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# South East England General EQA Scheme AGM MINUTES

MINUTES			
<b>Title of Meeting</b>		EQA Annual General Meeting	
<b>Venue</b>	Seminar Room, Cellular Pathology, St Thomas' Hospital	<b>Time</b>	3pm
<b>Minute Taker</b>	Joanne Golding	<b>Date of meeting</b>	17 <sup>th</sup> May 2017

Present			
John Schofield	Mufuddal Moonim	Sujatha Baliya	Maryse Sundaresan
Gill Donald	Laura Fulford	Jane Cooper	Susan Dodd
Joanne Golding	Ian Hawley	George Vittay	Yasir Alwahab
Michael Green			

Apologies			
A Fleming	M Coutts	G Knee	D Collins
T Balamurugan	R Stitson	K Sleigh	Z Ali
G Stockford	F Chang	M Honavar	A Abdulla
N Bagla	I Morrison	J Biswas	K Ramesar
J Quiroga	A Kothari	E Lanaspri	B Chohan
M Appleton	M Jones	C Lawson	A Williams
K Roberts	M Singh	D Phillips	J Davies
B Haagsma	U Mahadeva	V Willis	A Goel
MZ Khan	K Skendros	T Pinto	M Verma
Z Nasir	J Wang	J Tan	S Gharaie
H Mathew	J Perez	A Silvanto	K Patel
S Sandhu	C Shah	K Rajaratnam	S Honakeri
J McKenzie	I Bagwan	R Kurian	M Pradhan
A Prodromou	M Musa	R Groves	J Williams
M Bahhadi-Hardo	P Jackson	D Fish	F Medeiros
T Matthews	N Chaston		

New Minutes		
Minute number and decision	Action	Date by
<b>Welcome &amp; introduction of scheme staff</b>		
01/17 Prof Schofield welcomed all those who were present and introduced the Scheme Manager and Scheme Secretary. He thanked the scheme staff		

for their hard work in maintain ISO accreditation.		
<b>Scheme report (changes and developments)</b>		
<p><b>02/17</b></p> <p>a) Prof Schofield presented the scheme's annual report to the group. He explained that the scheme subscriptions fund the Trust for all Scheme staff.</p> <p>b) Subscriptions are to remain at £360. Digital images are uploaded to the website for each round. The scheme now has approx. 150 participants. There have been no poor performers in the past 3 rounds. It has been nearly a year since the poor performer definition has changed.</p>		
<b>UKAS</b>		
<p><b>03/17</b></p> <p>Prof Schofield informed the participants who were present that we maintained our ISO 17043 accreditation at inspection in September 2016. We are only one of 2 accredited EQA schemes in the country at present. Prof Schofield congratulated the team for their hard work in maintaining accreditation. UKAS standards for EQA differ to the laboratory EQA. All participants are classed as 'suppliers' to the scheme, so it is helpful for laboratories to be UKAS accredited.</p>		
<b>Any other business</b>		
<p><b>04/17</b></p> <p>a) <u>Participant surveys</u></p> <p>i) <i>Website and digital image survey:</i> 37 participants took part in the survey. The survey was discussed with the participants. It was pleasing to see more people are accessing and using the digital slide images at various times of the round. All participants need to use the website to download the response forms. A participant suggested that personal logins are introduced. Although this has advantages, it is an expensive option and we are reluctant to raise fees any further. EQA Lite may be an option in the future, but the options on the dropdown menus would be vast. One participant mentioned that the digital images on our website were poor. We use the Leeds server for our slides and due to the quality of the service and images, we are reluctant to change. We scan the slides at x40 and it was suggested that the quality issue for this participant may be due to their Trust server and upload speed. A participant present at the meeting said that our images were a lot clearer than some other schemes. The general feel of the participants is to retain glass slides alongside the digital images. We will be keeping the glass slides for the foreseeable future. A participant asked for response forms to be Mac compatible. We believe that the Word response forms are compatible. Prof Schofield will check.</p>	<p>JS to check Mac compatibility</p>	<p>15/6/17</p>

<p>ii) <i>Case submission survey:</i></p> <p>We are now very low of new cases in particular categories. Of the 43 respondents, 67% said they had submitted new cases to the scheme. 33% of participants say they haven't been asked. Emails have been sent to all participants at various times requesting new cases, so we may need to make the emails stand out more.</p> <p>The majority of participants said they would not like immunohistochemistry staining included in the circulation – this would cause a lot of extra work and more controls when submitting new cases to the scheme.</p> <p>It was pleasing to see that the majority of participants find the case mix acceptable. There were comments regarding cases being too specialised, but participants are able to opt out of up to 4 categories if they wish (this has to be done before the round commences). Not many participants have diagnostic exemptions within our scheme; any that do have this reflected on their certificate of participation.</p> <p>It was discussed with the participants regarding departmental submissions. This will be trialled by writing to the Head of Department to supply new cases to the scheme.</p> <p>It was discussed if the case submission form could be simplified, but the information requested on the form is for ISO 17043 standards.</p> <p>A participant asked if the majority of participants disagree with a reported diagnosis, has it been acted upon? Gill Donald informed the participants that this case would automatically become non-scoring. Prof Schofield said this is very unusual and the submitting participant would be contacted. This would usually be beneficial for the patient.</p> <p>b)</p> <p>i) Prof Schofield informed the group that we have no Respiratory cases left and only 1 Educational case. He encouraged those present to submit new cases to the scheme.</p> <p>ii) Participants present were happy to send slides in for new cases, rather than blocks.</p> <p>iii) Prof Schofield explained to the group that process of selecting cases for a round. He sits with Joanne Golding and takes random slides out the selection tray. They make sure subsequent slides were not submitted from the same department. We can only select what the participants submit to the scheme, so the participants decide what should be included in the rounds. Our targets are that we have &lt;15% of cases that score less than 75% consensus and we are below this for the year.</p> <p>iv) It was discussed with those present if they are still happy for the educational cases to be in the circulations, or if they would prefer 12 scoring cases. It was the general consensus that the 2 educational cases remain as they are a good educational source one the reported diagnosis is known.</p> <p>For the next AGM, it was suggested that we look for venues with video links. The Scheme staff will explore this whether it is on webinar, individual pcs or multi person video conference which can be recorded and added to the website.</p>	<p>All staff to trial departmental submissions</p>	<p>June 2017</p>
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<p>Prof Schofield explained that if participants put 2 or 3 diagnoses in one line of a response form, they will be divided equally. It can be a challenge entering responses. We have avoided dropdown menus due to the many different options we would have to give to participants and would make the scheme too easy having multiple choice.</p>		
<p><b>Date and venue for next meeting</b></p>		
<p><b>05/17</b> The venue for the next AGM will be confirmed due course.</p>	<p>JG arrange date and venue for next AGM – explore video links available</p>	<p>31/8/17</p>
<p><b>Keynote lecture</b></p>		
<p>Prof John Schofield from Maidstone Hospital gave a 45 minute keynote lecture entitled '<i>Cancer of Unknown Primary – making the diagnosis, and the new RCPATH cancer dataset</i>'. The group found the lecture very informative. There was a Q&amp;A session lasting approx. 15 minutes.</p>		