

**NATIONAL MUSCULOSKELETAL PATHOLOGY EQA  
SCHEME**

**STANDARD OPERATING PROCEDURES**

**Scheme Lead Organiser:  
Dr Patrick Shenjere**

**Scheme Steering Committee Chair:  
Dr Malee Fernando**

**Scheme Steering Committee Members:  
Dr Roberto Tirabosco, Dr Petra Dildey, Dr Patrick Shenjere, Dr Malee Fernando**

**Version:1.0**

## **MISSION STATEMENT**

The National Musculoskeletal Pathology (NMSP) EQA Scheme is designed for specialists in bone and/or soft tissue pathology and is aimed at a level to conform to the equivalent of the National Institute for Health and Clinical Excellence (NICE) specialist sarcoma MDT work. Non-neoplastic and benign cases are included and aimed at a similar level of complexity.

The prime purposes of the Scheme are:

- Education
- Exchange of ideas
- Dispersal of new knowledge
- Quality assurance
- Identification and action on substandard performance

The scheme aim is to ensure the maintenance of the highest standard of performance and continuous improvement in specialist practitioners of bone and soft tissue pathology

## **SOP 1 Organisation and Maintenance of Standard Operating Procedures**

The NMSP EQA is committed to good professional practice, including the health, safety and welfare of all its staff, participants and visitors.

The Scheme steering committee (see SOP 16) will meet twice each year (before the Review Session). The quality management review will take place at the same meeting. Minutes from the meetings will be recorded by the scheme secretary.

The standard operating procedures (SOPs) are kept in paper form in a loose leaf folder in the offices of the nominated EQA Scheme Organiser (currently Dr P Shenjere) and Scheme Secretary (currently Ms P Baines) and displayed on the Leeds virtual pathology web-site (Web address here when available).

Annually, before submission of a report to the National Quality Assurance Advisory Panel (NQAAP), each SOP is reviewed by an Organiser.

If it were necessary to amend a SOP, or to create a new one, this is done by lead Organiser in draft form. The draft is circulated to steering committee members and participants for their approval and the new and old forms are submitted to the NQAAP along with the Annual Report, with a request for approval. Amendments can be used pending approval by the RCPATH Steering Committee and by NQAAP. Each SOP is marked with the date of approval by the RCPATH Steering Committee and NQAAP

Signed: ..... (Scheme Organiser)

Dated: .....

**Approval by RCPATH pending**

## SOP 2 Scheme Membership

The National Musculoskeletal Pathology (NMSP) EQA Scheme membership is available to those who report surgical pathology cases as independent medical practitioners, (i.e. consultants, staff grade and associate specialists) with the authority to report independently on bone and/or soft tissue cases.

The EQA is open to all who practice and have specialist interest in bone and/or soft tissue pathology. Selection of cases, scoring and performance monitoring will be undertaken at the level of a specialist bone and soft tissue pathologist working at the level of NICE sarcoma MDTs, including non-neoplastic and benign bone and soft tissue cases at a similar specialist level.

Full membership is restricted to those working within the United Kingdom and Republic of Ireland. SpR membership currently cannot be supported. Nevertheless, we encourage SpRs to look at the online circulations (with a local NMSP EQA member) and SpRs are welcome to attend Review Meetings, although they have no voting rights.

When a member is away from work for a protracted period (such as illness, sabbatical or maternity/paternity leave, as agreed/authorised by employing Trust) then he / she should inform an Organiser so that their membership can be suspended. Unless such notification has been received, a Letter of Enquiry will be sent to members who do not submit Response Forms to two consecutive circulations.

A member may choose to leave the scheme at any time. However, if the member subsequently re-joins the scheme, then they will be regarded as continuing in the scheme with their previous performance record that was active up to the time of their departure. For performance monitoring purposes, the member's record will then be regarded as continuous, with the same potential implications for any particular action that may arise, relating to performance after re-joining.

Signed: .....(Scheme Organiser)

Dated: .....

**SOP 3 Enrolment of New Members**

When an Organiser is made aware of a pathologist's desire to join the scheme, that pathologist will be sent the SOPs outlining the way in which the Scheme is organised and operated. They will also get a link to the Leeds website on which an up to date SOP will be posted.

The prospective member is asked to read the SOP documents available and confirm in writing by returning the proforma that he / she wishes to participate on the said terms.

On receiving written confirmation of acceptance of the terms outlined in the SOPs, the scheme secretary will enter the new member's details into the database and issue the new member with a confidential code number that is not known to the Organiser (see SOP 6). The new member will then be eligible to participate in the next full circulation.

The Scheme Secretary will invoice each of the members on the database once every year to obtain the subscription fee (see SOP 14).

Signed: .....(Scheme Organiser)

Dated: .....

## **SOP 4 Obtaining Case Material**

The NMSP EQA scheme will comprise 10 potential scoring bone cases and 10 potential scoring soft tissue cases per circulation. Educational cases will be additional. Clear distinction is made between scoring cases and educational cases at all points including submission of cases and response to cases. Cases for circulation in the NMSP EQA Scheme are submitted in rotation by the membership. Members to submit cases are selected in order from the membership list held by the scheme secretary. The 20 scoring cases may include sarcomas, non-sarcomatous neoplastic, and inflammatory/non-neoplastic conditions. The content of the educational cases is entirely at the submitting members' discretion. The UKAS accreditation of the submitting pathologist's laboratory is expected to be in place and participation in an approved technical EQA scheme is the minimal acceptable evidence of technical standards.

Use of archival material for EQA purposes does not require either local ethical committee approval or individual patient consent provided:

- No tissue has been removed from the patient in excess of that required for their ordinary medical care.
- Use of material for EQA does not compromise routine diagnostic assessment.
- The EQA material is anonymised.
- The EQA scheme is a not-for-profit activity.

Members are asked to select scoring cases from the department in which they work using the following guidelines:

- Selected members supply two cases each.
- The cases must be a reflection of routine specialist bone and soft tissue pathology practice (such as NICE specialist sarcoma MDT work and the equivalent in non-neoplastic cases). Extremely simple, rare, bizarre and controversial cases should be avoided. Please note that 80% agreement in responses is required for a case to be used for performance assessment.
- A single H&E-stained section submitted for each case must be representative of the pathological process, of adequate quality and permit diagnosis.

For each case, the member is required to supply:

- A summary of the relevant clinical information, including radiological information that was available at the time of the original report
- A brief description of the gross appearances & laboratory trimming procedures if relevant
- Results of special investigations (immunohistochemistry or special stains, FISH/ HTS results; electron microscopy, etc.).
- The submitting member must ensure that the given clinical details are not misleading in the setting / context of an EQA exercise.
- The local diagnosis is also submitted at this stage.
- The pathologist submitting cases for circulation should only identify himself/herself by their confidential code number and not by name.
- Since this is primary diagnostic material, transfer should be by tracked, signed-for, first class post or an appropriate courier

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Slides and accompanying documentation should be anonymised before despatch, by obscuring or removing any patient identification from labels and the text of details provided

- A radiological image of a patient's pathology may accompany the submitted bone cases and must meet three conditions:
  1. The image should be of same patient from whom the biopsy was taken
  2. The image should have been available at the time of the original report
  3. The image for EQA distribution should be anonymised.

When requested by the scheme secretary, a participant failing to submit two cases in time for a circulation will receive a letter from the scheme organisers and the participant will be required to submit two cases before the next circulation. A participant failing to submit two cases in time for the second circulation, without a valid reason (see SOP10) will result in the participant's removal from the scheme and a two year delay before reapplication is allowed.

On receipt of a case, the Scheme Secretary or designated co-ordinator(s) (see SOP 16) checks the slide/s, clinical information and submitting pathologist information before placing the H&E slide/s and their accompanying proforma (with the local diagnosis) into store. A separate listing of the submitting pathologists together with their original submission proformas will provide the audit trail for identification of the local diagnoses, follow up, etc.

The secretary ensures slides are labelled with the EQA case number and anonymised (any original numbering/patient name should not be visible on the slide). The organisers will randomly select 10 cases each from the bone and soft tissue cases based on clinical information and a quick look at the slide in order to avoid repetition of entities in any given circulation. The organisers will not be aware of the submitting pathologist's diagnosis when selecting cases for a given EQA circulation.

The EQA Scheme organising committee and/or individuals designated by them will ensure that the slides chosen for the circulation are polished to remove any traces of wax and dust. All slides will then be sent to Leeds where they will be scanned and digitised and made available to view on the Leeds website.

The organisers will check that the cases as they appear on the website have the correct clinical details, scans and supplementary files for each patient. They will organise a further check of scanned image quality at this stage; any cases found to be substandard will be removed from the EQA Scheme and will be replaced to make up the case numbers. Any material thought to be substandard on scanning will be removed from the slide bank and the materials returned to the submitting participant.

Any spare case material of cases used for the EQA will be kept for a minimum of one year then disposed of in line with The Christie departmental policy or used locally for educational purposes.

Signed: ..... (Scheme Organiser)

Dated: .....

## SOP 5 Initiating a Circulation

At the start of a new circulation, the Organisers will email members informing them of the details and time scale of the circulation and if available, the venue, date and time of the Review Session. The email will be accompanied by Response Forms which include the slide number and the summary of the relevant clinical / pathological details provided by the submitting pathologists.

The NMSP EQA Case Centre login instructions are included.

Normally, each EQA round consists of 10 soft tissue and 10 bone cases, each with at least one H&E slide. Immunohistochemistry & other test results (such as cytogenetic and molecular studies) will be provided as necessary for correct interpretation of the case. Relevant immunohistochemistry slides may be scanned where appropriate and available.

The date of dispatch of notification and login instructions is logged by the Scheme Secretary and held as official records of the scheme. The slides will be uploaded onto the website to allow a period of at least three weeks between receipt of the login instructions and the final date for submission of Response Forms and electronically enforced on the website via gating of log-in access. Members should contact the Scheme Secretary and/or the Organiser if they encounter problems with log-in access or difficulties related to the quality of the images/information provided.

Participants are responsible for the safekeeping of their unique log-in and password provided by the web host (currently Virtual Pathology, Leeds).

Signed: ..... (Scheme Organiser)

Dated: .....

## **SOP 6 Confidentiality**

The Scheme Organisers receive and analyse responses from members in a manner that ensures that the Organiser(s) is not aware of the author of any response other than his / her own.

This is achieved by a confidential numeric code system generated by the EQA Secretary. The Secretary has a list of EQA scheme participants in paper form. Against each name the secretary enters a numeric code. This paper represents the only link between the codes and the members' names. It is kept in a locked cabinet and is not made available to the Scheme Organisers.

Code numbers may be changed when felt necessary by the Organiser or the Secretary. In addition, a member may request a change of code number if there is a risk or evidence that confidentiality has been broken.

Returns from members are submitted electronically to the Secretary who removes any identifying marks other than the unique code number before submission to the Organisers.

Any confidential communication from the Organisers to a member is passed to the Secretary in a sealed envelope bearing only the relevant code number, and then placed in a second appropriately addressed envelope by the Scheme Secretary. Hence, the Secretary does not see the contents of the communication and the Organiser does not see the name of the recipient.

The link between the members' names and the code numbers may be divulged by the Scheme Secretary under only two circumstances:

- 1 In writing to a member who requests a reminder of his / her code number. Code numbers are not divulged by telephone.
- 2 In writing to the Chairman of the Histopathology NQAAP, only when justified by SOP 10, in order to investigate appropriately a case of persistent substandard performance in the EQA Scheme.

Under normal circumstances, the facts of one's participation and detailed results will not be disclosed to a third party. If an individual wishes the scheme to provide evidence of their participation and/or results to a third party of their choosing, this can be provided following the participant's express written permission. Under the Freedom of Information Act, we are not sure whether we would be expected to disclose information of either participation or results but until legal precedence is established, we would not plan to do so.

### Privacy Policy

A privacy policy was introduced in June 2018 to comply with new EU General Data Protection Regulation (GDPR) laws.

The NMSP EQA scheme is committed to ensuring that privacy is protected. Should we ask a participant to provide information by which they could be identified, we will ensure that this will only be used in accordance with this privacy statement. The EQA scheme Organisers may change this policy if required by updating this document and any changes will be flagged at the participants meeting.

What we collect

We may collect the following information:

- Name and job title
- Contact information including email address
- Other information relevant to keeping the EQA records up to date e.g. invoice address

This information is kept by the secretary on a secure NHS drive. A participant's number is known only to the participant and the scheme secretary.

What we do with the information we gather

We require this information to operate the EQA Scheme, and in particular for the following reasons:

- Internal record keeping.
- To provide clear feedback and scoring for EQA Circulations.
- To provide personalised CPD certificates
- We may periodically send promotional emails about new events, courses or other information which we think may be relevant to the practice of diagnostic bone and soft tissue pathology (including publications, surveys etc.) using the email addresses provided by participants. The appropriateness of any such promotional email will be first discussed with members of the steering committee (via email) and will require a majority consensus.

Security

We are committed to ensuring that information is secure. To prevent unauthorised access or disclosure, we have put in place suitable physical, electronic and managerial procedures to safeguard and secure the information we collect.

We will not sell, distribute or lease personal information to third parties unless we have express permission or are required by law to do so.

Participants may request details of their personal information which we hold under the Data Protection Act 1998, but this information is no different to information provided on the enrolment form.

If participants would like a copy of their own personal information held, they are requested to email:-

The NMSP EQA scheme secretaries at: (will have a dedicated NMSP EQA email created at the Christie).

If participants believe that any information we are holding is incorrect or incomplete, they are requested to write to or email us as soon as possible, at the above email address. We will promptly correct any information found to be incorrect.

Signed: .....(Scheme Organiser)

Dated: .....

## **SOP 7 Submission, Receipt and Analysis of Responses**

Discussion of cases with colleagues prior to the Review Session is prohibited but access to textbooks and journals is allowed.

Members are asked to complete the Response Forms as they feel appropriate for each case. Generally no description of the slide is required. Submission of a single most suitable diagnosis is strongly advised for each case. Alternatively a differential diagnosis may be submitted for any case with an appropriate weighting for each of the differentials. The sum total of the weightings given to each differential for any one case should always add up to 10.

For example,

### Response for Case 1:

Spindle cell Liposarcoma - 8  
Spindle cell lipoma - 2

### Response for case 2:

Kaposi sarcoma – 6  
Angiosarcoma – 3  
Bacillary angiomatosis - 1

In each of the example cases above, the weightings given to the differentials adds up to a total of 10.

Failure to complete a response to one of the cases without a good reason will result in a score of 0 for that case. Participants may indicate in their response that they would wish to discuss a case with an expert in a particular field and this should be reflected in any differential scoring. Participants at the Review Session will decide by consensus whether referral was appropriate and this will be taken into account when allocating scores.

If the scanned slide is not clear then please contact the scheme secretary. Please do not submit a diagnosis on an unclear image if you feel the quality of the scanned slide is compromising your ability to reach a final diagnosis, because once responses have been submitted they are final.

Participants are advised to keep a copy of their responses for their own records. Responses in the spirit of “unacceptable for diagnosis” are not acceptable. Please contact the scheme secretary in such a circumstance.

Cases not appropriate for members to diagnose will be removed from scoring at the review meeting.

The Response Forms should be returned by e-mail to the Scheme Secretary.

Members return their Response Forms identified by their confidential code number to the EQA Scheme Secretary. The Forms are separated from anything that might identify the submitting member (such as an email trail), date stamped and passed onto the Organisers. The email trail is deleted by the Secretary.

The Organisers, as participants in the NMSP EQA Scheme, are obliged to examine the slides and complete their Response Forms before seeing the responses of other members.

After the closing date, the Organisers (P Shenjere and M Fernanda for soft tissue cases; R Tirabosco and P Dilley for bone cases) analyse the returns for each case and prepare a summary schedule of the submitted diagnoses. For each of the cases, this schedule shows:

- 1 The number of members submitting a response form.
- 2 A list of the submitted diagnoses with popularity of each diagnosis (including weightings if appropriate)
- 3 The diagnosis submitted with the case and after review by the steering committee

The Schedule of Responses is distributed to members before the Review Session (see SOP 8) and forms the basis of the discussion and mark allocation.

Signed: .....(Scheme Organiser)

Dated: .....

## **SOP 8            The Members' Open Meeting and Review Session**

A Members' Open Meeting will be held annually.

A case Review Session will normally be held after each slide circulation to permit members to discuss:

1.        The general management of the Scheme and any way in which the Scheme may be extended, improved or audited.
2.        The cases which have been circulated since the previous meeting in order to decide how best they should be used for personal performance analysis.

At the Open Meeting and Review Session, the Organisers will present the Schedule of Responses (see SOP 7) summarising the diagnoses proffered for each case. Each case is discussed in turn. All the participating members may contribute to the discussion of all the scoring cases and may vote on outcomes. At least 10% of members having submitted responses to the current circulation must be present for the Meeting to be quorate. If the Meeting is quorate, the members present are asked to decide:

1.    Is the case appropriate for personal performance analysis?

Situations where the case may not be appropriate include cases where there was no majority (80%) view as to the correct diagnosis; cases where the material circulated was deemed to be inadequate to achieve a specific diagnosis; and cases which were originally identified as being rare or unusual.

2.    How should the case be scored for personal performance analysis?

A numerical scoring system is used. The Schedule of Responses is reviewed and marks are decided by eligible voting members present at the Review Session. The decision is a majority (>50%) following a discussion, and if necessary, a show of hands.

Marks are given to individual responses as follows:

- One mark is given to responses that are judged accurate, complete and correct.
- Half of one mark is given to responses that are judged incomplete or deficient, but not necessarily incorrect.
- No marks are given to answers that are judged to be wrong.

For each circulation, therefore, individual members are normally scored out of 10 marks per set (providing all of the scoring cases are decided to be appropriate by members at the Review Session).

The "correct" diagnosis is defined as one in which there is at least 80% agreement amongst members and, except in rare cases, which is in agreement with that made by the submitting pathologist. Furthermore, there must be no good evidence that the majority / local diagnosis is incorrect.

The following example illustrates a possible likely marking scenario:

Nodular fasciitis	1 mark (correct)
Benign spindle cell tumour	0.5 mark (incomplete)
Fibrosarcoma	0 marks (incorrect)

Normally, each individual Response Form is judged only by the proffered diagnosis / diagnoses.

Returning to the example given previously (SOP7) for responding to a case using weighted differentials:

Response for Case 1:

Spindle cell Liposarcoma - 8  
Spindle cell lipoma - 2

If the agreed diagnosis at the Review Session is liposarcoma then this answer would score a total of 0.8 from a maximum score of 1 (assuming spindle cell lipoma is considered incorrect by the Review Meeting members).

A Register of Attendance is circulated at the Review Session (see SOP 9). Members unable to attend the open meeting and Review Session should submit any comments on the running of the Scheme, etc., in writing, at least five days prior to the Meeting. If less than a quorate membership is present at the Review Meeting, then any decisions about changes to the running of the Scheme will be delayed until the next quorate meeting. If less than a quorate membership is present at the Review Meeting then scoring will be finalised by email circulation by the Organisers/Secretary to participants, to obtain their feedback on the schedule of responses.

Signed: .....(Scheme Organiser)

Dated: .....

**SOP 9 Feedback to Members**

After the Meeting and Review Session, the Organisers analyse the Response Forms according to the scoring system agreed at the meeting (see SOP 8). The marks are entered into an analysis that shows the score awarded for each individual case, and the total score, for each member represented by his / her unique code number. The analysis thus provides both a personal report and the results of other members for comparison. The analysis is circulated to all members within six weeks of the Review Session whenever possible, together with the Minutes of the Meeting. The Minutes include a list of the agreed correct diagnoses and in some cases, brief notes on the discussion and decision process.

Participation in the NMSP EQA Scheme is an important part of CPD. Participation in a circulation and attendance at the Review Session earns CPD credits. Participation in a circulation and receipt of feedback alone earns credits. Members who attend a Review Session but did not submit their responses earn credits. Certificates of attendance for CPD Portfolio Learning Records will be issued by the Scheme Secretary and circulated.

Spontaneous action by the individual participant

Any interpretive EQA participant who gets feedback indicating that even a single interpretive EQA response has been judged by their peers to be less than optimal should reflect on that result. A conscientious professional will consider carefully what remedial action will be justified, if any, to prevent a recurrence. This self-correction represents a major educational benefit of interpretive EQA schemes.

Discussion during annual appraisal

In addition to confirming participation in appropriate interpretive EQA schemes, the appraisal interview should include discussion of whether any action points have been reached (see below). In most cases this will confirm that the doctor has already reflected on this result and has taken any necessary remedial action, but it is important to have independent confirmation. The appraiser may include specific items (such as CPD) in the doctor's personal development plan (PDP) for the next year. Interpretive EQA provides one component in the overall assessment of professional performance, together with input from all areas of the pathologist's scope of work during appraisal. If the appraiser is concerned that there may be an underlying risk to patient safety, it would be appropriate to escalate the problem to the doctor's responsible officer. This course of action is more likely to be appropriate if the doctor seems to lack insight or to be in denial that any problem exists.

External regulatory bodies including UKAS may seek information regarding participation in EQA scheme as part of overall assessment of clinical competence of medical staff. It is reasonable for managers to share evidence of participation in EQA scheme but this should not include performance data.

Signed: .....(Scheme Organiser)

Dated: .....

## **SOP 10 Persistent Substandard Performance and Remedial Action**

The introduction of any objective assessment system inevitably means that some participants will do better than others. Experience of interpretive EQA scoring systems has shown that even pathologists who usually perform extremely well will occasionally make mistakes. Occasional and brief episodes of apparent sub-standard performance are therefore to be expected because, as explained above, interpretive EQA schemes do not have the statistical power to generate an assessment as reliable as a formal examination. Even if it is persistent, sub-standard performance in interpretive EQA schemes does not necessarily equate with sub-standard performance in routine practice; rather it indicates there may be a problem, and the fact that the participant has not self-corrected demonstrates the need for peer review.

Defining 'action points'

### 1<sup>st</sup> action point

Each round, all participants are scored after discussion of cases at the participants' meeting. Only those cases reaching at least 80% consensus for diagnosis are accepted for scoring. The code number of any participant scoring within the bottom 3 centile is noted. Any participant can make the occasional erroneous diagnosis, so the first action point is defined when a participant scores within the bottom 3 centile in two out of three successive circulations. This results in a "first action point" letter being sent using a confidential mechanism in the interpretive EQA scheme office, so that the organiser remains unaware of the identity of the recipient of the letter. This indicates that the participant should discuss their interpretive EQA status during appraisal, and agree remedial steps as appropriate; for example, to include an item in the PDP if CPD is required. In addition, following a first action point letter, non-participation in any of the next three circulations will be regarded as a result in the bottom 3 centile for that circulation.

Alternatively, the participant may decide to withdraw from the area of service covered by the EQA scheme, and adjust their scope of work accordingly. The participant would then have to state this to the scheme organiser, formally withdraw from the scheme and inform local management.

After the first action point has been reached, the organiser should record the event and outcome against that participant's code number.

### 2<sup>nd</sup> action point

If the participant is continuing in practice in the area covered by the scheme, the second action point is triggered if the participant is in the lowest 3 centile of the participant ranking in any two of the next three successive circulations. However, at this stage, any failure to participate in the next three circulations will be recorded as equivalent to a score within the bottom 3 centile of the ranked order. Otherwise a failure to participate could cause a delay in further assessment. If failure to participate is due to a genuine and unavoidable reason such as ill health, the Organiser is in no position to verify such a claim so the process should not be amended. This closer surveillance should be continued for three circulations, after which the conditions of participation should return to those applied to all other pathologists in the scheme. The presence or absence of a plausible reason for the sub-standard performance should not affect this period of closer surveillance.

### **Action by the scheme organiser at the second action point**

When the second action point is reached, the organiser will inform the Chair of the RCPATH Professional Performance Panel, who will initiate an investigation. The organiser will provide to the Panel Chair and to the participant details of the interpretive EQA responses that have resulted in this referral.

The task of the investigation is to determine whether the low interpretive EQA scores relate to standards of routine practice that may put patient care at risk. The investigation will therefore seek all possible explanations of the low scores, potentially including a review of the nature of the interpretive EQA scheme but concentrating on the participant's routine practice, including conditions of work. The emphasis will be on tracing problems and implementing remedial measures. The Panel Chair may choose to delegate this phase of investigation to another respected pathologist. This is likely to be essential if the Chair and the participant work in very different specialties of pathology.

The Chair (or delegated investigator) may discuss the problem with the other members of the Panel, but in such a way that will not reveal to the other members the identity of the pathologist under review. The Professional Performance Panel has no power to compel a pathologist to comply with this process. However, if a pathologist refuses to cooperate, the matter should be referred without further delay to the participant's responsible officer (or an appropriate professional regulator or manager). These steps should be completed with reasonable speed; a few weeks at most. If the Chair of the Professional Performance Panel has still not been satisfied of an innocuous explanation, or if any lack of cooperation appears to be slowing the evaluation, the Chair will inform the doctor's responsible officer. These procedures should be activated only in exceptional circumstances, and should cause no more concern to interpretive EQA participants than the current possibility of an allegation of incompetence arising from other sources. The main purpose of interpretive EQA schemes should remain educational. We anticipate that interpretive EQA schemes will continue to be valued by pathologists for this reason

Signed: .....(Scheme Organiser)

Dated: .....

**SOP 10A Non-participation**

The minimum acceptable level of participation in the NMSP Scheme is two out of three consecutive circulations (rounds) calculated on a rolling basis provided the First Action Point has not been reached.

Non-participation in an EQA circulation for reasons of illness, prolonged annual or sabbatical leave or maternity/paternity leave is acceptable and should be supported by documentary evidence. Non-participation due to a heavy routine workload is not an acceptable reason.

Failure to reach the minimum level of participation precipitates a Letter of Enquiry and failure to respond to this will terminate membership.

Non-participation after the first action point has been triggered counts as a substandard performance.

Signed: .....(Scheme Organiser)

Dated: .....

**SOP 11            Communications and Complaints**

All written communications from members to the Organiser or Secretary will be stored in a file for a minimum of five years.

When a telephone or verbal communication is made, the Organiser or Secretary receiving the communication will make a written note summarising the communication and that will be dated and stored in the file.

Where the communication may be construed as a complaint, the action taken to remedy the complaint will be recorded and dated and clipped to the original communication in the file. Complaints will be answered within 14 days whenever possible.

If the Organisers judge 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 Members' Meeting.
2. Production of a draft revision to the relevant SOP.
3. Implementation pending approval by the Royal College of Pathologists Steering Committee and NQAAP.
4. Notification of the revision to the Royal College of Pathologists Steering Committee and NQAAP.

In the unlikely event of a complaint being handled locally to the dissatisfaction of a member, the member can complain direct to the Chairman of the Royal College of Pathologists Steering Committee for EQA in Histopathology. The Organiser may wish to raise complaints at a Members' Meeting. If so, the Organiser will try to maintain the anonymity of the complainant. If the matter is confidential, the complainant should use his / her confidential code number and communicate via the Secretary.

The NMSP EQA scheme is committed to collecting feedback from scheme members about the operation of the scheme. Scheme members are responsible for validating that the scheme is operating according to its SOPs. Members have an opportunity to feedback in the annual open members meeting and also via emails at any time to the scheme secretary.

Signed: .....(Scheme Organiser)

Dated: .....

**SOP 12 Oversight**

Oversight is provided through Royal College approval of the Scheme after submission of the SOPs which match its template and the annual report. The Scheme submits an annual report to the Royal College of Pathologists, using a standard template, recording its level of activity during the last year, including notification of the number of first and second action points. The College publishes on its website a list of schemes which submit annual reports, including their contact details. This enables pathologists to identify EQA schemes which they may want to join. It also enables UKAS to identify EQA schemes available to pathologists in the context of providing evidence of clinical competency.

Comments on the mode of operation of the Scheme are invited at every Members' Open Meeting. Changes proposed at such meetings will normally be reviewed by the RCPATH EQA Steering Committee and/or the NQAAP, as above, unless the need is urgent.

Suggestions for a change of the Scheme Organisers should be discussed first at a Members' Open Meeting; such suggestions must be considered if made by any Scheme Member. As far as possible, decisions at the Members' Open Meeting will be made on a democratic basis of those present. 10% of members must be present for a quorate meeting.

A structured report is provided annually to the NQAAP and copied to the RCPATH EQA Steering Committee. Any changes in the SOPs must be communicated to the Steering Committee for approval, as documented in SOP 1.

The primary purpose of individual based interpretive EQA schemes is to provide high quality educational activity and material for the members. In addition, the participants' results can be used as evidence of good professional practice in the context of appraisal. To fulfil its purpose, the scheme runs according to the Principles and Guidance for Interpretive EQA Schemes in Laboratory Medicine, RCPATH October 2017.

Signed: .....(Scheme Organiser)

Dated: .....

**SOP 13 Managerial Accountability**

The current scheme administrator of the NMSP EQA Scheme is part of The Christie NHS Foundation Trust Histopathology Department.

The Scheme Secretary is accountable to the Scheme Organiser and Laboratory Manager.

The EQA scheme will not be involved in any activity that might diminish confidence in its impartiality.

Signed: .....(Scheme Organiser)

Dated: .....

Signed: .....(Head of Service)

Signed: .....(Clinical Director)

**SOP 14 Finance**

The cost of running the Scheme and its supervision is covered wholly by subscriptions from its members.

The income covers costs incurred by the Organisers and the Secretary, postage and stationery, honoraria, subscriptions to the bodies responsible for oversight of the Scheme, venue hire, expenses of guest speaker, etc. in addition to the 0.25 PA paid to lead organiser's Trust.

Scheme members will pay an annual subscription fee of £200 (Subject to revision to allow the scheme to be adequately financed)

Subscription fees will be collected annually by the Scheme Secretary.

An audited financial statement will be shared with participants annually

Signed: .....(Scheme Organiser)

Dated: .....

**SOP 15          Accounting (A1.4)**

The NMSP EQA Account is currently managed by The Christie NHS FT.

The Account may be charged for the Scheme Secretary's salary, lead organiser PA (if required), photocopying, stationary, postage, consumables, scanning slides, website hosting the EQA, fees payable to the overseeing bodies and any other costs involved in the day-to-day running of the Scheme, subject to the approval of the first signatory.

The Organisers and steering committee receive financial statements.

Signed: .....(Scheme Organiser)

Dated: .....

**SOP 16 Staffing, Premises and Procurement**

**The Lead Organiser: currently Dr Patrick Shenjere**

**Chair of the Steering Committee: currently Dr Malee Fernando**

**The current Scheme Steering Committee Members: Dr Roberto Tirabosco, Dr Petra Dildey, Dr Patrick Shenjere, Dr Malee Fernando**

The lead organiser and chair of steering committee will include an assessment of their roles in their annual appraisal.

The Organiser and members of the steering committee will be elected by the members of the EQA scheme for a term of 3 years. Individuals can be re-elected for a second period of 3 year after which they must stand down. The Organiser and members of the steering committee can be re-elected after a break of three years. The election of the Organiser and committee members will be staggered as needed to allow a degree of continuity.

Succession planning for Organiser and steering committee members will be undertaken jointly by current Lead organiser, chair and members of the steering committee.

**The current Scheme Secretary is:**

Portia Baines  
Dept. of Histopathology  
The Christie NHS FT  
Wilmslow Road  
Manchester  
M20 4 BX  
Email: portia.baines1@nhs.net  
0161 4468540

The current Scheme secretary runs the scheme from premises within The Christie NHS FT. The Scheme Secretary is provided with appropriate facilities (in line with CPA-UK Premises and Environment Guidelines).

Health and Safety is covered by The Christie NHS FT health and safety policy.

Procurement is governed by The Christie NHS FT procurement policy.

The secretary's job description is determined by The Christie NHS FT Human Resources.

Signed: .....(Scheme Organiser)

Dated: .....

**SOP 17 Training**

The Organisers and steering committee members are allowed professional leave to attend the meetings and conferences organised by the Royal College of Pathologists and other overseeing bodies. In addition, they are eligible to attend any relevant meetings and training opportunities that may be organised by academic institutions.

The laboratory managers are responsible for the training of the Scheme Secretary.

Signed: .....(Scheme Organiser)

Dated: .....

Signed: .....(Scheme Organiser)

Dated: .....