

Q1 Scheme cases & material

	YES	NO	TOTAL
lave you ever provided a case for the Scheme?	65.71% 23	34.29% 12	35
s the quality of sections and staining generally acceptable?	100.00% 35	0.00% 0	35
s the quality of clinical information provided acceptable?	94.29% 33	5.71% 2	35
Are you aware it is the responsibility of the participant to contribute cases to the scheme?	91.43% 32	8.57% 3	35

Yes

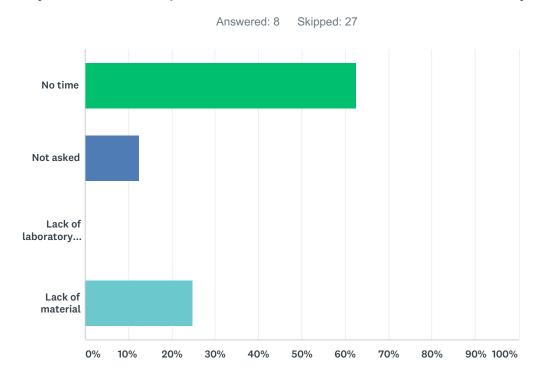
No

#	PLEASE ADD ANY COMMENTS, INCLUDING WHETHER SPECIFIC ORGAN SYSTEMS ARE UNDER/OVER REPRESENTED	DATE
1	The quality of clinical information is not always acceptable but mostly it is.	11/21/2017 3:00 PM
2	Lung excisions are being done in mainly London teaching hospitals, so we can not be having enough material to send for EQA on small biopsies.	11/21/2017 2:53 PM
3	I am happy with the scheme. The difficulty to send cases is usually the lab overloaded by work to find the time to cut sections for EQA	11/21/2017 2:39 PM
4	Its a balance. I liked it, the way it is.	11/21/2017 2:29 PM
5	Very difficult to get H&E cases for small biopsies and certain specialties, e.g. haematopathology where cases tend to be too easy or too complicated.	11/7/2017 11:02 PM

South East England General Histopathology EQA Scheme General Survey 2017

6	What I have noticed recently, a few crucial information, such as a specific immunohistochemistry appeared to be omitted. EQA is supposed to reflect "day-to-day" cases and as part of their work-ups, certain information/ancillary studies are crucial in reaching the diagnosis. Requests for cases should be tailored to the participant's ability to provide such cases. Those working in general histopathology setting won't be able to provide urological cases or lung. Urological cases seem over-represented and can be tricky for general pathologists. For educational cases, may be it is for the specialists to provide the cases, to maximise educational benefits.	11/7/2017 10:36 AM
7	EQAs are a solo exercise therefore it is not unreasonable for history and any immunohistochemistry performed to be optimal.	11/7/2017 10:18 AM
8	lungs are very difficult because resections and especially post mortems show very different pathology to bronchila biopsies so it does not reflect usual work. In some areas- eg urology- it is noteable that the cases in the EQA are more difficult than those provided to the national EQA. I think people put things in because they are interesting.	11/7/2017 10:10 AM
9	I often wondered why endocrine is included in GI	11/7/2017 10:06 AM

Q2 If you have not provided a case for the Scheme, why not?



ANSWER CHOICES	RESPONSES	
No time	62.50%	5
Not asked	12.50%	1
Lack of laboratory support	0.00%	0
Lack of material	25.00%	2
TOTAL		8

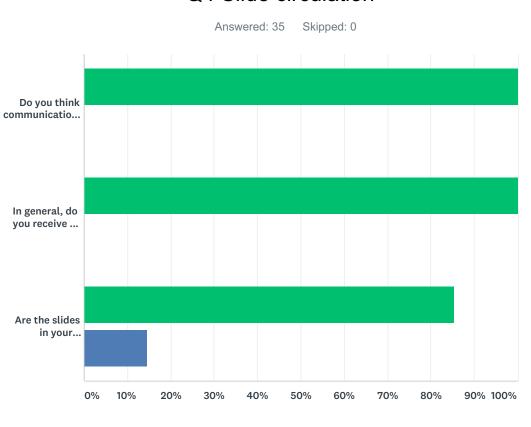
1Recently appointed consultant11/21/2017 10:12I am a locum. Keep changing the place of my work. But I will try and get a case this year if possible.11/21/2017 5:273will endeavor to get some cases-soon11/21/2017 2:574I have provided cases. However I have to say that now-a-days time constraint is a factor.11/21/2017 2:575It is my first NHS experience. Once adjusted I will provide the material.11/21/2017 2:296Only recently started consultant post11/13/2017 8:507I have recently changed trust.11/8/2017 4:518NA11/7/2017 11:599Small biopsies have insufficient tissue11/7/2017 10:31	
possible.11/21/2017 2:573will endeavor to get some cases-soon11/21/2017 2:574I have provided cases. However I have to say that now-a-days time constraint is a factor.11/21/2017 2:535It is my first NHS experience. Once adjusted I will provide the material.11/21/2017 2:296Only recently started consultant post11/13/2017 8:507I have recently changed trust.11/8/2017 4:518NA11/7/2017 11:599Small biopsies have insufficient tissue11/7/2017 10:31	PM
4I have provided cases. However I have to say that now-a-days time constraint is a factor.11/21/2017 2:535It is my first NHS experience. Once adjusted I will provide the material.11/21/2017 2:296Only recently started consultant post11/13/2017 8:507I have recently changed trust.11/8/2017 4:518NA11/7/2017 11:599Small biopsies have insufficient tissue11/7/2017 10:31	1 11
5It is my first NHS experience. Once adjusted I will provide the material.11/21/2017 2:296Only recently started consultant post11/13/2017 8:507I have recently changed trust.11/8/2017 4:51 F8NA11/7/2017 11:599Small biopsies have insufficient tissue11/7/2017 10:31	PM
6Only recently started consultant post11/13/2017 8:507I have recently changed trust.11/8/2017 4:51 F8NA11/7/2017 11:599Small biopsies have insufficient tissue11/7/2017 10:31	PM
7I have recently changed trust.11/8/2017 4:51 f8NA11/7/2017 11:599Small biopsies have insufficient tissue11/7/2017 10:31	PM
8 NA 11/7/2017 11:59 9 Small biopsies have insufficient tissue 11/7/2017 10:31	AM
9 Small biopsies have insufficient tissue 11/7/2017 10:31	M
	AM
	AM
10 I have provided cases but here are my difficulties: 1.under resourced lab and over stretched staff. 11/7/2017 10:18 2. I participate in 4 EQAs, all of which depend on provision of cases like you do (back to point 1 - a catch 22). 3. And, yes we do see suitable cases but teaching registrars or just failure to think of it at the time results in it being missed. 11/7/2017 10:18	AM
11none of these are valid excuses IMHO.11/7/2017 10:14	

12

Q3 Do you have any good ideas on how we could improve our low case submission rate?

Answered: 21 Skipped: 14

#	RESPONSES	DATE
1	Possibly ask for fewer slides per case. Sometimes the cases are there but the blocks don't have enough material.	11/21/2017 10:14 PM
2	keep asking	11/21/2017 3:00 PM
3	give CPD points? There will be millions	11/21/2017 2:57 PM
4	No drastic measures needed. Wait and give time to act on their own time.	11/21/2017 2:53 PM
5	Make Trust aware of the importance of EQA schemes	11/21/2017 2:39 PM
6	It is self motivation and responsibility of each person. So just an email reminder is enough.	11/21/2017 2:29 PM
7	deduct points from participants who don't provide cases when they're supposed to.	11/21/2017 2:22 PM
8	Reduction to 6 slides	11/8/2017 4:51 PM
9	ask a group of participants by turns and make it mandatory, otherwise refuse to accept their submitted results. If they cant submit at any time for pressing reasons, let them give explanation and a second deadline.	11/8/2017 9:44 AM
10	No	11/7/2017 11:02 PM
11	Not really	11/7/2017 6:58 PM
12	Provide more CPD points?	11/7/2017 2:47 PM
13	offer a prize for the person who gives the most cases?	11/7/2017 1:05 PM
14	1. Make it mandatory for each applicant to submit at least one case per calender year.	11/7/2017 11:59 AM
15	Make it compulsory for everyone to submit a case in rotation as is done in the Urology EQA scheme.	11/7/2017 11:50 AM
16	Not to restrict to the types of cases when requests are sent. Open requests to all participants, maybe every 2-3 months, just as a reminder. Not to restrict the cases to recent cases, as maybe when an email is sent, the person suddenly remembers of an interesting case, good for EQA about 6 months ago. Simplify the request form.	11/7/2017 10:36 AM
17	YES	11/7/2017 10:32 AM
18	Go digital	11/7/2017 10:31 AM
19	Apart from provision of more resources, perhaps a gentle reminder on occasion to place it at the front of our minds might help.	11/7/2017 10:18 AM
20	scheme nominates individuals to submit during a circulation. failure to submit = circulation forfeit.	11/7/2017 10:14 AM
21	Giving incentive such as points.	11/7/2017 10:06 AM



Q4 Slide circulation

	YES	NO	TOTAL
Do you think communication regarding slide circulations is adequate?	100.00% 35	0.00% 0	35
In general, do you receive the slides when you expect to?	100.00% 35	0.00% 0	35
Are the slides in your department for long enough?	85.29% 29	14.71% 5	34

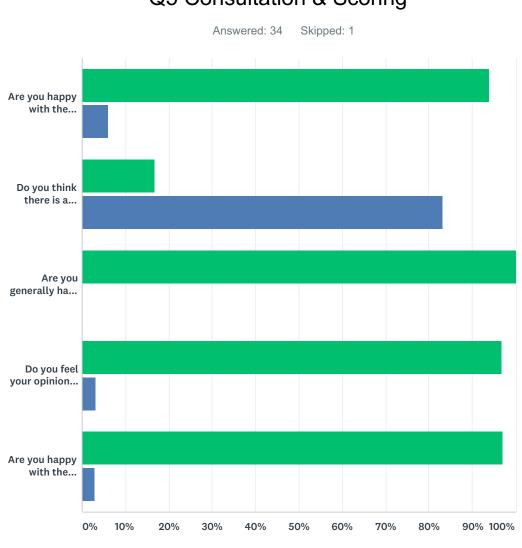
No

Yes

#	PLEASE MAKE ANY COMMENTS ON SLIDE CIRCULATION	DATE
1	I think we have to have only two circulations in a year and the slides should remain for at least a six week period in each department so that the pathologists on leave also can be accommodated to see them on their return from leave. And the present situations in the NHS financial constraint we are sometimes managing with only two pathologists in a week working, so it is very difficult to take SPA Activity in the time.	11/21/2017 2:53 PM
2	The management is excellent. The slides arrive on time, stay long enough to be assessed	11/21/2017 2:39 PM
3	It is plenty of time.	11/21/2017 2:29 PM
4	you may have to allow people to not report certain categories without penalty as few are genuinely reporting all specialties these days and EQA is supposed to reflect routine practice.	11/21/2017 2:22 PM
5	Well organised, Good communications. Jo is most hekpful.	11/8/2017 4:51 PM
6	We have 2 weeks for 7 busy pathologists to look at and report the slides. Time slips by and suddenly we have 7 pathologists with 4 days to go OR somebody hogs the slides for as week or so with the same result. We do try with a message from the secretaries that they have arrived but the end result is usually the same. 4 weeks would be more ideal.	11/7/2017 10:18 AM

7

A month will be a good idea. Does the time depend on the no of participants in the department? 11/7/2017 10:06 AM



Q5 Consultation & Scoring

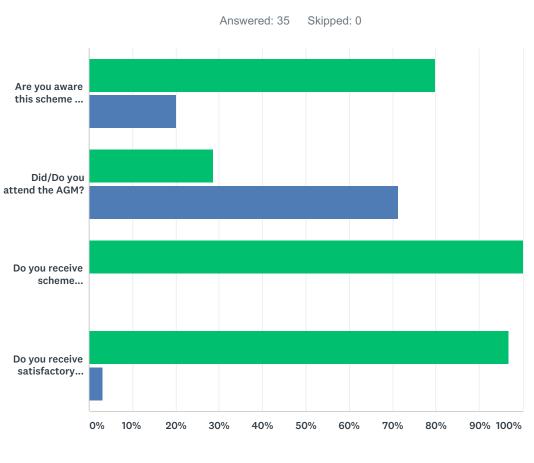
Yes No

	YES	NO	TOTAL
Are you happy with the methods employed for scoring & consultation?	93.94%	6.06%	
	31	2	33
Do you think there is a better method?	16.67%	83.33%	
	5	25	30
Are you generally happy with the decisions made?	100.00%	0.00%	
	34	0	34
Do you feel your opinions count?	96.88%	3.13%	
	31	1	32
Are you happy with the timeliness of feedback?	96.97%	3.03%	
	32	1	33

#	PLEASE SUGGEST OTHER SCORING METHODS OR GIVE ANY OTHER COMMENTS	DATE
1	generally not happy with the bias the suggested diagnosis and score introduces. There are cases without immuno where the answer should be a differential but no-one gives it because they know if they do not give a 10 for one answer their score will suffer	11/21/2017 3:00 PM

South East England General Histopathology EQA Scheme General Survey 2017

2	its ok at for the time being.	11/21/2017 2:53 PM
3	I am finding the new method for case consultations confusing. Due to the various fields covered and the various degrees of specialties the participants are, the final opinions can feel a lot more dissatisfactory, unlike the specialist EQAs such as Lung and Bowel Cancer Screening. Hence, I am not so sure that there is any better scoring method unless more thoughts put into the cases selected (non-controversial, adequate information, one diagnosis/diagnostic category etc).	11/7/2017 10:36 AM
4	participation in the consult should be compulsory - it only takes a few minutes and yet many/most participants don't do it.	11/7/2017 10:14 AM



Q6 Scheme administration

Yes No

Are you aware this scheme has full ISO 17043:2010 accreditation? 80.00% 20.00% Did/Do you attend the AGM? 28.57% 71.43%	35
Did/Do you attend the AGM? 28.57% 71.43%	
10 25	35
Do you receive scheme information in a timely manner? 100.00% 0.00%	
35 0	35
Do you receive satisfactory answers to your queries and complaints? 96.88% 3.13%	
31 1	32
# PLEASE ADD ANY COMMENTS REGARDING SCHEME ADMINISTRATION DATE	
1Never made any complaints yet! Can Jo Golding be given a promotion!11/21/2017 2:5	57 PM
2 Good. 11/21/2017 2:5	53 PM
3 Sadly the time is an issue. It prevents attendance to meetings even if they are important like an 11/21/2017 2:3 EQA meeting	39 PM
4 They are doing a great job. 11/21/2017 2:2	29 PM
5 Once again, Jo is very helpful and efficient 11/8/2017 4:51	1 PM
6 I have attended AGM only occasionally. 11/7/2017 6:58	3 PM

7	As long as digital images of the slides remain available via computer so that any errors can be a	11/7/2017 10:18 AM
	learning exercise, I'm happy.	

Q7 Do you have any other further comments about the EQA scheme?

Answered: 8 Skipped: 27

#	RESPONSES	DATE
1	no	11/22/2017 1:10 PM
2	Keep it up. Thx	11/21/2017 2:57 PM
3	It is really educative professional activity.	11/21/2017 2:53 PM
4	Excellent job	11/21/2017 2:39 PM
5	No	11/21/2017 2:29 PM
6	Excellent adminstration of the scheme	11/7/2017 1:05 PM
7	No	11/7/2017 10:18 AM
8	keep up the good work.	11/7/2017 10:14 AM