

The Role of The Advanced Practitioner in Cytology

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County Down

Overview

- History of Advanced Practitioner Examination
Advanced Specialist Diploma
- Examination format
- Roles
- Future of AP role in a rapid changing cytology world

Background to Examination

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

Examination

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



Examination Format

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

2001 - 2010

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

Qualities of AP

- Knowledge of subject
- Experience
- Confident NOT stupid
- Resilient

Role of AP



Reporting role



Manager/Leadership



Hospital Based Programme Co-ordinator
(HBPC)

Hospital Based Programme Co-ordinator

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

Reporting Role

- Cervical cytology
- Present (cytology) correlation meetings and attend MDM's
- Audit
- Performance standards (PPV, APV, sensitivity, specificity)

Colposcopy Correlation Meeting

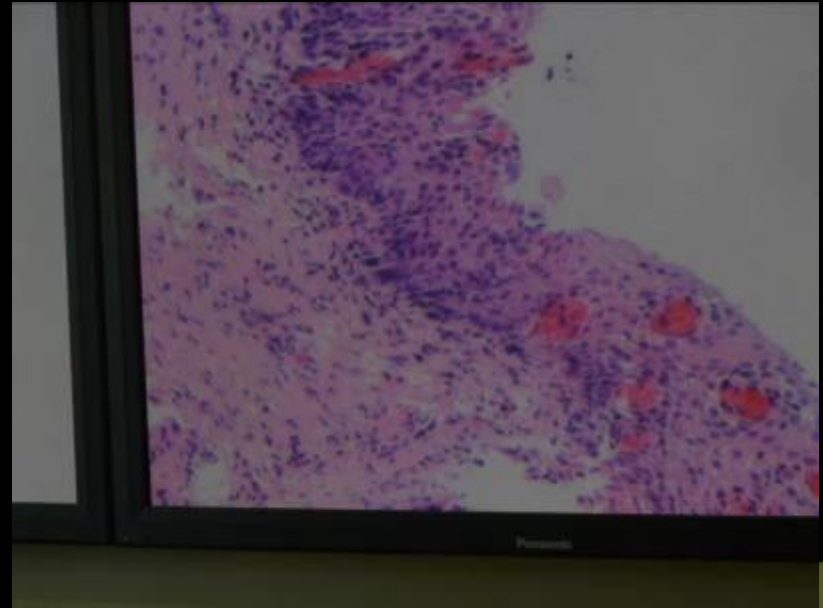
- Multi disciplinary team meeting (MDT)
- Best Practice
- Monthly/fortnightly/weekly meeting
- Review discrepant cases/management dilemmas
- Document outcomes
- Team
 - Gynaecologist,
 - Pathologist
 - Colposcopy nurse
 - AP
 - Coordinator
 - Cytology staff and trainee staff



Case 1

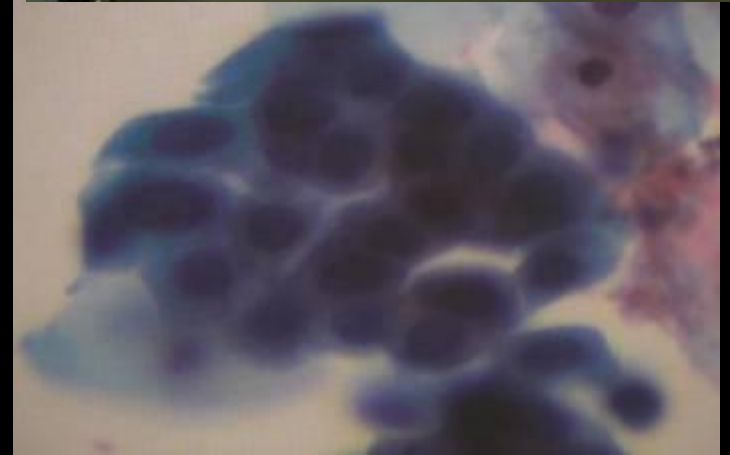
25 year old

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



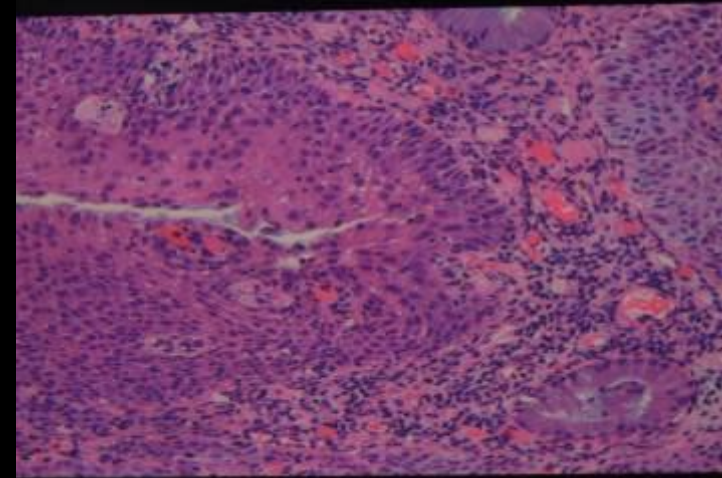
Case 2 - 24 year old

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



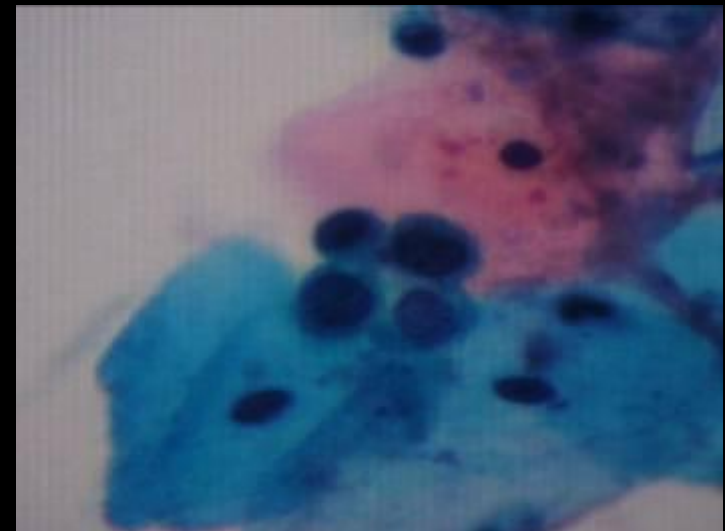
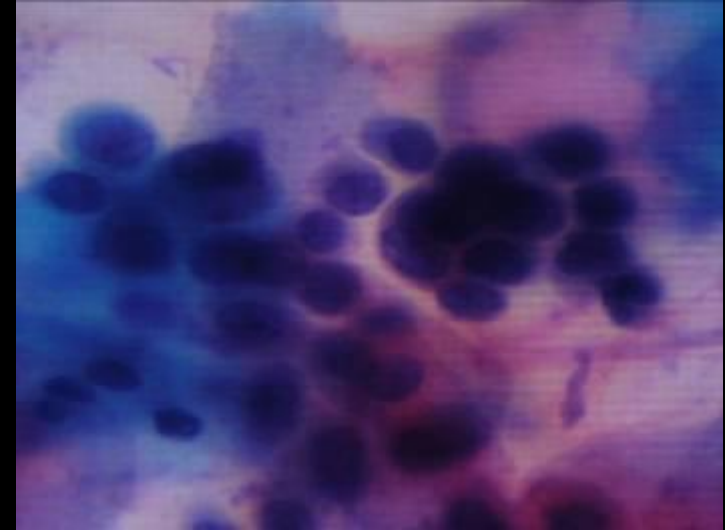
Case 3 – 55 year old

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



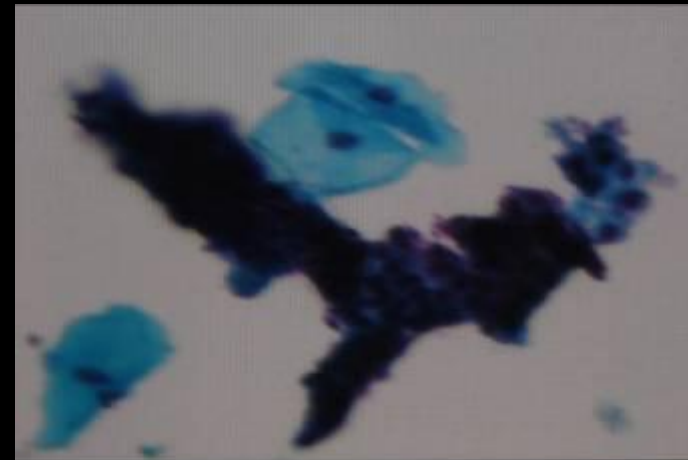
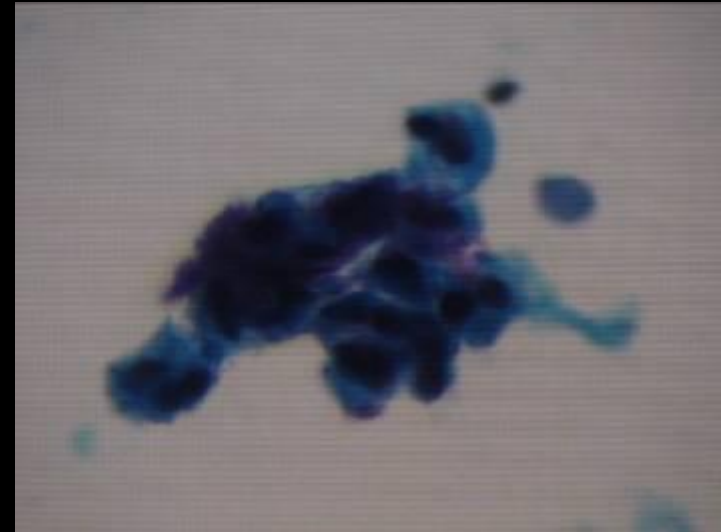
Case 4- 24 year old

- Referred on moderate
- Colp CIN high grade
- Cytology negative
- Bx CIN 1
- **High grade confirmed**
- Young anxious lady
- Outcome rebiopsy 6/12m




Case 5 – 26 year old


- Referred on severe dysk
- LLETZ x 3, CIN3 incompletely excised
- Patient requesting hysterectomy (para 3)
- **High grade confirmed**
- **Progression risk**, trachelectomy abdominal v vaginal
- Discuss options with woman



Chapter 13



ESSENTIAL THEORY | EXPERIMENTAL SKILLS | PREPARATION FOR PROFESSIONAL PRACTICE



'Vital reading material for undergraduate students, as well as those working at a more advanced level.' Liverpool John Moores University

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CYTOPATHOLOGY

Shambayati

fundamentals of biomedical science

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CYTOPATHOLOGY

EDITED BY Behdad Shambayati

Cytopathology provides a wide-ranging overview of the microscopic study of normal and abnormal cells, showing how current visualization methods are used to study cell structure, and how early detection of abnormal cell pathology can lead to timely clinical interventions.

The flow of information is excellent and the text is well-written... a good introductory text for undergraduates with an interest in cytology and for professionals in training.
Dr Lesley Wallon, School of Biomolecular Science, Liverpool John Moores University

Clearly written, factual and concise.
Dr Patricia Goddson, School of Biological Sciences, Bangor University

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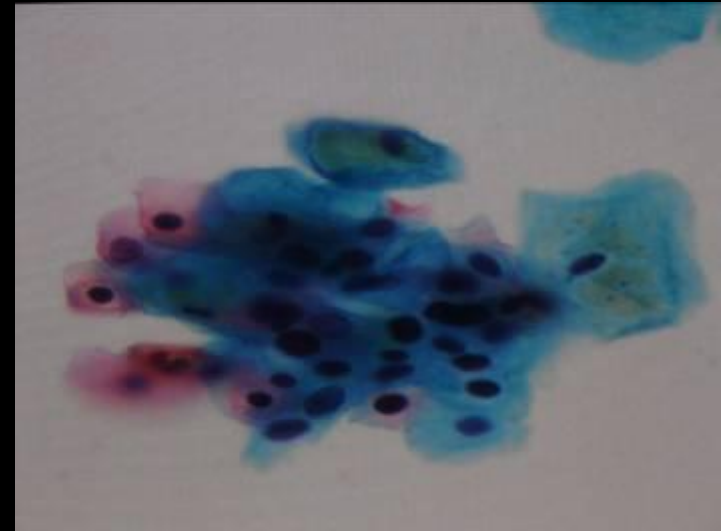
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FMS
FUNDAMENTALS OF BIOMEDICAL SCIENCE

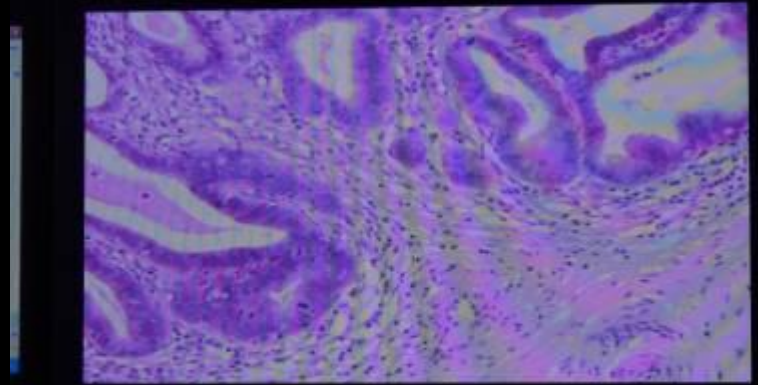
Case 6 - 51 year old

- Persistent mild
- Significant co morbidity angioplasty x2, Diabetes
- Contemplating LLETZ under GA
- **Mild confirmed FU @6/12 & HPV test**



Case 7 – 45 year old

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



Teaching



Manager Role

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

Manager Role

- HR
 - Performance Management
 - Recruitment
- Training
 - Mandatory
 - Corporate

Leadership Role

- Ambassador- professional and scientific
- Strategic
 - Implementation of HPV testing
- Mentor/coach
- Networking

Diagnostic Cytology

- Diploma of Expert Practice

- Urine Cytology
- Serous Effusions
- Respiratory



- Similar format to ASD

- Report out negative non gynae cytology

Future of Cytology in UK

- April 2011 – Introduction of HPV testing as a reflex test
- Future - Primary screening with HPV
 - Increased sensitivity
 - Decreased specificity
- Cytology v Virology setting
- Can be done in cytology
 - Meet turnaround times
 - Molecular expertise

Impact of HPV testing

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

Impact of HPV Vaccination

- Less disease
- Vigilance decrement
- Imaging has a role

Future role of AP in cytology

- Yes
- AP – leadership work alongside clinical leads
- Reporting, manage labs, oversee quality (HBPC)
- Strategic & advisory role

Take Home Message

- New approach to screening needed
- Retain cytology skills
- Acquire molecular expertise

Thank You

