

QUALITY MATTERS BULLETIN



March 2022

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BreastScreen Services impacted by the floods

The NQMC would like to acknowledge the BreastScreen Services in Queensland and New South Wales who are affected by the floods, particularly the Lismore Service, staff members and clients. We hope our colleagues and clients are keeping safe during this challenging time and offer our support. The NQMC would like to thank the affected Services and State Coordination Units for their ongoing efforts to provide services in these difficult times.

NQMC Chair Dr Julie Thompson

The NQMC would like to announce the resignation of Dr Julie Thompson as the NQMC Chair. Julie will conclude in her role at the end of March 2022. Julie has served as the NQMC Chair for the last seven years and provided unwavering leadership and a significant contribution to the BreastScreen Australia program. The Committee would like to wish Julie the very best and recognise her contribution as the NQMC Chair.

NQMC Membership

The NQMC thank both Gai Grayson and Dylan Sutton for their time on the Committee. Gai completed her appointment as the Consumer Advocate Member following the November 2021 meeting. During her several years in this role, Gai's commitment has ensured the consumer experience remains paramount to the work of the NQMC and to the broader BreastScreen Australia program.

Dylan also completed his appointment as the Data Manager member in November 2021. Dylan made a significant contribution over several years. His insights and knowledge have been invaluable to the work of the Committee. Both Dylan and Gai will be missed.

The NQMC welcomed the appointment of:

- Ms Sue Viney as the newly appointed Consumer Advocate Member
- Dr Jane Brazier as the newly appointed Jurisdictional Appointed Member
- Ms Ellen Kerrins as the newly appointed Patient Safety and Quality Representative
- Ms Doris Whitmore as the newly appointed State Quality Committee Chair Member
- Ms Karla Lister, the Commonwealth Representative
- Ms Abbie Snowball and Ms Caila McQueen, the new Commonwealth BreastScreen program Executive leads.

The Secretariat have sought nominations for the Data Manager Member, State Quality Committee Chair Proxy, Epidemiologist Proxy, Consumer Advocate Proxy, and Jurisdictional Appointed Proxy, as a result of the various movements.

BSA National Surveyor update

By Ms. Joan Burns

New Surveyor recruitment and training

New selection criteria, role descriptions, competencies and a Surveyor Code of Conduct have been developed in conjunction with experienced, expert Surveyors and approved by the NQMC.

The surveyor training package is still under development. It is anticipated that a surveyor training session will be run later this year. Expressions of interest will be widely advertised throughout the program with plenty of time to apply.

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BSA information update

Remote Radiology Guidelines and Technical requirements:

The Remote Radiology guidelines and technical requirements have been outlined in the NAS Commentary which was published on the cancer screening website on 16 March 2022 found [here](#). The NQMC would like to confirm that Services/SCUs are expected to comply with the technical requirements within 6 months of publication of the NAS Commentary.

The NQMC approved the certification process for accreditation of remote radiology assessment clinics. Below is the accreditation process for ensuring Services demonstrate they meet the remote radiology guidelines and technical requirements:

1. a physicist (or suitably qualified professional) provides certification that the minimum technical requirements are implemented. If the minimum requirements are not implemented or only partially implemented, a report must be provided detailing the areas of non-compliance.
2. The Clinical Director signs a statement to the effect that the Remote Radiology Guidelines are implemented, and the technical certification is in order. If the Guidelines are only partially implemented or not implemented, a report must be provided as to the status of compliance with the Guidelines. If the minimum technical requirements are only partially implemented or not implemented, a report must be provided on the status of compliance.
3. Surveyors would refer to the revised Protocol Management Checklist including the new protocol 3.8 to ensure the evidence is provided and sighted as part of a survey.
4. As per the Remote Radiology Guidelines, a report on the performance of remote radiology assessment clinics is to be included with annual ADR submissions and with accreditation applications.

The NQMC noted that some guidance regarding the nature of the reporting expected may be helpful. Whilst the NQMC identified a number of elements it agreed such a report should contain, it recognised that consultation with Services/SCUs would be

valuable to ensure that any implementation issues and/or unintended consequences regarding the reporting requirements could be identified.

The NQMC Secretariat will undertake a consultation process with Program Managers, Service Directors, and Accreditation Managers regarding the Remote Radiology reporting requirements and will also compile and maintain a register of sites that are utilising remote radiology.

False Positive Biopsy process

The NQMC would like to thank Services for adhering to the new False Positive Biopsy process.

It is expected that by collating notifications of false positive cancer diagnoses, the NQMC will gain a better understanding of the underlying issues leading to these events and in due course develop and share mitigation strategies that various services have adopted, to improve performance.

In addition, the NQMC is hoping to develop a reference atlas of deidentified cases to provide a resource for learning opportunities, and it would be highly beneficial if you could assist us. To this end, upon submission of a false positive biopsy proforma, we would like to request the following from services:

1. a copy of the histology glass slides of the initial biopsy and of the subsequent surgical specimen. These will be deidentified, scanned and returned to the service promptly.
2. Representative de-identified photographs of the imaging at assessment. Please note these do not need to be of diagnostic quality.

Should you have any questions about the process, please do not hesitate to contact the NQMC Secretariat.

BreastScreen Australia – research and other activities

BreastScreen Victoria updates

The NQMC would like to acknowledge BreastScreen Victoria CEO Terri Smith who will be leaving BreastScreen Victoria to retire. Terri is finishing up on Wednesday 20 April 2022.

Terri joined BreastScreen Victoria in April 2020, in the initial phase of the pandemic, when

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BreastScreen services had paused the screening program. Since then, Terri's leadership has kept BreastScreen Victoria steady through its most challenging period and she has driven positive change through the introduction and implementation of a [new Strategic Plan 2021-2025](#). The Strategic Plan outlines the shared purpose and vision of what we want to achieve together in the coming years. With its establishment, Terri is leaving the organisation in a great position.

BreastScreen Victoria Board Chair Dr Elisabet Wreme said: "On behalf of the Board, we are sorry to see Terri go but wish her all the best as she starts this new phase. I want to thank Terri for her hard work and dedication over the last two years, and for being a passionate and enthusiastic advocate for BreastScreen Victoria's work at every turn whether at Board, with staff, with our partners and the media. I am sure she will continue to be a strong advocate for BreastScreen Victoria services in her retirement."

BreastScreen Victoria CEO Terri Smith said: "I am grateful for the time I have spent at BreastScreen Victoria, and proud of everything we have accomplished. I have really enjoyed working with the committed team at BreastScreen and our many partner organisations. Though these have been challenging times, we have continued to effectively provide our services throughout the pandemic. What has stood out to me is the kindness and professionalism within our service that clients experience at every step of their BreastScreen journey. I want to thank all BreastScreen Victoria's partners for the valued work we do together. Through our collaboration we can make a greater impact in sharing the importance of regular breast screening and providing breast screening to more people in our community particularly reaching those who are under-screened."

A recruitment process is now underway, and a new CEO will be announced in due course.

BreastScreen Victoria State Clinical Directors

BreastScreen Victoria has two new State Clinical Directors to lead the clinical oversight of the program. Dr Helen Frazer and Dr David Speakman will share the State Clinical Director role—both bringing their significant experience and enthusiasm to BreastScreen Victoria's work in early cancer detection.

Helen and David have been closely involved with BreastScreen Victoria for many years.

Helen has been Clinical Director and a radiologist at St Vincent's BreastScreen for almost 13 years and has over 20 years of clinical experience in breast screening, imaging and cancer diagnosis.

David has been the Chief Medical Officer at Peter MacCallum Cancer Centre since 2013, as well as having over 20 years' experience as a Senior Breast Disease and Melanoma Surgeon. He is also Chair of BreastScreen Victoria's Quality Advisory Committee. David is passionate about client care and was closely involved in the concept, design, build and coordination of the landmark 'Peter Mac' building in Parkville to ensure it was designed with having the clients closely in mind.

The State Clinical Director role provides strategic direction for the overall program in terms of cancer detection and clinical oversight of the service for clients, their carers and families.

NQMC reporting

Accreditation Application and Annual Data Report (ADR) Submission

The NQMC encourages all Services and SCUs to submit their accreditation and ADR data via Validata using the updated Excel template.

The use of Validata enables an automated submission process and the opportunity to improve quality control and data checking. For further support using Validata or the Excel template, please contact [the Australian Institute of Health and Welfare](#).

Further, the NQMC notes the following submission dates to Services and SCUs for accreditation applications and ADR's:

NQMC Meeting	Submission Date
27 May 2022	<u>5pm Friday 29 Apr 2022</u>
26 Aug 2022	<u>5pm Friday 29 Jul 2022</u>
25 November 2022	<u>5pm, Friday 28 October 2022</u>
3 March 2023	<u>5pm, Friday 3 February 2023</u>

