
PARTICIPANTS MANUAL

**YORKSHIRE GENERAL
HISTOPATHOLOGY EQA
SCHEME**

Contents

YORKSHIRE GENERAL HISTOPATHOLOGY EQA SCHEME	3
History of the Scheme	3
Aims & Objectives of the Scheme	3
Who participates in the Scheme?	3
Accreditation	3
How to Apply	3
SCHEME ORGANISATION	4
Scheme Organiser	4
Steering Committee	4
Facilitation of the Scheme	4
OVERVIEW OF THE EQA SCHEME	5
General overview	5
Circulation of the slides	5
Processing the responses	5
Discussing the initial responses	5
Generating the final results	5
YOUR ROLE AS A PARTICIPANT	6
Participants	6
Trainees	6
Affiliates	6
Rules of Exemptions	7
Fees	6
Cases for Circulation	7
SCORING	8
Your Individual Score	8
Scoring System	8
Example	9
POOR PERFORMANCE	10
Poor performance	10
First action point	10
Second action point	10
COMPLAINTS	11
Complaints procedure	11
CONFIDENTIALITY	11
Confidentiality	11
CONTACT DETAILS	12

YORKSHIRE GENERAL HISTOPATHOLOGY EQA SCHEME

History of the Scheme

Welcome to the Yorkshire General Histopathology EQA Scheme. A general histopathology EQA scheme has been in existence in the Yorkshire region since 1990. Previously the scheme was administered by Public Health England and accredited by CPA. As of 1st April 2015 the scheme is administered by Harrogate & District NHSFT.

Aims & Objectives of the Scheme

The main purpose of the scheme is educational. Quantitative and qualitative feedback is provided to participants and additional non-scoring slides are included for education. Trainees are encouraged to participate for educational purposes.

The scheme also aims to improve quality by highlighting instances of poor performance and takes the required action on these as described later in this manual.

Who participates in the Scheme?

There are approximately ninety participants registered with the scheme derived largely from the old Yorkshire Regional Health Authority area with additional participants from South Yorkshire, Durham, Newcastle and Tees, and is now open to all registered histopathologists.

The scheme is open to histopathologists at consultant, staff grade and associate specialist grade. Histopathologists not registered or practising in the UK may register as affiliate members.

Accreditation

The Standard Operating Procedures for the scheme will be approved by the National Quality Assurance Advisory panel for Histopathology and Cytopathology and the EQA National Steering Committee. The scheme is seeking UKAS accreditation in early 2018.

How to Apply

If, after reading the Participants' Manual, you wish to apply to join the scheme you can register using the link <http://www.histopathologyeqa.org/> or email yorks.eqa@nhs.net for further information. A registration form will be provided and you will be enrolled following confirmation of your eligibility.

SCHEME ORGANISATION

Scheme Organiser

The scheme is organised by **Dr Daniel Scott**, Consultant Histopathologist, Harrogate District Hospital, who is both the Scheme Organiser and Chairperson of the Yorkshire General Histopathology EQA Scheme Organising Committee.

Steering Committee

In addition to Dr Scott, the organising committee includes:

Dr Kaushik Dasgupta, Consultant Histopathologist, North Tees and Hartlepool Hospital

Dr Darshana Pathak, Consultant Histopathologist, Leeds Teaching Hospital

Dr Rachel Thomas, Consultant Histopathologist, Dewsbury and District Hospital

Dr Seemen Umar, Consultant Histopathologist, Rotherham NHS Foundation Trust

The committee meets twice per year to approve the final case scoring, review and select slides for use in the circulations and to review the overall operation of the scheme.

Facilitation of the Scheme

Secretarial and administrative support is provided from Harrogate and District NHS Foundation Trust.

OVERVIEW OF THE EQA SCHEME

General overview

The scheme consists of two circulations per annum, one in the Spring, usually February-March, and one in the Autumn, usually September-October.

Each circulation comprises ten H&E stained histology slides, which have been submitted by the participants and deemed suitable for EQA by the Organising Committee. Circulations may also contain additional educational cases, which will not contribute to the scheme scoring system.

The slides will be uploaded to the Leeds Virtual Pathology website for participants to view. No glass slides will be sent out. The diagnostic data input will be made through the online platform EQA lite.

Circulation of the slides

At the start of each round the scheme secretary will email a letter informing the participants that the round is open and the cases are available to view electronically at http://www.virtualpathology.leeds.ac.uk/eqa/yorks_gen_circulations.php

Aperio ImageScope viewing software provides an improved, high-quality slide viewing experience. It can be downloaded free at <http://www.leicabiosystems.com/pathology-imaging/aperio-digital-pathology/integrate/imagescope/>

Processing the responses

Participants record their responses online via the EQA Lite Platform at <http://www.histopathologyeqa.org/>

Discussing the initial responses

Following each circulation the Steering Committee will discuss the diagnoses and diagnostic categories submitted for each case. Each diagnosis is recorded and clear synonyms are merged. If a 70% consensus is achieved for both parts of the scoring system then the case is deemed suitable for the scheme, otherwise the case will be rejected and the responses excluded from the final scoring.

Generating the final results

After each round you will receive a summary and an individual score of performance. Certificates are provided to all participants.

YOUR ROLE AS A PARTICIPANT

Participants

As a participant in the scheme there are a number of things you need to know:

- You must be on the GMC Specialist Register for histopathology or in active practice in the UK.
- You will be allocated a unique identification code number. This will only be known by the participant, the Quality Manager and the secretary.
- There will be two circulations per annum, in Spring and Autumn.

Trainees

Specialist trainees are encouraged to participate, however

- Their submitted responses will not be included in the final scoring.
- Once the final scoring of the cases has been completed the trainees' diagnoses will be scored and their results produced.

Affiliates

Individual pathologists not registered or practising in the UK may wish to utilise the scheme for their personal education.

- Their submitted responses will not be included in the final scoring.
- They will receive their own personal score which they may compare against the cohort data.
- They will not have their scores formally monitored, and are exempt from the poor performance aspect of the scheme.

Participation

To facilitate regular participation in the scheme:

- A letter confirming the details of the circulation will be sent by email to all registered participants two weeks before the round begins. Should you not be able to participate for any reason, please contact yorks.ega@nhs.net.
- Email reminders will be sent to those participants who have not yet entered their responses at the midpoint of the circulation and again one week before the round closes.

Should a participant not take part in two consecutive circulations without contacting the scheme administrator, a letter will be sent to the participant at their registered institution requesting confirmation that the participant still wishes to take part. If no response is received by the scheme and the participant does not then take part in a third consecutive circulation their details will be removed from the database of active participants.

Fees

Each participant is charged an annual subscription fee of £200 to cover administration costs, UKAS fees and ancillary expenses.

Specialist trainees are charged a reduced fee of £20 per annum to cover basic subscription costs.

Participation is free of charge for specialist trainees in the Yorkshire deanery.

Rules of Exemptions

Due to this being a general histopathology EQA scheme, you are permitted to exempt yourself from certain categories of cases which you do not routinely report and would like to be excluded from the scoring of. It is important that you keep your exemptions up to date to ensure your response forms are scored appropriately. Exemptions can be managed via your EQA Lite account.

- If you have exempted yourself from a category, you will not be scored for cases of this category e.g. if you are exempt from the urology category and submit a diagnosis against a urology case you will not be scored for the case.
- If you fail to submit a diagnosis or submit a response of 'exempt' where you have not claimed an appropriate exemption on the Exemption Form then you will be allocated the minimum possible score for the case.
- Any changes to your exemptions must be made before the circulation commences or they will not be counted.
- Exemption categories will be declared on certificates of participation.

Cases for Circulation

The Steering Committee ask that each participant submits a **minimum of one case per two year period**. The Yorkshire EQA scheme is a peer review process and such our very existence is dependent upon your participation and wide support. Underlying this is the requirement for good quality case material. We require a sizeable slide library in order that we can ensure cases are reasonable for EQA circulation, and also represent a wide range of organ systems. The standard of cases should be set at that which can be reasonably handled by a general pathologist. All clinical details and relevant macroscopic description should be made available as it was to the reporting pathologist. The result of any special stains or immunohistochemical studies should also be delineated. One major advantage of the digital platform is that small biopsy material may now be included, provided you can cut **two H&E duplicates** from the case. This should ensure that the scheme is more closely linked to routine practice. The slides are pre-screened by the Steering Committee to ensure suitability for inclusion.

In each circulation we endeavour to incorporate some educational cases which will not be used for scoring or performance monitoring. These cases may include difficult or rare diagnoses, or a case which has undergone specialist tertiary opinion. A case with embedded learning will always be of value. Please feel free to specifically submit a more complex case as such. On occasion the Steering Committee may allocate a routine case into the educational category. This is when the committee judges the complexity is too high or where there is risk of multiple or divergent diagnoses. Cases where there appears to be clearly two independent diagnoses will generally be rejected, as the scoring system is unable to cope with this situation, but again may make good educational cases.

Case details can be submitted via your account in EQA Lite. Your certificate will delineate the number of cases you have submitted, though such data is not used to determine good standing in the scheme. Now that the scheme is virtual there will no longer be any rotational requesting for slides on a trust by trust basis. If we get short in any organ system we will send out further pleas.

SCORING

Your Individual Score

After the completion of each circulation you will receive an individual score. You will also receive your ranking out of the total number of participants for that circulation.

You should also remember that the scheme is not concerned directly with right and wrong answers, but with the level of agreement with your peers in the Yorkshire General Histopathology EQA Scheme.

Scoring System

In response to the difficulties in achieving quorate members' meetings to discuss the scoring, an alternative method that does not rely on a physical gathering of participants has been adopted.

A 70% consensus agreement must be achieved for both parts of the scoring system, otherwise the case will be rejected and the responses excluded from the final scoring.

The scoring system consists of two parts:

A maximum of two points are applied for the correct diagnostic category and is scored as follows:

		PARTICIPANTS DIAGNOSIS		
		Benign	Dysplastic/borderline malignant potential/in-situ malignancy	Malignant
CONSENSUS DIAGNOSIS	Benign	2	1	0
	Dysplastic/borderline malignant potential/in-situ malignancy	1	2	1
	Malignant	0	1	2

For the purposes of the EQA all grades of dysplasia will be merged: 'low', 'mild', 'moderate', 'severe' and 'high'. Tumour grades are not required and will be merged in a similar fashion if supplied.

One additional point is awarded for those submitting the consensus diagnosis resulting in a maximum score of three points.

Please do not submit more than one diagnosis – this will result in a score of zero for this part of the case.

Example

If the consensus diagnosis was that of malignant adenocarcinoma of gallbladder, two points would be given for the identification of malignancy and a further point for submitting the diagnosis of adenocarcinoma.

Where a participant correctly identifies the case as malignant but provides an incorrect diagnosis, two points are awarded.

However if the case was categorised by the participant as dysplasia of gallbladder, only one point would be awarded for the category and no points would be awarded for the diagnosis.

If the participant submitted a diagnosis of benign chronic cholecystitis then no points would be awarded in either category and a score of zero awarded.

		CONSENSUS = MALIGNANT ADENOCARCINOMA GALLBLADDER		
		Diagnostic category	Diagnosis	Total
SUBMITTED DIAGNOSIS	Adenocarcinoma of gallbladder	2	1	3
	Small cell carcinoma of gallbladder	2	0	2
	Dysplasia of gallbladder	1	0	1
	Chronic cholecystitis	0	0	0

POOR PERFORMANCE

Poor performance

Defined as a score in the bottom 2.5% of the scoring range for the circulation.

The scheme has two clearly defined action points for persistent poor performance:

First action point

- Triggered when a participant has a score in the bottom 2.5% in 2 out of 3 circulations.
- In this event the participant receives a letter alerting him/her to this situation and suggesting possible remedial courses of action.

This letter is sent in such a way that neither the scheme organiser nor the scheme secretary knows either the identity of the recipient or the content of the letter respectively. The letter also explains the second action point trigger.

Second action point

- Triggered for a participant, who having triggered the first action point then achieves scores in the bottom 2.5% in 2 of the following 3 circulations.
- Should this happen then the Chairman of the National Quality Assurance Advisory Panel is advised of the situation and he/she is then obliged to write to the participant seeking an explanation of the situation and seeking to find ways to assist the participant in improving their performance.

It must be stressed that the purpose of identifying persistent poor performance is to enable appropriate remedial action to be taken rather than to institute punitive sanctions.

COMPLAINTS

Complaints procedure

If you have a complaint about the scheme you can either contact the Scheme Organiser or Scheme Secretary, please note that if you contact the Scheme Organiser you are removing your participant confidentiality.

The action taken to remedy the complaint will be recorded and dated in the schemes' complaints log.

If the organiser 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:

1. Discussion at the Steering Committee meeting
2. Production of a draft revision to the relevant SOP
3. Implementation pending approval by the Scheme Organising Committee
4. Notification of the revisions to the Royal College of Pathologists Steering Committee

If the organiser deems that a change in procedure is too urgent to warrant such discussion, a revised SOP may be generated and implemented immediately, for subsequent discussion at the Scheme Organising Committee.

If you feel your complaint hasn't been handled satisfactorily at a local level you can complain direct to the Chairman of the Steering Committee for EQA in Histopathology and Cytopathology.

CONFIDENTIALITY

Confidentiality

All information supplied by a participant to the scheme shall be treated as confidential. The unique identification code number will only be known by the participant and the administrator, unless the participant waives confidentiality.

Participants can elect to waive confidentiality for regulator or recognition purposes, or for discussion and mutual assistance e.g. for educational requirements or to improve performance.

In exceptional circumstances, when a regulatory authority requires proficiency testing results to be directly provided to the authority by the scheme, the affected participants shall be notified of this action in writing.

CONTACT DETAILS

Should you have any questions or difficulties, please do not hesitate to contact the scheme by email yorks.ega@nhs.net

If you need to contact the scheme organiser, organising committee or administration staff directly, details are provided below:

Scheme Organiser:

Dr Daniel Scott

Consultant Histopathologist
Harrogate District Hospital
Lancaster Park Road
Harrogate
HG2 7SX
Tel: 01423 553 072
Email: daniel.scott1@nhs.net

Organising Committee:

Dr Rachel Thomas

Consultant Histopathologist
Department of Pathology
Dewsbury District Hospital
Healds Road
Dewsbury
WF13 4HS
Tel: 01924 512302 (sec.)
Email: rachel.thomas48@nhs.net

Dr Kaushik Dasgupta

Consultant Histopathologist
Department of Pathology
University Hospital of North Tees
Hardwick Road
Stockton-on-Tees
TS19 8PE
Tel: 01642 624123
Email: kaushik.dasgupta@nth.nhs.uk

Dr Darshana Pathak

Consultant Histopathologist
Department of Pathology
St James' University Hospital
Beckett Street
Leeds
LS9 7TF
Tel: 01132 067435
Email: darshana.pathak1@nhs.net

Dr Seemeen Umar

Consultant Histopathologist
Department of Pathology
Rotherham NHS Foundation Trust
Moorgate Rd
Rotherham
S60 2UD
Tel: 01709 424119
Email: seemi_umar@hotmail.com

Admin:

Cheryl Fyfe

Harrogate District Hospital
Lancaster Park Road
Harrogate
HG2 7SX
Tel: 01423 555 560
Email: yorks.ega@hdfn.nhs.uk