The Role of The Advanced Practitioner in Cytology

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Overview

• History of Advanced Practitioner Examination
  Advanced Specialist Diploma

• Examination format

• Roles

• Future of AP role in a rapid changing cytology world
Background to Examination

- Shortage of pathologists
- Increasing backlogs
- Adverse publicity
- Department of Health NHSCSP/RCPath/IBMS
Examination

- Nov 2001 - Advanced Specialist Diploma in Cervical Cytology
- Consultant Equivalent
- Remuneration
Examination Format

- Pre exam course
- Portfolio
  - Shadow report 500 slides (MENTOR)
  - Case studies
- Written Paper
  - 5 out of 6 questions (75 mins)
- Screening Examination
  - 12 slides (6 mins)
- Case Studies
  - 8 cases in 2 hours
- Pass rate 34%
2001 - 2010

• 36 sessions
• 272 candidates
• 93 passed examination
  • 1st attempt 62
  • 2nd attempt 16
  • 3rd attempt 14
  • 4th attempt 1
• Pass rate 34.2%
• Examination open to overseas candidates!
Qualities of AP

• Knowledge of subject
• Experience
• Confident NOT stupid
• Resilient
Role of AP

Reporting role

Manager/Leadership

Hospital Based Programme Co-ordinator (HBPC)
Hospital Based Programme Co-ordinator

- NHSCSP Quality role across cytology & colposcopy services
- Direct link to medical director/CEO
- Responsible for failsafe – women not lost in system
- Invasive cancer audit
- Link to Quality Assurance Regional Centre
Reporting Role

• Cervical cytology

• Present (cytology) correlation meetings and attend MDM’s

• Audit

• Performance standards (PPV, APV, sensitivity, specificity)
Colposcopy Correlation Meeting

- Multi disciplinary team meeting (MDT)
- Best Practice
- Monthly/fortnightly/weekly meeting
- Review discrepant cases/management dilemmas
- Document outcomes
- Team
  - Gynaecologist,
  - Pathologist
  - Colposcopy nurse
  - AP
  - Coordinator
  - Cytology staff and trainee staff
Case 1
25 year old

- Discrepancy b/w cytology & histology
- Referral smear mild
- Normal colposcopy appearance
- Bx low grade CIN
- Moderate dysk
- On review high grade
- Outcome - LLETZ
Case 2 - 24 year old

- Discrepancy b/w cyto & biopsy
- Referred on mild dysk
- Colp – low grade CIN
- Bx – focal CIN 1
- Cyto – moderate dysk
- Outcome FU @6/12
- Mild in metaplastic cells
Case 3 – 55 year old

- Referred on moderate dysk
- Persistent mild following negative LLETZ
- Atrophic change v dysk!
- No cytology to review
- CIN 1 confirmed at margins
- Outcome – proceed to 2nd LLETZ
- Persistent defaulter at clinics
Case 4- 24 year old

- Referred on moderate
- Colp CIN high grade
- Cytology negative
- Bx CIN 1
- High grade confirmed
- Young anxious lady
- Outcome rebiopsy 6/12m
Case 5 – 26 year old

- Referred on severe dysk
- LLETZ x 3, CIN3 incompletely excised
- Patient requesting hysterectomy (para 3)
- High grade confirmed
- Progression risk, trachelectomy abdominal v vaginal
- Discuss options with woman
Chapter 13
Case 6 - 51 year old

- Persistent mild
- Significant co morbidity
  angioplasty x2, Diabetes
- Contemplating LLETZ
  under GA
- Mild confirmed FU @6/12 & HPV test
Case 7 – 45 year old

- Management dilemma
- LLETZ 2002 CGIN
- FU negative cytology
- Colp unsatisfactory (scj)
- Follow up in colp until 2012 then back to discharge back to GP
Teaching
Manager Role

- Operations
- CPA, ISO, Healthcare commission
  - Quality & Governance
- Procurement
- Budget responsibility or oversight
- Statistics (KC61, TATs, screening profiles)
Manager Role

- HR
  - Performance Management
  - Recruitment

- Training
  - Mandatory
  - Corporate
Leadership Role

• Ambassador - professional and scientific

• Strategic
  • Implementation of HPV testing

• Mentor/coach

• Networking
Diagnostic Cytology

- Diploma of Expert Practice
  - Urine Cytology
  - Serous Effusions
  - Respiratory

- Similar format to ASD

- Report out negative non gynae cytology
Future of Cytology in UK

• April 2011 – Introduction of HPV testing as a reflex test

• Future - Primary screening with HPV
  • Increased sensitivity
  • Decreased specificity

• Cytology v Virology setting

• Can be done in cytology
  • Meet turnaround times
  • Molecular expertise
Impact of HPV testing

- Reduced number of cytology tests leading to larger centres
- Privatisation of pathology
- Less interest from pathologists as they focus on diagnostic cytology
Impact of HPV Vaccination

• Less disease

• Vigilance decrement

• Imaging has a role
Future role of AP in cytology

• Yes

• AP – leadership work alongside clinical leads

• Reporting, manage labs, oversee quality (HBPC)

• Strategic & advisory role
Take Home Message

• New approach to screening needed

• Retain cytology skills

• Acquire molecular expertise
Thank You