NATIONAL SPECIALIST DERMATOPATHOLOGY EQA SCHEME

STANDARD OPERATING PROCEDURES

Scheme Lead Organiser :
Dr Arti Bakshi

Scheme Steering Committee Chair:
Dr Mark Bamford

Scheme Steering Committe Members:
Dr L Jamieson
Dr E Calonje, Dr P Craig,
Dr David Slater, Dr S Taibjee.

Version 5.4

MISSION STATEMENT

The National Specialist Dermatopathology (NSD) EQA Scheme is supported by the Royal College of Pathologists Dermatopathology Subcommittee. It is designed for specialists in dermatopathology and is aimed at a level to conform to the equivalent of the National Institute for Health and Clinical Excellence (NICE) specialist skin cancer MDT work. Non-neoplastic cases are aimed at a similar level. The scheme includes sarcoma and lymphoma involving the skin.

The prime purposes of the Scheme are:

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

with the aim of ensuring the highest standard of performance in specialist practitioners of Dermatopathology.

Date of approval by RCPath Steering Committee :
Date of approval by NQAAP :

~~~~~~

SOP 1 **Organisation and Maintenance of Standard Operating Procedures (EQA A1.3, A3.1, A3.2, A4, A5, A6, A7, A8, B7, B8, E2.3, E2.4, H5)**

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

The steering committee and organisers will meet twice each year (before the Review Session). The quality management review will take place at the same meeting. A staffing joint review session will also 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 a nominated EQA Scheme Organiser and Scheme Secretary and displayed on the Leeds virtual pathology web-site
http://www.virtualpathology.leeds.ac.uk/eqa/specialist/skin/index.php

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

If it is 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: ……..
~~~~~~

Date of approval by RCPath Steering Committee :
Date of approval by NQAAP :

~~~~~~

SOP 2 Scheme Membership (EQA E3)

The National Specialist Dermatopathology (NSD) EQA Scheme is available to those who report surgical pathology cases as independent medical practitioners, (i.e. consultants, staff grade and associate specialists) who have the authority to report independently on material from the skin.

The EQA is open to all who practice dermatopathology but selection of cases, scoring and performance monitoring will be undertaken at the level of a specialist skin pathologist working at the level of NICE specialist skin cancer MDTs including cutaneous lymphoma, cutaneous sarcoma and non-neoplastic skins at a similar specialist level.

Full membership with voting rights is restricted to those working within the United Kingdom and Republic of Ireland. Trainee membership and overseas membership is encouraged but does not allow voting rights.

The scheme currently does not provide option of exempting from any category of cases

When a member is away from work for a protracted period (such as illness, sabbatical or maternity/paternity leave) 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. If the member, however, subsequently rejoins the scheme at any time in the future, then they will be regarded as continuing in the scheme with the same previous performance record that was active up to the time of previous 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 rejoining.

Signed: ……..(Scheme Organiser)

Dated: ……
~~~~~~

Date of approval by RCPath Steering Committee :
Date of approval by NQAAP :

~~~~~~

SOP 3 Enrolment of New Members (EQA G1)

When an Organiser is made aware of a pathologist's desire to join the scheme, that pathologist will be sent details of the scheme website which has the up to date SOPs on.

The prospective member is asked to read the documents available on the website and confirm in writing by returning the proforma that he / she wishes to participate on these terms
They must agree to not discuss their responses with anyone until after the closing date for the circulation.

On receiving written confirmation of acceptance of the terms outlined in the SOPs, the 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 to obtain the subscription fee (see SOP 14) when necessary but not more than once per year.

Signed: ……..(Scheme Organiser)

Dated: ……..
~~~~~~

Date of approval by RCPath Steering Committee :
Date of approval by NQAAP :

~~~~~~

SOP 4 Obtaining Case Material (EQA A9, A10, F1)

The NSD EQA scheme will comprise 10 scoring cases in each circulation. Most circulations will also have educational cases (melanoma slide club cases, digital only educational cases provided by organiser/membership and those provided by guest speaker), which are separate. 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 NSD EQA Scheme are submitted in rotation by the membership. Members are selected by the scheme secretary from a membership list held by the scheme secretary. The 10 scoring cases may include neoplastic, inflammatory/non-neoplastic, sarcoma and lymphoma involving the skin. 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 more 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 anonymous.
- 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:

- The cases must be a reflection of routine specialist dermatopathology practice (such as NICE specialist skin cancer MDT work including cutaneous lymphoma and cutaneous sarcoma and the equivalent in non-neoplastic skin) but excluding tertiary referral expert cases. Extremely simple, rare, bizarre and controversial cases should be avoided. Please note that 75% agreement in responses is required for a case to be used for performance assessment.

- A single H&E-stained section must be representative of the pathological process and permit diagnosis.

- Whilst cases continue to be circulated with glass slides, there must be sufficient tissue in the block to permit cutting of at least 35 sections. However, with the anticipated digitisation of the scheme, this stipulation is likely to be avoided in the future.

Selected members supply two cases each. For each case, the member is required to supply 35 H&E-stained sections together with a resume of the relevant clinical information that was available at the time of the original report and if necessary, a brief description of the gross appearances, laboratory trimming procedures and the results of special investigations (immunohistochemistry or special stains, electron microscopy, etc). The
~~~~~~

submitting member is required to check that the material provided is of adequate quality and contains the diagnostic features. 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.

Cytology cases of purely cutaneous origin, such as imprints of cutaneous tumours, are considered acceptable cases. Cytology from non-cutaneous origins such as lymph node aspirates are considered inappropriate.

A photograph of a patient's rash may accompany the submitted glass slides. Three conditions should be met prior to distribution. Firstly, the photograph is of the same patient that the biopsy was taken from. Secondly, that the photograph was available at the time of the original report. Thirdly, full consent for use of the clinical photograph for EQA distribution is available for the organisers to see. Please note that inflammatory skin cases can of course still be submitted without any clinical photographs.

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 for the subsequent circulation. A participant failing to submit two cases in time for the second circulation will receive a second warning letter and the participant will be required to submit two cases for the subsequent circulation. A participant failing to submit two cases in time for the third circulation will result in the participant's removal from the scheme and a two year delay before reapplication.

On receipt of a case, the Scheme Secretary or designated co-ordinator(s) (see SOP 16) checks the slides, clinical information and submitting pathologist information before placing the slides and their accompanying proforma (with the local diagnosis) into store. As a minimum requirement, the patient's age and anatomical site of the specimen are required.

The secretary ensures slides are labelled with the EQA case number and any original numbering/patient name is not visible on the slide.
The lead organiser randomly selects 10 cases based on clinical information and a quick look at a representative slide inorder to avoid repetition of entities in any one circulation. The lead organiser is not aware of the submitting pathologist's diagnosis and is not responsible for the appropriateness of the case selection or quality of sections submitted.

Any spare case material will be kept for a minimum of one year then disposed of in line with University Hospitals of Leicester (UHL) departmental policy or used locally for educational purposes.

Each circulation will usually have educational cases and 2 'melanoma slide club' cases submitted by slide club organiser. These are digitised and made available on the Leeds website http://www.virtualpathology.leeds.ac.uk/eqa/specialist/skin/index.php? and/or RCPath Pathology Portal for viewing by all participants.

Signed: ……..(Scheme Organiser)

Dated: …….

Date of approval by RCPath Steering Committee :
Date of approval by NQAAP :

~~~~~~

SOP 5 Initiating a Circulation (EQA F2)

At the start of a new circulation, the Organiser writes to members informing them of the time scale of the circulation and if available, the venue, date and time of the Review Session. The letter is accompanied by a case summary list which includes the slide number and the summary of the relevant clinical / pathological details provided by the submitting pathologists. Response Forms are provided.

Normally, one box of at least 10 slides is sent to each Hospital / Institution (addressed to a nominated pathologist for that institution). If Hospitals / Institutions are required to share slide sets, specific instructions on the date and mode of transfer will be issued to the members involved.

All slides are also digitised and available to view on the Leeds website http://www.virtualpathology.leeds.ac.uk/eqa/specialist/skin/index.php? and RCPath Pathology Portal.

The date of dispatch of letters and material is logged. Where possible, the slides will be dispatched to allow a period of at least three weeks between receipt of the circulation and the final date for submission of Response Forms. Members should contact the Scheme Secretary or the Organiser if slides are damaged on receipt or if there is some other problem.

The lead pathologist at the final hospital in the circulation will be responsible for returning their slide set to the EQA scheme secretary. The EQA secretary will then redistribute the slide sets on a rolling rota for participants to keep. In order to ensure the slides are returned, regrettably any member not returning the slides will be removed from the last position in the circulation and will not receive slides to keep for a period of 3 years.

Signed: ……..(Scheme Organiser)

Dated: ……..
~~~~~~

Date of approval by RCPath Steering Committee :
Date of approval by NQAAP :
~~~~~~

SOP 6 Confidentiality (EQA 1.4, D2)

The Scheme Organiser receives and analyses responses from members in a manner that ensures that the Organiser 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 addressed to the Secretary who removes envelopes and 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, an individual's participation and results will not be disclosed to a third party. If a participant requests for the scheme to provide evidence of their participation and/or result to a third party of the participant's choosing, this can be provided following written request. Under the Freedom of Information Act, we are not sure of whether we will 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
identified, we will ensure that this will only be used in accordance with this privacy statement. Protection Regulation (GDPR) laws.
The National Specialist Dermatopathology 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 Dermatopathology EQA scheme Organiser may change this policy if required by updating this document and any changes will be flagged at the next 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 dermatopathology (including publications relating to dermatopathology, dermatopathology surveys etc) using the email address 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.
In order 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.

Controlling your personal information

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 personal information which we hold under the Data Protection Act 1998, but this information is no different to information provided on enrolment form.
If participants would like a copy of the information held, they are requested to email:-
The Dermatopathology EQA scheme secretaries at : EQAAdmin@uhl-tr.nhs.uk
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: ……..

Date of approval by RCPath Steering Committee :
Date of approval by NQAAP :

~~~~~~

SOP 7 Submission, Receipt and Analysis of Responses (EQA E4, E5, F3, F4)

Discussion of cases with colleagues prior to the Review Session is prohibited but access to textbooks and journals is allowed.
The scheme has transitioned to EQAlite electronic platform in 2022 and responses are submitted electronically following the steps below:

- Log in to www.histopathologyeqa.org
- For those who are already a member of an existing scheme on the system - your details will be exactly the same. Your current login will allow you to access this scheme. You will need to select National Specialist Dermatopathology EQA Scheme from the drop-down list.
- If you are not already a member of an existing scheme in the system, you need to log in. Your username is your registered email address. Enter the username and click Reminder and an email will be sent to you with your password.
- List of circulations will appear.
- Click on the open circulation.
- A (horizontal) list of cases appear on the screen.
- Clinical details, macroscopic descriptions and additional information are available on screen. The start letter sent by email will also have a copy of these details, should you prefer a printed copy.
- Click on 'H&E' to view the slide. A new tab will open with the scanned slide.
- After looking at slides you click on the specimen tab and go to "Main diagnosis"
- Please type your diagnoses in the box given. As you start typing, a drop down list of diagnoses will appear and you can then simply select your preferred diagnosis from that list.
- If you do not find your preferred diagnosis in the drop down list, please start typing OTHER DIAGNOSIS and select this from the drop down menu. You can then free text your diagnosis in the comment section, which will be used for scoring. Please avoid using this as far as possible as it is very likely that the correct diagnosis is in the drop down list.
- Weigh this answer out of 10 if you want to add a differential diagnosis - otherwise it will default to 10.
- To add a differential diagnosis, repeat this process (you can add up to 9).
- The sum of the differential diagnoses should add up to 10. You are responsible for ensuring that the differential diagnosis adds up to 10.
~~~~~~

- If you have entered a secondary diagnosis, please note that this will not be scored.
- You can then move onto the next case - you don't have to press the save button each time.
- If you want to stop and not submit answers then click save. You can print out answers as well.
- When you want to submit your answers then click "Complete" - you will not be able to submit if you have missed out the main diagnosis or supplementary question on any case or the differential diagnosis scores don't add up to 10.
- Once submitted your answers cannot be changed. You are reminded that 2 CME credits will be awarded for participating in and entering results onto EQAlite.

An example of a case with a weighted differential diagnosis:

Response for Case 1:

Malignant melanoma - 8
Severely atypical compound naevus - 2

A further example:

Response for case 2:

Kaposi's 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. The weighting which the participant ascribes to each diagnosis should reflect the perceived relative likelihood of each diagnosis.

Failure to respond to one of the 10 cases without a good reason will be scored 0.

Responses in the spirit of "unacceptable for diagnosis" or "no slide received" will score zero. Please contact the scheme secretary in such a circumstance.

The response "would refer case" is highly likely to receive a score of zero from the review meeting members because cases not appropriate for members to diagnose will be removed from scoring at the review meeting.

Please note that members are not permitted to perform any laboratory work on a NSDEQA slide (such as having the slide re-stained in their own laboratory).

If a glass slide(s) arrives damaged then please contact the scheme secretary for a replacement. Please do not submit a diagnosis on a damaged slide if you feel the damage is compromising your ability to reach a final diagnosis because once responses have been submitted, they cannot be altered.

The Organiser, as a participant in the NSD EQA Scheme, is obliged to examine the slides and complete his / her Response Forms before seeing the responses of other members.

After the closing date, data is electronically collated and the Organiser prepares 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 responses (diagnoses) with weighted percentage of participants selecting each response.

The Schedule of Responses is distributed to members prior the Review Session (see SOP 8) and forms the basis of the discussion at the meeting.

Signed: ……..(Scheme Organiser)

Dated: …….

Date of approval by RCPath Steering Committee :
Date of approval by NQAAP :
~~~~~~

SOP 8 The Members' Open Meeting and Review Session (EQA A1.6, E5)

At the Open Meeting and Review Session, the Organiser will present the Schedule of Responses (see SOP 7) summarising the diagnoses proffered for each case. Each case is discussed in turn. All full members may participate in the discussion of all 10 scoring cases and may vote. 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 process for each case is as follows:

A general discussion of the case should take place. Provided there is nothing extraordinary about the case then the following steps should be used in order, stopping once any given step resolves scoring completely.

1. If there is a response which is equal to or greater than 75% of the responses then this response is taken to be a score of 1 and the case is a scoring case. The remainder of the responses are each voted on by the review meeting members to determine their scores.

Guide for members' scoring: A score of 1 corresponds to a response deemed as "accurate". A score of 0.5 corresponds to a response deemed as "partly accurate". A score of 0 corresponds to a response deemed as "inaccurate".

2. In the event that no single response accounts for 75% of the responses then the review meeting leader may ask the review meeting members whether the case should be a non-scoring case or whether there should be a vote on each of the responses to see whether the case might still be a scoring case.

Situations where the case *might* be deemed better designated as a non-scoring cases include i) a wide split of diagnoses with no obvious single or multiple accurate diagnoses ii) cases where the material circulated was deemed to be inadequate to achieve a specific diagnosis iii) cases which were originally identified as being rare or unusual.

3. In cases of 2 above in which review meeting members have not deemed that the case should be non-scoring from the outset, voting is undertaken on each response to determine whether it is to score 1, 0.5 or 0.

4. For each response, the following method is used to determine its finalised score, taking the 3 steps in order and stopping as soon as a step is true:

    a. If 50% or more of the votes are for 1, then the response scores 1

    b. (The "should it score something or nothing" step): If 50% or more of the votes are for 1 or 0.5 when added together, then the response scores 0.5
~~~~~~

c. If neither a or b above, the response scores 0

An example of assigning of finalised score after voting by Review meeting members is shown below in a case in which 3 different responses (diagnoses) had been suggested by participants in their prior EQA Lite responses:

Lichen planus

Score 1- 90%

Score 0.5- 5%

Score 0- 5%

Lichenoid drug reaction

Score 1: 40%

Score 0.5: 30%

Score 0: 30%

Lupus erythematosus

Score 1 : 35%

Score 0.5: 10%

Score 0: 55%

In the above example, lichen planus would be assigned a finalized score of 1, lichenoid drug reaction a score of 0.5 and lupus erythematosusa score of 0

5. The weighted percentages for the responses scoring 1 are added to see whether their sum reaches 75% or more. If it does then the case is a scoring case. If it does not then the case is a non-scoring case.

Example:

EQA Lite responses for the case above were received as follows:

Diagnosis	% of participants
Lichen planus	60
Lichenoid drug reaction	30
Lupus erythematosus	10

In this example, at the Review Session, lichen planus and lichenoid drug reaction were assigned a finalised score of 1:

The summed weighted percentages of responses scoring 1 = 60% + 30% = 90%

This is above the 75% threshold, and therefore this will constitute a scoring case.

Returning to the example given previously (SOP7) in a case in which a participant provided a response to a case using a weighted differential diagnosis:

Participant's response for Case 1:

Malignant melanoma - 8
Severely atypical compound naevus - 2

Following the Review Session, if melanoma was designated as score of 1, and severely atypical compound naevus was designated as score of 0, the participant would receive a weighted score of 0.8 (from a maximum score of 1) for this case.

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 postponed to the next quorate Review Meeting.

Signed: ……..(Scheme Organiser)

Dated: ……..

Date of approval by RCPath Steering Committee :
Date of approval by NQAAP :

~~~~~~

SOP 9 Feedback to Members (EQA E5, F5, G2)

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 NSD 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
Each year, in addition to confirming participation in appropriate interpretive EQA schemes, the appraisal interview should include discussion of any cases where an interpretive EQA response has been judged to be less than optimal, in addition to 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: ……..

Date of approval by RCPath Steering Committee :
Date of approval by NQAAP :
~~~~~~

SOP 10 Persistent Substandard Performance and Remedial Action (EQA E5)

Defining 'action points'

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.

Definition of the first action point

After each circulation has been assessed, the organiser should put the participants into rank order of apparent performance. The participants in the lowest 3 centile ranking should be noted. A low ranking on one occasion does **not** justify action.

The first action point is defined as when a participant's code number has been noted in this way in **two out of three successive circulations** in which that individual participates. Furthermore, although there is emphasis on the maintenance of confidentiality, these procedures do not preclude the development of local agreements to resolve problems. The participant in question may choose voluntarily to break confidentiality; for example, the participant may wish to inform appropriate managerial staff if it can be argued that substandard interpretive EQA performance is a consequence of poor local conditions of work.

The first action point

The organiser sends a "first action point" letter to the participant, 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, a failure to participate 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.
~~~~~~

The recipient of such a letter will be asked to write to the organiser via the EQA secretary and thus be identified only by code number, confirming that the letter has been received and confirming that this will be discussed during appraisal and specifically addressed in the PDP; or that the participant has ceased to deliver a service in the area covered by the interpretive EQA scheme. If such an acknowledgement is not received within a month, the organiser will write again. If an acknowledgement is not received within two months of sending the original letter, the organiser will contact the Chair of the Professional Performance Panel, as outlined below.

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

Date of approval by RCPath Steering Committee : 19.3.12
Date of approval by NQAAP : 19.3.12

~~~~~~

SOP 10A Non-participation (EQA E5)

The minimum acceptable level of participation in the NSD 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: ……..
~~~~~~

Date of approval by RCPath Steering Committee : 19.3.12
Date of approval by NQAAP : 19.3.12

~~~~~~

SOP 11 Communications and Complaints (EQA E5, G2, H2)

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 10 days.

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 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 Dermatopathology 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 review meeting and also via emails at anytime to the scheme secretary, In addition, an online survey will be considered at the review meetings to assess satisfaction with the scheme.

Signed: ……(Scheme Organiser)

Dated: ……..
~~~~~~

Date of approval by RCPath Steering Committee : 19.3.12
Date of approval by NQAAP : 19.3.12

~~~~~~

SOP 12 Oversight (EQA G2)

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.

Oversight is provided through College approval of the scheme after submission of the SOPs which match its's 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 is 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.
~~~~~~

Signed: ……..(Scheme Organiser)

Dated: ……..

Date of approval by RCPath Steering Committee :
Date of approval by NQAAP :

~~~~~~

SOP 13 Managerial Accountability (EQA A1.1 – 1.5)

The scheme administrator of the NSD EQA Scheme is part of the UHL Histopathology Department.

The Scheme Secretary is accountable to the 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)
~~~~~~

Date of approval by RCPath Steering Committee :
Date of approval by NQAAP :

~~~~~~

SOP 14 Finance (EQA A2.2, H1, H2)

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

The income covers the 1 PA of session paid to lead organiser, costs incurred by the Organiser, steering committee members and the Secretary, postage and stationery, honoraria, subscriptions to the bodies responsible for oversight of the Scheme, venue hire, expenses of guest speaker etc.

Scheme members will pay an annual subscription fee of £95

Subscription fees will be collected by the Scheme Secretary. If there is already a small surplus then billing will be delayed. Billing will not take place more than once in a twelve month period.

.

Signed: ……..(Scheme Organiser)

Dated: ……..
~~~~~~

Date of approval by RCPath Steering Committee : 19.3.12
Date of approval by NQAAP : 19.3.12

~~~~~~

SOP 15 Accounting (A1.4)

An NSD EQA Account is managed by the University Hospitals of Leicester.

The Account may be charged for the Scheme Secretary's salary, lead organiser PA (if required), photocopying, stationary, postage, consumables, 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: …….
~~~~~~

Date of approval by RCPath Steering Committee :
Date of approval by NQAAP :

~~~~~~

SOP 16 **Staffing, Premises and Procurement**
(EQA B1, B2, C1, C2, C3, C4, D1.1, D1.2, E2.1, E2.2)
The Lead Organiser is:

Dr Arti Bakshi,
Consultant Dermatopathologist,
Liverpool Clinical Laboratories,
5th Floor, Duncan Building
Royal Liverpool University Hospital,
Liverpool,
L7 8XP

The Chair of the Steering Committee and Past Lead Organiser is:

Dr Mark Bamford
Consultant Dermatopathologist
Level 3, Sandringham Building
Leicester Royal Infirmary
LE1 5WW

The Scheme Steering Committee Members are:
Dr David Slater, Dr E Calonje, Dr P Craig, Dr L Jamieson, Dr S Taibjee.

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

Members of the steering committee will be appointed for a term of 3 years (renewable a maximum of two times) and will be selected from members of the EQA scheme. Their roles and responsibilities will include providing a steer in the face of concerns raised by members, helping set the vision of the scheme, assisting the lead organiser in managing the drop down list of options on EQAlite, helping the lead organiser present at the Review Meetings and helping decide and manage the educational content of review meetings. Steering Committee members will be offered the additional responsibility of being Deputy Organiser for part of their three year tenure. This role will provide cover and help for the Lead Organiser if the Lead Organiser is unexpectedly unable to oversee the running of the scheme, unable to lead a Review Meeting or has too much work from the scheme. This may attract a financial remuneration to reflect the increased time commitment.

Succession planning for lead organiser and chair of the steering committee will be undertaken jointly by current lead organiser, chair and members of the steering committee. It is suggested that a retiring lead organiser, who has served more than 5 years as lead organiser, will replace the current chair of the steering committee. All previous lead organisers, who have served more than 5 years in post, will be offered an advisory role on the steering committee and will be a full voting member of the steering committee, up to a maximum of three such posts. Election of new steering committee members
~~~~~~

and election of the lead organiser will be determined by a vote from the members (if there are more applicants than posts and if no one wishes to withdraw). This will be done anonymously via the Zoom voting platform at a Review Meeting, or other such fair anonymous method.

Date of approval by RCPath Steering Committee :
Date of approval by NQAAP :
~~~~~~

The Scheme Secretary is :

L Whomsley
Dept. Histopathology, Sandringham Building, Leicester Royal Infirmary,
Leicester LE1 5WW
EQAAdmin@uhl-tr.nhs.uk
0116 2585599

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

Health and Safety is covered by the UHL health and safety policy.

Procurement is governed by UHL procurement policy.

The secretary's job description is determined by UHL Human Resources.

Signed: ……..(Scheme Organiser)

Dated: ……..
~~~~~~

Date of approval by RCPath Steering Committee :
Date of approval by NQAAP :

~~~~~~

SOP 17 **Training (EQA B2.3, B3, B4, B5, B6, B9)**

The Organiser 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: ……..
~~~~~~

User’s Manual for the EQA Analysis System (refer to SOP 7)

Signed: ……..(Scheme Organiser)

Dated: ……..