



CERVICAL CYTOLOGY EQA SCHEME

ANNUAL REPORT 2009 - 2010

NHS SCOTLAND
Cervical Cytology EQA Scheme

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1 INTRODUCTION

The NHS Scotland Cervical Cytology EQA Scheme has three components:

- Interpretive Assessment
- Educational Slide Circulation
- Technical Assessment

The aims of the scheme are:

- To contribute towards the establishment and upholding of minimum national standards in the cervical screening programme.
- To promote consistency in reporting across the country.
- To facilitate continuing education and professional development within laboratories by providing regular access to interesting and relevant cytological material.
- To enhance the experience and confidence of cervical cytopathology staff in their reporting practice.
- To contribute to improving the quality of technical procedures undertaken by laboratories.
- To assist in meeting accreditation standards relating to EQA

2 ACTIVITY

A. Participation Levels

I. Interpretive Assessment

Participation levels for the recent circulations are as follows:

Imager Labs Circulation 1 (October 2009)

6 Participating laboratories	
Medical Staff /A.P.	18
Checkers/Screeners	47
Total	65
Maternity leave	1
Junior Medics	28
Trainee BMS/Cytoscreeners	3

Non-imager labs Circulation 1 Checkers/ Screeners (1A) (October 2009)

9 Participating laboratories	
Checkers/Screeners	100
Sick/ other leave	0
Trainee BMS/Cytoscreeners	6

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Non-imager labs Circulation 1 Medical Staff/Advanced Practitioners (1B) (Oct 2009)

9 Participating laboratories	
Medical Staff /A.P.	34
Sick/other leave	0
Junior Medical Staff	10

Non-imager labs Circulation 2 Checkers/ Screeners (3B) (March 2010)

10 Participating laboratories	
Checkers/Screeners	99
Sick leave	2
Maternity leave	3
Other non participants	2
Trainee BMS/Cytoscreeners	4

Non-imager labs Circulation 2 Medical Staff/ Advanced Practitioners (4B) (Mar 2010)

10 Participating laboratories	
Medical Staff /A.P.	32
Sick/other leave	0
Junior Medical Staff	3

II. Educational Slide Circulation

During 2009-10 all eleven laboratories in Scotland reporting cervical smears together with all four laboratories from Northern Ireland participated in the Educational Slide Circulation, The number of participants that labs stated were eligible was 154 technical staff and 51 medical staff, the same as last year. Participation each month was monitored (chart 1 – see slide circulation results). The overall participation was 82% for medical staff and 93% for technical staff. Two laboratories had low participation for medical staff (40% and 29%) –excluding these, the percentage participation for medical staff was 89%. and, except for these two laboratories, all labs met the participation standard of 75%

III. Technical Assessment

Nine labs participated in runs 35 and 36. In runs 37 and 38 there were 10 labs participating. Two labs which withdrew from the feasibility study have rejoined this scheme from the Hologic Scheme and one lab which has now entered the feasibility study has transferred to the Hologic scheme.

B. Current Progress of the Individual Components

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I. Interpretive Assessment

Imager Circulation 1 October 2009

This round was completed by the imager labs in December 2009.

Non- imager Circulation 1 (1A and 1B)

These rounds were completed by the non-imager labs in December 2009.

These form the first rounds following on from the pilot of the new style assessment by the imager labs.

Non Imager Circulation 2 (3A and 4B)

These rounds were commenced in February 2010 and will be completed in the near future when the remaining four participants have viewed the slides.

Imager Circulation 2 (5C)

The imager labs commenced this round in March 2010 and are scheduled to complete the round by mid June 2010.

Rounds 3A, 4B and 5C are the second rounds post the imager pilot.

Laboratories are being asked to donate slides to the scheme more frequently than in the past. This is because of the NQAAP requirement for 2 circulations per year. All laboratories are currently cooperating satisfactorily with the request for slides.

II. Educational Slide Circulation.

The 2009 – 2010 circulation commenced on September 1st 2009 and was completed at the end of March 2010. As there were 15 laboratories in total viewing the sets, there were 3 circuits of 5 laboratories. The request to submit slides was made in April, earlier than in previous years. As a result, although many laboratories did not submit slides by the first deadline of 5th June, all but one lab had submitted slides by early August. All laboratories returned a complete set of answer sheets except one laboratory that did not return one answer sheet. In circuits 43 and 44 the circulation of slides was timely; in circuit 45, one laboratory did delay in sending on one slide package to the next laboratory resulting in the subsequent lab having less time to review those slides.

III. Technical Assessment.

- Four runs (Runs 35, 36, 37 and 38) have been completed since May 2009.
- Request for next run (Run39) has gone out with a submission date of 28/5/10 and an assessment date of 11/6/10.
- No new assessors have been trained this year and no applications have been received although there has been one request for an application form to be sent out.

IV. Quality Management

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- **Q-Pulse**

The Quality Manager is currently in negotiation with Greater Glasgow and Clyde I.T. Department requesting that GG and C host the EQA scheme documentation on the existing Q-Pulse system. Restricted access is required for the scheme management team with remote access from Grampian and Tayside Health Boards.

- **CPA**

The CPA status of the scheme is currently “not registered”. The new scheme documentation is being progressed but a CPA application cannot be submitted until a decision has been made regarding the future of the Thin Prep Imager within laboratories.

C. Management / Operational

I. Steering Committee Meetings

Two meetings of the Steering Committee took place at Glasgow Royal Infirmary, one on September 24th 2009 and the other on 18th March 2010. At the meeting in March, it was discussed that since the new scheme format has now become established as the norm, it may be sufficient for the Steering Committee to meet annually rather than bi- annually, given that the scheme is also subject to the guidance of NQAAP and the Royal College of Pathologists. An extra meeting could be organised mid year if required.

Ninewells has adopted a “no paper” policy. Personal printers are being replaced by “pooled printers”. The organiser’s computer is now connected to a pooled printer within the department. Since confidential material is printed on this computer, a risk assessment of the new printing procedure was undertaken. The risk of breaching confidentiality was considered to be low, and while the process is now more time consuming, the risk is minimised by the organiser standing beside the printer when the results are printed.

3. TURNAROUND TIMES

I. Interpretive Assessment

The preliminary results are issued within 48 hours of the organiser receiving the response forms from the Named Laboratory Coordinator. For one laboratory there was a delay of one week before the results were issued due to annual leave. Twice yearly circulations with three different sets of slides for each circulation mean that occasional delays will be unavoidable. However, the vast majority of preliminary results are issued within 48 hours. When the answer sheets from all laboratories in a circulation have been received, the organiser calculates the final results. For the 9 non-imager labs there is a delay of up to 22 weeks from the first laboratory viewing the slides to receipt of final results. The delay is less for the 6 imager labs and is of the order of 12 weeks.

II. Educational Slide Circulation

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For the Slide Circulation component, results tables have been compiled and written feedback information will be issued in advance of the Participants' Feedback Meeting on the 15th June.

III. Technical Assessment

	Submission date	Assessment date	Results issued	Turnaround Time
Run 35	29.05.2009	12.06.2009	25.06.2009	13 days
Run 32	18.09.2009	02.10.2009	05.10.2009	3 days
Run 33	24.12.2009	20.01.2010	26.01.2010	6 days
Run 34	15.03.2010	19.03.2010	29.03.2010	10 days

4. RESULTS / FEEDBACK

A. *Results*

I. Interpretive Assessment

Imager Circulation 1 (October 2009)

Medical staff/ A.P

There were 18 participants. This number is insufficient to allow calculation of a meaningful 2.5 percentile point, the required number being 25, and preferably 45.

No of participants	Numerical score	Percentage score
12	32	100
3	31	96.8
3	30	93.7

Checkers/ Screeners

This group comprised 47 participants.

One of the ten slides failed to achieve an 80% consensus of opinion amongst the group of screeners/ checkers. Results are therefore based only on the answers for the remaining nine slides.

No of participants	Numerical score	Percentage score
47	18	100

Non Imager Circulation 1 Checkers/ Screeners (1A)

There were 100 participants. The 2.5 percentile for the group was 80%. No participant fell below the 2.5 percentile.

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No of participants	Numerical score	Percentage score
84	20	100
12	18	90
4	16	80

Four participants in this group failed to record an answer for one slide in the set, resulting in a score of 0 for that slide.

Non Imager Circulation 1 Medical Staff/ A.P. (1B)

There were 34 participants. The 2.5 percentile for the groups was 93.7%. No participants fell below the 2.5 percentile.

No of participants	Numerical score	Percentage score
22	32	100
9	31	96.9
3	30	93.7

Non Imager Circulation 2 Screeners/ Checkers (3A)

4 participants in this group will view the slides in the near future, and so the results for this group are not yet finalised. To date there have been 97 participants. Currently, the 2.5 percentile is 84% and there are 3 participants below the 2.5 percentile. These results may change once the remaining four answer sheets have been submitted.

No of participants	Numerical score	Percentage score
83	20	100
11	18	90
1	16	80
2	14	70

Two candidates who fall below the 2.5percentile also have a serious screening error i.e. called negative a slide of mild dyskaryosis or worse. This means that currently there are 3 screeners/checkers with substandard performance based on this one round. No candidates have reached an action point.

Non Imager Circulation 2 Medics/ A.P. (4B)

There were 31 participants. The 2.5 percentile for the group is 91.6%. 1 participant fell below the 2.5 percentile and also had a clinically serious error- i.e. called

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negative a slide of moderate dyskaryosis or worse. There is therefore 1 candidate in the group of medical staff/ A.P. whose performance is classed as substandard on the basis of this one round. No candidates have reached an action point.

No of participants	Numerical score	Percentage score
25	30	100
3	29	96.6
2	28	93.3
1	26	86.6

II. Educational Slide Circulation

Results for the last circulation are included. Not surprisingly, as in previous years high grade squamous dyskaryosis formed the most popular category submitted comprising almost half of cases (Table 1). These included a range of appearances such as dyskaryosis in an atrophic background, single cells, metaplastic type dyskaryosis and microbiopsies. Cases with few cells and slides that had originally been undercalled were included. Twenty seven percent of cases contained glandular abnormalities (a similar proportion to last year) with examples of endometrial adenocarcinoma proving popular.

Agreement with the submitted diagnosis (table 3) was good for all the categories; not unexpectedly, slides submitted as borderline nuclear abnormality (bna), or moderate dyskaryosis were more likely to cause a spread of opinion.

Participants assessed the quality of each of the slides circulated. Scores were then averaged to provide feedback to each laboratory submitting slides (chart 2). Scores ranged from 50 – 100%; however, one problem was that not all labs gave an opinion on all the slide sets and the lab achieving 100% had received feedback from only one other laboratory.

III. Technical assessment

- Runs 35 & 37 were a smear submitted from the laboratories own files.
- Runs 36 and 38 were a pooled vial and all laboratories submitted preparations from the vial which was sent out to them
- There have been no substandard or marginal outcomes in the last four runs
- Run35 there were 9 adequate scores
- Run 36 there were 4 adequate scores and 5 good score
- Run 37 there were 5 adequate scores and 5 good scores
- Run 38 there were 6 adequate scores and 4 good scores

B. *Results of Questionnaire*

This year, it was decided to survey participants on the Educational Slide Circulation component of the scheme. This was to gauge whether the current format and quality of the circulation was acceptable to participants and, in the light of their responses, to identify areas for improvement. Also, we wished to assess participants' views on alternative options for the design of the scheme – the

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reasons for this were two-fold: 1. there was an impression that often laboratories find it hard to find time to review the slide sets and 2. the Proficiency Testing scheme in England circulates only two educational slides with the test slides each six months.

The results are presented in the accompanying document. There were 96 returns (47%) with 21 (41%) medical and 75 (49%) technical staff responding. In general, participants are happy with the frequency and number of slides. Slides are interesting and educational for most respondents, the quality of staining is least often good and the usefulness of accompanying information is what is most frequently considered poor. Reassuringly, the majority of laboratories have consultant-led group review of the slides which the majority of participants find interesting and educational. The slide submission process yielded the greatest proportion of negative responses with few participants involved in slide selection finding this easy.

Alternative options for the format were not considered more favourable than the current format. Almost 20% of respondents indicated that including the educational slides with the interpretive assessment slides would result in a format that was poor with respect to most of the quality aspects of the scheme assessed; retaining a separate slide circulation but sending sets less frequently was also deemed to be poor by more participants compared with the current format. See appendix.

C. Feedback to Participants

A Participants Meeting was held in Stirling on 19th June 2009. There were 23 participants and the feedback indicates that the meeting was a success. In addition to updating the participants on all elements of the scheme, the annual meeting is a good opportunity for people to express their views on any aspect of the scheme.

5. FINANCIAL REPORT

Sent separately.

6. SERVICE DEVELOPMENTS AND FUTURE PLANS

The scheme has almost completed two full rounds following the pilot of the new style Interpretive Assessment component and will continue with this format.

Following the questionnaire about the Educational Slide Circulation, it was decided to retain the current format of this component of the scheme, but to pilot an alternative slide submission process with only 2 or 3 slides being requested at a time and a request for submission three times per year. This may make the process less of an onerous task over the summer months for those submitting slides but also allow more time for the material to be reviewed by the organiser (to check that staining and accompanying information is acceptable) and spread the associated

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administrative and package preparation tasks. Eventually, if slides are submitted frequently enough, a “pool” of slides could be accumulated and sets could be devised according to “themes”. Acceptability of this change will be assessed.

The Technical Component of the scheme currently has 9 participating laboratories. The remaining 6 laboratories participate in the Hologic scheme. The way forward for this part of the scheme is dependent on whether or not the Scottish labs adopt the Thin Prep Imager system.

7. SUMMARY AND CONCLUSIONS

The scheme has successfully moved to twice yearly Interpretive Assessment circulations as recommended by NQAAP. This change is very labour intensive for the organiser since it involves the composition and circulation of 6 different slide sets per annum, and also requires that laboratories cooperate with slide donation.

The questionnaire on the Educational Slide Circulation validates the current format which has therefore been retained. However, a pilot of a new form of slide submission is underway and the acceptability of this will be assessed.

The Technical component continues as before with a reduced number of laboratories participating in the Scottish scheme and the remaining laboratories participating in the Hologic scheme.

The management team are continuing to progress with the documentation of the new scheme procedures within the Interpretive Assessment component. This will help minimise the delay in submitting an application to CPA once the decision regarding the imager has been made.