



**Eurachem**

A Focus for Analytical Chemistry in Europe

# **7<sup>th</sup> PT/EQA Workshop - Istanbul 2011**

Report from WG 6



## WG 6 – Establishing acceptability criteria for microbiology

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## Composition

- 20 Established PT scheme providers
- 1 New PT scheme providers
- 7 Accreditation or regulatory bodies
- 8 Participants
- 1 Other
- 22 different countries



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## Fields

- Food/Beer 26
- Water/Environment 13
- Clinical 10



## Question 1 How is SDPA derived in your sector?

Water (use square root not log)

- Fixed
- Expert labs
- Participant SD per round



## Question 1 How is SDPA derived in your sector?

### Clinical

- Mostly qualitative results – No SD
- Robust SD per round when applicable



## Question 1 How is SDPA derived in your sector?

### Food

- Fixed e.g 0.25, 0.35 prescribed from historical data
- Semi-fixed
- Consensus robust SD



## Question 2 What are the specific difficulties in determining SDPA?

### Water

- Matrix –real or lyophilised
- Outlier determination
- Method differences – all or separate
- No of participants





## Question 2 What are the specific difficulties in determining SDPA?

### Clinical

- Mostly qualitative results
- Sample quality (Homogenization, delivery time etc.)
- Sample stability (Transportation)
- Number of participants
- Outliers



## Question 2. What are the specific difficulties in determining SDPA?

### Food

- Use of multiple results
- Ensuring fixed SD is up-to-date
- Accreditation bodies – would like to see scoring comparable across different PT providers



## Question 3 What needs to be considered when setting SDPA?

All

- Homogeneity
- Stability
- No of participants/results
- Geography – different organisms in different countries
- Matrix
- Format data reported e.g. Log, %



## Question 3 What needs to be considered when setting SDPA?

Also in food sector

- Types and levels of organisms
- Different SD for different matrices e.g food, animal feed etc
- Method
- Uncertainty of measurement



## Question 4 Should acceptability criteria be harmonised?

Yes

- But only by sector/sub-sector
- ISO standards now report repeatability and reproducibility data which can be used by PT providers
- So labs can compare results across different schemes
- Yes for reporting clinical testing



## Question 4 Should acceptability criteria be harmonised?

NO

- How can we harmonise with so many sectors and types of schemes
- Some matrices are not comparable
- Want to give participants choice



## Question 5 How should acceptability criteria be harmonised?

- By using standards or by similar project to COEPT project
- Suggest more independent information to participants about statistics used so they can understand their performance score better



## Question 6 Need for terminology harmonisation?

- Yes
- But already is to some extent (through ISO 17043 and ISO 13528)
- Participants don't read the standards





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**THANK YOU ALL  
FOR YOUR PARTICIPATION**