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REPORT OF CUSTOMER SATISFACTION SURVEY 2009

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NATA Accredited Proficiency Testing Scheme Provider Number: 14863
This Facility is accredited by the National Association of Testing Authorities, Australia and complies with the Requirements of ILAC G13, **Site Number: 15744**

The Anatomical Pathology QAP surveyed 580 participants in December 2009 and responses were received from 38 participants (7%).

Responses were given as either on a scale of 1 to 5 (1=poor to 5=excellent) or Yes/No/Unsure

This report is a summary of the responses to the 2009 questionnaire and includes a comparison of results to previous customer satisfaction surveys in 2007 and 2005.

QUALITY OBJECTIVES

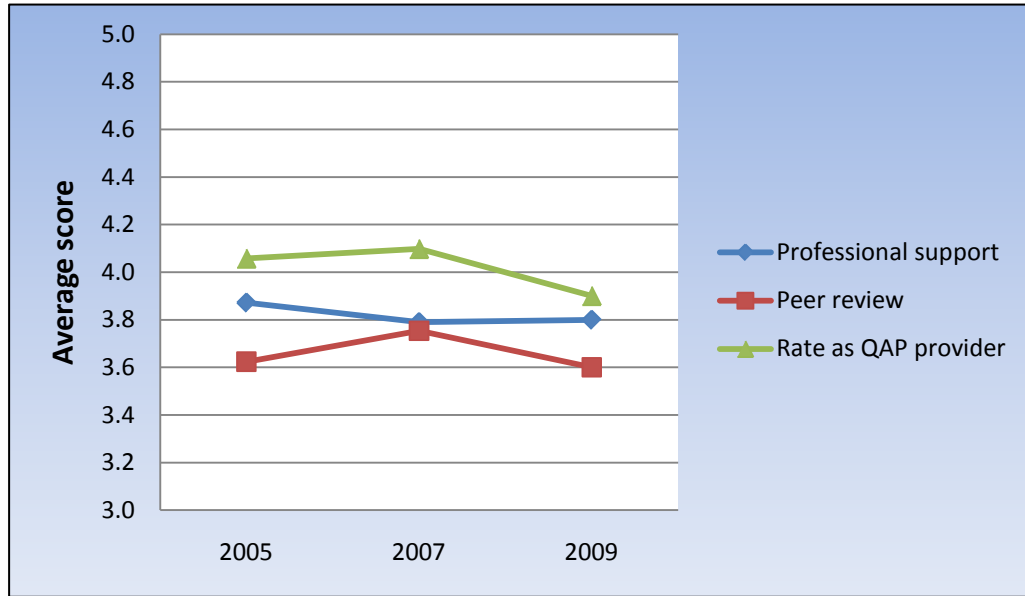


Fig 1

Rating of our professional support and consultation, methods of peer review, and general performance as a Quality Assurance provider.

ENROLMENT

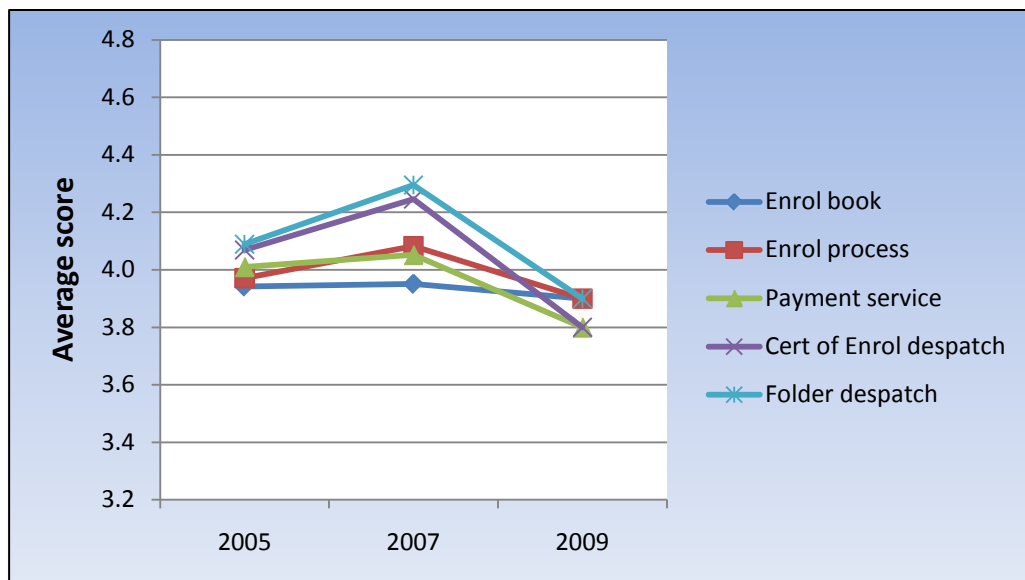


Fig 2

Participant responses regarding the Anatomical Pathology QAP enrolment booklet, enrolment process, payment service, despatch of Certificate of Enrolment by Enrolment Office and despatch of Enrolment Folders by Anatomical Pathology QAP.

SURVEYS

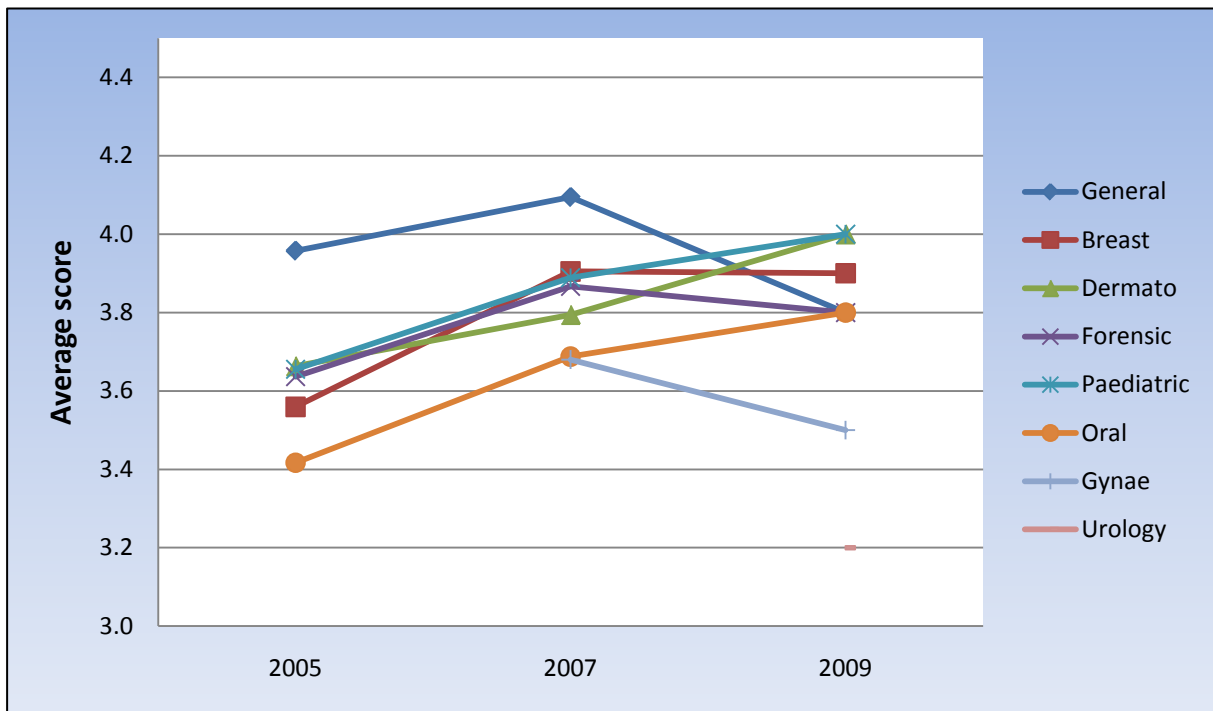


Fig 3 Rating of the quality of the Anatomical Pathology QAP diagnostic survey material.

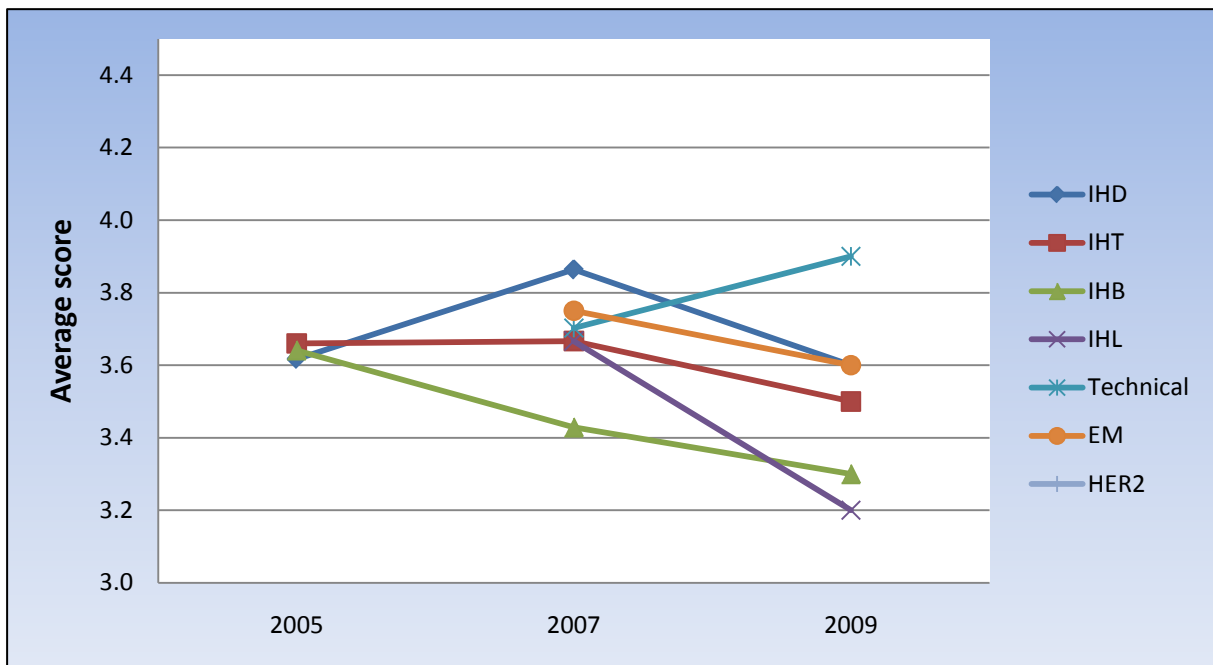


Fig 4 Rating of the quality of the Anatomical Pathology QAP technical proficiency & combined diagnostic and technical proficiency survey material.

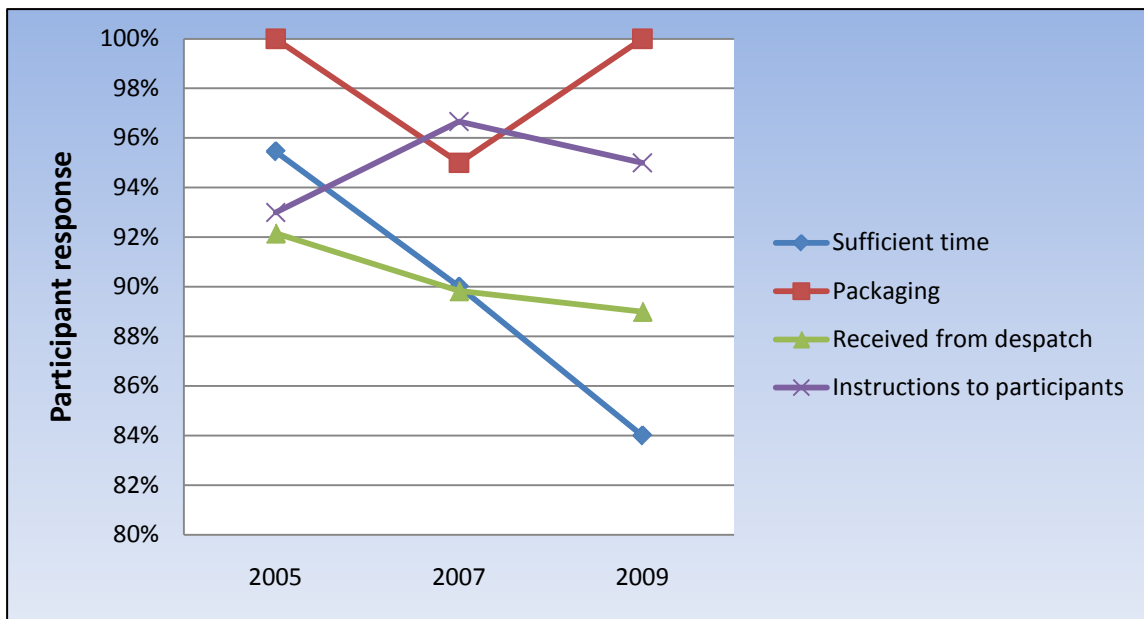


Fig 5
 Responses to whether there is sufficient time for completion of the surveys, survey packaging is adequate, surveys are received within a reasonable time from the dispatch date and the instructions are clear

SURVEY REPORTS

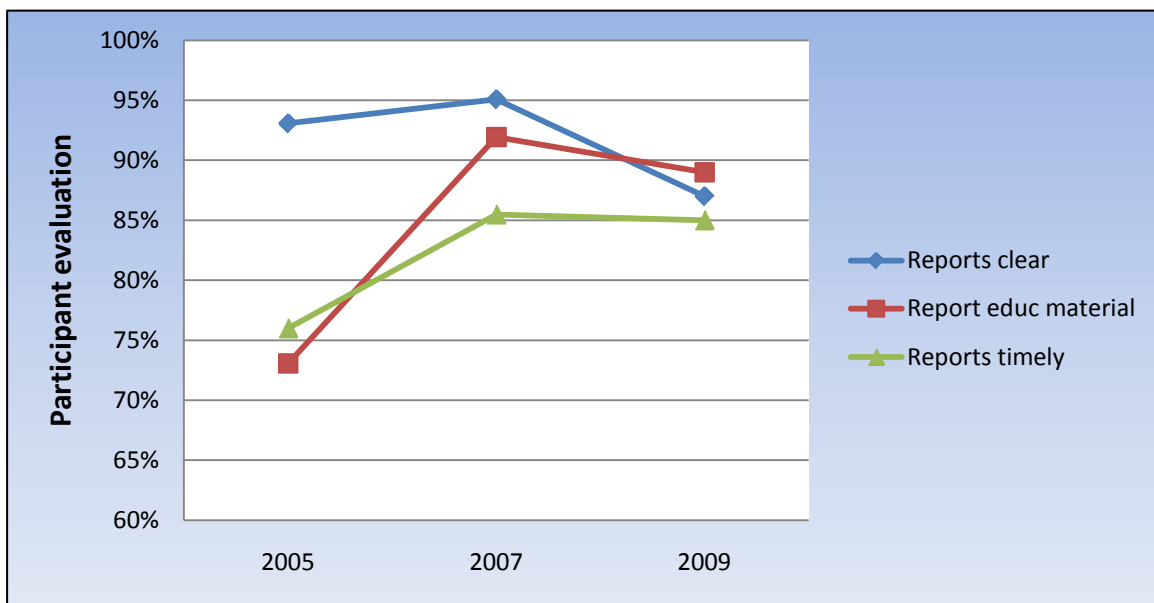


Fig 6
 Responses to whether the reports are clear contain sufficient educational material and are received in a timely manner.

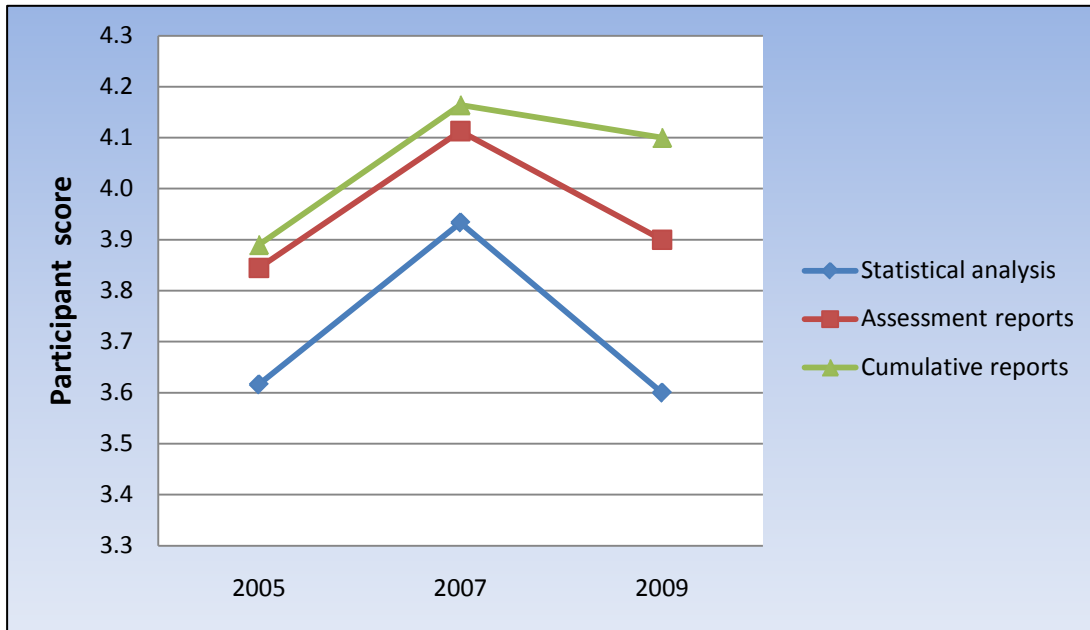


Fig 7
 Rating of the methods of statistical analysis, assessment (green) reports and cumulative (white) reports.

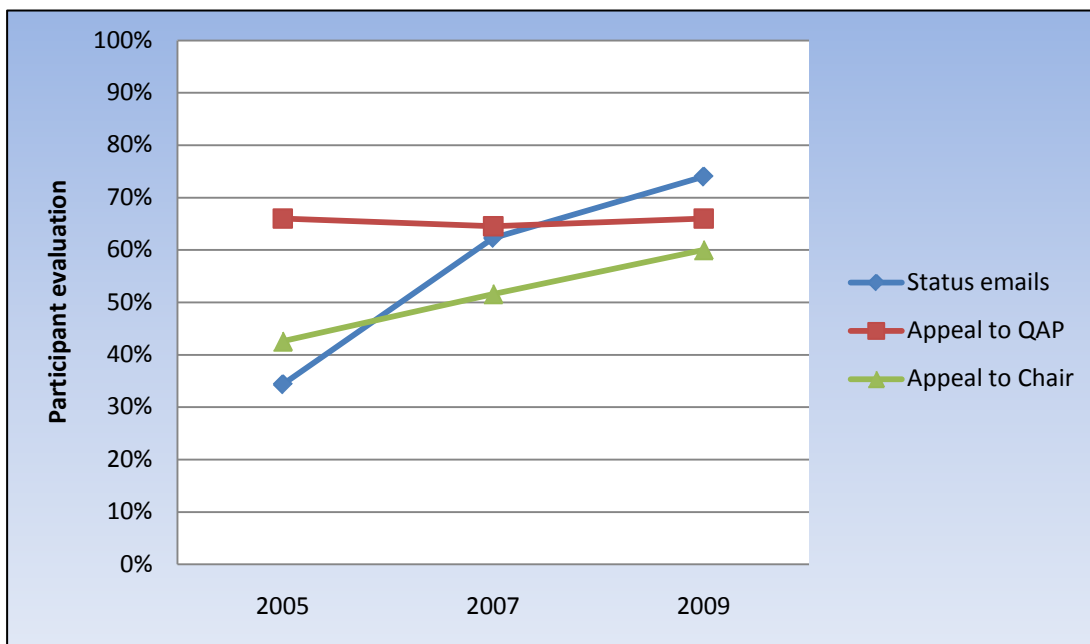


Fig 8
 Responses to whether status emails are useful, participants are aware of processes for questioning their assessment.

QAP WEBSITE

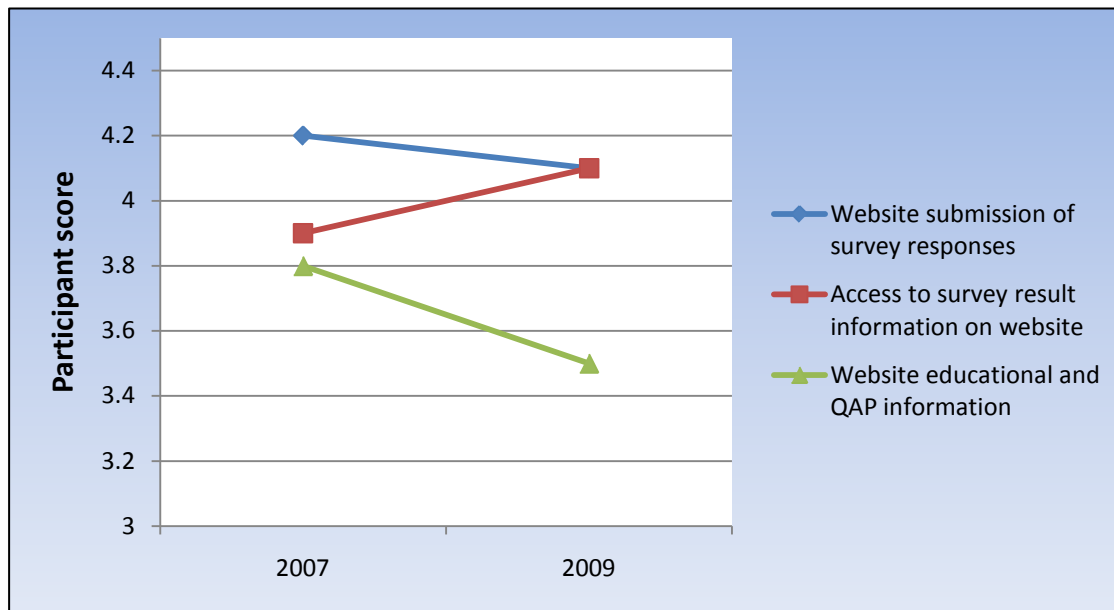


Fig 9

Rating of Anatomical Pathology QAP website.

SUGGESTIONS FOR IMPROVEMENT & COMMENTS

30 comments or suggestions for improvement were received from 58% of respondent participants.

The HER2 BRISH module attracted the most concern regarding timeframe adequacy. A few participants indicated they found this module too demanding and suggested a reduction of surveys. In 2010 changes were implemented regarding the HER2 BRISH survey. Two annual surveys each comprising two tissue microarray constructs with approximately 30 cores per slide were implemented for the Breast marker module, these cores now consist of a mixture of patient tumours, normal breast parenchyma, xenografts and cell lines. The intent of the QAP is to enable participants to test a wider range of tissue samples for the staining of oestrogen receptor, progesterone receptor and HER2 using Immunohistochemistry. These same cores are now also used for those participants enrolled in the Bright Field in-situ Hybridisation HER2 Testing Module.

5 participants (13%) indicated their preference for glass slides rather than virtual cases though at least one acknowledged the reasoning behind the QAP decision to use digital imaging. Most comments related to the quality of the images, this has since improved with upgraded software, continued education and proficiency. The QAP has a stringent process for checking digital images before use in a diagnostic survey or for educational purpose. Instructions to participants on how to view and navigate the images are provided on the QAP website under the "Notices" tab on the home page.

DISCUSSION

This survey covers the period 2007 to 2009. The responses received show that participants are generally satisfied with the quality and provision of the Anatomical Pathology QAP, maintaining a satisfactory level of performance. The enrolment process is likewise considered to perform to a satisfactory level.

The feedback received from this questionnaire provided variable performance trends for the diagnostic modules. All modules continued to be considered satisfactory by participants, the quality of the Paediatric and Oral modules having improved since the previous questionnaire. The technical and combined modules were mostly assessed higher than 3 (satisfactory – good), the exception was HER2 immunohistochemistry which received a mean score of 2.2, i.e. less than satisfactory. This rating reflected those comments made by a few participants regarding this module. It is anticipated this score will improve in the future with the advent of the module's new composition.

Overall high satisfaction was conveyed regarding the QAP's provision of time for completion of surveys, dispatch dates and survey packaging. One participant suggested an extension for the Electron Microscopy survey from the current four weeks to five weeks, the timeframe for submission of this survey will however remain as 4 weeks as with all Anatomical Pathology QAP surveys.

The educational content of the program and the development of new programs continue to improve. Participants remain satisfied with the format and clarity of the survey reports issued by the QAP. The QAP has a strict process for checking and validating reports before issuing them. Digital images of diagnostic and educational interest are uploaded on the QAP website for the benefit of enrolled participants for continued reference.

Attention is given to ensure survey reports are comprehensive and informative. Feedback received from the 2009 customer satisfaction questionnaire showed a high level of satisfaction regarding QAP methods of statistical analysis, assessment and cumulative reports with improved ratings of around 4 out of 5. This was a slight improvement on the previous evaluation.

In the previous questionnaire (2007) around 90% of participant results were submitted using the QAP website, now all survey results are uploaded making submissions more timely.

There was greater satisfaction (74% compared with 62% in 2007) with the status emails to remind participants of the survey timetable, therefore these will continue to be provided on a regular basis.

Awareness of the ability to appeal to the QAP or the Chairman in regard to results remains lower than expected (around 60%) but this may reflect that most participants have not needed to make challenges to assessments.

CONCLUSION

The Anatomical Pathology QAP is continually striving to provide participants with a comprehensive range of quality assurance modules comprising the best possible survey material and reporting across a wide range of histopathology. This continues to be reviewed and a new specialist module (Urology) was introduced in 2008.

The provision of survey materials from histological specimens for a large number of participants remains a challenge for the Anatomical Pathology QAP but from this questionnaire we appear to be succeeding in meeting the needs of our participants. While there continues to be a preference for glass slides by one or two participants everyone else has accepted our decision to instead provide digital images on DVDs. This has enabled the QAP to expand the range of cases and allowed all participants to view identical material in the diagnostic modules thus assuring homogeneity of section viewing. It should be noted that as small biopsies are a significant proportion of routine pathology practice, it is essential that virtual images continue to be included.

Suggestions for improvement given in the responses are small in number but will be considered carefully in our future planning.

The Anatomical Pathology QAP will continue to develop the program following the ILAC G13:2007 Guidelines for the Requirements for the Competence of Providers of Proficiency Testing Schemes and NPAAC Standards for Pathology Laboratory Participation in External Proficiency Testing Programs. These guidelines include the requirement to timely reports that provide measurement of performance. The implementation of our website provision of assessment results and a performance ranking system for all diagnostic modules has proven beneficial to participants, e.g. demographic and/or inter-laboratory peer comparisons. The QAP is currently developing new software which should provide greater efficiencies and benefits to the Program next year.

We value your time and feedback in participating in this survey. Though only 38 participants responded in the 2009 questionnaire, the comments received were appreciated and will be given due consideration. The QAP encourages you to participate in future questionnaires to further assist us in our continued development of the Program.