## Scotland Audit Group Bulletin

Specialist endocrine tests

Audit lead: Dr C Clarke

Which area did you audit and why?

- Variation in units of measurement and reference ranges poses a potential risk to patient care, and is an impediment to the harmonisation of patient care pathways
- This audit aimed to evaluate 24
  esoteric endocrine test where there is
  some evidence of poor harmonisation
- We audited this in June 2017 to provide a baseline of what testing is currently provided and to make recommendations that seek to improve services

What are the next steps for laboratories?

- Laboratories should be familiar with the full findings and recommendations in the report (see URL below) and consider making local changes where appropriate
- For laboratories performing very low numbers (<10/week) of analyses, consider the implications of analysing locally against sending to an external laboratory
- Laboratories should send requests for 11deoxycortisol and chromogranin A to Glasgow Royal Infirmary









What were the audit standards?

- No formal standards currently exist for many of these lowvolume, specialist endocrine tests
- We surveyed analytical method, reported units and reference ranges, 2016-2017 workload, or if analysis is not performed locally, details of the reference laboratory

Identify & implement changes

Identify

audit topic

or reaudit

Collect & analyse data

Set the

standard

What key things did you learn?

- Comprehensive details of 24 tests was received from 10 Health Boards covering the majority of Scotland
- Tests surveyed included: androstenedione, 170HP, renin, aldosterone, AMH, DHEAS, 11-DOC, 5-DHT, chromogranin A, C-peptide, insulin, ACTH, IGF1, IGF2, GH, urinary 5HIAA, plasma and urinary metadrenalines/catecholamines, TRAbs, calcitonin, thyroglobulin, thyroglobulin antibody, urinary cortisol and prednisolone
- Where an assay is available in Scotland, the majority of (but not all) testing is performed in Scotland
- Significant variation exists for many tests which in some cases is due to differences in analytical methods
- However variation in reference ranges also exists where tests are performed on the same platform e.g. DHEAS in Lothian and GGC, both on Abbott

For more details: <a href="http://www.acb.org.uk/whatwedo/science/audit/audits-by-group/scotland-audit-group">http://www.acb.org.uk/whatwedo/science/audit/audits-by-group/scotland-audit-group</a>