Cervical Screening Test Reporting in Australia: A Proficiency Testing Perspective

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Background

The Royal College of Pathologists of Australasia Quality Assurance Programs (RCPAQAP) is dedicated to monitoring the performance of Australian laboratories following the implementation of the renewed National Cervical Screening Program (NCSP) on 1 December 2017. Identifying and mitigating risks are essential components of enhancing patient outcomes in healthcare, and external quality assurance (EQA) programs are vital in these efforts.

Methods

RCPAQAP has established a perpetual quality loop to improve the consistency and accuracy of Cervical Screening Test (CST) reporting. This loop promotes a culture of ongoing learning and improvement through interdependent key stages, enhancing performance and maximising outcomes.

Stage 1. Challenge

- Purpose: Identify a problem or an area for improvement.
- Key Question: What is the challenge or opportunity that requires attention?
- Activities: Provide current and relevant diagnostic challenges reflecting clinical scenarios of the NCSP screening pathway.

Stage 2. Analyse

- Purpose: Understand the underlying causes of the challenge.
- Key Question: Why is this occurring? What are the contributing factors?
- Activities: Data collection, root cause analysis, and gathering stakeholder input.

Stage 3. Feedback

- Purpose: Share findings and gather perspectives.
- Key Question: What insights or reactions do others have? How can we refine our understanding?
- Activities: Report results, discuss with stakeholders, and provide 360° feedback.

Stage 4. Monitor

- Purpose: Monitor the effectiveness of implemented changes and ongoing performance.
- Key Question: Are we seeing progress? What adjustments are needed?
- Activities: Cumulative analysis and risk identification in reporting trends.

Stage 5. Education

- Purpose: Inform through learning and training.
- Key Question: What do people need to know or learn to maintain improvements?
- Activities: Oral presentations, webinars, posters, and publications.

Results

Cumulative analysis over a seven-year period has demonstrated significant improvement in reporting CSTs within the EQA setting (Figure 1).

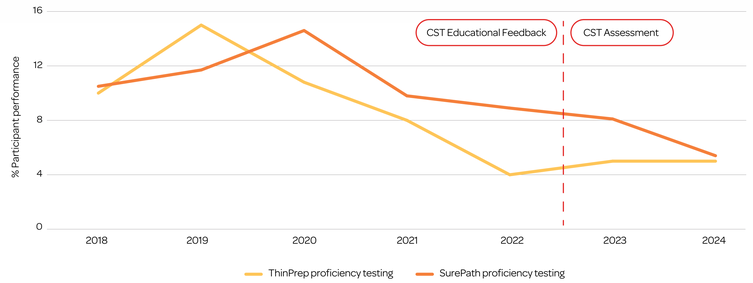

Figure 1 Incorrect summary line per enrolment status

Discussion

RCPAQAP collaborated with its participants, advisory committee members, NCSP Guidelines working party members, contributors, and the Royal College of Pathologists of Australasia (RCPA) to address issues identified by the quality loop process. Adaptive strategies were implemented to achieve quality outcomes in response to emerging challenges (Figure 2).

Improvement opportunities identified

- Guideline[1] clarification to reduce interpretative inconsistencies
- Harmonise laboratory reporting practice through educational activities
- Understanding of the update to the 'Intermediate risk' reporting pathway
- Reinforcement of the update expanding access to self-collection.

Outcomes

- Risk category/summary line initially provided for educational purposes only
- NCSP Guidelines working party formed to investigate unclear reporting areas
- RCPA Reporting and Management Guidelines[2]
- Oral presentations, comprehensive reports, webinars, posters, and publications.

2026 development

- Provide a proficiency testing program that operates independently from cytomorphology interpretation, emphasising the understanding of the NCSP reporting and management algorithm.

2018
- Additional 15 case scenarios via Survey Monkey
- 48th Annual Scientific and Business Meeting
  - Closing the Quality Loop: Cervical Screening Result *(presentation)*
  - External quality assurance with the renewed National Cervical Screening Program – a preliminary analysis *(poster)*
  - RCPAQAP Cervical Screening Result Survey *(poster)*
- No participant assessment for CST

2019
- New Zealand ASM: Renewed Australian Cervical Screening Program Year 1 – cervical screening result analysis *(presentation)*
- No participant assessment for CST

2020
- Working party formed: Review and partial update (intermediate risk updates) Cervical Cancer Screening Guidelines (effective 1 February 2021)
- No participant assessment for CST

2021
- RCPA Additional reporting and management guidelines published
- 'Summary line' adopted to replace 'Risk category'
- Updates published in March Cytoletter Vol45 No1: Guidance for Laboratories Reporting Cervical Screening Tests within the National Cervical Screening Program
- No participant assessment for CST

2022
- Partial guideline update to support policy change to expand access to self-collection
- PowerPoint presentation & quiz prepared for state ASC meetings: National Cervical Screening Program – Reporting and management guidelines for Australian laboratories
- Participant assessment commenced for CST

2023
- Low error rate for summary line maintained

2024
- Low error rate for summary line maintained

Figure 2 Quality loop timeline: Strategies and developments

Conclusions

Identifying and managing potential risks proactively enhances the accuracy and consistency of diagnostic results. RCPAQAP will continue collaborating with stakeholders to support the reporting of CSTs in Australia.

This ongoing commitment seeks to provide patients with accurate information regarding their CSTs, enabling clinicians to make well-informed decisions for consistent follow-up management.

References

1. National Cervical Screening Program Guidelines
2. RCPA – Reporting and Management Guidelines