


# Scotland and Northern Ireland EQA Scheme in General Histopathology

## EQAO07

### PERSISTENT SUBSTANDARD PERFORMANCE

<b>ISO 17043:2010 ref</b>	4.4.1, 4.4.4, 4.7.1, 4.7.2, 4.8.2, 4.9.5
<b>LOCATION OF COPIES</b>	Q-Pulse (Electronic Master) Master Copy held by Quality Manager <a href="#">Standard Operating Procedures – Scottish Pathology Network</a>
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Review and Amendment History			
Date Reviewed / Amended	Version Replaces	Pages Changed	Details of review/Amendment
Feb 2021	1.8	1 Pages (Front)	<u>Updated</u> : location of copies (front pg)

## Persistent Substandard Performance

The Scheme aims to identify any member showing a persistent substandard performance in accordance with the recommendations of the National Quality Assurance Advisory Panel (Histopathology/Cytopathology) of the Joint Working Group on Quality Assurance (NQAAP).

After the calculation of the finalised personal scores for each circulation, a database query places the individual participant's scores in rank order. A group of participants at the lower end of this ranking is found using a defined percentage, currently 2.5%, of those participating in the current circulation and this group are considered substandard.

If the number of participants in the '2.5% group' consists of more than 5% of the total number of participants in the circulation, the lowest score in the '2.5% group' will be excluded and this will continue until the group comprises 5% or less of the total participants, even if this is less than 2.5%.

### Examples of 2.5% Grouping

Example of scoring where the '2.5% group' is clearly defined. In this instance 2.5% of the total number of participants is rounded to 3 and the '2.5% group' comprises scores of 14 and 13.

Score	No of Participants	Percent of Total
10	115	89.84%
11	7	5.47%
12	3	2.34%
13	2	1.56%
14	1	0.78%
	128	

Example of scoring where the '2.5% group' comprises more than 2.5% but is within the 5% value. Again 2.5% of the total is 3 participants and the group that includes the participant with the third highest score (12) also includes three others. The total number of participants in the '2.5% group' is 6 which is 5% of the total and all would be included.

Score	No of Participants	Percent of total
10	112	88.89%
11	8	6.35%
12	4	3.17%
14	1	0.79%
17	1	0.79%
	126	

Example where the '2.5% group' comprises more than 5% of the total. In this instance, the '2.5% group' (at least three participants) would consist of the scores of 14 and 12 (twelve participants). This is clearly more than 5% of the total and the participants who have scored 12 would be excluded in this instance.

Score	No of Participants	Percent of total
10	114	85.07%
11	8	5.97%
12	11	8.21%
14	1	0.75%
	134	

A participant is considered to be a "persistent substandard performer" if their total score for a circulation falls within this 2.5% group and thereafter falls within this group in one of the next two circulations. In each circulation, every participant is informed of their score.

The Scheme Secretary informs the Scheme Chairman of any participant who falls within the '2.5% group'. Any participant within this group for the current circulation, but not in either of the preceding two circulations, receives informal notification of this in writing from the Scheme Chairman, reminding the participant of possible implications of this in relation to scores for the next two Circulations. This letter, referred to as the "2.5% Notification Letter" is identified by the participant's code number only and is produced from an existing template by the scheme secretary for posting to the relevant participant. (**EQA Letter 09**)

However, if a participant is in the '2.5% group' in the current and in either of the previous two Circulations, the First Action Point is triggered. The Chairman of the Management Committee sends a "First Action Point" letter to the participant, (**EQA Letter 10**) highlighting the issue, offering appropriate advice and assistance and informing the individual that if they fall within the 2.5% group in two out of the next three circulations, then the Chair of the Professional Performance Panel at RCPATH will be required to investigate (vide infra). It is also made clear that for the next three circulations, a failure to participate will be considered equivalent to falling within the '2.5% group'. This letter is also identified by the participant's code number only and is sent to the Scheme Secretary in a sealed envelope for posting to the relevant participant.

The recipient of such a letter will be asked to write to the Chairman through the Scheme Secretary, the reply bearing no identifying marks other than the participant's code number and confirming receipt of the letter and hopefully conveying an explanation and planned remedial action. If an acknowledgement of the letter is not received within four weeks, then the Chairman of the Management Committee sends a reminder. Thereafter if no reply is received within three weeks, then the Chair of the Professional Performance Panel at RCPATH is informed of the position.

Initiation of the First Action Point is recorded and consequently if the same participant falls within the '2.5%' group in two of the next three circulations, the Second Action Point is triggered. The Chairman informs the Chair of the Professional Performance Panel at RCPATH, identifying the participant only by code number, who will then initiate an investigation. (ref: "Principles and Guidance for Interpretive External Quality Assessment Schemes in Laboratory Medicine".) NHS Tayside also have their own "Statutory Duty of Candour" where relevant. Should the correspondence not satisfy the Chair of the Professional Performance Panel, then the participant's name will be released to the Panel Chairman to facilitate direct action. By agreement, this will be delegated to the Chairman of the Management Committee if this course is acceptable to the participant.

For any participants within the Republic of Ireland the role of the Chair of the Professional Performance Panel at RCPATH would be taken up by the Chairman 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.

When writing to the participant following persistent substandard performance or when communicating with the Chair of the Professional Performance Panel at RCPATH, copies of the participant's response forms for the circulations in question are provided. The circulated slides for the cases under consideration can be made available to the participant or the Chair.

If the Chairman of the Management Committee becomes concerned that the performance of a participant gives cause for concern such that the quality of patient care may be in doubt, the Chairman is entitled to bring this to the attention of the Chair of the Professional Performance Panel at RCPATH, even if the numeric criteria for persistent substandard performance have not been fulfilled. In this event, the data relating to the participant is discussed by the Management Committee when appropriate action will be decided upon.

The above procedures do not replace or alter in any way the obligation placed by the General Medical Council upon the Chairman of the Management Committee, as a doctor, to take appropriate action to protect patient care if he believes that patient care is being put at risk.