



## South East England General EQA Scheme AGM MINUTES

7808

<b>Title of Meeting:</b>	EQA Annual General Meeting		
<b>Venue:</b>	Virtual Microsoft Teams Meeting	<b>Time:</b>	12 PM
<b>Minute Taker:</b>	Louise Knowler	<b>Date of meeting:</b>	Tuesday 21 <sup>st</sup> July 2020
<b>PowerPoint Presentation:</b>	 AGM 2020 Presentation		

Present			
Prof John Schofield <b>Scheme Organiser</b>	Gill Donald <b>Scheme Manager</b>	Helen Dasley <b>Scheme Quality Manager</b>	Louise Knowler <b>Scheme Administrator</b>
Dr R Hasan	Dr M Bahhadi-Hardo	Dr S Al-Sam	Dr S Balija
Dr M Ong	Dr M Boyle	Dr K Rajaratnam	Dr J Wang
Dr Z Ali	Dr K Ramesar	Dr J Biswas	Dr S Shawash
Dr R Stitson	Dr P Gopinath	Dr A Cymerman	Dr I Hawley
Dr G Vittay	Dr Z Hamdi	Dr S Gharaie	Dr Y Alwahab
Dr M Warren	Dr G Joseph		

Apologies			
Dr B Tripathi	Dr R Doshi	Prof S Di Palma	Dr V Mehta
Dr L Alarcon	Dr B Haagsma	Dr J Quiroga	Dr M Taylor
Dr A Williams	Dr T Matthews	Dr L Fulford	Dr T Pinto
Dr A Teo	Dr J Cooper	Dr I Morrison	Dr Y Fashedemi

New Minutes		
Minute number and decision	Action	Date by
<b>1. Welcome &amp; introduction of scheme staff</b>		
Prof John Schofield (JS) welcomed all participants who joined the teams meeting and introduced the scheme staff.  It was also noted that joint scheme administrator Amanda Cowie was now on maternity leave after giving birth to a healthy baby boy "Declan".		
<b>2. Scheme report / Costs and Accounts (changes and developments)</b>		
<b>Annual report 2019</b> Prof Schofield explained the 2019 annual report (submitted to RCPATH).  <b>Costs and Accounts 2019-2020</b> The number of registered participants sits at 164, with an annual subscription fee of £360.00 for UK participants and £300.00 for		

international participants.

Prof Schofield explained that subscription fees cover the administration for both glass slide and digital participation.

It was also noted that although annual overheads have continued to increase, the subscription fee will remain frozen for 2020-21 due to the cancellation of the one of the three rounds (COVID-19 lockdown).

### 3. UKAS

#### Scheme Accreditation

Prof Schofield informed participants that we were successfully reaccredited in 2019 and our next surveillance visit with UKAS against ISO17043:2010 will take place in September 2020 via remote assessment.

### 4. Clinical Merging Decisions for cases

#### Clinical merging decisions for Round k, and l

Prof Schofield noted the addition of a new agenda item for this year "clinical merging decisions for cases".

This new section describes the clinical reasoning behind the occasional decision of the Organiser to merge cases despite the consultation process not indicating such a merge. It was explained that this process follows a strict UKAS process to ensure there is documented justification and transparency for such decisions.

Merging decisions for the following cases were discussed:

**Round k: Case 763**

**Diagnosis:** Benign Bartholin's duct cyst and glandular hyperplasia

**Merging Decision:** To add Vestibular gland hyperplasia and adenoma to the consensus diagnosis of Bartholin's hyperplasia and adenoma.

**Round l: Case 769**

**Diagnosis:** Malakoplakia

**Merging Decision:** As there was clinical equivalence between Granulomatous orchitis, Malakoplakia and Xanthogranulomatous / Histiocytic reactive change, it was unfair to penalise anyone who answered chronic inflammatory mass.

**Round l: Case 773**

**Diagnosis:** Choriocarcinoma

**Merging Decision:** As germ cell tumour and malignant teratoma are close to synonymous, it was unfair to penalise malignant teratoma and therefore merged with the consensus diagnosis of Choriocarcinoma and Non-seminomatous germ cell tumour.

Participants raised no disagreement or issues with the merging decisions.

### 5a. Participant Survey Results

#### EQA Software and Digital Images

31 participants completed this survey outlining their opinion about moving from Omnis to EQA Lite case scoring software.

Prof Schofield noted that responses were mostly positive and further scoping work was required to move the EQA lite implementation forward. Some comments made in this survey were explored in more detail in later surveys.



Digital Images and  
Software 2019.pdf

#### EBUS Cases

41 participants completed this survey discussing their opinion about the recent inclusion of an EBUS clot sample case in the respiratory category for round I.

In response to participants feedback, it was noted that EBUS cases will be intermittently included into a round as an education case only, due to 41% not routinely seeing these types of cases.



EBUS Clot Survey  
2020.pdf

#### General Survey

58 participants completed this general survey, more responses than in previous surveys, possibly due to the use of a mobile QR code.

Most participants did not agree with sanctions for non-case submission or non-participation in case consultations. It was agreed that submission of both will not become mandatory while there are enough new cases available and whilst the scheme can still fulfil its role.



General EQA Survey  
May 2020.pdf

Prof Schofield made a note of thanks to all participants for their time and valuable input into the surveys, noting that the scheme uses their ideas and feedback to inform improvements or changes to the scheme.

### 5b. Case availability

#### Case stock under 10%:

- Endocrine 4%
- Breast 5%
- Miscellaneous 5%
- Lymphoreticular 5%
- Respiratory 6%
- Educational 7%

Prof Schofield asked participants to please submit at least two cases a

<p>year as the scheme cannot continue if our participants do not send cases in, participants do not have to wait to be asked to submit new cases.</p> <p>The scheme has a high % of skin and GI cases to choose from, however, if you have a regional specialty in your Organisation (e.g. Endocrine, Breast, Miscellaneous or Lymphoma), please contribute these cases as a priority.</p> <p>In response to a participant enquiry, Prof Schofield explained that unfortunately the scheme could not accept post mortem material, as we do not have the appropriate Human Tissue Authority (HTA) license to use the material in an EQA circulation.</p>		
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**5c. Changes to the scheme**

<p><b>Round suspension due to COVID-19</b> Prof Schofield advised participants of the process taken by the scheme to cancel April's round. He noted that the Scheme Advisory Panel (SAP) were consulted on the decision before communications were sent to participants.</p> <p>In a recent survey 96%<sup>1</sup> of participants agreed with suspending the round and 90%<sup>1</sup> agreed to complete Round m and release results</p> <p><b>Scheme Administration</b> Lou Knowler joined the team in Nov 2019 and is currently covering Amanda Cowie's maternity leave.</p> <p><sup>1</sup> General EQA Survey Results _May 2020</p>		
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**5d. Possible future changes to the scheme**

<p><b>Use of digital Images only as test cases</b> Prof Schofield noted that the scheme is considering adding a new category for digital only submissions for hard to find and/or biopsy material, including the intermittent use of EBUS samples for educational cases.</p> <p>One participant noted that a new digital-only category would give us the opportunity of circulating valuable material from small biopsies that could not be included as a glass slide circulation due to the small amount of available material.</p> <p>A participant asked if the scheme is able to compare the scoring of digital cases, v's the same case on glass slide to highlight any deviation in the scoring. HD advised participants that a recent audit compared the same digital case and the glass slide across two separate rounds. The audit determined no differentiation between the scores.</p> <p><b>Change in Software</b> The scheme is in the process of creating a business case alongside its ongoing evaluation of EQA Lite. The current Omnis software is no longer supported by the software developers and although still functions well, a change will be necessary within the next 12-24 months.</p> <p>Prof Schofield noted the addition of a free text field in EQA Lite was an</p>		
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important development to allow information in addition to multiple-choice drop down menu's for case diagnosis.		
<b>6. Any of business</b>		
<p><b>EQA Podcasts and Twitter</b></p> <p>Prof Schofield explained the potential use of Podcasts such as those used by RCPATH, to share interesting lectures, including the live streaming of existing educational podcasts or upcoming talks already known to participants.</p> <p>Consideration is also being given to the use of a post round virtual meeting to discuss individual cases, in a similar vein to that already used by colleagues in the Gynae and Lymphoreticular EQA's. In some schemes, the virtual meeting also supports the scoring of cases via polling sites such as slido to gain more feedback and interaction from participants.</p> <p>Dr Mark Ong kindly gave us his insight and a brief description about how Twitter can support education and learning. He explained that with little effort, cases can be shared worldwide, using a few pictures, and brief description.</p> <p>It is also a great forum to follow any prolific Pathologists content, and to get involved in teasers and quizzes. He noted that EQA cases would be very useful to share.</p> <p>Prof Schofield offered thanks to Dr Ong for his suggestions and noted that it is something that the scheme is keen to take up over the next 12 months.</p>	<p>LK meeting with OT in comms to discuss Twitter and Podcast set up 13/8/20.</p> <p>HD consulting IG and legal regarding intellectual property right for digital material</p>	<p>18<sup>th</sup> Aug 2020</p> <p>18<sup>th</sup> Aug 2020</p>
<b>7. Polling</b>		
<p>Participants were asked to take part in online polls, 12 / 26 participants responded:</p> <p><b>Concerning discussions around a potential Twitter Feed / Podcast, which category do you come into?</b></p> <ul style="list-style-type: none"> <li>- Would use /access Twitter Feed and willing to help <b>(58%)</b></li> <li>- Would listen to podcasts and willing to participate <b>(42%)</b></li> <li>- Would use /access Twitter feed but unable to help <b>(17%)</b></li> <li>- Would listen to podcasts but unable to participate <b>(17%)</b></li> <li>- Not interested / would not use <b>(8%)</b></li> </ul> <p><b>How do you rate today's AGM meeting?</b></p> <p>5 stars <b>(73%)</b> 4 Stars <b>(27%)</b></p> <p><b>Would you like a virtual teams meeting to discuss cases after each round?</b></p> <p>Yes <b>(92%)</b></p>		

Not sure (8%)		
<b>8. Date and venue for next meeting</b>		
Date and time of the next virtual meeting to be agreed. Prof Schofield thanked participants and scheme staff for their support and hard work.	LK to circulate a date and time for 2021.	Jan 2021