Cervical Screening Program Indicators: RCPAQAP Perspective

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Introduction

The National Pathology Accreditation Advisory Council (NPAAC) is responsible for developing and maintaining the accreditation standards for Australian pathology laboratories. The Department of Health, Disability and Ageing, in collaboration with NPAAC and the Australian Commission on Safety and Quality in Health Care, has published the third edition of the *Requirements for Cervical Screening*[1], which aims to protect women and people with a cervix from harm occurring due to poor-quality screening processes, from collection, including self-collection, to the communication of results.

The *Requirements for Cervical Screening* include program indicators and numerical standards, which pathology laboratories reporting to the National Cervical Screening Program (NCSP) must use to support quality improvement activities.

Methods

The Royal College of Pathologists of Australasia Quality Assurance Programs (RCPAQAP) has monitored the Performance Measures described in the *Requirements for laboratories reporting tests for the National Cervical Screening Program* (First 2017 and Second 2019 editions) since 1 December 2017. Results from previous data collections were analysed and compared against the recently published numerical standards to provide guidance on performance in preparation for accreditation assessments.

Results

Laboratories with results outside the numerical standards are seen in indicators 1, 3 and 4. Indicator 2 was not previously collected by RCPAQAP. The National Cancer Screening Register (NCSR) provided data to assist with determining whether there are any outlying laboratories for this indicator.

Indicator 1

The number and percentage of episodes reported as "unsatisfactory".

The percentage of clinician collected laboratory specimens that are reported as unsatisfactory for HPV NAT testing should not exceed 0.5%.

2024 data collection: 2 laboratories outside the standard (Range 0–0.91)

The percentage of clinician collected laboratory specimens that are reported as unsatisfactory for LBC should lie between 0.5–5.0%.

2024 data collection: 2 laboratories outside the standard (Range 0–0.91)

Indicator 2

The proportion of all technically satisfactory cervical screening tests in which Human Papillomavirus is not detected or Human Papillomavirus (16/18) or (not 16/18) are detected.

Age-standardised HPV positivity rates in cervical screening tests should lie within the 99% confidence interval of the national rate. If not, their HPV detection rate should be above the 15th centile.

2024 data collection: 2 laboratories outside the standard (Range 0–0.91)

Indicator 3

The proportion of all liquid-based cytology specimens reported as high-grade squamous intraepithelial lesion (HSIL) or adenocarcinoma-in-situ where cervical histopathology, taken within six months, confirms the abnormality as high-grade squamous intraepithelial lesion, adenocarcinoma-in-situ or cervical malignancy.

At least 65% of all LBC specimens reported as HSIL or AIS where cervical histopathology, taken within six months confirms the abnormality as HSIL, AIS or cervical malignancy.

2023 data collection: 1 laboratory outside the standard (Range 62.07–93.10)

Indicator 4

The proportion of all liquid-based cytology specimens reported as possible high-grade squamous intraepithelial lesion (HSIL) or possible high-grade endocervical glandular lesion where cervical histopathology, taken within six months, confirms the abnormality as high-grade squamous intraepithelial lesion, adenocarcinoma-in-situ or cervical malignancy.

At least 40%, and not more than 65% of all specimens reported as possible HSIL or possible high-grade endocervical glandular lesion where cervical histopathology, taken within six months confirms the abnormality as HSIL, AIS or cervical malignancy.

2023 data collection: 7 laboratories outside the standard (Range 35.38–66.86)

Indicator 5

The proportion of women or people with a cervix with histological diagnosis of high-grade squamous intraepithelial lesion, adenocarcinoma-in-situ or cervical malignancy who's cervical screening specimens were originally reported as low risk with a primary screening Human Papillomavirus nucleic acid test within the last 63 months must be reported to the laboratory's external quality assurance program.

Laboratories are expected to fall within 95% confidence interval of the national proportion for the reporting period. Funnel plots for this measure will be provided by the NCSR to each laboratory.

2023 data collection: 7 laboratories outside the standard (Range 35.38–66.86)

Conclusion

The cervical screening program indicators for 2025 will be collected by the RCPAQAP in 2026 and reported against the numerical standards outlined in the third edition of the *Requirements for Cervical Screening*. Non-conforming laboratories will be required to show investigations around the root cause analysis and associated corrective actions during the National Association of Testing Authorities (NATA) accreditation assessments following data collection in 2026.

References

1. Requirements for cervical screening (Third edition 2025)

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