



Cervical Screening GP Update, 2025

Your shortcut to the 2025 update to the National Cervical Screening Guidelines.

The latest cervical screening update introduces several refinements rather than sweeping changes. The biggest shifts relate to expanded access to self-collection, clarified management pathways for immunodeficient patients, simplified post-hysterectomy testing, and refined test-of-cure and follow-up intervals. The overarching aim: make screening easier, more inclusive, and more consistent, while maintaining high standards of safety and early detection.

Area	Key updates at a glance
Self-collection	Available to all eligible women and people with a cervix, regardless of screening history. Patients can now self-collect at clinics or home. If HPV (non-16/18) is detected and the patient doesn't return for cytology, another self-collection can be done at 9–12 months instead of clinician collection.
HPV (non 16/18) follow-up	Annual self-collection now permitted for ongoing surveillance of persistent HPV infections; three consecutive positive results → colposcopy referral.
Test of cure (HSIL)	Annual HPV-only testing (self or clinician-collected) replaces co-testing.
Immunodeficient patients	Clearer definition: includes HIV, organ/stem cell transplant, haematological malignancy, and long-term immunosuppressive therapy. Screen every 3 years instead of 5.
Post-hysterectomy screening	Simplified: annual co-testing if prior HSIL or AIS, until two consecutive negatives. If hysterectomy for benign reasons with no history of abnormalities → no follow-up required.
HSIL & AIS management	Annual HPV testing (self or clinician-collected) post-treatment until two negatives; refer for any abnormality. AIS follow-up continues for up to 25 years or until age 70.
Screening age & interval	Unchanged: 25–74 years, every 5 years for average-risk individuals. Exit testing optional after age 70 if last result negative.
Role of NCSR	Integration with GP software now provides real-time data on due tests and results. Ensures accurate recall and supports compliance.

Summary

- Self-collection is now the default and preferred pathway: safe, accurate, and empowering for patients.
- Expanded eligibility and simplified follow-up are expected to significantly increase participation, especially among under-screened groups.
- Post-treatment and immunocompromised pathways are more clearly defined, improving consistency in clinical management.
- The National Cancer Screening Register (NCSR) plays a central role in recall accuracy and medico-legal safety. Always check it before screening or re-testing.
- Patients ≥70 years can still choose to continue screening if preferred.
 - **Key clinical message:** Offer self-collection first, know when clinician collection or colposcopy is required, and use the NCSR to verify eligibility and follow-up timing.

Where to next

For further learning, explore...

- 🔍 Our short CPD **Micro-Course** in cervical screening;
- 🔍 Or dive deeper with our university-assured, structured **Certificate Course** pathway in Women's Health.

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