

PERSONAL PROFICIENCY IN PATHOLOGY UPDATE

Written on behalf of the Royal College of Pathologists (RCPATH), the Association for Clinical Biochemistry and Laboratory Medicine (ACB) and the Institute of Biomedical Science (IBMS).

Background

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. The review recommended that all practising individuals responsible for reporting pathology results and providing clinical advice should be registered with current external quality assessment (EQA) schemes and demonstrate regular participation. Since then, the Royal College of Pathologists, in collaboration with the Association for Clinical Biochemistry and Laboratory Medicine, developed a discussion document, entitled "Demonstrating Personal Proficiency in Pathology", which has recently gone out for widespread consultation amongst Pathology professionals and related stakeholders. The document has now been modified as a position statement in collaboration with the Institute of Biomedical Science (IBMS) so as to incorporate guidance for biomedical scientists in addition to pathologists and clinical scientists.

Within this proposal, it was recognised that there can be no single means of demonstrating or assessing personal proficiency that is applicable to all staff owing to the widely differing roles and responsibilities that exist, even when working at the same grade. It was also recommended within the proposal that evidencing personal proficiency should occur within the confines of the local appraisal system. This would allow personal proficiency to be assessed in the context of the supportive and remedial environment of the appraisal and revalidation system (if applicable).

The discussion document proposed that evidencing personal proficiency should involve reference to a collection of attributes, components and achievements relevant to an individual's job requirements. While not an exhaustive list, examples were given which included:

1. Documenting scope of working.
2. Demonstrating proficiency and knowledge – which will inevitably include some form of personal proficiency assessment (PPA).
3. Demonstrating continuing learning and professional development.
4. Evidence of service quality improvement or innovation.
5. Evidence of effective leadership or team working.
6. Demonstrating valued teaching or trainee supervision.
7. Feedback from colleagues, other staff and service users.
8. Complaints and compliments.

The Personal Proficiency Assessment (PPA)

The joint proposal also acknowledged that there would need to be significant development in the area of PPAs, both to expand the scope and availability of available schemes, but also to put in place new criteria and standards to govern their existence. It was also proposed that any PPA activity should cover the entire

scope of practice and so, while interpretive competency will be important, other areas such as laboratory governance, health and safety, and response to critical results, should also be covered. Therefore, areas of competency should be assessed in all disciplines and go beyond mere interpretive skills.

The proposal also outlined new committee structures, hosted by RCPATH, which could be put in place to develop the necessary criteria and standards associated with personal proficiency assessments. It was acknowledged however that this would require significant input from both the profession and other stakeholders, notably existing scheme providers. An unbudgeted financial cost would also clearly be incurred in allowing these developments to progress.

Consultation Response

The joint discussion document on personal proficiency in pathology went out to consultation from November 2014 to January 2015. This was met with a good response, with replies being received from more than 70 individuals or organisations, some of which were very informative and extensive in nature. Of these replies, 25 of them provided unconditional approval of the proposals, with a further 9 willing to defer their opinion to the authors. There were 38 additional responses which included commentary for consideration. Rather than go through every response line by line, the section below illustrates some of the more frequently answered questions or points being made, with a response on behalf of the authors.

Clearly the most contentious part of the proposal deals with the concept of the requirement to undertake regular PPAs. While this may be deemed as potentially unnecessary and unfair by some, there is nevertheless the expectation from politicians, the public and indeed within the profession, that these systems have to be developed and in an open and transparent way. It is vital therefore, that the professional bodies work with their fellows/members and stakeholders to try to ensure suitable, fit for purpose, PPA schemes are made available and are developed according to pre-defined criteria and standards.

Frequently Made Points / Questions

The most frequently made point was one of support for the document – this was evident from replies received from both RCPATH and the ACB.

Q1. *Is this not similar to appraisal and revalidation, and therefore why do we need to reinvent the wheel?*

R1. Clearly, the proposal wanted to draw on many of the already existing assessments and data that were already going into the appraisal process. That way, there would be no repetition or additional data collection required. The exception of course is the availability and participation in the PPA. These are currently not available for all areas of pathology nor are they taken up by all professionals working within pathology. This would inevitably be an additional requirement moving forward.

Q2. *No appropriate scheme exists for my discipline.*

R2. It is recognised that there are many gaps regarding availability for particular areas of pathology practice. As well as filling these gaps, the authors believe that it is important that all schemes, including existing ones, conform to an agreed set of criteria or standards related to the adequate provision of a PPA which will include them evolving from an educational tool to an assessment one.

Q3. *Appraisal and revalidation? What about clinical scientists and biomedical scientists?*

R3. It is acknowledged that appraisal systems need to be matured and developed for both clinical scientists and biomedical scientists in order to achieve a degree of conformity and consistency so as to allow adequate personal proficiency to be assessed in a similar way proposed for those that are medically qualified. It is likely that the ACB and IBMS will develop best practice guidance in this area in the future.

Q4. *Appraisal was supposed to be confidential to inform job planning and career development, not an assessment and certainly not public.*

R4. The professional bodies authoring this document would certainly support this view that medical appraisal and revalidation should remain a confidential discussion/agreement between an employer and an employee, with the obvious necessary oversight, if required, by the GMC. It is however recognised that there is significant pressure mounting for elements of personal proficiency or competency to become more open and indeed, inevitably, be available in the public domain as for similar data for other disciplines outside of pathology. Nonetheless, this need not impact on the confidentiality of the appraisal process itself.

Q5. *Will this develop into a formal examination that one has to pass every few years?*

R5. While this has certainly been suggested from individuals outside of pathology, RCPATH/ACB/IBMS has strongly put forward the view that personal proficiency needs to be a combination of attributes, many of which are related to the appraisal process, but in addition acknowledge that there needs to be a PPA component formally introduced into this envelope. Once again, RCPATH/ACB/IBMS has strongly recommended that such PPAs are not in the form of a classic examination, but a regular, educational based assessment of entire clinical/laboratory practice for that individual. Inevitably these will have to be modular in nature in order to allow the necessary flexibility within the workforce.

Q6. *I am concerned about the extra time and cost involved as it will be additional to current appraisal and revalidation.*

R6. Many of the proposed components of evidencing personal proficiency will already be apparent and have data already collected as a result of local appraisal and revalidation requirements. Clearly the addition of a PPA will inevitably invoke additional time commitment and financial costs for individuals currently not participating in such activity. RCPATH/ACB/IBMS would hope that such activity would be factored in to an individual's job plan and that pathology provider organisations would, in most cases, pay for the cost of such activity.

Q7. *Some of the currently available interpretive comments schemes are unlikely to be either able to cope with the rapid expansion in subscribers, or be able to adequately assess individuals who have sub-specialised in their discipline.*

R7. This has been acknowledged within the proposal and that is why RCPATH/ACB/IBMS strongly recommend the development of criteria and standards associated with the delivery of PPAs. The expansion in numbers will likely only be catered for by a change in the methodology used to deliver such assessments. This will need to be worked through via the relevant professional bodies and other stakeholders, including current scheme providers.

Q8. *Pathologists already have appraisal, revalidation, CPD, 360 questionnaires, interpretive EQA schemes, RCPATH KPIs, and mandatory training.*

R8. Much of this is correct, which is why the proposal provided the view that many of these elements are already happening and should be included as part of any evaluation of personal proficiency – thereby not reinventing the wheel and allowing duplication. It must, however, be pointed out that interpretive EQA schemes are not provided for, or participated in, by a significant proportion of the pathology community, nor are they mandatory in any way. In addition, the RCPATH KPIs were designed to measure performance of the pathology service and not of individuals.

Q9. What relevance has this document across the UK, given that the PQAR was an NHS England review?

R9. It must be acknowledged that RCPATH/ACB/IBMS and the other professional bodies cover the whole of the UK, therefore any proposals, recommendations or developments should be put in place with the United Kingdom in mind. Inevitably, because of the increasing differences in healthcare provision across the devolved countries, there will be the need for some modification or deviation where required.

Q10. The document addresses the interpretive EQA schemes as only a small part. In addition, this and other documents, appear to combine technical and interpretive schemes together. We feel that technical and interpretive schemes are dissimilar.

R10. This document and the associated document on proposals for a revised committee structure for quality assurance explicitly make all of these points. The proposals quite clearly separate technical EQA and the relevant surveillance mechanism via the joint working group for quality assessment, from personal proficiency assessments, which would include personal interpretive EQA as currently available examples.

Q11. The RCPATH document does not provide clear indication of how it is going to handle poor performance.

R11. RCPATH/ACB/IBMS has no intention of getting involved in the surveillance, monitoring, or indeed remediation of poor performance with respect to personal proficiency. The proposals strongly recommend that such discussion should only take place within the confines of local appraisal. There is neither the process, funding, will, nor capacity within RCPATH or the other professional bodies to provide this kind of service. Employers will however continue to be assisted if they consult the RCPATH Professional Standards Unit or IBMS equivalent for advice on performance of individuals or services.

Q12. Revalidation by the GMC is sufficient evidence of competence to practice for all doctors, and there can be no justification for putting additional requirements on pathology consultants.

R12. This was not the conclusion reached by the PQAR for clinicians in Pathology, nor is it the message that we get from the Department of Health and other related stakeholders regarding the future of evidencing personal proficiency or competency. It should be stressed that these proposals were largely put together as a response to ensure that interpretive comments EQA was not regarded as a sole judge of personal proficiency, but instead provide a sensible, pragmatic framework building on what is already there, while at the same time, proposing a way forward for PPAs that would result in something that was both fair and fit for purpose.

Q13. How will this work for biomedical scientist staff?

R13. Biomedical scientists should take part in PPAs where the schemes are available. Their performance in these should be managed locally by whatever personal development and appraisal systems are in place with the employer. The IBMS will develop a strategy to identify key interpretive decision making and provide guidance to employers and biomedical scientists on monitoring and management of poor performance.

Q14. It would seem prudent for the College to consult more widely upon this issue before acting to impose these changes or put in place new plans for personal proficiency. This should include a ballot of all members.

R14. It should be stressed that the College (or the other professional bodies) has no intention of taking on the role of provider or monitor for personal proficiency. These proposals are merely put forward to allow the defining of consistent criteria and standards associated with evidencing personal proficiency to move forward. The pressure for actually complying with any such proposals is likely to come from local employers, patient groups, politicians, and indeed, the respective Departments of Health. This is why such proposals are aimed to effectively safeguard and ring-fence a personal proficiency system that is fair, reliable and not punitive in nature.

The Quality Assurance Management Group (QAMG)

RCPATH has recently set up and hosted the QAMG with representation from RCPATH, ACB, IBMS, and UKAS. The composition of this group is not fixed and is open to expansion as the PQAR project moves forward and other organisations become involved in the work.

It should also be noted that RCPATH, ACB, IBMS and UKAS have all been involved with the PQAR oversight group who have been tasked with overseeing the recommendations emanating from the PQAR. A recent meeting has focussed upon the development of a pathology quality assurance dashboard, aimed at providing a nationally recognised dashboard of performance characteristics around topics of quality assurance that can be collected and reported on a regular basis to the necessary employers and/or authorities. Inevitably, the inclusion of a personal proficiency element within this dashboard has been suggested. The professional bodies have strongly recommended that such inclusion should only be led by themselves. In addition, concerns have been raised over the potential inclusion of PPA data, which would include interpretive EQA scheme activity, within the dashboard. Again, the professional bodies would not support the inclusion of such data, at least while there is a lack of standards and criteria across the full range of pathology disciplines, and also significant gaps in availability or capacity of such schemes to be available. Definitive proposals from the English Department of Health are awaited. The professional bodies are, however, keen to ensure that they continue dialogue, input and collaboration to ensure that the development of initiatives such as the pathology quality assurance dashboard are properly informed.

Next Steps

It is likely that the QAMG will move forward with its programme of developing the surveillance system for technical EQA but also task representatives of the various disciplines within pathology, along with other stakeholders and existing scheme providers, to develop appropriate guidance, standards and criteria for personal proficiency assessments within their scope of practice. RCPATH, ACB and the IBMS will continue to be involved with the PQAR oversight group and work to assist in the development of the pathology quality assurance dashboard.

Finally, it should be stressed that many of these developments are occurring and being driven by forces outside of the professional body community. The inevitable push towards personal proficiency becoming more open, transparent and public, is likely to happen regardless of the views of the professional bodies. It is therefore vital that such developments take place with strong engagement from the professional bodies that these changes will affect.

This update document was prepared by Dr Bernie Croal on behalf of RCPATH, Professor Eric Kilpatrick on behalf of the ACB and Allan Wilson on behalf of the IBMS.

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