



# Dispute resolution policy

<b>Title</b>	Dispute resolution policy
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## 1. Defined terms

See Glossary of EQA terms (document WS20202) for details of all defined terms within this document.

## 2. Introduction and scope

This policy applies to the work undertaken by the External Quality Assurance (EQA) Governance and Assurance Framework and issues that may arise between members relating to these operations. This policy does not replace any local policies/practices of EQA Stakeholder Forum members or apply to any areas outside of this scope.

## 3. Responsibilities

The Quality Assurance in Pathology Committee (QAPC) chair is responsible for ensuring adherence and implementation of this policy.

## 4. Procedures

When an issue is identified it is expected that the EQA Governance and Assurance Framework member raises it as an 'item of formal concern' as soon as possible with the chair/nominated deputy of the relevant group or the appropriate oversight group as shown below:

- QAPC issues – raise with relevant chair/nominated deputy
- National Quality Assurance Advisory Panel (NQAAP) issues – raise with relevant chair/nominated deputy, or with chair of the QAPC
- EQA issues – raise with the appropriate scheme director/organiser (however named)/nominated deputy. Such issues will be dealt with according to the EQA provider's local complaints policy.

### 4.1 Minor issues



Many issues will be relatively minor and members are encouraged to resolve these informally by direct communication between the relevant parties.

## **4.2 Significant or unresolved issues**

Where an issue:

- cannot be resolved
- has a greater significance, whether resolved or not then the matter shall be referred to an independent group of EQA Governance and Assurance Framework members. (Nb. 'independent' means neither the party raising the concern or the party the concern was raised against.)

Constitution of the independent group would be three members, one to represent each of the following groups:

- representative from a QAPC or NQAAP
- representative from an EQA provider
- representative from a professional body.

It is acknowledged that individuals may be able to fill several roles within the above grouping, however when undertaking conflict resolution each member of the panel will be primarily representing their nominated group.

Invitations to individuals to join this group would be undertaken by the chair of the QAPC.

Following formation of the independent group they will review all evidence relating to the issue and meet (independently or concurrently) with all involved parties. On completion of the review, the findings will be documented and a concluding letter provided to all involved parties. The letter will include any actions taken to resolve the issue and to mitigate recurrence. The letter will be provided by the independent group to the parties within 30 days of the final review meeting. If the investigation takes longer than this, then updates will be provided to all parties at 30-day intervals.

If the dispute remains unresolved (e.g. continued dissatisfaction from either party), then it will be referred to the chair of the QAPC for discussion at the next QAPC meeting. At this



time the QAPC may choose to further investigate the concern or to close the issue. In either of these situations the decision of the QAPC will be final.

The key learning points from the dispute will be shared with EQA Governance and Assurance Framework members (EQA providers, professional bodies, NQAAP(s) and QAPC members) to share any identified findings and detail updates to best practice recommendations to be implemented for the benefit of patient safety.

