



Dr Jon Oxley



Dr Nick Mayer

Slide-based uropathology EQA – recent progress and future directions

Many interpretative EQA schemes in histopathology have recently experienced significant increases in participant numbers, coinciding with EQA becoming more formally integrated into the process of appraisal and revalidation. The National Slide-Based Uropathology EQA Scheme is no exception, which has grown from only 100 members in 2003 to over 350 today.

Such expansion brings huge challenges to the organisation of these schemes, which have traditionally been run by consultants in their spare time. The OMNIS computer software developed in the early 1990s by Professor Peter Furness has been, and still is, used by many schemes, but was designed in an era before widespread use of email and the web. It requires manual input of responses into the database by the scheme organiser, making it very laborious. In 2011, after approval at the participants' meeting, we embarked on the development of a new web-based system in collaboration with a software company (KPMd IT Solutions Ltd – <http://www.kpmd.co.uk>), which designed the software for the laboratory NEQAS scheme.

The old OMNIS system used free-text responses, allowing participants to submit anything from very long, vague diagnoses to abbreviations. The scheme organiser then had to translate these responses into a limited number of diagnoses, so that a list of differential diagnoses could be generated, which often required significant interpretative skills. To facilitate response submission for both the participants and the organiser, we developed a drop-down box of differential diagnoses that is organ specific (Figure 1). The list of diagnoses was initially generated using a standard textbook, and additional diagnoses can be manually entered by the organiser. Participants can also select an 'Other' category if they feel their preferred diagnosis is not provided. We trialled this response system using an online survey of the participants and the feedback was positive.

Designing the software to cope with organising circulations, reminder emails and inputting responses and comments took many months, but

in April 2012 the system went live and the first circulation started. We also had scanned images available simultaneously at www.virtualpathology.leeds.ac.uk/eqa, using the Imagescope® software, with virtual slides scanned at X 20. We remain indebted to the University of Leeds for continuing to host old and current circulation images.

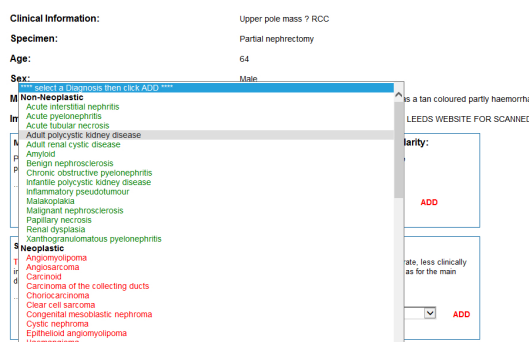
Interestingly, in our recent web survey, nearly half the participants accessed these web images in addition to the circulated glass slides and 5% used these scanned images alone to generate their responses. The scanned images also allowed us to easily capture images for the PowerPoint presentations used at the participants' meeting, which saved us time.

284 participants responded in both circulations in 2012, which was over 85% of those registered, and higher than most of the previous circulations. Although initially there were small numbers of people who experienced issues with the technology; including problems relating to the NHS IT firewalls, these have generally been resolved. After the participants' meeting, we finalised the scoring part of the software and were able to provide online feedback of personal scores to participants and the all-important CPD certificates, which are stored and printable online. Once again, some NHS firewalls made this problematic, but being able to access the website online meant that participants could print certificates at home.

By introducing this web-based software, we have significantly reduced the amount of both secretarial and organiser time spent administering the scheme. There should also be a cost benefit with reduced consumable costs.

It has also allowed us to further develop the educational potential of the scheme. The scheme is now open to trainees, who can use the scanned images, or the glass slides when they are in their departments, to complete live circulations. They also receive a personal score, although these are not monitored by the organisers and when reaching consultant status they receive a new confidential participant number. Overseas members can do likewise, using the scanned images (again their scores are not monitored by the organisers). The latest innovation is for training circulations. As all

Figure 1: A screenshot of new EQALite system



the previous meeting reports and scanned images are available online, participants can now complete old circulations, which are instantly scored, and a report can be printed.

If more schemes adopt this software in the future, an additional benefit is that a participant only needs a single login to access all their registered schemes.

It is important to emphasise that we as individuals, and our scheme, have no financial interest in the company that developed the software and maintain the website.

We hope that this new web-based approach will facilitate greater participation in EQA

schemes for participants and enhance their educational experience. In addition, it should reduce the administrative burden for scheme organisers and secretaries. We encourage other schemes to consider this system and are happy to share our experience with them.

Dr Jon Oxley

Dr Nick Mayer

Scheme Organisers

www.histopathologyeqa.org

EQAdmin@uhl-tr.nhs.uk