Annual NQAAP report for year 2015
Scotland and Northern Ireland EQA Scheme in General Histopathology

For National Quality Assurance Advisory Panel for Histopathology (incorporating the Steering Committee for Interpretive EQA), CPA, and other interested parties

Name of EQA Scheme: Scotland and Northern Ireland EQA Scheme in General Histopathology.

Report for year: 2015

Name of Chairman/Organiser: Dr Geraldine O’Dowd

Address of Organiser: Department of Pathology, Monklands Hospital, Airdrie ML6 OJS

Email address: geraldine.o’dowd@lanarkshire.scot.nhs.uk

Telephone: 01236 712962/712080

Subscription/funding: Block grant from Scottish Government, National Services Division

Secretary: Ms Linda McDonald
Pathology Department, Level 6, Ninewells Hospital, Dundee DD19SY
Tel. 01382 660111 ext. 33545 Fax: 01382 632837

Quality Manager: Mr Jim Ramsay (Pathology Dept, Ninewells Hospital)

Data Manager: Dr Jim Gibbs (Pathology Dept, Ninewells Hospital)

Administrator: Dr Neil Kernohan (Pathology Dept, Ninewells Hospital)

Comments on the operation of the Scheme during 2015

This report covers 2015, the 21st year of the Scheme’s operations. The main changes in the running of the scheme during this time were:

- The introduction of participant fees for all non Scottish participants.

The Scheme continues to attract consistent support from diagnostic histopathologists in Scotland (≈ 100 participants) and Northern Ireland (≈ 40 participants). Participants undertake a range of practice from general to specialised reporting.

We continue to circulate 10 general cases for evaluation and 4 special educational cases, twice a year. The assessment cases are chosen from 20 candidate cases circulated to a Management Committee, consisting of the executive team (Chairman, Administrator, Irish representative, Secretary, Data and Quality Managers) and 6 participants on rotation through 1 cycle as observers and case assessors, 1 cycle in which they also provide the assessment cases, and a further cycle in which they provide the special assessment cases. As far as possible, we involve case selectors from our whole geographical constituency including Northern
Ireland but it is certainly more difficult for Northern Ireland members to serve on the Management Committee for practical reasons.

During 2015 circulations 40 and 41 were completed.

Circulation 40 was discussed at the Participants' Meeting at the John McIntyre Building, University of Glasgow, Friday 20th March 2015 at the 119th Meeting of the Caledonian Branch of the Association of Clinical Pathologists. With 20 participating members of the EQA Scheme (including current members of the Management Committee) present at the meeting, the meeting was not quite quorate (24 members required), therefore a minute of the participants meeting with discussed scoring was circulated by email for further feedback.

Of 138 registered participants, 130 had submitted a return for circulation 40 cases A-J.

Cases A-E, were provided by Dr Fiona Murdoch (Fife) and presented by her.

A: Vulvar Paget’s disease. Scores: 1x129, 3x1
B: Basal cell carcinoma. Scores: 1x129, 3x1
C: Clear cell acanthoma (of Degos). Scores: 1x129, 3x1
D: Pseudomembranous colitis. Scores: 1x129, 3x1
E: Conventional clear cell renal carcinoma. Scores: 1x129, 3x1

Cases F-J, were provided by Dr Maeve Rahilly (Fife), and presented by her.

F: Dysgerminoma. Scores: 1x127, 2x3
G: Metastatic follicular thyroid carcinoma. Scores: 1x129, 2x1
H: Adenocarcinoma of gallbladder. Scores: 1x125, 2x5
I: Gastric Adenocarcinoma. Scores: 1x130
J: Low grade liposarcoma. Scores: 1x125, 2x2, 3x3

Number of participants in <2.5% percentile cohort: three
Number of participants at first action point: one
Number of participants at second action point: none

Special Educational Cases 40E1 and 40E2 were provided by Dr Natasha Inglis. She was unable to attend and Dr O'Dowd presented the cases on her behalf; cases 40E3 and 40E4 were provided and presented by Dr Hema Pitchamuthu (Glasgow). 102 responses were received.

E1: Rectal prolapse
E2: Cystic Lymphangioma of pancreas
E3: Well differentiated papillary mesothelioma
E4: Mutation associated renal cell carcinoma

Circulation 41 was chaired by Dr O'Dowd and cases were discussed at the Participants' Meeting held in The Fleming Lecture Theatre, Crosshouse University Hospital, Monday 26th October 2015 at the 120th Meeting of the Caledonian Branch of the Association of Clinical Pathologists.
As total of 31 current participating members (including current members of the Management Committee) were present at the meeting, it was quorate and therefore scores were ratified by those in attendance.

Of 135 registered participants, 131 submitted a return for circulation 39 cases A-J.

Cases A-E were provided and presented by Dr Stuart Thomas (Lanarkshire).

A: Pancreatic Heterotopia. Scores: 1x129, 2x2
B: Amoebic colitis. Scores: 1x126, 3x5
C: Viral wart. Scores: 1x130, 2x1
D: Conjunctival papilloma. Scores: 1x124, 2x7
E: Mucocele. Scores: 1x118, 2x10, 3x3.

Cases F-J were provided and presented by Dr Wael Al Qsous (Aberdeen),
F: Silicone lymphadenopathy. Scores: 1x131
G: Molluscum contagiosum. Scores: 1x131
H: Extramedullary plasmacytoma. Score: 1x126, 2x3, 3x2
I: Collagenous colitis. Scores: 1x131
J: Burkett's lymphoma. Score: 1x131

Number of participants in <2.5% percentile cohort: two
Number of participants at first action point: none
Number of participants at second action point: none

Special Educational Cases 41E1 and 41E2 were provided and presented by Dr Fiona Murdoch (Fife); cases 41E3 and 41E4 were provided and presented by Dr Maeve Rahilly (Fife). 101 responses were received.

E1: Angiomyolipoma and Multilocular cystic renal cell carcinoma (Grade 1, pT1) with further isolated cysts.
E2: Hereditary spherocytosis.
E3: Adult type granulosa cell tumour of testis.
E4: Intra-abdominal (colonic) desmoid tumour.

The Scheme remains committed to selecting assessment cases regarded as definitively diagnosable from one H & E section, with relevant core clinical history and occasionally (but rarely) supplementary data, e.g. immunohistochemistry results.

Occasionally, the acceptability of differential diagnoses being offered is discussed but the problems which would be caused for scorers by moving away from the model of a single preferred consensus diagnosis are considered to outweigh likely advantages.

Where a clear consensus diagnosis does not emerge, the Scheme’s protocols provide for the removal of such a case, if there is less than 80% agreement with the consensus diagnosis, which does occasionally happen. This did not occur in 2015.
Results of provisional marking are presented at Participant’s Review Meetings, hosted by the Caledonian Branch of the Association of Clinical Pathologists. Several years ago, declining attendance at Saturday meetings resulted in failures to achieve a quorum for discussion of the EQA cases so the ACP and the EQA jointly initiated weekday meetings.

Even with this change, quorate meetings are not always achieved and when that has happened participants are circulated with a minute of the meeting and its conclusions by email and are asked to comment on the marking. On those occasions when this had been necessary, a quorum and consensus has been achieved without difficulty. The management group retain the decision on final marking.

The Scheme continues to be based on the circulation of glass slides and, while this remains overwhelmingly the format in which diagnostic pathologists operate, this is considered appropriate.

We remain open to the provision of cases in electronic formats but previous experiments in this direction have not been very successful and there has been minimal demand from the membership for such innovations.

**Review by National Services Division of Scottish Health Service**

A visit and annual performance review was held at Ninewells on 18th November 2015 and was attended by:

- Ms Carol Colquhoun, National Screening Coordinator/Programme Director
- Miss Lesley Bogan, Programme Support Officer
- Mr Gordon Kirkpatrick, Commissioning Accountant, NSD (*via telephone*)
- Mrs Isabel Zaman, Senior Programme Manager

Action points raised were:

- Maintain accreditation under UKAS via ISO: 17043.
- Supply an interim 6 month report as well as an annual report from October 2015.
- NSD to circulate an addendum to the current SLA to reflect UKAS accreditation costs and re-profiling of costs from income received from Irish participants.
- NSD to circulate a new SLA to cover 2016/19.
- Purchase a laptop for use by the scheme secretary.

**Other matters**

The relevance of general histopathology EQA at a time of increasing specialisation is a perennial issue. Occasional participants withdraw from the Scheme, or from selected areas of specialisation within the terms of the Scheme’s protocols, in response to changes in their own practice. Nevertheless, continuing support from many participants does suggest that the Scheme remains relevant to the professional practice of many diagnostic histopathologists in Scotland and Northern Ireland.

The Scheme continues to benefit greatly from its highly experienced and efficient core management team (Secretary, Quality Manager and Data Manager). Dr Neil Kernohan (Ninewells Hospital, Dundee), the present Scheme Administrator has been in post since 2013 and Dr Geraldine O’Dowd (Lanarkshire) present chair, as of Spring 2014.
Quality Report (2015)

The quality management system for the Scheme continues to be managed and updated. All records for the system are recorded on V5.8 of Qpulse. July 2015 saw a full external assessment visit of the scheme by UKAS. This resulted in 13 improvement actions, evidences for which were submitted to UKAS and full accreditation under ISO 17043:2010 was granted in October 2015.

Twelve horizontal audits were carried out during 2015, against all clauses of ISO 17043:2010. Three non conformances were recorded during these audits, mainly minor paperwork corrections and all have been signed off.

Three vertical audits were carried out, against Runs 39, 40 and 41, resulting in six non conformances, mainly for the scheme website not being up to date. This has been an ongoing problem during 2015 and work continues to resolve the issue.

Six examination audits were carried out during 2015, with no non-conformances recorded. Areas audited were the selection and dispatching of cases for runs 41 - 43 and the dispatch of results for runs 40 and 41. One overdue audit was of all the corrective actions put in place during 2015. This was carried out in January 2016 highlighting our main concern with the scheme website.

No official complaints were received during 2015. All scheme participants were invited to take part in our regular user survey in December 2015. Approximately 35% of participants responded and the vast majority of the feedback was very supportive. The final analysis of the results will be discussed at executive and management meetings as well as the annual management review meeting. Participants can also provide feedback about the scheme at the ACP meeting held twice a year.

The scheme Quality Management System is also used to record any critical incidents and minor errors which take place directly relevant to the Scheme activities. Three Critical Incidents have been recorded during 2015, two of which were IT connected and one in reference to diagnostic interpretation. All of these incidents led to minor corrective and preventive procedural changes within the scheme. Two minor errors were also recorded.

All outcomes of critical incidents and minor errors are discussed and minuted at Executive Team meetings, along with all non conformances resulting from scheme audits.

Dr Geraldine O’Dowd, Scheme Chairman.

18/02/2016