

Annual report

Scotland and Northern Ireland EQA Scheme in General Histopathology

Reports for years: 2009

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Subscription/funding: Block grant from Scottish Government.

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Administrator: Dr Grant Stenhouse (Pathology Dept, Ninewells Hospital)

Comments on the operation of the Scheme during 2008 and 2009

This report covers 2009, the 15th year of the Scheme's operations. In this period there have been no major changes in the organisation of the Scheme which continues to be supported by a stable majority of diagnostic histopathologists, including most who undertake broader than purely sub-specialised practice, both in Scotland (\approx 100 participants) and in Northern Ireland (\approx 35 participants).

We continue to circulate 10 general (assessment) and 4 special educational cases, twice a year. The assessment cases are chosen from 20 candidate cases circulated to a management committee, consisting of the executive team (Chairman, Administrator, Secretary, Data and Quality Managers) and 6 participants on rotation through 1 cycle as observers and case assessors, 1 cycle in which they also provide the assessment cases, and a further cycle in which they provide the special assessment cases.

The Scheme remains committed to the model of choosing assessment cases definitively diagnosable from a single H and E section, with relevant core clinical history and occasionally (but rarely) supplementary data, e.g. immunohistochemistry results. From time to time the acceptability of differential diagnoses is discussed but the problems which would be caused for scorers by moving away from the model of a single preferred consensus diagnosis are considered to outweigh foreseeable advantages.

Where a consensus diagnosis does not emerge clearly, the Scheme's protocols provide for the removal of such a case, which does occasionally happen (see below for the outcomes of individual circulations).

As before, the results of provisional marking are presented at Participant's Review Meetings, hosted by the Caledonian Branch of the Association of Clinical Pathologists. Declining

attendance at Saturday meetings which resulted in occasional failures to achieve a quorum for the discussion of the EQA cases encouraged the ACP and the EQA jointly to initiate weekday meetings (the day to vary in order not to inconvenience members with regular fixed commitments). Even so quorate meetings have not always been achieved but when that has happened participants have been circulated with a minute of the meeting and its conclusions by email and have been asked to vote on the marking. On those occasions when this had been necessary a quorum has been achieved without difficulty.

The Scheme continues to be based on the circulation of glass slides, and while these remains overwhelmingly the format in which as diagnostic pathologists we undertake our diagnostic duties, this is considered appropriate. We remain open to the provision of cases in electronic formats but so far there had been little demand for such innovations. Making the 4 special educational cases of Circulation 29 available electronically as well as glass slides was not greeted with any especial enthusiasm.

Review by National Services Division of Scottish Health Service

This occurred in 2009 with continuation of our core funding.

Other issues

The relevance of a general histopathology EQA scheme at a time of increasing specialisation remains a live issue. Occasionally participants withdraw from the Scheme, or from selected areas of specialisation within the terms of the Scheme's protocols, in response to changes in their own practice. Nevertheless, the support of our participants does suggest that the Scheme is still perceived as relevant in their professional practice by many diagnostic histopathologists in Scotland and Northern Ireland.

The Scheme benefits greatly from an experienced core management team members (Secretary, Quality Manager and Data Manager) whose expertise and efficiency were greatly appreciated by Dr Going as incoming Chairman when he took over from Dr. James McPhie in Spring 2008, and by Dr Grant Stenhouse who joined the team as Administrator in 2009, the rôle formerly held by the late Dr Alastair Robertson. It is fitting to acknowledge the exceptional contribution of Dr McPhie and Dr Robertson to the Scheme and to ensuring its ongoing acceptance in Scotland and Northern Ireland. It is also proper to acknowledge the sterling service of Dr Bryan Kenny as liaison with participants in Northern Ireland.

Quality Report (2009)

Quality management continues to evolve. Qpulse v5.2 is in use for all records. There were no complaints during 2009. One critical incident was recorded, a delay in sending out letters to participants in the <2.5% cohort following Circulation 27. This was an oversight and no SoP amendment was required.

Two examination audits in 2009 (despatching of results for circulation 28, collation of slides for circulation 30) revealed no non-conformances.

Four horizontal audits, against CPA Standards B, C, D and H identified 3 non-conformances (all procedures requiring review and update, including Quality Manual; all now closed). Three vertical audits identified 4 non-conformances, including procedures requiring updating, non-return of slides and website updates, all now closed.

All incidents and non-conformances and responses to them were discussed at executive team meetings, as appropriate.

In our 2009 user survey of all participants, 57/134 responded (43%), our best result yet. Eight general questions were asked; only 9/376 'unacceptable' responses were received to individual questions. Most responses were 'good' or 'very good'. Seven participants responded to the invitation to identify themselves and received feedback from the Scheme Administrator.

Main points which emerged were the following:

- 1: Staining of assessment slides occasionally sub-optimal.
- 2: The increasing challenge of sub-specialisation.
- 3: Not all participants knew of the Scheme website.
- 4: Very few respondents (6) had accessed educational cases in their digital form and were not enthusiastic.
- 5: Attendance at participants' review meetings attracted many comments and a few suggestions for improvement.

Accreditation by CPA

Our next external assessment by CPA is expected in October 2010. Work to prepare for their visit is under way, including a full programme of audits.

Results of Individual Circulations

2009: Circulation 28

Number of participants in circulation: 130

Number of registered participants: 132

Number of cases circulated: 10

Number of cases used for scoring: 9 [Case I: Hodgkin's Lymphoma excluded under 80% rule].

Date of review meeting: 20/3/09; Royal Alexandra Hospital, Paisley.

Number of participants at review meeting: 23 [just inquorate; results ratified by emailing all participants].

Number of participants in <2.5% percentile cohort: 4.

Number of participants at first action point: 1.

Number of participants at second action point: 0.

2009: Circulation 29

Number of participants in circulation: 129

Number of registered participants: 129

Number of cases circulated: 10

Number of cases used for scoring: 10

Date of review meeting: 27/10/09; Stirling Royal Infirmary.

Number of participants at review meeting: 24 [just quorate].

Number of participants in <2.5% percentile cohort: 5

Number of participants at first action point: 0

Number of participants at second action point: 0

Dr James J Going, Scheme Chairman.

6/4/10