



**MEDLAB**  
PATHOLOGY

☎ 1300 633 522  
🌐 [www.medlab.com.au](http://www.medlab.com.au)

# Clinical Cytology Audit

A systematic review of clinical practice is provided by Medlab Pathology's 'Clinical Cytology Audit' to its referring Doctors. This audit would enable the assessment and diagnostic accuracy of sample collection with performance precision on STI diagnosis, derived from cervical samples, urine and swabs.

All referring Doctors in NSW and QLD can assess their performance against their peers via this confidential process that generates clinical statistical information provided to them on a monthly basis. This will enable them to improve the quality of their clinical practice and hence the quality of patient care with relevant statistical data that can improve overall management. Participants enrolled in the audit are provided with statistical analysis looking at individual performance as well as comparison analysis to that of the general practitioner cohort. Clinical Cytology Audit at Medlab uses internet based database for seamless data collection, easy access and real time progress report.

The information from the referring doctors and the pathology report are put into the database at Medlab pathology whereby statistical analysis is performed: number of patients screened, satisfactory samples, unsatisfactory samples, causes for unsatisfactory samples, number of STI & number of different lesions identified.

Our Education Activity Representative (RACGP accredited EAR) would be able to offer assistance as and when required for our clients with regard to this process and feedback from our clients would be duly noted and acted upon where identified necessary.

## Clinical Cytology Audit programme outline

**Registration:** Referring doctors are required to complete the attached registration form and return it via fax or email. Following registration, you will receive a confirmation letter with specialised Clinical Cytology Audit specimen forms.

**Data Collection:** When specimens are collected, detailed clinical information is required for each case. This can be done using the specialised Clinical Cytology Audit request forms or online using the secure online database.

**Clinical Cytology Audit Report:** Clinical Cytology Audit report is generated and made available at the end of each audit period. The audit report includes observations such as diagnostic accuracy and margin accuracy in an easy to comprehend graphical format.

**Clinical Cytology Audit Questionnaire:** Clinical Cytology Audit at Medlab requires each participant to complete an evaluation questionnaire at the end of each audit period. Each audit period is completed when the evaluation questionnaire is submitted.

## Clinical Cytology Audit at Medlab Pathology

- Enrollment is open to any doctor who refers Cytology cases to Medlab Pathology.
- All participants receive statistically relevant data in easy to understand format every 6 months. Individual data as well as the overall cohort data are provided for comparison and review.
- All results are confidential.
- Online database allows easy and streamlined data collection and real time progress report.
- A total of 10 Cytology Samples are warranted to obtain meaningful learning from this Clinical Cytology Audit for general practitioners. If the audit period of six months has concluded and the total of 10 Cytology Samples has not been reached, then the audit period will be extended until this has been completed (provided the time frame still falls within the triennium).

## Continuing professional development

RACGP - QI CPD Category 1 = 40 points on completion of two reporting periods (6 months). Referring doctors are required to complete and submit Clinical Cytology Audit questionnaire at the end of each reporting period.

# Clinical Cytology Audit

Registration Form

Please complete and return via fax to Medlab on: 07 3856 1727 or email: gansaldo@medlab.com.au  
(or phone Gina Ansaldo on: 1300 633 522)

## Practitioner's Details

Title	First Name	Last Name		
RACGP QI & CPD/ACRRM No.		Provider No.		
Practitioner type (please tick)	<input type="checkbox"/> General Practitioner			
	<input type="checkbox"/> General Practitioner - plus Cytology work			
	<input type="checkbox"/> Dedicated Cytology practitioner			
	<input type="checkbox"/> Gynaecologist			
	<input type="checkbox"/> General Surgeon			
Use of Cytology:	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High

## Practice Details

Practice Name (primary location)		
Practice Address (primary location)		Location type (please tick):
		<input type="checkbox"/> Major City
		<input type="checkbox"/> Large Rural
		<input type="checkbox"/> Small Rural
Phone No.	Fax No.	Mobile No.
Email Address:		
Other practice locations to be included in audit:		

## Medlab Office Use Only

Dr Codes				
Request forms ordered				
Confirmation of registration letter sent				
Manager				