

North West Region **Histopathology EQA Scheme**

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Participant's Manual

**(incorporating scheme standard
operating procedures)**

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North West Region Histopathology EQA Scheme

Contents

Scheme Organisation

4. Aims and scope of the scheme
3. Geographic coverage & membership
1. Organisational & administrative structure (including contact details)
11. Scheme running costs
10. Accreditation status & RCPATH oversight
2. Data control & GDPR
12. Feedback, comments and complaints

Participation & Circulations

6. Selection of cases
5. Exclusions
7. Submission and scoring of responses
8. Dissemination of results
9. Participation requirements, Substandard performance & Action Points

North West Region Histopathology EQA Scheme

1. Organisational & administrative structure

The contact details for the scheme are:

North West Region Histopathology EQA Scheme
c/o Mrs Alyson Swift, Scheme Secretary
Department of Cellular Pathology
Whiston Hospital
St Helens and Knowsley NHS Trust
Warrington Road
Prescot
L35 5DR

Scheme Organiser: Dr Su Enn Low
email: suenn.low@sthk.nhs.uk

Scheme Secretary: Mrs Alyson Swift
tel: 0151 430 1799
email: NWEQAsec@sthk.nhs.uk

The scheme is hosted within Cellular Pathology at Whiston Hospital, St Helens and Knowsley NHS Trust.

The current Scheme Organiser is Dr Su Low, Consultant Histopathologist.

Dr Low is supported by the Scheme Secretary, Mrs Alyson Swift, and the Scheme Steering Committee. The current active committee members are Dr Sangeeta Verma (Salford Royal), Dr Neil Sahasrabudhe (Blackburn), Dr Martin Shaw (Whiston) and Dr Stephen McGrath (Salford Royal).

The Steering Committee meets twice a year (coinciding with discussion meetings), provides oversight for the general running of the scheme, discusses any issues relating to particular circulations and considers specific issues raised by scheme members, the organiser and the College.

All enquiries will be addressed initially by the Scheme Secretary. More complex enquiries, as well as any complaints, will be escalated to the Scheme Organiser and action taken as deemed necessary. It may be appropriate to bring some matters to the attention of the Steering Committee for discussion. Matters of a general nature which concern the running of the scheme are frequently presented to those attending the circulation discussion meeting.

The Scheme Secretary provides administrative support and is responsible for maintaining scheme records.

North West Region Histopathology EQA Scheme

3. Data control and General Data Protection Regulations (GDPR)

The North West EQA Region Histopathology EQA Scheme is committed to ensuring that your privacy is protected.

We collect the following information about you

Name

Job title

Employing organisation

Postal address

Invoice address

Telephone number

Email address

Reasons for non-participation, e.g. a period of sickness leave or maternity leave

What we do with the information we gather

We require this information to operate the EQA Scheme. This includes for the purposes of providing information about the scheme and scheme meetings, dissemination of scheme correspondence, notification about circulations, internal record keeping with regards to receiving circulation responses and requesting cases. This information is also used for providing feedback, scores and participation certificates and invoicing for scheme participation. It may also be necessary to contact some members regarding scheme steering committee activities and in the event of members reaching 'action points' for sub-standard performance.

On occasion it may be necessary to pass a participant's details to the relevant individual(s) at the Royal College of Pathologists in the event of persistent sub-standard performance (second action point reached), lack of acknowledgement from a participant following notification by the scheme secretary regarding a first action point or to escalate any other serious concerns about potential performance issues with a medical practitioner. Many of these types of communications with the College can be handled anonymously initially.

We may contact you by email, phone, or post.

We are currently reviewing the length of time which we retain scheme records, both paper based and those in electronic format. Currently, all performance data is retained electronically, whether or not individuals remain members of the scheme.

Security

Your information is held in electronic format on a central server at St Helens and Knowsley NHS Trust. The Trust IT systems are password protected. Your identifiable information is accessed principally by the scheme secretary. Some of your identifiable information may occasionally be accessed by the Scheme Organiser during the running

North West Region Histopathology EQA Scheme

of the scheme or during administrative 'house-keeping', but only in ways which do not threaten the anonymity of performance data.

We prefer not to receive or send paper based correspondence.

We store paper records relating to cases submitted by departments for inclusion in EQA circulations. These are stored in the secretarial office which is staffed during working hours. The office is located in the Cellular Pathology department which is accessed via staff member electronic fobs at all times.

A list of personal identification numbers (PINs) linked to participants' names and a separate spread sheet of all scheme members' scores (identified only by PIN) are held in electronic format on a central server at St Helens and Knowsley NHS Trust. The Trust IT system is password protected. Each document above is additionally password protected.

The list of PINs linked to participants' names is accessed only by the scheme secretary.

Copies of collated *anonymised* responses submitted by all participants for each individual circulation are held in electronic format on a central server at St Helens and Knowsley NHS Trust and on the personal laptops of the scheme organiser and secretary. The Trust IT system and the laptops of the scheme organiser and secretary are password protected.

Controlling your personal information

We will not distribute your personal information to third parties unless (i) we have your permission, (ii) this forms part of the scheme protocols covering substandard performance or (iii) we are required to do so by law.

You may request details of personal information which we hold about you under the Data Protection Act 1998.

If you would like a copy of the personal information we hold about you please contact the scheme secretary.

If you believe that any of your personal information we are holding is incorrect or incomplete, please contact us as soon as possible. We will promptly update any information as necessary.

North West Region Histopathology EQA Scheme

3. Geographic coverage & membership

The scheme currently has members based in the North West of England (Greater Manchester, Merseyside, Cheshire, Lancashire) and North Wales.

There are currently 17 NHS histopathology departments which participate in the scheme. Over 100 members take part in each circulation.

Individual consultant pathologists who are based within the North West but do not hold substantive posts at participating NHS centres may also apply to take part.

Speciality doctors in non-training roles who report independently are also welcome to join the scheme if they wish. They will be scored in the same manner as consultant members and their scores included in the main scheme summary statistics.

An active trainee section is currently maintained by speciality trainees Dr Weam Eltoun from the North West rotation and Dr Joanna Pamballi from the Merseyside rotation. Trainee scores are not considered in the main scheme.

Each consultant/speciality doctor participant is issued with a personal identification number (PIN) by the Scheme Secretary upon joining. This is used to preserve anonymity with regards to answer submissions, performance records and performance monitoring.

The Scheme Organiser does not access the PIN database and is unable to attribute scores (which are identified only by PIN) to named individuals.

North West Region Histopathology EQA Scheme

4. Aims and scope of the scheme

The scheme is primarily aimed at facilitating continuing professional development amongst Consultant Histopathologists and Speciality Doctors, both by allowing peer to peer performance comparison using scoring of diagnoses submitted on surgical pathology cases and by offering more specific educational content. The latter includes educational non-scoring cases which form part of each circulation and invited lectures at discussion meetings once a year.

A secondary function of the scheme is to formally monitor and document persistent substandard performance by participants (see below - 9. Substandard performance & Action Points).

The scored section of scheme circulations aims to include material which a general histopathologist should be capable of reporting based on a single H&E slide in routine practice.

This may include relatively straightforward cases from what many may perceive as more specialised fields of pathology, e.g. oral pathology, cardiothoracic pathology. Material from areas such as gastrointestinal, gynaecological and urological pathology which are covered by more specialist national schemes is also frequently used.

It is anticipated that any regional NHS consultant histopathologist who undertakes general diagnostic histopathology would elect to participate in the scheme.

It is also recognised that some regional NHS histopathologists may choose to participate in a general scheme even if they work in departments with partial or full sub-specialisation.

Whether or not to participate in a particular interpretative EQA scheme is a matter for each individual medical practitioner. This should ideally be discussed at appraisal, as should any decision to leave a particular scheme.

North West Region Histopathology EQA Scheme

5. Exclusions

If a participant does not routinely cover a certain area of surgical pathology in their usual practice (e.g. gynaecological pathology) and wishes to be excluded from being scored on these cases they should notify the Scheme Secretary in writing or by email.

Diagnostic exclusions categories must be registered *before* the commencement of the next circulation to be considered during the scoring of that circulation.

Please note that the maximum number of exclusion areas permitted is limited to three per participant.

It should be borne in mind that having several registered exclusion categories may significantly reduce the number of scoring cases for that individual in some circulations. This may mean there is an increased risk of a participant being flagged for substandard performance as each response accounts for a larger proportion of that participant's overall score.

For example, a participant with no registered exclusions gives two unacceptable responses and scores 10 out of 12, i.e. 83%. A different participant with 3 registered exclusion categories is only required to submit 9 responses in a particular circulation as the remaining 3 cases fall into their registered exclusion categories. If they also submit two unacceptable responses they score 7 out of 9, i.e. 78%. This makes them more likely to be flagged as a low scorer.

Reporting categories include:

gynaecological pathology
gastrointestinal pathology
endocrine pathology
urological pathology
bone & joint pathology
soft tissue pathology
head & neck pathology
neuropathology
dermatopathology
lymphoreticular pathology
cardiothoracic pathology

North West Region Histopathology EQA Scheme

6. Selection of cases

There are sixteen cases per circulation (twelve scoring - category A; four educational - category B) with two circulations per year. Slides (as unstained sections) are collated by the Scheme Secretary, re-labeled and subsequently circulated to each of the participating centres.

Prior to each circulation four participating departments are identified on a rotational basis and each asked to provide suitable four cases for inclusion (three routine scoring cases and one educational non-scoring case).

All relevant clinical information, as well as the results of any additional stains available to the submitting pathologist at the time of reporting should be provided to participants.

Extremely simple cases should be avoided. Cases approximating to routine workload should be included in category A (scoring). More unusual cases (e.g. case report material, cases which required specialist referral) should be used for category B (non-scoring).

Participants should be able to reach a diagnosis on the basis of a single haematoxylin and eosin stained slide and the supplied supporting information, (e.g. immunohistochemistry results, previous history of malignancy, clinical differential). Only those cases in category A are considered for personal performance analysis but the diagnoses for all cases are collated for discussion at the circulation participants' meeting.

Digital versions of the cases in each circulation are usually also available via the Leeds University virtual pathology portal at: www.virtualpathology.leeds.ac.uk/eqa/

It is a condition of scheme membership that participating departments submit cases for use in the circulations on a rotating basis. In exceptional circumstances this duty can be deferred for one circulation. **Persistent non-compliance will result in that department being suspended from participation in the scheme.**

North West Region Histopathology EQA Scheme

7. Submission and scoring of responses

For scoring cases, participants select their preferred diagnosis from a drop down list for each case using a MS Excel spreadsheet which has been designed specifically for this purpose. Comments may also be added by the participant. Completed spreadsheets are submitted electronically via email to the Scheme Secretary.

Diagnoses submitted after the stated closing date will only be considered for acceptance if received before the Scheme Organiser has started collating responses in readiness for the discussion meeting. Diagnoses received after this will not be accepted and a 'non-participation' status will be recorded for that circulation.

The collated responses for each case are presented at the participants' discussion meeting and a consensus diagnosis is agreed for each scoring case. The consensus diagnosis for each case is usually (but not always) based on the original diagnosis provided by the submitting department.

Where there is a significant discrepancy between the original diagnosis and the consensus diagnosis suggested at the discussion meeting, the meeting may elect to exclude the case from scoring. Similarly, if no consensus is reached the case will be excluded from scoring and viewed as educational only. The level of agreement required to reach consensus is set at 80% or more of responses in agreement. Different answers are sometimes aggregated for a particular case if these are felt to be sufficiently pathologically and clinically similar.

Scores of 1, 0.5 or 0 points are allocated to each suggested diagnosis in category A (scoring cases). A score of 1 point is given for a matched consensus answer. 0.5 points may, at the discretion of the discussion meeting, be awarded for a response which is in the correct general area but does not fully match the consensus diagnosis, e.g. a diagnosis of 'adenoid cystic carcinoma' may receive a score of 1 whereas a diagnosis of 'carcinoma' (not other specified) may potentially receive a score of 0.5.

Collusion

Participant's submitted responses must not have been the subject of prior discussion with colleagues. Although it is recognised that consulting with colleagues is a normal part of safe everyday practice, EQA responses from a participant must given independent of the views of others.

North West Region Histopathology EQA Scheme

8. Dissemination of results and discussion of result during annual appraisal

Results are disseminated electronically as Adobe pdf documents via email. Following the discussion meeting participants are provided with (i) their personal score, (ii) summary statistics giving an indication of the spread of scores for all participants for that circulation & (iii) a summary of all submitted diagnoses, the original diagnoses and the agreed diagnoses. Performance/score sheets are identified only by PIN. Certificates of participation are identified by the individual's name and do not include performance data.

The circulation of submitted and agreed diagnoses, scoring of submissions and summary results statistics allows participants to identify areas where their responses may be discrepant from the majority of their colleagues. This should allow self-directed learning by the individual concerned.

The College has produced guidance detailing how pathologists should approach discussion of interpretative EQA performance within annual appraisals. Participants are advised to familiarise themselves with this guidance.

See 'Supporting information for appraisal and revalidation: guidance for pathologists and their appraisers October 2017', section 4.3.

(<https://www.rcpath.org/resourceLibrary/rcpath-supporting-info-for-revalidation-and-appraisal.html>)

North West Region Histopathology EQA Scheme

9. Participation requirements, Substandard performance & Action Points

Participation - minimum requirements

Participants must take part in 2 out of 3 circulations (calculated on a rolling basis). If a participant fails to take part in 2 out of 3 circulations they will receive a warning letter. Non-participation in either of the next 2 circulations will result in their automatic exclusion from the scheme.

Illness, prolonged annual leave, sabbatical leave or maternity leave are all valid grounds for non-participation. If these factors apply to a member, they should contact the Scheme Secretary.

Unfortunately, non-participation due to a heavy workload is not deemed to be an acceptable reason.

Performance

Using a scoring system means that there will always be scores at the lower end of the range. Scores in the bottom 2.5% are considered to indicate substandard performance. Although this does not necessarily equate with poor performance in routine practice, it could potentially indicate that a problem *may* exist which requires peer review.

If a participant's score falls within the bottom 2.5% of scores in two out of three consecutive circulations *in which the individual participates* a 'First Action Point' is recorded.

If a 'First Action Point' is reached a letter is sent anonymously on behalf of the Scheme Organiser by the Scheme Secretary, inviting an explanation, offering assistance and explaining the next steps.

After a 'First Action Point' has been reached the Scheme Secretary records the event against the participant's PIN. A period of conditional surveillance then commences for the duration of the next three circulations. If subsequent performance is satisfactory over the course of the next three circulations the participant's status returns to normal.

A 'Second Action Point' would be recorded in a similar manner to the first, i.e. a score falling in the bottom 2.5% of scores for two out of three successive circulations. However, a failure to submit answers for a particular circulation during the conditional surveillance period will also be recorded as equivalent to a score in the bottom 2.5% of scores.

If a 'Second Action Point' is reached, the Scheme Organiser (via the Scheme Secretary) will inform the Chairman of the Cellular Pathology National Quality Assurance Advisory Panel (NQAAP) (or equivalent) who will then initiate an appropriate investigation.

North West Region Histopathology EQA Scheme

The scheme will provide the Panel Chairman (or equivalent) and the participant concerned with the details of the EQA responses which have resulted in the referral. This can be done anonymously through the EQA Scheme Secretary.

The role of the investigation is to determine whether the low EQA scores could indicate standards of routine practice which pose a risk to patient safety. The emphasis will be on identifying problems and implementing remedial measures rather than punitive action.

The Panel Chairman (or equivalent) will correspond with the participant; this can be carried out through the EQA Scheme Secretary and need not require breaking of confidentiality.

If the Panel Chairman (or equivalent) is not satisfied that there is an acceptable explanation, the participant's name will be released to the Panel Chairman (or equivalent) enabling a direct conversation and possibly a site visit. The task may be delegated in the first instance to a local histopathologist if the Panel Chairman (or equivalent) and the participant can jointly identify an individual who is acceptable to them both. The details of the case may be discussed within the National Panel but in such a way that will not reveal the identity of the Pathologist under review.

Once problems have been identified the above steps should be completed within a few weeks. If there is a lack of a satisfactory explanation or there is a lack of co-operation which slows the evaluation, the Chairman of the Joint Working Group on Quality Assurance (or equivalent) will be informed and the matter passed to the appropriate body, which in the case of histopathologists is the Royal College of Pathologists. If the problem cannot be resolved or if it is considered that patients are at risk, it would then be necessary to inform the Medical Director of the hospital concerned and/or the General Medical Council.

It is envisaged that these procedures should be activated only in exceptional circumstances and should cause no more concern to EQA participants than the current possibility of being reported by a colleague for incompetence. The main purpose of EQA schemes should remain educational.

North West Region **Histopathology EQA Scheme**

10. Accreditation status & RCPATH oversight

The scheme is not currently UKAS ISO 17043 accredited (proficiency testing).

Scheme reports are submitted to the Royal College of Pathologists (RCPATH) on a regular basis.

North West Region Histopathology EQA Scheme

11. Scheme running costs

The cost of running the scheme is covered by subscriptions from participating departments and individuals.

The subscription covers the costs incurred by the Scheme Organiser and Scheme Secretary, postage and stationery, salaries, office equipment, digital image hosting, discussion meeting costs and fees to enable RCPATH oversight.

An invoice is sent to every participating centre each financial year. The scheme budget is held within the Cellular Pathology department budget at Whiston Hospital.

Annual subscription rates are reviewed regularly.

The scheme charging structure is designed to ensure that the scheme remains cost neutral to the host institution.