILDS LEVEL 3 DIPLOMA IN CERVICAL CYTOLOGY (3165-01 & 3166-01)

UNIT ASSESSMENT AND VERIFICATION DECLARATION

Qualification number

	CITY & GUILDS LEVEL 3 DIPLOMA IN CERVICAL CYTOLOGY
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Unit number

Title

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LEARNER DECLARATION

I confirm that the evidence provided for this unit is my own work.

Name:

Signature: Date:

City & Guilds registration number:

• **NEW FORM**
• **Mandatory form to be filled in for every unit to meet QCA requirements**

ASSESSOR DECLARATION

I confirm that the above-named learner has achieved all the requirements of this unit. Assessment was conducted under the specific conditions and context and is valid, authentic, reliable, current and sufficient.

Name:

To be signed by the coordinating assessor if more than one

Signature: Date:

INTERNAL VERIFIER DECLARATION

I confirm that the sampled work meets the standards specified for this unit.

Name:

To be signed by the coordinating internal verifier if more than one

Signature: Date:

Office use only:

Unit 013 Principles and Theory of Cervical Cytology (Written Question Paper)	Pass Result issued:	Diploma issued:
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CITY & GUILDS LEVEL 3 DIPLOMA IN CERVICAL CYTOLOGY

CLAIM FOR INDIVIDUAL UNIT CERTIFICATION

Please indicate below [✓] which qualification this claim refers to and which units are being claimed:

3165-01	<input type="checkbox"/>		
3166-01	<input type="checkbox"/>		
001	<input type="checkbox"/>	007	<input type="checkbox"/>
002	<input type="checkbox"/>	008	<input type="checkbox"/>
003	<input type="checkbox"/>	009	<input type="checkbox"/>
004	<input type="checkbox"/>	010	<input type="checkbox"/>
005	<input type="checkbox"/>	011	<input type="checkbox"/>
006	<input type="checkbox"/>	012	<input type="checkbox"/>

This section to be completed by the LEARNER:

I confirm that all the assignment work for the units indicated is authentic and my own.

Learner name:

City & Guilds Registration Number:

Learner signature:

This section to be completed by the ASSESSOR:

I confirm that the above named learner has achieved all the requirements of the award for the units listed and that the work submitted is authentic, reliable, current and sufficient, and I authorise this claim for certification. (Where there is more than one assessor, the co-ordinating assessor for the award should sign this declaration.)

Assessor name:

Assessor signature: Date:

This section to be completed by the INTERNAL VERIFIER:

I confirm that the sampled work meets the standards specified for this award, and I support this claim for unit certification.

Internal verifier name:

Internal verifier signature: Date:

Office use:

NEW FORM
Learners who withdraw from the training programme can claim credits for every completed unit

CITY & GUILDS LEVEL 3 DIPLOMA IN CERVICAL CYTOLOGY (3166-01)

SUMMARY OF UNIT AND QUALIFICATION ACHIEVEMENT

Learner name:	Registration number:
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Unit	Title	Date of completion	CREDITS	(IF SAMPLED)	
				IV initials	EV initials
01	Principles and organisation of the UK Cervical Screening Programmes	<input type="text"/>	5	<input type="text"/>	<input type="text"/>
02	Laboratory practice in the UK Cervical Screening Programmes	<input type="text"/>	4	<input type="text"/>	<input type="text"/>
03	Principles and organisation of quality assurance in the UK Cervical Screening Programmes	<input type="text"/>	3	<input type="text"/>	<input type="text"/>
04	Principles and practice of microscopy	<input type="text"/>	1	<input type="text"/>	<input type="text"/>
05	Anatomy and histology of the female genital system	<input type="text"/>	2	<input type="text"/>	<input type="text"/>
06	Cell morphology and cytochemistry of the female genital system	<input type="text"/>	2	<input type="text"/>	<input type="text"/>
07	Squamous lesions of the cervix	<input type="text"/>	10	<input type="text"/>	<input type="text"/>
08	Glandular lesions of the female genital system	<input type="text"/>	4	<input type="text"/>	<input type="text"/>
09	Morphological pitfalls in the interpretation of cervical cytology	<input type="text"/>	9	<input type="text"/>	<input type="text"/>
010	Principles and practice of Colposcopy	<input type="text"/>	1	<input type="text"/>	<input type="text"/>
011	Scanning devices and molecular techniques in cervical disease	<input type="text"/>	1	<input type="text"/>	<input type="text"/>
012	Cervical cytology in practice (Assignment Task A)	<input type="text"/>	155	<input type="text"/>	<input type="text"/>

• Formerly VRQ 2.1
 • Mandatory form to meet QCA requirements

All the units above have been completed to the required standard and meet the requirements for validity, currency, authenticity and sufficiency.

Assessor name:	Signature:	Date:
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Learner signature:	Date:
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I confirm that the sampled work meets the standards specified for this award

Internal verifier name:	Signature:	Date:
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Office use only:

Unit 012/B Screening Test	Pass result issued on	Checked by:
Authorised by:		Date:

CITY & GUILDS LEVEL 3 DIPLOMA IN CERVICAL CYTOLOGY

CLAIM FOR CERTIFICATION

QUALIFICATION NUMBER: 3165-01 3166-01

This section to be completed by the LEARNER:

I confirm that all the assignment work for this award is authentic and my own.

Learner name:

City & Guilds registration number:

Learner signature: Date:

This section to be completed by the ASSESSOR:

I confirm that the named learner has achieved all the requirements of the award. Assessment is current and sufficient, and I authorise this claim for certification. (Where there is more than one assessor, the coordinating assessor for the award should sign this declaration.)

Assessor signature:

Assessor signature: Date:

This section to be completed by the INTERNAL VERIFIER:

I confirm that the sampled work meets the standards specified for this award, and I support this claim for certification.

Internal verifier name:

Internal verifier signature: Date:

Office use:

• Form required after completion of portfolio
• Confirms learner has achieved all requirements of the award