

AMERICAN SOCIETY OF CYTOPATHOLOGY

CYTOTECHNOLOGIST STATE LICENSURE: Proposal to State Legislatures

The American Society of Cytopathology (ASC) is a distinguished professional society of physicians, cytotechnologists and scientists who are dedicated to the cytologic method of diagnostic pathology. The ASC's diverse membership of more than 3500 individuals includes representatives from the US and other countries who share a vision of education, research and continuous improvement in the standards and quality of patient care as applicable to cytopathology.

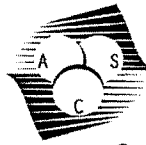
The ASC neither advocates for or against licensure for cytotechnologists, but recognizes that when such efforts are considered by individual states, cytotechnologists should have a voice in the legislative process. The following guidelines were developed by an ad hoc task force comprised of the Legislative and Regulatory Proceedings Committee, in conjunction with the former Cytotechnologist Advisory Committee, to assist legislators in developing laws that govern the licensure of cytotechnologists. In recognition of the importance of active involvement in state affairs concerning our profession, the ASC encourages its members to urge state legislatures to consider the following model language that describes the qualifications and practice of cytotechnologists.

Proposed Legislative Definition of "Cytotechnologist/ Cytologist"

"Cytotechnologist/Cytologist": A clinical laboratory professional specializing in the analysis of patient specimens for the purpose of screening for or diagnosis of disease processes at the cellular level. These specialists assist with the collection and preparation of specimens, and detection and interpretation of normal and abnormal cells, as well as infectious agents using microscopic morphology, special stains, immunocytochemistry and molecular techniques. In addition, these individuals may be responsible for all activities related to the pre-analytic, analytic, and post-analytic phases of testing including, but not limited to test selection and development, equipment selection, operation and maintenance, result reporting, quality control and assurance and statistical analysis of performance. The Cytotechnologist may also have a supervisory and educational role.

Recommended Minimal Requirements for Qualification as a Cytotechnologist

-This language is adopted, verbatim, from the Clinical Laboratory Improvement Amendments of 1988, Final Rules, Federal Register, Vol 57(40): 28 February 1992.



AMERICAN SOCIETY OF CYTOPATHOLOGY

1. Individuals that meet one of the following qualifications may be licensed as a ***cytotechnologist / cytologist***:
 - a) Have graduated from a school of cytotechnology accredited by Commission on Accreditation of Allied Health Programs (CAAHEP); prior to 1996, have graduated from a school of cytotechnology accredited by the Committee on Allied Health Education and Accreditation (CAHEA); **or**
 - b) Be certified in cytotechnology by a certifying agency approved by Health and Human Services (HHS); **or**
 - c) Before September 1, 1992-
 - i. Have successfully completed 2 years in an accredited institution with at least 12 semester hours in science, 8 hours of which are in biology, **and**
 - a. Have had 12 months of training in a school of cytotechnology accredited by an accrediting agency approved by HHS, **or**
 - b. Have received 6 months of formal training in a school of cytotechnology accredited by an accrediting agency approved by HHS and 6 months of full-time experience in cytotechnology in a laboratory acceptable to the pathologist who directed the formal 6 months of training, **or**
 - ii. Have achieved a satisfactory grade to qualify as a cytotechnologist in a proficiency examination approved by HHS and designated to qualify persons as cytotechnologists, **or**
 - d) Before September 1, 1992, have full-time experience of at least 2 years or equivalent within the preceding 5 years examining slide preparations under the supervision of a pathologist and before January 1, 1960, must have-
 - i. Graduated from high school; **and**
 - ii. Completed 6 months of training in cytotechnology in a laboratory directed by a pathologist or other physician providing cytology services; **and**
 - iii. Completed 2 years of full-time supervised experience in cytotechnology; **or**

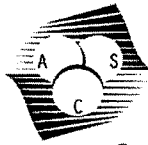


AMERICAN SOCIETY OF CYTOPATHOLOGY

- e) On or before September 1, 1993, have full-time experience of at least 2 years or equivalent examining cytology preparations within the preceding 5 years in the United States under the supervision of a pathologist; **and**
 - i. On or before September 1, 1994, have met the requirements in either paragraph 1a or 1b of this section.
2. Individuals that meet one of the following qualifications may be licensed as a ***Cytology Supervisor***:
- a) Be qualified as a cytotechnologist under the conditions in paragraph 1 above, and
 - b) Have at least 3 years of full-time experience (2,080 hours per year) as a cytotechnologist in the preceding 10 years.

Proposed Scope of Practice for Cytotechnologists

1. Assist in the collection of patient specimens and specimen evaluations
2. Select the most appropriate preparation and staining techniques for the specimen and for diseases in the differential diagnosis.
3. Prepare and evaluate stains and other testing reagents according to standard operating procedures.
4. Prepare patient specimens according to standard operating procedures for ancillary testing, including but not limited to in situ hybridization, immunocytochemistry, and amplified nucleic acid detection.
5. Establish basic quality control and quality assurance procedures on equipment, stains, ancillary tests and reagents; evaluate the results of quality control and implement corrective action as needed.
6. Validate new testing methods and equipment and perform comparison studies between new and existing procedures to determine the performance specifications compared to manufacturers' claims.
7. Evaluate, mark and interpret representative areas of benign and abnormal processes observed microscopically in patient specimens, manually or automated instruments.
8. Perform testing and evaluate specimens for ancillary studies such as cellblocks, molecular tests and immunocytochemistry.
9. Operate, calibrate, and conduct periodic performance checks and maintenance on laboratory equipment and instrumentation related to all cellular based testing.
10. Troubleshoot instrument malfunctions.



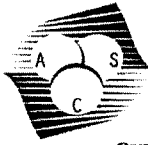
AMERICAN SOCIETY OF CYTOPATHOLOGY

11. Establish and monitor laboratory safety programs in compliance with regulations.
12. Use the laboratory information system or other method to report patient results according to established guidelines.
13. Write laboratory standard operating procedures.
14. Perform orientation and supervision for students, laboratory assistants, cytology processing technicians and new or less skilled laboratory personnel.

Proposed Scope of Practice for Cytology Supervisors

All components of Scope of practice for cytotechnologist in addition to:

1. Provide supervision of cytotechnologists, cytoprep technicians and support staff assigned to the department.
2. Train the above-mentioned employees and assess periodically for competency.
3. Investigate and test new methodologies and instrumentation that is applicable for primary interpretation and ancillary testing.
4. Perform all aspects of personnel management including, but not limited to establishment of daily working and training schedules, approval and monitoring of time off, preparation of employee evaluations, employee counseling, writing job descriptions, hiring and firing activities, interview candidates, and resolve personnel conflicts.
5. Develop and maintain policy and procedure manuals, as well as performance improvement plans.
6. Ensure adherence to federal, state, and local regulations and published practice guidelines.
7. Provide inventory control and management.
8. Ensure compliance with fire, safety and disaster guidelines.
9. Serve as diagnostic consultant for diagnostic dilemmas.
10. Oversee activities for inspections by accrediting agencies.
11. Implement, assist with and evaluate research and development projects as directed by pathologists.
12. Provide customer service for the utilization and selection of cytopathology services.
13. Prepare budgets to meet financial objectives, including purchase of supplies and new equipment and staffing according to organizational benchmarks.



AMERICAN SOCIETY OF CYTOPATHOLOGY

Proposed Continuing Educational Requirements for Cytotechnologists and Cytology Supervisors

-These guidelines are adopted from the recommendations of the American Society for Clinical Pathology (ASCP) Board of Registry Certification Maintenance Program, available at:
<http://www.ascp.org/bor/cmp/>

- Total continuing education (CE) points required every 3 years: 36 (12 hours annually, where 1 point = 1 credit hour)
- Special CE requirements each 3-year period:
 - 1 point in laboratory safety
 - 2 points in area of certification (e.g. cytology)
 - Remaining points in area of specialty, management, education or other related laboratory areas of interest

Additional Recommendations for Legislatures

The ASC supports the concept of reciprocity for state licensure. If an individual has already obtained a license in another state, we recommend that the state consider an expedited process of licensure that accepts the documentation and confirmation of certificates from the other state.

The ASC recommends that the state accept the ASCP Board of Registry certification in cytotechnology as the equivalent of a state examination documenting proficiency in the practice.

Approved by the ASC Executive Board 11/7/06

**American Society for Cytotechnology
Guidelines for the Ethical Practice of Cytotechnology**

The foundation of ethics is associated with honesty, justice, and courtesy forming a moral philosophy among people with mutual interest. Cytotechnologists, as professional healthcare providers shall practice their profession according to this code of ethics.

1. The cytotechnologist understands that the responsibility for the welfare of the patient supersedes responsibility to all others. The cytotechnologist acting in a professional manner shall:

- Exercise ethical judgment in decision-making processes, accept the responsibility for the consequences of these decisions and be able to acknowledge personal error.
- Abide by the rules and regulations of the laboratory or institution.

2. The cytotechnologist screens and interprets cytologic samples according to the legislative and regulatory guidelines. Under the technical supervision of a qualified pathologist, the cytotechnologist shall:

Verify the patient and specimen identification. Evaluate the specimen quality, thoroughly examine microscopically and render a final cytologic interpretation using recognized Cytopathologic terminology for gynecologic cell samples as allowed by regulations.

- Examine microscopically and render a preliminary interpretation on gynecologic samples requiring pathologist review and on all non-gynecologic samples.
- Consider the clinical data of the patient, comparing these data with the microscopic findings and assist the pathologist in formulating a final report.

3. The cytotechnologist uses principles of specimen collection, cytopreparation and laboratory safety in order to maintain an effective laboratory operation. The cytotechnologist shall:

- Ensure patient safety through correctly labeled specimens.
- Be knowledgeable and competent in the principles, techniques and instrumentation of cytopreparation.
- Assume responsibility for the identification and resolution of problems.
- Maintain a safe environment for persons in the laboratory.
- Be able to perform or to direct the performance of laboratory procedures according to the priorities of efficient patient care.

4. The cytotechnologist possesses professional credentials by maintaining certification by a recognized agency and participating in proficiency testing and self-assessment programs when available.

5. The cytotechnologist adheres to current established quality control guidelines in all phases of laboratory operation. The cytotechnologist should:

- Maintain orderly, accurate daily screening workload records as required by CLIA
- Not willingly assent to employment where the workload standards are violated or where other factors do not permit adequate evaluation of specimens.

6. The cytotechnologist is familiar with the organizational principles of a Cytopathology laboratory and a Cytopathology laboratory information system. The cytotechnologist shall:

- Have a basic understanding of laboratory personnel structure, operating within a budget, and the interaction of the Cytopathology laboratory with other medical personnel.
- Have a basic knowledge of data collection and retrieval systems necessary to ensure efficient, accurate reporting of laboratory results.

7. The cytotechnologist establishes cooperative and respectful working relationships with pathologists, other physicians, and health professionals in providing effective health care for the patient. The cytotechnologist shall:

- Effectively convey information to those professionals directly responsible for patient care so that they understand how to request specific examinations, know when to expect appropriate results, and understand the reason for any request for additional clinical data or repeat sampling.
- Abide by HIPAA policy and maintain patient confidentiality, respecting all Protected Health Information (PHI)
- Recognize and respect the role of both the patient's physician and the laboratory director in the diagnostic interpretation of laboratory data and treatment of the patient.

8. The cytotechnologist maintains competency and high standards of practice and knowledge. The cytotechnologist shall:

- Participate in continuing education programs in Cytopathology
- Support professional organizations through membership and attendance at local, regional, national or international meetings
- Make every effort to uphold, maintain and improve the professional integrity and practice of cytotechnology

9. The cytotechnologist contributes to the advancement of the profession. The cytotechnologist shall:

- Strive to expand the body of knowledge
- Adopt new technologies that benefit patient care
- Maintain integrity and high standards in research, practice & education

Guidelines for the Ethical Practice of Cytotechnology were adopted by the ASCT April 1992. Revised October 1997.

*120 * Volume XVIII * Number 9*

ARTICLE IX
RULES OF ORDER

The rules contained in Roberts Rules of Order Revised, shall govern the proceedings of this Society except where inconsistent with the by-laws of this Society

ARTICLE X

Based on Code of Ethics of the National Society of Histotechnology (NSH).

Preface: Recognizing that the National Society for Histotechnology and the Vermont/New Hampshire Society for Histotechnology seeks to encourage, establish, and maintain the highest standards, traditions and principles of our profession, and maintaining membership in good standing in the National Society for Histotechnology and the Vermont/New Hampshire Society for Histotechnology, I pledge myself to practice this profession in strict accord with the following code:

1. To conduct my professional life with dignity and integrity.
2. Place the welfare of the patient above all else, with the full realization of personal responsibility for the patient's best interest.
3. Keep inviolate the trust placed in me by patient, physician and professional investigator (veterinarian, scientist, etc.) treating as confidential all information obtained.
4. To conduct my work with integrity, objectivity, and responsibility when engaged in the practice of histotechnology applied to non-clinical research.
5. Accept responsibility for the ethical practices of our fellow members by cooperating with the Society in any efforts of investigation, counsel, or expulsion of violators.
6. Endeavor to promote and support educational and scientific programs which encourage professional growth and advancement of histotechnology professionals.
7. Pledge to uphold, and strive to improve laws and regulations affecting the public's health.

March 2001

DOCUMENT: Scope of Practice
CLASSIFICATION: Position Paper
STATUS: Approved – ASCLS House of
Delegates, August 2,
2001

Background

The current healthcare environment is one of considerable uncertainty, unprecedented change and limitless potential. The human genome project, and other efforts in medical research, provides us with great expectations for scientific and clinical breakthroughs in the detection, treatment and prevention of disease. Although there is great promise, the continuing changes in health care delivery and financing will have a profound impact on the availability and utilization of both new and existing diagnostic services.

Due to this dynamic scientific, economic and regulatory environment, expanded roles for non-physician healthcare professionals, including clinical laboratory scientists, will allow the important issues of cost containment, access, quality and appropriateness to be more effectively addressed. While the costs of healthcare continue to rise, there are significantly raised expectations from physicians and healthcare consumers to deliver information in a manner, which will facilitate rapid diagnosis and treatment.

At a time when the cost of healthcare is over 14% of the country's gross national product, clinical laboratory services continue to provide a significant level of value, contributing up to 70% of the objective information used to make diagnostic decisions, while comprising only 5% of a typical hospital budget.¹ It is timely to advance the independent and collaborative roles of the clinical laboratory scientist in providing efficient and effective healthcare. It is time for the most suitable healthcare professionals to provide the most appropriate level of care. Ultimately, by having each specific healthcare profession play their most appropriate role, the total care provided for the consumer will be superior and unnecessary invasive procedures will be avoided. Resources will be more effectively utilized and expertise valued for the contributions made.

Maximizing the effective delivery of the components of health care, in today's complex delivery system, will help address the rapidly escalating cost of health care and the issues of access to quality and affordable care. The most appropriate care by the most appropriate healthcare professional is the ultimate answer to the current health care dilemma.

¹ Clinical Chemistry, 1996, 42: (5): 813-816.

Define the profession of clinical laboratory science

In previous statements of opinion, policy and positions, the American Society for Clinical Laboratory Science (ASCLS) has established that clinical laboratory science is a profession: (a) distinct from the practice of medicine; (b) characterized by its own, internally-defined Body of Knowledge and Scope of Practice; (c) which certifies its own practitioners and (d) requires of its practitioners competency in scientific, technical, managerial and scholarly principles, and high standards of performance and professional conduct.

ASCLS defines the profession of clinical laboratory science as encompassing the design, performance, evaluation, reporting, interpreting and clinical correlation of clinical laboratory testing and the management of all aspects of these services. Clinical laboratory tests are utilized for the purpose of diagnosis, treatment monitoring and prevention of disease. The profession includes generalists as well as individuals qualified in a number of specialized areas of expertise including microbiology/virology, hematology, immunology, transfusion medicine, clinical chemistry, endocrinology, toxicology, cytogenetics and molecular diagnostics. Integral features of each of the specialties may include research, consultation, education, information management, marketing and administration. The profession has a code of ethics that sets forth the principles and standards by which clinical laboratory professionals practice.

Description of Scope of Practice

Clinical laboratory personnel, as members of the health care delivery team, are responsible for assuring reliable and accurate laboratory test results which contribute to the diagnosis, treatment, prognosis, and prevention of physiological and pathological conditions in humans.

Quality clinical laboratory testing is evidenced by: performing the correct test, on the right person, at the right time, producing accurate test results, with the best outcome, in the most cost-effective manner. This is accomplished by:

- A. Ensuring that appropriate laboratory tests are ordered.
- B. Procuring laboratory test samples in an efficient, timely manner.
- C. Producing accurate laboratory test results.
- D. Correlating and interpreting laboratory test data.
- E. Disseminating laboratory test information to clinicians and patients in a timely manner.
- F. Evaluating the outcome of clinical laboratory testing for each individual patient and the entire health care system.

The practice of clinical laboratory science requires:

- A. Assessing, designing, evaluating and implementing new laboratory test methods.
- B. Evaluating the appropriateness of existing and new laboratory methods for clinical utility, cost-effectiveness and cost-benefit analysis.
- C. Developing, implementing, and reporting results of clinical laboratory services research. (i.e. within the context of cost, quality, and access)
- D. Designing and implementing cost-effective delivery models for clinical laboratories, including their services and personnel.
- E. Developing and implementing a comprehensive Quality Management System to include
 1. quality control and assurance of clinical laboratory testing services;
 2. competency assessment of personnel;
 3. integration with other aspects of the health care delivery system for ensuring appropriate utilization of clinical laboratory testing services.
 4. continuous process improvement activities to maximize human resources.
- F. Designing, implementing and evaluating process for the education of new clinical laboratory personnel, and the continued education, development and career growth of clinical laboratory professionals.
- G. Promoting awareness and understanding of the use of clinical laboratory testing services to the health care consumer, physician, other health care personnel, health care administrators and policy makers.

Description of Current Practice

The following scenarios describe specific examples of the scope of practice of clinical laboratory science.

Providers of Clinical Laboratory Services, Upon Either Physician or Consumer Request, in Facilities, which may be Owned or Operated by Clinical Laboratory Scientists

Within the scope of practice governing the profession, and consistent with ethical and legal considerations, clinical laboratory scientists, qualified by education and experience, perform laboratory tests and provide test results to physicians and to consumers upon request or upon physician referral, in laboratories which clinical laboratory scientists may own or operate. Clinical laboratory scientists exercise prudence and judgment to ensure that such services are consistent with good practice and sound professional ethics.

Directors of Full-Service Clinical Laboratories

Non-physician clinical laboratory scientists, with appropriate graduate education, direct full-service clinical laboratories. This function is firmly grounded in (a) applicable state law, and (b) federal regulations governing clinical laboratories under the Clinical Laboratory Improvement Amendments of 1988 and laboratory participation in Medicare and Medicaid.

Consultants for Clinical Laboratory Services

Clinical laboratory scientists may appropriately provide technical assistance to physicians, manufacturers, and consumers of clinical laboratory testing services, including: advising upon the design and service scope of clinical laboratories; advising physicians in the appropriate utilization, selection and sequencing of clinical laboratory tests and, in collaboration with attending physicians, determining clinical correlations and interpretations of the quality and utility of specific laboratory results; advising manufacturers upon the design and development of clinical laboratory instruments, test kits and other components; and advising other users and consumers of clinical laboratory testing services upon appropriate use, maintenance, quality assurance and other procedural and informational requirements.

Providers of Disease-State Risk and Wellness Assessments

Clinical laboratory science is distinct from the practice of medicine, which renders diagnosis and provides treatment for human beings. While clinical laboratory scientists provide critical information, they do not diagnose or prescribe treatment. They qualify by education and experience to perform screening tests to identify the presence or absence of factors known to be associated with risk of disease or impairment. Such services may include but are not limited to performing and reporting to consumers the results of tests to determine blood cholesterol levels and the presence or absence of metabolized substances of abuse. In all such cases, clinical laboratory scientists are bound by applicable laws and regulations, as well as by standards of good practice and sound professional ethics, in their relationships with consumers and with practitioners of medicine.

Levels of practice

For each of three functions of clinical laboratory science practice – scientific, managerial and educational – there are hierarchical levels of practice, based upon education and experience. Specific knowledge and experience are required for each level of practice within the three functions. As more experience and education is earned, an individual is eligible, after demonstrating competence to practice at that level. Certain knowledge and experience is common to all three functions; none is mutually exclusive of the others. Demands of the health care environment often require an individual to provide more than one function, thereby performing at different levels of practice.

The *scientific function* includes the production of test data, monitoring the accuracy, precision and utility of laboratory testing, the correlation and interpretation of test data, and the design, evaluation and implementation of new laboratory test methods.

The *managerial function* includes managing all aspects – technical, fiscal, workflow, and human resources – of laboratory operations.

The *educational function* includes the establishment and management of educational programs for new and current clinical laboratory practitioners, other healthcare providers and consumers.

Qualifications for practice

The American Society for Clinical Laboratory Science believes that personnel standards should be prescribed for ALL personnel including directors, supervisors, clinical laboratory scientists and other laboratory technical personnel to insure the accuracy and reliability of test performance.

ASCLS supports the concept of the regulatory complexity model and believes that personnel standards at the technical levels must be defined in terms of qualifications needed to perform testing at CLIA defined complexity levels.

- The individual qualified to perform CLIA waived tests must demonstrate competency, and would perform simple tests requiring little to no independent judgment and interpretation.
- The individual qualified to perform CLIA moderately complex tests must demonstrate competency as a Clinical Laboratory Technician and would perform, under direct supervision, more technically demanding tests with some degree of independent judgment and interpretation.
- The individual qualified to perform CLIA highly complex tests must demonstrate competency as a Clinical Laboratory Scientist and would perform more technically complex tests requiring considerable amounts of independent judgment and interpretation.

ASCLS supports utilization of validated competency-based credentialing examinations for all laboratory practitioners performing moderate and high complexity testing. Waived testing should be performed by properly trained personnel. A certified clinical laboratory scientist should conduct this training.

ASCLS supports the use of benchmarks to more succinctly typify positions at various levels of work and different types of work presently performed by practitioners in the clinical laboratory. A benchmark is defined as something that serves as the standard by which others may be measured.

- The benchmark for the Clinical Laboratory Scientist is the baccalaureate degree as awarded by a regionally accredited college/university including or in addition to successful completion of a clinical laboratory scientist program accredited by an agency recognized by the U.S. Department of Education.
- The benchmark for the Clinical Laboratory Technician is the associate degree as awarded by a regionally accredited college/university including successful completion of a clinical laboratory science technician program accredited by an agency recognized by the U.S. Department of Education.
- The benchmark for personnel performing CLIA waived testing is successful completion of appropriate training for testing at this level. It is within the scope of practice of a certified clinical laboratory scientist to provide this training.

ASCLS supports the concept of equivalent routes for the Clinical Laboratory Scientist only in combination with a baccalaureate degree as defined by the National Credentialing Agency for Clinical Laboratory Personnel.²

ASCLS supports the concept of equivalent routes for the Clinical Laboratory Technician only in combination with an associate degree as defined by the National Credentialing Agency for Clinical Laboratory Personnel.²

Experience requirements for these equivalent routes incorporating "full-time clinical laboratory experience" for equivalency must include **ALL** major disciplines typically required in the clinical component of a clinical laboratory science education program accredited by an agency recognized by the U.S. Department of Education. Such experience shall be under the supervision of a certified clinical laboratory scientist in a CLIA certified laboratory.

ASCLS supports the concept of career mobility (ladder) which includes utilization of validated competency-based credentialing examinations to determine competency of personnel at all levels of responsibility.

ASCLS believes that all practitioners should demonstrate continued competence through recertification.

Summary

Clinical Laboratory Science is a profession that practices independently, as well as collaboratively, with other health care professionals. Artificial and arbitrary barriers to such practice should be removed wherever they might exist. The profession is distinct from the practice of medicine, has its own Body of Knowledge, certifies its own practitioners and requires continued competency assessment in the science, technology and management of clinical laboratories.

² National Credentialing Agency for Clinical Laboratory Personnel, Eligibility Routes, 1995.

It should be noted that the independent practice roles described for the clinical laboratory scientist differ to some extent from traditional interpretations of independent practice, which tend to assume a direct patient-care relationship and the provision of treatment services. The roles described herein require neither revision of the scope of practice of clinical laboratory science, nor revision of the scope of practice of practitioners of medicine. Roles for clinical laboratory scientists assume: (a) collegial relationships between non-physician clinical laboratory scientists and physicians and other healthcare providers in consideration of clinical utilization, correlation and appropriateness issues; (b) the provision of services within the comprehensive scope of practice of clinical laboratory science; and (c) the provision of information relative to risk assessment, wellness, the determination of the use/abuse of substances, and consumer or physician requested testing and results. Clinical laboratory scientists provide their services consistent with good practice standards, patient confidentiality and civil protections, applicable law and regulations, certification requirements and sound professional ethics.

The current economic and regulatory healthcare environment benefits from the roles described for clinical laboratory scientists in order to achieve high quality, cost-effective assessment, diagnosis, treatment, and prevention to meet the needs of a changing healthcare consumer.

Licensure info for Pathologists' Assistants

Our Mission Statement

The AAPA is a not-for-profit, volunteer organization, dedicated to furthering the pathologists' assistant profession by providing its members with targeted CME, networking, professional support, and advocacy.

The AAPA supports professional competency through program accreditation and individual certification insuring the provision of quality patient care.

Our Core Values

The AAPA operates in accordance with the highest standards of professional integrity, ethical practice, and behavior.

The AAPA fosters a climate of professional collegiality and respect and encourages ongoing education and professional advancement for pathologists' assistants.

The AAPA actively advocates on behalf of our members and responds to their professional needs.

Define the services provided by this profession/occupation. What is the scope of practice?

A Pathologists' Assistant is responsible for the daily operations of the Surgical Dissection Area. The Pathologists' Assistants teaches, trains, and assists Pathology residents and Grossing Techs in Surgical Dissections, Frozen Sections, gross photography and ensures proper collection of data and tissues for research and Tumor Banks. A Pathologists' Assistant is involved in the dissection/dictation of surgical specimens. A Pathologists' Assistant also assigns charges for CPT codes for Medical Billing. Pathologists' Assistants are also involved in daily QA studies.

What harm or danger to the health, safety, or welfare of the public can be demonstrated if the practice of this profession/occupation were to remain unregulated?

If a person without proper training was grossing a specimen there could be:

- inadequate or improper sampling of specimens
- inaccurate assessment of tumor size and distance to margins
- misinformation leading to inappropriate stage & grade being assigned to a case leading to a change in the patient's further treatment
- delay in diagnosis resulting from having to go back to the specimen if something was missed

What benefit can the public reasonably expect if this profession/occupation is regulated and how would it be measured?

The public could expect to receive more accurate diagnoses which may have a higher rate of correlation with clinical and radiologic diagnoses than if their specimens were handled by an inadequately trained PA. The amount of time in which results are available would be less because consults would be kept to a minimum and there would not be as much need to go back to review the specimen.

Why isn't the public protected from unprofessional practitioners through means other than regulation?

Previously, on-the-job training for PAs was possible but this is being now phased out for nation-wide certification. Certification is now only possible through an accredited program with a successful subsequent certification exam

Dave McLane

From: Schwartz, Michelle C. [Michelle.Schwartz@vtmednet.org]
Sent: Wednesday, June 03, 2009 8:36 AM
Subject: FW: Licensure

Dave,

I might have emailed some of this to you already- its all coming together!

Michelle
-----Original Message-----
From: Jayne Tessitore [mailto:jdtreasurer@myfairpoint.net]
Sent: Tuesday, June 02, 2009 22:21
To: Schwartz, Michelle C.
Subject: Licensure

Michelle, here is the info that I have pulled together. I just want to double check on the licensure position statement, but I think that there have not been any changes to it since last June. Jayne

Attachment # 4

2009 AAPA Vision, Mission & Core Values

Vision

The AAPA will be the premier professional association for pathologists' assistants.

Mission:

The AAPA is a not-for-profit, volunteer organization, dedicated to furthering the pathologists' assistant profession by providing its members with targeted CME, networking, professional support and advocacy.

The AAPA supports professional competency through program accreditation and individual certification insuring the provision of quality patient care.

Core Values:

- The AAPA operates in accordance with the highest standards of professional integrity, ethical practice and behavior.
- The AAPA fosters a climate of professional collegiality and respect and encourages ongoing education and professional advancement for pathologists' assistants.
- The AAPA actively advocates on behalf of our members and responds to their professional needs.

**AAPA Licensure Position Statement
June 2008**

"The AAPA is pro-certification for laboratory professionals to the extent that it insures the provision of quality patient care. We continue to promote certification and education as the benchmarks for insuring professional competency. At this time we believe our efforts and resources are better focused on laboratory workforce shortage issues, issues which have the potential to negatively impact quality patient care. We will continue to advocate on behalf of our members and support them when and where licensure issues are raised".