

## **Joint Working Group for Quality Assurance : Conditions of EQA Scheme Participation**

The Joint Working Group for Quality Assurance (JWG) is a multidisciplinary group accountable to the Royal College of Pathologists for the oversight of performance in external quality assurance schemes (EQA) in the UK. Membership consists of the chairs of the National Quality Assurance Advisory Panels (NQAAPs), the Institute of Biomedical Sciences, the Independent Healthcare Sector, the Department of Health and CPA (UK) Ltd.

1. The Head of a laboratory is responsible for registering the laboratory with an appropriate accredited EQA scheme.
2. The laboratory should be registered with available EQA schemes to cover all the tests that the laboratory performs as a clinical service.
3. EQA samples must be treated in exactly the same way as clinical samples. If this is not possible because of the use of non-routine material for the EQA (such as photographs) they should still be given as near to routine treatment as possible.
4. Changes in the test methodology of the laboratory should be notified in writing to the appropriate scheme organiser and should be reflected in the EQA schemes with which the laboratory is registered.
5. The criteria for *poor performance* and *persistent poor performance* are proposed by the EQA scheme Steering Committee in consultation with the Scheme Organiser and approved by the relevant NQAAP.
6. The identity of a persistently poor performing laboratory will be made available to members of a NQAAP. Normally management of such laboratories will be undertaken by the NQAAPs. However, it may be escalated to the JWG if not resolved by the NQAAP.
7. Samples, reports and routine correspondence may be addressed to a named deputy, but correspondence from Organisers and NQAAPs concerning persistent poor performance will be sent directly to the Head of the laboratory or, in the case of the independent healthcare sector, the Hospital Executive Director.
8. The EQA code number and name of the laboratory and the assessment of individual laboratory performance are confidential to the participant and will not be released by Scheme Organisers without the written permission of the Head of the laboratory to any third party *other than* the Chairman and members of the appropriate NQAAP *and* the Chairman and members of the JWG. The identity of a participant (name of laboratory and Head of Department) and the tests and EQA schemes for which that laboratory is

registered (but *not* details of performance) may also be released by the Scheme Organiser on request to the Health Authority, Hospital Trust/Private Company in which the laboratory is situated after a written request has been received.

9. When a laboratory shows poor performance the Organiser will generally make contact with the participant in accordance with the Scheme Standard Operating Procedure for poor performance. Within 2 weeks of a laboratory being identified as a *persistent poor performer* the Organiser will notify the Chairman of the appropriate NQAAP together with a resume of remedial action taken or proposed. The NQAAP Chairman should agree in writing any remedial action to be taken and the timescale and responsibility for carrying this out. Advice is offered to the Head of the laboratory in writing or, if appropriate, following a visit to the Laboratory from a NQAAP member or appropriate agreed expert.
10. A NQAAP may, with the written permission of the Head of a laboratory, correspond with the Authority responsible for the laboratory, about deficiencies in staff or equipment which, in the opinion of the NQAAP members, prevent the laboratory from maintaining a satisfactory standard.
11. If persistent poor performance remains unresolved, the NQAAP Chairman will submit a report to the Chairman of the JWG giving details of the problem, its causes and the reasons for failure to achieve improvement. The Chairman of the JWG will consider the report and, if appropriate, seek specialist advice from a panel of experts from the appropriate professional bodies to advise him/her on this matter. The Chairman of the JWG will be empowered to arrange a site meeting of this panel of experts with the Head of the department concerned. If such supportive action fails to resolve the problems and, with the agreement of the panel of experts, the Chairman of the JWG will inform the Chief Executive Officer, or nearest equivalent within the organisation of the Trust or Institution of the problem, the steps which have been taken to rectify it and, if it has been identified, the cause of the problem. The Chairman of the JWG also has direct access and responsibility to the Professional Standards Unit of the Royal College of Pathologists.
12. Problems relating to EQA Schemes, including complaints from participating laboratories, which cannot be resolved by the appropriate Organiser, Steering Committee or NQAAP, will be referred to the Chairman of the JWG.

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