



American Society for Cytotechnology

Statement to the
Clinical Laboratory Improvement Advisory Committee (CLIAC)
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Presented by
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The cytotechnologist membership of the American Society for Cytotechnology (ASCT) wishes to thank CLIAC for allowing this process to move forward and Dr. Soloman and the PT Workgroup for their recommendations. We request that the PT program continue to be conducted on an educational basis and without punitive sanctions until consensus has been reached.

As an organization the cytotechnologist membership currently supports the following:

- That testing be individual
- That the laboratory bears the responsibility for enrollment, participation, retesting and remedial actions.
- Maintaining the current 4 diagnostic categories
- Testing at 3 year intervals
- Unified scoring system for cytotechnologists and pathologists with an 80% passing score. (This will warrant further study with changes in the number of challenges, increased testing intervals and different scoring grids as these are somewhat interrelated.)
- Elimination of the automatic failure on a single challenge
- That PT be exclusively for GYN cytology
- That options be considered that allow for new technology.

Proficiency Testing is but one component of an effective Quality Management program in Cytopathology. Other proven effective, integrated and ongoing monitors are; Retrospective and 10% rescreen, Cytology-Histology correlation, and workload setting based on performance for Cytotechnologists every 6 months.

Over the past two years, proficiency testing has been an expensive, contentious and divisive issue for the cytology profession. ASCT urges an **expedited rule making process** to bring revisions and resolution to this process. We request a **meaningful** PT program in balance with the other mandated quality management tools in cytology.

On behalf of the ASCT and our cytotechnologist members, I would like to thank the committee for this opportunity to comment.