The Royal College of Pathologists
Pathology: the science behind the cure

# Quality Assurance in Pathology Committee

## Terms of Reference

As part of the College review of the system governance and oversight of External Quality Assurance, the QAPC replaced the Joint Working Group for Quality Assurance in Pathology (JWGQA) in 2020 to reflect the revised membership, role, and function of this committee.

### 1. Purpose

The Quality Assurance in Pathology Committee (QAPC) co-ordinates and sets consistent standards for clinical External Quality Assessment (EQA) schemes used within the UK and works with accreditation partners to ensure their implementation in accreditation processes. A key aim is to ensure that patient safety is prioritised and embedded within all EQA governance processes.

The QAPC has delegated authority from College Council to provide the College with oversight of performance in EQA schemes and through this the performance of clinical laboratories and laboratory methods in the UK. The aim is to ensure that poorly performing laboratories or participants, poorly performing laboratory methods as well as clinically unacceptable variation between laboratory methods can be identified, investigated appropriately with appropriate actions assigned in support of patient safety and that learning is shared across the system.

### 2. Oversight Responsibilities

The QAPC has oversight on behalf of the College to:

- Report concerns about poorly performing laboratories to the appropriate regulator. These would be concerns identified by the QAPC as compromising or at risk of compromising patient safety
- Report concerns about the performance of poorly performing laboratories and concerns about EQA providers to United Kingdom Accreditation Service (UKAS)
- Act as a point of contact for EQA providers for the MHRA where required, recognising that EQA providers are able to raise concerns about specific laboratory methods directly to Medicines and Healthcare products Regulation Agency (MHRA).
- Receive reports on the progress of the EQA review programme from the EQA Oversight Programme Board

### 3. Accountabilities

#### 3.1 Oversight and scrutiny

- Scrutinise the robustness of the EQA Governance and Assurance framework and provide assurance to College Council that processes operate effectively and timely action is taken to address any areas of concern.
- Oversee the EQA Governance and Assurance framework ensuring that it is operating consistently across all NQAAPs and there is a standardised approach to identifying,

investigating and escalating poor performance and to facilitate shared learning and improve practice in the interests of patient safety.

- Provide strategic oversight of all National Quality Assurance Advisory Panels (NQAAPs) providing a reporting route for the escalation of persistent poor performance of laboratories to the appropriate regulator in the four nations (such as the Care Quality Commission in England) and a reporting route for notification of persistent poor performance of laboratories or concerns about an EQA provider to UKAS.
- Ensure that appropriate investigation of persistent poor performance is conducted. This includes:
    - Review of persistent poor performance across all NQAAPs to identify common themes and trends including the identification of laboratories with performance issues across pathology disciplines.
    - Assessment of risks to patient safety arising from clinically significant differences between laboratories using the same methodologies
    - Assessment of risks to patient safety arising from clinically significant differences between methodologies identified through EQA
- Work with MHRA to ensure that the necessary actions are in place to sufficiently rectify or mitigate any risks to patient safety associated with poor performance of laboratory methods.
- Work with MHRA to set performance standards that manufacturers must meet for tests supplied to the NHS ensuring that a manufacturer's method is fit for purpose
- Work with NQAAPs and EQA scheme organisers towards harmonisation of policies and definitions relating to poor performance, with separate policies becoming the exception. This does not prescribe how policies are implemented and overseen, but the emphasis is on harmonising outcomes. The policies and any exceptions will be discussed and agreed at QAPC meetings.
- Provide oversight of audits of member compliance with the EQA Governance Framework standards/key performance indicators/ key assurance indicators
- Report on performance in EQA to College Council including qualitative themes emerging for system wide learning and for quality/service improvement and to ensure effective dissemination of this learning.
- Advise on publication of performance data.
- Undertake annual review of the performance and function of the QAPC and its satisfaction of these terms of reference.

### 3.2 External relationships

- Reviewing the effectiveness of liaison between EQA scheme organisers, NQAAPs and participants.
- Receiving, discussing, and resolving complaints about quality assessment practices from participants or individual practitioners where issues have not been satisfactorily resolved by EQA scheme organisers, EQA steering committees or NQAAPs.

- Work with NQAAPs and EQA scheme organisers towards harmonisation of policies and definitions relating to poor performance,

- Liaison with accreditation bodies in the monitoring of quality assessment in the UK.

- Management of relationships with regulators in the event of concerns.

- Act as a point of contact for EQA providers for the MHRA where required, recognising that EQA providers are able to raise concerns about specific laboratory methods directly to MHRA.

- Share learning arising from the work of the committee with service providers, manufacturers, professional societies, and oversight bodies.

### 3.3 Development of pathology quality assurance

- To encourage education and new developments in system governance, pathology service provision and pathology quality assurance.

- To develop systems, practices, and policies to share learning relating to quality management, continuous quality improvement and assurance of pathology results with service providers, manufacturers, professional societies and oversight bodies.

- To foster a culture of continuous improvement and learning across the EQA governance framework, laboratories served and wider system.

## 4. Approval Authority

- Reports to regulators.

- Annual report on NQAAP work to College Council and to the members of the EQA governance partnership.

- Communications regarding laboratory performance, method performance and the performance of EQA schemes.

## 5. Governance

- The QAPC receives annual reports from NQAAPs.

- The QAPC produces an annual report which is submitted to the Royal College of Pathologists' Council.

- The QAPC usually meets twice yearly. These meetings will normally be held via videoconferencing. Administrative support for organising meetings, distribution of papers and taking of minutes will be provided by RCPath. Minutes of the meetings are produced and distributed to panel members and published on the website of RCPath, with access restricted to College members only via myrcpath.

- Quoracy is 3 members of the committee in line with RCPath By-Laws. (This includes members using teleconference/videoconference facilities).

- Committee members must maintain appropriate confidentiality. The oversight system operates under a system of CONFIDENTIALITY, and not ANONYMITY. EQA schemes must fully identify

laboratories reported to the Panels (only providing ID numbers etc is not acceptable). The Committee members are under an obligation to keep this information confidential.

- Committee members are expected to make every effort to attend all meetings. External bodies may send a deputy. Attendance will be recorded formally through the minutes from the meeting.
- Committee communications must appropriately identify labs and manufacturers to minimise patient risk.

## 6. Membership

The membership comprises:

- the Chair, who should be in active diagnostic laboratory practice and has experience of the working of an NQAAP. They will be appointed by the Royal College of Pathologists and is a recent past chair of an NQAAP.
  NOTE: Should the Chair not be able to attend, the meeting will be chaired by one of the attending NQAAP chairs
- Chemical Pathology NQAAP chair
- Haematology NQAAP chair
- Immunology NQAAP chair
- Microbiology NQAAP chair
- Genetics NQAAP chair
- Reproductive Science NQAAP chair
- Cellular Pathology NQAAP chair
- a representative from Medicines & Healthcare products Regulatory Agency (MHRA)
- a representative from the Institute of Biomedical Science (IBMS)
- a representative from the Association for Clinical Biochemistry and Laboratory Medicine (ACB)
- a representative from United Kingdom Accreditation Service (UKAS)
- a representative from the National Screening Committee
- RCPath lay representative.

All members normally serve a three-year term of office renewable at the discretion of the organisation that they represent. Committee members may re-apply for up to two additional terms of three years each.

Co-opted members will be recruited for a specific term (typically 12 months) to contribute for specific topics or projects. The membership of the QAPC will be confirmed annually by College Council.

The Royal College of Pathologists understands the value and strength that diversity brings, and we are proud to be an organisation of members from a wide range of backgrounds. We are keen to encourage and enable more people of all identities and from all backgrounds to become involved in the College.

## 7. Resources

- Travelling expenses will be paid to members (but not observers) of the committee in line with the College's expenses policy. The expenses policy is available on the website. Claims must be made through the College's on-line finance system.

Terms of Reference agreed at QAPC meeting _____

Chair of QAPC _____ Signed _____

Approved at College Council meeting November 2021 _____

Review date (3 years following Council approval) _____

**Appendix 1**

**QAPC Membership**

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|---|---|
| **Chair** | VACANT |
| **Haematology NQAAP Chair** | Dr Keith Gomez |
| **Immunology NQAAP Chair** | VACANT |
| **Microbiology NQAAP Chair** | Dr Neil Woodford |
| **Genetics NQAAP Chair** | Dr Jon Warner |
| **Chemical Pathology NQAAP Chair** | VACANT |
| **Reproductive Science NQAAP Chair** | Dr Bryan Woodward |
| **Cellular Pathology NQAAP Chair** | Dr Paul Barrett |
| **Nominee from Medicines & Healthcare products Regulatory Agency (MHRA)** | Dr Aiden Plant |
| **Honorary officer representation (ex officio). Officers are all ex-officio members of committees and should be included in any item that requires a vote.** | Dr Lance Sandle |
| **Nominee from the Institute of Biomedical Science (IBMS)** | Mr Nigel Coles |
| **Representative from the Association for Clinical Biochemistry and Laboratory Medicine (ACB)** | VACANT |
| **Nominee from United Kingdom Accreditation Service (UKAS)** | Mr Ben Courtney |
| **Nominee from National Screening Committee** | VACANT |
| **Lay representative** | VACANT |