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YORKSHIRE GENERAL HISTOPATHOLOGY EQA SCHEME

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

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

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

Who participates in the Scheme?
There are approximately ninety participants registered with the scheme derived largely from the old Yorkshire Regional Health Authority area with additional participants from South Yorkshire, Durham, Newcastle and Tees.

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

Accreditation
The Standard Operating Procedures for the scheme will be approved by the National Quality Assurance Advisory panel for Histopathology and Cytopathology and the EQA National Steering Committee. The scheme is seeking UKAS accreditation in early 2016.

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

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

Steering Committee
In addition to Dr Scott, the organising committee includes:

- Dr Suzanne Rogers, Consultant Histopathologist, Doncaster Royal Infirmary
- Dr Anna Anathhanam, Consultant Histopathologist, Dewsbury and District Hospital
- Dr Rachel Thomas, Consultant Histopathologist, Dewsbury and District Hospital
- Dr Kaushik Dasgupta, Consultant Histopathologist, North Tees and Hartlepool Hospital

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

Facilitation of the Scheme
The scheme is administered by scheme secretary, Tracy Boughton. Secretarial and administrative support is provided from Harrogate and District NHS Foundation Trust.
OVERVIEW OF THE EQA SCHEME

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

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

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

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

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

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

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

Generating the final results
After each round you will receive a summary and an individual score of performance. Certificates are provided to all participants.
YOUR ROLE AS A PARTICIPANT

Participants
As a participant in the scheme there are a number of things you need to know:
- You must be on the GMC Specialist Register for histopathology or in active practice in the UK.
- You will be allocated a unique identification code number. This will only be known by the participant, the Quality Manager and the secretary.
- There will be two circulations per annum, in Spring and Autumn.

Trainees
Specialist trainees are encouraged to participate, however
- Their submitted responses will not be included in the final scoring.
- Once the final scoring of the cases has been completed the trainees’ diagnoses will be scored and their results produced.

Affiliates
Individual pathologists not registered or practising in the UK may wish to utilise the scheme for their personal education.
- Their submitted responses will not be included in the final scoring.
- They will receive their own personal score which they may compare against the cohort data.
- They will not have their scores formally monitored, and are exempt from the poor performance aspect of the scheme.

Rules of Exemptions
Due to this being a general histopathology EQA scheme, you are allowed to exempt yourself from certain categories of cases which you do not routinely report and would like to be excluded from the scoring of. It is important that you keep your exemptions up to date to ensure your response forms are scored appropriately. Exemptions can be managed via your EQA Lite account.
- If you have exempted yourself from a category, you will not be scored for cases of this category e.g. if you are exempt from the urology category and submit a diagnosis against a urology case you will not be scored for the case.
- If you fail to submit a diagnosis or submit a response of ‘exempt’ where you have not claimed an appropriate exemption on the Exemption Form then you will be allocated the minimum possible score for the case.
- Any changes to your exemptions must be made before the circulation commences or they will not be counted.
- Exemption categories will be declared on certificates of participation.

Fees
Each participant is charged an annual subscription fee of £200 to cover administration costs, UKAS fees and ancillary expenses.
Specialist trainees are charged a reduced fee of £20 per annum to cover basic subscription costs (charged to the deanery).
**Cases for Circulation**

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

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

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

Your Individual Score
After the completion of each circulation you will receive an individual score, expressed as a percentage. You will also receive your ranking out of the total number of participants for that circulation as well as the last three circulations.

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

Scoring System
In response to the difficulties in achieving quorate members’ meeting to discuss the scoring, an alternative method that does not rely on a physical gathering of participants has been adopted.
A 70% consensus agreement must be achieved for both parts of the scoring system, otherwise the case will be rejected and the responses excluded from the final scoring.

The scoring system consists of two parts:

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

<table>
<thead>
<tr>
<th>CONSENSUS DIAGNOSIS</th>
<th>PARTICIPANTS DIAGNOSIS</th>
<th>Benign</th>
<th>Dysplastic/Uncertain malignant potential</th>
<th>Malignant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benign</td>
<td>Benign</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Dysplastic/Uncertain malignant potential</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Malignant</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

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

One additional point is awarded for a ‘correct’ diagnosis resulting in a maximum score of three points.
**Example**

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

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

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

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

<table>
<thead>
<tr>
<th>Submitted Diagnosis</th>
<th>Concensus = Malignant Adenocarcinoma Gallbladder</th>
<th>Diagnostic category</th>
<th>Diagnosis</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adenocarcinoma of gallbladder</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Small cell carcinoma of gallbladder</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Dysplasia of gallbladder</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Chronic cholecystitis</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
POOR PERFORMANCE

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

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

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

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

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

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

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

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

If the organiser judges the complaint to be justified and of a nature which requires any alteration in the procedures of the scheme, the preferred sequence of events for enacting such changes would be:

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

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

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

CONFIDENTIALITY

Confidentiality
All information supplied by a participant to the scheme shall be treated as confidential. The unique identification code number will only be known by the participant, the Quality Manager and the secretary, unless the participant waives confidentiality. Participants can elect to waive confidentiality for regulator or recognition purposes, or for discussion and mutual assistance e.g. for educational requirements or to improve performance. In exceptional circumstances, when a regulatory authority requires proficiency testing results to be directly provided to the authority by the scheme, the affected participants shall be notified of this action in writing.
CONTACT DETAILS
Should you have any questions or difficulties, please do not hesitate to contact the scheme by email yorks.eqa@nhs.net

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

Scheme Organiser:

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