Frequently Asked Questions

IQA Framework

Are the activities in Section 1 and Section 2 of IQA Framework compulsory for CPD purposes?

The IQA Framework is a standalone document that can be fully implemented by laboratories to monitor Internal Quality Assurance activities in which case both sections should be undertaken (but this is entirely up to the laboratory concerned).

The College has mandated all Fellows participate in a minimum of 10 hours of peer review activities per annum under Category C of the RCPA CPD Program from 01 January 2017 (Anatomical Pathologists from 01 January 2016). Section 1 of the IQA Framework contains suitable activities for Fellows to fulfil this requirement.

I do not have time to record IQA activities, why is it necessary?

Mandatory peer review activities commenced 01 January 2017. Documenting internal quality activities can provide opportunities to improve practice, and the IQA Framework will become a valuable tool in the pathologist's tool kit if revalidation becomes a professional requirement.

Will part time or semi-retired pathologists be required to participate in IQA activities?

All practicing pathologists are required to fulfil the minimum requirement of 10 hours of peer review activities per annum. There is no pro-rata of the minimum 10-hour requirement.

As a part time practicing pathologist I have limited access to many aspects of CPD due to reduced working hours. How do I fulfil the IQA Framework and CPD requirements?

Your employer may need to organise formal access to peer review activities within the laboratory, for example the laboratory may need to set up some additional cases for peer review; arrange slide swap meetings; implement formal arrangements to access cases etc.

How can sole practicing pathologists undertake peer review activities?

Any pathologists in solo practice are encouraged to contact Dr Bronwen Ross at the College to discuss how the College can facilitate their involvement in peer review activities.

How does the College define "peers" who can participate in the "peer review" process?

Peer review has been defined as follows: Peer review is the process by which individuals of the same profession, grade or setting, critically assess their colleague(s)' performance, in order to reinforce areas of strength and quality, and identify areas for development.[1] The College currently accepts activities involving other specialist medical practitioners (including GPs) and senior scientists as 'peer review' provided it fits within the above definition. Both the provider and the recipient of feedback can count this time towards the peer review requirement and this includes activities such as multi-disciplinary team meetings.

[1] Travaglia J, Debono, D. V. Peer review in medicine: a comprehensive review of the literature. University of New South Wales. Centre for Clinical Governance Research in Health. 2009. Centre for Clinical Governance Research, University of New South Wales, Sydney Australia

How are second opinions recorded for IQA purposes? Is it the reviewer or the reviewee that can claim the time as a peer review activity?

Time spent performing either activity can be recorded under Section 1. That is, the time spent by the pathologist who requests a second opinion or provides a second opinion can be recorded under Section 1 of the IQA Framework.

How do pathologists record IQA activities if this is not possible within the existing LIS?

Example templates are available on the RCPA website under IQA Framework that can be used for recording IQA activities. These are not mandatory, and can be adapted to suit individual requirements, and individual discipline requirements.

Does patient information need to be identified within the IQA Framework record keeping?

Personal/patient data is not required for IQA activities. The example templates on the RCPA Website provide guidance on what information should be included for internal laboratory purposes however patient data is not to be included in submissions to the College for CPD purposes. Personal/patient data can be hidden when printing or creating PDF version using these "example templates"

What level of documentation is required to substantiate involvement in IQA activities?

No patient data is required. Validity will be treated on a similar basis to CPD substantiation whereby the documentation is not required to be sent to the College, rather it is held personally and should be produced by the individual pathologist upon request if their CPD activities are being audited.

What is the legal position regarding difference of opinions. Could records be subpoenaed?

As is usual laboratory practice, there should be an internal laboratory policy for discordances or differences of opinion. For amended reports there is a requirement under ISO 15189 to keep a copy of the original and amended report. If an individual pathologist has concerns regarding the giving or receiving of second opinions or the management of discordances, they should contact their medical indemnifier.

How are group case reviews recorded? How is this time recorded by individuals as a peer review activity?

All attendees can record the group time spent reviewing cases as a peer review activity as set out under Section 1 of the IQA Frameworks.

What is the role of RCPAQAP in IQA activities?

RCPAQAP is responsible for external quality assurance. The IQA Framework covers internal quality assurance activities and as such they are separate standalone activities.

How are dual Fellows affected by this CPD requirement?

All Fellows and Faculty Fellows are required to submit RCPA CPDP returns. This applies to both dual Fellows and overseas Fellows of the College who intend to practice in Australia or New Zealand. For more information contact Dr Bronwen Ross.

Where can I find out more information regarding the IQA Framework and implementation?

The RCPA Members Section of the website under Fellows – Practising Pathology. Discipline specific framework, example templates for recording activities and other resources can be found on the website. Individual RCPA login is required to access this information. The RCPA is also investigating alternative methods of recording IQA activities, including an App, to assist Fellows in this process.

Pathologists are required to do a minimum of 500 hours of CPD over 5 years, with a minimum requirement of 50 hours per year. With the introduction of an additional 10 hours of mandatory peer review activities per annum under Category C, does this mean the CPD requirement changes to 550 hours over 5 years?
As it currently stands, the 500 hours of CPD averaged over 5 years has not changed – however there will be a minimum requirement that 10 hours annually (out of the 50 hours) be peer review activities as per Category C.

As a Director of a Department – where is the line drawn regarding acceptable error rate?
Actual benchmarking has not been considered as part of this approach to IQA at this stage.
Benchmarking needs to be determined internally by the laboratory.

Are the activities in Section 2 of the Framework to be undertaken by individuals?
Section 2 deals with technical and service laboratory IQA activities. Templates have been developed to assist Fellows with auditing technical measures and service performance areas of the IQA Framework, which can be completed by an individual or via departmental monitoring.

Section 2 is not currently a mandatory requirement for College CPDP however contains examples of activities that a Fellow may choose to undertake as their non-peer review activities for Category C of CPDP.

I am a dual trained Fellow, (Haematologist, immunologist, microbiologist or chemical pathologist), and I do not spend a lot of time in the laboratory. How do I satisfy peer review requirements?
Any dual trained Fellows who are having difficulty meeting the requirements for peer review are encouraged to contact Dr Bronwen Ross at the College to discuss how the College can facilitate their involvement in peer review activities. Dual trained Fellows are reminded to consult with the Australian Health Practitioner Regulation Authority Recency of practice registration standard to ensure they meet this requirement for ongoing practice in the specialist field of pathology.

I am a chemical pathologist wishing to know if there are any examples of current peer review meetings held within Australia that may be accessible via teleconference, webinar, skype or similar? If so, how can I participate?
Yes, the Chemical Pathology tutorial group based in Sydney meet every Tuesday morning and one session per month will be dedicated to IQA. Chemical Pathologists can attend in person or via Go-to-Webinar. Please contact Dr Graham Jones for details of how to attend.

I am a general pathologist, do I need to undertake at least 10 hours of IQA peer review activities for each discipline?
IQA peer review activities required to be completed for a General Pathologist must be in the areas that are relevant to their current scope of practice. Any General pathologists who are having difficulty meeting the peer review requirements are encouraged to contact Dr Bronwen Ross at the College to discuss how the College can facilitate their involvement in peer review activities.

I am a practicing pathologist from one of the smaller disciplines. I do not have access to local peer review activities. How can I meet this requirement?
Please contact Dr Bronwen Ross who may be able to identify suitable options.

Is the College going to audit Fellows participation in peer review activities?

Yes. The College will audit participation in peer review activities as part of the CPDP audit process. The RCPA requires all Fellows to submit and annual CPDP return and the website now requires Fellows to confirm participation in “mandatory 10 hours of peer review activities” as part of this submission.