Australian Government

Department of Health

PATHOLOGY ACCREDITATION PROCESSES DURING COVID-19 PANDEMIC

The Australian Government is committed to ensuring patient access to quality pathology services during the response to COVID-19. As part of this, maintaining the continued operation of the National Pathology Accreditation Program is important. The impact of the extraordinary events on the operations of pathology laboratories is recognised and it is more important than ever to ensure the provision of quality pathology services that inform patient management decisions.

Further to consultation with the National Pathology Accreditation Advisory Council (NPAAC) and in response to the exceptional circumstances of the COVID-19 pandemic, the following measures are in operation until **30 September 2020**:

1. Accredited pathology laboratories whose accreditation approval period should cease within the next 6 months, will be granted a continuation of their current accreditation for a period of 6 months from the date of the current end date of approval.

   When the recovery phase commences, pathology laboratories granted this continuation of their accreditation must apply for and obtain reaccreditation before the end date of the continued accreditation period. An assessment will be undertaken and new assessment report is required.

   Where a laboratory opts to continue to proceed with an accreditation assessment during this period, the assessment by the independent assessment body will involve the assessment of supporting documentation by desktop audit in conjunction with a remote assessment (e.g. Skype) in lieu of an onsite visit. An approval may be granted for a period of up to 36 months from the date of the current end date of approval, subject to the condition that a further onsite assessment visit occurs in 12 months.

   The reintroduction of onsite assessments will take into consideration the lead-time for planning and preparation of assessments.

2. Where a laboratory has a reduced capacity to meet the staffing requirements specified in the Standard *Requirements for Supervision in the Clinical Governance of Medical Pathology Laboratories*, the *Designated Person* is responsible for ensuring compliance with Standards 1.3 and 1.4 of the Supervision Requirements. Part of the responsibilities includes the development and implementation of a risk management plan for the laboratory.

3. Laboratory supervisory visits of Category GY and Category B laboratories during the response phase to COVID-19 will be undertaken by remote/ virtual assessment (e.g. Skype or other web based conference platform).

4. Laboratories that have requested an Advisory Visit must undergo an interim assessment. This will include the provision of supporting documentation to the independent assessment body to confirm the readiness of the pathology laboratory to operate. The

assessment review is to be complemented by a remote assessment (e.g. Skype) in lieu of an onsite visit.

5. Laboratories that have completed an Advisory Visit and require an onsite assessment to be undertaken, will complete their assessment when the recovery phase commences.

The accreditation status of accredited pathology laboratories will be maintained during the response phase of the COVID-19 pandemic. These arrangements will be monitored however, and may be subject to change in the recovery phase of the pandemic.

These measures are intended to support pathology laboratories in the provision of services, particularly during a high demand period, and for accreditation assessors and laboratory personnel participating in an accreditation process to meet the social distancing requirements.

Queries relating to the accreditation standards, please contact NPAAC@health.gov.au

Queries relating to applications, please contact Services Australia – www.servicesaustralia.gov.au/medicarepathology

Queries for the independent assessment body - National Association of Testing Authorities Australia Phone: 1800 621 666