


# Scotland and Northern Ireland EQA Scheme in General Histopathology

## EQAO08

### SCHEME REVIEW

<b>ISO 17043:2010 ref</b>	4.4, 4.6, 5.3, 5.15
<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	4.3	1 Pages (Front)	<u>Updated</u> : location of copies (front pg)

## Scheme Review

Comments on the mode of operation of the Scheme are invited at every Management Committee meeting and also welcomed from participants. If necessary, suggestions for a change of the Scheme Administrator and Chairperson should be discussed first at this meeting; such suggestions must be considered if made by a Scheme participant. Final decisions will be made by the Executive Team and as far as possible, these decisions should be made on a democratic basis of those present.

## RCPATH Steering Committee

A report will be provided annually to the Royal College of Pathologists National Quality Assessment Advisory Panel (NQAAP) for interpretive EQA, on the work of the Scheme, with particular emphasis on any changes in how the Scheme runs, actual or planned. Specifically, any major changes in these SOPs must be communicated to NQAAP for approval, as documented in EQAM 01.

The report will also include any changes in the assessment procedure and in procedures for managing persistent substandard performance, actual or planned, and also the number of participants who triggered action in response to persistent substandard performance in the previous year. All second action points relating to poor performance are dealt with by the Professional Performance Panel.

The report will be based on the template provided by NQAAP, which is available on the G: Drive and will be a controlled document stored within Q-Pulse as **EQAM06**.

Any unresolved issues will be fed to the Professional Performance Panel by the NQAAP.

## UKAS

### Management Review

To comply with ISO 17043:2010, section 5.15. The EQA scheme management shall conduct an annual review of the quality management system and all its services, preferably at the end of each financial year. The agenda for the review is controlled document **EQA Letter 26**, the main areas consisting of:

1. Record of previous meeting and follow up of previous management review
2. Review of schemes' quality objectives, policies and procedures, their suitability and areas for improvement
3. Section reports from members of executive team
4. Report on major changes in organisation, management and resources (Including staffing or processes)
5. Assessment of user satisfaction, complaints, appeals and any follow up plan
6. Report of Internal audit of quality management system including corrective and preventive actions
7. Report of Internal audit of examination processes including corrective and preventive actions
8. Reports of assessments by outside bodies [UKAS, NSD, NQAAP etc.] and status of preventive, corrective and improvement actions

## Quality Objectives

The scheme quality objectives should be reviewed and updated regularly at executive meetings and recorded. New objectives should be set at the beginning of each financial year.

## UKAS

UKAS assessments will now take place annually. The first full assessment took place at the beginning of 2015 and our scheme has maintained accreditation on an annual basis since then

## NSD

An annual report must also be submitted to NSD, based on a template they provide. This is a review of the previous financial year and incorporates a lot of the information which is provided in the reports listed above. This report must be submitted to NSD by the end of May each year. The template has been recently updated and is available on the scheme G: drive, along with guidance notes for completion.

The final annual report will be a controlled document stored within Q-Pulse as **EQAM 07**.

A 6-monthly report should also be produced and submitted to NSD by the end of October each year. Template is available in Annex A of the current Service Level Agreement in **EQAM 05**.

This is a three year Service Level Agreement in place with NSD which is stored as a controlled document within Q-Pulse as **EQAM 05**.

The scheme executive team hold a review meeting with NSD annually towards the end of the year to review the annual report.