

**QUARTERLY (10 DECEMBER TO 10 MARCH 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 2002 these monthly reports were replaced with quarterly reporting. This report is the twelfth quarterly report and covers the period 10 December 2004 to 10 March 2005.

**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: legislative changes, National Cervical Screening Programme (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.

**Cancer Audit**

4. The National Screening Unit (NSU) has provided a Health Report in response to the New Zealand Cervical Cancer Audit Report [refer HR: 20047328].

**Legislative Change**

5. The Health (National Cervical Screening Programme) Amendment Act (2004) came into full force on 7 March 2005.
6. The letter to all women on the Programme was distributed on 21 – 23 February 2005. Overall the response to this letter has been positive however some women have chosen to withdraw from the Programme due to concerns about access to their primary care records. The NSU is monitoring the response to the letter and will be providing a briefing in due course.
7. Provider information and updated resources have been completed and distributed. The letters generated from the NCSP-Register have also been updated.
8. All work on the current NCSP-Register and the development of the new colposcopy data collection system was completed to be compliant with the legislation by 7 March 2005. This has been verified as working well without any problems.

**NCSP Operations**

9. The NCSP met with the Australasian College of Pathologists (RCPA) Quality Assurance Programme (QAP) committee on 11 February 2005 to progress the development and implementation of the proposed Individual Competency Assurance (External Quality Assurance - EQA) Programme for New Zealand. It is planned to circulate the draft proposal for final sector consultation in March/April 2005. It is intended that:
  - i. a pilot programme with four laboratories will be completed by November 2005
  - ii. a trial programme for all laboratories will commence in 2006.
10. Massey University has been contracted as the NCSP Independent Monitoring Group. Work has been commenced on Independent Monitoring Report 14. Monitoring Reports 12 and 13 covering the periods July to September and October to December 2003 have now been finalised.

### **Ongoing Implementation of Workforce Development Projects**

11. The Vocational Registration Programme in Cervical Cytology (VRPCC) has now been implemented.
12. The Cytology Training Request for Proposal (RFP) process has identified a preferred provider. The appointed organisation will develop and provide ongoing training for all laboratory staff reporting cytology from April 2005. The NSU is expected to take forward the negotiations in the next month.

### **The New Zealand Cancer Registry Information**

13. The overall status of registrations into the New Zealand Cancer Registry (NZCR) remains on track with over half of all new registrations being registered within three months of receipt within the New Zealand Health Information Service (NZHIS).

### **Development of a Population Health Register (NHI Upgrade Project)**

14. Development continues on the National Health Index (NHI) data warehouse. Users from the NSU and the NZHIS Clinical Services Analysis teams are currently testing the various views of the NHI information. New tools have been developed to enhance the usability of the NHI Index as a basis for population views.
15. An educational poster about the NHI (in addition to the brochure reported during the last period) has been prepared, and will be distributed to DHBs and GPs in the next quarter.

## APPENDIX 1.0

### IMPLEMENTATION OF THE OUTSTANDING RECOMMENDATIONS AND PROGRESS AGAINST REPORTING MILESTONES FOR 10 DECEMBER 2004 TO 10 MARCH 2005

Ref.	Recommendation	Reporting Milestones <sup>1</sup> for 10 December 2004 to 10 March 2005.
4.	Operational Policy and Quality Standards & Evaluation & Monitoring Plan.  <i>The Policy &amp; Quality Standards for the NCSP and the Evaluation and Monitoring Plan for the NCSP must be implemented within the next 12 months.</i>	Substantially complete.
19.	Review of operations of ethics committees.  <i>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.</i>	As part of its support role to the NEAC, Sector Policy Directorate of the Ministry of Health will continue to report to you separately on the implementation of the outstanding recommendations relating to ethics.  See also rec's 21,22,23
21.	Guidelines to ethics committees for observational studies.  <i>Ethics committees require guidance regarding the weighing up of harms and benefits in assessing the ethics of observational studies.</i>	As part of its support role to the NEAC, Sector Policy Directorate of the Ministry of Health will continue to report to you separately on the implementation of the outstanding recommendations relating to ethics.  See also rec's 19,22,23
22.	National ethics committee – multi-centre studies.  <i>A national ethics committee should be established for the assessment of multi-centre or national studies.</i>	As part of its support role to the NEAC, Sector Policy Directorate of the Ministry of Health will continue to report to you separately on the implementation of the outstanding recommendations relating to ethics.  See also rec's 19,21,23

<sup>1</sup> 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 <sup>1</sup> for 10 December 2004 to 10 March 2005.
23.	<p>Appeal process for ethics committee decisions.</p> <p><i>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.</i></p>	<p>As part of its support role to the NEAC, Sector Policy Directorate of the Ministry of Health will continue to report to you separately on the implementation of the outstanding recommendations relating to ethics.</p> <p>See also rec's 19,21,22</p>
24.	<p>NCSP Complaints System.</p> <p><i>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.</i></p>	<p>The NSU complaints process is being implemented when complaints are received by the NSU.</p> <p>See also rec 45.</p>
25.	<p>Electronic Link Cancer Register &amp; NCSP Register.</p> <p><i>The National Cervical Screening Register needs to be electronically linked with the Cancer Register.</i></p>	<p>A process for linking and matching data manually has been implemented and is working well.</p> <p>The review of linking processes between the National Cervical Screening Programme – Register (NCSP-R) and the New Zealand Cancer Registry (NZCR) has commenced. A report is due to be developed during the next reporting cycle.</p>
27.	<p>Standards for the NCSP should be reviewed every two years.</p> <p><i>Standards for the NCSP should be reviewed every two years and more frequently if monitoring indicates that some of the standards are inappropriate.</i></p>	<p>The review of Chapter 5 'Providing a Laboratory Service' and Chapter 4 'Providing a Smear- Taking' Service' has commenced and are ongoing.</p>
28.	<p>The Government must ensure sufficient cytotechnologists and cytopathologists and training sites.</p> <p><i>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.</i></p>	<p>Implementation of Workforce Development Strategy initiatives commenced and ongoing.</p> <p>The Vocational Registration Programme in Cervical Cytology (VRPCC) has now been implemented.</p> <p>The Cytology Training Request for Proposal (RFP) process has identified a preferred provider. The appointed organisation will develop and provide ongoing training for all laboratory staff reporting cytology from April 2005.</p>

Ref.	Recommendation	Reporting Milestones <sup>1</sup> for 10 December 2004 to 10 March 2005.
30.	<p>Impose Legal obligations on storage of slides.</p> <p><i>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.</i></p>	<p>The Health (National Cervical Screening Programme) Amendment Act was passed on 7 March 2004 and will be fully implemented by 7 March 2005.</p> <p>The retention of laboratory samples for cervical cytology are currently covered by the National Cervical Screening Programme Operational Policy and Quality Standards and contracts with laboratories, and those contracts specify a minimum retention period for the samples.</p> <p>The Ministry considers that many of the proposed changes to the Health (Retention of Health Information) Regulations will be addressed through the proposed standard for the non-therapeutic use of tissue (refer Health Report 20046854). The Sector Policy Directorate within the Ministry is therefore considering what priority should be given to amending the Health (Retention of Health Information) Regulations and will report separately to you on this.</p>
31.	<p>Ensure electronic linkage between NCSP Register and Cytology Labs.</p> <p><i>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.</i></p>	<p>Work has commenced on this strategy and the pilot is underway.</p>
33.	<p>The NCSP should develop a population-based register.</p> <p><i>The NCSP should work towards developing a population based register and move away from being the utility based register that it now is.</i></p>	<p>The NSU is represented at various levels on the Ministry's NHI Upgrade Project led by NZHIS.</p> <p>Development continues on the NHI data warehouse. Users from the National Screening Unit and Clinical Services Analysis teams are currently testing the various views of the NHI information.</p> <p>New tools have been developed to enhance the usability of the National Health Index as a basis for population views.</p>

Ref.	Recommendation	Reporting Milestones <sup>1</sup> for 10 December 2004 to 10 March 2005.
41	<p>All pathologists undertaking cytology should be appropriately trained.</p> <p><i>If cytology is a significant component of a pathologist's practice then he or she must participate in continuing medical education in that subject.</i></p>	<p>Implementation of Workforce Development Strategy initiatives commenced and ongoing.</p>
45	<p>NCSP should have a system for identifying deficiencies.</p> <p><i>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.</i></p>	<p>The NSU complaints process is being implemented when complaints are received by the NSU.</p> <p>See also rec 24</p>

## APPENDIX 2.0

### RECOMMENDATIONS THAT HAVE BEEN COMPLETED OR IMPLEMENTED<sup>2</sup>

Ref.	Recommendation	Implemented or Completed
1.	<p>Evaluation of NCSP</p> <p><i>The remaining two phases of the national evaluation designed by the Otago University team must proceed.</i></p>	<p>The final report of the New Zealand Cervical Cancer Audit was publicly released on 19 November 2004.</p> <p>There is no indication from the Audit that recommendation 2 needs to be responded to. Those recommendations falling out of the report of The New Zealand Cervical Cancer Audit will be responded to as part of a separate briefing.</p>
2.	<p>Re-enrolment and re-screening of women.</p> <p><i>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.</i></p>	<p>There is no indication from the Audit that recommendation 2 needs to be responded to. Those recommendations falling out of the report of The New Zealand Cervical Cancer Audit will be responded to as part of a separate briefing.</p>
3.	<p>Evaluation of NCSP</p> <p><i>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.</i></p>	<p>Parts 5, 6 and 8 included within the scope of Part 3 (Cancer Audit) – see recommendation 1 above.</p> <p>Parts 4, 7 and 10 included within scope of NCSP Statistical Reporting. Refer to recommendation 7 below.</p>
5.	<p>Full legal assessment of Operational Policy and Quality Standards.</p> <p><i>There needs to be a full legal assessment of the Policy &amp; 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.</i></p>	<p>Report provided to NSU.</p>
6.	<p>Legal assessment of NCSP Authority.</p> <p><i>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.</i></p>	<p>Report provided to NSU.</p>

<sup>2</sup> 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
7.	<p>Statistical Reporting.</p> <p><i>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.</i></p>	<p>Issue Annual Statistical Reports</p> <p>1996-98 Report Published.</p> <p>1999-00 Report in final draft</p> <p>The 2001 Annual Monitoring Report has been completed and is on the Healthy Women Website at <a href="http://healthywomen.org.nz">healthywomen.org.nz</a>.</p> <p>Work on the 2002 Annual Monitoring Report is underway.</p>
8.	<p>Regular Statistical Information.</p> <p><i>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.</i></p>	<p>NSU and University of Otago consider that it is not currently possible to correlate laboratory reporting with regional incidence of cervical cancer in NZ.</p>
9.	<p>Minimum Standards for Cytology Laboratories.</p> <p><i>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.</i></p>	<p>DHB and Community Laboratory Agreements incorporate minimum volume standards.</p> <p>Public Hospital laboratories did not meet minimum volume standards in 2002/2003 and in 2003/2004.</p>
10	<p>Balanced Approach for NCSP</p> <p><i>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.</i></p>	<p>The Programme now has a more balanced approach.</p>



Ref.	Recommendation	Implemented or Completed
12	<p>Management of the NCSP</p> <p><i>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.</i></p>	This has been implemented.
13	<p>Management of the NCSP</p> <p><i>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,...</i></p>	
14.	<p>Amend S74 of the Health Act 1956.</p> <p><i>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.</i></p>	The Health (National Cervical Screening Programme) Amendment Act was passed on 7 March 2004 and will be fully implemented by 7 March 2005.
15.	<p>Kaitiaki Regulations</p> <p><i>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.</i></p>	The Cabinet decision on 25 June 2002 was to retain the status quo.
16.	<p>Legal right to access information from the Cancer Register.</p> <p><i>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.</i></p>	The Health (National Cervical Screening Programme) Amendment Act was passed on 7 March 2004 and will be fully implemented by 7 March 2005.

Ref.	Recommendation	Implemented or Completed
17.	<p>Amend Health Act 1956 to enable access to medical files.</p> <p><i>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.</i></p>	The Health (National Cervical Screening Programme) Amendment Act was passed on 7 March 2004 and will be fully implemented by 7 March 2005.
18.	<p>Change guidelines under which ethics committees operate.</p> <p><i>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.</i></p>	Guidelines updated.
20.	<p>Provide guidelines to ethics committees regarding Privacy Act &amp; Code.</p> <p><i>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.</i></p>	Guidelines updated.
26.	<p>Performance Standards for NCSP Register and Cancer Register.</p> <p><i>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.</i></p>	<p>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.</p> <p>Programming of the NCSP- Register for the Reconfiguration of the NCSP Regional Services has now been completed.</p> <p>See also recs 27 and 32 above and below.</p>

Ref.	Recommendation	Implemented or Completed
<b>29.</b>	<p>Amend Medical Laboratory Technologists Regulations 1989.</p> <p><i>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 cytoscreeeners to read cervical smear tests.</i></p>	<p>The Health Practitioners Competence Assurance Act was passed by the House on 11 September and received Royal assent on 18 September 2003.</p> <p>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.</p>
<b>32.</b>	<p>Develop Standards for accuracy of laboratory coding.</p> <p><i>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.</i></p>	<p>See also recs 26,27 above.</p>
<b>34.</b>	<p>Legal mechanisms should be in place to allow the ACC, Medical Council and the Health &amp; Disability Commissioner to share relevant information with the Ministry's NCSP.</p> <p><i>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.</i></p>	<p>The Health Practitioners Competence Assurance Act (HPCA) was passed by the House on 11 September and received Royal assent on 18 September 2003.</p> <p>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.</p>

Ref.	Recommendation	Implemented or Completed
<b>35.</b>	<p>Medical Tribunal to supply information to NCSP.</p> <p><i>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 Minister of Health.</i></p>	<p>The Health Practitioners Competence Assurance Bill (HPCA) was passed by the House on 11 September and received Royal assent on 18 September 2003.</p> <p>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.</p>
<b>36.</b>	<p>ACC &amp; Medical Council should exchange relevant information regarding claims for medical misadventure.</p> <p><i>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.</i></p>	<p>Royal assent received for Injury Prevention and Rehabilitation Bill – came into effect April 2002</p>
<b>37</b>	<p>Liaison with the College of Pathologists</p>	<p>Completed this liaison has been incorporated into the work programme of the NCSP.</p>
<b>38.</b>	<p>Information to Women.</p> <p><i>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.</i></p>	<p>Completed. Work has been incorporated as business as usual into the work programme of the NCSP.</p>
<b>39.</b>	<p>Letters to Medical Practitioners.</p> <p><i>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.</i></p>	<p>Letter sent.</p>

Ref.	Recommendation	Implemented or Completed
40.	<p>Appropriately trained personnel should do cervical screening.</p> <p><i>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.</i></p>	Implementation of Workforce Development Strategy commenced and ongoing.
42	<p>Cytopathologists must participate in continuing education in cytopathology.</p> <p><i>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.</i></p>	Implementation of Workforce Development Strategy commenced and ongoing.
43	<p>Pathologists ought to be more open-minded.</p> <p><i>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.</i></p>	
44	<p>The Medical Council should ensure that systems are in place to support the early reporting of errant medical practitioners by their colleagues.</p> <p><i>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.</i></p>	<p>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.</p> <p>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.</p>

Ref.	Recommendation	Implemented or Completed
<b>46.</b>	<p>There should be a process for monitoring the implementation of the Committees Recommendations.</p> <p><i>A process to ensure that the recommendations made by the Committee are implemented should be put in place.</i></p>	<p>Dr McGoogan's 6-Month Report released.</p> <p>Dr McGoogan's second and final report received in June 2003.</p> <p>The OAG report on further progress made (since Dr McGoogan's second and final review report) released on 8 December 2003.</p>