Andrology & Embryology
External Quality Assessment (EQA) Schemes

ANNUAL REPORT
2012-2013
The bee pictured on the cover was adopted by the UK NEQAS Reproductive Science scheme as it's logo in March 2013. As part of harmonisation within UK NEQAS it was felt that different schemes should adopt a logo to assist participants in directing follow-up enquiries to the correct centre.

The bee has for centuries been a symbol of industry and is featured on the coat of arms of the city of Manchester, UK, where the scheme is based. It has also has its connections in reproduction in the old English language euphemism “The birds and the bees”.

The drawing features the Australian native Blue Banded Bee, *Amegilla cingulata* and was drawn by Ebony Bennett a Natural History Illustrator, Wildlife and Landscape artist from Newcastle, NSW, Australia. We would formally like to thank Ebony for her kind permission for us to use this image as our new logo.

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Department of Reproductive Medicine
Andrology Laboratories
Central Manchester University Hospitals NHS Foundation Trust
Department of Reproductive Medicine
Old St Mary’s Hospital
Oxford Road
Manchester. M13 9WL
United Kingdom

Tel No: +44 (0) 161 276 6437
Fax No: +44 (0) 161 276 6609

Scheme Organiser: Mr. Gregory Horne
Deputy Scheme Organiser: Dr. Diane Critchlow
Scheme Manager: Mr. Peter Goddard
Scheme Administrator: Mrs. Diane Shearden
Scheme Quality Manager: Miss. Justine Hartley
Scheme Training Officer: Mr. Mike Hooper
Scheme H&S Adviser: Mr. Peter Goddard

Email: repscience@uknegs.org.uk
gregory.horne@cmft.nhs.uk
pete.goddard@cmft.nhs.uk
Dear Colleague

UK NEQAS Reproductive Science currently operates two schemes. The Andrology external quality assessment (EQA) scheme is now in their twentieth year of operation. The Scheme retained its CPA accreditation this year. The Embryo morphology external quality assessment (EQA) scheme was launched in April 2011 and is working towards CPA accreditation for 2013.

The Andrology Steering Committee (ASC) and Embryology Steering Committee (ESC) meet twice a year to discuss the operation of the schemes and advise the Scheme Organiser on future developments. The National Quality Assurance Advisory Panel for Reproductive Science (NQAAP) meets twice a year, actively working to promote quality in Andrology & Embryology both within the scheme and at a national level.

The scheme was represented at the ESHRE in July 2012 in Turkey, at the Association of Biomedical Scientists meeting, May 2012 in Leeds, and at the Fertility 2013 meeting in Liverpool. We are continuing to contact distributors outside the UK to see if we can expand the Scheme throughout Europe and further. Laboratories in South Africa, Spain, Italy and United Arab Emirates have now enrolled and information has been requested by Malta.

Participants of the scheme are welcome to make comments and suggestions at any time and, in fact, many people do contact us. Any feedback is always welcome and is reported to the ASC to help us to continually develop and, hopefully, improve the schemes. Following continued interest in the one-day practical workshops, we have again run several sessions. This year 4 workshops were offered with 97% uptake. These sessions will continue whilst there is demand.

Please can I draw your attention to the Conditions of Participation (COP) (Appendix 1). As a member of the Scheme it is assumed that you have read and accepted the COP in full.

I would like to remind participants that it is not within the NEQAS scheme remit to endorse or discredit any method used to perform sperm concentration, motility and morphology. It is the responsibility of the individual laboratory to validate any changes within their own methodology.

Finally, Kath Cumming retired this year as our training officer and the post was filled by Mike Hooper.

With best wishes,

Mr. Gregory Horne B.Sc., M.Sc.  F.R.C.Path  
UK NEQAS Reproductive Science Scheme Organiser
Function
All established UK NEQAS Schemes are supported by advice from an appropriate UK NEQAS Steering Committee, accountable to the UK NEQAS Board. The Chairman is normally independent of UK NEQAS operational interests, and membership will include appropriate experts, participants and advisors. Members and the Chair are appointed by the UK NEQAS Board, on the advice of appropriate professionals, and sit in their own right and normally not as representatives of any professional or other group, though some may fulfil an invaluable liaison function with such groups. Steering Committees do not consider the performance of individual participating laboratories, except in advising on performance criteria or where this may indicate a failure in the operation of the Scheme (and even in such cases the laboratories will not be identifiable).

Remit
1. To advise the Scheme Organiser(s) on the overall design and operation of the Scheme(s), including aspects such as:
   - appropriateness of the investigations surveyed;
   - nature of the specimens distributed;
   - number and frequency of specimen distribution;
   - source of target values;
   - data analysis and performance assessment;
   - data presentation;
   - communication with participants, including meetings, newsletters, educational activities;
   - communication with the diagnostics industry;
   - research and development for the Scheme(s);

2. In consultation with the Scheme Organiser, to liaise with the relevant National Quality Assurance Advisory Panel in setting performance criteria.

3. To promote harmonisation, in scheme design and practice, with other UK NEQAS schemes as appropriate.

4. To consider, and advise the Scheme Organiser(s) on, the need for initiation or termination of EQA services for investigations in the area covered.

5. To review Schemes' annual reports.

6. To receive any representations, to Chairman, members or Organiser, from participants concerning the Schemes.

7. To advise the UK NEQAS Board, and where appropriate other relevant organisations (e.g. Department of Health, Joint Working Group on Quality Assurance, CPA (UK) Ltd, Medical Devices Agency, Royal College of Pathologists), on any aspect of EQA or quality assurance in the area covered.

The Organiser ensures that notes and reports from the ASC are reported directly to the UK NEQAS office. The ASC meets formally at least twice a year and the Scheme Organiser and Manager keep in touch with members when the occasion demands this, particularly the Chair.
Membership of the Andrology Steering Committee 2012/2013

- **Chair:** Dr. Allan Pacey  
  Senior Lecturer in Andrology, University of Sheffield.

- **Deputy Chair:** Dr. Kevin Lindsay  
  Principal Clinical Scientist in Andrology, Hammersmith Hospital, London.

- Beverley Duffy  
  Senior Biomedical Scientist, Whiston Hospital, Merseyside.

- **Trudy Johnson**  
  Departmental Manager, Queen Elizabeth Hospital, Gateshead.

- Dr. D. Iwan Lewis-Jones  
  Senior Lecturer and Consultant Clinical Andrologist, Reproductive Medicine Unit, Liverpool Women’s Hospital.

- Dr. Debbie Falconer  
  Principal Clinical Embryologist, Manchester Fertility Services Ltd, Bridgewater Hospital, Manchester.

- Paul Hancock  
  Representative of the Association of Biomedical Andrologists

- Sue Kenworthy  
  Biomedical Andrologist, Portsmouth Hospitals NHS Trust

- Janine Smith  
  Advanced Biomedical Scientist, Andrology Unit, Seacroft Hospital

Membership of the Embryology Steering Committee 2012/2013

- **Chair:** Stephen Harbottle  
  Senior Embryologist, Cambridge IVF

- **Dr Rachel Gregoire**  
  Senior Clinical Embryologist, The Hewitt Centre for Reproductive Medicine, Liverpool Women’s Hospital

- Ella Clapham  
  Senior Embryologist, Newcastle Fertility Centre at Life

- **Dr Emma Stephenson**  
  Senior Embryologist, Assisted Conception Unit, Guy’s and St Thomas’ NHS Foundation Trust

- **Dr Helen Clarke**  
  Senior Clinical Embryologist, Assisted Conception Unit, Sheffield Teaching Hospital.

- Su Barlow  
  Senior Embryologist, Midland Fertility Services.

- **Bryan Woodward**  
  Senior Embryologist, IVF Consultancy Services, Leicester
National Quality Assurance Advisory Panel (NQAAP) for Reproductive Science

Function
The NQAAP Panels are professional groups which have executive responsibility for maintaining satisfactory standards of analytical and interpretative work in laboratories in the UK, whether in the private or in the public sector, in which investigations are performed for the detection, diagnosis or management of disease in humans. The Royal College of Pathologists, the Institute of Biomedical Science and two or three other appropriate professional bodies each nominate one member, who normally serve for four years. The Chairperson of each of the Panels reports to the Joint Working Group on Quality Assurance.

The Panels work closely with the Organisers of the relevant UK NEQAS and other approved EQA schemes, who bring to their attention laboratories whose performance and/or frequency of returns are judged unsatisfactory by criteria agreed by the Panels with the appropriate Steering Committee. At this stage the Panels identify the laboratory only by code. A Panel reviews information provided by the Organiser and if it decides to intervene in the case of a particular laboratory, the Chairman writes a 'Dear Colleague' letter, which is forwarded to the laboratory by the Organiser. This asks about problems which have been identified and remedial action taken and offers to provide help and advice. Recipients are assured of the professional relationship which exists between the Panel and participants and are invited to disclose their identity when they reply. If a participant remains anonymous, choosing not to disclose their identity to the Panel Chairman, and the poor performance continues, the Panel Chairman will then ask the Organiser for the address of the laboratory. The Panel Chairman will then communicate directly with the Head of Department.

Terms of reference and membership
1. NQAAP are responsible to the pathology professions and the Health Departments for monitoring the maintenance of satisfactory standards of laboratory performance in the United Kingdom, whether in the private or public sector.
2. Their members are nominated by the Royal College of Pathologists, the Association of Clinical Pathologists and the Institute of Biomedical Science, as well as by specialist professional bodies, with the approval of the Joint Working Group. Members may be co-opted subject to approval by the Joint Working Group.
3. Panel Members’ relationship with scheme participants is professional, and information obtained regarding performance in EQA schemes is strictly confidential within the JWG/Panel/Scheme Organiser's network.
4. Panel Members are accountable to the professions through the Joint Working Group.

Remit
1. To be responsible for monitoring the maintenance of satisfactory standards of laboratory performance in the United Kingdom, whether in the private or public sector.
2. For Histopathology, Cytology, Cytogenetics, and Molecular Genetics, to consider appropriate EQA Schemes for approval for the time being, until alternative arrangements acceptable to the professions and DH have been agreed.
3. To relate to approved EQA Schemes. This will involve appointing a designated Panel member to act as a 'link person' on the Steering Committee of the Scheme or group of
Schemes. Scheme Organisers must report to the Panel on performance matters and may be invited to attend when appropriate.

4. To approve the criteria for satisfactory and unsatisfactory performance in relevant EQA Schemes and to review these criteria from time to time, to ensure that the Schemes achieve their aims and reflect good laboratory practice.

5. Where regional schemes exist, to promote co-ordination among such schemes.

6. To inform participating laboratories when their performance persistently falls below that considered to be acceptable and to offer advice, appropriate assistance and support. The Panel's relationship with the participants in a Scheme is strictly professional and is governed by the guidelines drawn up by the Joint Working Group.

7. To ensure that, where there is clear evidence of a problem with a 'product' in general use (kit, instrument, reagent etc), the Medical Devices Agency of the department of health is informed in the first instance by the Scheme Organiser.

8. To report annually (or more often if necessary) to the professions directly and to the Joint Working Group on Quality Assurance, on the effectiveness of the advisory machinery and on problems arising out of the operation of EQA Schemes.

The Joint Working Group (JWG) on EQA set up a NQAAP for Andrology (now Reproductive Science) in 2003. The panel meets every 6 months. Membership is usually granted for 3 years.

<table>
<thead>
<tr>
<th>Membership of the NQAAP for Reproductive Science</th>
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<tbody>
<tr>
<td>• Chair Dr. Kevin Lindsay</td>
</tr>
<tr>
<td>Association of Clinical Biochemists</td>
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<tr>
<td>• Dr. D. Iwan Lewis-Jones</td>
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<tr>
<td>British Andrology Society</td>
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<tr>
<td>• Beverley Duffy</td>
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<tr>
<td>Institute of Biomedical Sciences</td>
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<tr>
<td>• Dr. Paul Bishop</td>
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<tr>
<td>Royal College of Pathologists</td>
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<tr>
<td>• Joanne Adams</td>
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<tr>
<td>Association of Biomedical Andrologists</td>
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<tr>
<td>• Dr. Rachel Gregoire</td>
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<tr>
<td>Association of Clinical Embryologists</td>
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</table>
Participant Performance

We continue to alert participants as soon as a distribution falls outside the accepted criteria or if they fail to return any results. Although it increases our workload most laboratory managers tell us it is helpful to be alerted to any problems at an early stage.

**Persistent Unsatisfactory Performance**

A participant is considered to be a persistent unsatisfactory performer for a given technique if:

- The cumulative performance is outside the prescribed limit on three distributions within the last 8 distributions;
  - or
- It fails to return results for two distributions within the last 8 distributions, without notifying the UK NEQAS Centre of a change in participation;
  - or
- A combination of both.

For UK participants this is followed up in accordance with the Conditions of Participation (Appendix 2). Non UK participants are contacted by email each time they show unsatisfactory performance.

During 2012 there have been 61 letters (55 in 2011) sent to UK laboratories advising them that they are persistent unsatisfactory performers and also 16 (24 in 2011) letters sent referring laboratories to the NQAAP, some of which have also been contacted by the Chair of the panel.
Andrology Scheme

UK NEQAS services are designed principally for UK NHS or Private Clinical Laboratories. Participation is however open to Research, Industrial and non-UK Laboratories. Enrolment can take place at any time. Current charges are available on request.

January 2013 Membership by Discipline:

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrology</td>
<td>23</td>
</tr>
<tr>
<td>Blood Sciences</td>
<td>15</td>
</tr>
<tr>
<td>Histology/Cytology</td>
<td>52</td>
</tr>
<tr>
<td>Microbiology</td>
<td>34</td>
</tr>
<tr>
<td>Other Pathology</td>
<td>48</td>
</tr>
<tr>
<td>Reproductive Medicine/Assisted Conception</td>
<td>97</td>
</tr>
<tr>
<td>Unspecified</td>
<td>22</td>
</tr>
</tbody>
</table>

Distributions

The Andrology Scheme has a quarterly distribution frequency. The dates for all distributions are set each year in advance and if samples are not received by the due date, the responsibility has to lie with each participant to let us know.

Distribution Dates for 2012/13

- 14th of May 2012,
- 13th of August 2012,
- 12th of November 2012,
- 11th of February 2013.

There are currently no ‘gold standard’ methods to determine ‘correct’ or target values for sperm concentration assessment. It was decided in November 1998 that target values for sperm concentration would be derived from all laboratory trimmed means (ALTM). The ALTM is the mean of results except those results that are more than 1.5 SD from the overall mean.

Sperm Concentration

January 2013 counting chamber use:

- Improved Neubauer 195 participants
- other 96 participants
Morphology Assessment

January 2013 Morphology criteria used:

- WHO Manual (1999)       115 participants
- In house                               17 participants
- Enrolled for information only*         21 participants

Reports are presented as histograms and each unit’s result is shown as a figure and also indicated by an arrow on the graph. Different methodologies are listed and the shaded area on the graph indicates all the units using the same as the one to whom the report relates. There are a number of statistical values quoted on reports. These relate to individual specimen reports. There are also graphs that relate to performance over 6 distributions. Explanations for the derivation of values and examples of format are available in the Participants’ Handbook.

* Participants will be unable to enrol for ‘information only’ from April 2013

Sperm Motility Assessment

External quality assessment of this important aspect of semen analysis is difficult to organise. Live gametes are likely to deteriorate during distribution of samples. This year we moved over completely to online examination and this is proving very popular.

WHO derived assessment methods for motility are necessary in order to make analysis and presentation of the results possible. Obviously this is not always ideal, since EQA should reflect the routine methods used in a participating laboratory. Nevertheless, one of the primary aims of the EQA scheme is to promote standardisation in laboratories by recommending use of methods proposed by the WHO 2010. The motile sperm are graded as progressive, non-progressive or immotile. Examples of the report format can be found in the Current Participants’ Handbook.

Designated values are calculated from the mean of each motility category, rather than results from reference laboratories, but, as with the other schemes, setting of designated values remains a permanent agenda item for the ASC. In the report format running graphs, the progressively motile sperm form one graph and the non-progressive and immotile form the other. Explanations for the derivation of values and examples of format are available in the Participants’ Handbook.

Embryo Morphology Scheme

January 2013 Membership

Reproductive Medicine/Assisted Conception  53 UK participants
          19 overseas participants

Distributions

The Embryology Scheme has a quarterly distribution frequency. The dates for all distributions
are set each year in advance. All assessments are made on line via the Gamete Expert
website. Notification for each distribution will be by email from Gamete Expert. If participants
are unable to access/login to the Gamete Expert website to complete the assessments, the
responsibility has to lie with each participant to let us know. Each distribution consists of four
‘virtual’ patients, each with 2-4 embryos for assessment. Embryos stages for assessment
range from early cleavage stage (day 2, day 3 of culture post egg collection), to blastocyst
stage (day 5, day 6 of culture post egg collection).

Distribution Dates for 2012/13

- 14th of May 2012,
- 13th of August 2012,
- 12th of November 2012,
- 11th of February 2013.

Embryo morphology parameter assessment

Cell number, cell size/evenness and degree of cell fragmentation of early cleavage embryos
are assessed separately for each embryo using the National Grading Scheme recommended
by ACE and BFS (Cutting et al, 2008) Blastocyst stage embryos are also assessed using the
National Grading Scheme. The grading schemes have been endorsed by NICE and are now
included in their new guidelines for Fertility (February 2013).

Reports are presented as histograms and each unit’s result is shown as a figure and also
indicated by an arrow on the graph. Only one set of results from each participating laboratory
are used for External Quality Assessment. Reports can be viewed at
https://results.ukneqas.org.uk using your UK NEQAS laboratory number and password. From
April 2013, participant performance will be measured and a new improved results report will
be implemented. This will include ‘coloured symbols’ to indicate match with the consensus
results and a ‘penalty system’ for deviation from the consensus.

Participants may also purchase individual licences. The results are presented on line via the
Gamete Expert website after each distribution has closed. Results are calculated from all
individuals participating in the scheme, and will therefore be different to the results from UK
NEQAS, where only one result per laboratory is used. A new ‘archive gallery’ is now available
from Gamete Expert for both online Andrology and Embryology, enabling access to video
clips and results previous distributions. From April 2013, it is intended to implement reports
for individual licence holders using the current UK NEQAS ‘hub and spoke’ format. Each participating laboratory will be a ‘hub’ and the ‘spokes’ will be individuals within each unit holding personal licences.

There are currently no ‘gold standard’ methods to determine ‘correct’ or target values for embryo morphology assessment. It was decided in April 2011 that target values for embryo cell number, cell size/evenness and percentage cell fragmentation would be derived from all laboratory results to give a ‘consensus’ result. A consensus result is given if more than 50% of laboratories agree. If fewer than 50% agree, then there is no target value given. Performance criteria have not been used for the first full year of the scheme. From April 2012, laboratories will be monitored for performance. Where there is no consensus result, a ‘target may be set by members of the steering committee using morphometric analysis of blastomere size. This method is currently under review.

**Embryo quality assessment**

These parameters are not currently used to monitor performance, but help participating laboratories compare how they assess embryo ‘quality’ to other laboratories. E.g. choice of best embryo (probably indicating the choice of embryo for transfer in a clinical setting) and comparison of how laboratories grade embryos considered to be ‘top quality’, good, poor quality etc. Embryo quality will continue to be used as an ‘interpretive scheme’ only from April 2013, and the quality parameters will be used for educational/information purposes only and not used to monitor laboratory performance. However, the reports provided will still show match with consensus etc. as detailed above for embryo grading parameters.

Each ‘whole’ embryo is assessed for the following:

**Quality ranking:** embryos for each patient are assessed and ranked ‘best’ to ‘worst’ quality.

**Suitability for cryostorage:** this will depend on each individual participant policy for cryostorage, but is useful for comparison with other laboratories and also for internal quality control purposes (where individual licences are used).

**Interpretive questions:** Time-lapse imaging from the EmbryoScope™ is used post fertilisation to blastocyst stage. Participants are asked to note any abnormalities in embryo development at certain time points. This is intended to be used as an educational tool rather than to monitor laboratory performance.

Cutting et al, Elective Single Embryo Transfer: Guidelines for Practice British Fertility Society and Association of Clinical Embryologists Human Fertility, September 2008; 11(3): 131–146
Annual Participants’ Meeting 6th March 2013

The Annual Participants’ meeting was held at the Portland Hotel, Manchester. The meeting was well attended and a full analysis of the feedback sheets will be described in next year’s Annual Report. The meeting was in the usual format of formal lectures in the morning followed by seminar type discussion groups in the afternoon. The programme was as follows:

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
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<tbody>
<tr>
<td>09.00</td>
<td>Registration and Coffee in Lakeland Bar &amp; Foyer</td>
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<tr>
<td>09.30</td>
<td>Introduction - Overview and Progress Report of Scheme - Greg Horne</td>
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<tr>
<td>09.45</td>
<td>Hydrodynamics of sperm - Dr Eric Gillies</td>
</tr>
<tr>
<td>10.30</td>
<td>The Evolution of Time-lapse Imaging in the Clinical Embryology Laboratory - Dr Rachel Gregoire</td>
</tr>
<tr>
<td>11.15</td>
<td>Tea / Coffee in Lakeland Bar &amp; Foyer</td>
</tr>
<tr>
<td>11.45</td>
<td>Please Make Yourself Comfortable - Aaron Deemer</td>
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<tr>
<td>12.30</td>
<td>Lunch in Portland Restaurant</td>
</tr>
<tr>
<td>13.30</td>
<td>Testing Times - Lindsay Baker &amp; Fiona Harris</td>
</tr>
<tr>
<td>13.45</td>
<td>Validation of a new Computer Aided Semen Analysis (CASA) system for routine clinical use - Stacy Wheat &amp; Stephen Harbottle</td>
</tr>
<tr>
<td>14.00</td>
<td>Changes to NEQAS Reporting - Peter Goddard</td>
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<tr>
<td>14.30</td>
<td>Clinical Interpretation-effect of merging A &amp; B—ICSI - Dr Kevin Lindsay</td>
</tr>
<tr>
<td>15.00</td>
<td>Open Forum - Chair: Dr Allan Pacey (ASC), Stephen Harbottle &amp; Dr Rachel Gregoire (ESC)</td>
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<tr>
<td>16.00</td>
<td>Close</td>
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</tbody>
</table>

Semen Analysis – One Day Workshops.

Four semen analysis training days were held between April 2012 and March 2013. A total of 58 people attended and the feedback from those participating was positive.

Practical sessions covered sperm concentration, motility and morphology. Course manuals were supplied and staff were on hand to answer questions throughout the day. The training days were eligible for CPD points.

Requirements for delegates wishing to attend future courses are that they are:

1. Able to operate a microscope
2. Able to perform dilutions using automatic pipette.
3. Able to use a counting chamber.
The Annual Quality Review includes Summaries of Questionnaires from the 2012 Annual Participants Meeting, the 2011-2012 Annual Scheme Questionnaires and the 4 Training Days held during 2012. The Management response to comments received is also detailed. Feedback was extremely positive for training days, however the Annual Participants meeting received unusually poor feedback, largely due to the venue.

In the 3 distributions from April to December 2012 there were 11 complaints relating to the Semen Analysis samples and only 1 complaint relating to motility (down from 12 in 2011). Aggregation of sperm in the samples accounted for 7 complaints, 3 commented on low sample volume and there was 1 other comment. The number of complaints received was within acceptable control limits for all distributions.

The UK NEQAS Andrology Scheme retained CPA accreditation following the clearance of non-conformances identified at the inspection. UK NEQAS Reproductive Medicine will be moving over to ISO 17043 standards of accreditation during 2014.

The Annual Quality report will be available online at http://www.cmft.nhs.uk/saint-marys/our-services/uknegasrepsci.aspx
Association of Biomedical Andrologists (ABA):
A year of changes, challenges and evolution

Stephen Harbottle – ABA Chair

My first year as Chair of ABA has certainly not failed to be the learning curve I was expecting! It has brought ABA some success as we continue to move forward a number of key projects forward and have put plans in place to continue to develop ABA, both as a professional organisation and as the reference point for the public and press for issues pertaining to Andrology.

We are slowly seeing a transition towards implementation of the WHO 2010 guidelines within the sector but there are still centres reporting and working to WHO 1999 guidelines. ABA published our revised version of the Guidelines for Good Practice (GGP) in 2012 which were published in Human Fertility and form an excellent resource for Andrologists to use alongside the WHO manual, 5th Edition. I would urge you all to plan now the implementation of 2010 if you have not already and use the ABA GGP as a reference when doing this as they do offer further guidance on issues in WHO 2010 that some people have found contentious, such as the grading of sperm motility.

The ABA logbooks continue to flourish as the recognised training scheme for Andrologists in the UK and we are delighted that activity is up on last year. With the full portfolio of logbooks now available we are able to offer a comprehensive training program to our members.

ABA are working more closely with the British Andrology Society (BAS) to explore areas where our collective voice may prove stronger and see gains for both societies. One such project is raising the awareness of Andrology as a profession with the Department of Health and striving to ensure that a career pathway including State Registration for andrology is established. This is a long term project that may well run beyond my time as Chair but rest assured we are doing what we can to start the chain of events to make it happen.

Our AGM last year in Leeds was a great success and we look to build on this with our AGM this year which will be hosted in Cardiff at the Marriott Hotel on the 16th May. One focus this year is CPA accreditation, something the vast majority of our members will have experience of. We have speakers from our team of CPA Peer Assessors as well as advice from a CPA Regional Assessor, Janet Chatfield. We plan to run this session as an open forum with plenty of time for questions and answers from the floor. We are delighted to welcome Dr. Karl Swann, speaking about the role of PLC zeta in sperm activation and Dr. Helen Priddle, speaking about semen analysis in the private sector. If that is not enough, our own Dr. Bryan Woodward will speak about ‘Brains and Balls’... should make for a fascinating day and we hope to see many of you there.

We hope to be able to give a little more back to the members of ABA over the next two years and are planning some events which will be offered to members either free of charge or at a nominal cost – for more information on these exciting events make sure you are present at our AGM where we will make a further announcement.
In summary 2012/13 was a year in which we have published new Guidelines for Good Practice and laid new foundations in preparation for significant changes in the mechanism for the facilitation of scientist training. We continue to strive to define a career path for Andrologists working at every level. We continue to raise the profile of ABA, our inclusion as a correspondent member of the AHCS is testimony to us being more clearly on the national scientific radar. We have strengthened links with the British Andrology Society (BAS) and the Association of Clinical Embryologists (ACE) to ensure that when Andrology is discussed in any forum, we have a chair at the table.

ABA welcome feedback and comments so please do contact us with any enquiries or if you would like to be involved via our website, www.aba.uk.net.

**Association of Clinical Embryologists (ACE) report**

Rachel Cutting - chair

It is my pleasure as ACE chair to contribute to the NEQAS annual report.

After the launch of the embryo grading scheme last year we are pleased that the scheme is going from strength to strength and delighted to see many UK units and overseas units subscribing. The feedback we have received has been good and it certainly has prompted some interesting discussions regarding embryo quality in my unit! ACE strongly encourages any unit who has not joined to join as soon as possible!

The MSC STP training scheme for embryologists is now well established and we are now recruiting for the 3rd intake of MSC students for Reproductive Science. ACE have worked closely with the National School and Prof Sue Hill to ensure the scheme will work in both the private and NHS sector. In England it is the Department of Health’s wish that the ACE certificate will cease in October 2013 for new recruits. There will be meetings and workshops to raise awareness on this with Sue Avery and Jane Blower becoming our ambassadors.

We also have a team busily working on the practitioner training program and the FRCPath Curriculum for Clinical Scientists.

Finally I would like to say thank you to the NEQAS team. ACE has welcomed the collaboration and are delighted the embryo grading scheme has been a success.
Appendix 1:

**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 Chairmen of the National Quality Assurance Advisory Panels (NQAAPs), and representatives from 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. Samples, reports and routine correspondence may be addressed to a named deputy, but correspondence from Organisers and NQAAPs concerning persistent poor performance (red – see below) will be sent directly to the Head of the laboratory or, in the case of the independent healthcare sector, the Hospital Executive Director.

6. 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.

7. 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.

8. Laboratories’ EQA performance will be graded using a traffic light system; green will indicate no concerns, amber poor performance, red persistent poor performance, with black being reserved for the tiny number of cases that cannot be managed by the Organiser or NQAAP and that have to be referred to the JWG. The criteria for poor performance (amber) and persistent poor performance (red) are proposed by the EQA scheme Steering Committee in consultation with the EQA Provider/Scheme Organiser and approved by the relevant NQAAP.

9. When a laboratory shows poor (amber) 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 (red), the Organiser will notify the Chairman of the appropriate NQAAP together with a resume of remedial action taken or proposed. The identity of a persistently poor performing laboratory (red) will be made available to members of the NQAAP and that have to be referred to the JWG. The NQAAP Chairman should agree in writing any remedial action to be taken and the timescale and responsibility for carrying this out; if appropriate, this letter will be copied to accreditation/regulatory bodies such as CPA (UK) Ltd, UKAS and HFEA who may arrange an urgent visit to the laboratory. Advice is offered to the Head of the Laboratory in writing or, if appropriate, a visit to the Laboratory from a NQAAP member or appropriate agreed expert may be arranged.

10. If persistent poor performance remains unresolved (black), 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. Should these measures fail to resolve the issues, the laboratory will be referred to the Care Quality Commission for further action.

11. 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.

Joint Working Group for Quality Assurance in Pathology, August 2010.