

NQAAP in Cellular Pathology – Minutes	
Date and time of meeting is 28 th November 2pm - 4pm, the meeting will be hosted by the Royal College of Pathologists via MS Teams.	
Professor Sarah Coupland Registrar	
Session 1 (Panel Members Only)	
Minutes	
Present	Dr Paul Barrett, Chair (PB) Dr Jon Oxley, Pathological Society, Scheme Organiser (JO) Dr Harry Hanes, Association of Clinical Pathologists (HH) Dr Guy Orchard, Institute of Biomedical Science (GO) Dr Marium Khan, British Division of the International Academy of Pathology (MK)
In Attendance	Emma Lord, Projects Officer, RCPATH (EL) Maria Marrero-Feo, Professional Guidelines Manager, RCPATH (MMF)
Apologies	Dr John Crossley, BAC Representative (JC) Judy Wyatt, Liver Pathology Scheme Organiser (JW) Dr Stephen McGrath, Northwest Region Histopathology (SM)
Absent	
1.	Welcome, Apologies and Declarations of Conflict
1.1	Welcome The Chair welcomed the panel to the meeting. Dr Harry Hanes is the new ACP rep for the panel.
1.2.	Apologies for absence Dr John Crossley, BAC Representative (JC) Judy Wyatt, Liver Pathology Scheme Organiser (JW) Dr Stephen McGrath, Northwest Region Histopathology (SM)
1.3.	Conflicts of Interest No conflicts were recorded.

<p>2.</p>	<p>Minutes of the last meeting</p> <p>The minutes from the previous meeting were approved.</p>
<p>2.1.</p>	<p>Action log from previous meeting</p> <p>1. G153 Document</p> <p>Peter Johnston has been off and has not had a chance to yet look at the document. PB still to add “case under review” wording to the G153 once feedback has been added from Peter.</p> <p>ACTION EL: chase PJ for G153 feedback.</p> <p>2. EQA Lite, contact other scheme organisers to let them know about the new automated functionality on EQA Lite.</p> <p>This has been circulated to scheme organisers and we think quite a lot of schemes are now on EQA Lite.</p> <p>3. PB write a new JD/ToR.</p> <p>Discussions from last time to slightly re-adjust the recruitment of the panel. Decided to keep the UKAS and IBMS roles but move away from other roles having an “entity” representative.</p> <p>Moving forward, if there is a gap on the panel, we advertise this and get fellows to submit an expression of interest rather than a “representative”. If too many submit, the panel will ask each individual to write why they should be on the panel. This then comes down to a vote from the panel.</p> <p>ACTION PB: finalise the drafting of this and then put out the terms of reference.</p>
<p>2.2.</p>	<p>Other matters arising not on the agenda</p> <p>Two more notifications of second action points – one from one of the large histopathology schemes. In one of these instances, the participant declared they were no longer participating in that area of pathology.</p> <p>Key Issues Discussed:</p> <ul style="list-style-type: none"> • Self-Declaration: The committee questions the reliability of self-declaration by participants who claim to no longer be practicing a specific area of pathology. • Participant Mobility: The committee discussed the situation where participants have left their original trust. Concerns arise about ensuring they are not practicing the specialty elsewhere and potentially misrepresenting their qualifications.

	<ul style="list-style-type: none"> • Practical Challenges: The committee acknowledges the difficulty in tracking participants who have left their original trust, especially if they are working through agencies or have moved abroad. • Confidentiality and Duty of Care: The committee debated the appropriate level of investigation and whether it has a responsibility to inform other institutions if a participant is potentially practicing outside their declared scope. <p>Proposed Solutions:</p> <ul style="list-style-type: none"> • Direct Contact: The committee recommends contacting participants directly to verify their current status and inquire about their continued practice in the relevant speciality. • Trust Collaboration: Engaging with the participant's former trust to ascertain their whereabouts and current employment status. • Network Utilization: Leveraging the professional network of pathologists to gather information about the participant's current activities. • Appraisal and CPD: Emphasizing the importance of participants accurately reflecting their current practice in their annual appraisals and Continuing Professional Development (CPD) activities. <p>Overall, the committee recognizes the complexities of managing participant information and ensuring the integrity of the NQAAP. They acknowledge that while the primary focus is on quality assurance within the scheme, there is a responsibility to consider potential risks to patient safety.</p> <p>ACTION PB: Follow up on second action point issues with scheme organisers and participants.</p>
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<p>3.1.</p>	<p>Updates: To receive any relevant verbal updates from the Chair</p> <p>This section outlines the agenda for the upcoming meeting with scheme organizers.</p> <p>Headline topics:</p> <ul style="list-style-type: none"> • Reregistration and second action points: Reviewing the processes for reregistration and addressing outstanding second action points. • Accreditation: To discuss the accreditation process for NQAAP schemes, including potential updates or improvements. • Succession planning for scheme organisers: Identify strategies to ensure a smooth transition and continuity of leadership within the NQAAP and EQA schemes. • FRCPath website integration: Exploring ways to better integrate EQA Providers information and resources on the RCPPath website. • Meeting format: Discussing the preferred format for future meetings, considering the advantages and disadvantages of virtual versus in-person meetings.
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	<p>The chair expresses a preference for in-person meetings, recognizing their value for networking and fostering a supportive environment among scheme organizers. However, he acknowledges the logistical challenges and the College's preference for virtual meetings.</p> <p>EL and PB ACTION: meet up to discuss accreditation and website (scheme organisers having their own section of the website, JB and ToR for the NQAAP placement etc.)</p>
4.	AOB
5.	<p>Dates of future meetings.</p> <p>Doodle poll for May meeting here.</p>

Session 2 (Panel Members and Providers)**Minutes****Present**

Dr Paul Barrett, Chair **(PB)**
Dr Jon Oxley, Pathological Society, Scheme Organiser **(JO)**
Dr Harry Hanes, Association of Clinical Pathologists **(AG)**
Dr Guy Orchard, Institute of Biomedical Science **(GO)**
Alopa Malaviya, Urology EQA **(AM)**
Angus Molyneux, Thames Valley General Histopathology EQA Scheme **(AM)**
Sona Appukutty, Urology EQA **(SA)**
Nipin Bagla, Southeast General Histopathology EQA **(NB)**
Ian Ellis, Breast Pathology EQA **(IE)**
Caroline Graham, Thames Valley General Histopathology EQA Scheme **(CG)**
Baljeet Kaur, Gynae EQA Scheme **(BK)**
Angela Kingham, Breast Pathology EQA **(AK)**
Loreen Mitchell, UK NEQAS CPT **(LM)**
Elena Provenzano, Breast Pathology EQA **(EP)**
Fiona Roberts, Thames Valley General Histopathology EQA Scheme **(FR)**
Patrick Shenjere, National Musculoskeletal Pathology EQA **(PS)**
Alison Cairns, Gastrointestinal EQA **(AC)**
Maria Soares, Renal Pathology EQA **(MS)**
Sophie Stenton, Paediatric and Perinatal EQA Schemes **(SS)**

David Hywel Thomas

A Jones

Gillian Donald

Sophie Stenton

Tendai Magoma

Marium Khan

In Attendance

Emma Lord, Projects Officer, RCPATH **(EL)**
Maria Marrero-Feo, Professional Guidelines Manager, RCPATH **(MMF)**

Apologies

Dr John Crossley, BAC Representative **(JC)**
Judy Wyatt, Liver Pathology Scheme Organiser **(JW)**
Dr Marium Khan, British Division of the International Academy of Pathology **(MK)**
Dr Stephen McGrath, Northwest Region Histopathology **(SM)**

Jos Payyappilly

Chantelle Hodgson

	<p>Helen Naylor Penelope Thorpe Antonia Torgersen Arti Bakshi Daniel Scott Geraldine O'Dowd Ian Roberts John Dormer Keen Fong Loren Whomsley Mark Terry / Terry Mark (?) Miranda Pring Nick Mayer Su Enn Low Antonia Torgersen</p>
Absent	
1.	Welcome, Apologies and Declarations of Conflict
1.1	<p>Welcome</p> <p>The Chair welcomed the panel to the meeting.</p>
1.2.	<p>Apologies for absence</p> <p>As noted above.</p>
1.3.	<p>Declarations of Conflicts of Interest</p> <p>No declarations were recorded.</p>
2.1.	Any relevant updates from the Cellular Pathology NQAAP
2.2.	<p>Presentation from Chair on Annual Report findings and following discussions</p> <p>Please find the presentation attached with minutes [ATTACHMENT 1].</p> <p>Summary of presentation from Chair:</p> <ul style="list-style-type: none"> • Data Collection: <ul style="list-style-type: none"> ○ The chair explains that the survey was conducted to gather data from scheme organizers about their experiences with the NQAAP programme.

	<ul style="list-style-type: none">○ They assumed that all schemes had registered and provided updated information, including any changes in scheme organisers (like the Urology scheme).● Website Improvement:<ul style="list-style-type: none">○ The chair outlined a plan to improve the College website by creating dedicated pages for each scheme. These pages would include information about the scheme and links for potential members to join.● Survey Methodology:<ul style="list-style-type: none">○ The survey aimed to collect data on various aspects of each scheme, including the number of participants, the number of cases circulated, and any improvements or challenges encountered.● National Scheme Data:<ul style="list-style-type: none">○ The presentation focused on the data collected from major national schemes.○ Key findings included:<ul style="list-style-type: none">▪ Significant variation in participant numbers across schemes (162 to nearly 700).▪ Consistent circulation of 2 cases per year.▪ A low number of second action points (only two in the urology scheme).● Musculoskeletal Scheme:<ul style="list-style-type: none">○ The chair acknowledged the unique challenges of the musculoskeletal scheme due to the inclusion of both bone and soft tissue pathology.● Paediatric Scheme:<ul style="list-style-type: none">○ The paediatric scheme reported a higher number of trainees and overseas participants.● Regional Scheme Data:<ul style="list-style-type: none">○ Participation from regional schemes was lower than expected.○ The Southeast region showed the highest level of participation.● Overall Findings:<ul style="list-style-type: none">○ The chair summarized the overall findings, highlighting the high number of participant encounters (almost 5000) and the relatively low number of action points.
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	<p>This presentation provided a comprehensive overview of the current state of the NQAAP program, laying the groundwork for further discussion and exploration of key issues and challenges among scheme organizers.</p>
<p>2.3.</p>	<p>Discussion Points Raised</p> <p>This section of the minutes focuses on questions raised by AC, the organiser of the National GIEQA scheme.</p> <ul style="list-style-type: none"> • Bowel Cancer Screening EQA: AC inquired about the status of the bowel cancer screening EQA scheme, which has been inactive for several years. <ul style="list-style-type: none"> ○ Response: The chair acknowledged the lack of activity and explained that the scheme was planned to utilize a similar platform as the breast EQA scheme but encountered technical difficulties. PB offered to investigate the current status and provide an update to AC for dissemination to GIEQA members. • Handling Second Action Points: AC sought clarification on the process for handling second action points, particularly regarding that the current guidance is to refer such cases to the College President. <ul style="list-style-type: none"> ○ Response: The chair explained that this process is under review and that he would be involved in discussing and developing a new approach for handling second action points. He emphasized that the primary focus would be on supporting the scheme organizer and the participant through the process. (G153 document currently in progress) • Biomedical Scientist Participants: AC raised a question about how to handle second action points for biomedical scientists who are not members of the Royal College of Pathologists. <ul style="list-style-type: none"> ○ Response: The chair explained that the process would be similar to that for pathologists, involving collaboration with the IBMS representative on the NQAAP committee and ensuring that the biomedical scientist's appraisal reflects the second action point. <p>Action Points:</p> <ul style="list-style-type: none"> • PB ACTION: Investigate the status of the bowel cancer screening EQA scheme. • PB ACTION: Review and update the guidance on handling second action points (G153).

This section of the minutes focuses on a specific concern raised by MS, coordinator of the Renal Pathology QA scheme.

Key Issue:

- **Lack of Renal Transplant EQA:** MS expressed concern about the absence of a dedicated EQA scheme for renal transplants. Since the previous coordinator retired, no one has taken over the responsibility, leading to a gap in quality assurance for pathologists reporting on renal transplant biopsies.

Discussion and Proposed Solutions:

- **Community-Driven Solution:** PB emphasized that the responsibility for addressing this issue lies within the renal pathology community. He suggested that the community could explore potential solutions, such as:
 - **Integrating renal transplant cases into the existing general renal pathology EQA scheme:** This could involve including a small number of renal transplant cases in each circulation of the general renal scheme.
 - **Allowing participants to opt-out of the transplant component:** Participants who do not routinely report on renal transplants could be given the option to exclude these cases from their participation.
 - **Trial Period:** PB suggested a trial period where a small number of renal transplant cases could be included in the general renal scheme without scoring, allowing for evaluation and feedback from participants.

This section of the transcript focuses on a discussion about the inclusion of cervical biopsy cases in the gynaecological pathology EQA scheme, raised by BK.

Key Points:

- **Digital EQA:** The scheme organizer, BK, highlighted the successful transition to digital EQA, which has improved efficiency.
- **"Not Routine Practice" Comments:** BK noted that some participants include comments stating that the presented cases are not part of their routine practice. She inquired about how to address such comments and their potential impact on the participant's performance.
- **Handling "Not Routine Practice" Comments:** PB suggested that these comments should be considered within the context of the participant's appraisal and used to initiate discussions about their practice and areas for development. He emphasized that participants should strive to complete the EQA cases to the best of

their ability, even if they are not routinely encountered in their practice.

- **Inclusion of Cervical Biopsies:** BK raised the question of whether the inclusion of two cervical biopsy cases in the gynaecological EQA scheme is appropriate, given that all participants may not routinely encounter or assess such cases.
- **Comparison to Bowel Polyp EQA:** PB drew a comparison to the bowel polyp EQA scheme, noting that while some pathologists may not routinely assess bowel polyps, they are still expected to participate in the EQA to maintain their accreditation for bowel cancer screening.
- **Potential Solution:** PB suggested exploring the possibility of collaborating with national screening coordinators to determine whether the inclusion of cervical biopsies in the gynaecological EQA scheme could be considered a requirement for pathologists involved in cervical screening programs.

Action Points:

- **PB/KB ACTION: Speak offline and investigate who is the appropriate contact within national screening programmes to discuss the inclusion of cervical biopsies in the gynaecological EQA scheme.**