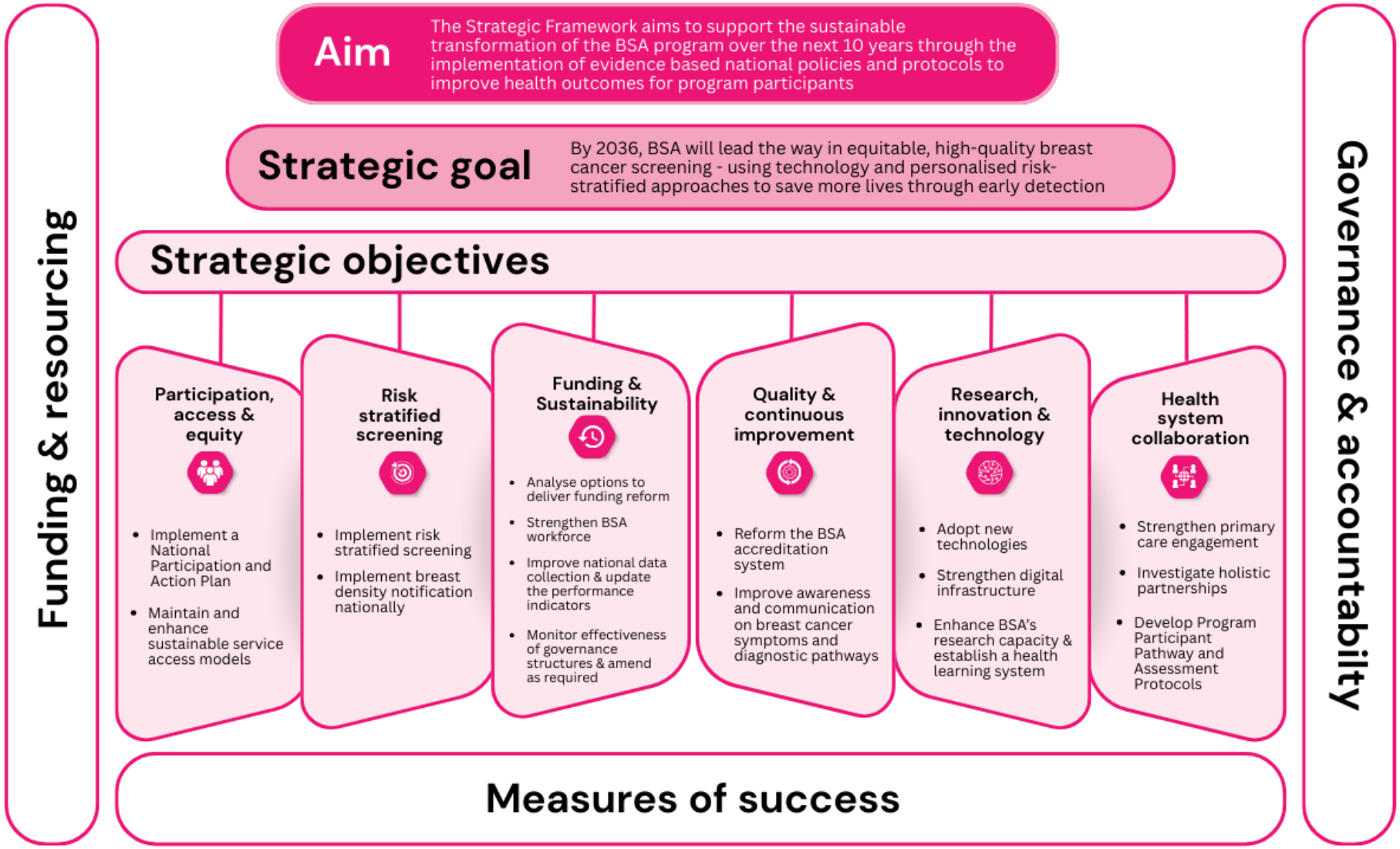
Strategic framework for the future of BreastScreen Australia

BreastScreen AUSTRALIA

A joint Australian, State and Territory Government Program

Contents

Overview


Funding & resourcing
Aim
The Strategic Framework aims to support the sustainable transformation of the BSA program over the next 10 years through the implementation of evidence based national policies and protocols to improve health outcomes for program participants
Strategic goal
By 2036, BSA will lead the way in equitable, high-quality breast cancer screening - using technology and personalised risk-stratified approaches to save more lives through early detection
Strategic objectives
Participation, access & equity
Implement a National Participation and Action Plan
Maintain and enhance sustainable service access models
Risk stratified screening
Implement risk stratified screening
Implement breast density notification nationally
Funding & Sustainability
Analyse options to deliver funding reform
Strengthen BSA workforce
Improve national data collection & update the performance indicators
Monitor effectiveness of governance structures & amend as required
Quality & continuous improvement
Reform the BSA accreditation system
Improve awareness and communication on breast cancer symptoms and diagnostic pathways
Research, innovation & technology
Adopt new technologies
Strengthen digital infrastructure
Enhance BSA's research capacity & establish a health learning system
Health system collaboration
Strengthen primary care engagement
Investigate holistic partnerships
Develop Program Participant Pathway and Assessment Protocols
Measures of success
Governance & accountability

Breast cancer remains a leading cause of morbidity and mortality among Australian women, yet participation in BreastScreen Australia (BSA) continues to fall below target rates, reducing the program's effectiveness in early detection and improved outcomes. To address this, Australian governments have partnered to develop the BSA Strategic Framework (the Strategic Framework), providing a coordinated national approach to strengthen BSA and deliver sustainable improvements in screening uptake and early detection.

BSA is a highly successful public health program offering free mammographic screening to women aged 50-74, with eligibility extended to women aged 40-49 and 75+. It has contributed significantly to reducing breast cancer mortality and improving survival rates. As healthcare and technology evolves, the program must remain contemporary and evidence based. The Strategic Framework provides the pathway for reform, ensuring equity, effectiveness and sustainability, with the overarching goal of saving more lives through early detection.

The Strategic Framework builds on the findings of the 2025 BSA Policy and Funding Review (BSA Review), which identified opportunities to modernise screening pathways, strengthen funding models and improve service delivery. It sets out Strategic Objectives with staged high, medium and low priority actions to ensure appropriate sequencing and feasible implementation. Two priorities have been identified by all Australian governments to specifically focus on throughout implementation of the Strategic Framework, including:

- Increasing participation, particularly among under-screened populations.

  Immediate priority actions include continuing to implement local initiatives and developing and implementing a National Participation Strategy and Action Plan, with the aim to incrementally increase participation over time.

- Progressing toward risk-stratified screening to improve health outcomes.

  Immediate priority actions include developing and implementing an annual screening eligibility policy and exploring optimal screening approaches for women aged 45-49 years.

This framework is designed to align with, and support, the work and priorities of all governments and their respective cancer plans and strategies, including the:

- National Preventive Health Strategy
- Australian Cancer Plan
- Aboriginal and Torres Strait Islander Cancer Plan.

The National Medical Workforce Strategy and the National Health Reform Agreement (NHRA) are other national plans and strategies that will be considered throughout implementation. Jurisdictional specific BreastScreen Strategic Plans and Cancer Plans set local priorities and strategic direction, aligning with the objectives of this framework.

Implementation of the Strategic Framework will be complex as many actions are interdependent, requiring collaboration across all levels. The Commonwealth will provide strategic leadership for national policy and frameworks; states and territories will implement service delivery changes and analyse local funding requirements; and BSA services will deliver local adaptation as required. Cross jurisdictional collaboration will support shared initiatives. Robust governance, stakeholder engagement, sector co-design – including First Nations communities – and monitoring of impact underpins success. The Framework identifies areas requiring investment and its implementation will require a joint commitment from all governments.

A note on terminology:

- Women/woman – refer to all individuals involved (or eligible to be involved) in BSA, regardless of sex or gender, including those with breast tissue suitable for screening, such as women, transgender men and women, non-binary, and gender diverse people. State and territory BSA services provide guidance on screening for these groups.
- 'Breast' is used as a non-gendered term and is used non-medically to describe the tissue affected by breast cancer.

Learnings from BreastScreen Review

BSA is a world class program that has contributed to reducing mortality from breast cancer by 50% since its inception as well as improving breast cancer survival. Longitudinal evidence shows cancers detected through the program are typically smaller, which increases treatment options, reduces morbidity and improves survival[1]. The program is highly valued and well recognised across Australia, offering high quality services to Australian women.

The BSA Review identified core strengths of the current program that should be maintained and built upon:

- Brand and trust: BSA has built a trusted national brand by providing free, high-quality early detection breast screening with consistent professional standards.
- Cost and access: The program's free service model with no requirement for referral from a healthcare provider maximises accessibility and equity of access
- Mobile services and regional access: Mobile screening services provide equitable rural and regional access to breast cancer screening, while maximising resource utilisation of the typically two-yearly interval.
- Digital communications: Improved digital communication systems like online bookings and SMS reminders enhance accessibility and have evolved to meet consumer expectations.
- Priority population engagement: the program demonstrates pockets of excellence in cultural sensitivity through targeted approaches, multilingual support, and a female-led service delivery model.
- Workforce excellence: BSA maintains high professional standards through a dedicated and expertly trained workforce of radiographers and radiologists
- Innovation: Some jurisdictions lead in technological innovations like Artificial Intelligence (AI) image reading and breast density reporting, though these are not consistently implemented nationwide.

Opportunities to support the program, which were identified in the BSA Review, have been translated into the strategic objectives of this Framework.

[1] Australian Institute of Health and Welfare (2025) *BreastScreen Australia monitoring report 2025*, AIHW, Australian Government, accessed 09 December 2025.

BSA Strategic Framework

Purpose and Aim

The purpose of the Strategic Framework is to guide all Australian governments in considering the findings and implementing the recommendations from the BSA Review Final Report. It has been informed by all governments contributions and reflects local priorities, feasibility and an understanding of the work already underway within BSA services.

The Strategic Framework aims to support the sustainable transformation of the BSA program over the next 10 years through the implementation of evidence-based national policies and protocols to improve health outcomes for program participants.

Strategic Goal

By 2036, BSA will lead the way in equitable, high-quality breast cancer screening - using technology and personalised risk-stratified approaches to save more lives through early detection.

Strategic Objectives

The Strategic Goal is supported by six strategic objectives, each with corresponding actions:

This section presents the strategic objectives and the associated measures of success so that actions can be monitored for their impact.

1. Participation, access and equity

Objective - Ensure every eligible Australian woman can access safe, timely and culturally appropriate breast cancer screening.

The biggest opportunity to detect additional cancers at an early stage is by increasing the number of women participating in the BSA program. I Equity of access is critical to ensure all women can access the service in a timely manner, including a particular focus on supporting First Nations women, culturally and linguistically diverse (CALD) women, women living in regional, rural and remote areas women with low socio-economic status (SES) and women with disability. The program will continue to provide additional support and strategies to access screening services that meet their needs.

Measure of success:

- Higher participation rates overall.
- Higher participation rates in priority-population groups and a reduced participation gap from the overall rate in these groups.

2. Risk stratified screening

Objective - Implement risk-stratified screening pathways to improve the early detection of breast cancer.

BSA will ensure nationally consistent policies that are responsive to emerging evidence, while acknowledging that readiness to adopt may differ across jurisdictions and may take time to implement nationally.

BSA will develop a national policy for annual screening eligibility as a first step in moving toward risk-stratified screening, formally implementing two screening pathways for women with different breast cancer risk categories.

To refine risk stratification, BSA will investigate risk assessment tools and how they could be used to further categorise breast cancer risk and screening pathways. This includes identifying the optimal screening pathway with BSA for women at moderate risk[2] of breast cancer and exploring and piloting optimal screening approaches for women aged 45 to 49 years.

Measure of success:

- New technologies or pathway updates are evaluated and implemented effectively and efficiently.
- Improvement of early cancer detection rates, diagnostic accuracy and screening efficiency linked to updated practices.
- Screening practices nationally reflect current and emerging evidence and screening policies and protocols.

3. Funding and Sustainability

Objective - Ensure sustainability of the BSA Program by maintaining and strengthening its foundations including governance, funding and workforce.

Ongoing monitoring of the effectiveness of governance structures and processes will ensure all governments continue to work collaboratively to implement the Strategic Framework and deliver the BSA Program.

Developing and revising funding models and mechanisms in response to changes in cost drivers over time will ensure BSA meets the needs of the Australian community.

Regular reviews of workforce capacity and needs will identify gaps and support initiatives to maintain a committed workforce and build on broader health workforce initiatives.

[2] Moderate risk refers to women whose personal or family history places them above average risk but below the threshold for high-risk clinical management.

Measure of success:

- Governance structures and processes regularly reviewed and functioning to support collaboration across all jurisdictions.
- Funding models updated to reflect changing cost drivers and ensure long-term program sustainability.
- Workforce needs assessed regularly, with initiatives in place to maintain a skilled and committed workforce.
- Continued delivery of high-quality, accessible breast cancer screening services across Australia.

4. Quality and continuous improvement

Objective - Maintain high quality services through developing and implementing a BSA Quality and Safety Framework, underpinned by evidence and clinical excellence.

The Quality and Safety Framework will support a quality improvement program for BSA to continuously improve quality and efficiency, and to allow provisions for risk-stratified screening approaches. Improvements will include updating national standards and modernising the accreditation system, implementing national minimum clinical assessment protocols and delivering consistent national policies to reflect client expectations, modern clinical practice and technology.

Measure of success:

- Implementation of the BSA Quality and Safety Framework
- National quality standards for all BSA services to meet are in place
- Improved cancer detection rates and reduced false positives and negatives
- Reduced number of symptomatic women attending BSA
- Consistency in screening and assessment practices across jurisdictions.

5. Research, innovation and technology

Objective - Modernise BSA by embedding research within the program to drive the adoption of emerging technologies and digital infrastructure.

By introducing a health learning system BSA can respond quickly to implementing new evidence and technology in early detection.

A **health learning system** is a way of running a program so that it continuously learns and improves based on data, evidence and feedback. Instead of making one-off changes, the system adapts over time as new information emerges.

Breast cancer screening is advancing - risk-based models, AI in imaging, and shifting demographics mean the program cannot remain static. Adopting a health learning system will help BSA stay current, effective, and equitable by learning as it goes and progressively building processes that support ongoing improvement.

The ability to undertake feasibility and implementation studies within the program to test the evidence and translate into practice is critical for transformational change.

Measure of success:

- The process to evaluate evidence and implement new technologies is effective and supports change.
- Feedback from stakeholders that the health learning system is effective and usable.
- The health learning system allows for integration of emerging evidence with minimal disruption to program operations.
- Implementation of evidence-based modern technologies, including AI, in BSA.

6. Health system collaboration

Objective - Strengthen partnerships across governments, health systems, services and communities to deliver consumer-focused care from screening and assessment through to treatment and management.

BSA was established as a standalone program to enable easy access to screening however stronger engagement between BreastScreen services, primary care providers and the broader health system will improve participation and enable more holistic care. Opportunities to enable partnerships with other health and community services could provide improved access and better overall health outcomes, particularly for some priority population groups.

Measures of success:

- Number of agreements/collaborative initiatives between BreastScreen services, primary care providers, and other health services.
- Streamlined referral processes from screening and assessment to management and treatment implemented.
- Reduction in delays between screening, diagnosis, management and treatment for women diagnosed with breast cancer.

Key enablers

Governance and accountability

Successful implementation will require ongoing partnerships and collaborative efforts by all Australian Governments.

Decision-making will occur through existing interjurisdictional leadership bodies including the Cancer and Population Screening (CAPS) Committee, Health Chief Executive Forum (HCEF) and Health Ministers Meeting (HMM). The Commonwealth will maintain a high-level implementation and policy oversight role, while states and territories, given their operational expertise, will lead implementation. Existing national advisory bodies will support policy and program development activities and implementation.

Progress will be monitored through annual reports on implementation status, alongside formal evaluation at years 4 and 7. This structured approach will provide transparency on progress and enable evidence-based refinements to ensure reforms achieve their intended impact.

Funding and resourcing

Current funding

BSA is a jointly funded program of the Commonwealth and state and territory governments. The Commonwealth provides funds to state and territory governments to support BreastScreen service delivery through the Public Health Component of the National Health Reform Agreement (NHRA). State and territory governments determine how these funds are distributed across public health programs, including BreastScreen. The Commonwealth also funds national activities in line with its role to support national policy, monitoring and evaluation and quality and safety activities. State and territory governments provide additional funding, outside of NHRA co-funded arrangements, to meet population growth or for implementing local initiatives.

Funding reform

The BSA Review highlighted current funding risks such as population growth and rising costs associated with workforce, clinical assessment and new technologies. The BSA Review Workstream 3 project on funding provides estimates of future funding requirements under different scenarios, which indicate new investments will be required to support future needs. To keep pace with cost drivers, all Australian Governments will work together to identify future funding models and mechanisms to support implementation of reforms as outlined in the Strategic Framework.

Implementation funding

The Strategic Framework provides the basis for a commitment of all Australian Governments to reform the program progressively as program capacity allows and as funding and resources enable. Several activities can be undertaken within existing funding and resourcing allocations; however transformational change will require investment. Associated costs of implementation will be determined through each project implementation plan, which will support investment at each level of government as agreed and required.

Stakeholder engagement and consultation

Stakeholder engagement and consultation were essential components of the BSA Review process, and the same principles will be applied throughout implementation of the Strategic Framework.

Implementation stakeholders include the Commonwealth and state and territory governments, consumers, advocacy groups, service providers, health professionals and researchers/academics. Individual project plans will include consultation and engagement mechanisms.

Strategic Objectives and Actions

Actions under each strategic objective have been developed based on the recommendations from the BSA Review. Each action has been assigned a priority rating based on their role, urgency and impact:

- **High priority** - the essential, high-impact actions that create the foundations for success and deliver immediate benefits by addressing key challenges. They have the greatest influence on outcomes and should be prioritised as early as possible (noting relevant interdependencies).
- **Medium priority** - the actions that focus on improving the system and building capacity. Some may need to be actioned early as they are interdependent with high priority actions. They strengthen the program over time and ensure sustainability.
- **Lower priority** - the longer-term, innovative actions that prepare the system for emerging needs and opportunities. They are typically lower priority in the short term but essential for long-term transformation.

These priority ratings can be found in the tables of actions below.

Each action includes consideration of the magnitude of funding required, as well as the enablers, which will inform more detailed analysis and implementation planning at both a Commonwealth and state and territory level.

1. Participation, access and equity

Actions	Priority	Funding requirements	Enablers
Incrementally increase participation rates and ensure equity The Commonwealth, working in close partnership with states and territories, will lead a co-design process to develop a National Participation Strategy and Action Plan to support a structured approach to increasing awareness and uptake. This could include reviewing invitation and reminder protocols, analysing participation data, and continuing to deliver or scale up successful participation initiatives across jurisdictions. States and territories will also contribute insights from a service delivery perspective, including evaluating the efficiency of current service delivery models (such as appointment slot utilisation) and, modelling participation gaps and the resources required to improve and enhance local capacity for screening and assessment services. The Strategy will also include a National Equity Framework, with a focus on priority populations, to embed equity across all aspects of policy, program design, service delivery, and evaluation The implementation of an action plan to increase participation is strongly linked to funding and sustainability actions, as many services already operate at or near existing resource capacity.	**High**	Development of Plan – low Implementation of initiatives – high Equity Framework - low	Funding Governance Data Workforce
Deliver more sustainable service access models Innovative approaches that have been successful in improving access (for example mobile services, group bookings, patient travel assistance, service adjustments) will continue to be delivered and learnings shared across jurisdictions. Alternative or innovative access models will be identified and trialled. The Commonwealth will oversee the collation of learnings to support information sharing and collaboration where required. As these initiatives are often more expensive to deliver than standard service delivery, developing appropriate funding models and mechanisms to support the sustainability of these initiatives will be critical.	**Low**	Identify service gaps – low to moderate Trial new initiatives or expand mobile services - high	Funding Data Infrastructure Workforce

Anticipated timeline for delivery

Short term

Continue to deliver successful recruitment initiatives and collate learnings for sharing.

Identify service and accessibility gaps to inform new access models.

Develop National Strategy and Action Plan and commence implementation.

Medium term

Implement National Strategy and Action Plan

Implement and evaluate recruitment initiatives

Pilot new access models.

Long term

Sustain and refine participation strategies.

Evaluate pilots of new access models and scale up if required

2. Risk-stratified screening

Actions	Priority level	Funding requirements	Enablers
Implement risk-stratified screening pathways The first step to advance risk-stratified screening is the standardisation of national policy for annual screening and implementation of breast density notification. In parallel, BSA will also explore and pilot optimal screening approaches for women aged 45 – 49 years. BSA will continue to monitor evidence for the early detection of breast cancer among women aged 40-44 years to inform more effective screening tools or pathways in this age group. Further investigation and feasibility assessments of risk assessment tools and evidence-based screening pathways for women with high breast density will be undertaken as evidence becomes available to inform further risk-stratification. This will include evaluating available and emerging risk assessment tools and screening technologies (tomosynthesis, Contrast Enhanced Mammography (CEM) and AI), assessing feasibility, and delivering proof of concept initiatives to inform longer term implementation.	**High**	Policy and planning development – low 45-49 yr screening approaches – moderate Research, proof of concept initiatives, implementation - high	Governance Workforce Funding Infrastructure Data IT

Anticipated timeline for delivery

Short term

Develop and implement a national annual screening eligibility policy.

Explore and pilot optimal screening approaches for women 45 to 49 years.

Develop a plan to implement a risk assessment tool.

Undertake research on alternative screening pathways for women with high breast density.

Medium term

Pilot a risk assessment tool and new screening pathways for different risk categories

Long term

Evaluate pilots and implement refined risk stratification pathways.

3. Funding and Sustainability

Actions	Priority level	Funding requirements	Enablers
Implement an agreed cost-shared funding arrangement for BSA into the future Building off the findings from the BSA Review, the Commonwealth and states and territories will develop the principles for future cost-shared funding arrangements to ensure responsibilities are clearly defined and transparent. A future funding model will be considered to account for cost drivers; accommodate program and population growth and new technologies; support program objectives; and cover projected operational and capital costs over a 10-year period. This may include an alternative funding mechanism for provision of Commonwealth funds for state and territory service delivery. Jurisdictional funding mechanisms for delivery of BSA services will be investigated to identify alternative and local funding requirements to ensure services are responsive to community needs and financially sustainable. Funding requirements will differ across jurisdictions and within jurisdictions due to the complexity and diversity of service delivery in different population groups and geographic locations.	**High**	Analysis and data collection – moderate Implementation of changed funding model - high	Governance Funding Data
Build and sustain a skilled BSA workforce The states and territories will lead local efforts to regularly review workforce capacity, capability, and future needs. These reviews will inform targeted investments in mammography training programs to build a pipeline of qualified staff. The Commonwealth will provide support as required, utilising national activities and engaging with national health workforce initiatives, as relevant to BSA. This could include engaging with initiatives about future workforce projections to ensure sufficient training places to meet the demands of population growth, participation uplift, and changing work patterns. To address ongoing recruitment challenges, BSA will consider alternative recruitment pathways for radiologists and other mechanisms to support retention, including professional development	**Medium**	Workforce review – low Recruitment pathways – low	Governance Data

Actions	Priority level	Funding requirements	Enablers
opportunities. These efforts will be aligned with broader health sector workforce initiatives to ensure BSA benefits from system-wide reforms and innovations.			
Strengthen and enhance BSA data capability The Commonwealth will collaborate with the Australian Institute of Health and Welfare (AIHW), in consultation with states and territories, to strengthen and expand the national data collection. This will enable future opportunities for undertaking enhanced data analytics including data linkage, to inform policy development and program management. In parallel, a review of existing national program performance indicators will be undertaken to ensure they align with the current program and support future monitoring needs.	**Medium**	Expand national data collection – moderate Update performance indicators – moderate	Governance Data Infrastructure Funding IT
Monitor the effectiveness of governance structures All governments will monitor the effectiveness of current national governance arrangements, to ensure clarity on respective roles and responsibilities, and to improve national consistency, transparency and accountability. As reforms progress, consideration will be given to establishing additional governance bodies as needed to support the implementation of the Strategic Framework and other future priorities. These may include advisory groups focused on areas such as equity, workforce, or data. Any changes will be carefully balanced against the need to prioritise more immediate reform actions, such as workforce sustainability and service delivery improvements.	**Low**	Modify or establish governance bodies and/or advisory groups as required- low	Governance

Anticipated timeline for delivery

Short term

Develop cost-shared funding principles and further explore funding mechanisms for consultation.

Update BSA Workforce Demand Report and invest in training programs.

Expand the national dataset and review national performance indicators.

Map governance, clarify roles, build partnerships.

Medium term

Negotiate and implement new funding model and mechanism, as required.

Update BSA Workforce Demand Report and invest in training programs.

Implement updated performance monitoring.

Monitor governance effectiveness and amend as required.

Long term

Monitor ongoing funding requirements and implement modifications, as required.

Update BSA Workforce Demand Report and invest in training programs.

Amend performance monitoring and governance, as required.

4. Quality and continuous improvement

Actions	Priority level	Funding requirements	Enablers
Redesign and implement a modernised BSA quality and safety system To maintain and strengthen quality, the Commonwealth in partnership with states and territories will lead the development of a National Quality and Safety Framework. The framework will establish contemporary National Standards and accountability mechanisms to maintain and continuously improve safe and high-quality services across all jurisdictions. A Quality Improvement Program (QIP) will be implemented, incorporating a fit for purpose accreditation system. The QIP will promote best practice, support innovation at the service level, and enable transparent performance monitoring. The Commonwealth will lead the development of National Standards and coordinate the national QIP, with strategic input from all governments. States and territories, as service providers, will be responsible for implementing the standards and participating in the QIP. Together the National Quality and Safety Framework and QIP will promote quality improvement, underpinned by evidence and clinical excellence, and consistency in service delivery.	**Medium**	Develop Framework and National Standards – moderate Implement and evaluate Framework and QIP - moderate	Funding Governance Data IT
Improve communication on breast cancer symptoms and diagnostic pathways Improving diagnostic access for symptomatic women is outside the remit for BSA. However, it remains a relevant issue due to the number of symptomatic women who present to BSA and the need to ensure people can access the most appropriate service for their circumstances. Diagnostic access issues contribute to delays, stress, and confusion, particularly where diagnostic pathways are unclear or limited. State and territory governments will continue to identify gaps in diagnostic services, funding mechanisms and explore opportunities to better utilise existing infrastructure, which could potentially be shared with BSA (i.e. co-located services, referral pathways). Many symptomatic women present to BSA unaware it is not a diagnostic service. Some preparatory work such as policy review and communication improvements, can be progressed within business-as-usual, without requiring significant new investment.	**Low**	Policy analysis and development – moderate Awareness and communication - low Implementation of strengthened pathways - high	Governance

Anticipated timeline for delivery

Short term

Develop Quality and Safety Framework and National Standards.

Identify gaps and barriers to diagnostic testing for symptomatic women and evaluate pathways.

Update national policy on symptomatic women and improve communication and awareness.

Medium term

Implement Quality and Safety Framework and Quality Improvement Program.

Identify opportunities to improve access to diagnostic testing for symptomatic woman and pilot initiatives.

Long term

Evaluate Quality and Safety Framework and Quality Improvement Program and refine as required.

Implement improved diagnostic testing pathways and increase communication and awareness of available pathways.

5. Research, innovation and technology

Actions	Priority level	Funding requirements	Enablers
Invest in new technologies To modernise BSA, the Commonwealth in partnership with the states and territories, will prioritise two transformative initiatives. First, the Commonwealth will lead a national feasibility analysis and implementation plan for tomosynthesis in screening. This initiative will be delivered in close partnership with state and territory screening programs to ensure coordinated rollout. Second, the Commonwealth will lead the development of a robust artificial intelligence (AI) governance framework to guide the safe, ethical, and transparent integration of AI into BSA services. This framework will address critical issues such as data privacy, algorithm bias, and clinical accountability, ensuring AI supports equitable, high-quality care. AI second reader screen reading will be rolled out as needed to mitigate workforce shortages and improve efficiency. Ongoing horizon scanning and monitoring of evidence for other emerging technologies will be integrated into a BreastScreen health learning system, which includes delivering proof of concept initiatives to establish the evidence base for national roll out.	**Medium**	Feasibility analysis - moderate –Infrastructure – high Horizon scanning and learning system - moderate	Governance Funding IT Infrastructure
Optimise digital systems to support innovation and data sharing The Commonwealth in partnership with states and territories will lead a national stocktake of jurisdictional data and digital systems. This stocktake will identify and assess key technologies such as client information systems, cancer registries, Picture Archiving and Communication System (PACS), and integration platforms, to identify opportunities to improve how these systems work together, streamline workflows, strengthen data quality and access, and improve service delivery. This work will lay the foundation for better integration across platforms and with alternate service providers within and external to BSA services, improved service delivery, implementation of risk-stratified pathways and readiness for emerging technologies like tomosynthesis and AI.	**Medium**	Stocktake – moderate Infrastructure - high	Governance Funding Data Infrastructure IT

Actions	Priority level	Funding requirements	Enablers
Build and expand BSA's research capability To support innovation and continuous improvement, all governments will lead efforts to strengthen BSA's research and evidence base. This will include monitoring local and international research developments and partnering with academic institutions to undertake in-program trials that inform service delivery and policy. A review and update of the BSA Research Framework will be initiated to ensure alignment with current priorities and emerging evidence. Consideration will also be given to investing in targeted translational research that addresses gaps in participation, equity, and outcomes. BSA will establish a health learning system to translate research into practice. Oversight of this work will be supported by a national governance body or advisory group focused on research and innovation, ensuring strategic coordination and accountability across jurisdictions.	**Medium**	Monitor research activities – low Update BreastScreen Research Framework - low Invest in research and in-program trials/ proof of concept initiatives – high Establish health learning system - medium	Governance Data Funding

Anticipated timeline for delivery

Short term

Undertake tomosynthesis feasibility analysis.

Develop AI Governance Framework and roll out AI screen reading as needed.

National stocktake of digital systems Monitor research, update research framework.

Develop health learning system to translate research into practice.

Medium term

Implement AI and tomosynthesis nationally, in line with available evidence.

Invest in improved digital systems to support integration and data sharing opportunities.

Invest in in-program research and implement health learning system to support decision-making

Long term

Ongoing review of evidence, in-program trials and implementation of new technologies, as evidence is available

Embed research, governance and investment.

Evaluate health learning system.

6. Health system collaboration

Actions	Priority level	Funding requirements	Enablers
Implement stronger partnerships with primary care The state and territory governments will lead local coordinated approaches to strengthen general practitioner (GP) and primary care engagement in breast cancer screening. This will involve identifying opportunities to enhance GP involvement and support integrated partnerships across screening services. The Commonwealth will collaborate with the Royal Australian College of General Practitioners (RACGP), Australian College of Rural and Remote Medicine (ACRRM), and Australian Primary Health Care Nurses Association (APNA) to strengthen primary care engagement at the national level.	**Low**	Local initiatives - low National co-ordination - low	Governance IT
Identify and establish integrated partnerships with other health and community services To improve service integration and consumer experience, the states and territories will trial holistic partnerships between BSA services and other screening programs or health and community services as opportunities arise. Locally led initiatives will support coordinated service delivery, shared infrastructure, and joint consumer engagement strategies across health and community services more broadly. Oversight, strategic alignment and sharing of ideas for potential opportunities will be supported by the Commonwealth through national governance.	**Low**	Initiatives – moderate to high National oversight - low	Governance Funding IT
Standardise and optimise participant pathways and assessment protocols BSA will define clear program participant pathways from invitation through to screening and assessment. While the current system functions effectively, BSA has identified the need to better define pathways within the program and transitions between BSA services and usual care - recognising that BSA does not provide breast cancer management and treatment services. National Assessment Protocols will also be developed to support consistent clinical decision-making and service delivery. The Commonwealth will lead the development of the pathway and protocols and consult with jurisdictions. States and territories will be responsible for implementing these protocols within their services and ensuring alignment with local care pathways.	**Medium**	Map pathways – low Develop assessment protocols - moderate	Governance Data IT

Anticipated timeline for delivery

Short term

Evaluate current GP engagement initiatives and protocols and identify new opportunities for improved engagement.

Identify local opportunities for partnering to deliver more holistic health services and undertake trials.

Map current participant pathways and develop national clinical assessment protocols.

Medium term

Embed GP engagement initiatives.

Expand successful partnership initiatives to deliver more holistic health services.

Implement national clinical assessment protocols.

Long term

Evaluate GP engagement initiatives.

Embed successful partnership initiatives for ongoing holistic care.

Update national assessment protocols in line with current evidence.

Appendix A

BSA Review Background

In late 2023, the Commonwealth, in partnership with states and territories, initiated a comprehensive review of BSA. The BreastScreen National Policy and Funding Review (BSA Review), supported by the BSA Review Steering Committee and overseen by the Expert Advisory Group, consisted of the following interconnected workstreams:

- **Workstream 1:** Evidence synthesis and analysis
- **Workstream 2:** Quality and safety review (including priority populations)
- **Workstream 3:** Funding review
- **Workstream 4:** Final recommendations and draft strategic framework development.

Together these four workstreams included consideration of evidence, through research and data as well as stakeholder perspectives. Key themes covered were participation rates and recruitment, screening and assessment technologies, target and eligible age groups, priority population needs, workforce, funding models and mechanisms, monitoring and evaluation, and quality and safety.

The final stage of the BSA Review was completed in April 2025 and the Final Report was delivered, including 22 recommendations to improve the BSA. These recommendations (included in Appendix B) will help shape the future direction of BSA.

Collective action by Commonwealth, state and territory governments is a key feature of the recommendations.

Finalisation and endorsement of the BSA Strategic Framework by all governments will respond directly to the recommendations of the BSA Review and support a collective vision for how BSA will evolve over the next 10 years.

Appendix B

BSA Review Recommendations aligned with Strategic Objectives

	Recommendation	Strategic Objective
R1	**Achieve equitable access and optimise participation across all population groups.**	
R1.1	Develop and implement a National Equity Framework.	Participation, access and equity
R1.2	Develop and implement a National Participation Strategy and Action Plan with the aim of 70% biennial participation in line with WHO recommendation for optimal screening participation.	
R1.3	Develop and implement sustainable service access models for screening and assessment services to maximise accessibility and participation.	
R1.4	Develop and implement holistic partnership initiatives with other screening programs and healthcare providers.	Health system collaboration
R2	**Transform BSA's screening model through the implementation of risk-stratified screening approaches.**	
R2.1	Develop and implement a national plan for transitioning to risk-stratified screening with a national approach to risk assessment using a validated and nationally adopted tool.	Risk stratified screening
R2.2	Develop and implement a minimum nationally consistent criteria and protocols for annual screening for mammography.	
R2.3	Develop and implement minimum protocols for the management of a high-risk and/or a very high-risk consumer.	
R2.4	Develop and implement evidence-based guidelines for screening consumers aged 45-49 years.	
R3	**Establish minimum national guidelines and protocols that reaffirm the aims and objectives of the program and maintain program integrity.**	
R3.1	Develop and implement protocols for screening invitation and reminder systems.	Participation, access and equity
R3.2	Develop and implement minimum protocols and clinical guidelines that ensure cost-effective, high-quality assessment services.	Health system collaboration

R3.3	Develop and implement protocols to support the BSA position statement on breast density and screening.	Risk stratified screening
R3.4	Develop and implement minimum protocols for the management of symptomatic consumers.	Quality & continuous improvement
R4	**Enhance BSA's service delivery through strategic implementation of contemporary screening technologies and enhancing interactions with broader healthcare systems.**	
R4.1	Develop and implement an evidence-based plan for tomosynthesis as the primary screening modality.	Research, innovation and technology
R4.2	Develop and implement an AI governance framework with the initial focus on image reading.	
R4.3	Develop and implement a primary care collaboration strategy.	Health system collaboration
R4.4	Develop and implement minimum protocols for interactions with diagnostic and treatment services for consumers with screen-detected cancer.	Quality & continuous improvement
R5	**Strengthening the underlying systems and support structures that allow BSA to deliver high-quality breast screening services and enable improvements and innovation.**	
R5.1	Strengthen governance structures.	Funding and sustainability
R5.2	Strengthen sustainable funding models.	
R5.3	Strengthen digital and data infrastructure and data management and use.	Funding and sustainability
R5.4	Strengthen and implement a sustainable workforce framework.	Funding and sustainability
R5.5	Strengthen and implement a robust BSA Quality and Safety Framework and reforming the accreditation model.	Quality and continuous improvement
R5.6	Strengthen innovation driving advancement by establishing the BSA Research and Technology Evaluation Council.	Research, innovation and technology