**Cellular pathology audit template**

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| **Date of completion** | (To be inserted when completed) |
| **Name of lead author/ participants** | (To be inserted) |
| **Specialty** | Gynaecological pathology |
| **Title** | **An audit on tissue pathways for gynaecological pathology** |
| **Background** | Tissue pathways published by the Royal College of Pathologists provide guidelines for handling common specimens in pathology. There are items that should be consistently used and reported in handling these tissue specimens.  The *Tissue pathways for gynaecological pathology*1provides data items that need to be consistently present in reports of gynaecological samples. |
| **Aim & objectives** | This audit template is a tool to determine whether:   * individual pathologists and/or departments are recording the following important data items * additional or alternative data are being collected. |
| **Standards & criteria** | **Criteria range:** The Royal College of Pathologists mandates that 95% of reports shall contain structured data (Key Performance Indicator 5.2).2  **The agreed standards:** These important data items are included in histopathology reports (at least 95% compliance). |
| **Method** | **Sample selection**   * All non-neoplastic samples for gynaecological pathology. * Review of histopathological reports. * Record whether or not data items are included.   **Data to be collected on proforma (see below).** |
| **Results** | (To be completed by the author)  The results of this audit show the following compliance with the standards:   |  |  | | --- | --- | |  | **% compliance** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  |   **Commentary:** |
| **Conclusion** | (To be completed by the author) |
| **Recommend- actions for improvement** | Present the results with recommendations, actions, responsibilities for action and a timescale for implementation. Assign a person(s) responsible to do the work within a time frame.  **Some suggestions:**   * highlight items which fall below 100% compliance with an analysis of possible causes * disseminate findings and recommendations * arrange for re-audit in an appropriate timescale. |
| **Action plan** | (To be completed by the author) |
| **Re-audit date** | (To be completed by the author) |
| **References** | 1. Ganesan R, Arif S, Arora R, Evans M, Kaur B, Mukonoweshuro P *et al*. *Tissue Pathways for Gynaecological Pathology*. London, UK: The Royal College of Pathologists, 2023. Available at: <https://www.rcpath.org/profession/guidelines/cancer-datasets-and-tissue-pathways.html> 2. KPI Steering Group. *Key Performance Indicators – Proposals For Implementation*. London, UK: The Royal College of Pathologists, 2013. Available at: [www.rcpath.org/profession/quality-improvement/kpis-for-laboratory-services.html](http://www.rcpath.org/profession/quality-improvement/kpis-for-laboratory-services.html) |