

Demonstrating Personal Proficiency in Pathology – 2015

A Position Statement from the Royal College of Pathologists (RCPATH), the Association for Clinical Biochemistry and Laboratory Medicine (ACB) and the Institute of Biomedical Science (IBMS).

Background

Maintaining proficiency as a pathologist, clinical scientist or a biomedical scientist in pathology is an explicit requirement of UK registration bodies.¹⁻³ During training, competence is frequently assessed but once in a tenured post there are fewer formal means for an individual to prove their continuing and developing professional performance.

The Pathology Quality Assurance Review (PQAR), published in January 2014, advised that methodologies be developed that would give a fair and accurate indication of an individual's competence to practice.⁴ The Review recommended that all practicing individuals responsible for reporting pathology results and providing clinical advice should be registered with current external quality assessment (EQA) individual assessment schemes and demonstrate regular participation.

The Pathology QA Review did not specifically associate personal proficiency solely with participation in individual EQA and demonstrating safe practice extends well beyond satisfactory performance in these schemes. This document is therefore intended as a guide for pathologists, clinical scientists and biomedical scientists on ways in which they can demonstrate personal proficiency in the laboratory aspects of their jobs. Many of the principles will be familiar to those who already undergo appraisal or revalidation, especially medical staff,² but the following has been written to more closely reflect practice within Pathology.

It should be noted, as it was in the PQAR, that overall standards of quality within pathology services should be regarded as already at a high level when compared with the rest of healthcare. It is important that the focus of quality assessment at a personal level is introduced in a fair and measured way, with components that are relevant to practice, demonstrable and supported by mechanisms aimed at ensuring perceived poor performance that can be adequately remediated.

Means of demonstrating Personal Proficiency

Pathologists, clinical scientists and biomedical scientists working in Pathology can have widely differing roles and responsibilities, even when working at the same grade. It means that there can be no single means of demonstrating or assessing personal proficiency that is applicable to all staff. While it has been recommended that assessment through an interpretative exercise needs to be integral to this process, it can only be one of a number of factors used to support competence.

It is appropriate for staff to provide bespoke evidence that they are able to fulfill their own particular role in a way that is safe for patients. As such, not all of the following suggested means of demonstrating proficiency will necessarily be applicable to all, but rather that each individual should provide evidence that most closely reflects their own job.

Evidencing Personal Proficiency

The following gives examples of some of the evidence that can be collected to support personal proficiency. None of the groupings are mutually exclusive to the others. For example, good feedback from colleagues will usually also demonstrate a proficiency in knowledge and the ability to work in teams. Neither are the groupings or examples expected to be exhaustive lists.

I. Documenting scope of working

An individual should be able to clearly document the main activities they perform related to the laboratory. Much of this will already be collected as part of the job planning or job description processes. Details should include tests they are tasked to routinely report, areas of laboratory in which they have specific oversight and other responsibilities such as managerial roles, teaching or research commitments.

II. Demonstrating proficiency in knowledge

This may include:

- Successful recent examination assessment on a topic which forms part or parts of the scope of working
- Participation and at least satisfactory performance in a **Personal Proficiency Assessment** (PPA; see section below) such as an interpretative EQA scheme
- Successful recent peer assessment, if individual performance is referenced.

III. Demonstrating continuing learning and professional development

This may include:

- Continuing learning as evidenced by adequate participation in all forms of relevant professional development and recorded by a formal CPD scheme
- Participation in annual appraisal with setting of objectives based on identified personal proficiency needs
- Evidence of reflection on major work or career events.

IV. Evidence of service quality improvement or innovation

This may include:

- Involvement in changes to laboratory practice that have benefited patients
- Involvement in initiatives to improve efficiency with no detriment to service quality
- Participation in local and/or national audits, with evidence of completion of the audit cycle
- Research, particularly if relevant to laboratory medicine
- Responding to EQA, safety and other quality alerts.

V. Evidence of effective leadership or teamworking

This may include:

- Leading or being part of a team implementing changes to laboratory practice that have benefited patients
- Leading or being part of a team completing initiatives to improve efficiency with no detriment to service quality
- Leading or being part of a team demonstrating service quality to external agencies such as CPA/UKAS and MHRA
- Participation in leadership or team development programmes, including those relevant to management, finance and human resources.

VI. Demonstrating valued teaching or trainee supervision

This may include:

- Good student/trainee feedback
- Evidence of updating teaching techniques
- Evidence of updating teaching materials.

VII. Feedback from colleagues, other staff and service users

This may include:

- Obtaining feedback, ideally as part of a 360° appraisal, including colleagues (peers, juniors or seniors), support staff and service users/patients
- Evidence that this feedback has been discussed at appraisal and any objectives which may have arisen from it
- Inclusion of complaints and compliments as below.

VIII. Complaints and compliments

This may include:

- Formal and informal feedback either as an individual or as part of a service. This may also include documentation of recent or outstanding disciplinary issues
- Evidence of learning from mistakes, both as an individual and as part of a service.

Personal Proficiency Assessment

Many interpretative schemes already exist as a component of assessing personal proficiency, such as those in cellular pathology for pathologists. However, it is vital that the different schemes show a level of consistency and relevance to modern practice and provide clarity as to the requirement for particular cellular pathologists to participate – this is likely to be modular and based upon their scope of work. In other disciplines fewer schemes exist, and those that do, such as the interpretative comments schemes for pathologists and clinical scientists in biochemistry and microbiology,^{5,6} are currently unlikely to be able to either cope with a rapid expansion in subscribers or be able to adequately assess individuals who have sub-specialised in their discipline.

It is clear that there will be no 'one size fits all', and that different disciplines will require different approaches and even within a discipline, the scope of work will define the scope of assessment expected for any one individual. It is important that any PPA activity sufficiently covers the entire scope of practice and so while interpretative competency will be important, other areas such as laboratory governance, health and safety and response to critical results/findings should also be covered. It would also be especially important for areas of competency to be assessed in these disciplines that go beyond mere interpretative skills.

Biomedical scientists should take part in PPAs where the schemes are available. Their performance in this should be managed locally by whatever personal development and appraisal systems are in place with the employer. The employer and the practitioner are essentially the assurance of competence. PPA schemes are only one facet of the whole competency toolkit; audit of individual practice will often identify poor performance in key interpretative decision making. The IBMS will develop a strategy to identify key interpretative decision making and provide guidance to employers and biomedical scientists on monitoring and management of poor performance.

PPA Provision

While some existing PPAs are provided by or under the auspices of the professional bodies, this is unlikely to be the case for all PPAs that will be required. It is likely that the commercial sector and organizations such as UKNEQAS will be required to provide the necessary structure and billing

mechanisms for participants. Either way, the increase in participants and scope for the PPA activity is likely to place heavy demands on the necessity for pathology professionals to engage both as scheme organisers and participants. There is the risk that the current system will not be able to support such activity given the already high degree of pressure and limitations placed on individuals working within pathology services to undertake this additional work.

Where there are no PPA schemes available, the professional bodies should work together to support scheme organisers to develop schemes where required. It will be vital that any PPA has the input and approval of the professional bodies and so they need to take a lead role in defining the professional content and standards required of PPAs and the respective providers of such schemes. The actual provision of a comprehensive range of PPAs to cover all possible aspects of all disciplines for all grades of staff is however likely to be difficult and take a considerable length of time – likely to be many years.

Assessment and Surveillance of Personal Proficiency

As stated, every pathologist, clinical scientist and biomedical scientist's personal proficiency attributes, including relevant PPAs, will likely be similar in structure but with marked differences in content relating to their position, responsibilities and scope of their work. Some of the many possible components will therefore be irrelevant or absent in some cases, while some will be universal.

It is clear that the most appropriate setting and medium to enable constructive discussion of adequacy of personal proficiency should be the locally based appraisal system. This will allow the adequacy to be assessed within the context of an individual's job plan, place of work and employment conditions. Thus, many of the attributes that may demonstrate personal proficiency are already existing components of professionals working within pathology and are recorded and assessed within the confines of local appraisal mechanisms. Clearly, the appraisal mechanism is much more developed for medically qualified pathologists, with existing guidance for support and structures for remediation. It is essential that similar systems are developed for both clinical scientists and biomedical scientists in order that personal proficiency can be optimally addressed and supported within these specialist groups.

It is important, given the potentially contentious nature of individuals having to demonstrate their proficiency, that the move to allow assessment of personal proficiency, especially in the context of a PPA, is seen as one which identifies development needs, is supportive and non-intimidating rather than being regarded as a punitive exercise to identify and discipline those with the poorest proficiency scores.

The RCPATH, the ACB and the IBMS would strongly recommend that personal proficiency assessments (PPAs) should **not** currently be regarded as compulsory or expected criteria for the purposes of accreditation or as part of a national/local pathology quality assurance dashboard. In time this position is likely to change, but only when PPAs are standardized, comprehensive, relevant and deemed fair appraisals of proficiency – this cannot be said to be the case for all currently available interpretative schemes. In terms of good laboratory practice, there would therefore be an expectation of participation in PPAs (if available) that meet standard criteria (to be determined by the profession in conjunction with the existing scheme organisers) for accreditation and national dashboard purposes; however actual surveillance and scrutiny of personal proficiency should remain purely within the remit of the local appraisal structure and function.

Financial and Other Implications

There would likely be financial implications for professional bodies in developing and providing the necessary standard setting and guidance for an expanded PPA support system. These costs

would initially be a cost pressure on these organisations and may therefore be passed on to individual fellows and members. This may be seen as appropriate given the service is being provided for them but may be contentious given the unilateral nature of this proficiency assessment system being imposed on pathology staff in isolation to other professionals in medicine. It is therefore likely to be opposed by a significant proportion of pathologists and scientists.

Additional significant costs will also be incurred by the PPA scheme providers. This is likely to be charged back to individuals directly, although such fees are often paid by provider organisations rather than individuals themselves, especially if participation is seen as an expectation of good laboratory practice.

Next steps

This document and its previous “discussion” version has undergone significant consultation with the profession and other stakeholders. It shall remain as the current standing position statement from all 3 organisations representing the pathology profession.

References

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