



Provincial Health Services Authority

# CHIEF SCREENER SELECTION POLICY: BREAST SCREENING

(QUALITY MANAGEMENT – SG 200)

## Summary of Changes

|           | NEW | Previous      |
|-----------|-----|---------------|
| BC Cancer |     | February 2019 |

|   |             |              |             |             |
|---|-------------|--------------|-------------|-------------|
| Released:   | 04/JAN/2024 | Next Review: | 04/JAN/2027 |             |
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# CHIEF SCREENER SELECTION POLICY: BREAST SCREENING

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## 1. Introduction

### 1.1. Purpose

The purpose of this policy is to:

- Ensure that Breast Screening Centres select a Chief Screener in accordance with the Breast Screening Program's requirements
- Outline responsibilities of Breast Screening Centre Chief Screeners

### 1.2. Scope

- Breast Screening Chief Screeners
- Breast Screening Program Radiologists
- Breast Screening Centre Managers
- Breast Screening Chief Technologists
- Breast Screening Program Head Office

## 2. Policy

All BC Cancer Breast Screening Centres require a Chief Screener who is selected by the local imaging department head and is acceptable to the program. The centre will not appoint a replacement for the Chief Screener without first obtaining the written consent of the program, for which consent will not unreasonably be withheld.

## 3. Responsibilities and Compliance

### 3.1. Responsibilities

#### Screening Centre Managers and/or Chief Technologists:

- Notify the Program of changes to the Chief Screener
- Collaborate with the local imaging department head to select a Chief Screener

#### Breast Screening Program Radiologists and Chief Screeners:

- Understand the responsibilities of the Chief Screener as outlined in Appendix A.

#### Breast Screening Program Head Office:

- Provide consent to the Chief Screener selection

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## 3.2. Compliance

All Chief Screeners are responsible for adhering to this policy and monitoring their activities in accordance with the policy. Staff members observing a violation of this policy may support others to review and understand the policy and/or inform management of the violation.

If a deficiency in adherence to the policy occurs, the appropriate documentation should occur through the Patient Safety Learning System and the program unusual occurrence notification as appropriate. ([SA 030 - Unusual Occurrences, Incident Reporting and Feedback Handling Policy](#))

## 4. Related Documents

[SG 180 – Centre Case Reviews Practice Guidelines](#)

[SG 160 – Post Screen Cancer Reviews](#)

## 5. Appendices

[Appendix 1 Responsibilities of the Chief Screener](#)

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## Appendix 1 Responsibilities of the Chief Screener

Responsibilities of the Chief Screener's Role Include:

1. Assume accountability for the overall performance of the screening services
2. Ensure all quality and safety issues relating to the services are investigated and addressed
3. Participate in management of centre-specific critical incidents
4. Oversee Centre image quality:
  - Monitor mammography image quality, and provide feedback to the Chief Mammographic Technologist and Imaging Department Manager.
  - Support the monthly review of image QC by Chief Mammographic Technologist.
  - Assist the Chief Mammographic Technologist in selection of clinical images for CAR Mammography Accreditation Program and the maintenance of accreditation.
  - Upon request and up to two times per year, perform a Quality of Image assessment of the screening centre (as selected by Central Office).
  - Participate in equipment, hardware, and software selection.
5. Support the Centre screener professional development:
  - Coordinate regular Centre Case Reviews – see SG 180 – Centre Case Reviews Practice Guidelines
  - Oversee the scheduling of centre screeners to facilitate minimum annual screening volume of 2,500 screens is met.
  - Review annual individual screener statistics of centre screeners and provide support in addressing any needs (in conjunction with the program Medical Director).
6. Support Centre workflow:
  - Oversee scheduling of the centre screeners to facilitate timely reporting.
  - Support monitoring of the Days to Report data.
  - Correct/Addend reports within 5 business days where assistance is required by the original screener, or when the original screener is not available.
7. Attend the Screener Advisory Committee meetings upon the call of its Chair
8. Collaborate with and report to the program Medical Director
9. Act as the main spokesperson and resource for physicians and health care providers on medical or professional issues or inquiries relating to breast screening policy in their geographic region serviced by the centre.

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| <b>Final Sign Off:</b> | <b>Name</b>                                   | <b>Title</b>                                  | <b>Date Signed</b> |
|                        | Dr. Charlotte Yong-Hing                       | Medical Director – Breast Screening           | 04-JAN-2024        |
| <b>Developed By:</b>   | <b>Name</b>                                   | <b>Dept.</b>                                  | <b>HO</b>          |
|                        | Dr. Charlotte Yong-Hing                       | Breast Screening                              | PHSA-BC Cancer     |
|                        | Rableen Nagra                                 | Breast Screening                              | PHSA-BC Cancer     |
|                        |   |   |                    |
| <b>Owner(s):</b>       | Dr. Charlotte Yong-Hing                       | Medical Director- Breast Screening            |                    |
|                        |   |   |                    |
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|                        | Amanda Hunter                                 | Updates to format and clarification of duties | 25-MAY-2023        |
|                        | Amanda Padula                                 |   |                    |
|                        |   |   |                    |