NQAAP terms of reference

Title	Terms of reference for scientific and clinical NQAAPs
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Approved by	EQA Oversight Board
Issued date	September 2023
Review date	September 2028

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1. Defined terms

See Glossary of EQA terms (document WS20202) for details of all defined terms within this document.

2. Introduction and scope

The following general guidance is produced for general operation of the various National Quality Assurance Advisory Panels (NQAAPs) and is intended for NQAAP members, Quality Assurance in Pathology Committee (QAPC) members and external quality assurance (EQA) providers reporting UK performance to NQAAPs. The NQAAPs and QAPC are hosted by the Royal College of Pathologists (RCPath) on behalf of the relevant stakeholders.

3. Responsibilities

This document applies to all NQAAP members.

4. Procedures

4.1 Remit

a. Panels are expected to receive reports on and oversee the management of persistent poor performance of UK medical laboratories and point of care testing (POCT) locations testing patient/clinical samples. By implication, this excludes research, veterinary and overseas laboratories.

   External quality assessment (EQA) providers serving overseas laboratories should have a process for reporting persistent poor performance to the appropriate body within the country concerned (where such a body exists). Where no ‘in country’ body exists, EQA providers should have mechanisms for notifying performance and supporting laboratories. It is not the responsibility of the NQAAP to provide support in cases of non-UK performance issues to the EQA provider.

b. Only 1 NQAAP can be responsible for a given analyte/test to ensure a consistent approach. This should not stop cooperation between NQAAPs. For example, although antibiotic assays are most commonly performed within a clinical chemistry setting, oversight of the performance of laboratories should fall under the remit of the Microbiology NQAAP. In the case of any disagreement between NQAAPs and/or EQA providers regarding which NQAAP should give oversight to a particular analyte/test the issue will be resolved by use of the Dispute resolution policy (document WS10223).

c. As far as is possible, NQAAPs should identify all EQA schemes covering a given analyte that are used by UK medical laboratories and POCT locations and offer them the option to join.

d. NQAAPs must treat all EQA schemes that cover a given analyte analysed by UK medical laboratories and POCT locations testing patient samples in an equal fashion, e.g. not favouring any provider in relation to reporting mechanism or location of meetings.

e. NQAAPs should only receive reports from EQA providers who contribute to the established levy system. A list of such providers will be maintained by RCPath for UK medical laboratories and POCT locations to access.

f. NQAAPs should only be primarily concerned with and only be actively engaged with persistent poor performance of UK medical laboratories and POCT locations testing patient samples. EQA providers may provide information on UK medical laboratories and POCT locations with poor performance for information purposes, but the EQA provider should be engaging with these to help resolve poor performance in the first instance. In situations where a significant threat to patient safety is identified, it may be appropriate for the EQA provider to seek advice from or formally escalate poor performance to the appropriate NQAAP, as per the Escalation of EQA performance concerns policy (document WS20501).

g. NQAAPs have the responsibility to work with EQA providers and other relevant stakeholders to move towards harmonisation of definitions of poor performance in the context of clinical service and ensure that such poor performance can be identified irrespective of the EQA provider.

h. EQA providers that do not meet the requirements of the NQAAPs for providing oversight (e.g. lack of reporting, non-attendance at meetings, non-payment of levy) will be excluded from the NQAAP and will be ineligible for NQAAP support.

4.2 Conduct

a. NQAAP members must declare potential conflicts of interest at the commencement of the meeting. However, this should not preclude declaration of such during the meeting if necessary. For clarity, classification of any laboratory as a persistent poor performer with which a NQAAP member is associated is automatically classed as a conflict of interest and the NQAAP member should be managed as such.

b. NQAAP members must maintain appropriate confidentiality. The oversight system operates under a system of confidentiality, not anonymity. EQA schemes must fully identify UK medical laboratories and POCT locations reported to the NQAAPs. NQAAP members are under an obligation to keep this information confidential within the oversight system.

c. NQAAP communications must appropriately identify UK medical laboratories, POCT locations and manufacturers to minimise patient risk.

d. NQAAPs must invite organisers from all EQA schemes covering UK medical laboratories and POCT locations to an annual NQAAP meeting as a minimum. It is not acceptable to have other meetings where only 1 or a selection of EQA providers are invited. Where an EQA provider is not an existing stakeholder in the NQAAP process, they will be invited annually to join the meeting for the benefit of patient safety (attendance subject to payment of levy).

e. NQAAPs must pay NQAAP members travel expenses as per RCPath Expenses policy. Attendance of EQA scheme organisers at any meetings is at the EQA provider's expense.

4.3 External relationships

Aside from the relationships of the NQAAPs with the RCPath, the NQAAPs have several other external relationships:

a. NQAAP, led by the chair, should work with QAPC to report performance concerns and potential risks. Where possible, this should be consistent across disciplines, however it is recognised that different approaches may be needed in some areas. In the case of any disagreement or differences in approach the issue will be resolved by use of the Dispute resolution policy (document WS10223).

b. NQAAP, led by the chair, must work with the QAPC, to identify potential different performance standards between different manufacturer methods for the same analyte to ensure a consistent approach. In the case of any disagreements or differences in approach the issue will be resolved by use of the Dispute resolution policy (document WS10223).

c. NQAAP should support harmonisation of policies and definitions relating to poor performance. However, it is recognised that accreditation to ISO 17043 requires that EQA providers must not subcontract scheme design (this includes performance criteria) and therefore the final responsibility for implementation of such policies and definitions resides with the EQA providers and not the NQAAPs. NQAAPs should however raise concerns with the EQA provider where the EQA provider's policies and definitions may risk compromising the quality and safety of care provided to patients and escalate these concerns to the QAPC where appropriate.

The NQAAPs must deliver an induction to new members and to all EQA scheme organisers that report EQA performance to the panel. (This is intended to establish relationships and give clarity on what is expected of the new members or EQA scheme organisers. It is envisaged that this can be covered adequately in a telephone conversation with some brief supporting documentation.)

4.4 Panel specific terms of reference

4.4.1 Remit

The NQAAP for the relevant specialty is responsible for monitoring participants' performance in scientific and clinical EQA schemes in that specialty. Where crossover of remit is identified, it is the NQAAP responsibility to decide which NQAAP should act as the lead and ensure that communication regarding any issues or developments is maintained across all parties. In the case of any disagreement between NQAAPs and/or EQA

providers regarding which NQAAP should give oversight to a particular analyte/test the issue will be resolved by use of the Dispute resolution policy (document WS10223).

The NQAAPs focus is on patient safety with an emphasis on shared learning and continuous quality improvement.

The NQAAP is responsible for supporting EQA providers in promoting, coordinating and protecting high professional standards in EQA and encouraging the development of appropriate EQA schemes.

The NQAAP fulfils its remit by:

a. Reviewing and approving membership of the Framework for all scientific and clinical EQA Schemes reporting to the NQAAP in the relevant specialty. This will include evaluation of the performance standards used and the management of persistent poor performance (PPP) in these schemes.

b. Receiving and responding to information on PPP in laboratories in scientific and clinical EQA schemes from EQA scheme organisers according to the timeframes provided in the Escalation of EQA performance concerns policy (document WS20501). The NQAAP should review the information provided and commence dialogue with the EQA provider to address the issues in a timely manner considering the associated risks. In instances where a significant threat to patient safety is identified, it may be appropriate for the EQA provider to seek advice from or formally escalate poor performance to the appropriate NQAAP, as per the Escalation of EQA performance concerns policy (document WS20501).

c. Ensuring a record of any performance issues is maintained to allow historical reviews of performance issues to be undertaken and as an adjunct to responding to any current issues.

d. Undertaking a holistic approach to responding to PPP to ensure cross system performance is monitored. This will be achieved by requiring any laboratories that are identified to provide details to the NQAAP of their EQA performance in other areas and this will be shared with other NQAAPs and the QAPC as appropriate.

e. Supporting scheme organisers' established mechanisms for resolution of PPP in line with the procedures outlines in the Escalation of EQA performance concerns policy (document WS20501).

f. Receiving and resolving complaints from laboratories regarding the resolution and performance oversight actions of the NQAAP.

g. Producing an annual report of its activities for RCPath and the QAPC.

4.4.2 Accountability

The NQAAP is accountable to the QAPC, which in turn is accountable to RCPath, through the Quality Assurance Management Group. The NQAAP is also accountable to the EQA Governance Partnership, which for clarity includes all EQA schemes reporting to and funding the NQAAP(s).

4.4.3 Membership

The membership comprises:

a. chair elected from the membership and approved by the QAPC

b. members nominated by and representing stakeholder groups such as the professional organisations representing the respective workforces and disciplines covered by the NQAAP (these will vary depending upon the NQAAP)

c. co-opted members are permitted, but these should be elected on an individual basis and the NQAAP should document the reason for a particular individual's inclusion.

Each NQAAP member should meet the person specification for NQAAP membership. Additionally, the constitution of the NQAAP membership must ensure that all aspects of the required key skills framework specific to that NQAAP are met by the NQAAP members.

EQA providers should under normal circumstances not be members of the NQAAP, although the NQAAP is able to seek expert advice from EQA providers should it be required.

One of the nominated members of the NQAAP will be designated as deputy chair.

All members will serve a 3-year term of office renewable at the discretion of the organisation that they represent. After this, they can serve a second term, to a maximum time of 6 years before taking a break of a minimum of 2 years from the NQAAP (they cannot re-join or be co-opted back onto the NQAAP during this time). When undertaking a second term, this will require the stakeholder group to which the member belongs to specifically reaffirm their desire that the individual continue in this role.

Co-opted members need to be reaffirmed after their first year and may only serve 2 terms as a co-opted member. After this, they will be required to either leave the NQAAP or take up full membership (should the NQAAP so wish and they are elected by the appropriate professional body or other stakeholder group).

4.4.4 Operation

NQAAPs should invite and hold an open meeting with all EQA providers before the NQAAP individual performance review meetings (i.e. closed sessions) commence. For NQAAPs that have a large number of EQA providers/schemes that report to them, they may wish to allocate a member to attend the respective EQA provider steering/advisory group meetings rather than hold closed session meetings.

The NQAAP will meet a minimum of once per year and a maximum of twice per year. This is set at the discretion of each NQAAP based on workload and schemes covered. Meetings can be face-to-face or virtual. In instances where a significant threat to patient safety is identified, it may be appropriate for the EQA provider to seek advice from or formally escalate poor performance to the appropriate NQAAP, as per the Escalation of EQA performance concerns policy (document WS20501).

Administrative support for organising meetings, distribution of papers and taking of minutes will be provided by RCPath using funding provided to the NQAAP system by the EQA providers. Minutes of the open meeting and appropriate closed sessions will be produced and distributed to all NQAAP members and relevant EQA scheme providers.

NQAAP meetings will be quorate when more than 50% of the nominated members are present.

If the numbers of votes for and against a proposal or decision at a meeting are equal, the chair of the NQAAP has the casting vote, in addition to any other vote they may have.

Annual reports from all EQA schemes will be reviewed at the NQAAP. These reports will be in a standard format across all EQA providers and NQAAPs (see Template for EQA providers' annual reports to NQAAPs document).

The NQAAP will produce an annual report which is submitted to RCPath Council and copied to all stakeholders.

All expenses of the NQAAP are claimed from RCPath (from the fund created by a levy on EQA providers).

5. Related documents

Dispute resolution policy (document WS10223)

Glossary of EQA terms (document WS20202)

Escalation of EQA performance concerns policy (document WS20501)