The College of American Pathologists (CAP) is dedicated to pathology and laboratory medicine quality. The CAP’s Laboratory Accreditation Program, Proficiency Testing Program, Q-Probes and Q-Tracks, site-specific cancer checklists, webinars, annual meetings, and Advanced Practical Pathology series are all focused on providing superior patent quality. The CAP is synonymous with quality in pathology and laboratory medicine. As pathology practice becomes more sophisticated, the CAP’s many programs will increasingly help pathologists provide appropriate, personalized patient care.

The College of American Pathologists (CAP) is synonymous with quality in pathology and laboratory medicine. The CAP historically has functioned in numerous ways to enhance quality in pathology. Probably the most conspicuous and far-reaching example is the CAP’s Laboratory Accreditation Program, now celebrating its 50th anniversary. College of American Pathologists accreditation remains the gold standard of quality in laboratories. Initially a program that was voluntary, accreditation became mandatory with the passage of Clinical Laboratory Improvement Amendments of 1988. While focused on the United States, more recently the accreditation program has been adopted by many institutions internationally, and now laboratories in 48 countries participate.

The CAP’s success in achieving high laboratory quality ironically remains a major reason why so few people understand what pathology is and what pathologists do. With quality high and generally unfailing, the public feels safe and need not worry about errors in the laboratory. The CAP’s Proficiency Testing Programs are central to laboratories’ maintaining and increasing the accuracy and precision of their testing. CAP Q-Probes and Q-Tracks assist pathologists in understanding pathology department trends and improving their own practices. These programs not only highlight areas of quality variation, but also point out the likely source of that variation so that pathologists know where to focus their improvement efforts. The CAP site-specific cancer checklists, a systematic program that grew out of research studies from the 1990s that identified significant interinstitutional variation in the content of cancer-related pathology reports, are increasingly used to ensure the best-quality pathology reports that foster comparison of cases, treatment options, or clinical outcomes. This program also is now becoming internationally recognized, with protocols becoming jointly harmonized in cooperation with the Canadian Partnership Against Cancer, Royal College of Pathologists UK, and the Royal College of Pathologists of Australasia.

For pathologists, life-long education remains crucial to ensuring the best possible laboratory medicine. The CAP’s annual meetings, Webinars, and other programs provide numerous opportunities for pathologists to continuously educate themselves in all areas of pathology, within and outside their subspecialties. Programs such as the newly developed Advanced Practical Pathology series focus on practical and timely aspects of topics important to the specialty. The initial offerings introduced this past year are “Multidisciplinary Breast Pathology” and “Ultrasound-Guided Fine-Needle Aspiration.” Follow-up evaluations query participants about the utility of the educational offerings in their respective practices. By evaluating the educational offerings for their practical value, we assure that programs will always be valuable in daily practice.

As medicine becomes increasingly more sophisticated, with more precise methods for understanding the nature of disease and for more promising targeted forms of therapy for the individual patient, quality and prevention of errors will be increasingly emphasized. We all understand that healing starts with the pathologist’s diagnosis, that pathologists are leaders in using personalized medicine to improve treatment, and that the pathologist needs to be central to patient quality maintenance. The CAP will be there to lead these endeavors. “[O]ur responsibility to the patient is unequivocal....”

References