ACGS Quality Sub-committee meeting minutes

Location	Room 10, BSGM 2013, Arena and Convention Centre, Liverpool
Date	18th September 2013
Duration	10:00am-12:30pm
Chair	Sandi Deans
Secretary	Amy Roe
Minutes	Louise Monkman

Attendee	Center	Attended	Apologies
Sandi Deans (SD)	UK NEQAS	Y	
Nick Bown (NB)	Newcastle		Y
Gail Norbury (GN)	Guys and St Thomas, London	Y	
Sian Morgan (SM)	Cardiff	Y	
Carl Fratter (CF)	Oxford		Y
Shirley Henderson (SH)	Oxford		Y
Richard Kirk (RK)	Sheffield		Y
Will King (WK)	St Georges		Y
Natasha Leo (NL)	Manchester	Y	
Amy Roe (AR)	Barts Health, London		Y
Louise Monkman (LM)	Glasgow	Y	
Richa Sud (RS)	Institute of Neurology, London	Y	
Yvonne Wallis (YW)	Birmingham	Y	
Carolyn Campbell (CC)	Oxford	Y	
Roger Mountford (RM)	Liverpool	Y	
Rachel Butler (RB)	Cardiff		Y
Graham Fews (GF)	Birmingham		Y
Simon Patton (SP)	EMQN	Y	
Lara Creswell (LC)	Leicester	Y	

Minutes	Action	Action

	by	date
Agenda Items 1. <u>Welcome and Introduction</u> SD welcomed all members to the ACGS Quality Subcommittee meeting. All present members introduced themselves. 2. <u>Apologies</u> See above list 3. <u>Minutes of previous meeting</u> - The terms of reference are now finalized and harmonized across all subcommittees and are on the website. NL to check with Simon McCullough that they are available in the website. - GN is going ahead with audit and is receiving replies from labs - Risk calculations: RM would like to be involved in this. RK has also offered to help. SD to inform CF. - dashboards will be added to the agenda of full committee meetings. - Minutes of meetings will be placed on the website. NL to send finalised version to Simon McCullough. 4. <u>Update on progress of General Reporting BPG workshop:</u> The workshop is scheduled for Friday 11th of October in Birmingham. 12 replies have been received so far in response to the questionnaire sent out to labs. AR is collecting the surveys and SM will collate the data Some labs wanted to send several representatives but it was decided that there will be 1 representative per lab with 1 vote. Each lab will receive a voting card which their representative will present in order to vote. The representative must have the authority to make a decision on behalf of their lab. Motions will be passed by a majority of votes. Anyone presenting at the meeting will not be able to vote on behalf of their lab and will be counted as the lab representative. An email will be sent to all labs asking for further completed questionnaires and remind them to register. Also it will be made clear that the lab representative must be able to vote on behalf of the lab. SD to draft email and send to Nicola Williams to circulate to HoDs. Proxy voting will not be allowed as it was felt that participants	NL SD NL SD	ASAP ASAP ASAP

should be involved in the discussion at the meeting prior to voting. SD and SP will chair the meeting as they are not affiliated to one lab and should, therefore, be impartial. Following a discussion it was decided that the outline agenda for the meeting will be: - a brief review of the current Cytogenetics guidelines – CC - a brief review of the current Molecular guidelines - YW		
- presentation of survey data and recommendations relating to **validation of reports** will be **led by CC** with the recommendation being that staff deemed by their laboratory to have appropriate training and competency (with evidence of this) in a particular area may authorize reports.	CC/YW	11th October 2013
- presentation of survey data and recommendations relating to **working days versus calendar days** will be **led by SM** with the recommendation being that the current 3 day turnaround time is retained in working days and all other turnaround times are described in calendar days.	CC	11th October 2013
- presentation of survey data and recommendations relating to **day 0 versus day 1** at the point of booking in will be **led by GN** with the recommendation being that samples start at day 0 when booked in.	SM	11th October 2013
SM will collate any other issues submitted by labs via the questionnaire and circulate to the committee to determine which appropriate issues should be included in the agenda. It was agreed, after discussion, that the forthcoming meeting will form phase 1 of a review of turnaround times. Phase 2 will be a review of current turnaround times and whether they are appropriate or need to be changed. The Cytogenetics guideline turnaround times are internally derived but some molecular turnaround times were set by the Department of Health and it must be ascertained whether or not we have the authority to change these. It was identified that there is a need for this review and the committee agreed to take this up and drive it forward. This discussion will take place at a later date.		
5. Update on accreditation workshop: LM reported that the IBMS are holding accreditation workshops, along similar lines to what we have been planning, in both Scotland and England. Following discussion with WK and SD it		

was decided that, as Genetics does not come under the IBMS, that course may not be appropriate for Genetics labs and so we will go ahead with organizing our own event in the new year.	LM/WK	Ongoing
LC is scheduled to undergo assessment in February using both CPA and ISO15189 standards and she has offered to share her experiences of this at the workshop.		
There were a few other suggestions of people who may be in a position to contribute to the workshop and WK and LM will follow this up.		
6. Best Practice Guidelines (BPG):		
A list has been compiled of current BPGs and this was reviewed by the committee.		
Those requiring **review** were identified as being:		
- Maternal cell contamination MCC (2008)	CC/YW	Ongoing
- Solid Tissue Best Practice (2010)		
- Internal Quality (2004)		
- Cystic Fibrosis (2008) (also to be merged with Cystic Fibrosis – Further Information)		
- Haemochromatosis (2006)		
- Mitochondrial Disease (2008)		
- Von Willebrand (2008)		
Those to be **archived** were identified as being:		
- DHPLC (2003)		
- Internal Quality – EMQN (2002)		
- FAP & MAP (2009)		
NL to inform Simon McCullough to remove these documents from website.	YW/NL	ASAP
Links need to be repaired for:		
- Duchenne and Becker muscular dystrophies (2010)		
- Prader-Willi and Angelman syndromes (2010)		
SD to inform Simon McCullough		
New guidelines are in progress for:	SD	ASAP
- Breakage syndromes – CC stated that these are under review		
- Lynch syndrome/HNPCC – working group being organized	CC	Ongoing
- Cardiac (EMQN) – SP stated these are in the final review stage	YW	Ongoing

- CAH (EMQN) – SP stated that these have been written and are out for comment	SP	Ongoing
- Deafness (EMQN) – SP stated that these have been published	SP	Ongoing
- NF1 (EMQN) – SP stated that they have had problems contacting the original author of these guidelines who is based outwith the UK.	SP	Ongoing
- Wilson disease (EMQN) – SP stated that these are under review but the process is currently stalled.	SP	Ongoing
SP added some other EMQN documents to the list of guidelines:		
- Haemoglobinopathies – these are out for approval and will be published later this year - RB – no progress has been made here - FRDA – David Barton is updating these - Y deletions – an update meeting is scheduled this month - X-linked deafness – published - HD – published - Myotonic dystrophy – to be updated - Spinocerebellar Ataxia – updated - Breast cancer – identified for update - MODY – identified for update - HMSN/CMT – identified for update	SP/SD	ASAP
SP will supply links to the documents to SD		
YW presented a pipeline for the creation and update of BPG:		
trigger→ownership→support→process→closure→review		
Trigger – this may be that old guidelines need reviewed or new guidelines need to be created. A downloadable form could be used to suggest the creation of new guidelines. The form should include why guidelines are needed and a suggested author or organiser. The committee should sign these off within a given timeframe.		
Ownership – agreement must be sought from the person/people identified as potential authors and organisers within an agreed timeframe. 6 months was suggested.		
Support – the committee will be available to advise on creating questionnaires, organising workshops etc and a template standard protocol will be created for this. They will also provide		

financial support and help with the publication process.

Process – the process will be monitored by the committee to ensure delivery. The workshop will be organized by the person who has agreed to be the organizer

- A draft will be produced within and agreed timeframe
- The draft will be reviewed by a focus group of people identified at the workshop. They will have 2 weeks to give comments on the draft.
- The second draft will incorporate the comments from the focus group
- The second draft is circulated to labs using a network of lab reps. They have 2 weeks to give comments.
- The third draft will incorporate comments from the lab reps

Closure - The third draft is presented to the quality committee for ratification of the process by which it has been created. If approved it is moved on to the executive committee for final ratification and publication on the website.

Publication in a peer reviewed journal will follow. An attempt will be made to follow a set template format that will be suitable for publication so that re-formatting is not required or is minimal.

Review – The committee will review and seek advice as required. Guidelines should be reviewed 3 yearly and the original author should be contacted in the first case if possible. Guidelines may be reviewed without changes being required.

There was discussion regarding whether this committee can ratify other guidelines (EMQN etc) as the same people are often involved in creating them.

There was also discussion about whether draft guidelines should be produced prior to the initial workshop and the workshop be used to iron out rather than create the guidelines or whether a writing group should stay behind and create a draft immediately following the workshop. The point was made that workshops have failed to come to achieve results in the past and have been abandoned. It was suggested that the current workshop could be used as a test of procedure.

Discussion followed regarding the semantics that should be used to describe what we currently call “Best Practice Guidelines”. “Recommendation” was suggested as a replacement for “guideline”. No consensus was reached on this point.

It was suggested by SP that in cases of very rare disorders International Guidelines may be more appropriate.

7. Any Other Business: GN fed back on the audit data that has been received. ¾ of the Molecular labs have responded so far but only 6 from Cytogenetics. GN suggested restructuring the way in which the joint audit data is collected and grouping it by test type and the specialty the test was referred by rather than disorder and this will also fit better with the new commissioning data collection. A section on staffing may also be introduced. After a discussion it was decided to get the key people together and discuss this. LC asked what the collected data was used for; GN responded that it highlights how many reports are issued by labs for particular disorders and shows a response following funding. It also helps preserve the current insurance moratorium on predictive testing by highlighting that very few of these tests are actually performed. Date of next meeting: TBC following General Reporting Guidelines workshop.	SD	30th Nov 2013