Scotland and Northern Ireland EQA Scheme in General Histopathology

EQAO01

GENERAL DESCRIPTION OF THE OBJECTIVES, PURPOSE AND DESIGN OF THE EQA SCHEME FOR PARTICIPANTS

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AUTHORISED BY	Dr Geraldine O'Dowd - Scheme Chairperson 

Review and Amendment History			
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Feb 2021	3.7	3 Pages (Front, 2 & 4)	Updated: location of copies (front pg), scheme secretary email details and quality manager details (pg4). Added: Table of Contents (pg2).

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1 RATIONALE

To provide a general summary of the Objectives, Purpose and Design of the scheme for participants of the Scotland and Northern Ireland EQA Scheme in General Histopathology and meet the requirements of section 4.4.1.3 of ISO 17043:2010.

2 GENERAL DESCRIPTION OF EXTERNAL QUALITY ASSESSMENT SCHEME

The name of the Scheme is the **Scotland and Northern Ireland EQA Scheme in General Histopathology**

The scheme is based within:

The Pathology Department
Ninewells Hospital
Dundee
DD1 9SY

The Scheme covers Scotland and Northern Ireland and has the following aims:

- Promotion of consistency in reporting and contribution to the establishment of minimum standards
- Contribution to continuing medical education
- Provision of a mechanism for individual performance appraisal and enhancement of participant's reporting practice

The current Scheme **Chairperson** is:

Dr Geraldine O'Dowd
Consultant Diagnostic Pathologist
Department of Pathology
University Hospital Monklands
Monkscourt Avenue
Airdrie
ML6 0JS

Past Chairpersons:

- Professor F.D. Lee, Consultant Pathologist Department of Pathology, Glasgow Royal Infirmary (1994 -2000)
- Dr J.L. McPhie, Consultant Pathologist at Raigmore Hospital, Inverness (2000 – 2008)
- Dr. J.J. Going, Consultant Pathologist, Department of Pathology, Glasgow Royal Infirmary (2008 – 2014)

The current Scheme **Administrator** is:

Dr Neil Kernohan
Consultant Pathologist
Department of Patholog
Ninewells Hospital
Dundee
DD1 9SY

The current Scheme **Secretary** is:

Linda McDonald
Scotland and Northern Ireland EQA Scheme in General Histopathology
Department of Pathology
Ninewells Hospital and Medical School
DUNDEE
DD1 9SY
Telephone: 01382 660111 ext. 33545
Fax: 01382 632837
E-mail: tay.scottishpathologyeqa@nhs.scot or linda.mcdonald3@nhs.scot

The secretary is the point of contact for all applications, queries and complaints (ref: **EQAQ02**). All feedback from participants is openly encouraged. The scheme's procedures for appraisal and improvement of the service provided are detailed in **EQAQ02** "Quality Improvement" and **EQAQ03** "Audits of the EQA Scheme"

The current Scheme **Data Administrator** (computer analysis and statistical support) is:

Dr Stuart Thomas
Consultant Diagnostic Pathologist
Department of Pathology
Western General Hospital
Crewe Road
Edinburgh
EH4 2XU

The current Scheme **Quality Manager** is:

Lianne Duffy
Department of Pathology
University Hospital Monklands
Monkscourt Avenue
Airdrie
ML6 0JS
E-mail: Lianne.Duffy@lanarkshire.scot.nhs.uk

3 SUBCONTRACTING SERVICES

If any element of the EQA Scheme (for example, manufacture of samples, packaging and distribution, statistical analysis of results) is contracted out, it is important to ensure that it is controlled so as not to compromise the effectiveness of the service.

No elements of the EQA Scheme are contracted out, apart from the provision of test slides which are provided by the departments of temporary members of the management committee. All contributing departments must be accredited, and performing satisfactorily in a technical EQA scheme, as described in **EQAO03** "Obtaining and Selecting Case Material and Initiating a Circulation".

Although unlikely, should any aspect of the EQA scheme need to be subcontracted, it will be placed with a competent subcontractor and the EQA scheme will be responsible for this work.

4 CRITERIA FOR PARTICIPATION

A registered participant is expected to submit a return in no less than two out of every three circulations unless an action point has been triggered previously (See **EQAO07** – Persistent Substandard

Performance). Failure to participate in two out of three circulations will be referred to the Management Committee for action.

If the participant does not routinely report certain categories of surgical pathology cases (e.g. gynaecological cases) then this must be notified to the Scheme Secretary for approval by the Scheme Administrator on joining the Scheme and such cases will be scored as if a correct answer was given.

Participants must have indicated on their answer sheet that they wish to use their opt-out; if they give no indication then their diagnosis will stand.

After joining the scheme, any change of circumstance with respect to categories not reported must be notified in writing to the Scheme Secretary for approval by the Scheme Administrator as soon as possible and prior to receipt of the current circulation.

Notification of opt-outs during a circulation will not be permitted.

No more than three sub specialties will be accepted for exclusion and this should affect the marking of no more than three of the diagnostic cases in any individual run, therefore at least seven diagnoses must be given on each return. If no indication of "opting out" is given on the answer sheet then the diagnosis given will be marked and that mark included in the results.

5 NUMBERS OF PARTICIPANTS

The Scheme is available to those who report surgical pathology cases and have the authority to report independently on material which is part of the Scheme i.e. consultants and specialty trainees post MRCPath who have achieved their CCT and are reporting independently.

Specialty trainees may take part at the discretion of the Executive Committee but they will not be scored and therefore not be subject to action for "persistent substandard performance".

There are currently 18 different sites in this Scheme, aggregated into 23 distribution clusters and with generally between 120 and 130 participating consultant pathologists.

6 CIRCULATION OF CASES

There are 10 slides per circulation and 4 additional cases of special educational interest. Two circulations per year are provided, the slides being circulated to the 23 clusters.

The cases are representative of the routine general histopathology workload and should not include bizarre or controversial cases.

All relevant clinical information which was available at the time the original report was dictated is made available to the EQA participants. The contributing pathologist is asked to check that the material submitted is of adequate quality and that all slides contain the diagnostic features. A single H and E stained section should be representative of the lesion and permit diagnosis.

Inevitably there will be straightforward cases from areas of pathology which are covered by specialist EQA schemes but this should not preclude participation in more specialised schemes organised on a supra-regional or national basis.

The Scheme Secretary maintains records in respect of the source of cases and is responsible for the secure retention of previous circulated EQA material.

7 POTENTIAL SOURCES OF ERRORS

Should any aspect of the schemes activities be found not to conform to its own procedures or the agreed requirements of its participants, the details shall be recorded as a Critical Incident, as described in **EQAQ02** "Quality Improvement", and corrective and preventive actions recorded and actioned, along with timescales.

Examples of such errors would include:

- Error in final marking and issuing of final participant report
- Error in distribution of test slides i.e. wrong labelling, wrong clinical information attached, etc.

8 REQUIREMENTS FOR THE PRODUCTION, QC, STORAGE & DISTRIBUTION OF TEST SLIDES

The requirements for the production, quality control, and distribution of the slides is described in **EQAO03** "Obtaining and Selecting Case Material and Initiating a Circulation".

The storage of the slides is described in **EQAM02** "Control of Technical Records and Clinical Material"

9 PREVENTION OF COLLUSION

Participants are advised that discussion of cases with colleagues is not permitted, however access to textbooks and internet are encouraged.

Any suspicion of collusion will be fully investigated by the Executive team and their findings discussed within the Management team.

Proven concerns can then be raised both with the Professional Performance Panel at RCPath and NSD.

10 INFORMATION AND TIMESCALES FOR PARTICIPANTS

General Information for participants is available in the document **EQAO01** "General Description of The Objectives, Purpose and Design of the EQA Scheme for Participants" and **EQAO02** "Scheme Membership" which are sent to each new participant upon joining the scheme. At the time of dispatch of each test run they are also notified with a copy of **EQA Letter 06** which includes information about the run and indicates the date that completed pro formas, of which blanks are provided, should be returned.

Participants should be able to make a diagnosis from the single H&E and clinical information supplied with each of the 10 test cases.

Approximately 12 weeks from the date of dispatch is allowed for the return of completed pro-formas and a further 8 weeks for the provision of the final results, as described in **EQAQ01** "Quality Manual"

11 DESCRIPTION OF SCORING ANALYSIS

A personal score is provided for each participant for each circulation. The score for each case is based on the proffered diagnosis from the submitting pathologist agreed by the Management Committee and ratified at the subsequent participants' meeting.

A numeric score is assigned for each case as follows: correct answer **1**; answer with minor diagnostic error **2**; answer with major diagnostic error likely to affect patient management **3**. For each circulation therefore a perfect response would attract a score of 10. However if in any circulation the consensus i.e.

correct diagnosis for any slides is not achieved by 80% of respondents then the slide would be removed from that circulation for scoring purposes.

Provisional results for each circulation are sent by the Scheme Secretary to each participant with definitive results being issued following the Participants Meeting. A simple majority vote from the members present is sufficient for agreement or suggested amendment of the scoring in each case.

The evaluation of performance shall remain the responsibility of the scheme management team.

If the management committee consider the attendance to be too low for meaningful discussion then comments and discussion may be elicited by offering all participants the chance to comment by e-mail. The scoring system and circulation of the submitted responses allows participating pathologists to identify those areas where their response is discrepant from the consensus diagnosis. This should allow self-directed learning by reassessing the appropriate slides of the circulation under consideration.

Within the scoring system, there will always be scores at the lower end of the range. If a finalised score means that the participant falls within the 2.5% group at the bottom of the ranked scores (see **EQAO07**), it is considered to represent substandard performance for that circulation and a "2.5% Notification Letter" (**EQA Letter 9**) will be sent. This however does not necessarily equate with a poor performance in routine practice but may indicate that a problem exists.

A participant is considered to be a persistent substandard performer if their total score for a circulation falls within the 2.5% group and thereafter remains below this level in one of the next 2 circulations. Consequently the First Action Point is triggered whereby the Chairperson of the Management Committee sends a "First Action Point Letter" (**EQA letter 10**) to the participant inviting an explanation, offering assistance and explaining that if their score falls within the 2.5% group in 2 out of the next 3 circulations then the Chairman of NQAAP will be required to investigate (Second Action Point).

For any participants within the Republic of Ireland the role of NQAAP would be taken up by the Chairperson of the Histopathology Working Group of the Faculty of Pathology of the Royal College of Physicians of Ireland. For any other non UK participants escalation in cases of poor performance would normally be through their line manager, usually a Medical Director.

12 INFORMATION AND RESULTS RETURNED TO PARTICIPANTS

Two sets of results are sent to participants. Firstly, the provisional results are distributed after the Management Committee has met to discuss the results, but prior to a Participants Meeting. The provisional results report sent to participants comprises:

- A clear identification of the Scheme, distribution date of results and Circulation number.
- A table of anonymised provisional results, in which participants can identify their own provisional score and compare it with others.
- Diagnoses as submitted by the relevant Management Committee members, both for the assessable and special educational slides.
- Library references for further reading (special educational slides only).
- A covering letter from the Scheme Administrator confirming the contents.

After the Participants Meeting, the final agreed results are sent to participants, and include:

- A clear identification of the Scheme, distribution date of results and Circulation number.
- A table of anonymised final results, in which participants can identify their own final score and compare it with others.

- Cumulative analyses of performance over time through their own cumulative total scores for previous circulations.
- Minutes of the ACP Meeting outlining the discussions of diagnoses and results.
- Certificates awarding points for Continuing Professional Development.

A covering letter from the Scheme Administrator confirming the contents (**EQA Letter 08**).

13 CONFIDENTIALITY

The Scheme Secretary receives and keeps a record of all communication and responses from participants in a manner which ensures confidentiality.

The system guarantees that the Scheme Administrator remains unaware of individuals and/or their performance. This is achieved by a confidential numeric code system generated by the Data Administrator.

The Scheme Secretary has a list of EQA Scheme participants in paper form with a note of the numeric code for each participant. This paper record and the computer database represent the only link between the codes and the participants' name. The paper record is kept in a locked cabinet and is not made available to the Scheme Administrator, while the database is encrypted and password protected.

The link between participant names and code numbers may be divulged by the Scheme Secretary only under two circumstances:

1. In writing to a participant who requests a reminder of his/her code number. Code numbers must not be divulged by telephone.
2. In writing to the Chairman of the Histopathology/Cytopathology National Quality Assurance Advisory Panel of the Joint Working Group on Quality Assurance, in order to investigate appropriately a case of persistent substandard performance in the EQA Scheme under the terms of SOP **EQAO07**.

No EQA result may be divulged to any other authority without the prior knowledge of the participant.

All participants are asked to respect this need for confidentiality within the scheme and to sign a form agreeing to this when joining the scheme.

14 DISCLOSURE OF RESULTS

Any request for release of participants' results will be discussed by the Executive Committee. No EQA result may be divulged to any other authority without the written permission of the participant.

15 LOSS OR DAMAGE OF TEST ITEMS

The Scheme Secretary should be contacted if slides are damaged in transit. Normally slides will be dispatched to each center to allow a period of about 12 weeks between receipt of the circulation and the final date for submission of response forms.

Prior to circulation deadline date all participants are given two reminders of this via email/phone calls. These reminders are recorded by the Scheme Secretary.

16 COMPLAINTS AND APPEALS

The scheme secretary is the point of contact for all complaints and appeals.

16.1 Complaints

EQAQ02 defines procedures for monitoring, reviewing and acting upon complaints data.

All complaints will be logged. The Quality Manager must be informed of any complaints and they will be logged within the CA/PA module within Q-pulse. Any outcomes will be acted upon and corrective and preventive actions recorded. A written response must be sent and recorded, along with any action taken to remedy the complaint.

If the Quality Manager judges the complaint to be justified and of a nature which requires any alteration in the procedures of the Scheme, the preferred sequence of events for enacting such changes would be:

- Discussion at the Executive Team Committee meeting
- Production of a draft revision to the relevant SOP
- Implementation, following approval by the Executive Committee
- Notification to NSD of any major changes in the running of the scheme

Participants are enabled to comment upon the clinical relevance of the EQA Scheme design and the reliability of interpretative reports via the Caledonian Branch ACP Meeting, held twice per year after release of the Provisional results.

- Performance targets in relation to user satisfaction are assessed during the Management Review.

16.2 Appeals

Any appeals by a participant against the final result issued should be made in writing and sent to the scheme secretary within two weeks of the results being issued. The appeal will be discussed by the executive committee and a response sent to the participant.

17 FINANCE

The cost of running the Scheme and its supervision is covered by a renewable annual grant from NSD via the Scottish Executive.

From the year 2015-16 an annual participation fee has been charged to all non-Scottish participants and currently stands at £250 per annum.