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What I am going to tell you about

- The NHS England Pathology Quality Assurance Review (PQAR)
- Its recommendations and their implications for the future of EQA
- What has happened since
The PQAR
Pre-PQAR EQA governance
The main recommendations of the PQAR – 1: Professionalising quality management

Health Education England should lead a systematic approach to develop quality management and quality improvement skills in the pathology workforce which should be recognised as an essential requirement in CPD and individual appraisal requirements.
The main recommendations of the PQAR – 2:
Beefing up the JWGQA and focussing on individual performance

The membership, role and function of the Joint Working Group for Quality Assurance should be revised and expanded:
• should set standards and performance criteria
• should advise on publication of performance data

Further consideration should be given to assessing individual performance
The main recommendations of the PQAR – 3:
Pathology QA must link into provider clinical governance systems

The quality and governance systems of pathology providers must be integrated with trust governance and quality structures with identification of accountable board members.
The main recommendations of the PQAR – 4:

**Do error reporting properly and openly**

The Trust Development Authority, Monitor and the Care Quality Commission should encourage trusts to **adhere to existing guidance on error reporting** and pathology providers should share knowledge from lessons learned.
The main recommendations of the PQAR – 5: Make NLMC meaningful

Continued development of the National Laboratory Medicine Catalogue to ensure consistency of data and information should remain a priority. The professional bodies, IVD manufacturers and others should work towards minimising the differences between analytical processes, requesting and reporting
The main recommendations of the PQAR – 6: 
**UKAS to make current accreditation status visible and relevant**

UKAS has agreed to regularly update the accreditation status of laboratories in order to ensure that accreditation status is shorthand for a quality assured service.
The main recommendations of the PQAR – 7:

Update PSCT

In order to support Commissioners in the next planning round, the Pathology Services Commissioning Toolkit should be updated.
The main recommendations of the PQAR – 8:
Establish Oversight Group and Dashboard

A national Oversight Group should be established through NHS England who will oversee improvements in QA governance mechanisms and develop a Pathology QA Dashboard
Fine Print relevant to Cellular Pathology
4.32. The professional bodies, led by RCPATH, should develop methodologies for assessing the performance of individuals in EQA schemes that will give a fair and accurate picture of their competence to practice.
4.33. All practicing individuals responsible for reporting pathology results and providing clinical advice should be registered with current EQA individual assessment schemes and demonstrate regular participation as defined by the JWGQA. They should achieve appropriate levels of performance as determined by the professional bodies. Performance in individual schemes should be discussed and noted at annual appraisal.
4.34. Where opportunities or a need to improve are identified, additional remedial training should be required, or *practice in the area of concern should be stopped* until appropriate retraining has been undertaken and revalidation achieved. This process should be noted formally as part of governance procedures, with *support from the employing organisation*. 
4.35. EQA schemes are designed to assess and improve individual performance and employing organisations should ensure that **resources are made available** to support participation and remedial action if required.
4.36. Provider organisations and professional bodies should ensure that individuals understand that EQA schemes are designed to assess and improve individual performance, and that attempts at collusion are considered matters of professional probity.
The key theme of the PQAR - governance

Our organisations need to know about, care about and react to the quality of what we do...and support us in delivering that quality.
So what has happened?
The College Response

• New committee structure proposed to replace current JWGQA and NQAAPs
• Interpretative EQA to be linked to Professional Standards...or maybe not
• Interpretative and technical EQA oversight to be separated
• Cellular Pathology Interpretative EQA Scheme Organisers’ meetings no longer to be hosted by the College
• And the College has gone into hiding!
The main recommendations of the PQAR – 1: Professionalising quality management

Health Education England should lead a systematic approach to develop quality management and quality improvement skills in the pathology workforce which should be recognised as an essential requirement in CPD and individual appraisal requirements.
The main recommendations of the PQAR – 2: Beefing up the JWGQA and focussing on individual performance

The membership, role and function of the Joint Working Group for Quality Assurance should be revised and expanded:
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Further consideration should be given to assessing individual performance

Ongoing - RCPan proposed the opposite
The main recommendations of the PQAR – 3:

Pathology QA must link into provider clinical governance systems

The quality and governance systems of pathology providers must be integrated with trust governance and quality structures with identification of accountable board members

To an extent this already happens but this proposal has not become visible at a national level
The main recommendations of the PQAR – 4: **Do error reporting properly and openly**

The Trust Development Authority, Monitor and the Care Quality Commission should encourage trusts to adhere to existing guidance on error reporting and pathology providers should share knowledge from lessons learned.

No visible progress on this one

.....post Francis duty of candour has implications
The main recommendations of the PQAR – 5: Make NLMC meaningful

Continued development of the National Laboratory Medicine Catalogue to ensure consistency of data and information should remain a priority. The professional bodies, IVD manufacturers and others should work towards minimising the differences between analytical processes, requesting and reporting.

Last release April 2014......
The main recommendations of the PQAR – 6: UKAS to make current accreditation status visible and relevant

UKAS has agreed to regularly update the accreditation status of laboratories in order to ensure that accreditation status is shorthand for a quality assured service

At present this is a binary measurement that, on a national level seems to be very reassuring
The main recommendations of the PQAR – 7:

**Update PSCT**

In order to support Commissioners in the next planning round, the Pathology Services Commissioning Toolkit should be updated

Not updated yet. Original version heavily biased towards reconfiguring direct access testing, so significant changes would be required to align it with the PQAR
The main recommendations of the PQAR – 8: Establish Oversight Group and Dashboard

A national Oversight Group should be established through NHS England who will oversee improvements in QA governance mechanisms and develop a Pathology QA Dashboard

Oversight group now established. DoH will only resource development of the dashboard
Conclusions

• The NHS in England has woken up to the fact that quality assessment in pathology matters
• There is a desire to “harmonise upwards”
• There is a significant gap between theory and reality
• The requirement for rigorous and transparent EQA is only moving in one direction