

The background is a dark, out-of-focus image of a medical monitor. It features a large temperature gauge with a red needle pointing towards the 130 mark, and a digital clock in the bottom right corner displaying '10:25' and '5.08.20 17'.

HRA: accreditation

Tamzin Cuming
Consultant Colorectal Surgeon
London

- I am Treasurer of the International Anal Neoplasia Society IANS which is an unpaid role
- I have no financial conflict of interest



Risk

If we don't accredit, people with no training will carry out "HRA"

They will find obvious things – eg warts

They will fail to find HSIL

Cancer will develop despite their "HRA"

HRA and anal cancer screening programmes will be discredited

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Audit, governance

Police

yourself

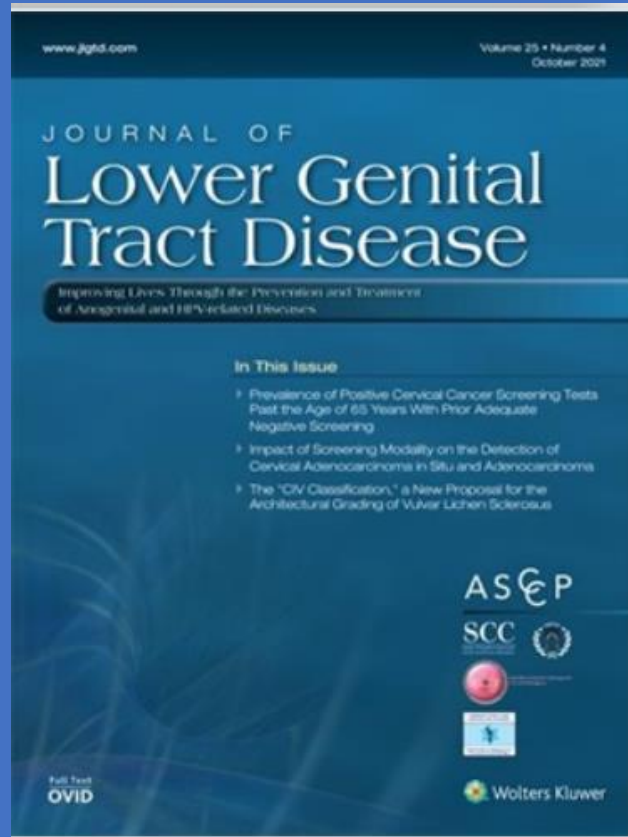
Have

a group of you

Police

each other

- IANS Standards
- Obtain what training is available
- QA and KPI



2016 IANS International Guidelines for Practice Standards in the Detection of Anal Cancer Precursors

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Mayura Nathan, MBBS, FRCP,⁵ Michael Berry-Lawthorn, MD,⁶ Stephen Goldstone, MD,⁷
Carmella Law, MB, BS, FACHSHM, MBA,⁸ Joel Palefsky, MD,⁹ Luis F. Barroso, MD,¹⁰ Elizabeth A. Stier, MD,¹¹
Céline Bouchard, MD,¹² Justine Almada, BA,¹³ and Naomi Jay, PhD, RN¹⁴*

Descriptor

TABLE 4. Recommended Practical Competencies

Conduct a consultation before the HRA procedure where there is an adequate explanation to patient of what to expect, as well as covering initial queries

Adhere to local infection control procedures

Obtain either verbal or written informed consent

Take a technically adequate anal cytological sample

Perform a digital anorectal examination

Insert a lubricated anoscope without causing the patient undue discomfort

Operate a colposcope

Repeatedly apply 5% acetic acid

Apply Lugol iodine

Examine the SCJ at the border of the distal rectum, the anal transformation zone, the distal canal, through to the anal verge and perianus

Identify, anatomically locate, and describe any morphologic variants

Identify, anatomically locate, and describe any abnormalities

Develop an impression of the key clinical problems and differential diagnosis

Perform adequate anal canal and perianal biopsies

Achieve hemostasis

Communicate the anoscopy examination findings and the pathway for future care to patient and other care providers

Refer onward appropriately

HRA indicates high-resolution anoscopy; SCJ, squamocolumnar junction.

HRA metrics = key performance indicators

| | Minimal | Desirable |
|------------------------------|--|-----------|
| HRA per year | 50 | 100 |
| Completely visualise the SCJ | >90% | |
| Duration | 90% > 5 mins; 90% < 15 mins | |
| Anal cytology per year | 50 | 100 |
| Anal cytology | <15% inadequate in lower risk populations <5% inadequate in higher risk populations | |
| Biopsies | ≥ 1 new patients | |
| Biopsies | <10% inadequate 5% perianal | |
| Diagnoses of HSIL / year | 20 | 50 |
| Diagnosis of HSIL | 35% in HIV+ve MSM new patients* | |
| Problematic pain or bleeding | <10% | |

21 different sites participated in ANCHOR

Many already highly expert

Some needed training

- Anoscopists mandated to attend IANS-approved course
- Hands-on practical training as part of course
- Proctorship by ANCHOR study expert members
 - Sometime remote
 - Zoom works

Site accreditation: ANCHOR

- % HSIL not in IANS standards.. Maybe next?
- ANCHOR study site/anoscopist accreditation:
- Quality assurance (QA)
 - Minimum 35% HSIL in MSM LWH
 - $\geq 5\%$ biopsies should be perianal of which $\geq 10\%$ should be HSIL
- BIOPSIES: insufficient/colonic/discordant with cytology
- HRA: 8 observed by expert
 - all 8: complete view of SCJ
 - 5/8 to have biopsies



HRA SITE OBSERVATION FORM

Clinician's name: _____

Study site: _____

Patient ID or Log #: _____

HRA exam date: ____/____/____

Referring or preceding cytology date: ____/____/____

Referring or preceding cytology results:

☐ Negative for SIL ☐ ASCUS ☐ ASC-H ☐ LSIL ☐ HSIL ☐ Cancer

HRA learning curve

One anoscopist: event 1 was improving pathology

[nb learning curve is not only the anoscopist's]

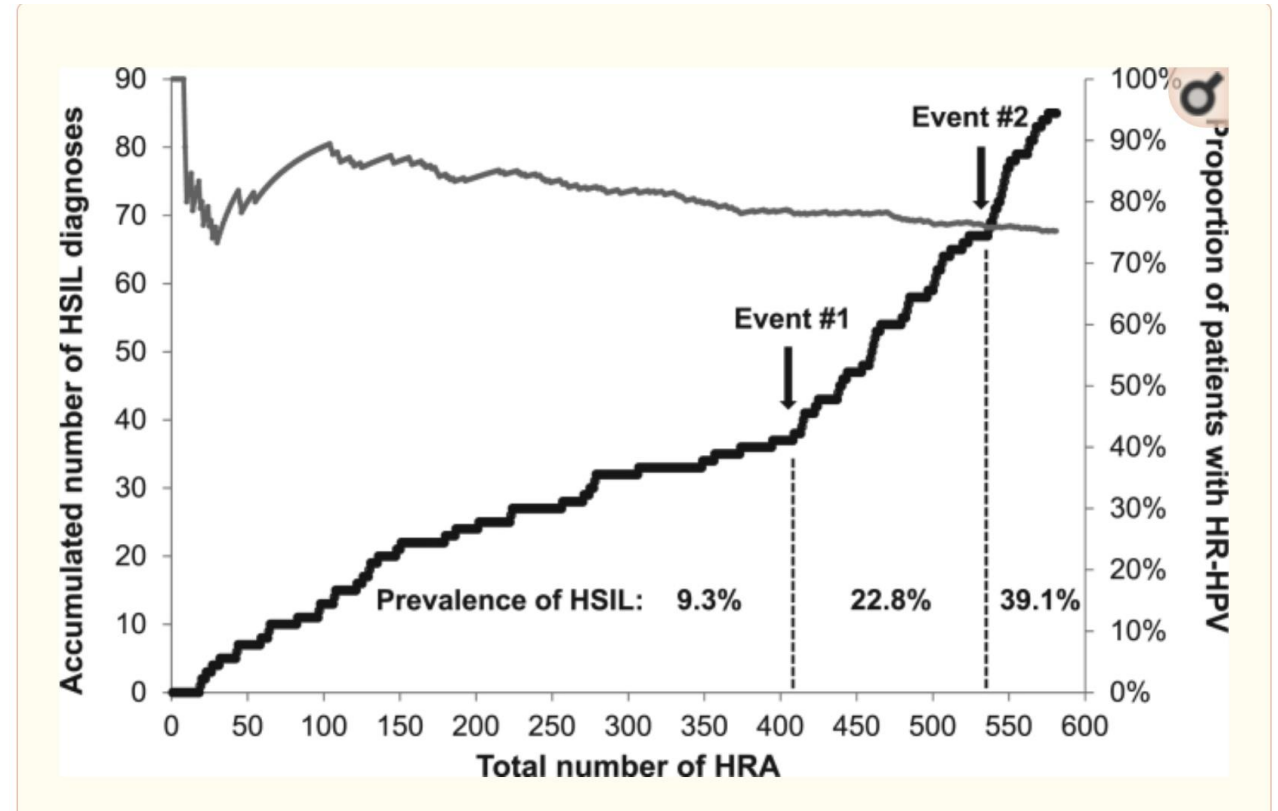
Event 2 was attending IANS Advanced HRA course, 1 week after completing >500 HRA¹

Another group found that HSIL detection improved with experience in MSM

ASCUS > ASCUS-H/HSIL

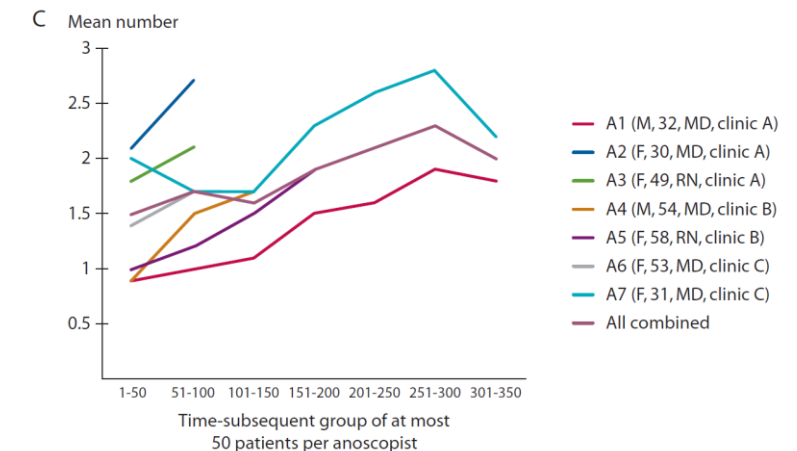
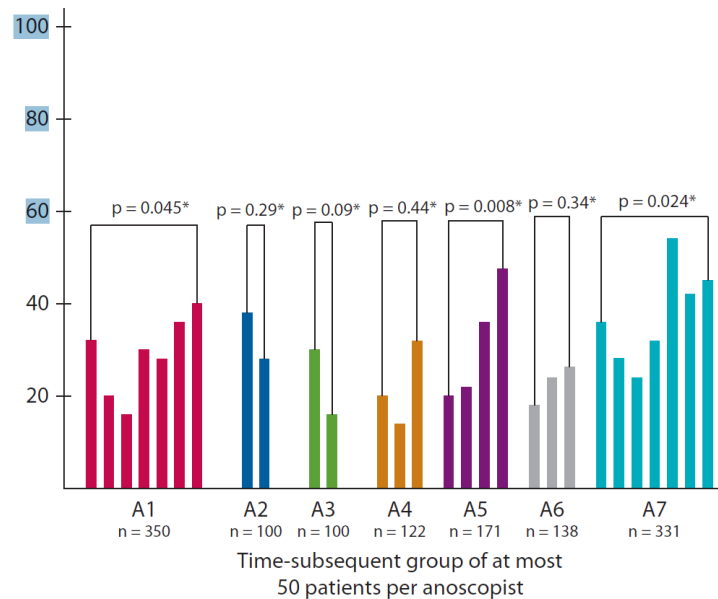
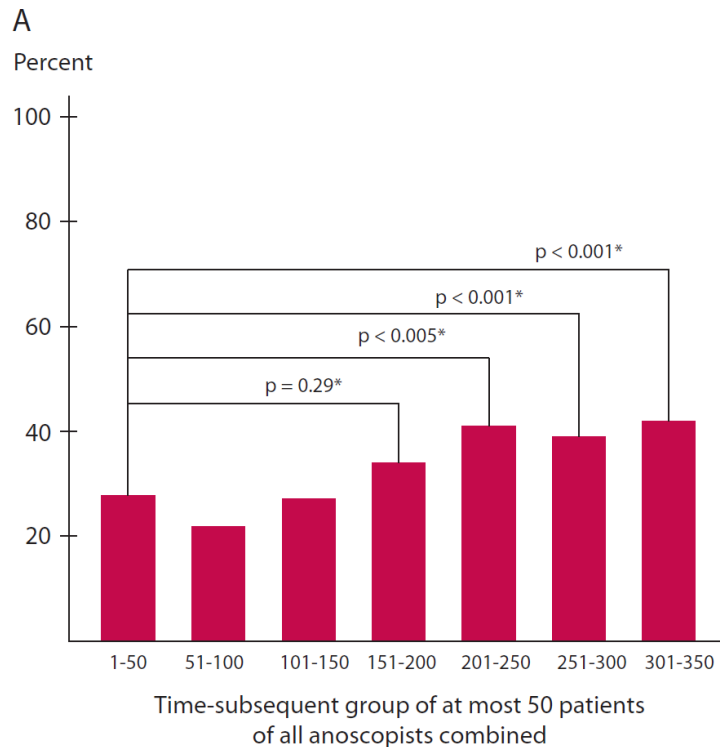
39%-66% vs 70-77%

Implication: it's finding more subtle HSIL that improves with experience²



Validation of KPI

- 7 anoscopists all beginning at >100 cases.
- HSIL pick up plateaus at 40% after 200 cases
- Those doing more, find more HSIL
- Those doing more biopsies, find more HSIL





Unit ACCREDITATION

- IANS STANDARDS
 - Dignity
 - Safety
 - Process
- All Independent Anoscopists to be Accredited / Fully trained

| Proposed Minimal Standards for Units | |
|--------------------------------------|--|
| Room | Privacy, dignity; nearby toilet facilities |
| Position: LL/RL/prone/lithotomy | Comfort ensured |
| Preparation for complications | Anaesthetic overdose; bleeding; vasovagal – equipment & staff training |
| Patient information | Ideally prior to examination; written |
| Informed consent | Verbal or written |
| Staffing | Adequate: additional nurse recommended |
| Cleaning of room | Local infection control. Prevent cross-contamination |
| Cleaning of forceps | If re-usable: sterilization |
| Records | Clear diagram and descriptors; consider annotating photographs |
| Procedures | For follow up/ expediting results for ?cancer; post-HRA information |
| Feedback | At least once per year |



Royal College
of Physicians

JAG

Joint Advisory Group
on GI Endoscopy

What we do

For services

For the workforce

Meet

Introduction to JAG accreditation

We are running a new online training session for services or individuals who are new to JAG. This is free to attend for all JAG registered services. Sign up today!



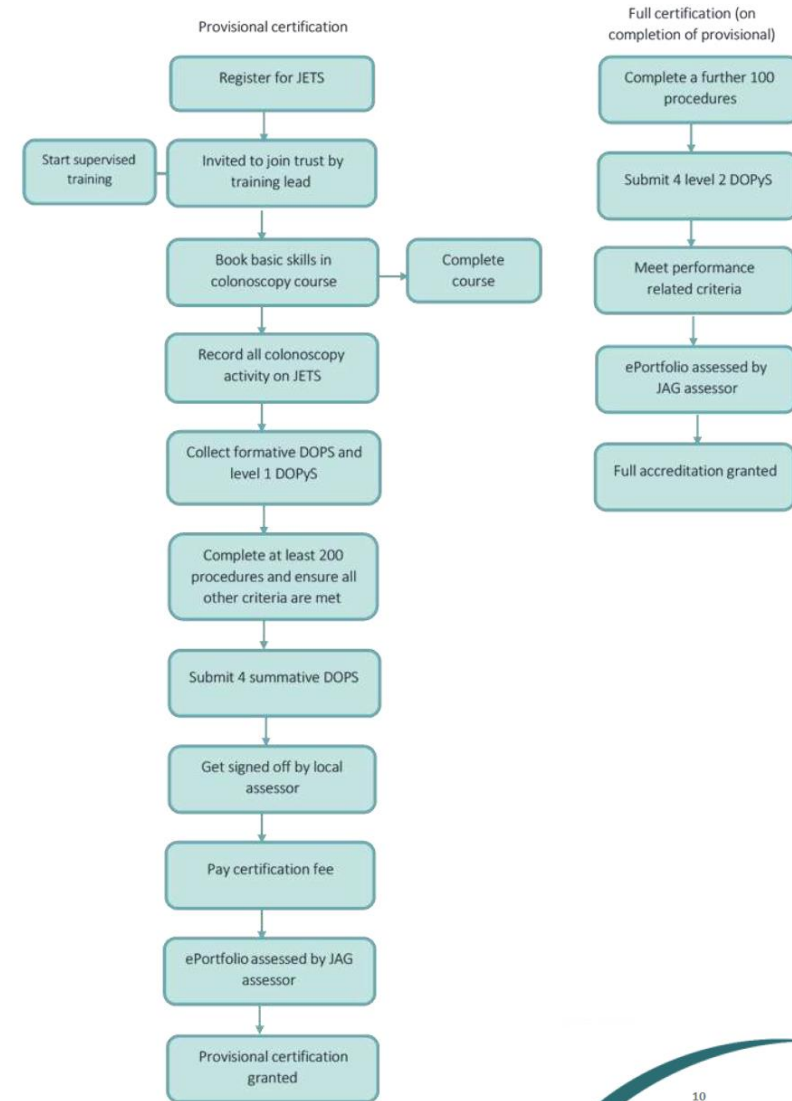


Example: endoscopy

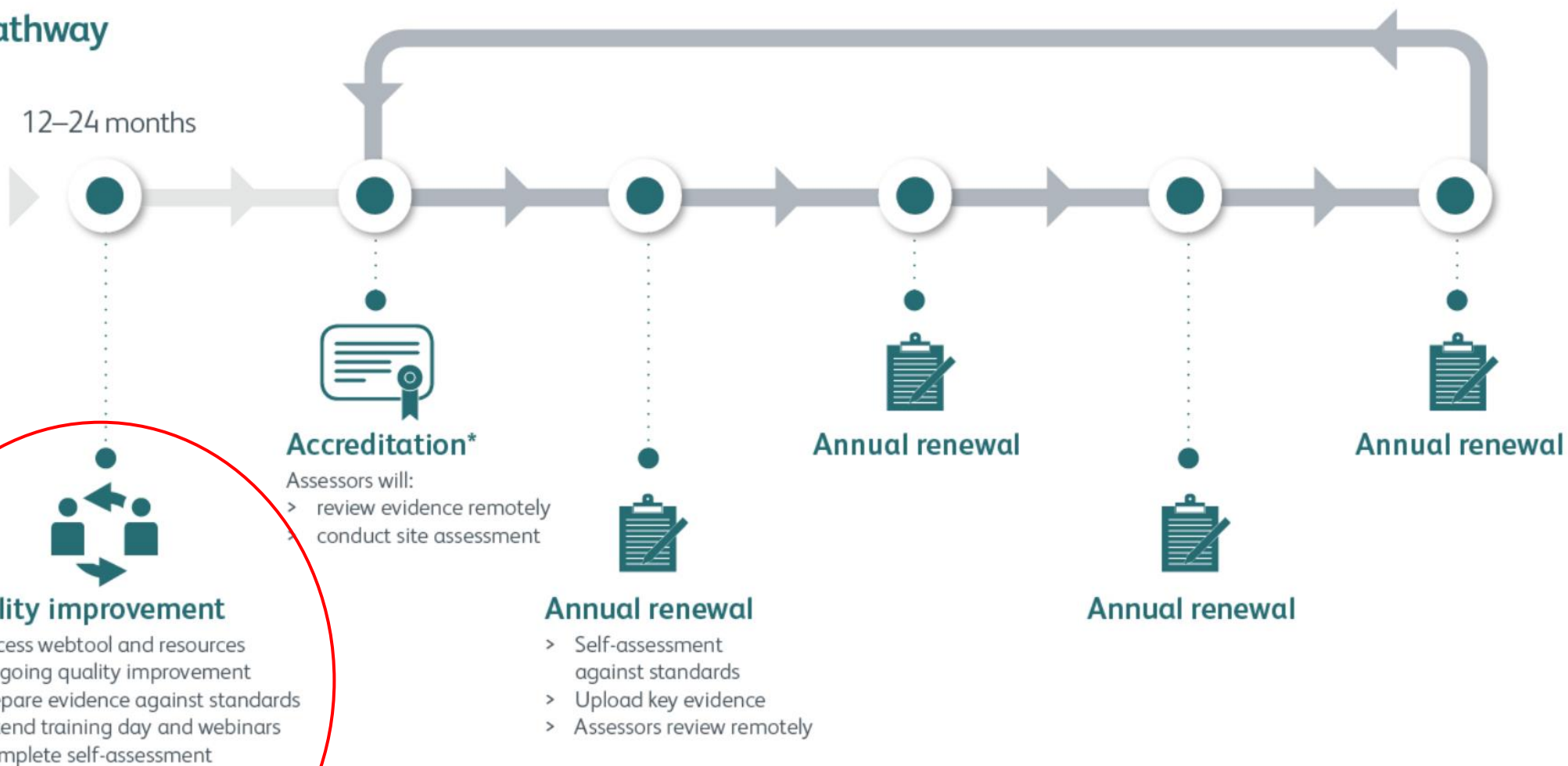
- UK **JAG** – Joint Advisory Group on GI Endoscopy established 1994
- All endoscopists have to be individually accredited: 200 cases, sign off process by trainer, then next 100 supervised
- Units have to submit audit data annually to national body
- Local Screening Lead to check everyone is up to standard
- Units are inspected every 1 year

Individual sign offs can be complex

- May be that all countries will need to use different systems



JAG pathway



* Services which don't meet or maintain accreditation standards may be granted a period of deferral to resolve some matters.

International

- Shared learning
- Collaboration with National Leads
- Shared quality improvement tool (Global Rating Score.. Includes patient rating!)
- Only accredits Ireland



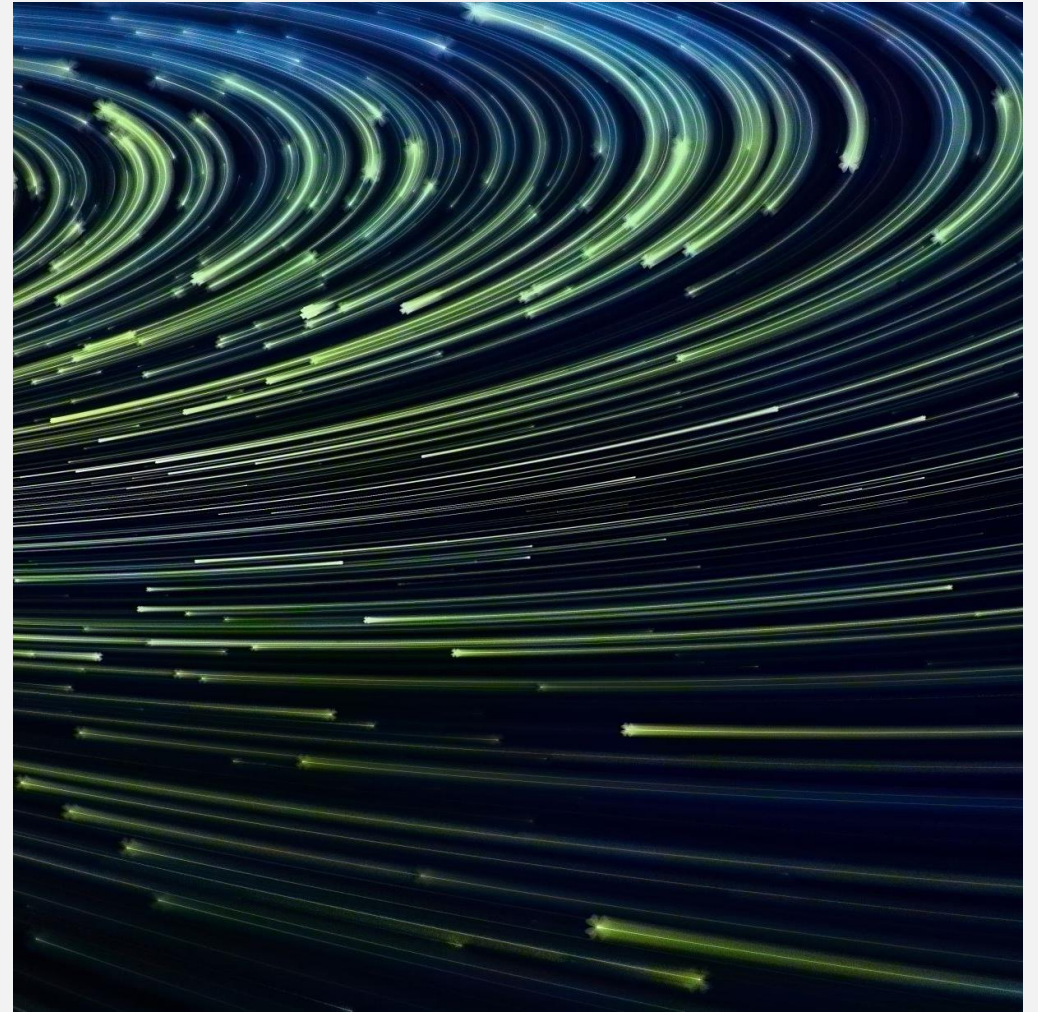
Future of HRA/unit accreditation...

International sign off process/
accreditation?

IANS with partner organisations in
each country?

Build on the ANCHOR model

National committee – inspect units
and sign off?



Conclusion

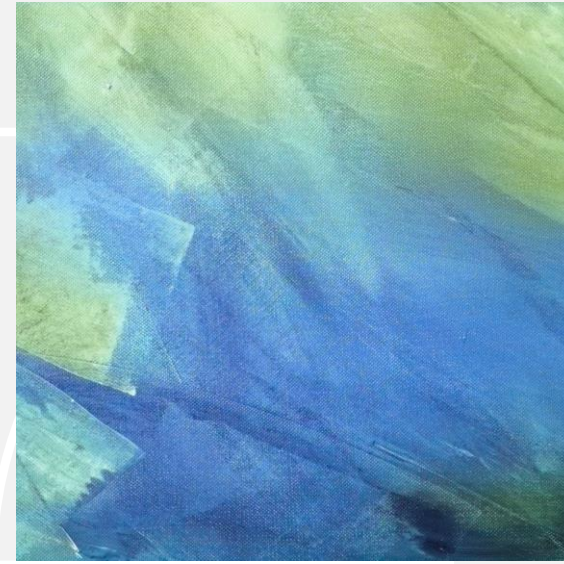
Accreditation is coming

We should welcome it

HRA is complex: it takes time **and training** to become expert

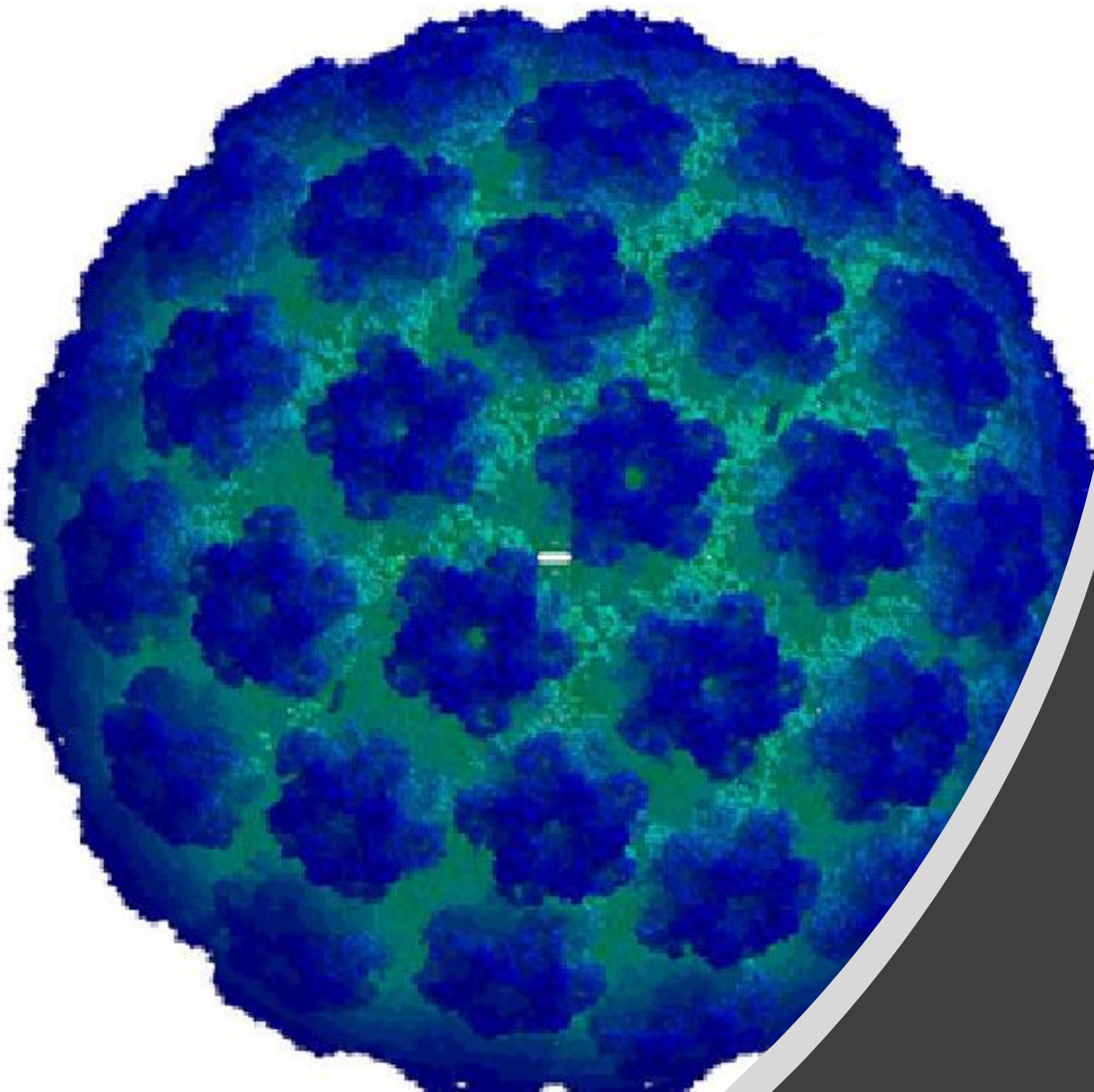
Standards are important for ultimate aim of preventing anal cancer

If all contribute, we can use IANS to establish & maintain standards



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International Anal Neoplasia Society



Thank you