CERVICAL SCREENING INQUIRY ANNUAL REVIEW 2001/02 AND ANNUAL PLAN 2002/03

Introduction

In April 2001 the Ministerial Inquiry into the Under-Reporting of Cervical Smear Abnormalities in the Gisborne Region released its findings including 46 recommendations (the Inquiry Recommendations) for the implementation of improvements to the National Cervical Screening Programme (NCSP). Refer to Appendix 1, Inquiry Recommendations and Responsibilities.

A Ministry of Health-wide Steering Group, with the National Screening Unit (NSU) Group Manager as Chair, was set-up in May 2001. The Steering Group monitored implementation of the Inquiry Recommendations throughout 2001/02. Monthly progress reports were provided to the Minister. A Six-Month Summary Report was completed[1]. Refer to Appendix 2, Summary of Reporting, for a list of reports.

Dr Euphemia McGoogan, cytopathologist and associate medical director of Lothian University Hospitals NHS Trust in Edinburgh, was appointed by the Minister to advise on progress to implement the Inquiry Recommendations. The Steering Group Chair and the Deputy Director-General Public Health regularly provided progress updates to Dr McGoogan. Dr McGoogan also visited New Zealand in November 2001 and provided to the Minister a six-month progress report[2]. As part of her six-month review of progress Dr Euphemia McGoogan made a series of further recommendations to improve the NCSP and the implementation process. These have been incorporated into an action plan. See Appendix 3, Summary of Six-Month Reviews. Dr McGoogan made a further visit to New Zealand in April 2002, and a third visit and a report on the work conducted to implement the Inquiry Recommendations is planned for January 2003.

In addition the Office of the Controller and Auditor–General (OAG) conducted a review to determine the effectiveness of the actions that had been taken to implement the Inquiry Recommendations. The final report was published in February 2002[3].

This document summarises the main activities carried out to implement the Inquiry Recommendations to June 2002. The risks and issues associated with the implementation of the Inquiry Recommendations for 2002/2003 are included together with a summary implementation plan for 2002/2003.

[1] Ministry of Health. October 2001. *The Six-Month Summary Report from the Ministry of Health to the Minister on the Implementation of the Recommendations of the Gisborne Cervical Screening Inquiry Report.*

[2] McGoogan E. 2001. *Progress in Implementing the Cervical Screening Inquiry Recommendations: Independent Report .*

[3] Office of the Controller and Auditor –General. February 2002. *Report of the Controller and Auditor –General: Ministry of Health: Progress in Implementing the Recommendations of the Cervical Screening Inquiry. Wellington: Office of the Controller and Auditor General.*

Responsibilities

The Cervical Screening Inquiry (CSI) Steering Group comprises managers from across the various Ministry directorates responsible for implementation of the Inquiry Recommendations.

Table 1: CSI Steering Group

- Karen Mitchell (Chair), Group Manager, NSU, Public Health Directorate
- Julia Peters, Clinical Director, NSU (to April 02), Public Health Directorate
- Judy Glackin, Manager, Health of Older People and Sector Regulation, Sector Policy Directorate
- Helen Wyn, Manager, Strategic Analysis, Sector Policy Directorate
- Grant Adam, Manager, Health Legal, Corporate and Information Directorate
- Andrew Forsyth, Team Leader, Public Health Legislative Review Team (PHLR), Public Health Directorate
- Ria Earp, Deputy Director -General, Maori Health Directorate (late 02)
- Kallon Basham, Senior Communications Advisor, NSU, Public Health Directorate
- Catherine Scollay, Information Services Manager, NSU, Public Health Directorate
- Colin Tukuitonga, Director of Public Health, Public Health Directorate
- New Zealand Health Information Service (NZHIS) (representatives in attendance from time to time), Corporate and Information Directorate

The work to implement the Inquiry Recommendations was grouped as follows:

- Audit of Invasive Cervical Cancer – initially coordinated by the NSU and then transferred to Director of Public Health in April 02.
- Ethics recommendations – Sector Policy Directorate
- Legislation – Sector Policy Directorate coordinated the original proposal for a Comprehensive Bill, which included amendments to The Injury Prevention, Rehabilitation and Compensation Act 2001, the Health and Disability Services Commissioner Act 1994, the Health Practitioners Competence Assurance Bill (HPCA), and the Health Act 1956. The original proposal for the Comprehensive Bill did not go ahead resulting in the Bill being split into its constituent parts. Specific responsibility for the amendments to S74A of the Health Act 1956 relating to the NCSP then transferred to the PHLR in February 2002.
- Kaitiaki Regulations Review – Maori Health Directorate
- NCSP Operations – NSU
- Information Technology – NSU and NZHIS

Responsibility for delivery of the Inquiry Recommendations was allocated to each of the Steering Group members as representing the various Ministry directorates and project teams. Refer to Appendix 1, Inquiry Recommendations and Responsibilities.

Progress to deliver project requirements is measured by the CSI Steering Group on the basis of the achievement of key milestones related to the production of specific deliverables, project outputs and decisions. Various project teams from within the directorates provided monthly milestone reporting to the Steering Group Chair for the tracking of progress. To provide an objective means of measuring progress a milestone plan was formulated by the Ministry based upon the proposed timetable advised to the Minister in April 2001. See Appendix 4, April 2001 Plan.

The April 2001 timetable was developed in advance of more detailed analysis of the Report of Ministerial Inquiry into the Under-Reporting of Cervical Smear Abnormalities in the Gisborne Region (the Inquiry Report) and its recommendations and of the scope of work needed to deliver them. In the proposed timetable for the implementation of the Inquiry Recommendations up to 15 recommendations were stated as requiring up to 18 to 24 months or more to implement, given their complexity. Recommendations related to the development and implementation of new information systems were highlighted as requiring longer to implement. As the scope of the work became more evident over the first six months a revised timetable was presented and was included with the six-month summary report. Refer to Appendix 5, Project Summary Plan, for the revised dates.

The CSI Steering Group has continued to measure progress to implement the Inquiry Recommendations based on the achievement of key milestones, project outputs and decisions and specific deliverables, which are indicated in the Implementation Summary for 2001/02 (Table 2.0), and the Summary Implementation Plan for 2002/03 (Table 4.0). Some recommendations may more easily be measured as completed as they have a finite period in which they can be implemented; however many other recommendations have an ongoing component that will eventually be incorporated as business as usual into the NCSP. An overall plan of the completion and implementation dates for each of the recommendations is provided as Appendix 5, Project Summary Plan.

In her first six-month report, Dr Euphemia McGoogan, noted that there should be a revised approach to measuring the way recommendations were progressed and completed. It is anticipated that her second report will outline this new approach in detail. The Ministry is awaiting her report in order to implement her revised measuring process.

NSU

The Ministry of Health is required to ensure the effective delivery of the NCSP, in accordance with the programme's objectives and appropriate standards. The programme is for New Zealand women aged 20 to 69 years and contributes to the Crown's objective to reduce the incidence and impact of cancer.

Of the 46 Inquiry Recommendations, 27 were either the direct responsibility of the NSU or required the input of NSU staff. The NSU is responsible for the national coordination and funding, policy development and monitoring of New Zealand's two national cancer screening programmes: the National Cervical Screening Programme (NCSP) and BreastScreen Aotearoa (BSA). The NSU is an autonomous unit within the Ministry of Health Public Health Directorate. The 2001/02 year was the NSU's first full year of operation.

In addition to its core business, the NSU's priorities for 2001/2002 included implementation of 19 of the Inquiry Recommendations, some of which commenced prior to the Inquiry report and many of which have an ongoing component as part of NCSP operations, including the:

- Audit of Invasive Cervical Cancer, (recommendation 1 - ongoing)
- implementation of interim quality standards with contracted providers, (recommendation 4 – achieved & ongoing except in relation to private colposcopists and smear takers who are non contracted providers)
- legal assessment of NCSP (recommendations 5 & 6 – achieved and ongoing)
- completion of 1996-98 Statistical Report, (recommendations 7 achieved and recommendation 8 ongoing)
- implementation of minimum volumes for laboratories, (recommendation 9 – ongoing)
- implementation of direct contracts with NCSP service providers, (recommendation 12 – achieved and ongoing except in relation to laboratories as contracts are held directly with District Health Boards (DHB's)
- input to proposed amendments to Section 74A of the Health Act 1956, (recommendations 14, 15, 16, 17, 30 - ongoing)
- completion of Workforce Development Strategy, (recommendations 28, 40, 41, 42, - achieved and ongoing)
- provision of information to women, (recommendation 38 – achieved and ongoing)
- provision of information to smear takers, (recommendation 39 - achieved and ongoing).

Sector Policy Directorate

Sector Policy Directorate provides strategic policy advice and analysis to the Minister of Health on the health and disability sector in New Zealand. Sector Policy Directorate houses the Secretariat for the National Ethics Advisory Committee (NEAC), and is also responsible for strategic policy advice on occupational regulatory frameworks.

Sector Policy Directorate is responsible for the implementation of the Health Practitioners Competence Assurance Bill (HPCA) once enacted, which requires improved information flows between relevant agencies and systems

to support early reporting by medical practitioners (recommendations 34, 35, 36 and 44).

This Directorate also has responsibility for providing secretariat support for NEAC. NEAC will prioritise within its work programme the recommendations that relate to the operations and process of ethical review of medical and health services research (recommendations 19, 21, 22, 23).

Māori Health Directorate

The Māori Health Directorate provides advice on the strategic direction of the health and disability sector with respect to Māori.

The Māori Health Directorate was responsible for engaging in consultation with Māori women about reviewing the Kaitiaki Regulations and the future role of the National Kaitiaki Group (recommendation 15 of the Inquiry Recommendations).

The Review of the Kaitiaki Regulations is now finished. Cabinet agreed to maintain the status quo, with improved processes for the NCSP to access Māori women's aggregate data. The role of the Māori Health Directorate is now complete.

PHLR

The PHLR was established 1 July 2000 to complete a major review of the Health Act 1956 with the view to its eventual replacement with a new Public Health Bill.

In Feb 2002 the PHLR team assumed responsibility for the final drafting, introduction to Parliament and subsequent Parliamentary stages of the Health (Screening Programmes) Amendment Bill [recommendations 14, 16, 17 and 30 refer].

NZHIS

NZHIS is responsible for managing a number of collections of health data. These include the New Zealand Cancer Register, the Mortality Collection and the National Health Index (NHI). NZHIS produces a number of publications relating to statistics on the incidence and mortality of cancer. There is considerable analytical capability within NZHIS as well as a core competence in data warehousing.

NZHIS is participating in the audit of screening performance by supplying information requested by the Cancer Audit Project about cases of cervical cancer registered by the New Zealand Cancer Register. Prior to supply the data are subjected to rigorous examination, which in some cases includes consultation with pathologists and relevant healthcare providers.

NZHIS has successfully met the deadlines required by the project so far.

Summary of the Implementation of the Cervical Screening Inquiry Recommendations in 2001/02

Audit of Invasive Cervical Cancer

One of the key recommendations of the Ministerial Inquiry into the Under-Reporting of Cervical Smear Abnormalities in the Gisborne Region (the Inquiry) was an Audit of cases of invasive cervical cancer. The Audit will examine the screening histories of women diagnosed with cervical cancer to determine where improvements to the NCSP are needed. The Audit relates to a period in which the NCSP was not operating optimally and which was examined in detail by the Inquiry.

The Audit is acknowledged as representing perhaps the largest and most complex of the projects to implement the Inquiry Recommendations. To ensure that the Audit would meet its objectives, considerable effort was expended during 2001/02 on the crucial set-up and design phases, including completion of Literature Research, Legal Review, Audit Framework, Detailed Audit Protocol, and testing of the New Zealand Cancer Register and NCSP-R data matching and extraction.

Early in 2002, project sponsorship for the Audit changed and the project effectively moved out of the NSU, although remained within the Ministry. This was intended in part to provide some independence from the ongoing operational aspects of the NCSP and functions of the NSU.

The Audit is now into Phase Four of its work, following the detailed design, development and planning work carried out throughout much of the year. A significant milestone, the obtaining of ethics committees' approval, was achieved in June 2002, allowing the Audit to proceed fully.

Ethics

Progress to implement the Inquiry Recommendations regarding ethics committees was not straightforward.

The Inquiry Report made five recommendations related to the operation of ethics committees (recommendations 18, 19, 20, 21, 22, 23). These recommendations as written were not specific to the NCSP but applied to the whole area of health and ethical review in New Zealand. Given that regional ethics committees in New Zealand are not established in legislation, it was necessary to find an appropriate vehicle for implementing the recommendations of the Inquiry.

At the time the Inquiry Report was released, two methods were identified:

- through amendments to the National Standard, to which ethics committees are obliged to conform
- as part of the work of NEAC which was already planned to be set up under the New Zealand Public Health and Disability Act 2000.

At the time of the Inquiry Report, the National Standard for ethics committees had been under review. The opportunity was taken to incorporate the Inquiry

Recommendations within this review. The Health Research Council and Regional Ethics Committees, both users of the National Standard, were not in full agreement with the Inquiry Recommendations. There was difficulty in reaching agreement and as a result non-contentious changes would be made to the original 1996 Standard, and contentious issues would be referred to NEAC. The Minister of Health agreed to the incorporation of recommendations 19, 21, 22 and 23 into the terms of reference for NEAC.

Following a process of public advertising and Cabinet approvals, membership of this committee was announced in December 2001. NEAC commenced meetings in April 2002. NEAC has developed a work programme that addresses the recommendations and it is consulting with the Ministry of Health on the timeframes and approach for carrying out the work.

Legislation

The Government's timeframe for the implementation of recommendations to deliver legislative change, originally proposed to take place before the end of 2001 was extremely tight. Initially referred to as the Comprehensive Bill, legislative change covered information sharing, complaints processes and safety and effectiveness and evaluation of the NCSP. Changes were required to the Injury Prevention Rehabilitation and Compensation Act 2001, the Health and Disability Services Commissioner Act 1994, the HPCA and the Health Act 1956. Policy work on the constituent parts was completed on time, but drafting of the legislation took longer than anticipated and this, coupled with the complex nature of the Bills themselves, resulted in the Comprehensive Bill eventually being split into its constituent parts.

The Injury Prevention Rehabilitation and Compensation Act 2001 was enacted in April 2001. The amendments that were required to the Health and Disability Services Commissioner Act 1994 were incorporated into the HPCA. Amendments to the Health Act 1956 were separated out as the main Bill.

Recommendation 29 referring to the amendments to the Medical Laboratory Technologists Regulations 1989 will be implemented through the enactment of the HPCA and the provisions that relate to scopes of practice.

The Health (Screening Programmes) Amendment Bill

Because of the history of cervical screening, and in particular as a result of the report of the Ministerial Inquiry, there is a very high level of public interest in the effectiveness and safety of the NCSP. The Inquiry generated some very specific recommendations on changes needed to the legislative framework governing the operation and ongoing review of the NCSP. A key focus is to strengthen the provisions that provide for evaluators to rigorously review the safety of the NCSP and its component services. In this respect, the new Health (Screening Programmes) Amendment Bill will be an important statute for the enhancements it will bring to the safety and effectiveness of the NCSP. The Bill will assist in building and maintaining public confidence in health services generally and, in particular, the need for women to have confidence in the NCSP.

In addition to making provision for improved evaluation of the Programme, the Bill also allows for the making of regulations prescribing standards to be met by providers of screening and diagnostic and treatment services. At present there is no satisfactory way that standards can be made mandatory for non-contracted providers. This situation has been noted in several recent reports as a particular area of concern for the NCSP in relation to providers of smear-taking services, the large majority of which have no contractual relationship with the NCSP.

The NSU played a key role in the development of the new Health (Screening Programmes) Amendment Bill. The Health (Screening Programmes) Amendment Bill received final Cabinet approval between 24 April and 13 May 2002 and was introduced to Parliament on 16 May 2002. The Bill received a category two priority from Cabinet on the legislative programme (must be passed this parliamentary year). However, this was anticipated by Cabinet when setting the interim legislation programme pending a general review. It was also noted by Cabinet, that because of the large volume of legislation brought forward from the last parliament and the limited House time for the remainder of 2002, many Bills would not make the progress in 2002 suggested by their priority descriptions. As of 21 October the Bill has commenced, but not yet completed its first reading in the House.

Kaitiaki Regulations

Preparation of a discussion document on the review of the Kaitiaki Regulations was completed and distributed to up to 3000 people and organisations. Twelve regional hui took place between 12 March and 19 April.

Following consultation with Maori women, Cabinet decided that the National Kaitiaki Group, would continue to consider all applications for access, use and publication of Maori women's aggregate data on the NCSP-R and approve those applications that complied with the criteria described in the Kaitiaki Regulations.

Processes for access to Maori women's aggregate data will be improved for the NCSP so that the NCSP is better able to monitor, evaluate and audit the programme for the benefit of Maori women.

NCSP Operations

Legal Review

Recommendations 5 and 6 of the Inquiry Report called for a high level legal review of aspects of the NCSP.

In June 2001, the NSU asked Kim Murray, Barrister, to carry out the legal review work. Mr Murray had previously represented the Health Funding Authority (HFA) and the Ministry at the Inquiry and was extremely knowledgeable of the NCSP and the complex issues that arose during the Inquiry. A report on his findings was provided to the NSU in December 2001.

The legal review provided an objective assessment of some of the important legal issues raised by the Inquiry. The legal review referred to the legal inadequacies that were of most concern to the Inquiry. These included those related to the monitoring and evaluation of the NCSP and the compulsory imposition of quality assurance processes.

Ultimately these concerns were primarily related to the ability of the NCSP to operate in an optimally safe and effective manner and thus it was necessary for the legal review to focus on the vital issue of quality standards for the Programme.

The legal review noted progress towards addressing some of the issues raised in the Inquiry Report, but some gaps were found in the legal authority to manage the Programme and ensure its safety.

To overcome these deficiencies the legal review recommended that:

- the proposed Health (Screening Programmes) Amendment Bill as currently drafted should go further to enhance the safety of the Programme
- standards need to be legally binding on all providers (public and private) with the associated power to conduct monitoring
- the Programme must be more clearly established in law with the Director General of Health given wider statutory responsibility and authority over the Programme.

Provision of Statistical Information

The 1996-98 NCSP Statistical Report was published and distributed to stakeholders in April 2002, and work on the 1999-2000 report commenced.

Four NCSP Independent Monitoring Group (IMG) quarterly reports were published during the year. Good progress has been made on the routine monitoring of performance indicators across the programme, including laboratories. These reports were distributed to around 170 providers and stakeholders and are available on the screening programme's website www.healthywomen.org.nz

NCSP Policy and Quality Standards

Good progress was made in the implementation of recommendations relating to the introduction of policy and quality standards with community laboratories and DHB's providing a colposcopy and NCSP regional service. The two public hospital laboratories providing cervical cytology services, however, struggled to meet the required minimum volume of cytology cases despite their best endeavours.

The NSU continues to support the need to retain public hospital cytology services and improve cytology education/training and academic pathology opportunities. In the current training year (to December 2002) the two public hospital laboratories are contracted by the Ministry to train 21.5 full time equivalent registrars in pathology, representing 48.3 percent of the total training in pathology, including cytology in New Zealand. Generally

community laboratories do not have a direct contractual provision for the training of pathology registrars although some do provide this training on a subcontract basis with DHBs. The NSU is reviewing this situation further to determine whether there are opportunities in 2002/03 for increasing cytology test volumes at these laboratories, given their significant role in providing pathology training and education in New Zealand.

Further work is needed with regard to implementation of standards for smear takers. The difficulties associated with the NSU implementing standards for smear takers were covered in some detail in the legal assessment provided to the Unit in response to recommendations 5 and 6. Further policy development work is required to examine the various options for implementing standards for smear takers.

NCSP Structure

Recommendations relating to the structure of the NCSP were reported as complete in the Six-Month Summary Report and discussion followed within the body of the report highlighting how these recommendations had been implemented.

The NSU was established in November 2000 as a separate business unit within the Public Health Directorate of the Ministry of Health. As a business unit the NSU has its own budget for the delivery of New Zealand's two organised screening programmes. The Group Manager of the NSU has the delegated authority to manage the Unit, having due regard to Ministry policies and public sector rules and expectations regarding financial management, human resources, and use of capital and facilities management.

The actual requirement for the NSU to have its own budget and contract directly with providers was largely implemented from 1 July 2001.

Three new clinical leadership positions were created in 2001/02, namely the Public Health Leader Screening and Clinical Leader positions for each of the two programmes.

Alongside recruitment to these positions, and in response to issues raised, the NSU commissioned a review of its organisation structure, specifically in relation to the requirement for clinical and public health leadership[4]. This review formed the basis of a facilitated "round table" discussion with key stakeholders. In summary the outcome of the review and "round table" discussion was as follows.

- Clinical leaders to be appointed for BSA and NCSP, with joint accountability with the incumbent Operational Managers of BSA and NCSP, and reporting to the NSU Group Manager.
- Public Health Leader Screening is to be appointed for the NSU, working alongside the incumbent NSU Group Manager and reporting to the Director of Public Health.

[4] NSU, Organisation Structure Review, Project Report, Internal Review for the Ministry of Health, Downard Chadwick & Associates, June 2002.

Workforce Development

Considerable work was completed by the NSU on the development of a Workforce Development Strategy (the Strategy), which was published in draft form in December 2001. A number of the Inquiry Recommendations relate directly or indirectly to the development of the screening workforce. Some recommendations refer to key policies and standards to be implemented by the NCSP providers, such as minimum volumes for laboratory staff screening cervical smears. Five of the recommendations (28, 29, 40, 41 and 42) relate to screening workforce development directly and the Strategy contains initiatives to address the issues raised.

Information to Women

The NSU contracted Women's Health Action Group to develop a new, more detailed booklet for women regarding the NCSP including the benefits and risks of screening and having a cervical smear. This detailed booklet was published in June 2002. A tear-off information sheet booklet on cervical screening was produced and distributed to general practitioners.

Basic information about the NCSP for smear takers, gynaecologists and women is available through a range of pamphlets and brochures. These resources are distributed by the programme's regional offices in correspondence with women and are available free of charge to practitioners through their local Health Education Provider.

The NSU also has a user-friendly website www.healthywomen.org.nz as well as an 0800 number to give easy access to women.

Information Technology

NCSP-R and the New Zealand Cancer Register Link

The NSU and the New Zealand Cancer Register agreed upon a regular data assurance process between the NCSP-R and the New Zealand Cancer Register to be performed monthly. This process has been refined and enhanced since the first trial in 2001. Within this process, the New Zealand Cancer Register reviews information it holds and is able to obtain missing data directly from the source laboratories rather than the NCSP-R to update and correct the New Zealand Cancer Register information. In addition, by checking all the cancers reported to the NCSP-R, the New Zealand Cancer Register is now able to inform the NSU which are primary cervical cancers, enabling this important information to be recorded in the NCSP-R.

Further investigation has taken place into the requirements for automated electronic links between the NCSP-R and the New Zealand Cancer Register (referred to in previous monthly reports as Phase 2). No compelling requirements for automated electronic links, beyond those already successfully implemented, were identified. Phase 2 has therefore been discontinued. This decision was further reviewed in the development of the regular Monthly Data Assurance process. It has been agreed that this process has been automated, as far as is desirable because it is imperative that individual discrepancies are manually checked and agreement reached

on any corrections made. It is intended to give the New Zealand Cancer Register read-only access to the NCSP-R.

The New Zealand Cancer Register Information

In essence the CSI report recommended that NZHIS should improve the currency of information about cervical cancer and generate meaningful statistics on a regular basis (recommendations 8 and 26).

Provisional incidence statistics for 2001 were supplied to the NSU in April 2002 and posted on the NZHIS website. Registration of cases diagnosed up to June 2002 is complete.

The New Zealand Cancer Register database was rebuilt in 2001 with the objective of providing improved functionality for data recording, data validation, and ad hoc reporting. Additional fields were included to enable recording of the name of the consultant healthcare provider; the tumour grade; and most importantly FIGO stage of disease classification.

The inclusion of FIGO stage will enable much more detailed analysis of the extent of disease at the time of diagnosis. When linked to screening-history in routine audits FIGO stage will be a significant indicator of screening performance at a regional level.

Population Register

NZHIS has initiated a project to create a population register for use in the health sector, based upon the NHI. Work has begun on establishing the user requirements for a population health register. In parallel with this process, work is continuing to improve the quality and coverage of the NHI system.

The NHI currently covers approximately 98 percent of the New Zealand population in terms of registrations but is not configured in a way that would meet the needs of a population register for clinical use. The index is known to contain a number of duplicates, the majority of which date from the early days of the system. The work so far on the NHI has centred on addressing the duplicates from a data quality perspective and implementing technology and process changes to prevent the creation of duplicate registrations on an ongoing basis.

An NHI duplicate resolution programme has been established. Already an average of four times as many duplicates per month are being found and addressed. NZHIS is in the process of employing additional resources to further increase the rate at which the remaining duplicates are found, with a view to resolving the bulk of the duplicates by June 2003.

The requirements for a new user interface to the NHI for use by primary health care providers has been specified. Once developed, it is anticipated that the source code for the system will be made available to Patient Management Systems (PMS) vendors to enable them to upgrade their products.

A new name search engine has been purchased and is being installed. Prototype testing already indicates a significant improvement in search speed and accuracy will be achieved.

Options for delivering new education and training required as a result of the technology improvements are being developed. It is intended that training will be delivered interactively through the Internet.

Collectively, these improvements will result in a more accurate and up-to-date register of the population of health care users.

Implementation Summary 2001/02

A summary of the key milestones reached to implement the Inquiry Recommendations for 2001/02 is included in Table 2 below.

Table 2.0 Implementation Summary

Ref.	Recommendation	2001/02 Implementation
1.	Evaluation of NCSP	*The Evaluation and Follow-up of Women with Abnormal Smears* • University of Otago completed the Review of Follow-up of Women with Abnormal Smears in September 01. *Audit of Invasive Cervical Cancer* • Phase 1 completed September 01. • Ethics Committee Application February 02. • Main Audit Team appointments finalised March 02. • Phase 2 completed April 02. • Phase 3 completed June 02. • Phase 4 commenced. • Phase 5 commenced.
2.	Re-enrolment and re-screening of women.	
3.	Cox's 1997 comprehensive evaluation of the NCSP 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 - see recommendation 7 below.
4.	Implementation of Operational Policy and Quality Standards & Evaluation & Monitoring Plan.	• Implementation of contractually binding policy and quality standards for health promotion, colposcopy, laboratories July 01. • NCSP Independent Monitoring Group Monitoring Plan finalised, including national indicators for performance monitoring. • Publication of Independent Monitoring Group NCSP quarterly monitoring reports 1, 2, 3

Ref.	Recommendation	2001/02 Implementation
		and 4.
5.	Full legal assessment of Operational Policy and Quality Standards.	• Report provided to NSU in December 2001. • Briefing provided March 02.
6.	Legal assessment of NCSP Authority.	• Report provided to NSU in December 2001. • Briefing provided March 02.
7.	Statistical Reporting.	• 1996-98 Report Published April 02. • Work on the 1999/00 report commenced.
8.	Regular Statistical Information.	*Regional incidence of cancer and laboratory reporting rates* • NSU and University of Otago considered delivery of aspects of this recommendation not possible, however further consideration is being given to this recommendation. *The New Zealand Cancer Register Requirements* • The New Zealand Cancer Register database was rebuilt in 2001 with the objective of providing improved functionality. Inclusion of the FIGO stage will enable much more detailed analysis of the extent of the disease at the time of diagnosis.
9.	Minimum Volume Standards for Cytology Laboratories.	• DHB and Community Laboratory Agreements incorporate minimum volume standards – Jul 01. • Two public hospital proposals received June 01. • Public Hospital laboratories struggle to meet minimum volume standards June 02.
10.	Balanced Approach to NCSP.	
11.	Preservation of Julia Peter's culture.	

Ref.	Recommendation	2001/02 Implementation
12.	NCSP Managed as a separate unit with a separate budget.	• NSU established as separate business unit with responsibility for NCSP and BSA. • Budget established and effective from July 01.
13.	NCSP to be controlled by 2nd or 3rd tier manager with Ministry.	• NSU managed by 3rd tier manager. • Organisation structure review of NSU completed May 02.
14.	Amend S74 of the Health Act 1956.	• Discussion document completed June 01. • Discussion document submissions received July 01. • Policy work completed and paper to Cabinet Sept 01. • PCO Instruction and drafting of legislation completed April 02. • Cabinet Legislative Committee April 02. • Introduction to House May 02.
15.	Kaitiaki Regulations.	• Initial discussion document and focus group December 01. • Discussion document completed February 02. • Consultation Hui completed April 02. • Briefing to Minister May 02. • Cabinet Paper June 02.
16.	Legal right to access information from the New Zealand Cancer Register.	• Refer to 14 above.
17.	Amend Health Act 1956 to enable access to medical files.	• Refer to 14 above.

Ref.	Recommendation	2001/02 Implementation
18.	Change guidelines under-which ethics committees operate.	• Consultation of draft operational guidelines completed August 01. • Operational guidelines finalised October 01.
19.	Review of operations of ethics committees.	• Work to be undertaken by NEAC.
20.	Provide guidelines to ethics committees regarding Privacy Act & Code.	• Refer to 18 above.
21.	Guidelines to ethics committees for observational studies.	• Work to be undertaken by NEAC.
22.	National ethics committee – multi-centre studies.	• Work to be undertaken by NEAC.
23.	Appeal process for ethics committee decisions.	• Work to be undertaken NEAC.
24.	NCSP Complaints System.	• Phase 1 completed June 02.
25.	Electronic Link between the New Zealand Cancer Register & the NCSP-R	• Processes for linking and matching data implemented November 01.
26.	Performance Standards for NCSP-R and the New Zealand Cancer Register.	• The New Zealand Cancer Register Rebuild completed June 02. • NCSP-R work to commence in 02/03.
27.	Standards for the NCSP should be reviewed every two years.	• To commence in 02/03.
28.	The Government must ensure sufficient cytotechnologists and cytopathologists and training sites.	• Research report completed August 01. • Workforce Survey completed October 01. • Workforce Development Strategy Completed December 01.

Ref.	Recommendation	2001/02 Implementation
		• Implementation plan prepared. • Funds identified for operational and service purchasing.
29.	Amend Medical Laboratory Technologists Regulations 1989.	• Refer to 34 below.
30.	Impose Legal obligations on storage of slides.	• Refer to 14 above.
31.	Ensure electronic linkage between NCSP Register and Cytology Labs.	• Migration of NCSP-Register to Health Intranet complete.
32.	Develop Standards for accuracy of laboratory coding.	• To commence 2002/03.
33.	The NCSP should develop a population-based register.	• The NSU is represented 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.	• Policy framework paper completed May 01. • Complaints paper completed August 2001. • PCO Instruction and final drafting of legislation completed September 01. • Cabinet Legislative Committee June 02. • Introduction to House June 02.
35.	Medical Tribunal to supply information to NCSP.	• Refer to 34 above.
36.	ACC & Medical Council should exchange relevant information regarding claims for medical misadventure.	• Royal assent received for Injury Prevention and Rehabilitation Bill – to come into effect April 02.

Ref.	Recommendation	2001/02 Implementation
37.	Liaison with Royal College of Pathologists	• Ongoing.
38.	Information to Women.	• New Colposcopy brochure July 01. • Tear-off booklet for GPs published May 02. • Detailed booklet published June 02.
39.	Letters to Medical Practitioners.	• Letter sent December 01.
40.	Appropriately trained personnel should do cervical screening.	• Refer to 28 above.
41.	All pathologists undertaking cytology should be appropriately trained.	• Refer to 28 above.
42.	Cytopathologists must participate in continuing education in cytopathology.	• Refer to 28 above.
43.	Pathologists ought to be more open-minded.	
44.	The Medical Council should ensure that systems are in place to support the early reporting of errant medical practitioners by their colleagues.	• Refer to 34 above.
45.	NCSP should have a system for identifying deficiencies.	• Refer to 24 above.
46.	There should be a process for monitoring the implementation of the Committees Recommendations.	• Dr McGoogan's Six-Month Report released February 02.

Six Month Review

Six months following the release of the Inquiry Report, two reviews on progress to implement the Inquiry Recommendations were completed.

1. Progress in Implementing the Cervical Screening Inquiry Recommendations: Independent Report Dr Euphemia McGoogan, expert cytopathologist and advisor to Minister of Health, December 2001.
2. Report of the Controller and Auditor-General: Ministry of Health: Progress in Implementing the Recommendations of the Cervical Screening Inquiry. Office of the Controller and Auditor-General, February 2002.

In response to recommendation 46 of the Inquiry Report, expert cytopathologist Dr Euphemia McGoogan was engaged by the Minister of Health to provide independent advice on progress to implement the Inquiry Recommendations. Dr McGoogan visited New Zealand for 10 days in October/November 2001 to carry out a review of progress over the first six months. This visit included meetings with over 100 individuals in around 35 separate meetings. To assist Dr McGoogan in her review, the Ministry also supplied full documentation on activity to deliver the Inquiry Recommendations. A written report summarising her findings was provided to the Minister on 16 December 2001. Dr McGoogan also completed a 12-Month visit in April 2002.

In October 2001 the OAG wrote to the Director-General advising her that the OAG intended to carry out a short piece of work to determine what action had been taken to implement the Inquiry Recommendations. A final draft of their report was provided to the Ministry on 30 January 2002.

In her six-month report, Dr McGoogan made particular mention of the assistance she received to complete her review. She was satisfied that she was able to have frank and open discussion with the groups and individuals with whom she met and noted the immense volume of information obtained during her visit, only six months after the release of the Inquiry Report.

The OAG found that good progress had been made in setting up structures and systems to address the Inquiry Recommendations. The OAG commented that in the course of its review the Office saw evidence of much determination - particularly among Ministry staff responsible for the programme - that the mistakes of the past would not be repeated again and that recommended changes to the programme would be made[5].

Dr McGoogan acknowledged the tremendous effort made by the NSU into improving the quality of the NCSP at all levels. She acknowledged the commitment, enthusiasm and dedication of the staff of the Unit and the efforts made to improve the NCSP despite a shortfall in staff.

[5] Office of the Controller and Auditor –General. February 2002. *Report of the Controller and Auditor –General: Ministry of Health: Progress in Implementing the Recommendations of the Cervical Screening Inquiry. Wellington: Office of the Controller and Auditor Genera. Page 9.*

Both the OAG and Dr McGoogan concluded that good progress has been made on implementing quality standards and routine monitoring of performance indicators across the NCSP, including laboratories.

Both Dr McGoogan and the OAG did express concerns regarding progress on several recommendations including:

- progress on the Audit of Invasive Cervical Cancer
- the ability to implement recommendations related to ethics committees
- the extended time taken to implement new legislation and the inability through the consultation processes to deliver all of the CSI recommendations fully
- the capacity and capability of the NSU.

As part of her review, Dr McGoogan also made a further 24 recommendations for improvements to the NCSP. Of these 24 recommendations, 10 related to workforce issues, five related to laboratory coding and reporting, and others related to information systems, monitoring, NCSP regional offices, and provision of information to NCSP participants.

This brought the total number of recommendations from the Inquiry and Dr McGoogan to 70. The breadth of these recommendations ranged from relatively small operational improvements to broad organisational requirements, and to those requiring wider sector and Government action. All recommendations were incorporated into the NSU's detailed work plan.

Of the 37 Recommendations reported as under way by the Ministry in its Six-Month Summary Report, 16 were reported as On-Track and 21 as having Revised Delivery Dates[6]. Dr McGoogan was disappointed that revised timelines were required for 21 of the recommendations. She was satisfied that sufficient progress has been made on the implementation of 16 recommendations. She was not satisfied that sufficient progress had been made on 4 of the recommendations with revised delivery dates and on 7 of the 16 recommendations reported as On-Track.

[6] Revised Delivery Dates refer to amendments to the original timetable proposed by the Ministry in April 2001 rather than any timeframes as may have been specified within the Inquiry Report.

Financial

Table 3.0 below summarises expenditure on delivery of the Inquiry Recommendations against the CSI Cost Centre. Some further expenditure was allocated to NSU budgets and not accounted for against the CSI Cost Centre.

Table 3.0 Total CSI Expenditure

	2001/02 Baseline	2001/02 Actual[7]
General		263,407
Cancer Audit		525,855
Legislation		110,948
Ethics		2,284
Legal Assessment		48,517
Statistical Reports		8,369
Policy & Stds Implementation		72,808
Complaints System		23,198
Workforce Development		150,986
Information to Women		4,622
NZHIS		800,000
CSI	3,467,000	2,020,631

[7] Some expenditure not accounted for in CSI budget, but coded to NSU NDOC

Issues/Risks 2002/03

Audit of Invasive Cervical Cancer

The Inquiry and Dr McGoogan, have set out an expectation that the Audit will be the primary mechanism to reassure women that the NCSP today is *"safe and effective"*, and that until the findings of the Audit are known, these assurances cannot be given.

The overall goal of the audit is to provide information to support improvements to the NCSP and thus contribute to a reduction in New Zealand women's incidence and mortality from invasive cervical cancer.

It will be important for the NCSP to liaise closely with the audit team to ensure any areas of the programme requiring improvement that are identified via the audit are actioned as early as possible. To facilitate this, the Clinical Leader of the NCSP will liaise with the audit team and be a member of the audit multidisciplinary advisory and liaison group.

An effective communications strategy will be implemented to ensure the stakeholders and the public are informed of the findings of the Audit and how they relate to the NCSP today.

Other means of ensuring the programme is operating effectively will also be undertaken by NCSP and communicated, and more work needs to take place in this area.

Ethics

The National Ethics Advisory Committee will need to take a consultative approach to the work programme. This will be time consuming and it is unlikely to complete its proposed work programme until November 2003.

The Health (Screening Programmes) Amendment Bill (S74A of the Health Act 1956)

As of 9 September the Bill has been allocated a category two priority for the 2002 parliamentary calendar. This priority indicates that the Bill is required to be passed this year. However, this was anticipated by Cabinet when setting the interim legislation programme pending a general review. It was also noted by Cabinet, that because of the large volume of legislation brought forward from the last parliament and the limited House time for the remainder of 2002, many Bills would not make the progress in 2002 suggested by their priority descriptions.

Key issues centre on the timing of progress with and content of the Bill. It is estimated that the NSU will need in the order of 6 – 9 months after enactment to prepare for the full implementation of the new legislation. Anything other than speedy passage will require the commencement date to be extended beyond July 2003 as currently envisaged.

The Bill includes provisions that are potentially controversial and it is possible that these (or other) provisions could be changed as part of the parliamentary process. The Ministry's role is limited to advising the Select Committee and

the Minister on any amendments that might arise. Any amendments that might be made to the Bill would need to be carefully considered in terms of their implications for the NCSP.

NCSP Operations

Legal Review

The NSU is undertaking a further legal review of the roles and responsibilities of the NCSP and its contracted providers. In particular the legal review will look at professional boundary and responsibility issues that exist between the NSU, NCSP regional services and clinical providers (both public and private), with particular reference to current practice and the stated role of the NCSP in providing a "back up" service for women.

Policy and Quality Standards

Over the past year the two public hospital laboratories providing a cytology service to the NCSP have not obtained the minimum volume of 15,000 cytology smears per annum. Over the next year these two laboratories will need to continue their efforts to achieve this requirement.

A review of the colposcopy chapter of the Interim Operational and Policy and Quality Standards October 2000, and development of new NCSP Regional Office policy and quality standards will require extensive consultation. The review of the colposcopy chapter will include reviewing the minimum volume and requiring a colposcopist to undertake 100 new colposcopies annually.

The inability to enforce standards with smear takers continues to be of concern to the NSU. During 2002/03 the NSU will review options to ensure compliance of smear takers with the NCSP policy and quality standards.

Workforce Development

Funding for 2002/03 to implement the Workforce Development Strategy has enabled priority projects that relate to laboratory workforce to be progressed. The implementation of initiatives for the development of the laboratory workforce requires cooperation between the laboratory sector and the NSU.

Information Technology

NCSP-R and the New Zealand Cancer Register Link

The successful migration of the NCSP-R on to the Health Intranet has laid the groundwork for the New Zealand Cancer Register to establish a read-only link to the NCSP-R. This will allow appropriately authorised staff to view the data on the NCSP-R and improve the existing data quality assurance processes.

Central to the success of this is the ongoing operation of the Health Intranet and its components. Although there is a current issue around the certificating authority for the Health Digital Certificates, it is expected that this will be resolved without any interruption of service to current and intending users.

The issues resolution is being led within the Ministry of Health from within the Corporate and Information Directorate.

Population Register

Work has commenced within the NZHIS-led project to define the user requirements and agree the key deliverables for a population register. It is anticipated that the first key deliverable will be met in June 2003 with the establishment of a population denominator for the NHI. There is also other work ongoing to improve the NHI, which will also form the basis of the population register. The NSU is a key business owner for the project.

Areas beyond the technology component that still need to be addressed in substance from this project include governance, legislation, privacy, communication, and education. As these issues are addressed, further issues may arise that impact on the timely delivery of this project.

NZ Context for Screening

International experts - Dr McGoogan and Professor Chamberlain, in their recent reviews of the NCSP and BSA respectively, have reflected on the difficulties in implementing organised screening programmes in New Zealand. These difficulties relate in part to the structure of the health sector, which includes both private and public service provision along the screening pathway. In addition, both experts commented that privacy concerns regarding the use of population registers for inviting individuals to participate in screening programmes, and regarding the use of data for evaluation, actually lessened the public's chances of benefiting from preventative services.

These difficulties were made very apparent in the work on new legislation for the NCSP and in the inability to implement and monitor standards in primary care.

The NSU is participating in the Ministry of Health's project to develop a population register for New Zealand, based upon the NHI. Clearly this project will benefit many areas of the health sector and public health programmes. Policy issues may present themselves as the register develops, given privacy concerns in New Zealand, presenting difficulties for the register project quite apart from any information systems development issues.

Summary of 2002/03 Plan

A summary of the Implementation Plan for 2002/03 including key milestones is provided in Table 4.0

In 2002/03 emphasis will be on the following activities:

- the Audit of Invasive Cancer Phases 4 to 6
- implementation of direct NCSP laboratory agreements
- introduction of new legislation
- improvements to the NCSP-R
- laboratory workforce initiatives
- population register development
- development of NCSP provider audit tools.

Many of the 2002/03 implementation activities now form part of the NSU's ongoing core business, including:

- publication of regular quarterly monitoring reports
- publication of annual statistical reporting
- ongoing development and implementation of policy and standards
- ongoing development of health promotion resources
- liaison with Colleges and other professional organisations
- sharing of information with Accident Compensation Corporation, the Health and Disability Commissioner and the Medical Council of New Zealand
- NCSP-R and the New Zealand Cancer Register data assurance processes.

Table 4.0 Summary Implementation Plan 2002/03

Ref.	Recommendation	2002/03 Plan
1.	Evaluation of NCSP.	*Audit of Invasive Cervical Cancer* • Phase 4 (contacting and interviewing women) ongoing. • Phase 5 (information collection) ongoing. • Phase 6 (slide review) to be implemented.
2.	Re-enrolment and re-screening of women.	
3.	Cox's 1997 comprehensive evaluation of the NCSP should be commenced within 18 months.	• Parts 5, 6 and 8 included within the scope of Part 3 (Cancer Audit). (See recommendation 1above). • Parts 4, 7 and 10 included within scope of NCSP Statistical Reporting. (Refer to recommendation 7 below).
4.	Implementation of Operational Policy and Quality Standards & Evaluation & Monitoring Plan.	• Publication of Independent Monitoring Group NCSP quarterly monitoring reports 5, 6, 7 and 8. • Publication of IMG Annual Monitoring Report 2001. • Publication of NCSP & BSA Quality Framework. • Review of options to mandate standards for NCSP Providers. (Refer also to recommendation 14 below).
5.	Full legal assessment of Operational Policy and Quality Standards.	• Further legal assessment of NCSP practitioner's responsibilities, including NCSP Regional Offices.
6.	Legal assessment of NCSP Authority.	• Refer to recommendation 14 below.
7.	Statistical Reporting.	• 1999-00 Report Published.

Ref.	Recommendation	2002/03 Plan
8.	Regular Statistical Information.	• Ongoing.
9.	Minimum Volume Standards for Cytology Laboratories.	• Ongoing.
10.	Balanced Approach to NCSP.	• Ongoing.
11.	Preservation of Julia Peters Culture.	• Ongoing.
12.	NCSP Managed as a separate unit with a separate budget.	• Implementation of direct NCSP Laboratory Agreements.
13.	NCSP to controlled by 2nd or 3rd tier manager with Ministry.	• Ongoing.
14.	Amend S74 of the Health Act 1956.	• Health (Screening programmes) Amendment Bill o First Reading. o Select Committee. o Second Reading. o Committee of Whole House. o Enactment. o Implementation Plan. o Communications Strategy o Revise NCSP Information to Women and practitioners resources.
15.	Kaitiaki Regulations.	• Implement improved processes.

Ref.	Recommendation	2002/03 Plan
16.	Legal right to access information from the New Zealand Cancer Register.	• Refer to recommendation 14 above.
17.	Amend Health Act 1956 to enable access to medical files.	• Refer to recommendation 14 above.
18.	Change guidelines under-which ethics committees operate.	• Implemented.
19.	Review of operations of ethics committees.	• Work to be undertaken by NEAC.
20.	Provide guidelines to ethics committees regarding Privacy Act & Code.	• Refer to recommendation 18 above.
21.	Guidelines to ethics committees for observational studies.	• Work to be undertaken by NEAC.
22.	National ethics committee – multi-centre studies.	• Work to be undertaken by NEAC.
23.	Appeal process for ethics committee decisions.	• Work to be undertaken by NEAC.
24.	NCSP Complaints System.	• New Information Systems in place. • MOU with ACC, HDC, Medical Council in place.
25.	Electronic Link the New Zealand Cancer Register & NCSP-R	• Ongoing.
26.	Performance Standards for NCSP-R and the New Zealand Cancer Register.	• Ongoing. • NCSP-R work to commence in 02/03.

Ref.	Recommendation	2002/03 Plan
27.	Standards for the NCSP should be reviewed every two years.	• Review of Colposcopy Standards. • Review of Regional Office Standards. • Review of NCSP Smear Taker Management Reports.
28.	The Government must ensure sufficient cytotechnologists and cytopathologists and training sites.	• Laboratory Workforce Advisory Group. • Laboratory Workforce Options Review. • Laboratory Orientation and Supervision Project. • More BMLSc Students. • Support for the NZ Society of Cytology Conference.
29.	Amend Medical Laboratory Technologists Regulations 1989.	• Addressed through scopes of practice following the implementation of the HPCA.
30.	Impose Legal obligations on storage of slides.	• Refer to recommendation 14 above.
31.	Ensure electronic linkage between NCSP Register and Cytology Labs.	• Laboratory linkage to health intranet.
32.	Develop Standards for accuracy of laboratory coding.	• Addition of new SNOMED codes. • Introduction of Bethesda 2001 codes.
33.	The NCSP should develop a population-based register.	• The NSU is represented on the Ministry's Population Register Project led by NZHIS – ongoing.
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.	• <u>Provisions Included in the Health Practitioners Competence Assurance Bill</u> • First Reading.

Ref.	Recommendation	2002/03 Plan
		• Referral to Select Committee October 2002 (submissions close 27 November 2002). • Second Reading. • Third Reading. • Committee of Whole House. • Coming into force, six months after being passed.
35.	Medical Practitioners Disciplinary Tribunal to supply information to NCSP.	• Refer to 34 above.
36.	ACC & Medical Council should exchange relevant information regarding claims for medical misadventure.	• Implemented.
37.	Liaison with Royal College of Pathologists.	• Ongoing.
38.	Information to Women.	• Development of new Health Promotion Strategy. • Review Maori & Pacific Resources.
39.	Letters to Medical Practitioners.	• Ongoing.
40.	Appropriately trained personnel should do cervical screening.	• Refer to 28 above.
41.	All pathologists undertaking cytology should be appropriately trained.	• Refer to 28 above.
42.	Cytopathologists must participate in continuing education in cytopathology.	• Refer to 28 above.

Ref.	Recommendation	2002/03 Plan
43.	Pathologists ought to be more open-minded.	
44.	The Medical Council should ensure that systems are in place to support the early reporting of errant medical practitioners by their colleagues.	• Refer to 34 above.
45.	NCSP should have a system for identifying deficiencies.	• Development of NCSP Audit Framework and Tools and commencement of Provider Audits. • Management of NCSP Issues Register.
46.	There should be a process for monitoring the implementation of the Committee's Recommendations.	• Ongoing

A further 24 recommendations for improvements to the NCSP were made by Dr Euphemia McGoogan as a result of her six month review visit in October/ November 2001 and subsequent report in December 2001. The recommendations are summarised below and form part of the 2002/2003 implementation plan.

Table 5.0 Dr McGoogan Recommendations

Ref.	Recommendation	2002/03 Plan
1.	Regional Offices.	• Interim reconfiguration of Regional Office Register Operations.
2.	Smear takers.	• Smear taker training fund • NCSP communication ongoing • Update smear taker training courses offered.
3.	CSI Report published in hardcopy form.	• Printed and distributed April 02.
4.	Clinical Director input to teleconferences.	• Ongoing, NCSP Clinical Leader
5.	Training programme & quality standards for staff reading liquid based cervical preparations.	• Detailed Review Chapter 5 - Providing a Laboratory Service (planned 03/04). (Refer also to recommendation 27 of the Inquiry Recommendations).
6.	Development of New Zealand EQA Scheme.	• Workforce Development Project initiative. • Included in the detailed review of Chapter 5 of the NCSP Operational Policy and Quality Standards (planned 03/04). (Refer also to recommendation 27 of the Inquiry Recommendations).
7.	Regular Cytology update courses.	• Sponsorship of Annual Society of Cytology Conference. • Included in the detailed review of Chapter 5 of the NCSP Operational Policy and Quality Standards (planned 03/04). (Refer also to recommendation 27 of the Inquiry Recommendations).
8.	NSU Organisational Development.	• Ongoing
9.	Significance abnormal smear results and colposcopy information for women.	• Colposcopy pamphlet printed June 2001

Ref.	Recommendation	2002/03 Plan
10.	Send interim NCSP information leaflet pads to providers.	• Sent to providers May 2002
11.	Standardised criteria for reporting unsatisfactory smears.	• Bethesda 2001 project. (See also recommendation 32 of the Inquiry Recommendations).
12.	Issue guidance to labs about implementation of Bethesda 2001.	• Bethesda 2001 project. (See also recommendation 32 of the Inquiry Recommendations).
13.	Identify duplicate additional smears at colposcopy.	• Colposcopy Policy and Standards review. (Refer also to recommendation 27 of the Inquiry Recommendations).
14.	Short-interval re-screening – important to define who is being screened by each laboratory and how often.	• Short-interval re-screening analysis underway.
15.	Audit of laboratory returns including “opt-off”.	• Health (Screening Programmes) Amendment Bill – Implementation project. (Refer also to recommendations 14, 16, 17, 30 of the Inquiry Recommendations).
16.	Recording of conventional smears and thin prep samples on NCSP-Register.	• To be implemented
17.	Additional SNOMED codes on NCSP Register.	• SNOMED coding project. (Refer also to recommendation 32 of the Inquiry Recommendations).
18.	Inclusion of Colposcopy Data on the NCSP-Register.	• Health (Screening Programmes) Amendment Bill – Implementation project. (Refer also to recommendations 14, 16, 17, 30 of the Inquiry Recommendations). • Colposcopy Policy and Standards Review (Refer also to recommendation 27 of the Inquiry Recommendations).
19.	Improved communication between IMG, providers and NSU.	• Ongoing
20.	Direct access to NCSP-Register for Labs.	• Ongoing
21.	Improved information on NCSP laboratory referral form from smear-takers to laboratories.	• Review of electronic smear-taker forms
22.	Role of regional office in relation to repeat smears for individual women.	• Legal review of roles and responsibilities. (Refer also to recommendations 5 and 6 of the Inquiry Recommendations).

Ref.	Recommendation	2002/03 Plan
23.	14 regional offices is an inefficient use of resources.	• Regional Office reconfiguration project. • Legal review of roles and responsibilities. (Refer also to recommendations 5 and 6 of the Inquiry Recommendations.
24.	Standards for smear takers and compliance cost issues.	• Ongoing • Review of electronic smear-taker forms • Health (Screening Programmes) Amendment Bill – Implementation project (Refer also to recommendations 14, 16, 17 and 30 of the Inquiry Recommendations).
25.	Participation in the NCSP must be further improved.	• Continued work with the NCSP Regional Offices and Independent Service Providers on Health Promotion Plans with the aim to improve coverage and participation. • Reducing Inequalities project • Review and ongoing development of NCSP Resources for women. (Refer also to recommendation 38 of the Inquiry Recommendations).

2002/03 Budget

Table 6.0 below summarises expenditure on delivery of the Inquiry Recommendations against the CSI Cost Centre. Actual figures for 2001/02 are provided in column 1, the budgeted figures for 2002/03 are contained in column 2.

Table 6.0 Total CSI Budget

	2001/02 Actual[8]	2002/03 Budget
General	263,407	172,000
Cancer Audit	525,855	1,410,000
Legislation	110,948	151,340
Ethics	2,284	
Legal Assessment	48,517	
Statistical Reports	8,369	44,460
Policy &Stds Implementation	72,808	219,020
Policy & Stds Review		508,000
Complaints System & Provider Audits	23,198	450,000
Workforce Development	150,986	345,000
Information to Women	4,622	65,000
NZHIS	800,000	191,000
CSI	2,020,631	3,555,820

[8] Some expenditure not accounted for in CSI budget, but coded to NSU NDOC

Appendix 1: Inquiry Recommendations and Responsibilities

Ref.	Recommendation	Responsibility
1.	Evaluation of NCSP *The remaining two phases of the national evaluation designed by the Otago University team must proceed. Until those phases are completed the Programme's safety for women cannot be known. It is imperative that this exercise is completed within the next six months. Particular attention should be given to the discrepancy between the average reporting rate of high-grade abnormalities of Douglass Hanly Moir Pathology (2.5%-3.7%) for the re-read of the Gisborne women's smear tests and the current New Zealand national average for reporting high-grade abnormalities (0.8%). Unless this exercise is carried out the possibility that the national average is flawed and that there is a systemic problem of under-reporting in New Zealand laboratories cannot be excluded.*	Director of Public Health
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-enroll on the register as new entrants and they should be offered two smear tests 12 months apart. Women who have never enrolled on the Register or who have had their names removed from the Register should be invited through notices in the print media to also go through the process of having two smear tests twelve months apart.*	National Screening Unit
3.	Evaluation of NCSP *A comprehensive evaluation of all aspects of the National Cervical Screening Programme which reflects the 1997 Draft Evaluation Plan developed by Doctors Cox and Richardson should be commenced within 18 months. This exercise should build upon the three phase evaluation referred to in recommendation 11.1.*	National Screening Unit
4.	Operational Policy and Quality Standards & Evaluation & Monitoring Plan. *The Policy And Quality Standards For The National Cervical Screening Programme and the Evaluation and Monitoring Plan For The National Cervical Screening Programme prepared by Dr Julia Peters and her team must be implemented fully within the next 12 months.*	National Screening Unit
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.*	National Screening Unit

Ref.	Recommendation	Responsibility
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.*	National Screening Unit
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.*	National Screening Unit
8.	Regular Statistical Information. *Meaningful statistical information should be generated from both the National Cervical Screening Register and the Cancer Register on a regular basis. Attention must be paid not only to laboratory reporting rates but also to trends and the incidence of the disease, assessed by regions that are meaningful to allow some correlation between reporting profiles laboratories and the incidence of cancer. Because cervical smear tests may be read outside the region in which the smear test is taken, a recording system needs to be devised which identifies the region where smears are taken.*	National Screening Unit NZHIS
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.*	National Screening Unit
14.	Amend S74 of the Health Act 1956. *The Health Act 1956 should be amended to permit the National Cervical Screening Programme to be effectively audited, monitored and evaluated by any appropriately qualified persons irrespective of their legal relationship with the Ministry of Health. This requires an amendment to s.74A of the Health Act to permit such persons to have ready access to all information on the National Cervical Screening Register.*	Public Health Legislative Review Team
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 Maori 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.*	Maori Health Directorate

Ref.	Recommendation	Responsibility
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.*	Public Health Legislative Review Team NZHIS
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.*	Public Health Legislative Review Team
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.*	Sector Policy
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.*	Sector Policy
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.*	Sector Policy
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.*	Sector Policy
22.	National ethics committee – multi-centre studies. *A national ethics committee should be established for the assessment of multi-centre or national studies.*	Sector Policy

Ref.	Recommendation	Responsibility
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.*	Sector Policy
24.	NCSP Complaints System. *The National Cervical Screening Programme 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 difficulty that witness A experienced in having her medical misadventure recognised as a failure of the Programme and a failure of Gisborne Laboratories must be avoided in the future.*	National Screening Unit
25.	Electronic Link Cancer Register & NCSP Register. *The National Cervical Screening Register needs to be electronically linked with the Cancer Register.*	National Screening Unit NZHIS
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.*	National Screening Unit NZHIS
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.*	National Screening Unit
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.*	National Screening Unit
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.*	Sector Policy

Ref.	Recommendation	Responsibility
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 retain records of patients' cytology and histology results (including slides, reports and any other material relating to the patient) in safe storage for a period of no less than five years from the date on which the results were reported. Secondly all laboratory owners must be made legally responsible for ensuring that a patient's records are readily accessible and properly archived during the five year storage period irrespective of changes in the laboratory's ownership through a sale of shares or a sale of the laboratory's business. The vendor of the shares or the laboratory's business should carry a primary legal responsibility to store the records, though the option to transfer this legal responsibility as a condition of the sale to the purchaser should be permitted. Similar provisions should apply to laboratory amalgamations. In this case the newly merged entity should be responsible for storing the records.*	Public Health Legislative Review Team
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.*	National Screening Unit
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.*	National Screening Unit
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.*	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.*	Sector Policy

Ref.	Recommendation	Responsibility
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.*	Sector Policy
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.*	Sector Policy
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.*	National Screening Unit
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.*	National Screening Unit
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.*	National Screening Unit
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.*	National Screening Unit
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.*	National Screening Unit

Ref.	Recommendation	Responsibility
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.*	
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.*	Sector Policy
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.*	National Screening Unit
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.*	CSI Steering Group

Appendix 2: Summary of Reporting

The reports below are available on the Gisborne Ministerial Inquiry website CSI website www.csi.org.nz.

TITLE	DATE OF REPORT
Second Quarterly (10 June to 10 September) Report From The Ministry Of Health To The Minister On The Implementation Of The Recommendations Of The Gisborne Cervical Screening Inquiry.	10/09/02
First Quarterly (10 April to 10 June) Report From The Ministry Of Health To The Minister On The Implementation Of The Recommendations Of The Gisborne Cervical Screening Inquiry.	10/06/02
Eleventh Monthly Report From The Ministry Of Health To The Minister On The Implementation Of The Recommendations Of The Gisborne Cervical Screening Inquiry.	18/03/02
Ninth/ Tenth Monthly Report From The Ministry Of Health To The Minister On The Implementation Of The Recommendations Of The Gisborne Cervical Screening Inquiry.	19/02/02
Review of Progress (six month) to Implement the Recommendations of the Gisborne Cervical Screening Inquiry Report. Response to the reports of Dr Euphemia McGoogan and Office of the Auditor General.	07/02/02
Seventh/ Eighth Monthly Report From The Ministry Of Health To The Minister On The Implementation Of The Recommendations Of The Gisborne Cervical Screening Inquiry.	12/12/01
Six-Month Summary Report From The Ministry Of Health To The Minister On The Implementation Of The Recommendations Of The Gisborne Cervical Screening Inquiry.	26/10/01
Sixth Monthly Report From The Ministry Of Health To The Minister On The Implementation Of The Recommendations Of The Gisborne Cervical Screening Inquiry.	18/10/01

TITLE	DATE OF REPORT
Fifth Monthly Report From The Ministry Of Health To The Minister On The Implementation Of The Recommendations Of The Gisborne Cervical Screening Inquiry.	24/9/01
Fourth Monthly Report From The Ministry Of Health To The Minister On The Implementation Of The Recommendations Of The Gisborne Cervical Screening Inquiry.	15/08/01
Third Monthly Report From The Ministry Of Health To The Minister On The Implementation Of The Recommendations Of The Gisborne Cervical Screening Inquiry.	16/07/01
Second Monthly Report From The Ministry Of Health To The Minister On The Implementation Of The Recommendations Of The Gisborne Cervical Screening Inquiry.	12/06/01
First Monthly Report From The Ministry Of Health To The Minister On The Implementation Of The Recommendations Of The Gisborne Cervical Screening Inquiry.	08/05/01

Appendix 3: Summary of Six-Month Reviews

A summary of the key issues of both reviews is provided below.

Table 3.0 Summary[9]

	Key Issue	Ministry Comment
a)	Progress Reporting: Criticism regarding the reporting of the status of recommendations as complete or on-track and dissatisfaction with progress on 11 recommendations.	Officials recommend that clarification be sought with Dr McGoogan and the OAG regarding their expectations of progress and agreement for measuring progress.
b)	Timetable for Implementation of Recommendations. Dr McGoogan states that the timetable for implementation is 1 year.	Officials recommend that further clarification be sought from Dr McGoogan regarding the basis for the assumed timetable.
c)	Audit of Invasive Cervical Cancer Concern that the Audit has not yet commenced. Concern that sufficient expertise has not yet been employed on the Audit.	The NSU advises that it is the data collection (external to Ministry) aspect of the Audit that has not yet commenced. Dr McGoogan states that she is impressed with the work done to date by the NSU's Cancer Audit Project Team in the first two phases of the Audit design and development. Since Dr McGoogan's visit the NSU has made substantial progress in obtaining the expertise to carry out the Audit. This means that the Audit is on target to submit its application to ethics committees in March 2002
d)	Legislative Changes Concern regarding delays and complexities of these changes, as well as concern regarding the use of the discussion document.	Officials have acknowledged the shortcomings of the discussion document given the context of Cabinet decisions and timeframe for its release. Delay to the introduction of legislative changes is also acknowledged, given the extremely tight timeframe, which was unable to be met given the complexity of policy development and legislative drafting.
e)	Ethical Review Dr McGoogan highlights the difficulties associated with implementing the Inquiry's Recommendations and concludes that progress is unlikely to be made at present.	Officials agree that ethics committees are not in support of the Inquiry Recommendations.

[9] Table included within Briefing on Ministry Response to 6-Month Reviews.

	Key Issue	Ministry Comment
f)	Smear Takers Dr McGoogan highlights difficulties associated with implementing standards for smear-takers and ensuring appropriate training.	The ability to ensure that smear takers meet the standards required of NCSP is a concern to the NSU. The main obstacle is the current unavailability of contractual or other mechanisms, including appropriate funding, to ensure standards are met. Development of the most appropriate mechanisms will need to be the subject of ongoing policy development work, pending available resources.
g)	NSU Organisation and Workforce Both reviews highlighted issues related to the available workforce required to implement the recommendations and for the ongoing operation of the NCSP. Structural issues related to the authority of the NSU and the qualifications of the Group Manager are also highlighted.	The NSU acknowledges recruitment and workforce difficulties. The availability of skilled and experienced workforce is limited and requires some time to build up. The NSU will need to re-prioritise work including the Inquiry Recommendations. The NSU acknowledges that the Group Manager does not hold medical qualifications but that the operations of the NSU necessitate this approach. Dr McGoogan, however, acknowledges the managerial skills, leadership and expertise of the Group Manager despite the lack of medical qualification.
h)	Information to Women Dr McGoogan expresses concern over the need to ensure women are adequately informed regarding the risks and benefits of cervical screening. This relates to the ability of the NSU to provide more timely information and the ability of health service practitioners to discuss aspects of the programme adequately.	The NSU has supplied Dr McGoogan with the full range of available information for women, which were not acknowledged in her report. The NSU acknowledges that a new booklet has taken time to develop. The NSU agrees that information provided to women by health practitioners has not been adequately assessed and relates to the ability of the NSU to mandate standards for primary care in particular.

Appendix 4: April 2001 Plan

Ref	Recommendation	Status	Timeframe[10]
1.	Parts 2 and 3 of the National Evaluation of the National Cervical Screening Programme (NCSP) to be completed with six months.	Work In Progress	Completion: Part 2: 30 June 2001 Part 3: August 2002[11]
2	Once Part 3 is completed and if there is any doubt about the acceptable rate of abnormal smears in New Zealand, then all women should be asked to re-enrol in the NCSP and have two annual smears.	If Required on Completion of Part 3	From January 2003
3	Cox's 1997 recommended evaluation of the NCSP should be commenced within eighteen months.	Of the 13 aspects of the evaluation, 5 are Complete, 2 are In Progress.	Remaining 6 aspects to commence prior to August 2002
4	The Policy and Quality Standards for the National Cervical Screening Programme and the Evaluation and Monitoring Plan for the National Cervical Screening Programme should be implemented fully within the next 12 months.	Completed	Final Implementation 1 July 2001
5	There should be a full legal assessment of the Policy and Quality Standards for the National Cervical Screening Programme and the Evaluation and Monitoring Plan for the National Cervical Screening Programme.	To Commence	Complete by Nov 2001
6	The NCSP should be legally assessed for the authority to discharge its responsibilities.	To Commence	Complete by Nov 2001
7	The NCSP should issue statistical reports on an annual basis. These reports to focus on quality aspects of the NCSP, including laboratory quality.	Current Practice	1996 to 1998 Report by 30 June 2001 1999/2000 Report by December 2001
8	The Cancer Register and NCSP-Register should generate regular statistical information. This information to include regional laboratory reporting rates as well as trends and incidence of disease.	Current Practice, scope can be reviewed	Ongoing
9	All cytology laboratories should comply with a standard related to minimum volumes per annum	Completed	Final Implementation by 1 July 2001
10	There needs to be a balanced approach to all aspects of the NCSP	Current Practice	Ongoing
11	Dr Julia Peter's culture needs to be preserved	Current Practice	Ongoing
12	The NCSP must be managed within the Ministry as a separate unit, lead by a manager with the authority to contract directly with providers	Current Practice	Ongoing
13	The NCSP manager should be second or third tier. The manager to hold medical specialist qualifications in public health or epidemiology	*[12]	

[10] Where the timeframe refers to Legislation, the date upon which that legislation might come into force will depend upon whether particular elements are fast tracked and upon availability of parliamentary time.
[11] Scope of Audit may require legislative change and Footnote 1 is relevant to this.
[12] Dr Julia Peters, a specialist in public health medicine, is the clinical leader for the NCSP. This leadership role is shared with a recently appointed third tier manager.

Ref	Recommendation	Status	Timeframe[10]
14	Amend s74A of the Health Act 1956 to enable audit and evaluation of the NCSP	Currently already approved by Cabinet (*Legislative changes required)* Consultation to occur in June/July	Complete by June 2002, but note that this is likely to require fast tracking, see footnote 1.
15	Reconsider the Kaitiaki Regulations to ensure appropriate access to aggregated Maori data for audit, monitoring and evaluation	(*Legislative changes required)*	Complete by June 2002
16	Clarify the legal right to access information on the Cancer Register	(*Legislative changes required)*	Complete by June 2002
17	Amend the Health Act 1956 to enable access to all medical files pertaining to the treatment of women with cervical cancer, for audit purposes.	(*Legislative changes required)*	Complete by June 2002
18	Change the guidelines under which ethics committees operate.	To Commence *(Review by National Ethics Committee: legislated for in the NZPHD Act 2000)*	From September 2001[13]
19	Review the operation of the ethics committees, including the impact of their decisions on the evaluation of services and medical research generally	To Commence *(Review by National Ethics Committee)*	From September 2001
20	Provide guidelines to ethics committees regarding application of the Privacy Act and Privacy Health Information Code. A Lawyer should sit on each ethics committee	Work in Progress	Complete by June 2001
21	Provide guidance to ethics committees about the ways to balance harms and benefits of observational studies	Work in Progress	Complete by June 2001
22	Establish a national ethics committee for multi-centre studies	Work in Progress	Complete by Sept 2001
23	Establish an appeal procedure to allow for re-examination of ethics committee decisions	To Commence	From September 2001
24	The NCSP should have its own consumer complaints system	To Commence	Complete by Nov 2001
25	Electronically link the Cancer Register and the NCSP-Register	To Commence (*Legislative changes required)*	From June 2002[14]
26	There should be Performance Standards for the NCSP-Register and the Cancer Register	Work in Progress	Complete by December 2001
27	Standards for the NCSP should be reviewed every two years	To Commence	First Review by October 2002
28	The Government must ensure sufficient cytotechnologists and cytopathologists and sufficient training sites	Work in Progress *(Workforce Development Project)*	Project Work Complete by December 2001
29	Amend the Medical Laboratory Technologists Regulations 1989 to permit only registered practitioners with specialist qualifications in pathology and appropriate training in cytopathology or appropriately trained cytoscreeners to read smears	To Commence (*legislative changes required)*	Complete by June 2002

[13] Committee membership proposals to go to Cabinet shortly.
[14] Date to be confirmed once scope determined as part of the NSU Information Systems Strategy Review.

Ref	Recommendation	Status	Timeframe[10]
30	Impose legal obligations, related to storage of slides, on laboratories that take over slides from laboratories that close	To Commence (*legislative changes required)*	Complete by June 2002
31	Ensure electronic linkage between NCSP-Register and cytology laboratories	To Commence (*Legislative changes required)*	From June 2002[15]
32	Develop standards for accuracy of laboratory coding	Work in Progress *(Refer 27, Standards Review)*	Complete by June 2002
33	The NCSP should develop a population register	To Commence Project	*[16]
34	Legal Mechanisms should be in place to allow the ACC, Medical Council, and the Health and Disability Commissioner to share relevant information with the Ministry's NCSP.	To Commence (*legislative changes required)*	Complete by June 2002 *(this is linked to Cull Report Recommendation)*
35	The Medical Tribunal should be required to provide relevant information to the Ministry's NCSP if there is a threat to public health.	To Commence (*legislative changes required)*	Complete by June 2002 *(this is linked to Cull Report Recommendation)*
36	The ACC and Medical Council should exchange relevant information regarding claims for medical misadventure and disciplinary actions against medical practitioners.	Implemented in part. Further work to Commence (*legislative changes required)*	Complete by June 2002 *(this is linked to Cull Report Recommendation)*
37	The NCSP should establish a collaborative relationship with the Royal College of Pathologists of Australasia.	Current Practice	Ongoing
38	The NCSP should provide women with explicit information about the risks and benefits of the NCSP, including information that the Programme has not been fully tested.	Current Practice	Ongoing
39	Remind medical practitioners that cervical smear takes are not a diagnostic tool	To Commence	Ministry Letter to go out by May 2001
40	Cervical screening should be done by appropriately trained personnel - including pathologists who want to function as primary screeners	Work in Progress *(Workforce Development Project)*	Project Work Complete by December 2001
41	Cytopathologists must participate in continuing education in cytopathology	Work in Progress *(Workforce Development Project)*	Project Work Complete by December 2001
42	All pathologists undertaking cytology should be appropriately trained. This ought to be mandatory.	Work in Progress *(Workforce Development Project)*	Project Work Complete by December 2001
43	Pathologists ought to be more open minded and critical of laboratory performance	To Commence	Ministry Letter to go out by May 2001
44	The Medical Council should ensure that systems are in place to support the early reporting of errant medical practitioners by their colleagues	To Implement. Policy work completed (*legislative changes required)*	Complete by June 2002 *(this is linked to Cull Report Recommendation)*
45	The NCSP should have a system for identifying deficiencies. Consumer surveys are recommended	Work in Progress	Ongoing

[15] Refer to Footnote 2.
[16] Refer to Footnote 2.

Ref	Recommendation	Status	Timeframe[10]
46	There should be a process for monitoring the implementation of the Committee's recommendations.	Minister is appointing an international expert to assess progress in 6 months and 1 year. Minister will receive monthly reports for the first 6 months. The reporting timeframe will be reviewed thereafter.	Ongoing

Appendix 5: Project Summary Plan[17]

Ref.	Recommendation	Original Timetable April 2001 (Commence/ Complete)[18]	Revised Timetable Six-Month Review (Commence/ Complete)[19]	Revised Timetable June 2002 (Commence/ Complete)	Comment
1.	**Evaluation of NCSP** *The remaining two phases of the national evaluation designed by the Otago University team must proceed. Until those phases are completed the Programme's safety for women cannot be known. It is imperative that this exercise is completed within the next six months. Particular attention should be given to the discrepancy between the average reporting rate of high-grade abnormalities of Douglass Hanly Moir Pathology (2.5%-3.7%) for the re-read of the Gisborne women's smear tests and the current New Zealand national average for reporting high-grade abnormalities (0.8%). Unless this exercise is carried out the possibility that the national average is flawed and that there is a systemic problem of under-reporting in New Zealand laboratories cannot be excluded.*				
	Part 2 The Evaluation and Follow up of Women with Abnormal Smears; and	Jun 2001	Jul 2001	Completed Sep 01	
	Part 3 (Cancer Audit) of the National	Aug 2002	Oct 2002	Dec 2003	Revised timetable due to

[17] The Project Summary Plan provides an overall plan for implementation of the Inquiry Recommendations. The dates should be read as completion dates unless otherwise specified. Where a recommendation is ongoing this is also indicated.
[18] Cabinet Paper April 2001
[19] 6-Month Review January 2002

Ref.	Recommendation	Original Timetable April 2001 (Commence/ Complete)[18]	Revised Timetable Six-Month Review (Commence/ Complete)[19]	Revised Timetable June 2002 (Commence/ Complete)	Comment
	Evaluation Plan of the NCSP to be completed within six months.	Aug 2002	Oct 2002	Dec 2003	change in Project Team late 2001, ethics application and approval, response to health professional concerns
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-enroll on the register as new entrants and they should be offered two smear tests 12 months apart. Women who have never enrolled on the Register or who have had their names removed from the Register should be invited through notices in the print media to also go through the process of having two smear tests twelve months apart.*				
3.	**Evaluation of NCSP** *A comprehensive evaluation of all aspects of the National Cervical Screening Programme which reflects the 1997 Draft Evaluation Plan developed by Doctors Cox and Richardson should be commenced within 18 months. This exercise should build upon the three phase evaluation referred to in recommendation 1.*	To commence by Aug 2002	Dec 2002	Dec 2002	Some aspects already completed or included within other work including Cancer Audit and Statistical Reporting.

Ref.	Recommendation	Original Timetable April 2001 (Commence/ Complete)[18]	Revised Timetable Six-Month Review (Commence/ Complete)[19]	Revised Timetable June 2002 (Commence/ Complete)	Comment
4.	**Operational Policy and Quality Standards & Evaluation & Monitoring Plan.** *The Policy And Quality Standards For The National Cervical Screening Programme and the Evaluation and Monitoring Plan For The National Cervical Screening Programme prepared by Dr Julia Peters and her team must be implemented fully within the next 12 months* DHBs & Laboratories Smear Takers	Jul 2001	Jul 2001 Jul 2003	Jul 2003	Delay in implementing smeartaking standards. NSU does not contract directly with smeartakers.
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.*	Nov 2001	Nov 2001	Complete Mar 02	

Ref.	Recommendation	Original Timetable April 2001 (Commence/ Complete)[18]	Revised Timetable Six-Month Review (Commence/ Complete)[19]	Revised Timetable June 2002 (Commence/ Complete)	Comment
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.*	Nov 2001	Nov 2001	Complete Mar 02	
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.* *1996-98* *1999-00*	Jun 2001 Dec 2001	Dec 2001 Dec 2002	Complete Apr 02 Dec 2002	Consultation on finalisation of NCSP Statistics Report 1996/98 has pushed out preparation of next report. Revised timetable due to planned late publication of NCSP Statistics Report 1990/00.

Ref.	Recommendation	Original Timetable April 2001 (Commence/ Complete)[18]	Revised Timetable Six-Month Review (Commence/ Complete)[19]	Revised Timetable June 2002 (Commence/ Complete)	Comment
8.	**Regular Statistical Information.** *Meaningful statistical information should be generated from both the National Cervical Screening Register and the Cancer Register on a regular basis. Attention must be paid not only to laboratory reporting rates but also to trends and the incidence of the disease, assessed by regions that are meaningful to allow some correlation between reporting profiles laboratories and the incidence of cancer. Because cervical smear tests may be read outside the region in which the smear test is taken, a recording system needs to be devised which identifies the region where smears are taken.*	Dec 2001	Dec 2002	As above	Consultation on finalisation of NCSP Statistics Report 1996/98 has pushed out preparation of next report. Revised timetable due to planned late publication of NCSP Statistics Report 1990/00
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.*	Jul 2001	Jul 2001		

Ref.	Recommendation	Original Timetable April 2001 (Commence/ Complete)[18]	Revised Timetable Six-Month Review (Commence/ Complete)[19]	Revised Timetable June 2002 (Commence/ Complete)	Comment
10.	There needs to be a balanced approach, which recognises the importance of all aspects of the NCSP.				
11.	The culture that was developing in the HFA regarding the management of the NCSP under the management of Dr Julia Peters needs to be preserved.				
12.	The NCSP must be managed within the MoH as a separate unit by a manager who has the power to contract directly with the providers of the programme.				
13.	The NCSP should be under the control of a second or third tier manager within the Ministry. The Manager of the unit should as a minimum hold specialist medical qualifications				

Ref.	Recommendation	Original Timetable April 2001 (Commence/ Complete)[18]	Revised Timetable Six-Month Review (Commence/ Complete)[19]	Revised Timetable June 2002 (Commence/ Complete)	Comment
14.	**Amend S74 of the Health Act 1956.** *The Health Act 1956 should be amended to permit the National Cervical Screening Programme to be effectively audited, monitored and evaluated by any appropriately qualified persons irrespective of their legal relationship with the Ministry of Health. This requires an amendment to s.74A of the Health Act to permit such persons to have ready access to all information on the National Cervical Screening Register.*	Jun 2002	Jun 2002		2002/03 timetable dependent upon legislative process through House.
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 Maori 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.*	Jun 2002	Jun 2002	Complete Jun 02	

Ref.	Recommendation	Original Timetable April 2001 (Commence/ Complete)[18]	Revised Timetable Six-Month Review (Commence/ Complete)[19]	Revised Timetable June 2002 (Commence/ Complete)	Comment
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.*	Jun 2002	Jun 2002		2002/03 timetable dependent upon legislative process through House.
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.*	Jun 2002	Jun 2002		2002/03 timetable dependent upon legislative process through House.

Ref.	Recommendation	Original Timetable April 2001 (Commence/ Complete)[18]	Revised Timetable Six-Month Review (Commence/ Complete)[19]	Revised Timetable June 2002 (Commence/ Complete)	Comment
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.*	To commence Sept 2001	Commenced	Completed Oct 01	
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.*	To commence Sept 2001	Commenced		2002/03 timetable dependent upon consideration by National Ethics Committee
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.*	Jun 2001	Sept 2001	Complete Oct 01	

Ref.	Recommendation	Original Timetable April 2001 (Commence/ Complete)[18]	Revised Timetable Six-Month Review (Commence/ Complete)[19]	Revised Timetable June 2002 (Commence/ Complete)	Comment
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.*	Jun 2001	Commenced		2002/03 timetable dependent upon consideration by National Ethics Committee
22.	**National Ethics Committee – multi-centre studies.** *A national ethics committee should be established for the assessment of multi-centre or national studies.*	Sept 2001	Commenced		2002/03 timetable dependent upon consideration by National Ethics Committee
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.*	To commence Sept 2001	Commenced		2002/03 timetable dependent upon consideration by National Ethics Committee

Ref.	Recommendation	Original Timetable April 2001 (Commence/ Complete)[18]	Revised Timetable Six-Month Review (Commence/ Complete)[19]	Revised Timetable June 2002 (Commence/ Complete)	Comment
24.	**NCSP Complaints System.** *The National Cervical Screening Programme 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 difficulty that witness A experienced in having her medical misadventure recognised as a failure of the Programme and a failure of Gisborne Laboratories must be avoided in the future.*	Nov 2001	Jun 2002	Commenced	
25.	**Electronic Link Cancer Register & NCSP Register.** *The National Cervical Screening Register needs to be electronically linked with the Cancer Register.*	From Jun 2002		Complete Nov 01	
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.*	Dec 2001	Jun 2002	Commenced	

Ref.	Recommendation	Original Timetable April 2001 (Commence/ Complete)[18]	Revised Timetable Six-Month Review (Commence/ Complete)[19]	Revised Timetable June 2002 (Commence/ Complete)	Comment
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.*	October 2002	Dec 2002	Commenced	
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.*	Project work complete by Dec 2001	Dec 2001	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.*	Jun 2002	Jun 2002		2002/03 timetable dependent upon legislative process through House.

Ref.	Recommendation	Original Timetable April 2001 (Commence/ Complete)[18]	Revised Timetable Six-Month Review (Commence/ Complete)[19]	Revised Timetable June 2002 (Commence/ Complete)	Comment
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 retain records of patients' cytology and histology results (including slides, reports and any other material relating to the patient) in safe storage for a period of no less than five years from the date on which the results were reported. Secondly all laboratory owners must be made legally responsible for ensuring that a patient's records are readily accessible and properly archived during the five year storage period irrespective of changes in the laboratory's ownership through a sale of shares or a sale of the laboratory's business. The vendor of the shares or the laboratory's business should carry a primary legal responsibility to store the records, though the option to transfer this legal responsibility as a condition of the sale to the purchaser should be permitted. Similar provisions should apply to laboratory amalgamations. In this case the newly merged entity should be responsible for storing the records.*	June 2002	June 2002		2002/03 timetable dependent upon legislative process through House.

Ref.	Recommendation	Original Timetable April 2001 (Commence/ Complete)[18]	Revised Timetable Six-Month Review (Commence/ Complete)[19]	Revised Timetable June 2002 (Commence/ Complete)	Comment
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.*	Jun 2002	Jun 2002	Complete/ongoing	
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.*	Jun 2002	Jun 2002	Commenced	
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.*		Jun 2003	Jun 2003	

Ref.	Recommendation	Original Timetable April 2001 (Commence/ Complete)[18]	Revised Timetable Six-Month Review (Commence/ Complete)[19]	Revised Timetable June 2002 (Commence/ Complete)	Comment
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.*	Jun 2002	Jun 2002		2002/03 timetable dependent upon legislative process through House.
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.*	Jun 2002	Jun 2002		2002/03 timetable dependent upon legislative process through House.

Ref.	Recommendation	Original Timetable April 2001 (Commence/ Complete)[18]	Revised Timetable Six-Month Review (Commence/ Complete)[19]	Revised Timetable June 2002 (Commence/ Complete)	Comment
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.*	Jun 2002	Jun 2002	Completed Apr 02	
37.	It is recommended that the programme liase with the Royal College of Pathologists of Australia				
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.*	Ongoing	Jun 2002	Complete/ongoing Jun 02	

Ref.	Recommendation	Original Timetable April 2001 (Commence/ Complete)[18]	Revised Timetable Six-Month Review (Commence/ Complete)[19]	Revised Timetable June 2002 (Commence/ Complete)	Comment
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.*	May 2001	Oct 2001	Complete/ongoing Dec 2001	
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.*	Dec 2001	Dec 2001	Commenced/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.*	Dec 2001	Dec 2001	Commenced/ongoing	

Ref.	Recommendation	Original Timetable April 2001 (Commence/ Complete)[18]	Revised Timetable Six-Month Review (Commence/ Complete)[19]	Revised Timetable June 2002 (Commence/ Complete)	Comment
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.*	Dec 2001	Dec 2001	Commenced/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.*	May 2001	December 2001		

Ref.	Recommendation	Original Timetable April 2001 (Commence/ Complete)[18]	Revised Timetable Six-Month Review (Commence/ Complete)[19]	Revised Timetable June 2002 (Commence/ Complete)	Comment
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.*	Jun 2002	Jun 2002		2002/03 timetable dependent upon legislative process through House.
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.*	Ongoing	Ongoing	Commenced/ongoing	
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.*	Ongoing	Ongoing	Commenced/ongoing	

Appendix 6: Glossary of Common Abbreviations

Abbreviation	Official Name
BSA	BreastScreen Aoteaoroa
CSI	Cervical Screening Inquiry
DHB	District Health Board
HFA	Health Funding Authority
HPCA	Heath Practitioners Competence Assurance Bill
IMG	Independent Monitoring Group
NHI	National Health Index
NCSP	National Cervical Screening Programme
NCSP-R	National Cervical Screening Programme Register
NEAC	National Ethics Advisory Committee
NSU	National Screening Unit
NZHIS	New Zealand Health Information Services
PHLR	Public Health Legislation Review Team
OAG	Office of the Controller and Auditor-General