

NATIONAL OPHTHALMIC PATHOLOGY EQA SCHEME

GENERAL DESCRIPTION (EQA E1.1)

Background

The National Ophthalmic Pathology (NOP) EQA Scheme is a scheme set up by the British Association for Ophthalmic Pathology (BAOP) with the aims of education (exchange of ideas and dispersal of new knowledge) and ensuring high standards of performance in diagnostic ophthalmic pathology.

The Scheme Organisers are:

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The scheme secretary is:

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Availability and enrolment

Membership is available to all independent medical practitioners who report ophthalmic pathology cases in the UK and Ireland. Participants are also BAOP members. Qualified Advanced Practitioners may also participate in their field of expertise (e.g. cornea).

Scheme Overview

Participants voluntarily submit cases to the scheme secretary but may be reminded every year. All scoring cases are distributed to all participants as potential scoring cases. Responses are returned to the scheme secretary. The initial responses are analysed to show frequency of each diagnosis (rather than "correctness") for each case. At the annual review meeting, all of the responses are shown for each case and the participants decide which answers score 2, 1 or zero. This may go to a majority vote in the case of disagreement. If there is less than 80% agreement of responses then the case is not used as a scoring case. After the annual review meeting the participants' responses are re-analysed in light of the democratically decided scoring method and a final result is generated.

Circulation of cases

a) Number of slides per circulation

There are twelve cases per circulation consisting of ten scoring cases and two educational cases. The scoring slides will be clearly distinguished from the educational slides.

b) Number of circulations per year

There are two circulations per year. The first circulation each year is in June to August. The second circulation is in December to February. The annual review meeting is held at the annual BAOP meeting in March/April and which varies geographically as an attempt to minimise participants' travel requirements.

c) Distribution of slides

A letter is circulated to all participants informing them of the commencement of the circulation. The circulation pack consists of one set of slides and a copy of the response form to be completed by participants. One pack is sent per institution. Therefore slides are shared among the participants if there are two or more participants in a single institution.

Selection of cases

a) Types of cases, categories, etc

There are two categories of cases: scoring and educational. Clear distinction is made between scoring cases and educational cases at all points including submission of cases and response to cases. The 10 scoring cases may include neoplastic or inflammatory/non-neoplastic conditions involving the eye, eyelids, lacrimal drainage system, orbital structures and temporal artery. The content of the 2 educational cases is at the submitting participant's discretion.

b) Clinical information available at the time of reporting

The information provided on the case submission form is a transcription of the clinical information on the original request form.

c) Rotation of collectors of cases, describe how it is done

All members are expected to submit suitable cases, and this is achieved by reminders as necessary to provide a pool of cases from which the organiser can select 12 for the next circulation. In addition, if necessary the secretary may also request up to three cases from individual participants on a rotational basis. Cases are submitted to the secretary accompanied by a complete case submission form. Participants must state whether the case submitted is for scoring or educational category.

A single H&E stained section must be representative of the pathological process and permit diagnosis. Participants are required to supply 40 H&E stained sections for each case together with a complete case submission form which includes 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. The submitting participant is required to check that the material provided is of adequate quality and contains the diagnostic features. The local diagnosis is also submitted at this stage.

d) CPA status of laboratory supplying

Specific verification of CPA status of participants' laboratories is not undertaken by the scheme organisers. However CPA accreditation of the submitting pathologist's laboratory is desirable and participation in an approved technical EQA scheme is the minimal acceptable evidence of technical standards.

e) Rules of exclusion (e.g. cases of special interest, exclusions for reasons of specialisation of participants)

Cases are only excluded from scoring during discussion at a quorate open meeting of participants. Cases are normally excluded if there is <80% agreement on diagnosis. Educational cases are not scored.

Qualified Advanced Practitioners who may report a limited range of specimens (e.g. cornea, evisceration) may request exemption of scoring cases outside their field of expertise.

f) Records kept of source of cases so that subsequent course of disease can be used to verify, refute diagnosis

Information from the case submission is recorded on an excel spreadsheet and is retained in the files with a cross reference of which submitted case corresponds to the circulated material. This information includes the submitting pathologist and original laboratory number,

so that if necessary the subsequent course of disease could be discovered to verify or refute a diagnosis.

Submission of Responses

Participants should use their unique and confidential code number as the sole identifier on their response forms. Participants are asked to complete the Response Forms as they feel appropriate to each case. Generally, no description of the slide is required. A single diagnosis may be submitted for each case. Alternatively, multiple diagnoses may be submitted for any case with an appropriate weighting for each of the diagnoses. The sum total of the weightings given to each diagnosis for any one case should always add up to 10.

Failure to respond to one of the 10 cases without a good reason will be scored 0. The response forms should be returned by post or e-mail to the Scheme Secretary. Return by fax is only acceptable with prior approval of the Scheme Secretary. Participants should keep a copy of their completed Forms.

Scoring of responses

a) Agreed method of scoring and role of participants' meetings and Organising Committee, if any

Details are outlined in the SOP 8. Briefly, the open meetings take place at the annual BAOP meeting when both circulations from each year are discussed. Scoring cases and a break down of responses are presented by an organiser and discussed at the open meeting. A minimum of 80% consensus is required for scoring a case. Agreement on marking (2, 1 or 0 marks) is reached by a vote of members present at the annual discussion meeting if quorate. At least 10% of participants that have submitted responses to that circulation are required for a quorate meeting.

Educational cases are presented by the submitting participant followed by a brief review on the subject of discussion.

After the review session, the organiser analyses the response forms according to the scoring system agreed at the meeting. The EQA secretary posts individual reports to the participants 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.

b) Persistent sub-standard performance, method used, indicate acceptability to participants

Details of definition of substandard performance are described in the SOP 10. Members are expected to participate in at least two out of three consecutive circulations. If a participant does not submit responses in two out of three consecutive circulations an anonymous letter will be sent from the organiser asking him/her to inform the secretary of why he/she has not responded. If after this letter the participant still does not submit responses in the next circulation they will be removed from the scheme. Documentary evidence should be provided for non-participation for reasons of illness, sabbatical or maternity/paternity leave. Non-participation due to a heavy workload is not an acceptable reason.

The scheme enables an individual participant to be alerted, in confidence, to substantial deviance from their peers. After the calculation of personal scores, the individual scores for that circulation are placed in rank order (taking into account the maximum possible score is 20 if all scoring cases are voted to be appropriate at the review session). The code number (or numbers) of participants ranked below the 2.5th centile will be considered to constitute a substandard performance for that circulation.

The Organiser sends a "Dear Colleague" letter to any participant whose performance is flagged as substandard in two out of three consecutive circulations calculated on a rolling basis (First Action Point). The letter points out the position and warns the participant that a similar ranking in two out of the next three circulations will trigger an investigation by the Chairman of the National Quality Assurance Advisory Panel (Second Action Point). Once the First Action Point is triggered, failure to participate (without documentary evidence of a valid reason) in any of the next three circulations will be considered equivalent to a zero score.

All communications about substandard performances and action points are confidential and sent via the scheme secretary. Receipt of a "Dear Colleague" letter must be acknowledged by the recipient. The letter of acknowledgement must be sent to the organiser via the scheme secretary and bear no identifying marks other than the participant's code number.

Participation and Continuing Professional Development (CPD)

Participation in a circulation and attendance at the review session earns CPD credits. Certificates of participation for CPD Portfolio Learning Records are issued after each review meeting.

Financial aspects

a) Organiser's costs, broad outline

Costs needed to cover secretarial assistance, photocopying, packing and posting. Once adequate balance is achieved, participant's subscription should fund subscription of an on line admin software. The EQA scheme is a not-for-profit activity.

b) Costs of subscription

£150.00 per annum (i.e. £75 per circulation). Subscription fees are collected by the scheme secretary from April each year.

Joining the Scheme

Please consult the detailed SOPs before deciding to join the National Ophthalmic Pathology EQA Scheme. The Organisers are happy to discuss any aspect of the Scheme and on request, will provide additional information. Once you decide to join, complete and return the attached proforma and on receipt, you will be issued with your confidential participant code number.

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ACCEPTANCE OF TERMS OF MEMBERSHIP

Name:

Postal address:

Telephone number:

e-mail address:

I wish to join the National Ophthalmic Pathology EQA Scheme and I accept the terms of membership described in the General Description (document EQA E1.1) and in the detailed Standard Operating Procedures.

Signature.....

Date.....

Please return to:

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