



**Collated Responses to Consultation  
The Royal College of Physicians – Improving Quality in Allergy Services**

The following is the collation of responses from Fellows of the Royal College of Pathologists to the request for input to the Consultation from The Royal College of Physicians – Improving Quality in Allergy Services.

---

**General Comments**

The Royal College of Pathologists is highly supportive of initiatives to define best practice standards in clinical medicine, and broadly welcomes the iQAS standards for allergy services presented. The experience of initiating laboratory standards is that standards developed through consensus and based on sound evidence where such exists are more acceptable and lead to greater engagement with the concept of accreditation than those developed purely by expert opinion.

The current standards are for the most part reasonable but many either do not have clear supporting evidence or this is not identified in the document. Examples of this include the number of new patients seen per year. Competences need to be defined more clearly rather than based on existing practices.

The standards do not identify how accreditation will take place and how inspectors will be selected and trained. It is essential that Inspectors are experienced at carrying out peer-review. IQAS will require a professional advisory committee which needs to be open and fully representative.

**Specific comments on the standards**

**Domain 1**

1.2 There should be evidence of a defined complaints system and evidence that information about this is made available to patients.

1.5 There should be demonstration of evidence that patients receive copies of their letters, if desired, especially where these contain results of tests.

**Domain 2**

2.1 It would be sensible to require that services include a description of how they link in to the Trust in managerial terms (e.g. support for business cases, managerial and administrative support). It would be desirable to define the need for secretarial and clerical support for efficient running of services nor identify who/how databases will be administered.



### **Domain 3**

3.1 The NHS Estates defined standards for clinical rooms should be quoted.

It would be desirable to specify the key role of Pharmacy in preparation of drug dilutions, placebos, blinded challenges, and of the diet kitchen in preparing blinded food challenges.

3.7 This should state that the allergy service is supported by a UKAS accredited Immunology & Allergy Laboratory, on-site or off-site, as long as the service is appropriate to clinical needs. Note that CPA is being phased out and subsequent laboratory inspection will be to ISO standards. The requirement for laboratory support applies to all Laboratory disciplines.

### **Domain 4**

It would be important to indicate the requirement for a Quality System Management for appropriate document control, with greater detail with regard to the review and archiving of policies and protocols.

We do not consider it appropriate that IQAS be involved in producing peer-reviewed guidelines. This is the role of the various professional bodies (NICE, EAACI, BSACI).

There should be evidence of adherence to Trust Complaints procedure.

4.7 Any patient database needs to be compatible with information governance in regard to storing patient identifiable data and this should be stated.

### **Domain 5**

Standards 5.1 and 5.3 appear to be overlapping and could perhaps be merged

### **Domain 6**

Staff appraisal needs to be separated from staff CPD as these are separate governance issues and therefore should be separate standards.

It would seem more appropriate that there is a requirement for evidence of staff competence rather than for additional qualifications. For example, there should be evidence that nurses have been signed off as competent to carry out practical procedures (with appropriate review dates), e.g. skin prick testing.

Many units make use of Nurse Prescribing and this should be added.

6.4-6.5 Management of anaphylaxis is now part of Life Support Training - training should be carried out by Hospital Resuscitation team as part of mandatory training.

We hope you will find these comments helpful and would reiterate the college's support for this initiative.

Dr Philip Wood  
Chair, Specialty Advisory Committee on Immunology  
The Royal College of Pathologists  
Date of Submission: 1<sup>st</sup> May 2014

