




## South East England General EQA Scheme AGM MINUTES

Title of Meeting:	EQA Annual General Meeting		
Venue:	Virtual Microsoft Teams Meeting	Time:	12:00 PM
Minute Taker:	Louise Knowler	Date of meeting:	Monday 19 <sup>th</sup> June 2023
PowerPoint Presentation:	 AGM 2023 PowerPoint.pptx		

Present			
Dr Nipin Bagla <b>Scheme Organiser</b>	Gill Donald <b>Scheme Manager</b>	Helen Dasley <b>Scheme Quality Manager</b>	Louise Knowler <b>Scheme Administrator</b>
Dr L Das Duggal	Dr A Elsayed Ali	Dr S Balija	Dr R Stitson
Dr A Goel	Dr S Thomas	Dr I Morrison	Dr M Moonim
Dr Z Al-Shiekh Ali	Dr S Sandhu	Dr T Warusavithana	Dr P Poonam
Dr K Ramesar	Dr Z Hamdi	Dr B Boyle	

Apologies		
Dr L Fulford	Dr S Roberts	

New Minutes		
Minute number and decision	Action	Date by
<b>1. Welcome &amp; introduction of scheme staff</b>		
Dr Nipin Bagla (NB) welcomed all participants who joined the teams meeting and introduced the scheme staff. He noted that the meeting was being recorded to allow for minute taking.		
<b>2. Scheme report / Costs and Accounts (changes and developments)</b>		
<p><b>Annual report 2022</b>                      Gill Donald (GD) explained the nature of the report and its purpose. Advising that RCPATH had not requested the 2023 report yet. The scheme has contacted RCPATH as a reminder, without response.</p> <p>GD explained that in 2022, Judy Wyatt had stepped down as chair, and was replaced by Paul Barrett. No questions were raised.</p> <p>GD explained the 2022 annual report was available online for review. (submitted to RCPATH).</p> <p><b>Costs and Accounts 2022-23</b>                      The number of registered participants sits at 170, with an annual</p>		



<p>subscription fee of £360.00 for UK participants and £300.00 for international participants.</p> <p>GD explained that subscription fees cover the administration for both glass slide and digital participation.</p>		
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**3. UKAS**

<p><b>Scheme Accreditation</b></p> <p>GD informed participants that we have been accredited for some time. We successfully retained our accreditation in 2022 via remote visit.</p> <p>GD noted that 1 finding and 1 recommendation were suggested.</p> <ul style="list-style-type: none"> <li>• Scheme slides are normally scanned at x40 magnification. Slides for a previous round had been scanned at x20 magnification in error (discovered after round was complete).</li> <li>• An investigation was undertaken which required small improvements to ensure no participant had been disadvantaged.</li> <li>• An impact assessment for those assessing digital slides only was undertaken which showed there was no difference in scoring and no participant was affected, despite the lower digital magnification only being available.</li> <li>• Our next surveillance visit with UKAS against ISO17043:2010 will take place in September 2023.</li> <li>• A new ISO standard has been published [ISO 17043:2023].</li> <li>• We are currently working on a gap analysis to allow transition over a two-year period ready for re-assessment in 2025.</li> </ul>		
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**4. 2022-2023 Scheme Discussion**

**4a. Participant Survey Results**

<p>GD noted that the scheme undertook 3 surveys during this circulation. GD explained the surveys undertaken through the year, discussing each survey in detail.</p> <p><b>New CPD Certificate Feedback Survey</b></p>  <p>CPD Certificate</p> <p>GD noted that the reason for changing the certificate was to encourage participation in all aspects of the scheme. 58% of people said that it would be the case. 77% participants preferred the new certificate.</p> <p><b>Consultation Timeframe Pilot Feedback</b></p>  <p>Consultation Timeframe</p>		
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GD advised that the survey sought feedback on reducing the three-week case consultation period to two weeks, noting that 92.5% did not experience difficulties submitting within two weeks.

Reducing the case consultation period to two weeks holds significant importance for the scheme due to the need to accommodate three rounds within a year. Given the demanding nature of this timeframe, it became crucial to ensure a more efficient turnaround.

### Glass slide and Digital Image Feedback



Glass and Digital  
Slides

GD stated that 45% of participants responded. The survey indicated that glass distribution should remain, one digital case would be acceptable, and that the 10<sup>th</sup> category case should continue to be chosen by the organiser.

GD advised that there were no plans yet to move to a digital only scheme, as this gives the scheme a unique selling point over other general schemes.

SB commented that viewing glass slides is more time efficient for her and therefore allows her to interact with three circulations a year.

SB asked when the scheme is entirely digital, what is the maximum participation given the impact on workload?

NB noted that the scheme will address the maximum participation to take into consideration the workload when glass is removed.

GD made a note of thanks to all participants for their time and valuable input into the surveys, noting that the scheme uses their ideas and feedback to inform improvements or changes to the scheme.

#### 4b. Case availability

##### Case stock under 10%:

- Educational 3%
- Endocrine 5%
- Respiratory 7%
- Gynae 8%
- Breast 8%
- Miscellaneous 9%

GD thanked participants for their contribution to the scheme, noting that any cases are welcomed, with specific focus on those categories that are propositionally low, such as Educational, Endocrine and Respiratory.

GD noted that in the last year, the scheme received 22 cases, from only 12 participants.

GD advised that the scheme is soon to implement a new case submission process that targets Trusts for new cases and nominates

<p>participants on a rotational basis, starting with those who have never submitted cases.</p> <p>GD asked to please submit at least one case a year and reminded participants of their obligation to the scheme to ensure its continuation.</p>		
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**4c. Changes to the scheme**

<p><b>New Scheme Organiser</b> Professor John Schofield retired as Organiser of the scheme at the end of December 2022. He was replaced with Dr Nipin Bagla, who officially took over the role in January 2023, following one round of handover. NB noted that he is enjoying the role, and thanked the scheme staff for helping him transition.</p> <p><b>New SAP representative for Kent</b> Dr Amit Goel joined us as the SAP representative for Kent, and attended his first meeting in April 23.</p> <p><b>Quality Manager Secondment / New Quality Officer</b> The Pathology Quality manager has been seconded and therefore Quality Management remains under the remit of Helen Dasley for the foreseeable future. A pathology quality officer will assist the Quality Manager in performing onsite EQA audits for ISO17043:2010.</p> <p><b>Consultation period reduced to 2 weeks, with the routine inclusion of the case discussion meeting.</b> See survey discussion in section 4a for details.</p> <p><b>Effects of exemptions on scoring</b> HD noted that a recent audit revealed that exemption from categories may affect scoring in the non-exempt categories, and therefore could affect overall ranking. A statement has been added to the participant manual to advise participants.</p> <p>GD noted that this was discussed at length at the RCPATH Organisers meeting, noting that this issue is common across all EQA schemes. Most organisers expressed their agreement, stating that participants who choose to exempt themselves from diagnostic categories should simply be aware of the implications.</p> <p><b>Slido polling</b> Question raised: We wish to pilot a digital only case to allow the inclusion of small biopsies / cases not amenable to 12 H&amp;Es, meaning 11 cases will be scored. <b>Do you think this is a good idea?</b> <a href="#">67% of those who participated in the online poll agreed that it was a good idea.</a></p> <p>Participants were thanked for their involvement.</p>		
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**4d. Possible future changes to the scheme**

<b>Collusion Disclaimer</b>		
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As a result of discussion at the RCPATH meeting, in response to practices observed in other schemes, starting in Round w, participants will be required to confirm that their responses are not influenced by collusion.

**11th digital only case**

GB and NB noted that the scheme is committed to offering a digital component to the scheme and advised that the SAP agreed to pilot an additional scoring case, under an 11<sup>th</sup> digital only, small biopsy category.

It was noted that participants can exempt themselves from this category, increasing the maximum number of exemptions from 4 to 5.

HD reiterated that until digital pathology is embedded in every laboratory (2/3 years), there will be no change to glass and digital slide offering.

**EQA Lite evaluation**

GD noted that the evaluation of EQA lite is an ongoing consideration within our scheme. It is increasingly probable that we will transition to this approach, although it won't happen within the next 12 months. Implementing this change will require significant effort, and we are actively in touch with the team behind EQA Lite, and progress is being made.

It is possible that we may conduct a pilot for EQA Lite in the future.

**ISO 17043:2023**

GD advised that the new ISO standard ISO 17043:2023 has been released. They informed the participants that the scheme is presently assessing the effects of the standard and conducting a gap analysis to identify any areas that will need to be modified. The intention is to implement the new standard prior to 2025.

**Increasing case consultation target to 58% from 55%**

GD discussed that there is a plan to raise the case consultation target from 55% to 58%. Achieving a 55% target has been challenging, but the effort has been successful so far.

To maintain a continuous improvement trajectory, it is necessary to set a higher target.

**5. Any other business**

**Membership Costs Review 2023/24**

Leeds increased their prices for slide scanning, server storage and administration in January 2023. The overall increase for scanning two rounds us up by 22.44%.

Consequently, the scheme is conducting a comprehensive cost review to determine whether an adjustment in fees is necessary. This evaluation will be completed prior to the budget setting in January 2024.

**Anonymity. Please do not copy Organiser to round responses**

GD noted that there was an instance in a recent round where a participant copied everyone, including the organiser, when submitting their email response.

This practice is not appropriate as the Organiser is also a participant and their own membership may be put at risk by having sight of other responses before their own are submitted.  
Please ensure participants only send their responses to the generic email address designated for the purpose.  
GD noted that she and the administrator are the only individuals with access to that email address – [mtw-tr.EQA@nhs.net](mailto:mtw-tr.EQA@nhs.net).

**6. Date and venue for next meeting**

Date and time of the next virtual meeting to be agreed.  
NB and GD thanked participants and scheme staff for their support and hard work.

LK to circulate a date and time for 2024.

Jan 2024