



7808

South East England General EQA Scheme AGM MINUTES

MINUTES			
Title of Meeting		EQA Annual General Meeting	
Venue	Academic Centre Maidstone Hospital	Time	2pm
Minute Taker	Joanne Golding	Date of meeting	19 th July 2016

Present			
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Apologies			
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New Minutes		
Minute number and decision	Action	Date by
Welcome & introduction of scheme staff		
001/16 Prof Schofield welcomed all those who were present and introduced the EQA staff.		
Scheme report (changes and developments)		
002/16 a) Prof Schofield presented the scheme's annual report to the group. It appears that those who fall into the lower 2.5% in one round, don't fall into the lower percentage for subsequent rounds		

<p>b) There was a £5 raise in subscription fees this year. This is to help cover the cost of maintaining ISO17043 accreditation and the fees that come with this. Participants have been informed and there have not been any issues. Subscriptions are now £360 per participant per year.</p> <p>c) The Barnes review is available on the internet. Prof Peter Furness has been asked to lead a review and has issued a draft document which has not yet been finalised.</p> <p>d) The Scheme Advisory Panel had advised the Scheme Management Committee on how they think the second action point should be reached. It has led to many debates. It was very difficult to find poor performers the original way. If a participant triggers a second action point, they are referred to NQAAP. The amended definition of a second action point is: '<i>Once a 1st Action Point has been reached, any suboptimal performance (or non-participation) in any of the next 3 rounds will trigger a 2nd Action Point</i>'.</p>	<p>JG to update SOPs</p>	<p>30/08/16</p>
<p>UKAS</p>		
<p>003/16 Prof Schofield informed the participants who were present that we have gained ISO 17043 accreditation and we are the first interpretive scheme in England to achieve this. It took a lot of hard work from the staff, but we as a scheme are very proud of our achievements. The scheme has a surveillance visit booked for 28th September 2016. There are thoughts that the scheme may move from Omnis in the future, but this needs to be looked into in greater detail before any decisions will be made.</p>		
<p>Any other business</p>		
<p>004/16</p> <p>a) <u>Participant surveys</u></p> <p>i) The results of the digital slide survey were presented to the group. Prof Schofield was pleased that people were using the slides. A participant asked if glass slides were going to be removed from the scheme, but they were assured that there were no thoughts of moving to digital only slides yet. Prof Schofield talked of the advantages of both glass and digital slides.</p> <p>ii) The group were shown the results of the AGM survey. After looking at the feedback, it has been decided that the AGM venue will circulate between the Scheme Advisory Panel members' hospitals in future. We are looking at holding next years' AGM at St Thomas' hospital. Video links are likely to be piloted for future meetings.</p> <p>iii) The results of the suspected collusion survey were presented to the group. Prof Schofield read a small section of the draft document of guidelines produced by Prof Peter Furness. A participant asked if the EQA scheme's aim was to check people or for learning purposes. Prof Schofield said that it looks as</p>	<p>JG look into video links for next AGM</p>	<p>30/10/16</p>

though interpretive EQA schemes are moving towards personal performance assessment.

Gill Donald explained how participant results used to be entered in numerical order on to the system. We have changed our process and now they are entered in hospital batches. The Scheme Manager does not know which hospitals these batches are and they are entered in a different order each round. Since starting this new process, it has been very noticeable that there is some suspected collusion with regards to similar diagnoses, some having the same spelling mistakes, phraseology, comments or synonyms. When participants join the scheme, they return an agreement form stating they have read the Participant Manual and this states that the responses for the round are their personal opinion and not discussed with others.

A member of the group suggested that people are worried about being labelled as a poor performer and may be more inclined to collude.

Since there was such diverse opinions on how to deal with suspected collusion, Prof Schofield said that at present, the only action to be taken will be for an email to be sent to all participants stating that the scheme have evidence of suspected collusion and to reiterate that collusion is not allowed.

Prof Schofield is waiting for RCPATH to provide a definitive view on the matter.

- b) Prof Schofield explained to the group what is expected in the case consultation process. Participants need to merge synonyms that have no effect on clinical management. The scoring has been removed from the Preliminary case consultation form and the reported diagnosis is always on the list. A participant asked what happens if the reported diagnosis differs from the consensus diagnosis. If this happens, Prof Schofield explained that the case would become non-scoring. The submitting participant has the chance to review their case and the scheme can refer the matter to NQAAP. The submitting participant always remains anonymous to the Organiser.
- c) A participant suggested that due to the low uptake rate of the case consultation exercise, it could be considered to be made mandatory. Participants present agreed that this would be hard to manage and that it should be left as it is.
- d) A pie chart of available cases was shown to the group. It showed that there were plenty of cases for skin and gynae, but lacking in cases for respiratory, lymphoreticular and educational. Prof Schofield urged participants to send in 'ordinary cases'. Nothing too obscure, but not too easy either.
- e) The group was informed that due to quality assessment purposes and to comply with ISO17043, we require the return of all glass slides at the end of the round.

Date and venue for next meeting		
The venue for the next AGM is likely to be at St Thomas' hospital. Participants will be informed in due course.	JG arrange date and venue for next AGM	30/10/16
Presentation of educational cases from previous years' rounds		
Dr I Bagwan of Royal Surrey Hospital kindly presented an educational case which the group found very interesting. There was opportunity for Q&A at tea break.		
Keynote lecture		
Prof Marco Novelli from University College Hospital gave a 45 minute keynote lecture entitled 'Infective diseases of the GI tract'. The group found the lecture very informative. There was a Q&A session lasting approx. 15 minutes.		