NATIONAL OPHTHALMIC PATHOLOGY EQA SCHEME

STANDARD OPERATING PROCEDURES

V1 August 2015

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.

General Description of EQA scheme (EQA E1.1)

1. Name of scheme: National Ophthalmic Pathology EQA Scheme

2. Geographic scope of scheme
UK and Ireland but practitioners from other countries may also participate.

3. Name of scheme organisers
Dr Luciane Irion, Dr Hardeep Mudhar and Dr Caroline Graham.

Scheme organisers are histopathologists with special interest in ophthalmic pathology and members of the BAOP.

4. Name of scheme secretary
Ms Jean Schofield.

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6. Categories and numbers of participants
Membership comprises consultant histopathologists with an interest in ophthalmic pathology in the UK and Ireland. Participants are also BAOP members. Qualified Advanced Practitioners may also participate in their field of expertise (e.g. cornea). Names and addresses of participants are recorded in participant file.

7. Circulation of cases
a) Number of slides per circulation
There are twelve cases per circulation consisting of ten scoring cases and two educational cases.

b) Number of circulations per year
There are two circulations per year.

c) Sites of distribution of slides and organisation of circulation
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.

8. 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' 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. Cases are submitted to the secretary accompanied by relevant clinical information. Participants should state if the case submitted is for scoring or educational category.

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.

9. 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 below. Briefly, the open meetings take place at the annual BAOP meeting when both circulations from each year are discussed. Scoring cases 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 if necessary.

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

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

Details of definition of substandard performance are described in the SOP 10 below. 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.

10. Financial aspects

a) Organiser's costs, broad outline (state that there is no profit element)

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.

SOP 1 Maintenance of standard operating procedures (EQA 1F)

The standard operating procedures (SOPs) are kept in paper form in a loose-leaf folder in the office of the Scheme Secretary.

Each SOP is reviewed by an Organiser at least every four years or more often if required. Once reviewed SOPs are signed and dated.

If it is necessary to amend a SOP, or to create a new one, this is done by an Organiser in draft form. The draft is circulated to 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: ……..

SOP 2 Scheme membership (EQA 1l)

The NOP 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 which is part of the scheme. Histopathology trainees may take part at the discretion of the participants but they will not be scored and therefore not be subject to action for “persistent substandard performance”. Qualified Advanced Practitioners (Biomedical Scientists) may also par5ticipate on their field of expertise.

NOP EQA participants typically practise in the UK or Ireland. Although membership from overseas is also welcome, overseas participants are not subject to action for “persistent substandard performance”.

The EQA is open to all who practise ophthalmic pathology but selection of cases, scoring and performance monitoring will be undertaken at the level of a specialist ophthalmic pathologist including a range of specimens as per the published guidelines (see guidelines for ophthalmic pathology reporting – RCOphth/RCPath) (these may include lymphomas, orbital tumours and non-neoplastic lesions). If the participant does not routinely report certain categories of surgical pathology cases (e.g. enucleations, exenterations) then this should be notified to the organiser on joining the scheme and these cases will be excluded from their scoring.

When a participant is away from work for a protracted period (e.g .sabbatical, maternity leave) then he/she should inform the organiser so that their participation can be suspended.

Signed: …….(scheme organiser)

Dated: ……..

SOP 3 Enrolment of new participants (EQA 3B)

Pathologists who wish to become new members of the NOP EQA scheme will find information on the scheme, contact details of the scheme secretary, and an enrolment form on the EyePathUK website (http://eyepath.org.uk). When the organiser is made aware of a pathologist's desire to join the scheme, that pathologist will be sent a general description (EQA 1.1) of the way in which the scheme runs. A copy of that description (EQA 1.1) is attached to this SOP.

The prospective participants are asked to read this description and confirm in writing by returning a completed enrolment form (EQA 2.1) stating that they wish to participate on these terms. On receiving written confirmation of acceptance of the terms outlined in the General Description and SOPs, the EQA secretary will enter the new participant'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 participant can take part in the next EQA circulation.

From April each year the participants on the database will receive an annual invoice corresponding to their annual subscription fee (see SOP 14).

Signed: ……..(scheme organiser)

Dated: ……..

SOP 4 Obtaining case material (EQA 2B, 4G, 4H)

The NOP EQA scheme consists of 10 potential scoring cases and 2 educational cases per circulation. Clear distinction is made between scoring cases and educational cases at both submission of cases and response to cases. Voluntary submission of cases for circulation in the EQA scheme is welcome. Participants voluntarily submitting suitable cases for circulation may claim 1 CPD credit. In addition, every year the secretary will request up to three cases from individual participants on a rotational basis.

The 10 scoring cases may include neoplastic or inflammatory/non-neoplastic conditions involving the eye, eyelids, lacrimal drainage system, orbital structures or temporal artery. The content of the 2 educational cases is at the submitting participant's discretion.

The participants' laboratories must take part in an appropriate technical EQA scheme, and CPA accreditation of the submitting pathologist's laboratory is desirable.

Use of archival tissue does not require either local ethical committee approval or individual patient consent provided:

- No more tissue has been removed from a patient in excess of that required for their ordinary medical care
- Use of the 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 ophthalmic pathology practice (including cases for specialist cancer MDT work such as intra/extraocular melanoma, intra/extraocular lymphoma, orbital soft tissue tumours and the equivalent in non-neoplastic ophthalmic lesions) as per published cancer datasets and tissue pathways for non-neoplastic ophthalmic pathology specimens (http://www.rcpath.org/publications-media/publications/datasets/datasets-TP.htm). Tertiary referral expert cases should be excluded. 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 must be representative of the pathological process and permit diagnosis.
- There must be sufficient tissue in the block to allow cutting of at least 40 sections.

For each case, the submitting pathologist should provide all relevant clinical information which was available at the time the original report was issued and, if necessary, a brief description of the gross appearances. The results of any special investigations such as immunocytochemistry, special stains or electron microscopy can be made available in the form of a description of the result by the submitting pathologist.

The submitting participant is required to check that the material submitted is of adequate quality and contains the diagnostic features. The submitting participant must ensure that the given clinical details are not misleading in the setting / context of an EQA exercise. The final diagnosis as reported is also submitted at this stage.

On receipt of a case, the Scheme Organiser or Secretary (see SOP 16) checks that the cases are annotated correctly before placing the slides and their accompanying proforma (with the local diagnosis) into store. A separate listing of the submitting pathologists together with their submission proformas provide the audit trail for identification of the local diagnoses, follow up, etc.

Signed: …….(scheme organiser)

Dated: ……..

SOP 5 Initiating a circulation (EQA 3C)

At the start of a new circulation, the Organiser writes to participants informing them of the commencement of the circulation and the closing date for receipt of responses. The letter is accompanied by a copy of a response form and a case summary list which includes the slide number and the summary of the relevant clinical / pathological details provided by the submitting pathologists.

One set of at least 12 slides is sent to each institution (addressed to a nominated pathologist for that institution who will then circulate the slides to the other participants in their hospital). Special educational cases, which are not used for scoring, will be clearly identified.

The date of dispatch of material is logged in the EQA secretary's file. 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. Participants should contact the Scheme Secretary or the Organiser if slides are damaged on receipt or if there is some other problem.

Signed: …….(scheme organiser)

Dated: ……..

SOP 6 Confidentiality (EQA 3B, 3F, 3H)

The EQA scheme organiser receives and analyses responses from participants in a manner which ensures that the organiser and secretary should remain unaware of the identity of the author of any diagnosis other than their 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 participant names. It is kept in a locked cabinet and is not made available to the scheme organisers.

The scheme organisers therefore communicate to participants when identified by their code number only through the scheme secretary. Any confidential material from the organiser is passed to the scheme secretary with only the relevant code number exposed, such that the communication is placed in an appropriately addressed envelope by the EQA scheme secretary without the secretary having to read the contents of the communication.

The link between participant names and code numbers may be divulged by the EQA scheme secretary under only two circumstances:

1. In writing to a participant who requests a reminder of his/her code number. Code numbers must not be divulged by telephone.

2. In writing to the Chairman of the Histopathology/Cytopathology NQAAP in order to investigate appropriately a case of persistent substandard performance in the EQA scheme under the terms of SOP 10.

No EQA result may be divulged to any other authority without the permission of the member.

Signed: …….(scheme organiser)

Dated: ……..

SOP 7 Submission, receipt and analysis of EQA responses (EQA 3D-H)

Members are asked to complete the response forms as they feel appropriate to each case. A single diagnosis may be submitted 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. Failure to respond to one of the 10 cases without a good reason will be scored 0.

If a glass slide(s) arrive(s) damaged then the participant may contact the scheme secretary for a replacement.

Response forms together with their confidential code number 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.

The forms are separated from anything, which might identify the participant, such as an envelope bearing a postcode or a stamp, and are passed to the organiser marking the circulation. If the participant submits their responses as an email attachment, the scheme secretary will print out the respective response forms and pass these on to the organiser marking the circulation.

The scheme secretary should record receipt and date-stamp each set of responses. A certificate of participation acknowledging receipt of responses will be sent to respective participants accordingly. A backup of computer records should be kept off-site in case of fire.

The organiser as a participant in the scheme, examines the EQA cases and records his/her own diagnoses before examining the diagnoses of any other participant. After the closing date, the Organiser analyses the returns and prepares a summary schedule of the diagnoses submitted for each case including:

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).

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

Signed: …….(scheme organiser)

Dated: ……..

SOP 8 The participants' meeting (EQA 1H, 2A, 2C, 2D, 3I)

A participants' open meeting is held annually at the BAOP meeting. The annual meeting permits organisers and participants to discuss:

1. The general management of the scheme and any way in which the scheme may be extended, improved and audited.

2. The cases which have been circulated since the previous participants' meeting, in order to decide how best they should be used for personal analysis.

At the review session, the organisers present the potential scoring cases with representative photomicrographs and respective schedule of responses (see SOP 7) summarising the diagnoses submitted for each case. At least 10% of members having submitted responses to the current circulation must be present for the meeting to be quorate. Participants decide the score for all 10 scoring cases based on the consensus view of the submitted diagnoses and the consensus of the participants' open meeting if quorate. Participants 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 consensus (80%) view as to the correct diagnosis; cases where the material circulated was deemed to be inadequate to achieve a specific diagnosis.

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:
- Two marks are given to responses that are judged accurate, complete and correct.
- 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.

If the meeting is not quorate, then any decisions reached at the open meeting which are at variance with the postal consensus will be described in writing to the full membership and a postal ballot held. If the majority of those responding to the ballot do not accept the revised diagnosis then scoring will be delayed until the next quorate meeting.

Educational cases are presented by the submitting participant followed by a brief presentation on the subject of discussion. Educational cases are NOT scored.

A register of attendance is circulated at the review session (see SOP 9). Participants unable to attend the open meeting / review session should submit any comments in writing, at least five days prior to the meeting.

Signed: …….(scheme organiser)

Dated: ……..

SOP 9 Feedback to participants (EQA 1H, 2E, 2G, 3D, 3E)

After the participants' meeting, the organiser makes the amendments to the scoring arrangements as agreed at the meeting (see SOP 8).

Personal reports, together with results of all the participants, are then printed by the organiser, and folded by the organiser so as to leave only the participant code numbers exposed. These are then passed to the EQA secretary who posts them to the appropriate 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.

The organiser may also send a cumulative analysis of the participant's results to allow recognition of trends in performance. After the individual scores have been calculated, the organiser checks the database to test whether any of the participants fulfil the criteria of persistent substandard performance (here describe your system for detection of persistent substandard performance).

Annually, towards the end of the financial year, CPD certificates for submission of responses are printed and distributed. Participants earn two CPD points per circulation for submitting responses. Attendance of the annual open meeting / review session grants one CPD point.

Signed: …….(scheme organiser)

Dated: ……..

SOP 10 Persistent substandard performance (EQA 1G, 1H, 2E, 2F, 3B)

Background

Advisory Panels have been in existence for some years in all laboratory disciplines. Their duties include scrutinising the ways in which EQA schemes detect and handle substandard performance and also the investigation of individual cases of persistent substandard performance as they arise. The Histopathology / Cytopathology Panel deals not only with aspects of technical quality, but also with interpretative schemes. Histo/cytopathology EQA schemes should submit details of their methods of scoring and of identifying substandard performance to NQAAP and should submit Annual Reports to them on a report template agreed between NQAAP and the Royal College of Pathologists' EQA Steering Committee.

Scoring

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 2.5 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 2.5 centile in two out of three successive circulations.

First Action Point

Reaching the first action point results in a "Dear Colleague" letter being sent anonymously to the participant by the scheme organiser, clearly pointing out the position, inviting explanations and offering assistance. The participant is informed by letter that if their score fall within the bottom 2.5 centile in two out of three successive circulations, he/she will be reported to the Chairman of NQAAP. Non-participation after the 1st action point will automatically lead to a score within the bottom 2.5 centile.

The participant is asked to confirm that this letter has been received, by reply through the EQA secretary, bearing no identifying marks other than the participant's code number. If such a reply is not received within four weeks, the organiser sends a reminder; if a reply is not received within another three weeks the organiser informs the NQAAP Chairman of the position.

All letters are identified by the participant's number only and are passed to the EQA secretary by the scheme organiser in a sealed envelope for posting to the relevant participant.

The event of any such a letter having been sent is recorded in the EQA secretary's log.

Second action point

If the second action point (bottom 2.5 centile in two out of the next three successive circulations) is reached, the scheme organiser will inform the Chairman of the Histopathology & Cytopathology NQAAP, who will initiate an appropriate investigation. The scheme organiser will provide details of the EQA responses which have resulted in this referral to the Panel chairman and to the participant. This can again be done anonymously through the EQA secretary who holds the key to the participant's confidential code.

The Chairman of the Panel with correspond with the participant The task of investigation is to determine whether the low EQA scores reflect standards of routine practice that may put patient care at risk. The investigation will therefore seek all possible explanations of the low scores (including a review of the nature of the EQA scheme) and concentrate on the participant's routine practice, including conditions of work. The emphasis will be on identifying problems and implementing remedial measures, rather than punitive action.

The dialogue between the Chairman and the participant will be directed at reassurance that the participant is providing a high-quality service and is not a danger to patients. Documentation of participation in other EQA schemes, internal quality control including sharing of cases and obtaining second opinions, evidence of appraisal and audits, an assessment of workload, health, family matters, problems with colleagues and senior Trust management etc will be sought.

The investigation will be completed with reasonable speed, a few weeks at most and a recommendation made to the participant. If the Chairman is happy that a high quality service is being provided and that patient safety is not being jeopardized, then a return to the scheme with careful observation of performance is appropriate. In certain circumstances, a change in routine work may result from the procedure, or it may be deemed that continued participation in the EQA scheme (usually a specialist scheme) is not appropriate.

If the Chairman has still not been satisfied of a reasonable explanation, or if any lack of co-operation appears to be slowing the evaluation process, the Chairman of the Joint Working Group on Quality Assurance will be informed, and will pass the matter to the appropriate professional body. In the case of histopathologists and cytopathologists that body will be the Royal College of Pathologist's Professional Performance Panel and the Trust's Medical Director; the Medical Director may then ask the College for advice and help as outlined in 'Concerns about performance in pathology: guidance for healthcare organizations and pathologists' (RCPath, February 2006).

If the scheme organiser becomes concerned that the performance of a participant gives cause for concern, such that the quality of patient care may be in doubt, the organiser is entitled to bring this to the attention of the NQAAP Chairman even if the above numeric criteria have not been fulfilled. In this event, the organiser should, if possible, first present data relating to the participant's performance in an anonymous form at a participants' meeting. At that meeting participants should be asked to vote on whether the Panel Chairman should be invited to investigate.

The above procedures do not replace or alter in any way the obligation placed by the General Medical Council upon the organiser, as a doctor, to take appropriate action to protect patient care if the organiser believes that patient care is put at risk.

The latter procedures will be activated only in exceptional circumstances, and should cause no more concern to EQA participants than the current possibility of being reported to a professional body by a colleague for instance. The main purpose of Histopathology & Cytopathology EQA schemes remains educational. We anticipate that 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 NOP Scheme is two out of three consecutive circulations 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 disqualifies the participant from receiving a certificate of participation in a scheme.

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

Signed: …….(scheme organiser)

Dated: ……..

SOP 11 Communications and complaints (EQA 3H, 3I)

All written communications from participants to the organiser or the secretary will be stored in a file for a minimum of four 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.

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 participants' meeting.

2. Production of a draft revision to the relevant SOP.

3. Implementation, pending approval by the Steering Committee and NQAAP.

4. Notification of the revision to the Steering Committee and NQAAP.

In the unlikely event of a complaint being handled locally to the dissatisfaction of a participant, the participant can complain directly to the Chairman of the Steering Committee for EQA in Histopathology/Cytopathology. 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.

Signed: …….(scheme organiser)

Dated: ……..

SOP 12 Oversight (EQA 1F, 1G, 1H, 5A)

Comments on the mode of operation of the scheme are invited at every participants' meeting. Changes proposed at such meetings will normally be reviewed by the Steering Committee and/or NQAAP.

Suggestions for a change of a scheme organiser should be discussed first at a participant's meeting; such suggestions must be considered if made by any scheme member. As far as possible, decisions at the participants' meeting should be made on a democratic basis of those present. Ten per cent of members must be present for a quorate meeting.

A structured annual report is provided 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.

Signed: …….(scheme organiser)

Dated: ……..

SOP 13 Managerial accountability (EQA 1B)

The NOP EQA scheme operates primarily from within the Central Manchester University Hospitals NHS Foundation Trust (CMFT) with the approval of the Head of the Histopathology Service / Clinical Director.

Dr L Irion is accountable to the Head of Service and the Clinical Director at CMFT.

The Scheme Secretary is accountable to the Scheme Organisers and Laboratory Manager at CMFT.

As scheme organisers may share some roles (e.g. communication; marking of a circulation) these may take place in the respective organiser's place of work.

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

Signed: …….(scheme organiser)

Dated: ……..

SOP 14 Finance (EQA 1C, 1D, GL3)

The cost of running the scheme and its supervision is covered by subscriptions from participants. The subscription covers the costs incurred by the organiser and secretary, postage and stationery, salaries, office equipment, telephone, subscriptions to the bodies responsible for oversight of the scheme, venue hire etc.

Participants will pay an annual subscription fee of £150. Subscription fees will be collected by the scheme secretary from April each year.

After a period of six weeks, the organiser may send a reminder letter to those participants whose subscription has not been received. After another six weeks, a second reminder letter may be sent. This letter may, at the organiser's discretion, point out that failure to pay the subscription may result in removal from the EQA scheme.

Signed: …….(scheme organiser)

Dated: ……..

SOP 15 Accounting (EQA 1C, 1D)

The NOP EQA Account (9255) is managed by the Central Manchester University Hospitals NHS Foundation Trust. Subscriptions are paid directly into this account.

The Account may be charged for secretarial time, lead organiser PA (if required), photocopying, stationary, postage, equipment and 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: ……..

SOP 16 Staffing (EQA 1C, 1E, GL1A, GL1B, GL1C, GL1D)

The scheme organisers are:

Dr Luciane Irion,
Consultant Histopathologist,
Histopathology Department,
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Central Manchester University Hospitals NHS Foundation Trust,
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Manchester,
M13 9WL.
Email: luciane.irion@cmft.nhs.uk
Tel: 0161 276 6924

Dr Hardeep Mudhar,
Consultant Histopathologist,
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Tel: 0114 226 8967

Dr Caroline Graham,
Consultant Histopathologist,
Department of Cellular Pathology,
Luton & Dunstable Hospital,
Lewsey Rd,
Luton,
LU4 0DZ
Email: caroline.graham7@nhs.net
Tel: 01582 497334

The scheme secretary is:

Ms Jean Schofield,
Histopathology Department,
First Floor, Clinical Sciences Building,
Central Manchester University Hospitals NHS Foundation Trust,
Oxford Road,
Manchester,
M13 9WL.
Email: jean.schofield@cmft.nhs.uk
Tel: 0161 276 6924

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

Signed: …….(scheme organiser)

Dated: ……..

SOP 17 Training (EQA GL4B)

The Organisers and steering committee 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 EQA scheme secretary is involved in a general training programme as part of employment. There is no specific training for work on the EQA scheme; problems are resolved by informal discussion between the organiser and the secretary, and the organiser provides training sessions as required.

Signed: …….(scheme organiser)

Dated: ……..