

## **Minutes, PT Frequency Subcommittee**

DATE: May 9, 2008 at 1:00 p.m. EDT

Subcommittee members in attendance (6): D Tholen (chair), R Haynes, R Kirimi, G Dechant, C Wibby, M Karapondo,  
Guest, ex officio: K McCracken: Chairman PT Committee  
Subcommittee members absent (2): J Lowry, J Morgan

Dan Tholen opened the meeting and thanked the members for their participation on the subcommittee.

Two documents had been distributed prior to the meeting:

- The Subcommittee Charter approved by the PT Expert Committee
- The proposed plan of action. The subcommittee is charged with gathering information and presenting it to the PT Committee.

### **There were no concerns expressed about the Charter.**

It was agreed that we should conduct studies of existing data, and perhaps design more detailed studies in cooperation with State agencies and multiple PT providers. There was agreement that the studies should be based on an appropriate scientific approach. Observations lead to testable hypotheses and then to experiments, analysis, and conclusions. It was also agreed the studies will recognize that PT is primarily used to confirm competence with a method and provide a quality monitor.

Observation: There is a significant body of TNI members who believe that the current PT requirements are excessive and could be reduced, specifically for those analytes and matrices that are required twice per year.

It was proposed that we start by looking at two hypotheses.

#### Testable hypotheses:

1. Laboratories running PT twice or more a year have better accuracy on PT samples, compared with laboratories that run PT once per year.  
*[Tested with studies of current data, as outlined below]*
2. Laboratories running PT twice or more a year provide their accrediting bodies with a better tool for monitoring their competence.  
*[Tested with interviews with AB's in states where the regulation is for one PT per year, but where they have NELAC laboratories also, such as NJ and WI. Tested also by interviewing PT providers for information about client-based, and the frequencies required].*

After considerable discussion on both hypotheses the group agreed on basic principles of a study and topics to cover in questions to AB's and PT providers.

**Dan agreed to prepare the first draft of a study design and questions to ask ABs and PT providers (Annex)**

Other proposals in the action plan submitted prior to the meeting were considered to be of less value. Interviews of laboratories' opinions about a proposed change in the scheme could be conducted via the TNI website or by the TNI PT Expert Committee.

**The subcommittee agreed to conduct bi-weekly conference calls, Fridays at 1:00pm Eastern Time.**

**Next call May 23, 1:00pm**

The subcommittee agreed that calls would be closed to the subcommittee members only, but that minutes would be available for interested parties, once the minutes are approved.

**Dan agreed to prepare and distribute the minutes.**

The meeting was dismissed at 2:20pm.

ANNEX  
Proposed Study design

I. Statistical studies with existing data.

These would be reviews of existing data to examine performance on PT for groups of laboratories who take PT once per year and laboratories who take the same PT twice or more per year. Laboratories that are allowed to participate in PT once per year include some laboratories in New Jersey, some DRMQ labs, and some drinking water labs.

Further design details from Jeff Lowry and Dan Tholen

II. Poll Accrediting Bodies.

- a. How do ABs currently use PT data to monitor performance?
- b. Do they have different monitoring criteria for NELAC and non-NELAC laboratories?
- c. What is the longest time a lab could be out of compliance before it would be detected by PT, with PT two times a year compared with once?
- d. In their opinion, does a frequency of twice per year provide a better tool for assuring performance?
- e. Would reducing the frequency to once per year result in any of the following:
  - i. Lower the credibility of TNI accreditation
  - ii. Improve the likelihood of my state adopting TNI criteria

III. Poll PT Providers

- a. For programs that are mandated by clients other than states and are repeated more than once, please give the approximate numbers of programs that are in each of the cells for number of events per year and number of samples per event. For example: the PT programs of CAEAL (Canada) are 4 samples, two times a year.

Frequency	1 sample	2 samples	3+ samples	Total
≤1 per year				
2 per year				
≥3 per year				
Total				N

- b. Are there states or clients with different monitoring procedures that might be of interest to the subcommittee?