REPORT FROM THE MINISTRY OF HEALTH TO THE MINISTER ON THE IMPLEMENTATION OF THE RECOMMENDATIONS OF THE GISBORNE CERVICAL SCREENING INQUIRY – COMBINED 6TH AND 7TH QUARTERLY REPORT COVERING THE PERIOD 10 JUNE TO 10 DECEMBER 2003

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 combined 6th/ 7th quarterly report covers the period 10 June 2003 to 10 December 2003.

COMMENT

2. In June 2003, Dr Euphemia McGoogan provided a second and final report to the Minister of Health on progress to implement the recommendations of the Gisborne Cervical Screening Inquiry. In December 2003, the Office of the Controller and Auditor General also provided a second review of progress report since Dr McGoogans' January 2003 visit. The Ministry of Health has responded to Dr McGoogan's Report and the Report of the Office of the Controller and Auditor General separately in health reports to the Minister of Health (Health Report 20034113 and 20034921 refer respectively).

3. 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.

Cervical Cancer Audit

4. The re-read of slides by Mayne Health Laverty Pathology in Australia is now complete and the process for receiving feedback from NZ laboratories on control slides is underway. The planning for data analysis and report- writing has commenced.

5. The overall consent rates and participation by women has remained high during this phase of the Audit. As of November 2003 360 women have been interviewed with an overall consent rate of 81% (including Māori women). The data collection phase is on track for completion by 31 December 2003.

6. The next follow-up meeting with the advisory group and stakeholders is planned for December 2003.

The Health (National Cervical Screening Programmes) Amendment Bill

7. The Health (National Cervical Screening Programmes) Amendment Bill was referred to Health Select Committee on 18 February 2003. Fifteen written submissions were received by the deadline of 11 April. The Committee sought and was granted by the House Business Committee an extension to their reporting deadline to 30 September. The committee completed its report-back to Parliament on 22 September 2003.

8. On 2 December the second reading of the Bill was completed, we now await the Committee of the Whole House Stage. Enactment of the Bill is dependent on the new Bill completing all of its parliamentary stages. An SOP has been developed to address various aspects of the Bill [Health Report 20035065 refers].

The Health Practitioners Competence Assurance Act

9. 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.

10. The HPCA contains provisions that will give effect to the intent of recommendations from the Inquiry to come into affect a year after the royal assent; That is the commencement of new registration authorities and the commencement of gazetted scopes of practice.

NCSP Operations

Operational Policy and Quality Standards

11. The review of chapter 6 'Providing a Colposcopy Service' and the development of a new chapter 7 'Providing a NCSP Regional Service' of have been completed and incorporated into the DHB Agreements for 2003/04.

12. The review of Chapter 5 'Providing a Laboratory Service' commenced in August. A letter has been sent to laboratories seeking their input into the review requesting them to identify any policy and quality standards that require review and recommendations on how the review process should be undertaken. The deadline for feedback for the review is mid December.

Reconfiguration of NCSP Regional Services

13. Phase 1 of the programming of the NCSP Register for the Reconfiguration of NCSP Regional Services was completed in November 2003.

Electronic Linkage between NCSP- Register and Cytology Laboratories

14. 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 in the first quarter of 2004.

Ongoing Implementation of Workforce Development Projects

15. Clinical Training Agency (CTA) funding was approved for six new Bachelor of Medical Science graduates beginning a career in cervical cytology to commence in mid 2004. The draft Standard Orientation Programme in Cervical Cytology (for Graduates commencing a career in cervical cytology) was sent out for initial sector consultation in June – July 2003. The programme has been revised to include key sector feedback and is now out for a second round of consultation.

16. The NCSP has established a study grant for Bachelor of Medical Laboratory Science fourth year students choosing the cytology speciality option to increase the graduate pool for cytotechnologists. Thirteen applications were received in 2003.

17. The New Zealand Society of Cytology annual conference and scientific meeting was held on 28 to 30 August 2003. The NCSP is the primary sponsor for the conference, which is the main New Zealand opportunity for continuing professional development for the cytology laboratory workforce. Planning for the October 2004 conference has begun.

18. A new Cytology Training Working Group replacing the previous Laboratory Workforce Advisory Group has been established. The Group comprises nominees from professional bodies including the Royal College of Pathologists Association (RCPA). The Group has had a teleconference in November and a first meeting on 2 December 2003. The group will progress the work commenced by the previous Laboratory Workforce Advisory Group and will provide sector advice on the implementation of planned training and development initiatives for the cytology workforce including:

    - **Resources for the *Vocational Registration Programme for Cervical Cytology*:** Resources include the development of a logbook and workbook, which aligns with resources used in the United Kingdom. Three members of the Working Group are currently revising the draft logbook.

- **Cytology Workshops:** The New South Wales Cervical Screening Programme has been invited and confirmed to bring their workshop "Challenges in Cytology" to New Zealand in March 2004. The Workshops will accommodate 18 participants each and will be subsidised by the NCSP. The workshops are suitable for pathologists and experienced cytoscreeners, and are scheduled to be held in Auckland, Wellington and Christchurch.

- **Cytology Training Options:** Proposed options for a training programme are being considered. An "independent" training programme with the flexibility to provide national training in main centres is the preferred model. A document is currently being prepared for wider consultation.

- **Study days for pathology registrars:** the Chair of the Group will consult with the RCPA to schedule these training events prior to the next exams in 2004.

- **External Quality Assurance** (Proficiency Testing): A preferred approach has been identified and a short paper is being prepared for wider sector consultation in 2004. The Group has advised that the implementation of training initiatives is the first priority.

NSU Complaints System

19. The NSU complaints process is being implemented.

Ethics Committee Recommendations

20. The National Ethics Advisory Committee has reported to you separately on the implementation of the recommendations relating to Ethics.

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

21. The National Health Index (NHI) and its unique identifier, the NHI number, form a universal population group from which a cervical screening population register can be developed. Over the last 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 utilises the NHI number. Activities to date include:

    - duplicate resolution; an enhanced duplicate resolution programme has identified and resolved over 100,000 duplicate NHI numbers, reducing effort wasted by registers trying to contact people already known by the programme.
    - PHO updates; systems have been developed and tested to allow address information derived from PHO registers to update the NHI, assisting registers to contact clients.
    - improved access to the NHI; a 'web-based' application for accessing the NHI is currently being developed. This product, specifically aimed at primary health care services, will be piloted in January to March 2004.

Improved access to the NHI for these health and disability support services will lead to improved data quality on the NHI.

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

APPENDIX 1.0

IMPLEMENTATION OF RECOMMENDATIONS AND PROGRESS AGAINST REPORTING MILESTONES FOR 10 JUNE TO 10 DECEMBER 2003

Ref.	Recommendation	Reporting Milestones[1] for 10 June to December 2003.
1.	Evaluation of NCSP *The remaining two phases of the national evaluation designed by the Otago University team must proceed.*	Part 3 (Cancer Audit). Slide re-read by Mayne Health Laverty Pathology complete.
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.
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.*	No Reporting Milestone this period 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.
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.

[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.
Those recommendations and their Reporting Milestones marked Ongoing/or Completed will not be reported in subsequent reports, as they have already been implemented.
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 June to December 2003.
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 No further progress has been made with this recommendation due to ongoing contract negotiations with the NCSPIMG.
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.

Ref.	Recommendation	Reporting Milestones[1] for 10 June to December 2003.
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 2001/02. Public Hospital laboratories did not meet minimum volume standards in 2002/03.
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 Select Committee sought and was granted by the House Business Committee an extension to their reporting deadline to 30 September. The committee completed its report-back to Parliament on 22 September 2003. On 2 December the second reading of the Bill was completed and it is now awaiting the Committee of the Whole House Stage.
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.

Ref.	Recommendation	Reporting Milestones[1] for 10 June to December 2003.
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 Select Committee sought and was granted by the House Business Committee an extension to their reporting deadline to 30 September. The committee completed its report-back to Parliament on 22 September 2003. On 2 December the second reading of the Bill was completed and it is now awaiting the Committee of the Whole House Stage.
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 Select Committee sought and was granted by the House Business Committee an extension to their reporting deadline to 30 September. The committee completed its report-back to Parliament on 22 September 2003. On 2 December the second reading of the Bill was completed and it is now awaiting the Committee of the Whole House Stage.
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.
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 is due to report back to the Minister by 15 December 2003.

Ref.	Recommendation	Reporting Milestones[1] for 10 June to December 2003.
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.
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 will report back to the Minister by 15 December 2003.
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 will report back to the Minister by 15 December 2003.
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 will report back to the Minister by 15 December 2003.
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.

Ref.	Recommendation	Reporting Milestones[1] for 10 June to December 2003.
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. Phase one programming of the NCSP-Register for the Reconfiguration of the NCSP Regional Services has now been completed. See also recs 27 and 32 below.
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 Chapter ' Providing a Colposcopy Service' has been completed and incorporated in the DHB 2003/04 Agreements. The review of Chapter 5 'Providing a Laboratory Services' has commenced. Laboratories have been sent a letter seeking their input into the review requesting them to identify any policy and quality standards that require consultation and how the review process should be undertaken. The deadline for feedback for the review is mid December.
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.

Ref.	Recommendation	Reporting Milestones[1] for 10 June to December 2003.
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 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 Roayl 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.
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 Select Committee sought and was granted by the House Business Committee an extension to their reporting deadline to 30 September. The committee completed its report-back to Parliament on 22 September 2003. On 2 December the second reading of the Bill was completed and we now await the Committee of the Whole House Stage.
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.
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	Reporting Milestones[1] for 10 June to December 2003.
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.
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 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 Roayl 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 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 Roayl 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.

Ref.	Recommendation	Reporting Milestones[1] for 10 June to December 2003.
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
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.
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.

Ref.	Recommendation	Reporting Milestones[1] for 10 June to December 2003.
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.*	No Reporting Milestone this period.
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 Roayl 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.
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

Ref.	Recommendation	Reporting Milestones[1] for 10 June to December 2003.
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.