FOR SECRETARIAT USE
DATE RECEIVED:
SUBMISSION #:

National PATHOLOGY ACCREDITATION Advisory Council

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Consultation Phase Response Form for draft NPAAC Documents

Please complete and return this NPAAC Consultation Phase Response Form to the Secretariat by the requested date.

It would be appreciated if you could indicate whether the draft document is acceptable in its current form or not, and any potential regulatory costs associated with compliance to the proposed requirements.

Please note:

- The NPAAC Consultation Phase Response Form is in Word format to assist you in providing comments on the draft NPAAC document. To assist the Secretariat in collating responses, it would be appreciated if the template was not structurally modified.
- Adding extra table rows or pages is acceptable as required
- Responses can be forwarded to the NPAAC Secretariat via Email – npaac@health.gov.au and by post to NPAAC Secretariat, GPO Box 9848 (MDP 951), CANBERRA ACT 2601

FROM:

	Dr/ Mr/ Mrs/ Ms	**Date**	
First Name		**Last Name**	
Position Title		**Organisation**	
Address		**State**	**Postcode**
Email			

RESPONSE:

Draft Document Name:	
I consider the draft document acceptable in its present form	☐
I consider the draft document acceptable "as is" but I have proposed minor suggestions for improvement* **Please refer to my suggestion/responses overleaf*	☐
I do NOT consider the draft NPAAC document acceptable in its present form, and I have proposed various responses for consideration* **Please refer to my suggestion/responses overleaf*	☐

SUGGESTION/RESPONSE OVERLEAF:

Page no.	S, G or C*	Issue/Item	Suggestion/Response:
9	*S3.1*	*All staff performing testing must have appropriate training and experience, which must be recorded.*	*Would recommend the wording be revised to read - ….must have relevant training, competency and experience…'*
** Standard or Commentary*		*** Example of how to complete the form*	

POTENTIAL REGULATORY IMPACT INCLUDING COSTS, ASSOCIATED WITH COMPLYING WITH PROPOSED REQUIREMENTS

1. Do you expect that additional activities will be required in order for your laboratory to comply with the revised Requirements?

☐ Yes ☐ No

If Yes:

(a) What additional time do you estimate will be required to carry out the additional activities?

(b) What additional staff to you estimate will be required to carry out the additional activities?

(c) What costs to you estimate will be incurred as a result of the additional activities?

(d) Will these costs be one-off or ongoing?

2. Do you expect that changes to existing processes/procedures or infrastructure will be required in order to comply with the revised Requirements?

☐ Yes ☐ No

If Yes:

(a) What additional time do you estimate will be required as a result of these changes?

(b) What additional staff to you estimate will be required as a result of these changes?

(c) What costs to you estimate will be incurred as a result of these changes?

(d) Will these costs be one-off or ongoing?

Any additional general comments including any potential costs associated with compliance to the proposed requirements (please provide specific examples):