Organisation name Site or unit		STANDARD OPERATING PROCEDURE **Cervical and breast screening offer and follow-up**	
Document ID	GYN-SOP-001	**Version**	1.0
Status	Blank form, to adapt	**Issue date**	
Review date		**Replaces**	
Owner		**Approved by**	
Signature			

Standard operating procedure (SOP) · GYN-SOP-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 12.13

At a glance

- Women are offered cervical and breast screening on the national schedule.
- Each result is followed up, and an abnormal result is referred within the set time.
- Women who do not attend are recalled (PHC-REG-003).
- Each offer, result and referral is recorded (GYN-REG-001).
- Stop and get help straight away if: an abnormal screening result is not referred within the set time.

1. 1. Purpose

To find cervical and breast cancer early through screening that is followed up (12.13).

2. 2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. 3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. 4. Background

Cervical and breast cancers are found earlier when screening is offered on schedule and results are acted on. A screening result that is not followed up can cost a life.

5. 5. Responsibilities

Role	Responsibility	Competence
Lead gynaecologist or obstetrician	Owns the screening rule	Clinician
Screening coordinator	Runs the recall and records results	Nurse

6. 6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. 7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. 8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. 9. Procedure

Step 1. Offer.

- Offer screening on the national schedule and record each offer.

Key point: On schedule.

Step 2. Follow up.

- Follow up each result, and recall women who do not attend (PHC-SOP-006).

Key point: Every result.

Step 3. Refer.

- Refer each abnormal result within the set time and record the referral.

Key point: Within the set time.

10. 10. Decision points

- No decision points in this procedure.

11. 11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. 12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. 13. Monitoring

Measure	Target	Frequency	Owner	If not met
Abnormal results referred within the set time	100%	Quarterly	Lead gynaecologist or obstetrician	Escalate to medical director

14. 14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility's records policy years

15. 15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. 16. Related documents

ID	Title	Use
GYN-REG-001	Screening recall and result register	Register
PHC-SOP-006	Screening offer and follow-up (existing, reused)	Procedure

17. 17. Evidence

Reference	Note
E-009	Based on the WHO guidelines for screening and treatment of precancerous lesions for cervical cancer prevention (2021).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. 18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

19. References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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