QUARTERLY (10 DECEMBER 2003 TO 10 MARCH 2004) REPORT FROM THE MINISTRY OF HEALTH TO THE MINISTER ON THE IMPLEMENTATION OF THE RECOMMENDATIONS OF THE GISBORNE CERVICAL SCREENING INQUIRY REPORT

BACKGROUND INFORMATION

1. In response to Recommendation 46 of the Inquiry Report, the Director General has previously supplied monthly reports to the Minister. In the second year of reporting, these monthly reports were replaced with quarterly reporting. This report is the eighth quarterly report and covers the period 10 December 2003 to 10 March 2004.

COMMENT

2. This quarterly report provides an update on progress against key milestones and deliverables for those areas of work that remain outstanding and relate to the following areas: the Audit of Invasive Cervical Cancer, legislative changes, recommendations relating to Ethics Committees, NCSP Operations, and the development of a Population Health Register (see also Appendix 1).

3. Those recommendations that have been marked as completed or implemented are attached as Appendix 2.

Cervical Cancer Audit

4. The data collection phase of the Audit is now complete. Overall the consent rate remained high at around 80% overall (including Māori women). The data cleansing and analysis phase has now commenced.

5. Communications planning is underway over the next couple of months to plan for the release of information to key stakeholders and the release of the Audit findings.

6. The next follow-up meeting with the advisory group and stakeholders is planned for 19 March 2004.

The Health (National Cervical Screening Programme) Amendment Bill

7. The Health (National) Cervical Screening Programme) Amendment Bill completed the Committee of the Whole House stage on 24th and 25th February 2004 and the 3rd reading on 2 March 2004. The Bill received Royal Assent shortly after that on 7 March 2004 and commencement of the new Act will take place a year after this on 7 March 2005. Work to commence the implementation of the Act has now commenced.

8. The NSU has identified the outcomes required to implement the Act. Four subprojects: Policy, Operations, Communications and Information Services have been identified. The development of the Communications Strategy is

underway. This includes the development of key messages for women and stakeholders to understand the benefits and limitations of cervical screening the NCSP, the legislation and evaluation activities.

9. Following the passage of the Health (National Cervical Screening Programme) Amendment Act the Ministry of Health will be consulting on the changes that should be made to the Health (Retention of Health Information) Regulations 1996 as part of the broader consultation on the Review of the Regulation of Human Tissue and Tissue – Based Therapies. Following the Cabinet meeting on 1 March that considered the consultation document, the Ministry anticipates that this consultation will commence before the end of March 2004. The consultation period for the Review of the Regulation of Human Tissue and Tissue - Based Therapies will close on 4 July, after this time policy work will commence to change the legislation, changes are need by June 2005.

10. The Medical Laboratory Technologists Board is currently undertaking consultation for the development of scopes of practice following the passage of the Health Practitioners Competence Assurance Act 2003. The Ministry expects the Medical Laboratory Technologists Board to make final decisions on the scopes of practice (and the associated competences/qualifications) in time to be gazetted in August and to come into effect with the full commencement of the HPCA on 18 September 2004.

NCSP Operations

11. Initial feedback has been received from the Laboratory sector on the issues for consideration for the review of the policy and quality standards, chapter 5 'Providing a Laboratory Service' Following consultation with the College of Pathologists it was determined that the NSU is to lead the review with sector input. A Laboratory Working Group will be formed to assist the NSU with this project.

12. A memorandum of understanding between the NSU and International Accreditation New Zealand (IANZ) has now been signed. Both parties are now planning the commencement of the Laboratory provider compliance audits.

Ongoing Implementation of Workforce Development Projects

13. The Cytology Training Working Group met in December 2003 and again in March 2004. The group discussed all of the laboratory workforce initiatives on the NCSP 2003/04 Workplan, agreed on the next steps and agreed on the outcomes to June 2004.

14. Following discussions with the group it was agreed that a pre exam cytology study day for pathology registrars was required. Planning is underway for this study day scheduled to occur in June 2004.

15. Feedback from the sector on the Cytology Training Options was also discussed with the Group. The preferred option is for an independent training provider

with flexibility to provide training at a variety of sites. The NSU has commenced a feasibility study for the implementation of the preferred option.

16. Following advice from the Cytology Training Working Group the NSU is developing a model for a competency assurance programme with an educational approach, which will then have wider Laboratory sector consultation.

17. The Vocational Registration Programme in Cervical Cytology (previously known as the Standard Orientation Programme in Cytology) was sent to the Laboratory sector for the second round of consultation. Work is progressing on the development of a workbook and the logbook is undergoing editorial review. The Clinical Training Agency (CTA) requirements for the funding of up to six new graduate cytology trainees to support this initiative are able be met with funding available from 1 July 2004.

18. The NCSP is progressing the Challenges in Cytology workshops planned for late March. These workshops are planned to support the sector to recognise difficult high grade cytology cases. There has been overwhelming sector support for this initiative and has resulted in the number of workshops increasing from two to three.

19. The NCSP has funded 13 fourth year Bachelor of Medical Laboratory Science (BMLSc) cytology option students under the BMLSc study grant initiative established in 2003.

Reconfiguration of NCSP Regional Services

20. Programming of the NCSP-Register for the Reconfiguration of NCSP Regional Services was completed in November 2003. From 1 July 2004 Taranaki DHB will no longer be providing NCSP-Register services as Medlab Taranaki is exiting from providing laboratory cytology services.

Electronic Linkage between NCSP- Register and Cytology Laboratories

21. The Health Intranet offers the most reliable and safe method of transmitting patient identifiable data from the NCSP-Register application to the laboratories. The NCSP is working with the Ministry of Health, Health Intranet team, Safecom and HealthLink to determine the most cost-efficient and effective way for the laboratories to gain access to the Health Intranet. The NCSP has contacted laboratories responsible for cytology and are working with them to gain Health Intranet access. Nine of the twelve laboratories processing cytology results have expressed an interest in using this facility. It is envisaged that the first laboratory will be connecting through to the NCSP-Register application by the end of March 2004. Following analysis of the pilot the facility will then extended to the remaining laboratories over the course of the next six months.

Ethics Committee Recommendations

22. The National Ethics Advisory Committee (NEAC) reported to the Minister in December 2003 on the recommendations relating to Ethics. The Ministry of Health has subsequently reported to the Minister of Health on the NEAC report and both reports are now with the Minister for her consideration.

The New Zealand Cancer Registry Information

23. NZHIS continues to work on determining enhancements for the New Zealand Cancer Registry. As well as investigating the way in which the Registry can interface to other databases (eg the Mortality Collection; the National Cervical Screening Programme-Register and the National Health Index) work is in progress to scope the ability to electronically add information to the Cancer Registry automatically from Laboratory reports.

24. Good progress continues to be made on the timeliness of data being entered into the Registry. Over half of the annual registrations are now registered within three months of receipt. The overall status of registrations is now more up to date than it has been for a number of years.

25. Another work stream will assess the viability of “auto coding” database records by computer (as compared to being coded by a “human” clinical coder at present). This is achieved by using special software to analyse the histology text from the laboratory report or Death Certificate. Both of these initiatives, if implemented, will contribute to reducing the incidence of errors occurring when inputting data and will contribute to making access to critical data more timely.

Development of a Population Health Register (NHI Upgrade Project).

26. The National Health Index (NHI) and its unique identifier, the NHI number, form a universal population group from which a population register can be developed. Over the past six months the Ministry has focused on improving the data quality of the NHI, which in turn will lead to improvements in registers, such as the National Cervical Screening Programme-Register, that utilise the NHI number. Activities to date include:

- duplicate resolution; an enhanced duplicate resolution programme has identified and resolved over 125,000 duplicate NHI numbers, reducing effort wasted by registers trying to contact people already known by the programme.

- improved access to the NHI; a 'web-based' application for accessing the NHI is in the final stages of acceptance testing. This product, specifically aimed at primary health care services, will be piloted during March and April 2004. Improved access to the NHI for these health and disability support services will lead to improved data quality on the NHI.

- PHO updates; an upload of address information derived from PHO registers is now in production. Data is uploaded each quarter into the NHI, assisting registers to contact clients.

- training; the development of a training programme for health and disability support services is underway. This programme will be delivered in parallel to the deployment of the 'web-based' application for access the NHI. Training will cover the collection of accurate information and how to search (and use) the NHI.

APPENDIX 1.0

IMPLEMENTATION OF THE OUTSTANDING RECOMMENDATIONS AND PROGRESS AGAINST REPORTING MILESTONES FOR 10 DECEMBER 2003 TO 10 MARCH 2004.

Ref.	Recommendation	Reporting Milestones[1] for 10 December 2003 to 10 March 2004.
1.	Evaluation of NCSP *The remaining two phases of the national evaluation designed by the Otago University team must proceed.*	Part 3 (Cancer Audit) Data collection completed 31 December 2003. Data cleansing and analysis commenced. Communications planning commenced
2.	Re-enrolment and re-screening of women. *If the national evaluation throws doubt on the accuracy of the current national average then the Committee recommends that all women who are or who have participated in the programme should be invited to re-enrol and offered two smears two years apart.*	No Reporting Milestone this period.
4.	Operational Policy and Quality Standards & Evaluation & Monitoring Plan. *The Policy & Quality Standards for the NCSP and the Evaluation and Monitoring Plan for the NCSP must be implemented within the next 12 months.*	The Audit framework has now been finalised and is awaiting approval by the Ministry of Health Executive Team prior to publication. A MOU has now been signed between the NSU and International Accreditation Agency New Zealand (IANZ). Both parties are now planning the commencement of the Laboratory provider compliance audits.
19.	Review of operations of ethics committees. *There should also be a review of the operation of ethics committees and the impact their decisions are having on independently funded evaluation exercises and on medical research generally in New Zealand.*	The National Ethics Advisory Committee (NEAC) reported to the Minister in December 2003 on the recommendations relating to Ethics. The Ministry of Health has subsequently reported to the Minister of Health on the NEAC report and both reports are now with the Minister for her consideration.

[1] Reporting Milestones refer to those tasks and activities that need to be completed in the period covered by the report, against which progress on the implementation of the recommendations is measured. Recommendations where there is no Reporting Milestone against which to report for this month are marked No Reporting Milestone this period; work may however be already underway.

Ref.	Recommendation	Reporting Milestones[1] for 10 December 2003 to 10 March 2004.
21.	Guidelines to ethics committees for observational studies. *Ethics committees require guidance regarding the weighing up of harms and benefits in assessing the ethics of observational studies.*	The National Ethics Advisory Committee (NEAC) reported to the Minister in December 2003 on the recommendations relating to Ethics. The Ministry of Health has subsequently reported to the Minister of Health on the NEAC report and both reports are now with the Minister for her consideration.
22.	National ethics committee – multi-centre studies. *A national ethics committee should be established for the assessment of multi-centre or national studies.*	The National Ethics Advisory Committee (NEAC) reported to the Minister in December 2003 on the recommendations relating to Ethics. The Ministry of Health has subsequently reported to the Minister of Health on the NEAC report and both reports are now with the Minister for her consideration.
23.	Appeal process for ethics committee decisions. *The procedures under which ethics committees operate need to be re-examined. Consideration should be given to processes to allow their decisions to be appealed to an independent body.*	The National Ethics Advisory Committee (NEAC) reported to the Minister in December 2003 on the recommendations relating to Ethics. The Ministry of Health has subsequently reported to the Minister of Health on the NEAC report and both reports are now with the Minister for her consideration.
24.	NCSP Complaints System. *The NCSP requires its own system to deal with complaints regarding the Programme's delivery. It also needs to have in place a user-friendly system which can respond to complaints of Programme failures, such as under-reporting.*	The NSU complaints process is being implemented when complaints are received by the NSU. See also rec 45
25.	Electronic Link Cancer Register & NCSP Register. *The National Cervical Screening Register needs to be electronically linked with the Cancer Register.*	Processes for linking and matching data implemented. A review of the benefit and value of both Registers electronically linking data is currently being investigated.

Ref.	Recommendation	Reporting Milestones[1] for 10 December 2003 to 10 March 2004.
27.	Standards for the NCSP should be reviewed every two years. *Standards for the NCSP should be reviewed every two years and more frequently if monitoring indicates that some of the standards are inappropriate.*	The review of chapter six of the NCSP Operational Policy and Quality Standards 'Providing a Colposcopy Service' has been completed and incorporated in the DHB 2003/04 Agreements. Feedback has now been received on the issues for consideration and review process for Chapter 5 'Providing a Laboratory Services'. Follow up consultation with the College of Pathologists it was determined that the NSU is to lead the review with sector input. A Laboratory Working Group will be formed to assist the NSU with this project.
28.	The Government must ensure sufficient cytotechnologists and cytopathologists and training sites. *The Government in consultation with other bodies or agencies needs to ensure that there are sufficient trained cytotechnologists and cytopathologists and that there are appropriate training sites for them. There should also be a review of the training requirements and maintenance of competence of smear test readers and cytopathologists.*	Implementation of Workforce Development Strategy commenced and ongoing.
29.	Amend Medical Laboratory Technologists Regulations 1989. *The Medical Laboratory Regulations 1989 should be amended to permit only registered medical practitioners with specialist qualifications in pathology and appropriate training in cytopathology or appropriately trained cytoscreeners to read cervical smear tests.*	The Health Practitioners Competence Assurance Act was passed by the House on 11 September and received Royal assent on 18 September 2003. The HPCA contains provisions that will give effect to the intent of the recommendations from the Inquiry will come into force a year after the Royal Assent. That is, the establishment of new registration authorities and the development of gazetted scopes of practice. This will take place on 18 September 2004, that is, a year from the date of Royal assent. The Medical Laboratory Technologists Board is currently undertaking consultation on scopes of practice.

Ref.	Recommendation	Reporting Milestones[1] for 10 December 2003 to 10 March 2004.
31.	Ensure electronic linkage between NCSP Register and Cytology Labs. *The cervical smear test and histology histories of women enrolled on the National Cervical Screening register should be made electronically available online to all laboratories reading cervical cytology.*	Work has commenced on this strategy.
33.	The NCSP should develop a population-based register. *The NCSP should work towards developing a population based register and move away from being the utility based register that it now is.*	The National Screening Unit is represented at various levels on the Ministry's Population Register Project led by NZHIS.
41	All pathologists undertaking cytology should be appropriately trained. *If cytology is a significant component of a pathologist's practice then he or she must participate in continuing medical education in that subject.*	Implementation of Workforce Development Strategy commenced and ongoing.
45	NCSP should have a system for identifying deficiencies. *The screening programme should have in place a system over and above the audit and monitoring reports, to identify deficiencies in its process. A form of survey of users so that they can be proactive rather than reactive in the delivery of the programme would be useful.*	The NSU complaints process is being implemented when complaints are received by the NSU. See also rec 24

APPENDIX 2.0

RECOMMENDATIONS THAT HAVE BEEN COMPLETED OR IMPLEMENTED[2]

Ref.	Recommendation	Implemented or Completed
3.	Evaluation of NCSP *A comprehensive evaluation of all aspects of the NCSP which reflects the 1997 Draft Evaluation Plan developed by Cox should be commenced within 18 months.*	Parts 5, 6 and 8 included within the scope of Part 3 (Cancer Audit) – see recommendation 1 above. Parts 4, 7 and 10 included within scope of NCSP Statistical Reporting. Refer to recommendation 7 below.
5.	Full legal assessment of Operational Policy and Quality Standards. *There needs to be a full legal assessment of the Policy & Quality Standards for the NCSP and the Evaluation and Monitoring Plan to ensure that the requisite legal authority to carry out these plans is in place.*	Report provided to NSU.
6.	Legal assessment of NCSP Authority. *The NCSP should be thoroughly evaluated by lawyers to determine whether or not those persons charged with tasks under the NCSP have the necessary legal authority to discharge them.*	Report provided to NSU.
7.	Statistical Reporting. *The NCSP should issue annual statistical reports. These reports should provide statistical analysis to indicate the quality of laboratory performance. They should also provide statistical analysis of all other aspects of the programme. They must be critically evaluated to identify areas of deficiency or weakness in the NCSP, these must be remedied in a timely manner.*	Issue Annual Statistical Reports 1996-98 Report Published. 1999-00 Report in final draft Work on 2001 Annual Monitoring Report underway
8.	Regular Statistical Information. *Meaningful statistical information should be generated from both the NCSP-Register and the Cancer Registry on a regular basis. Attention must be paid not only to laboratory reporting rates but also trends and the incidence of disease, assessed by regions that are meaningful to allow some correlation between reporting profiles of laboratories and the incidence of cancer.*	NSU and University of Otago consider that it is not currently possible to correlate laboratory reporting with regional incidence of cervical cancer in NZ.

[2] Ministry of Health: What Further Progress Has Been Made to Implement the Recommendations of the Cervical Screening Inquiry, As reported by the Auditor General, December 2003.

Ref.	Recommendation	Implemented or Completed
9.	Minimum Standards for Cytology Laboratories. *The compulsory setting of a minimum number of smears that should be ready by laboratories each year must be put in place. The proposal to impose three minimum volume standards on laboratories must be implemented. These are: each fixed site will process a min of 15,000 gynaecology cytology cases, each pathologists will report at least 500 abnormal gynaecological cytology cases, cytotechnical staff must primary screen a min of 3,000 gynaecological cytology cases per annum. This should be implemented within 12 months.*	DHB and Community Laboratory Agreements incorporate minimum volume standards. Public Hospital laboratories did not meet minimum volume standards in 2002/03.
10	Balanced Approach for NCSP *There needs to be a balanced approach, which recognises the importance of all aspects of the National Cervical Screening Programme. The emphasis on smear-taking and increasing the numbers of women enrolled on the Programme needs to be adjusted..*	The Programme now has a more balanced approach.
12	Management of the NCSP *The NCSP must be managed within the Ministry of Health as a separate unit by a manager who has the power to contract directly with the providers of programme on behalf of the Ministry. The programme's delivery should not be reliant on the generic funding agreements the ministry makes with providers of health services. For this purpose the unit will require its own budget.*	This has been implemented.
13	Management of the NCSP *The NCSP should be under the control of a second or third tier manager within the Ministry. The Manager of the unit should hold as a minimum specialist medical qualifications in public health or epidemiology. As a consequence of the programme's link with Cartwright, …..*	
14.	Amend S74 of the Health Act 1956. *The Health Act 1956 should be amended to permit the NCSP to be effectively audited, monitored and evaluated by any appropriately qualified persons irrespective of their legal relationship with the Ministry. This requires an amendment to section 74A of the Health Act to permit such persons to have ready access to all information on the NCSP-Register*	The Health (National Cervical Screening Programme) Amendment Bill completed its' 2 December 2003, the Committee of the Whole House Stage took place on 24 and 25 February 2004 and the third reading was completed on 2 March 2004. The Bill received Royal Assent on 7 March 2004.

Ref.	Recommendation	Implemented or Completed
15.	Kaitiaki Regulations *There needs to be reconsideration of the Kaitiaki Regulations, and the manner in which those regulations currently effect the Ministry of Health gaining access to aggregate data of Māori Women enrolled on the NCSP-Register. The Ministry of Health and any appropriately qualified persons engaged by it require ready access to the information currently protected by the Kaitiaki Regulations in order to carry out any audit, monitoring or evaluation of the Programme.*	The Cabinet decision on 25 June 2002 was to retain the status quo.
16.	Legal right to access information from the Cancer Register. *The present legal rights of access to information held on the Cancer Registry need to be clarified. The Ministry and any appropriately qualified persons it engages to carry out audits, monitoring, or evaluation of cervical cancer incidence and mortality require ready access to all information stored on the Cancer Registry about persons registered as having cervical cancer.*	The Health (National Cervical Screening Programme) Amendment Bill completed its' 2 December 2003, the Committee of the Whole House Stage took place on 24 and 25 February 2004 and the third reading was completed on 2 March 2004. The Bill received Royal Assent on 7 March 2004.
17.	Amend Health Act 1956 to enable access to medical files. *The Health Act 1956 requires amendment to enable Ministry of Health and any appropriately qualified persons it engages to carry out audits, monitoring or evaluation of cervical cancer incidence and mortality to have ready access to all medical files recording the treatment of the cervical cancer by all health providers who had a role in such treatment.*	The Health (National Cervical Screening Programme) Amendment Bill completed its' 2 December 2003, the Committee of the Whole House Stage took place on 24 and 25 February 2004 and the third reading was completed on 2 March 2004. The Bill received Royal Assent on 7 March 2004.
18.	Change guidelines under-which ethics committees operate. *There needs to be change to guidelines under which ethics committees operate to make it clear that any (external and internal) audit, monitoring and evaluation of past and current medical treatment does not require the approval of ethics committees.*	Guidelines updated.

Ref.	Recommendation	Implemented or Completed
20.	Provide guidelines to ethics committees regarding Privacy Act & Code. *Ethics Committees require guidance regarding the application of the Privacy Act and the Privacy Health Information Code. Ethics Committees need to be informed that the interpretations of legislation relating to personal privacy is for the agency holding a patient's data to decide. They would, therefore, benefit from having at least one legally qualified person on each regional committee.*	Guidelines updated.
26.	Performance Standards for NCSP Register and Cancer Register. *Performance standards should be put in place for the National Cervical Screening Register and the Cancer Registry. The currency of the data on both Registers needs to be improved. The Cancer Registry should be funded in a way that enables it to provide timely and accurate data that is meaningful.*	A new chapter of the NCSP Operational Policy and Quality Standards ' Providing a Regional Service' has been completed. The chapter includes performance standards for the NCSP-Register. The new chapter has been included in the DHB Agreements for 2003/04. Programming of the NCSP- Register for the Reconfiguration of the NCSP Regional Services has now been completed. See also recs 27 and 32 above and below.
30.	Impose Legal obligations on storage of slides. *Legal obligations in addition to those mandated by IANZ must be imposed on all laboratories reading cervical cytology requiring them to 1) retain records of patients' cytology and histology results in safe storage for a period of no less than five years from the date on which the results were reported and 2) ensure that a patient's records are readily accessible and properly archived during the five year storage period.*	The Health (National Cervical Screening Programme) Amendment Bill completed its' 2 December 2003, the Committee of the Whole House Stage took place on 24 and 25 February 2004 and the third reading was completed on 2 March 2004. The Bill received Royal Assent on 7 March 2004.
32.	Develop Standards for accuracy of laboratory coding. *Standards must be developed for ensuring the accuracy of laboratory coding and this aspect of the National cervical Screening Register must be subject to an appropriate quality assurance process.*	See also recs 26,27 above.

Ref.	Recommendation	Implemented or Completed
34.	Legal mechanisms should be in place to allow the ACC, Medical Council and the Health & Disability Commissioner to share relevant information with the Ministry's NCSP. *There should be a legal obligation on the ACC, the Medical Council and the Health and Disability Commissioner to advise the NCSP's manager of complaints about the professional performance of providers to the Programme when complaints are made to those various organisations about the treatment of a patient in relation to the Programme.*	The Health Practitioners Competence Assurance Act (HPCA) was passed by the House on 11 September and received Royal assent on 18 September 2003. The HPCA contains provisions that will give effect to the intent of the recommendations from the Inquiry will come into force a year after the Royal assent. That is, the establishment of new registration authorities and the development of gazetted scopes of practice. This will take place on 18 September 2004, that is, a year from the date of Royal assent.
35.	Medical Tribunal to supply information to NCSP. *Consideration should be given to the addition of an express requirement in the provisions governing medical disciplinary proceedings which would oblige the Tribunal seized of the facts of any given case specifically to consider whether there are any grounds for concern that there may be a public health risk involved. If that concern is present the Tribunal should be required to inform the Minster of Health.*	The Health Practitioners Competence Assurance Bill (HPCA) was passed by the House on 11 September and received Royal assent on 18 September 2003. The HPCA contains provisions that will give effect to the intent of the recommendations from the Inquiry will come into force a year after the Royal assent. That is, the establishment of new registration authorities and the development of gazetted scopes of practice. This will take place on 18 September 2004, that is, a year from the date of Royal assent.
36.	ACC & Medical Council should exchange relevant information regarding claims for medical misadventure. *There should be an exchange of information between the Accident Compensation Corporation and Medical Council regarding claims for medical misadventure and disciplinary actions against medical practitioners.*	Royal assent received for Injury Prevention and Rehabilitation Bill – came into effect April 2002
37	Liaison with the College of Pathologists	

Ref.	Recommendation	Implemented or Completed
38.	Information to Women. *The Programme must provide women with information to enable them to make informed decisions about screening and provide them with information regarding potential risks and benefits. Until the Programme has been monitored and evaluated in accordance with the current three phase national evaluation the Programme has an obligation to inform women that the quality of the performance of some of its parts has not been tested. Women should also be informed that screening will not necessarily detect cervical cancer.*	Completed, work has been incorporated as business as usual into the work programme of the NCSP.
39.	Letters to Medical Practitioners. *Medical practitioners need to be reminded that cervical smear tests are not a means of diagnosing cervical cancer. They need to be alert to signs of cervical cancer, and they should not place too much reliance on a patient's smear test results to discount the possibility of cervical cancer being present.*	Letter sent.
40.	Appropriately trained personnel should do cervical screening. *Primary screening of cervical smears should only be performed by individuals who are appropriately trained for that task. Consideration should be given to requiring pathologists to train as cytoscreeners if they want to function as primary screeners.*	Implementation of Workforce Development Strategy commenced and ongoing.
42	Cytopathologists must participate in continuing education in cytopathology. *If cytology is a major component of a pathologist's practice, it is desirable that he or she should have added qualifications in cytopathology; either a fellowship slanted towards cytopathology or a diploma in cytopathology. Consideration should be given to making this a mandatory requirement.*	Implementation of Workforce Development Strategy commenced and ongoing.
43	Pathologists ought to be more open-minded. *Pathologists should be more open minded and critical of laboratory performance. They should be alert to the possibility that their practice or the practice of their colleagues may be sub-optimal.*	

Ref.	Recommendation	Implemented or Completed
44	The Medical Council should ensure that systems are in place to support the early reporting of errant medical practitioners by their colleagues. *The Medical Council should ensure that systems are in place whereby medical practitioners are not deterred from reporting to it their concerns about the practice of an individual medical practitioner. Complainants should be assured that their reports will not result in them being penalised in any way.*	The Health Practitioners Competence Assurance Bill (HPCA) was reported back to the House by the Health Select Committee on 16 May 2003. The Act was passed by the House on 11 September and received Royal assent on 18 September 2003. The HPCA contains provisions that will give effect to the intent of the recommendations from the Inquiry will come into force a year after the Royal assent. That is, the commencement of new registration authorities and the commencement of gazetted scopes of practice. This will take place on 18 September 2004, that is, a year from the date of Royal assent.
46.	There should be a process for monitoring the implementation of the Committees Recommendations. *A process to ensure that the recommendations made by the Committee are implemented should be put in place.*	Dr McGoogan's 6-Month Report released. Dr McGoogan's second and final report received in June 2003. The OAG report on further progress made (since Dr McGoogan's second and final review report) released on 8 December 2003.