British Association for Cytopathology response to the RCPath proposals on EQA

The BAC are grateful for the opportunity to respond to the draft proposals from the RCPath in response to the Barnes' report on Pathology Quality Assurance Review. The Barnes' report indicates in recommendations 4.27 and 4.28 that there is a need to review and revamp the operation and structure of EQA. This applies to technical/analytical EQA but also to interpretative EQA. Dr Barnes proposes that, given the current role of the RCPath in the current JWGQA and NQAAP structure that they are well placed to lead on any new proposals. This seems sensible, given the pivotal role of the RCPath currently.

Within cytology, there is a growing need for analytical EQA given the increasing use of molecular techniques such as HPV testing in cervical screening, and others within diagnostic cytology. There is now also a technical EQA scheme for both cervical and diagnostic cytology. The former is under the auspices of the NHS CSP but must be encompassed within any national approach to harmonising EQA schemes.

It is in the area of individual interpretative EQA that will require most change. There are no national interpretative cytology EQA schemes within diagnostic cytology, although the scheme run out of the North West by Dr Sally Hales operates as the nearest to this. This however does not encompass all areas of diagnostic cytology, but does include both medical and non-medical (BMS) staff. It is essential that any future individual interpretative EQA structure is inclusive, and can allow for all relevant health care professional irrespective of their professional background. The increasing role of BMS staff, and the development of the DEP and now ASD in diagnostic cytology, will mean more non-medically trained BMS staff will be taking on senior and lead roles in the reporting of diagnostic cytology and will require access to any relevant interpretative EQA schemes. It is also relevant to note that many of these Consultant BMS staff, along with other BMS staff, are taking on histology reporting skills via the histology reporting pilots, and hence will also need access to relevant histology individual interpretative EQA schemes in the future. This would be best done by allowing them to take part in the histology EQA schemes as do medical staff, and hence be treated like them within the scheme.

Within the CSP schemes across the UK, there are individual interpretative EQA schemes, again run via the national CSPs, but which include medical, BMS and screener staff. Currently the medical staff in these schemes are, if issues of performance arise, dealt with via NQAAP. There are many consultant BMS staff operating at consultant equivalent who must be accommodated within any future EQA process, and must be treated as medical consultants are within any such scheme. Any future process must also include other BMS staff, as well as screener staff. The later do not belong to any professional body as such. To suggest that the IBMS should deal with any potential BMS issues (point 4.5 in the consultation document) is unrealistic given that the proposals are to deal with all staff and not just selected groups. Clinical scientists within cytology are rare, but may well increase in the future given the development of enhanced roles in cytology and changes in the training and
accreditation of scientific staff. To include clinical scientists, in discussion with the ACB, but not other staff, seems highly anomalous.

The BAC have no objection to individual performance data from nationally agreed EQA schemes, be they laboratory or individually based, being openly available for public scrutiny. This seems only correct and in line with the proposals of the Barnes' report and also in line with the recommendations of the NHS in the post-Francis era.

The BAC would be very willing to assist with contributing to the overall structures as proposed by nominating representative(s) to sit on the groups to help with ensuring all of cytology is represented and issues relating to cytology are best understood and dealt with appropriately.

The BAC support the general changes as outlined in the RCPath draft proposals, and are willing to help to develop and implement them, but what ever proposals are being developed must include all schemes and all staff who require access to them.

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Chairman BAC, on behalf of the BAC