

**THE NORTHERN IRELAND  
CERVICAL SCREENING PROGRAMME  
QUALITY ASSURANCE STRUCTURE  
May 2014**

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## **Aims of the Northern Ireland Quality Assurance Programme for Cervical Screening**

### **Core Purpose**

To monitor, maintain and improve upon minimum standards of service, performance and quality across all elements of the cervical screening programme.

### **Aims**

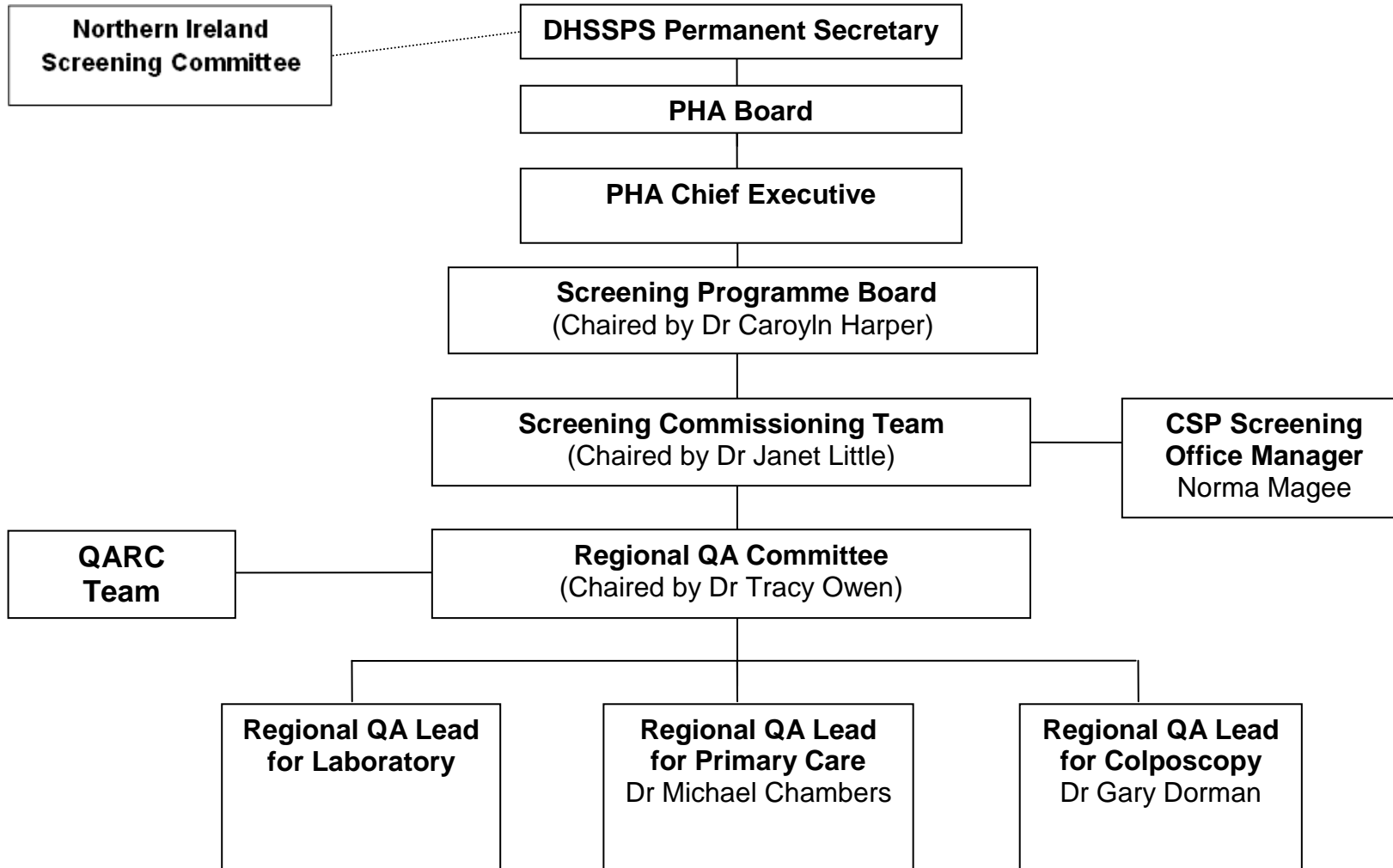
1. To support both commissioners and providers in the specification, commissioning and delivery of the screening programme.
2. To act as a resource to provide specialist advice and expertise on the programme.
3. To coordinate QA activities between and within professions.
4. To monitor and review the performance and effectiveness of the QA mechanisms
  - a) in individual laboratories
  - b) within the screening office
  - c) within primary care
  - d) in individual colposcopy services
5. To devise and operate robust monitoring arrangements and check that screening services are delivered to the highest levels of quality and safety.
6. To ensure that failsafe mechanisms are in place to prevent, or identify, any breakdown of systems or processes.
7. To monitor and report whether the screening services are delivered by appropriately trained and qualified staff, including:-
  - Provide advice about and encourage continued professional education for individuals within the programmes.
  - Facilitate close liaison between the essential components of the screening services particularly laboratories, colposcopy services and screening office, and national training centres.
8. To devise, implement and operate quality systems which:-
  - a) Maintain a multidisciplinary approach to QA
  - b) Include collection, review, validation and dissemination of data
  - c) Provide a programme of QA visits and their follow-up actions
  - d) Enable problems to be identified and responded to at an early stage and ensure action is taken by the appropriate individuals/organisations
  - e) Support the achievement of necessary changes.
9. To contribute to the development of national policy by identifying and promoting key areas of development, which are evidence-based.

10. To develop and implement effective communication systems, ensuring clear lines of communication through local, regional and national levels, and that relevant information is properly consulted upon and disseminated.

## Essential Components of Quality Assurance

- The Director of Public Health is accountable to the PHA for ensuring that robust QA structures and processes are in place and for the effective operation of a regional QA programme.
- The QA Director should be appointed and should be accountable to the Director of Public Health (DPH).
- The Programme Manager should be appointed to support the QA Director and manage the Quality Assurance Reference Centre staff.
- The Quality Assurance Coordinator should be appointed to support the QA Director.
- Professional QA Leads should be appointed by a formalised process with agreed job descriptions and fixed term contracts.
- A QA Team (consisting of members of the QA Committee) should be established and undertake regular QA visits as agreed with the DPH.
- The QA Director and Programme Manager should ensure that each maintains close links with the NHS Cancer Screening Programmes.
- Each of the Lead Professionals should attend their own national speciality group.
- Regular meetings of the QA Team should take place.
- Contribute to relevant national audits.
- Monitoring and involvement by all relevant professionals in audit and External Quality Assurance (EQA) activities.
- Regular monitoring of statistical returns should take place.
- Management of screening incidents including contributing to resolution and disseminating learning.
- Appropriate equipment monitoring should be overseen.

## Cervical Screening Quality Assurance Structure



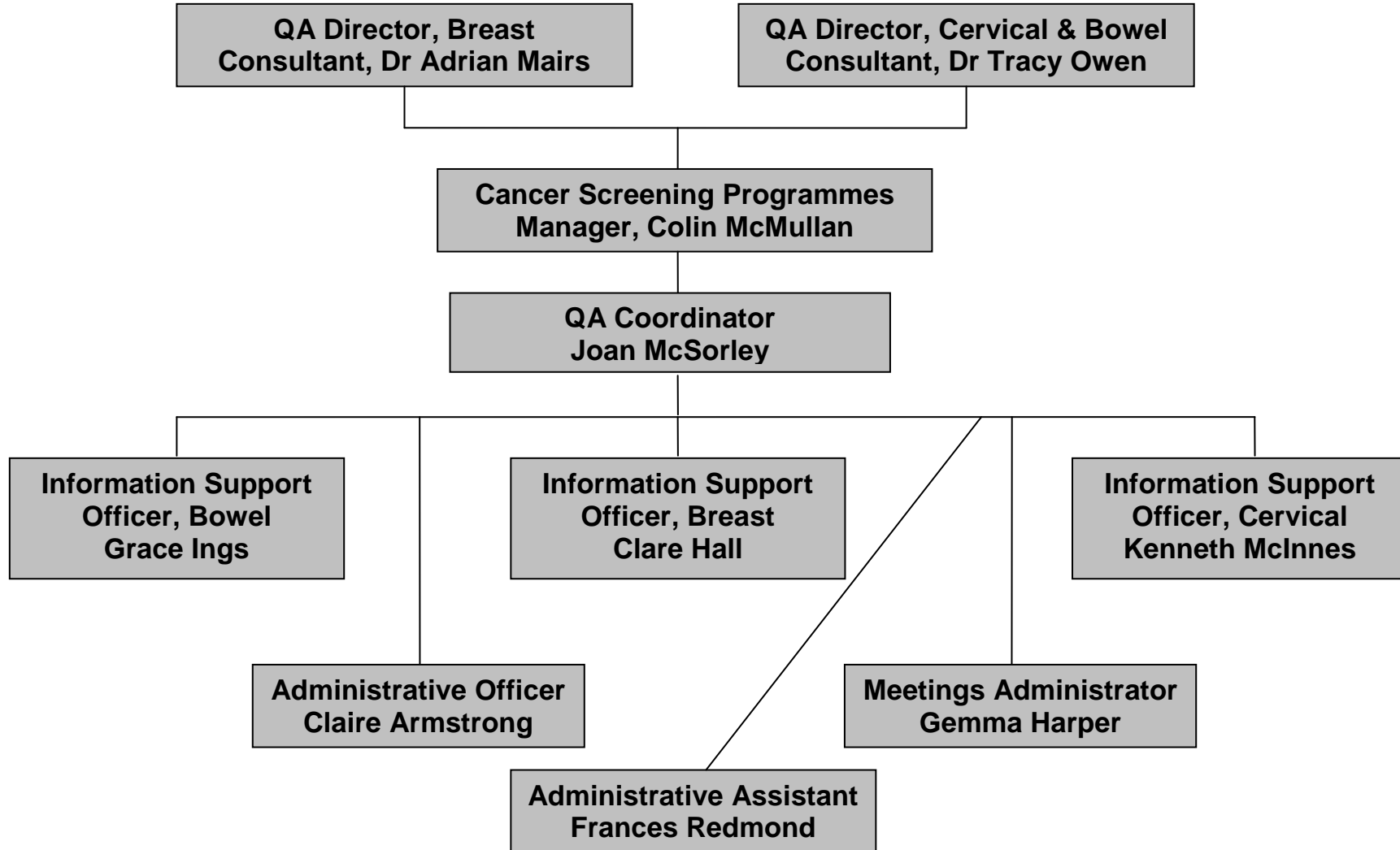
## Key Role of the QA Reference Centre

1. To support the QA Director in fulfilling his/her functions and role.
2. To maintain close liaison with and support key professionals within the service and professional QA Leads.
3. To organise
  - a) Annual data review of laboratory services
  - b) Three-yearly QA Visits to all services including colposcopy
4. To establish links and liaise with associated bodies both regionally and nationally, e.g. the DHSS&PS, NI Cancer Registry and the NHS Cervical Screening Programme (NHSCSP).
5. To establish links with voluntary and community groups and external service providers.
6. To act as a focus for the collection, dissemination and storage of information, including audit data.
7. To organise, facilitate and follow up on regional QA meetings and their action points from minutes and reports.
8. To work with local service providers in the development of protocols and in addressing local QA issues, as part of an integrated Quality Management System.
9. To provide information and advice to support commissioning decisions.
10. To provide relevant documentation and information to the Screening Programme Board.

More specifically the QA Reference Centre undertakes the following tasks:-

- Review and report performance data against national standards
- Produce an annual report for the cervical screening programme
- Ensure responsibility for monitoring the implementation of change is delegated to the appropriate professional lead
- Collect, monitor and report on interval cancer data
- Disseminate performance information within agreed communication strategy.
- Represent Northern Ireland at national QA Group meetings
- Arrange all relevant seminars, conferences and education/training days
- Maintain a library of relevant national and local publications, including all NHS CSP documents.
- Manage QA Budget.
- Produce relevant newsletters and leaflets.
- To work with internal and external stakeholders to promote informed choice in cancer screening programmes.

## QARC STRUCTURE – ALL PROGRAMMES





## **Remit and Membership of Cervical Screening QA Committee**

### **Remit**

1. To assist the QA Director to carry out his/her functions.
2. To coordinate QA activities within the region.
3. To share information provided at national meetings and to agree its relevance locally.
4. To advise the Assistant Director for Screening and Service Development on issues affecting policy, strategic planning and quality assurance.
5. To regularly review QA statistics and information and take action where necessary.
6. To support and assist the QA Director in the event of a quality failure within the service.
7. To support the QA Director in the development, updating and implementation of local protocols, guidelines, public and professional information.
8. To participate in QA Visits if required.

### **Membership**

- |                                        |                       |
|----------------------------------------|-----------------------|
| 1. QA Director (Chair)                 | – Dr Tracy Owen       |
| 2. Cancer Screening Programmes Manager | - Mr Colin McMullan   |
| 3. QA Coordinator                      | – Mrs Joan McSorley   |
| 4. Lead Pathologist/Cytopathologist    | – Dr Rosemary Clarke  |
| 5. Lead Colposcopist                   | – Dr Gary Dorman      |
| 6. Lead Primary Care Representative    | – Dr Michael Chambers |
| 7. Cervical Screening Office Manager   | – Mrs Norma Magee     |

### **Subgroups**

1. Primary Care
2. Colposcopy
3. Laboratory

## **Remit and Membership of Regional Professional Colposcopy Advisory Group**

### **Overall**

To advise the Cervical Screening QA Committee on all QA aspects of Colposcopy as related to the Cervical Screening Programme.

### **Specific**

1. To give advice on suitability of standards for the delivery of the colposcopy service within Northern Ireland.
2. To give advice on the implementation of agreed standards.
3. To give advice on suitable audit programmes related to diagnosis and treatment of abnormal smears.
4. To give advice on training and educational requirements of all professional staff involved in the treatment of abnormal smears.
5. To give advice on appropriate mechanisms of communication among all Colposcopists in Northern Ireland.
6. To give advice on the maintenance of a suitable colposcopy information system.
7. To give advice on the maintenance of a suitable dataset and its implementation.
8. To give advice on the relevant developments within the field of colposcopy.
9. To give advice on learning events, reporting and dissemination of shared learning.

### **Membership**

1. Regional Lead Colposcopist (Chair)
2. Lead Colposcopist from each Trust
3. Representative of Primary Care Group
4. Representative (Pathologist) of Laboratory Group
5. Representative from Nurse Colposcopy (Nurse Colposcopist)
6. QARC Staff

## **Remit and Membership of the QA Regional Laboratory Advisory Group**

### **Overall**

To advise the QA Director through the Lead Pathologist on all QA aspects of cytopathology as related to the Cervical Screening Programme.

### **Specific**

1. To give advice on the implementation and maintenance of both internal and external quality control measures relating to laboratory practice.
2. To give advice on the adaptation of agreed standardised datasets and monitoring information.
3. To give advice on the implementation and maintenance of agreed quality standards relating to the screening laboratory service.
4. To give advice on the management of abnormal cervical samples and appropriate screening pathways.
5. To give advice on and undertake suitable audit programmes related to cervical laboratory services and diagnosis of abnormal cervical samples.
6. To give advice on appropriate failsafe mechanisms within the cervical screening programme.
7. To give advice on the training and educational requirements of all laboratory staff involved in the cervical screening programme.
8. To give advice on appropriate mechanisms of communication between the relevant disciplines and services involved in the cervical screening programme.
9. To give advice on relevant issues relating to the laboratory information system.
10. To give advice on relevant developments and new technology within the laboratory field which impact on the cervical screening programme.

### **Membership**

1. Regional QA Lead for Pathology (Chair)
2. Lead Pathologist/Cytopathologist from each laboratory
3. Lead Biomedical Scientist from each laboratory
4. Regional QA Director – as required
5. QARC Staff

## **Remit and Membership of Primary Care QA Advisory Group for the NI Cancer Screening Programmes**

### **Purpose**

To advise the Regional Cancer Screening QA Committees on all QA aspects of the cancer screening programmes as related to primary care.

### **Specific:**

1. To give advice on the overall standards which relate to the delivery of the cancer screening programmes with the primary care setting.
2. To give advice on issues relating to education and training within the primary care setting (ie both nurses and general practitioners).
3. To give advice on the most appropriate way to monitor relevant standards.
4. To give advice on communication issues, and encourage good communication, in relation to primary care and the public.
5. To give feedback on the relevant assessment and treatment services.
6. To give advice on issues related to the commissioning of relevant services.
7. To give advice on the collection of relevant data and information from primary care to facilitate programme monitoring.
8. To give feedback and advice on relevant issues relating to the IT systems and interfaces at primary care and regional level which support the cancer screening programmes.
9. To advise on uptake and health improvement issues for cancer screening.
10. To advise on the local implementation of related National guidance.
11. To advise on audit and quality improvement initiatives within the cancer screening programmes.
12. To identify, and advise on, adverse incidents, hazards and “near misses”.

**Membership:**

GP Representative SHSCT & QA Lead for Primary Care  
GP Representative NHSCT  
GP Representative WHSCT  
GP Representative SEHSCT & BHSCT (BMA Rep)  
Representative of Practice Managers  
Nurse Consultant, PHA  
Primary Care Medical Advisor, HSCB  
Representative of Sexual & Reproductive  
Healthcare  
Registration and Screening Manager, BSO  
QARC Staff

Dr Michael Chambers (Chair)  
Dr Catherine Pollock  
Dr Paul Molloy  
Dr Maria Callaghan  
Ms Maria Nugent-Murphy  
Ms Rose McHugh  
Dr Kathryn Booth  
Currently vacant  
  
Ms Norma Magee  
As appropriate

## **Collaborative working with the Quality Assurance Reference Centre**

All QA Leads should work collaboratively with the Quality Assurance Reference Centre on all aspects of professional quality assurance.

1. Provide the QARC in a timely fashion with agendas, minutes and papers of national meetings attended.
2. Instruct QARC on the dissemination of relevant national papers, guidelines and publications
3. Instruct QARC on the dissemination of information on relevant training courses
4. The Chair of Quality Assurance subgroup meetings should:
  - a. Liaise with the Meetings Administrator on dates, times and venues
  - b. Instruct on distribution of papers
  - c. Collaborate with the Meetings Administrator to ensure actions are followed up
  - d. Approve minutes in a timely fashion
5. Collaborate with the QARC on the organisation of regional training courses, conferences, seminars etc.
6. Liaise with the QARC Information Support Officer on the measurement of local statistics against national standards and coordinate action as required.

**REGIONAL DIRECTOR OF QUALITY ASSURANCE FOR CERVICAL SCREENING**

<b>JOB TITLE:</b>	Director of Quality Assurance, Cervical Screening Programme
<b>RESPONSIBLE TO:</b>	Chair of the Regional Advisory Group for Cervical Screening
<b>ACCOUNTABLE TO:</b>	Chair of the Regional Advisory Group for Cervical Screening
<b>APPOINTED BY:</b>	Chair of the Regional Advisory Group for Cervical Screening

**JOB PURPOSE**

The post-holder will take the lead in the development of the Regional Quality Assurance Programme and will give advice to all the relevant agencies concerning the provision of a high quality and effective screening programme.

**KEY TASKS**

1. To regularly monitor the quality of the programme against national standards and to take action when relevant.
2. In conjunction with the QA Leads, monitor the performance of the programme, units and individuals within the programme and to take action if appropriate.
3. To be aware of the national quality assurance requirements in relation to this Programme and to encourage and support the dissemination of good practice.
4. To work with all relevant persons or agencies to help ensure compliance with the service screening specifications and quality standards, thereby identifying any issues at an early stage.
5. To give advice to all relevant agencies on quality assurance standards and practice.
6. To give advice on training needs and opportunities for all staff involved in the Programme.
7. To give advice on the establishment of any relevant audit projects within the cervical screening programmes.
8. To give advice on issues relating to both internal and external quality control for all elements of the screening programme.
9. To regularly attend national meetings and represent the views of the region.
10. To chair regular meetings of the Regional QA Committee.

**REGIONAL PROFESSIONAL QUALITY ASSURANCE LEAD FOR COLPOSCOPY**

<b>JOB TITLE</b>	Quality Assurance Lead for <b>Colposcopy</b>
<b>REPORTS TO</b>	Regional Quality Assurance Director
<b>ACCOUNTABLE TO</b>	Director of Public Health, Public Health Agency
<b>APPOINTED BY</b>	Regional Quality Assurance Director assisted by an external assessor

**JOB SUMMARY**

The Regional Professional QA Lead for Colposcopy will take the lead in all aspects of quality assurance of the **colposcopy** function in the Northern Ireland Cervical Screening Programme (CSP). The CSP was established in Northern Ireland between 1989 and 1993. Screening Programmes operate to specific national standards and guidelines and have clearly defined performance indicators.

Quality assurance (QA) is an essential provider function of all screening programmes and responsibility sits with the Public Health Agency. In line with other cancer screening programmes and arrangements elsewhere in the UK, an organised structure of skilled QA leads are required to provide the specialist expertise to support the QA of the Cervical Screening Programme (CSP) and for ensuring that delivery of the programme in the different screening units across Northern Ireland meets the defined standards.

The quality assurance function involves a range of activities to support the CSP including, audit, training, peer review QA visits, performance monitoring and linking with national programmes to share best practice and guidelines. The Colposcopy QA Lead will coordinate and monitor quality assurance activities for the **colposcopy** functions and staff in the CSP.

The team is led by a Consultant in Public Health Medicine who undertakes the role of Regional Quality Assurance Director. There are also Regional QA Leads for Pathology and Primary Care. The structure is supported by the QARC team within the PHA including an Information Support Officer.

**KEY TASKS**

1. Advise the Quality Assurance Director on the **colposcopy** performance of the programme, units and individuals, with due regard to confidentiality.
2. Support, investigate and advise colposcopy units on all aspects of **colposcopy** under performance.



3. Support and facilitate colposcopy units, and their Trust, in maintaining national minimum standards and in continuous quality improvement.
4. Provide commissioners with advice on **colposcopy** quality assurance.
5. Participate in the investigation of Serious Adverse Incidents in the CSP, taking responsibility for the **colposcopy** aspect of screening and providing expert advice to the QA Director to resolve the issue. Advise Lead colposcopists in implementing the agreed course of action, providing assurance to the QA Director, Senior Trust Staff and the Incident Team.
6. Contribute where necessary to the identification of quality issues arising in other disciplines and assist the QA Director as required in addressing these in accordance with QARC's escalation policy.
7. Take the lead in communicating all relevant **colposcopy** data and information to colleagues, specifically in relation to national standards, and best practice.
8. Coordinate the implementation of national guidelines for the profession and the compilation of diagnostic protocols.
9. Participate in quality assurance visits, or nominate a substitute where appropriate.
10. Contribute to formal QA Visit Reports by writing up the **colposcopy** section which provides an expert assessment of this component of the programme, making time limited requirements and recommendations as necessary to ensure national standards are met.
11. Coordinate the implementation and monitoring of discipline specific follow up actions arising from QA Visits.
12. Undertake intermediate visits to **Colposcopy** Units as necessary and report back to the QA Director and to QARC concerning any relevant statistical data/performance issues.
13. Encourage peer review and inter unit exchange visits.
14. Take part in external QA visits as required.
15. Provide advice to the Regional Screening Programme Board and the Screening Commissioning and Performance Management Group as required.
16. Encourage and monitor participation in QA schemes.
17. Encourage continuous professional development and ensure training and educational requirements of all **colposcopists** in the region are met in accordance with national guidance. Organise or provide training, where necessary.

18. Ensure Lead Colposcopists in each of the Trusts are aware of and working in accordance with national guidance and protocols.
19. Manage the implementation of new protocols, policies, or changes to the patient pathway, ensuring delivery in all **Colposcopy** Units.
20. Promote audit, research and development within the programme.
21. Produce a submission for QARC's annual report and statistical bulletin summarising all **colposcopy** activities that have taken place during the year.
22. Chair at least one annual meeting of all Colposcopists involved in cervical screening in the region.
23. Convene/Chair the Regional Advisory Colposcopy Group meetings (at least 2 per year)
24. Work collaboratively with the Quality Assurance Reference Centre on all aspects of professional quality assurance.
25. Coordinate discussions on all aspects of professional quality assurance with other professional coordinating groups as appropriate.
26. Represent the views of the discipline at the regional and national Quality Assurance meetings and provide feedback of the proceedings and decisions taken by these bodies to the Regional Advisory Colposcopy Group and any changes to national policies protocols to the QA Director.
27. Lead the **colposcopy** function of the CSP in the participation of national audits.

**REGIONAL PROFESSIONAL QUALITY ASSURANCE LEAD FOR PATHOLOGY**

<b>JOB TITLE</b>	Quality Assurance Lead for <i>Pathology</i>
<b>RESPONSIBLE TO</b>	Regional Quality Assurance Director
<b>ACCOUNTABLE TO</b>	Regional Director of Public Health
<b>APPOINTED BY</b>	Regional Quality Assurance Director assisted by an external assessor

**JOB PURPOSE**

Coordination of quality assurance activities for the *pathology* profession in the cervical screening programme in the Northern Ireland.

**KEY TASKS**

1. Advise the Quality Assurance Director on the *pathology* performance of the programme, laboratories and individuals, with due regard to confidentiality.
2. Support, investigate and advise cervical screening programme on all aspects of *pathology* under performance.
3. Provide commissioners with advice on *pathology* quality assurance.
4. Take the lead in communicating all relevant pathological data and information to colleagues, specifically in relation to national standards, EQA schemes, audits, guidelines and best practice.
5. Coordinate the implementation of national guidelines for the profession.
6. Identify areas of diagnostic difficulty, reviewing published guidelines and co-ordinating the compilation of regional protocols.
7. Participate in quality assurance visits, or nominate a substitute where appropriate.
8. Coordinate the implementation of discipline specific follow-up actions arising from QA Visits.
9. Encourage and monitor participation in QA schemes.
10. Encourage continuous professional development.
11. Promote research and development within the programme.
12. Convene/Chair the regional professional co-ordinating group meetings.

13. Work collaboratively with the Quality Assurance Reference Centre on all aspects of professional quality assurance (see page 14).
14. Coordinate discussions on all aspects of professional quality assurance with other professional coordinating groups as appropriate.
15. Represent the views of the profession at the regional and national Quality Assurance meetings and report back.

**REGIONAL PROFESSIONAL QUALITY ASSURANCE LEAD FOR PRIMARY CARE**

<b>JOB TITLE</b>	Quality Assurance Lead for Primary Care
<b>RESPONSIBLE TO</b>	Regional Quality Assurance Director
<b>ACCOUNTABLE TO</b>	Director of Public Health, Public Health Agency
<b>APPOINTED BY</b>	Regional Quality Assurance Director assisted by an external assessor

**JOB PURPOSE**

Coordination of quality assurance activities for **primary care** in the cervical screening programme in the Northern Ireland

**KEY TASKS**

1. Advise the Quality Assurance Director on the performance of the programme, practices and individuals in relation to **primary care**, with due regard to confidentiality.
2. Provide commissioners with advice on **primary care** quality assurance.
3. Take the lead in communicating all relevant data and information to colleagues, specifically in relation to national standards, audits, surveys and best practice.
4. Coordinate the implementation of national guidelines for the profession.
5. Participate in quality assurance visits, where appropriate.
6. Coordinate the implementation of discipline specific follow up actions arising from QA Visits in relation to **primary care**.
7. Encourage continuous professional development.
8. Promote research and development within the programme.
9. Chair the regional professional coordinating group meetings.
10. Work collaboratively with the Quality Assurance Reference Centre on all aspects of professional quality assurance (see page 14).
11. Coordinate discussions on all aspects of professional quality assurance with other professional coordinating groups as appropriate.

**GENERAL PERSONNEL SPECIFICATION**

<b>Person Specification</b>	Senior professional currently working within relevant speciality. Ability to command respect of their professional colleagues in the region.
<b>Experience</b>	Substantial experience in the cervical screening programme and active involvement with quality assurance
<b>Skills and Attributes</b>	Communication Leadership Team working Committee chairmanship Report writing Analytical skills Disciplinary/negotiation skills Motivation skills
<b>Knowledge</b>	NHS cervical screening programme Peer review Continuing professional development Professional audit NHSCSP professional standards
<b>Attitudes</b>	Commitment to the aims of the cervical screening programme. Value the importance of the women for whom cervical screening is provided.  Display great tact and diplomacy when dealing with all members of the Northern Ireland Cervical Screening Programme.
<b>Period of Appointment</b>	This will be 3 years with the possibility of re-appointment.

**PERSONNEL SPECIFICATION FOR NI CERVICAL SCREENING QA DIRECTOR**

<b>Person Specification</b>	Consultant level for a minimum of 2 years within the specialty of Public Health Medicine. Ability to command respect of their professional colleagues in the region.
<b>Experience</b>	Substantial experience in the cervical screening programme and active involvement with quality assurance
<b>Skills and Attributes</b>	Communication Leadership Team working Committee chairmanship Report writing Analytical skills Disciplinary/negotiation skills Motivation skills
<b>Knowledge</b>	NHS cervical screening programme Peer review Continuing professional development Professional audit NHSCSP professional standards
<b>Attitudes</b>	Commitment to the aims of the cervical screening programme. Value the importance of the women for whom cervical screening is provided.  Display great tact and diplomacy when dealing with all members of the Northern Ireland Cervical Screening Programme.
<b>Period of Appointment</b>	3 years in the first instance.

# NORTHERN IRELAND CERVICAL SCREENING PROGRAMME QUALITY ASSURANCE STRUCTURE

DOCUMENT REVIEW	
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SUMMARY OF CHANGES			
Version	Date	Author(s)	Notes on Revisions/Modifications
<i>Version 2</i>	<i>28 May 2014</i>	<i>A-Carolan</i>	<i>Inserted page numbers/removed page 7 and updated QARC Structure – All Programmes</i>