

NOTE: The mechanism for competency assessment must be pertinent to the type of interpretive services provided (eg, general anatomic, neuropathology, renal pathology, forensic pathology). There must be a written policy for assessing professional competency at defined intervals, criteria for the assessment, and records of the assessment must demonstrate review by the laboratory director.

Evidence of Compliance:

- ✓ Participation in a peer educational program (eg, CAP Educational Anatomic Pathology Programs) or intra-departmental or inter-institutional peer review program **OR**
- ✓ Metrics developed from diagnostic quality management reports (ANP.10100, ANP.10150, ANP.12075, etc.) **OR**
- ✓ Quality management records (internal audits, error reports, etc.) **OR**
- ✓ Individual assessment according to defined criteria

SURGICAL PATHOLOGY

QUALITY MANAGEMENT

Many technical and procedural quality control items are covered elsewhere in this Checklist. They are integral components of a comprehensive quality management system and should be included within the defined system. This section determines if there is an active system of surveillance of the quality of surgical pathology activities, particularly the diagnostic reports. How this is accomplished depends upon the number of departmental staff, as well as the volume and type of diagnostic material. Such a system must include appropriate combinations of activities such as the use of intra- and extra-departmental consultations, circulation of diagnostic material (random or by case type), periodic review of completed surgical pathology reports, and participation in self-assessment and performance improvement programs.

Inspector Instructions:

 READ	<ul style="list-style-type: none"> • Sampling of surgical specimen submission and examination policies and procedures • Instructions for handling bodies • Sampling of the following records: previous/current material review, intra-departmental consultations, extra-departmental consultations • Sampling of records of formalin monitoring
 ASK	<ul style="list-style-type: none"> • Does your laboratory exclude any specimen types from routine submission to the pathology department? • What is the process for histology personnel to provide feedback on quality issues identified in tissue sections submitted for processing? • What is your laboratory's course of action when a significant disparity exists between the initial intra-operative consultation and final pathology diagnosis?

ANP.10016 Surgical Pathology Exclusion

Phase I



The institution defines specimen types that may be excluded from routine submission to the pathology department for examination, where applicable.

NOTE: This policy may be made in conjunction with the hospital administration and appropriate medical staff departments and must be in compliance with national, federal, state (or provincial), and local laws and regulations. The laboratory director should have participated in or been consulted by the medical staff in deciding which surgical specimens are to be sent to the pathology department for examination.