ACGS Quality Sub-committee meeting minutes

Location Guys Hospital

Date 21st June 2013

Duration 6 hours

Chair Sandi Deans

Secretary Amy Roe

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)	BartsHealth, 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 by	Action date
Agenda Items		

1. Welcome and Introduction SD welcomed all members to the newly formed ACGS Quality Subcommittee. All present members introduced themselves and gave a bit of background about themselves and how they hoped to contribute to ACGS quality sub committee. 2. Apologies See above list 3. Membership review and assigning role of secretary Secretary – AR nominated herself for role of secretary Membership Review – SD discussed if there should be any one else included as a member. All agreed current members representative. 4. Terms of reference Terms of reference were reviewed for SD to take final version to go to ACGS Executive Committee on Tuesday 25th June. The following points were made and discussed:		
Purpose 1. Audit and activity Data Following discussion about the dissemination of data, it was decided the terms of reference would be changed to state 'Disseminate data as appropriate'. **SD actioned to make this change.**	SD	September 2013
2. Standards and Governance Following discussion it was decided that under 'Promotion of communication with appropriate bodies to help ensure a high standard of genetic testing in the UK to include as examples the following three bodies: • The Association of Clinical Pathology • Foetal Anomaly Screening Programme (FASP) • IBMS **SD actioned to make changes**	SD	September 2013
3. Dashboards These dashboards are currently only for England, however SM did state that other countries do use these dashboards. It was decided to leave this on the agenda but to include in the Audit and Activity Data section. **AR actioned to change on agenda.**	AR	September 2013
3. Best Practice **After discussion SD to add 'Joint working and interaction with other bodies'.**	SD	September 2013

Membership The following points were made and agreed: Need list of current members and roles (**SD action**) Chair of the ACGS quality sub committee is elected Subcommittee members volunteer and then ratified by the chair Committee membership is for term of 3 years **SD actioned to update with above points.**	SD	September 2013
Accountability No points made		
Working Methods Change 'The Quality Sub committee will meet three times a year' to The Quality Sub committee will meet at least three times a year. (**SD actioned)** SD – To raise with ACGS Executive committee if claiming of expenses should be added to this section. **SD actioned to make all necessary changes and circulate to group with to feedback on decisions by Executive Committee.**	SD	September 2013
5. <u>Audit and activity data collection (GN)</u> Currently GN collates activity data for 'old' CMGS. The audit has been running since 1993, with the last two years final reports available on the website. At current there is no comparable Cytogenetic activity data collection. SM thought that some similar data has been collected for Cytogenetics but was unaware of where this data would have been stored. The activity data collection for 2012/2013 will continue as previous but for the forthcoming period (2013/2014) new data will be collected by the new ACGS which will continue to collect total laboratory activity . There was also agreement that the audit should continue to collect turn around times. There was significant discussion as to how the TAT data could be better harmonised, what was actually needed for other bodies eg national dashboard and the need to breakdown into disease type/sample type/test type and how this would be measured		

(calendar days or working days). Decided that the argument for using calendar days would be taken to the Executive Committee for discussion. The following points were put forward for using Calendar Days: • Patient perspective more real • Transparency of results However need to consider urgent 3 day turnaround referral, as if use Calendar days and sample arrives on a Friday there will be some labs not able to meet the target. This could be overcome by stating that only 95% of samples need to meet the turnaround times. Agreed that the day the sample arrives in the laboratory is day 0 in terms of measuring TAT's. All members agreed. **SD to take forward to Executive Committee for approval and if approved then distribute to HoD's for agreement. See further discussion under point 6.**	SD	September 2013
WK – Suggested that TAT data should only be measured for reported analytical tests. As currently some labs include stored and failed samples therefore skewing their TAT's. Overall GN suggested measuring the following: • Total laboratory Activity • TAT's • Send Away tests • Summary Staff level to relate to activity (full workforce data remains the remit of the workforce group) GN also noted that UKGTN have submitted a request to obtain the activity of the approved gene dossiers so they can audit actual versus predicted demand. GN to provide.	GN	September 2013
GN action to draft guide as of what data needs collecting for discussion at next meeting. GN also proposed that it would be good to be able to produce the audit more quickly. At present around 95% labs return on time with the remainder some 3 months late that means the final version is produced almost 12 months behind. It was suggested that Constitutional Cytogenetics laboratories could contribute to this years audit by submitting aneuploidy testing data. **GN to liaise with SM**	GN/SM	September 2013
6. <u>Best Practice Guidelines (BPG)</u>		

Currently NB and CC are in charge of BPG for Acquired and Constitutional Cytogenetics Laboratories. **NB actioned to circulate list of current BPG's and those for review**. NB stated that after been in the role for 4 years he was happy to pass it on to someone new. YW in charge of CMGS BPG's. SM and NL showed interest in becoming involved in writing BPG's for constitutional Cytogenetics. Discuss at next meeting when CC is present.	NB	September 2013
Decided that it would be good to have current BPG's on website and all draft versions on there for people to review and add comments.		
It was agreed there needs to be harmonisation of guidelines of ACC and CMGS, with a standard format.		
Currently there is one ACGS BPG in draft (Interpretation of Classified Variants) and awaiting feedback from members. SM suggested that a common BPG on General Reporting might be quite useful. Currently all Cytogenetic BPG's state that to authorise a report you must be a Band 8 or above. Molecular BPG's state that a suitably qualified person can authorise reports. Need for standardisation across disciplines (including Molecular Pathology), however need to remember that some reports require clinical interpretation. It was agreed that to enable harmonisation of reporting for all genetics labs then the CMGS and ACC general BPGs should be reviewed and collated into one document. To ensure labs are included in the process then a one day workshop should be organised. The issue of reporting TAT in calendar v working days and staff badnding/experience of authorisers can be discussed and a consensus reached.	SD	ASAP
SD actioned to discuss with CC and YW.	SD	ASAP
SD actioned to request funding from Executive	SM/SH	September 2013
SM and SH volunteered to organise workshop with YW and CC		
SD discussed finalisation of BPG's. Decided that quality sub-committee would have final ratification, however it isn't the job of the sub committee to make changes. It was also suggested that the BPG's could be published in science journal similar to other disciplines.	SD/YW	September 2013
SD raised that the VUS guidelines were nearing the end of review and would be the first set of BPG to be authorised by the ACGS Quality Committee. The format would still be as with previous CMGS but more important to publish the guidelines than hold them up as they have been in review for a long time. It was agreed that the Quality Committee would ratify by email		

and YW could supply a summary of the review process.	SD/YW	
SD actioned to liaise with YW to identify timeline of BPG's and send to all (particularly NB and CC) for input. It was suggested that workshops could be set up to enable input into specific BPG's. SH suggested that one nominated person from each lab could attend the workshops.		ASAP
The current formatting of the BPG's for each discipline is different and SD suggested that it would only take a small amount of tweaking for them to be made the same.		
<u>Risk Calculations</u>		
CF – The issue of risk calculations came up through NEQAS. Many labs coming up with different residual carrier risks for the same scenario. At NEQAS Participants' meeting in 2012, labs supported the idea of producing model risk calculations that could be used nationally as a basis for determining risks for common scenarios. After discussion, it was thought that it would be best to have a stand alone document for risk calculations to include several diseases as examples, instead of having different documents for different disease types or incorporating into disease specific BPGs. **CF actioned** to contact Sue Hamilton (FRCPath Part 1 course facilitator) to try and identify people who can try and help move this forward. NL asked if % MCC in MCC and sexing assays could be included in this document.	CF	September 2013
7. <u>Standards</u>	AR	
Dashboards – decided that this comes under Audit and Activity data. **AR actioned to move on Agenda.**		September 2013
<u>Accreditation Bodies</u> SD has received feedback from labs requesting a workshop covering new ISO standards and how they fit into a Genetics lab. Discussion surrounding new ISO standards. WK said that he's currently undergoing change from CPA to ISO and that it's not too horrendous, but did suggest support groups/workshops might be useful to identify major changes. WK suggested that workshops on the following might be quite useful: o Validation of new tests o Training competencies o Batch Validation o IT Provision o Equipment Records.		

It was agreed to facilitate a one day workshop initially to cover general issues with a view to further tailored workshops if required. **WK and LM actioned** to take forward workshops on transition from CPA to ISO. **SD actioned to request funding from Executive** <u>UKGTN</u> To be discussed in more detail at the next meeting when RM is present. <u>8. AOB</u> NL asked if any one knew when microarray BPG's would be released. **SD actioned** to speak to DM to see where they are at. Currently there is a discussion whether pre and postnatal will be split. NL advised to email CC to ask about cut-off's for arrays.	WK/LM SD	September 2013 September 2013
Date of next meeting: 18th September 2013		