




South East England General EQA Scheme AGM MINUTES

Title of Meeting:	EQA Annual General Meeting		
Venue:	Virtual Microsoft Teams Meeting	Time:	12:30 PM
Minute Taker:	Louise Knowler	Date of meeting:	Tuesday 8 th June 2021
PowerPoint Presentation:	 AGM 2021 Presentation		

Present			
Prof John Schofield Scheme Organiser	Gill Donald Scheme Manager	Helen Dasley Scheme Quality Manager	Louise Knowler Scheme Administrator
Dr M Ong	Dr J Boisserie	Dr S Al-Sam	Dr J Wang
Dr Z Ali	Dr M Boyle	Dr K Rajaratnam	Dr Y Alwahab
Dr R Stitson	Dr K Ramesar	Dr M Appleton	Prof S Di Palma
Dr G Vittay	Dr Z Hamdi	Dr A Finall	Dr L Fulford
Dr M Warren	Dr G Joseph	Dr D Housa	Dr B Latifaj
Dr R Chhikara	Dr T Elazzabi	Dr M Ooft	Dr T Pinto
Dr B Haagsma	Dr S Honakeri	Dr M Singh	Dr S Thomas
Dr T Matthews	Dr I Morrison	Dr V Willis	Dr S Roberts
Dr P Vogiatzis	Dr H Shaikh	Dr N Williams	

Apologies			
Dr B Tripathi	Dr I Hawley	Dr C Guy	L Knowler
Dr S Balija			

New Minutes		
Minute number and decision	Action	Date by
1. Welcome & introduction of scheme staff		
Prof John Schofield (JS) welcomed all participants who joined the teams meeting and introduced the scheme staff. He noted that the meeting was being recorded to allow for minute taking. Our new Welsh participants were welcomed for their first AGM, with thanks for all participants, staff and SAP members for joining the meetings, making the meeting the best attended to date.		
2. Scheme report / Costs and Accounts (changes and developments)		
Annual report 2020 Prof Schofield explained the 2020 annual report was available online for review. (submitted to RCPATH).		


<p>Costs and Accounts 2020-21 The number of registered participants sits at 171, with an annual subscription fee of £360.00 for UK participants and £300.00 for international participants.</p> <p>Prof Schofield explained that subscription fees cover the administration for both glass slide and digital participation</p>		
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3. UKAS

<p>Scheme Accreditation Gill Donald (GD) informed participants that we have been accredited to for some time. We were successfully reaccredited in 2020 via remote surveillance. GD noted that no findings or recommendations were suggested for the first time. UKAS provided positive feedback around the following areas:</p> <ul style="list-style-type: none"> • Good selection/spread of cases provided • Dedicated and experienced staff • Good evidence of suggesting and following through on quality improvements • Thorough documentation • Established processes <p>Our next surveillance visit with UKAS against ISO17043:2010 will take place in September 2021 via remote assessment.</p> <p>Professor Schofield noted praise for staff and that the scheme is keen to welcome new ideas, suggestions and feedback to ensure the scheme continually improves and develops further overtime.</p>		
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4. 2020-2021 Scheme Discussion

4a. Participant Survey Results

<p>Professor Schofield noted that the scheme usually undertakes three surveys per year, however due to the impact of Covid-19 on participants, the scheme focused on undertaking one larger, general survey looking at a wider variety of questions.</p> <p>General Survey</p>  <p>General EQA Survey</p> <p>Professor Schofield talked to each of the questions in the survey, noting that over 35% of participants completed this general survey, more responses than in previous surveys, possibly due to the use of a mobile QR code.</p> <p>40% of participants that responded did not agree with sanctions for non-</p>		
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<p>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.</p> <p>56% of participants who responded feel that consultation participation should be mandatory. Following discussion with the SMC and SAP members it has been decided not to mandate participation at this stage however changes to the scheme's annual certificate will reflect round participation and will also include individual performance against case submission and consultation. This will mean that new case submission CPD points will be listed on the end of year certificate.</p> <p>93% of participants who responded were pleased with how the scheme is administered.</p> <p>90% of participants who responded agreed to finishing Round m and issuing results despite the initial impact of Covid-19. This also resulted in the scheme postponing Round n to alleviate any direct impact to participants. Professor Schofield noted that the Scheme Advisory Panel (SAP) were consulted on the decision before communications were sent to participants.</p> <p>Professor Schofield advised that we ask participants to mark in their response forms if they have viewed digital or glass slides. This allows us to compare and audit the efficacy of glass slide v's digital slide on a continual basis.</p> <p>Overall participants noted that having access to glass slides was an important part of their membership to the scheme, with 91% stating they welcome having access to both.</p> <p>We received a wide range of general comments, including compliments and suggestions are captured through our survey monitoring process and discussed at each quarterly meeting, with actions tracked accordingly.</p> <p>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.</p>	<p>LK</p>	<p>Aug 21</p>
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4b. Case availability

Case stock under 10%:

- Breast 4%
- Endocrine 5%
- Respiratory 5%
- Educational 5%
- Miscellaneous 6%
- Lymphoreticular 7%
- GU 8%

Individual hospitals have been particularly generous with sending in Lymphoreticular and Breast cases which means that we are currently

<p>restricted in offering those cases from those Trusts. It is important to have a wide range of Trusts submitting to ensure one location is not over represented within each round.</p> <p>A recent analysis demonstrated that over 50% of participants have not sent in cases for several years.</p> <p>Professor Schofield asked participants to please submit at least one case a year and reminded participants of their obligation to the scheme to ensure its continuation.</p>		
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4c. Changes to the scheme

<p>General Scheme Changes</p> <p>We have resumed three circulations per year, and remain grateful for participants who continued to take part despite challenging times.</p> <p>We will be piloting a Scheme Case discussion meeting on 11th August at 12.30pm via MS Teams. This takes place the week following the close of the initial consultation.</p> <p>This will give participants the opportunity to review the cases and discuss the merging decisions that have been made for round p. Prof Schofield also noted that this was not an opportunity to change the outcome of merging decisions, but a space to discuss the reasoning for merging and facilitate further educational debate.</p> <p>We will be conducting a survey afterwards to gather opinions regarding this meeting so look forward to seeing you. A link will be circulated soon.</p> <p>Following piloting, EBUS cases will now be incorporated into the respiratory category.</p> <p>Scheme Administration</p> <p>Amanda Cowie, one of our EQA Coordinators has now left her position with us, with Louise Knowler remaining as the EQA Coordinator for the scheme.</p>		
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4d. Possible future changes to the scheme

<p>Certificates</p> <p>Prof Schofield noted the following proposed changes following consultation with the SMC and SAP members.</p> <p>To combine “New Cases Submitted” and the April “Annual” certificate as one and to detail participant engagement on certificates:</p> <ul style="list-style-type: none"> - Meetings attended - Case consultation - New cases submitted - **Please note, CPD points for submitted cases will now appear on your annual certificate** <p>Make the consultation easier</p> <p>We are currently reviewing the case consultation documentation and process with the aim to improve participation in this exercise.</p> <p>Whilst we have captured your previous comments during the survey and by email.</p>		
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<p>Please send us all your good ideas about how you would like this to work.</p> <p>Change in software Omnis has not been updated for a number of years, and unsupported. We are currently testing the efficacy of EQA lite to ensure we have an appropriate alternative to our current Omnis system. We are currently Omnis's compatibility with windows 10 prior to the Trust Wide Roll out.</p>		
4e. The 10th Category		
<p>Prof Schofield noted that the SMC have been looking at the categories we offer in the scheme to ensure we have a good mix, accessible to all participants, from a range of different locations.</p> <p>Currently the 10th category is a repeat category that potentially could be changed to: soft tissue, or head and neck or a 2nd miscellaneous category as suggested examples.</p> <p>The attendees were asked for their comments, and also to send us any comments via the website with a view to soliciting our participants opinions, as well as via a specific survey later in the year.</p>	LK	August 21
5. Any other business		
<p>Comments</p> <ul style="list-style-type: none"> • Thank you for the team for their efficient responsiveness to any question raised via email. This is either immediate or same day which is so helpful. Digital images are adjustable to make for better crisper images such as with Breast, Urology EQA Scheme, this might encourage digital take up with other members. AI is currently being offered with the Urology EQA that I look forward to that introduction. Prof Schofield noted that moving the scheme forward to include the above would be welcomed in addition to maintaining the glass slides alternative. • Struggling to submit cases due to workload as well as with multiple EQA's. Prof Schofield acknowledged the challenges faced by participants. • There was a case of blastic plasmacytoid dendritic cell neoplasm, which was stated as expressing lysozyme, which generally excludes that diagnosis (as per WHO blue book). How best to address this scenario where the stated diagnosis is wrong? • Prof Schofield noted that for scoring cases we would take up a second opinion outside and address this through consultation if the 		

<p>consensus diagnosis opinion is different. In those instances, we always take the case back to the contributor of case and request that it be reviewed and require a formal response to ensure the impact on patients is mitigated.</p> <ul style="list-style-type: none"> • For educational cases we would not take that approach as it does not affect scoring. However, JS noted that this can impact on participants learning if the diagnosis is incorrect. • Image scope works on Windows 10 • Allocate extra CPD points for new cases submitted. <p>GD noted that we currently provide 1 CPD point for every case submitted</p>		
6. Date and venue for next meeting		
<p>Date and time of the next virtual meeting to be agreed. Prof Schofield thanked participants and scheme staff for their support and hard work.</p>	<p>LK to circulate a date and time for 2022.</p>	<p>Jan 2022</p>