Strategies in Cytotechnology Education

Advanced (Mid-Level) Pathology Practitioner Report

Karen Atkison, MPA, CT(ASCP)IAC
Robert Goulart, MD
Conflicts of Interest

- Karen Atkison, MPA, CT(ASCP)  Employee, BD Life Sciences
- Robert Goulart, MD  None
At the end of this session you will be able to:

- Describe the historical milestones that brought us to this decision.
- Communicate the rationale for the decision to recommend a curriculum supporting a Master’s Level degree.
- Process and evaluate feedback offered on identifying and overcoming potential obstacles.
- List the actions involved in moving to a Master’s Level Cytotechnology Program.
Schedule: 10:00-12:00 PM

topics

- Introduction and session logistics
- Timeline of milestone events
- What happens next
- Program trending data
- Review “Advanced MLPP Article” - Bulletin
- Review feedback from open forum post article
- Conduct open forum discussion with polling
- Wrap up
This journey began around 2002
...but the train never left the station

Because we spent years in Analysis & Thought
# Analysis and Timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Milestones</th>
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</thead>
<tbody>
<tr>
<td>2002</td>
<td>CPEAC committee</td>
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<tr>
<td>June 2007</td>
<td>Forbes Report</td>
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<tr>
<td>2009</td>
<td>Summit – Denver Meeting</td>
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<tr>
<td>May 2010</td>
<td>White Paper – Facing the Future of Cytopathology</td>
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<tr>
<td>2009 - 2012</td>
<td>Expanded sponsorship CPRC - ASCP, ASCT and CAP were formalized/approved by CAAHEP</td>
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<tr>
<td>2013</td>
<td>Updated Entry Level Competencies</td>
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<tr>
<td>2014</td>
<td>ASC/ASCP Workgroup: Focusing on Emerging Roles in Cytopathology:</td>
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<tr>
<td>March 2014</td>
<td>MLPP sub-committee formed after 2-day retreat in Chicago</td>
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<tr>
<td>2015</td>
<td>MLPP proposal</td>
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<tr>
<td>2016</td>
<td>Shift to Masters Level</td>
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Facing the Future of Cytopathology: Discerning the Future Needs of Our Profession

Advancing technologies, such as testing for Human Papillomavirus (HPV) and HPV vaccination, as well as changes in market forces and practice dynamics, are driving evolutionary changes in the discipline of cytopathology. This has produced speculation about the future role of cytopathologists and cytotechnologists.

The ASC has engaged our professional community to explore the issues surrounding theses changes recognizing the valued relationship between cytotechnologists and pathologists; in order to reach knowledge based consensus recommendation for action.

This white paper discusses these issues by addressing the following strategic question: What skills will be needed to support the practice of cytopathology in the future, and what kinds of professionals will be best suited to address these needs?
Plotting the Future of Cytotechnology – An Environmental Analysis of the Driving Forces of Cytology Summary

Mary K. Sidawy, M.D.
Immediate Past President, American Society of Cytopathology

In 2006 the American Society of Cytopathology appointed the “New Profession for Cytotechnologists Task Force” to address possible career threatening trends for our cytotechnologist members. The recommendation of the Task Force was to engage The Forbes Group, a strategic counseling firm, to assess if market forces would support a new cytology profession.
concluded that there is economic justification and support for a more highly skilled cytology profession.

However, an expansion of current cytotechnology through a modest scope of practice expansion is not the answer.
Common Ground

• All activities to date reflected on the future of cytology with reference specifically to the role that cytotechnologists will play

• Higher level cytotechnology (AP) practice – Masters Level Program with standard curriculum
CPRC Transparency

• How have these decisions been made and who made them?
  • CPRC sponsors engaged since 2013
  • 2014 Conducted Strategies session brainstorming workshop
  • 2015 - Hot Topic presentation
  • ASC Foundation supported focus meeting with educators/deans – full report submitted (2015)
  • MLPP update to CPRC with discussion of outcome
    • ASC Executive Board
    • All CPRC Sponsors
  • Bulletin article sent to ASC membership at large followed with several requests for feedback
Ok it’s time to head out....

Finally the train has left the station. A well informed decision has been made, now we need to plan the route.
What does this mean?

• We won’t be rushing into anything but we will be moving steadily forward.
Take me to: “how to implement a contemporary scope of practice for the anatomic pathology professional”

In 3 miles, turn right at updated ELCs and in 1.5 miles, turn left at Masters Level Cytotechnology Programs, then make a quick right on providing resources drive.......
More specifics on the how to
ELCs and Master’s Level Degree Conversion
Entry Level Competencies

• CPRC will evaluate updating ELCs based on initial feedback from sponsors (Phase II)
• Minimal 3 year commitment
• Add another year for implementation
Process to update ELC’s

- Revise Appendix B (ELC’s) and/or Standards (if CPRC seeks changes to the Standards themselves), seeking input from CPRC Sponsors and other COI’s during the revision process.

- Submit draft to CAAHEP Standards Committee (SC) for review. Depending on the changes CPRC submits, there may be comments/ questions back to CPRC.

- CPRC will review, respond and resubmit. There may be several back and forth’s like this.

- Depending on the number and types of changes, and how long CPRC takes to respond, this could take 3 or more months.
Process to update ELC’s

- CPRC and SC approve the final draft.
- CPRC submits letters of endorsement (Sponsors must be given at least 60 days to respond) as well as request for open hearing from.
- If request is approved, CAAHEP sets an open hearing date and posts the Standards on its website for public comment for at least 30 days.
Process to update ELC’s

- CAAHEP and CPRC review all comments and respond to SC if necessary.

- Open hearing is held. This happens only in January, April, July and October.

- If there are no additional changes to the Standards, SC makes a recommendation to the CAAHEP BoD.

- CAAHEP BoD takes action at its next board meeting. BoD meetings are held in January, March, May, July, September and November.
Moving to Master’s Degree Level

• Variable options based on current status and location of program
  • Course content and curriculum must support Masters Level Credits

• Certificate programs can take in Master’s level graduates

• Regionalization may be promoted
Program Trending Data

data
Programs 1999- current

- Year: Yr99, Yr00, Yr01, Yr02, Yr03, Yr04, Yr05, Yr06, Yr07, Yr08, Yr09, Yr10, Yr11, Yr12, Yr13, Yr14, Yr15
- Values: 24, 27, 29, 30, 30, 30, 31, 33, 36, 40, 44, 46, 46, 47, 46, 48, 48

Series 1
Program closures

Closed

Yr15  5
  Yr14  2
  Yr13  1
  Yr12  1
  Yr11  0
  Yr10  2
  Yr09  2
  Yr08  2
  Yr07  4
  Yr06  4
  Yr05  2
  Yr04  1
  Yr03  1
  Yr02  0
  Yr01  0
  Yr00  0
  Yr99  3

Closed
Spaces available vs. Filled

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<td>Yr99</td>
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% Filled vs. Not Filled
Decision has been made based on a significant amount of data analysis and monitoring of changing practice standards.

A lot still has to be done – arrival date ?+ years.

Stay tuned as we will take you all along with us on this exciting voyage.
Critical Highlights of the Bulletin Update

What changed and Why
need for data

• current ct practice data
• needs assessments
• positive business model
• job placement need
• proven health outcome
• student interest
• buy-in from the profession
• career advancement models
• pilot (demonstration project) with a first adopter/volunteer implementer
  • publication of outcome data
ASC-ASCP Workgroup

- Data mining
- Surveys
- Continues to work towards expanding scope of practice
- Investigating employment opportunities for cytotechnologists in practice
May 13 -14, 2017

Milstein Family Heart Center Conference Center
New York-Presbyterian Columbia University Medical Center
New York, New York
Challenges

- Defining scope of practice
- Financial
- Faculty
- Educational resources
- Regulatory/licensure issues
  - Variability state-to-state
- Certifying BOC exam
- Gaining alignment amongst COI’s
Conclusions

• Need for movement towards degree uniformity in both current cytotechnology programs and for future MLPP programs
• Significant weakness in infrastructure to have multiple degree levels supporting a similar scope of practice
• Current curriculum is already at a Master's level
• One-year programs have no further time capacity to further expand curriculum
  • Necessary for students to work Saturdays and summer hours
  • The scope of practice continues to expand
• Master’s level program creates ability to grow the curriculum
Conclusions

• Degree uniformity at the Master’s level forms the foundation ultimately leading to a new expanded profession
A stronger foundation for the future
Major conclusion

• Changing the scope of practice (SOP) may be a more palatable first path forward to stakeholders than developing a completely new profession
  • At least at this time
  • Stepwise progression
  • First major step in the process
An unexpected conclusion...
Recommendation

The MLPP curriculum will form the basis of a new nationally unified educational infrastructure - at a Master's level.
Email Comments

Responses to the Bulletin article
• “I agree with everything mentioned in the ASC (Bulletin) article.”

  • “This will reduce the number of cyto"techs" to a level more comparable to pathology assistants but I see this inevitable.

  • In anticipation of the HPV test replacing much of pap smears. It would be prudent to hasten the development of these Master’s degree programs as soon as possible.

  • Rumors that the cytotechnology field facing an uphill challenge to remain in existence are premature to say the least.

  • These are in fact exciting times...one that Dr. Papanicolaou would love to have witnessed.”
“I believe that not only is this position (MLPP) needed for the pathologists but also for the Cytotechnologist as well.”

• “This would allow more pathologists to be at their desks...increasing revenue dramatically.
• ...Also this would allow the cytotechnologist to practice in the proper scope.
• Definitely think we should get a move on the process.
• The United States needs and deserves this.”
• “I don't see a need for an advanced mid-level practitioner in pathology.”
  • “There is no shortage of pathologists, unlike other specialties (primary care).
  • Without a catalyst, it won't go anywhere.
  • Anatomic pathology generalists are what we need...people trained in histology and cytology.
  • No reason why this can't be done at a bachelor's level.”
• “I think that a mid-level pathology practitioner would need to perform significant functions not already performed by CT's.”
  • “This would require fairly extensive regulatory revisions.
  • What pathway would there be for someone like me with SCT certification to acquire the certification required to be an advanced pathology practitioner?
  • Would I have to enter a training program, or would there be another pathway?”
“Caution is indicated if we don't want to risk imperiling a significant number of the few (now less than 25) remaining cytotechnology school programs.”

- “It is critical that all the existing schools become actively involved in this conversation.

- An extended period with more than one level of certification appears inevitable.

- The proposal to "mandate" Master's level programs would likely result in closure of many schools and precipitate a manpower crisis in the field.

- A strategy is needed to develop and prove the advanced level practitioner model without quickly abandoning or undermining the fragile educational infrastructure that supports the profession.”
“Hospital systems will not adopt a new practitioner that is not filling a need that current cytotechs can already fill.”

- “From a financial standpoint, hospital systems will not increase a cytotech’s compensation simply because of the presence of a Master’s degree.
- It seems that there will not be a provision for those programs that will be unable to grant degrees because they are not academically affiliated.
- ...the logistics and legalities to do this (move to Master’s degree) can be insurmountable when existing in the environment of a large, hospital/health plan corporation.”
• “In order to maintain our program's academic excellence and satisfy the medical community’s new demand for multidisciplinary training and expertise in both cytopathology and surgical technology, we are very interested in participating in the development of the MLPP program.”

• “This initiative would focus the existing cytotechnology program toward a modified curriculum and certification for a new scope of practice that meets the MLPP profession.”
“We need to develop practitioners to aid pathologists so that time can be spent at the scope BUT MORE IMPORTANTLY as a willing and well studied part of a CLINICAL team - no longer just behind the scenes.”

- “But why not have two tiers of the profession?
- We need people to screen at Pap tests, perform HPV and process and screen FNA's.
- But we also need others that want to advance into clinical skills to learn how to interact and provide value to study coordinators, fellow histotechnologists, molecular technologists, genomic counselors, and oncologists.”
“What happens to all the other cytotechnologists currently practicing?”

- “Would they be grandfathered into the system or have to complete extra training?
- What about programs that are not affiliated with a university (community college or hospital-based)?
- Some programs are having trouble now finding and keeping qualified applicants/students. Will this shift cause an even greater decline in applicants?”
“Offering a Master degree for students pursuing training in the field of Cytology makes sense.”

“I have acquired a massive amount of information on-the-job during my 35 years of practice...I can't imagine all of that information being delivered during the one-year training format I had.”

Care must be taken to avoid stratifying those entering the field with Master’s degrees and those who have trained at the Bachelor level.

This is similar to what happened in the early 80's as "older" techs without college degrees were grandfathered into the group newly required to have a college degree to sit for the ASCP exam.

I remember feeling an air of resentment between those two strata as I rotated through clinicals.”
“At our tertiary care facility, the cytotechs currently practice at the level of mid-level practitioner now.”

“I don't believe I can recruit nor train for entry-level mid-level pathology practitioners.
I believe these professionals would need to come from the pool of entry-level cytotechs who show an aptitude and interest at learning additional skills.
In the past 6 years, 25% of our grads have gone on to professional programs.
The option for an additional career opportunity a few months/years down the line would be optimal for those who perform at a high level.”
Smart Phone Polling
• To join the session, text ASCNOLA to 22333

• Hit the Send button

• You will receive a text message confirming you have joined the session.
• For each text message response, always send to the same code: **22333**
• Select your answer, and type the **letter (A, B, C, etc.)** corresponding to your choice into the body of the text message
• Hit the **Send** button
We have been talking, debating, and gathering data for years (even decades). Data is difficult to obtain, never perfect, and once collected, collated and digested – risks then being outdated. CT education should now:

• A. **MAINTAIN** the current status without transformative change – continue to watch external financial forces, which have (and will continue to) determine school number and structure.

• B. **BEGIN** the process of bold changes which build consistency in into CT education on a national level – allowing time for added ELC’s and expanded scope of practice and setting a foundation for the next evolution of cytology practitioner.
We have been talking, debating, and gathering data for years (even decades). Data is difficult to obtain, never perfect, and once collected, collated and digested – risks then being outdated. CT education should now:

- **A. MAINTAIN** the current status without transformative change – continue to watch external financial forces, which have (and will continue to) determine school number and structure. **23%**

- **B. BEGIN** the process of bold changes which build consistency into CT education on a national level – allowing time for added ELC’s and expanded scope of practice and setting a foundation for the next evolution of cytology practitioner. **77%**
Poll Question #2

Is the current lack of uniformity in CT education (multiple paths, multiple degrees, multiple degree names) a:

• A. **STRENGTH** allowing for students to chose their own path and employers flexibility in finding graduates who best fit their individual needs.

• B. **WEAKNESS** reducing CT brand equity with students and employers and bargaining power with payors (new billing codes, etc.).
Is the current lack of uniformity in CT education (multiple paths, multiple degrees) a:

- **Strength** allowing for students to choose their own path and employers flexibility in finding graduates who best fit their individual needs. (35%)

- **Weakness** reducing CT brand equity with students and employers and bargaining power with payors (new billing codes, etc.). (65%)
The MOST SIGNIFICANT Primary logistical challenge to moving to a Master’s Degree is:

- A. $$$$$$$$$
- B. Teaching staff
- C. Local administrators
- D. Gaining the needed Academic affiliation
- E. Willing students
The MOST SIGNIFICANT Primary logistical challenge to moving to a Master's Degree is:

- A. $$ 46%
- B. Teaching Staff 19%
- C. Local Administrators 4%
- D. Gaining the needed Academic affiliation 20%
- E. Willing students 11%

Poll locked. Responses not accepted.
Poll Question #4

Timetable needed for all Programs to move to a Master’s Degree level:

- A. 1 year
- B. 3 years
- C. 5 years
- D. 7 years
- E. 10 years
- F. More than 10
Timetable needed for all Programs to move to a Master's Degree level:

- A. 1 year
- B. 3 years
- C. 5 years (45%)
- D. 7 years
- E. 10 years
- F. More than 10 years

Poll locked. Responses not accepted.
As this transition moves forward, the most valuable resource for educators and the members of the society is:

• A. SCE sessions at annual meeting (live)
• B. List serve (Q&A)
• C. Best practices/pathways posted on-line
• D. CPRC News
• E. All of the above are equally important
As this transition moves forward, the most valuable resource for educators and the members of the Society is:

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
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<tbody>
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<td>A. SCE sessions at Annual Meeting (live)</td>
<td>9%</td>
</tr>
<tr>
<td>B. List Serve (Q&amp;A)</td>
<td>4%</td>
</tr>
<tr>
<td>C. Best practices/pathways post on-line</td>
<td>13%</td>
</tr>
<tr>
<td>D. CPRC News</td>
<td>2%</td>
</tr>
<tr>
<td>E. All of the above are equally important</td>
<td>73%</td>
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“What if we don’t change at all ... and something magical just happens?”
Open Session

Overcoming obstacles:

- Creative ideas
- Innovative thinking
- Best practices
- What has worked well
  (and what perhaps hasn’t...)
Overcoming obstacles
We can get there...
Open Session: Questions or Comments
Text Messaging

- To leave the session, text **LEAVE** to **22333**
- Hit the **Send** button
- You will receive a text message confirming you have left the session.
Thank you