NATIONAL HEAD & NECK HISTOPATHOLOGY EXTERNAL QUALITY ASSURANCE SCHEME

STANDARD OPERATING PROCEDURES

Scheme Organiser: Dr. G Hall
Scheme Coordinator: Ms. Lynsey James

Amended January 2018

MISSION STATEMENT

The National Head & Neck Histopathology External Quality Assurance Scheme (henceforth abbreviated to NEQAS, or referred to as the Scheme) is sponsored by the British Society for Oral and Maxillofacial Pathology and is designed for specialists in both Oral & Maxillofacial and Ear, Nose and Throat histopathology.

The prime purposes of the Scheme are:

- Education
- Exchange of ideas
- Dispersal of new knowledge
- Quality assurance

with the aim of ensuring a high standard of performance by practitioners of Head and Neck diagnostic histopathology.

SOP 1 **Maintenance of Standard Operating Procedures**

The Standard Operating Procedures (henceforth SOPs) also serve as the terms of membership, and are kept in paper form in a loose-leaf folder in the offices of the NEQAS Scheme Organiser (henceforth Organiser) and Scheme Coordinator (henceforth Coordinator), and displayed on the website of the British Society for Oral and Maxillofacial Pathology (henceforth BSOMP) (www.bsomp.org). Acceptance of the terms of membership is a requirement prior to participating in the Scheme.

Annually, before submission of a report to the National Quality Assurance Advisory Panel for Histopathology & Cytopathology (henceforth NQAAP) and the Steering Committee for Interpretative EQA (henceforth the Steering Committee) of the Royal College of Pathologists (henceforth RCPath), each SOP is reviewed by the Organiser, signed and dated.

If it is necessary to amend a SOP, or to create a new one, this is done by the Organiser in draft form. The draft is circulated to participants for their approval and the new and old forms are submitted to NQAAP and Steering Committee along with the Annual Report, with a request for approval. Amendments can be used pending approval by NQAAP and the Steering Committee.

Each SOP is marked with the date of approval by NQAAP and the Steering Committee.

Signed: …….(Organiser)

Dated: ……

SOP 2 **Scheme Membership**

This NEQAS is available to those who report surgical pathology cases from the head and neck as independent practitioners in the United Kingdom, (*i.e.* consultants, staff grade and associate specialists). It is designed for specialists in both Oral & Maxillofacial and Ear, Nose and Throat (henceforth ENT) histopathology and members are invited to select their field of expertise for personal performance analysis.

Although full membership is restricted to those working within the United Kingdom, independent practitioners working elsewhere may join the Scheme for educational purposes and a trainee category membership is also available. However, their responses are not scored, and therefore not subject to action for "persistent substandard performance". Specialist Registrars from the United Kingdom and Eire, and Overseas Members, can attend Review Sessions but they do not have membership voting rights. For the purposes of invoicing, receipt of slides boxes and to ensure a method of communication of substandard performance via the appraisal process, it is expected that those registered as standard / full UK members are in employment at the time of participation and provide a UK Hospital address as a point of contact.

When a member is away from work for a protracted period (such as sabbatical or maternity leave) then he / she should inform the Organiser so that their membership can be suspended. Unless such notification has been received, a Letter of Enquiry will be sent to members who do not submit Response Forms to two consecutive circulations (see SOP 11). Membership is dependent on acceptance of the terms of membership and completion of the appropriate form.

Signed: …….(Organiser)

Dated: ……

SOP 3 **Enrolment of New Members**

Potential applicants should read the general description on the BSOMP website. If the prospective member wishes to proceed, he/she is asked to read the SOPs, which form the terms of membership. Registration on the EQA website is regarded as acceptance of Terms of Membership.

Upon online registration, the Coordinator will check the details supplied, confirm membership category (standard / UK Consultant, overseas or trainee), issue the new member with a confidential code number that is not known to the Organiser (see SOP 6). The new member will then be eligible to participate in the next full circulation.

The online database of participants is used to issue invoices to active participants in December each year (see SOP 15).

Signed: …….(Organiser)

Dated: ……

SOP 4 Obtaining Case Material

Cases for circulation in the NEQAS are submitted by the membership. The 18 cases are divided into six “oral”, six “ENT” and six “common” and include intra-oral, pharyngeal and laryngeal biopsies, lesions from the salivary glands, jaws, nose and paranasal sinuses, ear, thyroid gland, neck and facial skin. Appropriate accreditation of the submitting pathologist’s laboratory is expected, and participation in an approved technical NEQAS is the minimal acceptable evidence of technical standards.

Use of archival material for NEQAS purposes does not require either local ethical committee approval or individual patient consent provided:

- Tissue has not been removed from the patient in excess of that required for their medical care
- Use of material for NEQAS does not compromise routine diagnostic assessment
- The NEQAS material is anonymous
- The NEQAS is a not-for-profit activity

Members are asked to select cases from their own department using the following guidelines:

- The cases must be a reflection of routine Oral & Maxillofacial and / or ENT histopathology practice. Extremely simple, bizarre and controversial cases should be avoided
- A single H&E-stained section must be representative of the pathological process and permit diagnosis (or at least the formulation of a differential diagnosis)
- There must be sufficient tissue in the block to permit cutting of at least 50 sections

Members are required to supply 50 H & E-stained sections together with a resumé of the relevant clinical information that was available at the time of the original report and, if necessary, a brief description of the gross appearances, laboratory trimming procedures and the results of special investigations (immunohistochemistry or special stains, electron microscopy, *etc*). This information can be supplied online via the website or by enclosing a paper copy with the slides. The submitting member is required to check that the material provided is of adequate quality and contains the diagnostic features. The submitting member must ensure that the given clinical details are not misleading in the setting / context of a NEQAS exercise and, if necessary, they should modify the information on the original histopathology request form. The local diagnosis must not be disclosed at this stage, but the submitting pathologist is expected to announce it at the relevant Review Session, together with any information on the subsequent course of the disease that can be used to verify (or refute) the original local diagnosis.

On receipt of a case, the Organiser checks the site of origin of the biopsy, determines the tissue / pathological diagnostic categories and records these together with the submitting pathologist’s name before placing the slides and their accompanying pro forma into store. Provided the store of suitable cases is sufficiently large, the Organiser selects 18 cases and normally invites four members of the BSOMP EQA Subcommittee (normally two Oral & Maxillofacial and two ENT - SOP 17) to verify that the chosen cases are appropriate and form a well-balanced mix of pathological and tissue categories, degree of difficulty, *etc*. The Organiser and Subcommittee members are unaware of the local diagnosis and must not discuss their diagnostic opinions with other Subcommittee members since a discussion of cases at this stage would prevent them returning Response Forms and participating in the circulation themselves (see SOP 7). Very occasionally, at the discretion of the Organiser and Subcommittee members, special stains or

cases of special educational interest may be included in a circulation. If the Organiser or Subcommittee members decide a submitted case is unsuitable, the Organiser will write to the submitting pathologist indicating the reason(s) for rejection.

Once the final 18 cases have been selected, the slides are labelled, boxed and clinical details are checked for correct annotation. A separate listing of the submitting pathologists, together with their original submission pro formas, provide the audit trail for identification of the local diagnoses, follow up, *etc*.

From Autumn 2009 (circulation 16), the 18 cases will also be available for viewing on the University of Leeds Aperio web-based virtual microscopy system, for those participants who are happy to analyse the sections in this manner (with or without the additional use of glass slides).

As of 2016, participants will be emailed alphabetically (surname) on a monthly basis: A's January, B's February etc, to request that they submit a case. This is to ensure that the stock of cases represents the workload of the entire membership and to keep the stock of cases healthy. 1 CPD point will be awarded by emailed certificate for provision of a case.

Signed: ……(Organiser)

Dated: ……

SOP 5 Initiating a Circulation

At the start of a new circulation, the Organiser informs members by e-mail of the time scale of the circulation and, if available, the venue, date and time of the Review Session. The case summary list which includes the resumés of the clinical / pathological details provided by the submitting pathologist and the response form are available online (www.histopathologyeqa.org).

50 boxes of slides are made per circulation and as this is less than the number of participating centres, most centres will have to share. A schedule / order of circulation is produced for each circulation, with this information available on the website, detailing the order in which the boxes will pass between the 2 sharing centres, the name of the lead participant at each of the centres, together with their contact details, and the date on which transfer should take place. A period of 4 weeks per centre is aimed for as a minimum. Members can identify who their lead participant is by looking in the “my schemes” section on the website. It is left to the participants sharing each box to decide who keeps the box afterwards, with a suggestion that this is alternated. Boxes will only be sent to Pathology Departments within NHS Hospitals or, by agreement, to private laboratories, but not to home addresses. See SOP 2 paragraph 2,

Signed: …….(Organiser)

Dated: ……

SOP 6 **Confidentiality**

The Organiser receives and analyses responses from members in a manner that ensures that the Organiser is not aware of the author of any response other than his / her own.

This is achieved by a confidential numeric code system generated by the Coordinator. The Coordinator accesses the website via a different interface, on which participants can be linked to participant number, but the Organiser is never able to access this information. This represents the only link between the codes and the members' names. It is password protected and is not made available to the Organiser.

Code numbers may be changed when felt necessary by the Coordinator or the Organiser. In addition, a member may request a change of code number if there is a risk or evidence that confidentiality has been broken. Codes should never be re-issued following suspension of membership or retirement, in case the outgoing member has scored low in his / her final circulations, in which case this could lead to an erroneous action point for the new member.

All responses are completed online.
Members can check that their results have been submitted as "RESULTS SUBMITTED" will appear above the case tabs.

Any confidential communication from the Organiser to a member is emailed to the Co-ordinator e.g. "Dear 905", and then forwarded on by the Coordinator. Any responses to the email are anonymised before being passed to the Organiser.

The link between the members' names and the code numbers may be divulged by the Coordinator under only two circumstances:

1 In writing to a member who requests a reminder of his / her code number. Code numbers are not normally divulged by telephone.

2 In writing to the Chairman of NQAAP, only when justified by SOP 10, in order to investigate appropriately a case of persistent substandard performance in the Scheme.

No NEQAS result may be divulged to any other authority without the permission of the member (see Executive Letter EL98/2).

Signed: …….(Organiser)

Dated: …….

SOP 7 Submission, Receipt and Analysis of Responses

Discussion of cases with colleagues prior to the Review Session is prohibited, but access to textbooks and journals is allowed.

Members are asked to complete the Response Forms as they feel appropriate to each case. Many members find it helpful to list the salient histological features, but this is not a requirement. A single ("definitive") diagnosis may be appropriate in many cases. In other cases, a "working" diagnosis or limited "differential" diagnosis (in order of preference) may be offered if supplemented by an indication of the further investigations necessary to reach a definitive diagnosis. A maximum of 3 differentials is permitted.

Members are expected to study all 18 cases. They may choose to submit Response Forms for 12 cases (either six "oral" or six "ENT" from their chosen specialised field as registered, plus the six "common") or for all 18 cases. Response Forms that are submitted will be scored and used in Personal Performance Analysis (see SOPs 8 and 10). Failure to respond to a case without a good reason will be scored 0 (see SOP 8). Members may indicate on the Response Form that the case is outside their usual field of reporting, but they should still attempt a "ball-park" diagnosis as well as stating that the case would be referred to an expert of colleague. The latter should be indicated on the Response Form under the banner "work-up". Members at the Review Session will decide whether referral was appropriate and take this into account when allocating scores. As a general rule, referrals should account for less than 20% of an individual member's responses, but the number in any single circulation will depend on the range and difficulty of the cases and the experience of the member.

Submission is entirely online. It is suggested that members hit "save" after completing each case, and once they are happy that they have completed the entire set, they should hit "complete".
Members should print and keep a copy of their completed Response Forms.

The Organiser, as a participant in the Scheme him / herself, is obliged to examine the slides and complete his / her Response Forms before seeing the responses of other members.

After the closing date, the Organiser analyses the returns for each case and prepares a summary schedule of the submitted diagnoses. For each of the cases, this schedule shows:

- The number of members submitting a response form
- A list of the offered diagnoses with the number of participants against each one

The Schedule of Responses is distributed to members at the Review Session (see SOP 8) and forms the basis of the discussion and mark allocation.

Signed: ……(Organiser)

Dated: ……

SOP 8 The Review Session

Failure to have sufficient attendance at the standalone (Autumn) review session to achieve quorum for several years, means that only 1 review session will be held annually, in conjunction with the BSOMP annual scientific meeting, typically April / May.

- Any items of interest, including RCPath communications and meetings for NEQAS Organisers
- The general management of the Scheme, and any way in which the Scheme might be extended, improved or audited
- Flagging of performances in the previous circulation (see SOP 10)
- The cases which have been circulated since the previous meeting in order to decide how best they should be used for personal performance analysis

Prior to the Review Session, after the closing date for submissions, the Organiser will contact submitting pathologists and ask that, if they are unable to attend the Meeting, they notify the Organiser of the local diagnosis prior to the Review Session.

At the Review Session, the Organiser will present the Schedule of Responses (see SOP 7) summarising the diagnoses proffered for each case. Each case is discussed in turn with microscopic images. If present, the submitting pathologist will be invited to disclose the local diagnosis and if known, the subsequent clinical course. If the submitting pathologist is absent, the Organiser will disclose the local diagnosis.

All members may participate in the discussion of all 18 cases, but only members who have submitted a Response Form to the case under discussion should vote. At least 25% of the respondents to the circulation under discussion must be present for the Review Session to be quorate. If the Review Session is quorate, the members present and eligible to vote are asked to decide:

- whether the case is appropriate for personal performance analysis; situations where the case may not be appropriate include cases where there was no majority view as to the correct diagnosis; cases where the material circulated was deemed to be inadequate to achieve a specific diagnosis; and cases which were originally identified as being rare or unusual and therefore for special educational purposes only.

- how the case should be scored for personal performance analysis; a numerical scoring system is used. The Schedule of Responses is reviewed and marks are decided by eligible voting members present at the Review Session. The decision is a majority one and voting will take place using a system called PowerVote, whereby all members eligible to vote will be provided with a key pad, allowing them to vote on points allocation for each response for each case, and with the results visible live at the time of the meeting.

Marks are given to individual responses as follows:

- Two marks are given to responses that are judged accurate, complete and correct
- One mark is given to responses that are judged incomplete or deficient, but not necessarily incorrect
- No marks are given to answers that are judged to be wrong

For each circulation, therefore, individual members are normally scored out of 24 or 36 marks depending on whether Response Forms were submitted for one or both specialist arms.

The “correct” diagnosis is defined as one in which there is at least majority agreement amongst voting members and, except in rare cases, which is in agreement with that made by the submitting pathologist. Furthermore, there must be no good evidence that the majority / local diagnosis is wrong.

The following example illustrates a possible likely marking scenario:

Adenomatoid odontogenic tumour	2 marks	(correct)
Benign odontogenic tumour	1 mark	(incomplete)
Dentigerous cyst	0 marks	(wrong)

Normally, each individual Response Form is judged only by the proffered diagnosis / diagnoses / further investigations. The histological descriptions are not judged for completeness. However, the Organiser may refer to a histological description to clarify the terminology and completeness of a diagnosis when preparing the score sheet and feedback to members (see SOP 9).

A Register of Attendance is circulated at the Review Session and accurate records of attendance are necessary for allocation of Continuing Professional Development (CPD) credits (see SOP 9). Members unable to attend the Review Session should submit any comments on the running of the Scheme *etc*., in writing, at least five days prior to the Review Session. If less than a quorate membership is present at the Review Session, then any decisions about changes to the running of the Scheme will be delayed until the next quorate meeting. Any decisions on diagnoses and allocation of marks which are at variance with the postal consensus will be detailed in the Minutes and scoring will be delayed until the next quorate meeting.

Signed: ……(Organiser)

Dated: ……

SOP 9 **Feedback to Members**

After the Review Session, the Organiser marks the Response Forms according to the scoring system agreed at the meeting (see SOP 8). The marks are entered online. Once the scoring is complete, each participant can assess their performance through the “report” tab, which reveals their own score, distribution of participant’s scores for that circulation and also tracks their performance from previous circulations. Notes of the Meeting are also made available online in the documents section of the website. The Notes include a list of the agreed correct diagnoses and, in some cases, brief notes on the discussion and decision process.

Participation in this Scheme is an important part of CPD. Three CPD points are awarded for submission of responses (certificate available online following scoring as a PDF document). A further 2-3 points are available for attendance at the review session.

Signed: …….(Organiser)

Dated: ……

SOP 10 Persistent Substandard Performance and Remedial Action

Members appreciate the educational value of this specialist NEQAS. Any member with a mark of 0 or 1 should review the slide in the light of the comments made at the Review Session. The Schedule of Responses and the Notes of the Review Session are designed to help members who missed the Review Session. The member is encouraged to reflect on the case and decide if further educational activity is needed. In addition, the Scheme enables an individual member to be alerted, in confidence, to substantial deviance from their peers. Failure of an individual's own remedial response may lead to the recognition of a persistent substandard performance.

Definition of substandard performance

The participant(s) in the bottom 2.5% are designated as a low / substandard score.

If the Organiser becomes concerned that the performance of a member gives cause for concern, such that the quality of patient care may be in doubt, the Organiser is entitled to bring these concerns to the attention of the Chairman of NQAAP even if the criteria for persistent substandard performance defined below have not been fulfilled.

First Action Point

The First Action Point is "triggered" when a participant's performance is substandard in two out of three successive circulations. At this point, the Organiser sends a "Dear Colleague" letter to the participant. The letter points out the position, invites explanations and offers appropriate sources of advice and assistance. Receipt of a "Dear Colleague" letter must be acknowledged by the recipient. The letter of acknowledgement must be sent to the Organiser via the Coordinator and bear no identifying marks other than the participant's code number. If acknowledgement is not received within three weeks, the Organiser sends a reminder letter. If a reply is not received within another three weeks, the Organiser is obliged to inform the Chairman of NQAAP of the position.

The "Dear Colleague" letter and any subsequent communications to the participant and the Chairman of NQAAP will include a list of the "correct" diagnoses and the participant's diagnoses for each of the relevant slide circulations. This acts as a safeguard against possible errors in the confidential code system. If requested, the relevant slides will be made available to the participant and the Chairman of NQAAP.

The Second Action Point

The "Dear Colleague" letter also warns the participant that a similar performance in two out of the next three circulations, or a failure to participate (without documentary evidence of a valid reason) in any of the next three circulations, will trigger the Second Action Point.

When the Second Action Point is triggered, the Organiser will inform the Chairman of NQAAP, who will initiate an appropriate investigation. The Organiser will provide to the Chairman of NQAAP and to the participant details of the EQA responses which have resulted in this referral. This is done anonymously through the Coordinator; all communications about substandard performances and action points are confidential and sent via the Coordinator using the system of "double envelopes" (SOP 6). Although it is anticipated that the Chairman of NQAAP will investigate the matter initially without

knowing the participant's name, communicating via the Coordinator, the Chairman of NQAAP is entitled to be subsequently informed of the identity of the participant by communicating with the Coordinator. At no time should the Organiser be informed or become aware of the identity of any member under such investigation.

If appropriate, the Chairman of NQAAP will correspond with the participant. The task of the investigation is to determine whether the persistent substandard performance relates to standards of routine practice which may put patient care at risk. The investigation will therefore seek all possible explanations for the persistent substandard performance, including a review of the nature of the NEQAS, but concentrating on the participant's routine practice, including conditions of work. The emphasis will be on identifying problems and implementing remedial measures rather than punitive action.

The dialogue between the Chairman and the participant will be directed at assurance that the participant is providing a high quality service and is not a danger to patients. Documents to be observed and recorded include evidence of participation in other EQA schemes, internal quality control (including sharing of cases and obtaining second opinions), evidence of appraisals and audits, an assessment of workloads, health, family matters, problems with colleagues and senior Trust management *etc*.

The Chairman of NQAAP may discuss the situation with the other members of NQAAP, but in such a way that will not reveal to the other members the identity of the pathologist under review. These steps should be completed with reasonable speed; a few weeks at most. If NQAAP is happy that a high quality service is being provided and that patient safety is not being jeopardized, then a return to the scheme with careful observation of performance is appropriate. In certain circumstances, a change in routine work may result from the procedure, or it may be deemed that continued participation in such a specialist NEQAS is not appropriate.

Outcomes following triggering of the Second Action Point

After investigating the situation, the Chairman may recommend remedial action, and it is envisaged that this will be tailored for the particular individual. It is likely to include participation in local study groups and meetings, national workshops and other CPD clinical activities.

If the Chairman of NQAAP remains dissatisfied with the offered explanation(s), or perceives a lack of co-operation which appears to be slowing the investigation, the Chairman of the Joint Working Group on Quality Assurance will be informed, whereupon he / she will pass the matter to the appropriate bodies. In the case of histopathologists and cytopathologists, that body will be the Professional Performance Panel of the RCPath and the Trust Medical Director; the Medical Director may then ask the RCPath for advice and help as outlined in 'Concerns about performance in pathology: guidance for healthcare organizations and pathologists' (RCPath, February 2006).

These procedures should be activated only in exceptional circumstances, and should cause no more concern to Scheme participants than the current possibility of being reported for incompetence by a colleague. The main purpose of this, as well as other Histopathology & Cytopathology EQA schemes, should remain educational. It is anticipated that EQA schemes will continue to be valued by pathologists for this reason The mechanisms of identifying and dealing with a persistent substandard performance have been approved by both Scheme participants and NQAAP.

The above procedures do not replace or alter in any way the obligation placed by the General Medical Council / General Dental Council upon the Organiser, as a Doctor / Dentist, to take appropriate action to protect patient care if the Organiser believes that patient care is being put at risk.

Signed: …….(Organiser)

Dated: …….

SOP 11 **Non-participation**

The minimum acceptable level of participation in this Scheme is two out of three consecutive circulations, calculated on a rolling basis provided the First Action Point has not been reached.

Non-participation in an EQA circulation for reasons of illness, prolonged annual or sabbatical leave or maternity leave is acceptable and should be supported by documentary evidence. Non-participation due to a heavy routine workload is not an acceptable reason.

Failure to reach the minimum level of participation precipitates a Letter of Enquiry and failure to respond to this will terminate membership. In the case of trainee and overseas members, membership will be automatically suspended in the case of failure to submit for 2 consecutive circulations.

Non-participation after the First Action Point has been triggered counts as a further substandard performance.

Signed: …….(Organiser)

Dated: …….

SOP 12 Communications and Complaints

All written communications from members to the Organiser or Coordinator will be stored in a file for a minimum of four years.

Where the communication may be construed as a complaint, the action taken to remedy the complaint will be recorded and dated and clipped to the original communication in the file.

If the Organiser judges the complaint to be justified and of a nature which requires any alteration in the procedures of the scheme, the preferred sequence of events for enacting such changes would be:

1. Discussion at the next Review Session.
2. Production of a draft revision to the relevant SOP.
3. Implementation pending approval by NQAAP and the Steering Committee.
4. Notification of the revision to NQAAP and the Steering Committee.

In the unlikely event of a complaint being handled locally to the dissatisfaction of a member, the member can complain direct to the Chairman of NQAAP, or to the President of the BSOMP. The Organiser may wish to raise complaints at a Review Session. If so, the Organiser will try to maintain the anonymity of the complainant. If the matter is confidential, the complainant should use his / her confidential code number and communicate via the Coordinator.

Signed: …….(Organiser)

Dated: ……

SOP 13 **Oversight**

The Organiser is supported and overseen by a BSOMP EQA Subcommittee which includes 2 Oral and Maxillofacial Pathologists and 2 medically qualified pathologists (see SOP 17).

Comments on the mode of operation of the Scheme are invited at every Review Session. Changes proposed at such meetings will normally be reviewed by the EQA Steering Committee of the RCPath and/or the NQAAP, as below, unless the need is urgent.

Suggestions for a change of the Organiser should be discussed first at a Review Session; such suggestions must be considered if made by any scheme member. As far as possible, decisions at the Review Session will be made democratically by those present. Eighteen members must be present for a quorate meeting.

A structured report is provided annually to NQAAP and copied to the Steering Committee. Any changes in the SOPs must be communicated to NQAAP and the Steering Committee for approval (SOP 1).

Signed: …….(Organiser)

Dated: …….

SOP 14 **Managerial Accountability**

The Scheme is sponsored and financially supported by the BSOMP (SOP 15).

The Administration side of the Scheme operates from within the Department of Paediatric Histopathology at Central Manchester Foundation Trust, Oxford Road, Manchester M13 9WL. The Scheme Organiser is based and Guy's Hospital, Great Maze Pond, London SE1 9RT.

Signed: ……(Organiser)

Dated: ……

SOP 15 **Finance**

The costs of running the Scheme and its supervision are covered by contributions from the BSOMP and subscriptions from members.

The income covers the costs incurred by the Organiser and the Coordinator, postage and stationery, honoraria and other miscellaneous expenses generated during the management of the Scheme.

UK Consultant members pay an annual subscription fee of £100, with it anticipated that this cost will be met by the employing Trust.

Signed: …….(Organiser)

Dated: …….

SOP 16 **Accounting**

The Schemes finances are audited annually with those of the BSOMP by the appointed accountant.

Signed: …….(Organiser)

Dated: …….

SOP 17 **Staffing**

The Scheme is sponsored by the BSOMP. The Organiser is a co-opted member of the Council of the BSOMP.

The Organiser is Dr. Gillian Hall, Consultant Histopathologist, Department of Head and Neck Pathology, 4th Floor Tower Wing, Guy's Hospital, Great Maze Pond, London SE1 9RT. The Scheme makes no payment for her time. The term of office is three years but, in the event of non-approval or resignation during that period Scheme members will be invited to nominate candidates and vote for a new Organiser. The retiring Organiser will be responsible for training the new Organiser and the transfer of stored documents and material.

Dr. Hall is supported by a BSOMP EQA Subcommittee, comprising two Oral & Maxillofacial members (currently Dr Krishna Suchak and Dr. Preeta Chengot) and three ENT members (currently Dr. Ketan Shah, Dr Katherine Sissons and Dr Philip Da Forno). Dr Siavash Rahimi is the deputy organiser. Both Oral & Maxillofacial and ENT cases should be submitted to Dr. Hall, who will normally invite all members of the Subcommittee to advise on the selection of the final 18 slides in each circulation.

The Scheme Coordinator is Ms Lynsey James, who is employed by Central Manchester Foundation Trust as Medical Secretary in the Department of Paediatric Histopathology.

The Organiser is responsible for most of the clerical work and only engages the Coordinator for assistance in the preparation, packing and despatch of the slide boxes at the time of each new circulation, and when confidential matters are involved.

Signed: …….(Organiser)

Dated: ……

SOP 18 **Training**

The Organiser is allowed study leave to attend meetings and conferences organised by the RCPath or other overseeing bodies, and any other relevant meetings and training opportunities that may be organised by other institutions/bodies. The Organiser is registered for CPD with the Royal College of Pathologists.

The Coordinator is involved in various training programmes as part of her employment at the Guy's and St Thomas' NHS Foundation Trust.

There is no specific training for work on the EQA Scheme; problems are resolved by informal discussion between the Organiser and the Coordinator, and the Organiser will provide training for her as required.

Signed: ……(Organiser)

Dated: ……