




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:	Friday 14 th June, 2024
PowerPoint Presentation:	 AGM 2023 PowerPoint.pptx		

Present			
Dr Nipin Bagla Scheme Organiser	Gill Donald Scheme Manager	Helen Dasley Scheme Quality Manager	Louise Knowler Scheme Administrator
Hayley Williams Pathology Quality Manager	Dr A Elsayed Ali	Dr S Baliya	Dr D Housa
Dr A Goel	Dr I Morrison	Dr B Boyle	Dr K Ramesar
Dr A Talwar	Dr M Al-Jafari	Dr J Tan	Dr S Al-Sam
Dr L Fulford	Cr N Chandrasiri	Dr N Williams	Dr A Nayar
Dr P Idaewor	Dr R Thambi	Dr T Warusavithana	Dr S Samarathunga
Dr S Adamane	Dr P Mishra	Dr N Nind	Dr G Vittay
Dr P Yogananda	Dr B Latifaj	Dr S Roberts	Dr T Elazzabi
Dr R Stitson			

Apologies		
Dr Di Palma	Dr Kempalingaiah	Dr M Moonim

New Minutes		
Minute number and decision	Action	Date by
1. Welcome & introduction of scheme staff		
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.		
2. Scheme report / Costs and Accounts (changes and developments)		
Annual report 2023 NB reviewed the RC Path annual report with no comments made.		
Scheme Activity Last year closed at 176, currently 186, (190 pending eligibility checks). NB advised members that the scheme has temporarily closed		

registrations for new out of area applicants. Any new applicants are wait listed until further notice.

Costs and Accounts 2023-24

The number of registered participants sits at 186, with an annual subscription fee of £360.00 for UK participants and £300.00 for international participants.

NB explained that the scheme was in the process of re-assessing the contribution costs for 25/26.

3. UKAS

Scheme Accreditation

NB informed participants that following the last UKAS visit in September 2023, we successfully retained our accreditation against ISO17043:2010. We received 0 Findings 8 small recommendations.

- 232525-03-E01434-001

Recommended including objective evidence in auditor training and competency records and to ensure records of training and awareness of the 17043 standards are also included for non-scheme pathology staff.

- 232525-03-E01434-002

It is recommended that internal audits include evidence of staff compliance with procedures as well as conformity with the standard.

- 232525-03-E01434-003

Recommend that management considers documenting the risk assessment for the Omnis response scoring database

- 232525-03-E01434-004

Recommend considering a process for managing any changes when they apply to printed templates already in use, especially as completion of a checklist can take several months.

- 232525-03-E01434-005

Recommend providing information to participants on the potential risk of scoring if they supply a result for a case in their exempted categories.

- 232525-03-E01434-006

Recommend using similar wording for clarity in documentation as to who has responsibility selection of cases.

- 232525-03-E01434-007

Recommendation to ensure the scheme specifies the minimum resolution for scanned digital images to meet current practice

- 232525-03-E01434-008

Recommend the scheme considers their policy for storage and retention of Teams case consultation recordings.

- Our next surveillance visit with UKAS again the new ISO standard ISO 17043:2023, taking place in October 2024.

- We are currently working on a gap analysis to allow transition for re-assessment in 2024.

4. 2023-2024 Scheme Discussion

4a. Participant Survey Results

NB noted that the scheme undertook 2 surveys during this circulation. GD explained the surveys undertaken through the year, discussing each survey in detail.

Glass slide and Digital Image – 77 people responded



Glass Slide and
Digital Image

Survey Results on Digital vs. Glass Slides:

- Majority use a combination of digital and glass slides
- Gradual transition towards digital is occurring
- Digital-only usage is increasing

Preferences and Challenges:

- Digital images used as backup when glass slides unavailable
- Some organ systems/diagnoses more challenging on digital (e.g., haematology/lymphoid)
- Histology generally easier on digital, but opinions vary

Current Practices:

- Many review glass slides at work, then use digital at home
- Mix of digital and glass usage, with digital becoming more common

Future Outlook:

- Expectation of full digitization in 4-5 years for most departments
- Some cases will still require glass slides (e.g., cytology, complex lymphoid cases)

Technical Considerations:

- 40x magnification chosen for scanning
- Varying usage of digital images between home and work
- Home internet often faster than office connections

The group discussed that there would be a continued gradual transition to digital pathology, this should ensure that there is access to high-quality home internet for remote work.

Consideration for cloud-based hosting for digital pathology services should be considered. NB discussed that the scheme is preparing for increased digital usage in coming years, while maintaining glass slide capabilities for specific cases.

Participant ISO survey – 18 people responded



Participant ISO
Survey

Overall, the discussion indicates that the scheme is functioning well for most participants, with decisions made to maintain its current structure while ensuring inclusivity for all independently reporting pathologists.

Annual Participation Certificate:

- Most participants use the scheme for appraisal purposes, which aligns with its main goal.
- The certificate provides adequate information for most users.
- Only one participant suggested including additional CPD activity information, but didn't specify what.

Participant Eligibility:

- The scheme includes both consultants on the specialist register and other grades doing independent reporting.
- Decision: Allow participation for anyone the local department certifies as doing independent reporting.

Grouping of Participants:

- Survey showed mixed responses on whether to separate non-specialist register participants.
- Keep all participants in one core group.
- GD and NB outlined that being on the specialist register doesn't necessarily indicate better pathology skills and so long as the doctor is reporting independently without supervision, they remain as part of the core group.

Scheme Structure:

- Most participants are satisfied with the current structure.
- Maintain the current scheme structure without adding further exemptions.

Generalist vs. Specialist Nature:

- The scheme aims for a generalist consensus, which can sometimes conflict with specialist expertise.
- Acknowledgment: In some cases, generalist consensus may be less precise than specialist

<p>opinions.</p> <p><i>Case Mix:</i></p> <ul style="list-style-type: none"> The scheme receives compliments from UKAS peer assessors on the suitability of its case mix. <p>GD and NB thanked participants for their continued support.</p>		
<p>4b. Case availability</p>		
<p>Case stock under 10%:</p> <ul style="list-style-type: none"> Digital 1% Endocrine 2% Respiratory 5% Breast 7% Educational 8% Lympho 8% Gynae 8% Miscellaneous 8% GU 9% <p>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 Digital [<i>miscellaneous</i>], Endocrine Respiratory, Breast, and Educational.</p> <p>GD noted that in the last year, the scheme received 25 cases, from only 16 participants. Over 50% of participants not fulfilling new case submission.</p> <p>All new participants now need to submit one new case as part of their entry criteria. This is proving successful – 11 new cases in May 2024.</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>		
<p>4c. Changes to the scheme</p>		
<p>i. New SAP representative for Sussex Following the retirement of Dr Hawley, Dr Zainab Al-Shiekh Ali was nominated as the new SAP representative for Sussex.and attended his first meeting in May 2024.</p> <p>ii. Collusion Disclaimer tick box_Pilot Following discussion at the RCPATH G153 meeting, the group agreed the need for a collusion disclaimer sentence to be added to the participant response form template [RWF-CP-EQA-TEM2], including a tick a box to confirm that the answers are their own and not in collusion with colleagues. This has now been implemented.</p> <p>NB noted that several reminders were sent to participants overall going well.</p> <p>iii. Quoracy_Less chasing emails due to complaint Following user feedback, reminder notifications have been reduced to two messages on the final consultation day. The scheme now sends only</p>		

two reminder notifications on the final day of consultation, improving the user experience while still ensuring participants are adequately informed of deadlines.

While Dr Goel proposed enhancing case consultation participation through real-time polling during case discussion meetings, GD noted that this approach would not be compatible with the scheme's established statistical analysis methodology. The current analytical framework requires standardised data collection procedures that cannot be replicated through polling exercises.

iv. Implementation of Digital-Only Category A new digital-only category will replace the existing duplicate 10th category, specifically designed to accommodate digital cases and small biopsies requiring single H&E slide assessment.

v. EQA Lite Progress Update The pilot phase of EQA Lite is currently underway in Round y, running parallel to standard assessment processes with existing EQA Lite users. A comprehensive pilot (Round z) is scheduled for September 2024, marking the next phase of implementation.

vi. New Participant Case Submission Policy To ensure active participation and maintain quality standards, scheme membership now requires all new participants to submit one case as part of their initial registration process.

vii. Enhanced Educational Case Discussions To promote knowledge sharing and professional development, case submitters are now invited to present and lead discussions on their educational cases during the respective assessment rounds.

viii. Financial Planning Update Membership fees will remain unchanged for the 2024/25 period. A comprehensive review of EQA Lite's impact on operational costs will inform adjusted pricing structures for 2025/26.

ix. Temporary Membership Restrictions Due to the pending EQA Lite implementation, the scheme has temporarily suspended applications for out-of-area membership requests. Currently, there are 12 applicants on the waiting list, with applications to resume following the successful implementation of EQA Lite.

4d. Possible future changes to the scheme

i. EQA Lite evaluation

As above

ii. ISO 17043:2023

Transition plan and gap analysis have been drafted, and implementation of the new standard is under way.

iii. Paperless Scheme

Review of current documents underway. With the introduction of EQA lite in the future, this includes the functionality to send electronic results.

5. Any other business		
<p>a. Membership Costs Review</p> <p>i. The cost of slide scanning, server storage and administration has increased in January 2023. The overall increase for scanning two rounds is up by 22.44 % (£147), from £655 to £802 +vat.</p> <p>Dr Al-Jafari noted that it would be useful to provide a financial statement showing income against expenses.</p> <p>ii. Anticipated finances for 2024/2025 show a possible deficit.</p> <p>iii. Remain static 24/25, prices will change for 25/26 following a review of the impact of EQA lite on scheme overheads.</p> <p>b. Slide Selection Criteria_Incorrect organ system NB wanted to reinstate this in light of lymphoma category appeals for respiratory case. 'Correct Organ system. Cases that have been placed in the incorrect organ system should be rejected for the current circulation and given to the Scheme Administrator for recategorisation in the correct organ system for future selection. (Note: case contributors occasionally state the diagnostic system rather than the tissue type. All slides must be categorised according to their Organ system, not their diagnosis (source).</p> <p>c. Slido Poll What type of scheme email reminders are helpful to you? Round deadlines - 100% Consultation deadlines - 92% Slide circulation to next trust - 67% Minimum Participation Reminder - 33% I don't want reminders - 0 votes</p>	<p>Action: GD</p>	
6. Date and venue for next meeting		
<p>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.</p>	<p>LK to circulate a date and time for 2025.</p>	<p>Jan 2025</p>