

Competency Assurance in Gynaecological Cytology

1.0 INTRODUCTION

The National Screening Unit (NSU) of the Ministry of Health is considering options for a New Zealand external quality assurance (EQA) programme to appraise the competency of individual practitioners in cervical cytology. An educational approach is proposed, as a result of consultation with the Cytology Training Working Group in 2003 and 2004.

This paper outlines two options for a New Zealand EQA programme, with a view to obtaining wide sector feedback and advice, before any definite decisions are made. Some laboratories already use the Royal College of Pathologists' of Australasia laboratory performance Quality Assurance Programme (QAP) slides to monitor individual performance, although the extent of participation and the way the programme is handled varies between laboratories.

2.0 BACKGROUND

The *Report of the Ministerial Inquiry into the Under - Reporting of Cervical Smear Abnormalities in the Gisborne Region* (CSI April 2001) raised the issue of the "maintenance of competence of smear test readers and cytopathologists" (Recommendation 11.28). This was followed in December 2001 by Dr McGoogan's report *Progress on Implementing the Cervical Screening Inquiry Recommendations*, which recommended:

The NCSP needs to consider developing a New Zealand EQA scheme in collaboration with the professional bodies for individual and technical and medical laboratory staff with a facility to break anonymity if there is persistent poor performance. The format, protocols and criteria of the EQA scheme should meet NCSP standards.

Dr McGoogan's report of June 2003 further recommended:

A national external quality assurance scheme should be established for laboratory staff to monitor continuing competence.

These recommendations have been further reinforced by the report of the Office of Auditor General (December 2003) and the implementation of the Health Practitioners Competency Assurance (HPCA) Act 2003.

3.0 AIM

The essential component of continuous quality improvement for laboratories is that all cytotechnicians, cytoscientists and pathologists participate in an educational EQA scheme. Participation in both EQA and Continuing Professional Development (CPD) programmes will provide evidence of maintenance of competency at an individual level.

Specific benefits of an educational EQA scheme are to:

- provide education and training;
- identify weaknesses and improve performance at an individual level;
- provide support and justification for resources, i.e. staff and equipment;
- provide evidence of the quality of service and competency of all laboratory staff;

- improve confidence in laboratories and the NCSP.

4.0 PRINCIPLES

The following principles, compiled and confirmed by several sources^{i, ii, iii, iv, v}, apply to the development of the preferred EQA option.

1. The participation and agreement of the professional bodies in the development of a programme protocol and procedures is critical.
2. The primary focus is educational.
3. All professionals participate in a way that closely mimics normal practice.
4. There are clear processes to ensure participant confidentiality.
5. Individual performance is evaluated against 80% consensus opinion of all participants.
6. Substandard performance should be defined statistically
7. There are clear guidelines for handling persistent substandard performance.
8. The programme should be independent of laboratories.
9. The programme should achieve formal accreditation.

5.0 OPTIONS

1. Development of an individual Competency Assurance Programme in partnership with the RCPA Quality Assurance Programme based in Australia.

Initial communication in June and July 2004 with the RCPA QAP Committee has ascertained that this group are interested in the possibility of developing an EQA programme to assess individual practitioner competency for use in New Zealand laboratories. Further discussions with the QAP committee would be necessary to explore the specific issues and requirements for the development of this option.

An individual competency assurance programme would stand alongside the RCPA QAP laboratory performance programme and would use many of the resources developed for the QAP. The two EQA programmes would be independent and the individual programme would not be a direct extension of the laboratory programme.

The main benefits of this option are:

- Utilisation of an existing organisation with established expertise and experience, slide sets and mail out procedures;
- Reduced set up and ongoing costs for implementation;
- More efficient use of existing EQA resources, e.g. slide material and people;
- An opportunity for the RCPA and the NCSP to work in partnership.

The main risk / barriers for this option are:

- No established minimum standards of performance;
- Less independence and appreciation of NZ considerations;
- Slides would be required to supplement RCPA stocks for circulation in Australasia;
- The QAP does not currently use the 80% consensus model for “correct answers”;

2. Development of a New Zealand based individual Competency Assurance Programme

This option would involve the complete new development of a New Zealand based EQA programme. The programme would be designed in line with the requirements of other interpretive EQA schemes in cytopathology and would closely follow normal laboratory working practice.

The main benefits of this option are:

- Development of a new NZ based organisation with the opportunity to further develop our own expertise and experience;
- Independence and flexibility.

The main risk / barriers for this option are:

- Substantial establishment, implementation and ongoing operational costs;
- Length of time required to develop, pilot and implement a new programme¹;
- Requirement for the development and maintenance of EQA resources, specifically appropriate slide material;
- NZ Workforce capacity to run the programme.

This paper will provide the basis of a panel discussion at the NZ Society of Cytology Conference on 7 October 2004.

If you are unable to attend, please send comments, preference/s or questions for the panel to Diane Casey by: **Monday 4 October** via email, fax or in writing to:

Diane Casey, Workforce Project Analyst, National Screening Unit.

Private Bag 92522

Wellesley Street

Auckland

Email: diane_casey@moh.govt.nz

Phone (09) 580 9039

Fax (09) 5809001

¹ Note that the NCSP is under considerable pressure and ongoing scrutiny from the Office of the Auditor General on progress to implement an individualised EQA system as soon as possible.

REFERENCES

- ⁱ Smith, J. *Quality Assurance in the NHSCP*. August 2003. NZSC conference presentation
- ⁱⁱ Slater, D. N., Hewer, E. M., Melling, S. E. and Rice, S. External quality assessment in gynaecological cytology: The Trent Region experience. *Cytopathology* 2002, 13, 206-219
- ⁱⁱⁱ Working Groups: Global Odyssey 2002 conference, Addressing Issues associated with the development and management of PT programme and with their optimal use, *Accred Quality Assurance* (2002) 7:320-334
- ^{iv} Department of Health Working Group on Histopathology EQA Accreditation. *Recommendations for the development of Histopathology / Cytopathology External Quality Assessment Schemes*. London: Department of Health. 1997: pp. 1-13
- ^v National Health Service. External Quality Assessment Scheme for Gynaecological Cytopathology: Protocol and Standard Operating Procedures. NHSCSP Publication No 15, January 2003