

East England General EQA Scheme

UTES 7808

Title of Meeting			EQA Annual General Meeting			
Following our decisi	on to ca	ncel this year's AGM a	Powe	rPoint presentation	on was prod	uced and distributed.
Venue:	confere	y telephone ence at Maidstone al, Seminar Room	Time: 2 PM			
Minute Taker:	Amano	la Cowie	Da	Date of telephone conference: Wednesday 12 th June 2019		
PowerPoint Presentation:		M 2019 Dint FINAL.pp		Date sent:	Tuesday 11 th June 2019 All participants via email	
				Sent to:		
Р	resent					
Prof John Schofield Scheme Organiser Dr M Coutts Dr I Hawley Dr S Baliia		Gill Donald Scheme Manager Dr S Sinha Dr A Nayar Dr M Ong		Helen Dasley Scheme Quality Dr Vittay Dr Gupta Dr D Phillips	Amanda Cowie y Manager Scheme Administrator Dr M Boyle Dr S Di Palma	
Арс	logies					
Dr M Kadri	5	Dr J Quiroga		Dr S Shawash Dr Laura Fu		Dr Laura Fulford
Dr S Thomas		Dr T Mathews	Dr J Boissiere			Dr G Devarajan
Dr A Williams		Dr L Edmunds	Dr U Mahadeva		1	Dr M Moonim
Dr R Perera Dr A Moatasim		Dr N Chaston		Dr N Bagla Dr I Morrison		Dr I Morrison
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South East England General Histopathology	RWF-CP-EQA-F8	Maidstone and Tunbridge Wells NHS
EQA Scheme	Revision 3.4	NHS Trust

New Minutes		
Minute number and decision	Action	Date by
1. Welcome & introduction of scheme staff		
Prof Schofield welcomed all those who joined the telephone conference call and introduced the Scheme staff.		
2. Scheme report (changes and developments)		
a. Annual report		
The 2018 annual report (submitted to RCPath) was explained by Prof Schofield		
b. Costs and Accounts		
Income: £58,320 for 166 participants Expenditure: £40,086		
There are still some costs for the year that yet to be accounted for due to UKAS closeout costs not included. Remainder will fund new PC for Scheme Administrator and increased UKAS costs during 2019 due to full re-inspection		
3. UKAS		
Prof Schofield informed the participants who were present that we have a full re-inspection in September 2019 that consists of a two day visit from UKAS to maintain our ISO 17043 accreditation.		
Prof Schofield gave a short explanation that we have an inspection annually but every 4 years a full re-inspection.		
There were only 3 non-conformities found in 2018 visit that have all been identified and rectified.		
4. Any other business		<u> </u>
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 a. Participant survey results Case Submission Survey 31 participants completed this survey. 65% said they had submitted cases into the scheme and 35% had not. It was communicated that some participants may find it hard to keep up with submitting material if they belong to a number of EQA Schemes. 		
Prof Schofield understood but unfortunately without cases being sent in the EQA Scheme could not run; it is the responsibility of the participants to donate cases into the scheme to ensure we have good supplies across all categories. If each participant submitted one case a year, it would ensure a healthy stock of new cases.	AC – to continue to request cases	Dec 2019
Suggestions into increasing the amount of CPD points awarded should be increased – Prof Schofield felt this did not justify the time in which it takes to organise material to be sent to the scheme. It was explained that we are particular low in Respiratory and Lympo cases and urge people to kindly bear this in mind when selecting material. Comments were received that lung cases usually do not allow for several recuts to be taken and the option to allow a single slide should be considered to run such categories as digital only when needed. Prof Schofield explained that if he sees fit he will move cases to the	AC to produce digital survey.	Nov 2019
Educational category if the case is to obscure or if we are dangerously low and a case is suitable to be classed as Educational. 100% of those participants agreed that there was a good case mix. From one of the comments received from the survey stating that cases from the last 3 months should only be considered could be putting people off. We have since reviewed and updated our case submission form to allow cases from the last 12 months to be accepted into the Scheme.		
Digital Images Survey 36 participants completed this survey. 61% said they do view the online images and 39% said they do not.		
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Prof Schofield stressed the benefit of having digital images is that participants are able to clarify their answers after viewing glass slides at a later date before finally submitting their competed response forms to the Scheme and this was also evident in the comments received.			
As we find Respiratory cases particularly hard to keep well stocked it was suggested again that perhaps digital respiratory cases would be better than no Respiratory cases at all. From Q4 – "would a digital case be better than none?" 69% said yes.	AC to produce survey	Nov 2019	
Comments received at the end of this survey showed an interesting mix of opinion – to be discussed further.			
Future AGM Survey The survey showed that 80% of participants are more likely to attend a virtual meeting. Participant suggested the use of Skype as a successful tool. Suggestions were made into holding a meeting at central location such as The Royal College of Pathologists and to organise facilities there for other participants who unable to travel for the meeting to dial in.	JS – investigate meeting rooms when at The Royal College of	Nov 2019	
Prof Schofield to investigate further at The Royal College of Pathologists.in October	Pathologists.		
It was evident that guest talks are well received and we shall continue to provide footage if suitable material is available.			
b. Case Submission It was briefly explained again that we have since reviewed and updated our case submission form to allow cases from the last 12 months to be accepted into the Scheme.			
Case stock under 10%: 2% - Respiratory 4% - Lymphoreticular/Endocrine 5% - Breast/Misc/Educational			
c. Case Selection			
Prof Schofield gave a short explanation on how cases are selected for a round. Prof Schofield is presented with (anonymised) slide trays in their diagnostic categories and ensures the material is suitable, the locations			
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are checked by the Scheme Administrator to ensure hospital locations are not duplicated.			
We can only select what the participants submit to the scheme, so the participants are essentially deciding what should be included in the rounds			
d. Possible Future Changes to the Scheme			
The scheme has recently been investigating alternative software. EQA Lite has shown most interest and participants were asked their thoughts and how other schemes run using such software.	GD/AC investigate	Nov 2019	
Concerns were raised that the software may work well for specialist schemes but maybe not general.	Yorkshire EQA		
Gill Donald advised that will investigate further, find another scheme that uses it for us to possible view.			
Date and venue for next meeting			
The venue for the next AGM will be confirmed due course.	AC arrange date	Dec 2019	
	explore video links available		

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