Discussion
This technique is not merely an academic exercise, of use only in centres specialising in high cervical surgery. Spontaneous atlantoaxial dislocation in rheumatoid arthritis and ankylosing spondylitis is relatively common, particularly in patients admitted to hospital for their disease, in whom figures of 18%, 2 28%, and 40% have been reported. Sudden death after anaesthesia may occur if patients with unrecognised cranio-cervical instability undergo surgery, and the cause of death may be missed at necropsy if the medullospinal junction is not examined. The method that we have described is not difficult, if an electric saw is available, and takes very little additional time at necropsy. Provided a reasonable length of medulla/cord is left rostral to the site of constriction, the correlation between pathology, symptoms, and signs may be made with relative success.

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Royal College of Pathologists’ accreditation pilot study: a year later

The College Audit Steering Committee

Abstract
Twenty one heads of departments who participated in the Royal College of Pathologists’ pilot study of laboratory accreditation were questioned a year after the event to discover if the process had produced any lasting effect. All but one responded. Eighteen (90%) felt that there had been lasting and tangible benefit from their inspection. Of 10 departments with deficiencies relating to resources (and where no plans to upgrade existed before the study), five (50%) had obtained improvements as a direct result of the inspector’s report. Overall, 16 (80%) of respondents were in support of the development of an accreditation scheme of the type attempted, and none were opposed.

The envisaged scheme seems to have the potential to produce lasting improvements in service and commands the support of the departments involved so far.

In July 1989 21 diagnostic pathology departments from six assorted hospitals agreed to participate in a pilot accreditation study based on the College of American Pathologists’ format. The event and early impressions have already been described. Briefly, departments volunteering to participate applied to the scheme organisers to be accredited. They received a book defining the required standards of performance, filled in an application form listing details of repertoire, workload, and staffing, and then subjected themselves to on-site visits from inspectors who methodically checked compliance with those standards using long checklists.

Technical performance generally seemed to be satisfactory, but several important problems were found in organisation or facilities. To discover what lasting effect the experience might have produced, a follow up survey of heads of volunteer departments was conducted in June of 1990, 12 months later. This report summarises the findings of that survey.

Methods
Each of the 21 heads was asked the following questions:
1 Was there any tangible benefit from your inspection? If so, what?
2 Have there been any material changes in

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your resources or organisation following your inspection?
3 Did the report you received help you to identify or rectify any problems, or to improve the service if no problems were noted?
4 Are there any other comments you would like to make in view of a year having rolled by—in particular related to what the accreditation process might or might not achieve (a) now and (b) after the health service reforms are introduced?

**Results**

All but one of the 21 heads of departments responded. The non-responder had been criticised for having insufficient staff for the departmental workload. The responses of the other 20 are summarised below.

**QUESTION 1**

Eighteen felt that there had been tangible lasting benefits from the inspection, which in all cases included a major pre-inspection effect of reviewing internal organisation, tidying up, revising procedures, and writing manuals. Two commented that staff morale was improved. One enrolled in a new National External Quality Assessment Scheme.

The two who did not feel there had been any benefit included one whose department was considered to have serious organisational difficulties, and another who felt that the only benefit of being “ provisionally accredited” meant that it could be used to strengthen applications for research funding (though he did go on to say that “substantial” changes had been made prior to the visit and that the event had made the department “set its house in order”).

**QUESTION 2**

Five departments had managed to get equipment or facilities upgraded directly as a result of the study. One had an outside telephone line installed for emergency blood bank use, one had structural alterations made to the mortuary, one had a new autoclave, one had a category 3 containment room upgraded and one (the private laboratory) had a category 3 cabinet installed and a histology cut-up ventilation hood ordered. Three others found the process useful in accelerating progress of upgrades or improvements which were already planned, and one corrected all deficiencies simply by moving into new accommodation which had been all but completed prior to being inspected. Six had deficiencies identified (relating to fabric, staff, or equipment) which had not been corrected due to cash constraints, and five had not had any resource problems in the first place.

In other words, of the 10 laboratories where deficiencies in staff, facilities, or accommodation were noted and where no prior plans existed to correct those problems, five got at least some of them corrected directly as a result of the study.

**QUESTION 3**

The actual inspector’s report was considered helpful by 11 respondents. Four who were vague on this point were presumed not to have found it useful. The other five indicated that deficiencies had been identified either before the visit or at the time of inspection and that the report itself did not tell them anything they did not already know.

**QUESTION 4**

No one opposed the idea of a national accreditation scheme. Of four respondents who were relatively unenthusiastic about what it might achieve, three took a perhaps somewhat narrow view, indicating that they saw it as a management-bashing tool at a cash limited time when efforts to improve facilities might be regarded as a pointless exercise. One (the only non-medical head of department) felt a little sceptical about the overall benefit of accreditation and its feasibility in relation to reasonable costs and time scales, a concern already expressed within the College Audit Steering Committee. Of the others, 12 varied from being mildly to moderately supportive of the initiative whereas three demonstrated table-thumping insistence that the scheme, or some derivative of it, must be pursued. One pointed out that clinical chemistry could fall within the scope of other schemes, such as one run by the International Federation of Clinical Chemistry or another for those laboratories involved in toxicology, and felt that the college initiative should continue to be a broad based peer review.

**Comment**

It was clear from the responses of those so far involved that there is continued support for the introduction of some sort of national accreditation scheme in the United Kingdom. The mere process of being inspected seems to produce a critical review of organisation and methods with consequent changes. The survey could not usefully evaluate the opinion of managers about the study, because, as they had received no direct feedback for reasons of pilot scheme confidentiality, their involvement had been minimal. It nevertheless seems that health service managers who are familiar with the initiative see it as a useful yardstick by which to assess pathology services, and if pathologists are also able to defend their standards of practice with the same tool, encouragement to continue with the project is strong.