

## Table 1 – CLIAC Summary Report June 20–21, 2006

- Use the preamble to encourage laboratories to participate in educational laboratory programs in addition to individual proficiency testing.
- Oversight organizations/agencies and surveyors should determine if laboratories participate in educational programs and, if they do not, help identify available resources.
- Change current language of “slides” to “challenges” to allow for the use of virtual slides or other media.
- Define a challenge as a case equivalent—glass slide, virtual slide, or other approved media.
- Add requirement for a transition phase for new technology (for example, virtual slides), when the individual can request retesting with previous platform/format (for example, glass slides).
- Reduce the frequency of testing to a three-year test cycle.
- Use 20 challenges for every test (initial and retest).
- Retain four response categories and continue to require at least one challenge from each of the four categories in each test set.
- Change grading scheme to a new model that is the same for technical supervisors and cytotechnologists.

	Model X-20-slide test—Unified			
Correct response	Examinee response			
	A-Unsat	B-Negative	C-LSIL	D-HSIL
A-Unsat	5	0	0	0
B-Negative	2.5	5	0	0
C-LSIL	0	0	5	5
D-HSIL	0	-5	5	5

- Require biopsy confirmation of category D (HSIL/cancer) challenges but not category C (LSIL) challenges.
- Require field validation, monitor challenges continually, and remove challenges that fail field validation.
- Require validation procedures to be disclosed by the vendor.
- Provide educational feedback on discrepancies.
- Require PT providers to disclose the appeal process in writing.
- Change language to state “Individuals who score <90% must...” (as opposed to “who fail”).