



# UK NEQAS for Interpretative Comments - Information for participants on Scheme purpose design marking and reports

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Version: 4

## 1. Basic Principles

- 1.1. The Scheme augments analytical EQA by assessing aspects of interpretation of test results.
- 1.2. The Scheme is aimed primarily at individuals, and CPD certificates are provided annually at 1 point per case. We also provide 'Group' participation, operated locally in a variety of ways, but we cannot provide CPD certification for groups.
- 1.3. The way we mark Cases using Peer Assessors, calculate Rolling Time-Window Scores and present the data in reports, follows many of the approaches that will be familiar to participants in Birmingham Quality's other services.
- 1.4. Participants are expected to submit their own comments. There are two legitimate situations where the same Comment may be reported more than once. [A] When the Comment that the Participant users is essentially the departmental auto generated comment and [B] Where an Individual and their Group report the same text. Participants must not collude.

## 2. Scheme operation

- 2.1. A scenario is presented and a clinical question posed from a GP or hospital doctor. You may be asked to interpret the results, suggest a diagnosis or what to do next. You state what comment you would add to the result or what you would say in a phone call.
- 2.2. It is important to answer the question and to take account of the recipient. Though the facts may not change, what you say to a GP or to a Hospital Consultant will differ. The Scheme judges both what you say and how you say it.
- 2.3. Marks are awarded for giving 'added value'. Adding nothing will attract a mark of 0. A comment that is deemed to be wrong or misleading would attract -1. Marks of +1 and +2 would be awarded for adding more value, while +3 would be awarded for a strong, thorough, well worded answer expressed in a clear way.
- 2.4. Marks are awarded by a number of individual Assessors and an average 'Participant Case Mark' [PCM] is reported back. Over a 12-Case time-window, an average 'Participant Time-window Score' [PTS] is calculated. It follows that if you regularly 'add value', your PTS will be positive and the higher your score the better.
- 2.5. We produce a report for every Case. This includes telling you what your PCM and PTS are and also plots these out in graphical form, analogous way to the standard Birmingham Quality UK NEQAS format. We use Box and Whisker Plots with shading, to describe spreads of ranked data. These comprise the median, a box capturing the 'inter-quartile range' [25<sup>th</sup> to 75<sup>th</sup> Centiles] which contains half the data points, and whiskers showing the spread to the near extreme 5<sup>th</sup> and 95<sup>th</sup> Centiles.
- 2.6. The Report contains a summary of the background and outcome of the Case, if known. It should be noted that the 'true' outcome may actually be obscure and identifying it based on the information given may not get you the highest mark. It is often better to work through the most common/likely things rather than suggesting the least probable.
- 2.7. As well as your own Comment, the Report also contains some examples of Comments which attracted high, average and low marks.

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### 3. Why do we use Assessors?

- 3.1. A key point to note is that there is often no single 'right' answer'; we are not asking exam questions! There is no marking scheme and there no model answer. What we use is peer judgement on the quality of the Comment.
- 3.2. Each Comment is marked by a number of Assessors, and the final PCM is the average mark awarded. Each Assessor marks independently and doesn't know whose Comment he/she is marking or what other Assessors have made of the Comment. The mark awarded by each Assessor is known as the Assessor Case Mark [ACM].
- 3.3. The original aim of the Scheme was to have a rolling replacement programme where at any one time around 10% of the Participants would be Assessors. This remains an aspiration, but volunteers are welcomed!
- 3.4. Assessors are awarded 2 CPD points for each case marked.

### 4. How do we ensure that the Assessors are fair?

- 4.1. At each Case an Assessor will get a report, which indicates the number of comments marked, the breakdown of ACMs awarded and whether this was similar to their usual marking behavior. We internally classify them as 'hawks' and 'doves' and monitor these characteristics over time.
- 4.2. We allow and encourage Assessors to submit a brief statement on what they made of the Case. These are collated and fed back to all Assessors.
- 4.3. We aim to have regular Assessors' Meetings which facilitate discussion between Assessors, Scheme Organisers and SAG (Specialist Advisory Group) members.

### 5. Is an 'average' of ACMs to produce a PCM a fair way to judge a Comment?

- 5.1. In an ideal world, each comment would be marked by the all Assessors so that the PCM might be based on 12 to 20 ACMs. In reality, however, not all Assessors will mark every comment, but we usually achieve 6, and the allocation process is random.
- 5.2. We do not report individual ACMs to Participants, as there will be inevitable variability, but this will average out over time. We do, however, have a statistical breakdown that we keep for internal use and which can assist with resolving complaints.

### 6. Looking at your own data

- 6.1. The way that the Scheme operates can be viewed from the bottom up; starting with an individual Case or, from the top down, taking a wider view and drilling down where necessary.
- 6.2. It is self-evident that in order to get a high PCM (Participant's Case Mark), you need to be awarded a high mark from all/most Assessors. The corollary of this is that if you get a low PCM that you must have been awarded a very low mark from all/most Assessors. Given that the Assessors work independently and have no knowledge of the marks awarded by other Assessors, this gives credence to the PCM
- 6.3. Although perhaps disturbing, it is not a major issue if you get a bad set of marks for a single Case. The important thing is your overall score over time – is it remaining positive? is it improving? are you dealing effectively with the breadth of cases appropriate to your role and specialty?
- 6.4. The best way to minimise the 'uncertainty' of scores is to have a full data set. If you answer every Case then your data will be more robust. A criterion of performance

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for the Scheme is to have a 50% return rate, but this is not met by all participants. Some are being assessed for easy and hard Cases, while others might drop in and out of the Schemes, only answering what they assume to be 'easy' cases. The disadvantages of this are that their statistics are built on too few data points, and also that what appear to be 'easy' Cases may often turn out to be more complicated!

6.5. The whole point of the Scheme is educational. If you come away with the learning points, then that is the main benefit. The Box and Whisker plots show that the central 50 % of Participants are all fairly close together, with PTS scores currently around the 1.5 value. Very few Participants have genuine problems, but we have helpful procedures in place to address this.

## 7. Complaints & appeals

7.1. Inevitably with a Scheme like this, where peers are assessing the judgement and expertise of colleagues, there will be participants who feel that their Comment has been unfairly scored in relation to a very similar one, or that in their opinion, a high-scoring Comment is 'wrong'. Sometimes, such disagreements have been posted on the acb-clini-chem-gen JISCMail, and a vigorous debate has ensued. This is not necessarily a bad thing if valuable learning points emerge.

7.2. Participants are free to contact us if they have concerns and indeed complaints about their assessments, and we will do our best to resolve them to everyone's satisfaction. However, we invite those to perhaps take a step back and consider that this is part of medicine as a whole. Expert opinions do differ, and sometimes the nuances of the language used in a Comment can cause different scoring although the content of the Comment may appear to be similar.

7.3. Formal complaints and appeals are dealt with through BQ's standard policy. If they cannot be resolved in-house, they may be escalated to the Specialist Advisory Group. This scheme is not under the remit of the NQAAP.

## 8. Closing comments

8.1. We know that the Scheme is artificial in nature and that it is not perfect. It is educational and not punitive; it is not being used to audit or re-validate knowledge and competency. Participants are invited to enter into the spirit of the Scheme and use it to learn from the wide network of colleagues who take part.

8.2. Finally, we would like to thank all our Assessors and Advisors who have assisted with the Scheme and of course all participants.

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