

The following document expresses the concerns and opinions of the Maryland Cytology Proficiency Testing Program (MCPTP) in reference to two aspects of the guidelines being considered for the implementation of the federal cytology proficiency test.

I. Test scores reflect the individual's score versus the laboratory's score-

The current mechanism for grading the cytology proficiency test is that each individual receives a score and the individual receives a pass/fail result based on that score. The laboratory as a whole does not receive a pass/fail result. The MCPTP supports the continuation of this process.

By combining all individual test scores to generate a single laboratory test score would result in penalizing smaller laboratories that employ fewer people than larger laboratories. The fewer individuals that take the test at one facility the less diluted the test results become when combined with all the scores of the laboratory. For example, in a two person laboratory, if one person failed and the other individual passed, the average of the two scores could result in the failure of the whole laboratory. Both individuals would need to be retested resulting in an individual who passed the test requiring a retest. If the laboratory employed more individuals, that failing score when averaged with the other individuals' scores could be diluted enough to enable the laboratory to pass but there is still an individual who was not able to pass the test and was not retested. So the same failing score would result in two different consequences to a laboratory depending on its size, not to mention an individual who passed the test having to take a retest. By averaging the score the process does not reflect the laboratories proficiency.

Under the current requirement, if an individual fails and needs to cease diagnosing, the laboratory can still produce results when its other employees have passed the test. The new requirement could result in the laboratory not able to diagnose gynecologic specimens because the laboratory as a whole has failed when an individual(s) failure has resulted in a laboratory failure.

II. Scoring system and automatic failures-

The current mechanism for grading the cytology proficiency test is that an individual receives an automatic failure if a “D” (high grade/cancer) slide is diagnosed as a “B” (negative). The MCPTP supports the continuation of this process.

Initially the MCPTP’s policy for diagnosing a “D” (high grade/cancer) slide as a “B” (negative) was a ten point deduction. This resulted in a passing score if this was the only error. But we found that some pathologists would fail if they made three errors when diagnosing a “C” (low grade) as a “D” (high grade) or vice versa (five point deduction per error). In practice, the effect on a patient’s treatment/prognosis is very different when misdiagnosing a low grade dysplasia as a high grade dysplasia (or vice versa) compared to misdiagnosing a high grade dysplasia or cancer as a negative. As a result of this finding, the MCPTP changed the scoring grid to a fifteen point deduction for a false negative (calling a “D” a “B”) in 1990.