


Scotland and Northern Ireland EQA Scheme in General Histopathology

EQAO04

RECEIPT AND ANALYSIS OF EQA RESPONSES

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Review and Amendment History			
Date Reviewed / Amended	Version Replaces	Pages Changed	Details of review/Amendment
Feb 2021	3.6	2 Pages (Front & 4)	<u>Updated</u> : location of copies (front pg), scheme secretary email details and quality manager details (pg4)

Receipt and Analysis of EQA Responses

Response forms for the EQA Scheme circulation are returned by the participants, bearing their confidential code number, to the Scheme Secretary. A record of the date of receipt of the response forms and any educational return is logged by the scheme secretary and the participant code is checked as being active.

Each form, with particular emphasis on faxed returns, is checked for non-diagnostic errors to include completeness of return, illegibility etc. and any problems discussed with the relevant participant. These forms are separated from anything which might identify the participant, such as an envelope bearing a post code and retained by the Scheme Secretary. A single copy is taken of each form by the Secretary, in case of loss in transit. One set of scripts is then sent by recorded delivery for marking to the two members of the Management Committee who submitted the slides.

The Scheme Secretary issues reminders to each department three weeks prior to the closing date, and to participating secretaries / individual participants as necessary on up to two more occasions. Submissions that are late due to genuinely unavoidable/unforeseeable circumstances are considered for marking by agreement with the Scheme Administrator.

Papers will be accepted up to two working days after the deadline. Scripts received after the two working days will not be marked and considered as non-returns.

Amendments to already received submissions prior to closing date will be accepted although any concerns with regard to possible collusion will be investigated.

A record is kept of late submissions, with dates of submission and associated code numbers.

The completed response forms, a copy of the current list of participants who have opted out of certain case types, a spreadsheet listing the codes of all participants who have submitted and a copy of the 'Guidance for Markers' document shown at the end of this SOP, are sent to be marked by the two lead Management Committee members according to the agreed marking already approved by the full Management Committee.

The marking system is as follows:

- Correct answer – 1 mark
- Answer with minor diagnostic error – 2 marks
- Answer with major diagnostic error likely to affect patient management – 3 marks

For each round, therefore, a perfect response would attract a score of 10 marks. 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.

In the unlikely event of a diagnosis, having been accepted by the majority of participants, subsequently being found to be incorrect following queries and further investigations by the source department, then, as above, the slide would be removed for scoring purposes. This may well result in all final results and subsequent letters being withdrawn and new results and letters being issued.

The second marker must then post the marked submissions by registered mail direct to the Data Manager Dr. Stuart Thomas, based at Edinburgh Western General Hospital, Crew Road, Edinburgh EH4 2XU.

Thereafter a listing is prepared recording the total number of participants in the circulation, individual scores per case and total scores for the circulation (**EQAI01**). This document and the marking exercise are then considered by the Management Committee and any amendments made. A provisional results sheet for the circulation is sent to each participant prior to discussion and final agreement of the marking at an appropriate Participants Meeting.

If the Participants Meeting proves non quorate then a discussion summary is circulated to all participants for feedback. A summary of this feedback is then circulated to the Management Team to give approval of the final agreed scoring, which must be recorded on **EQA Form 09** prior to final results being circulated.

All marked proformas must be returned to the EQA office as soon as possible after the final results have been distributed. This enables any queries or appeals against the scoring to be dealt with promptly.

Slides are returned to the Scheme Secretary one month after the above ACP Meeting. A record of returns is kept, including date of return and cluster number. The Scheme Secretary follows up any non-returned slides, initially with an email to the relevant centre, and subsequently, if the slides are still not returned, with a letter from the Scheme Administrator.

Guidance for Markers

- Please ensure that all papers are marked clearly.
- **Both markers should mark every question**
- The answer sheets should not be copied
- The marks assigned should be 1, 2 or 3 according to the criteria in SOP EQAO04. The use of question marks should be avoided i.e. giving a score of 1? Or 2?. If in any doubt give a score of 2 and this will highlight for discussion at the management meeting.
- Each marker should write their mark on the original answer sheet beside the answer, in a different colour where possible.
- The markers should keep a list of the participant codes, cases and diagnosis given to each case that has been allocated a score of a 2 or 3 to allow discussion at the Management and participants meetings
- A list of case types that individual participants have opted out of is included with the returns. If any of these case types are included in the circulation, **and these participants have indicated on their answer sheet that they wish to use their opt-out**, then these participants receive a mark of 1 for that answer. A maximum of 3 opt-outs are allowed per run.
- Once completed, the second marker must then post the marked submissions by registered mail direct to the Data Manager, Dr. Stuart Thomas, based at Edinburgh Western General Hospital, Crew Road, Edinburgh EH4 2XU, to arrive no later than the week before the Management Committee meeting
- At the Management Committee meeting the scoring of the two markers will be discussed to gain a consensus. The markers should have their list of the participant codes, cases and diagnosis given to each case that has been allocated a score of a 2 or 3 to allow this discussion. Changes to these scores may be required following the meetings discussions and these should be clearly recorded by the markers.
- Each marker should be available to present their five cases at the participants meeting, usually held in conjunction with the spring or autumn Caledonian Branch of the Association of Clinical Pathologists meetings.
- The cases will be presented in a *PowerPoint* presentation giving the salient features of the diagnosis and the overall marking for that case. This should include the number of participants scoring 1, along with the specific responses given by the participants who were given an agreed score of 2 or 3 at the Management meeting. Having the actual responses for each case scoring a 2 or 3 allows the attendees at the participants meeting to ratify or object to this scoring.
- A copy of the case presentations should be sent to the Scheme Secretary or the Scheme Quality Manager as *PowerPoint* presentations, as soon as they are available, to allow upload to the EQA website as soon as possible after the participants meeting.
- Secretary: linda.mcdonald3@nhs.scot
- Quality Manager: Lianne.Duffy@lanarkshire.scot.nhs.uk