Internal Quality Assurance Framework

Forensic Pathology

The Royal College of Pathologists of Australasia received funding from the Department of Health, under the Quality Use of Pathology Program (QUPP) to develop a comprehensive framework for internal quality assurance, focused on the morphological disciplines of Histopathology, Cytopathology, Haematology and Forensic Pathology. The overall governance of this project was provided by the College and was supported by a Steering Committee that included representatives of the morphological disciplines. The Board of Education and Assessment and the Board of Directors further decided to develop separate discipline specific Frameworks for the other disciplines of pathology.

The Forensic Pathology IQA Framework contains activities that will aim to help monitor performance, drive improvement and support collaborative on-going professional practice. The IQA Framework activities focus on peer-review and clinical audit and require documented evidence of a pathologist's involvement in these internal quality activities. The Framework is practice based and the Forensic Pathology Advisory Committee provided guidance with the development of the Forensic Pathology Framework activities.

Implementation of the Forensic Pathology IQA Framework will be undertaken in 2017 in consultation with the Fellowship.

For any queries about the Framework or the project, contact the DCEO, Dr Bronwen Ross at bronwenr@rcpa.edu.au

Framework Features

The Internal Quality Assurance framework divides activities into 3 specific cycles:

1. *Pre-analytic* phase of the test cycle is specimen delivery and accessioning, gross examination/cut-up and laboratory technical processing.

2. *Analytic* phase of the test cycle in the current context relates to the pathologist diagnostic component.

3. *Post-analytic* phase of the test cycle begins with report authorisation through to report delivery, and may include adjunct activities such as billing.

In the discipline of Forensic Pathology the pre-analytic phase is mostly beyond the control of the Forensic service. Coroners and their relevant Act regulate referral of cases. The material available to examine and its condition, is as it is found. The nature and extent of the examination is defined by a coronial order. Thus, there would be little practical benefit for quality assurance in collating information regarding the pre-analytical phase.

In the post-analytic phase, reports that are created are the property of the Coroner. These reports may be used for inquests. Reports may be used for other purposes including for criminal matters in the courts. Assessment of court performance may provide useful information for the post-analytic phase of quality assurance.

Forensic Pathology is an opinion-based discipline. The conclusion of the post-mortem report is derived from a synthesis of data that may include information (such as statements and medical records), a scene visit, the autopsy and the results of further tests (such as toxicology, histology and biochemistry). It is considered that peer review of the conclusion derived from the information available would be the most valuable form of quality assurance program to assist Fellows to develop and maintain best practice. Peer review of the material available and the critical conclusion derived from that would be considered to form the analytic phase of the test cycle relating to the diagnostic component for quality assurance purposes in the discipline of Forensic Pathology.

Internal Quality Assurance Activities **FORENSIC PATHOLOGY**		
Section 1: DIAGNOSTIC MEASURES - (engaging in peer review activities) **Requirement: 10 hours per annum Diagnostic Measures**		
Activity	**Quality activity monitor related**	**Suggested document requirements**
Peer Review	Critical Conclusion Check - Done internally by each department amongst peers - If a small department, possible peer-review check done externally with another institute/ pathologist/ department	- Case Number - Performed by - What reviewed - Critical Conclusion: Agree / Disagree - Time spent by reviewing pathologist - Time spent discussing between reviewing and reporting pathologist
Formal Peer Review	• Validated 360 degree peer review completed	Date, time and duration and brief description of activity.

It is recognised that many departments perform peer reviews of this type (reviewing the conclusion reached from the information available and findings of the case) either as an individual or group process. To make such review valid for the purposes of meeting the required 10 hours of Peer Review is required to maintain an 'auditable' record of the time spent reviewing the case and any subsequent time spent discussing the case with the original reporting pathologist. The discussion time may be further divided into time covering general aspects of the case and time spent seeking clarification.

Time that can be included towards Peer Review (written verifiable record required):

- Reviewer – time spent reviewing and any discussion time
- Reviewed pathologist – discussion time
- Any one else present (eg: in group review) – discussion time

Based on the material reviewed, practitioners could form different conclusions regarding a cause or manner of death. There may not be a 'correct' answer to such situations and provided a conclusion is sustainable from the available material it is not 'incorrect'. If disagreement arises between the original and reviewing pathologist (or pathologists), it would be expected that this would be resolved. However, departments should have a policy for dealing with an unresolved disagreement following peer review.

Activities performed from the Forensic Pathology IQA Framework will be linked to the RCPA CPD Program and will likely be an important part of any Revalidation Framework the College may need to adopt in the future.

The completion of these activities could form part of the RCPA audit substantiation for the RCPA CPD Program in the future.