European Commission Initiative on Breast Cancer

Development of a voluntary European Quality Assurance scheme for Breast Cancer Services underpinned by accreditation and evidence-based guidelines

Call for expressions of interest

Membership in the Quality Assurance Scheme Development Group (QASDG) of the European Commission Initiative on Breast Cancer (ECIBC)

Table of contents

Abbreviations

European Commission	EC
European Commission Initiative on Breast Cancer	ECIBC
Guideline Development Group	GDG
Joint Research Centre	JRC
Quality Assurance	QA
Quality Assurance Scheme Development Group	QASDG

Introduction

On 2 December 2003, the Council adopted the *Recommendation (2003/878/EC) on cancer screening*. Recognizing that the overall benefits should outweigh any harm that may result from screening, the Council recommended population-based screening for breast, cervical and colorectal cancers on the basis of the available evidence, subject to implementation of appropriate quality-assurance (QA) systems. The WHO endorsed these recommendations in 2011 for its 53 Member States in the European Region.

In 2006, the European Commission oversaw the production of the ***4th edition of the European Guidelines for Quality Assurance in Breast Cancer Screening and Diagnosis*** in cooperation with: the International Agency for Research on Cancer (IARC), the European Reference Organisation for Quality Assured Breast Screening and Diagnostic Services; the European Breast Cancer Network; and the European Society of Mastology. A a set of supplements to the guidelines was published by the Commission in 2013. The physical and technical guidelines set the quality control requirements for mammography equipment and its proper functioning as well as for radiology, radiography, pathology, surgery (when applied for diagnosis) and training. Finally, a certification protocol in the EU guidelines establishes the minimum requirements for certification of diagnostic and screening units.

In 2008, the *Council Conclusions on reducing the burden of cancer* invited the European Commission to explore the potential for developing a European pilot accreditation scheme for breast-cancer screening and follow-up, also based on the European Quality Assurance guidelines. The Commission Communication on Action against Cancer: European Partnership sets out the intention of the Commission to develop a voluntary **European pilot accreditation scheme for breast cancer screening and follow-up,** building on the European guidelines for quality assurance in breast cancer screening and diagnosis as the most longstanding and developed guidelines in the area.

In parallel, the *European Parliament Resolution of 10 April 2008* acknowledges "…the startling and unacceptable differences (between Member States) in the quality of cancer treatment facilities, screening programmes and evidence-based best-practice guidelines…" and calls on the Commission "to support the development of European accreditation/certification programmes in cancer screening, diagnosis and treatment based on European quality-assurance guidelines, which could also serve as an example for other areas of healthcare".

In 2009, *The Commission Communication on Action against Cancer: European Partnership* sets out the intention of the Commission to develop a voluntary European pilot accreditation scheme for breast cancer screening and follow-up, building on the European guidelines for quality assurance in breast cancer screening and diagnosis as the most longstanding and developed guidelines in the area.

Furthermore, in its *conclusions of 13 September 2010*, the Council encouraged the Commission to continue its efforts in the field of cancer prevention and control and to renew its engagements regarding follow-up to the earlier Council conclusions of 10 June 2008 on reducing the burden of cancer.

Tasks to be performed

In December 2012, the European Commission assigned this particular action to the Joint Research Centre (JRC). The following tasks were defined in the action:

1. To develop a new version of the 'European Guidelines for Breast Cancer Screening and Diagnosis' based on new knowledge and evidence;

2. To develop a voluntary European Quality Assurance (QA) scheme for Breast Cancer Services based on the EU legislative framework on accreditation, as defined in the Regulation of the European Parliament and of the Council setting out the requirements for accreditation and market surveillance.

The new version of the 'European Guidelines for Breast Cancer Screening and Diagnosis' (hereinafter referred to as the 'new European Guidelines') will underpin the European QA scheme for breast cancer services. With regard to guidelines covering stages other than screening and diagnosis (i.e. treatment, rehabilitation, follow-up and surveillance, pain management, psychological support and palliative care – which are essential for a patient-centred concept of quality), a web platform for breast cancer guidelines, hereinafter referred to as the 'Platform', is envisaged to host existing evidence-based, high-quality guidelines.

For each task, a working group will be set up.
The working groups will be established following a Call for Expression of Interest organised by DG SANCO. The selection process will be based on specific qualification criteria and will adhere to the principles of transparency implemented as a rule in the establishment of scientific and consultative groups in the European Commission. These principles strictly safeguard against any potential conflict of interest. Owing to the inter-dependence of the work of the two tasks, close coordination and collaboration between the two working groups is essential for the success of the initiative. Both working groups will establish, under guidance of the JRC, their internal rules on meetings and procedures for adoption of texts. In addition, any necessary outsourcing – e.g. external peer review or literature review – will be established by the JRC according to the usual tendering procedures of the European Commission.

For further information on the European Commission Initiative on Breast Cancer (ECIBC):

- **DG SANCO webpage: European Commission initiative on Breast Cancer: description of workin-group structure**
- **JRC-webpage: European Commission Initiative on Breast Cancer - ECIBC**

Purpose of this call

This open call will recruit the members of the QASDG, in particular:

- **Professionals:** people actively working in the breast cancer pathway (screening, diagnosis, treatment, rehabilitation, follow up, psychological support, palliative care) and in the field of quality & safety in healthcare

- **'Individual citizens or patients':** users of breast cancer screening, diagnosis or care services, their family members and their carers.

This call is addressed to individuals who wish to be considered for membership in the 'Quality Assurance Scheme Development Group' (QASDG) for the 'European Quality Assurance (QA) scheme for Breast Cancer Services', hereinafter referred to as the 'European QA Scheme'.

Interested individuals who satisfy the eligibility criteria and who possess the relevant competences are invited to apply.

Applicants should note that the work of the project is scheduled for duration of at least 30 months. All candidates to the QASDG will apply in their individual capacity – i.e. not representing any organisation or affiliation.

This call for expressions of interest is open to citizens from Europe and elsewhere.

Remit of the QASDG

The QASDG will be the working group directly involved in the processes required for developing and piloting the European QA Scheme. Among their tasks the following will be included.

- Deciding on clinical and organisational areas to be covered within the European QA Scheme
- Selection of the breast cancer specific requirements, making use of the evidence provided by a) the GDG in the 'new European Guidelines for breast cancer screening and diagnosis' b) the guidelines included in the Platform, for breast cancer stages other than screening and diagnosis
- Selection and definition of the quality indicators, based upon the abovementioned recommendations
- Support JRC during the consultation and pilot stage of the European QA Scheme
- Approval of the European QA Scheme draft, pilot and final versions.

The QASDG will work in close collaboration with the European co-operation for Accreditation (EA), that will be the main partner for this task. EA will provide the draft scheme design according to Regulation (EC) No 765/2008 and will also coordinate the piloting of the European QA Scheme.

The work of the QASDG will be based on the principles of excellence, independence, multidisciplinary approach and transparency.

Composition of the QASDG

The QASDG will consist of a multidisciplinary and balanced group. The group will be composed in an inclusive manner, within the limits of a workable size to facilitate discussion. The QASDG will attempt to reflect the views of the key people that will be affected by European QA Scheme, that is, users of breast cancer screening, diagnosis, treatment and rehabilitation services, their family members and their carers. Experts in the field of quality and patient safety will be also invited to participate.

The QASDG will bring together the following key profiles:

- **Professionals** involved in fields relevant for the breast cancer pathway. This includes, among others, healthcare professionals working in breast cancer screening, diagnosis treatment and rehabilitation services, those working in the field of psychological support and palliative care and those working in healthcare quality and safety.

- **Individual citizens or patients**, which include users of breast cancer screening, diagnosis and care services (for example, women attending breast cancer screening programmes, women diagnosed with breast cancer and treated for that disease), their family members and their carers.

The QASDG members shall be chosen on the basis of skills, experience and knowledge appropriate to carry out the tasks assigned to them. They are expected to have a high level of experience in at least one of the fields of competence detailed in table 1.

The QASDG will cover the following fields of competence:

Table 1. Fields of competence represented in the QASDG

	Profiles Each QASDG member will choose only one profile		
	I. Professionals		**II. Individual citizens of patients**
Fields of competence Each QASDG membership applicant may choose in the application form more than one field of competence within the respective profile	1. Breast cancer QA schemes 2. Breast surgery 3. Cancer epidemiology* 4. Cancer registries and databases* 5. Communication in cancer* 6. Conformity assessment /inspection / certification bodies (healthcare area) 7. Evidence-based complimentary and alternative medicine 8. General practice* 9. Genetics 10. Healthcare accreditation[a] systems 11. Healthcare systems administration* 12. Hospital management 13. Information technology*	14. Management of breast cancer screening programmes* 15. Medical Oncology 16. Medical Physics* 17. Nursing (both community and hospital) 18. Nutrition 19. Palliative Care 20. Pathology* 21. Patient safety 22. Patient-centered care 23. Pharmacy 24. Policymaking* 25. Psycho-oncology* 26. Public Health* 27. QA schemes for chronic diseases 28. Development of quality indicators* 29. Radiography* 30. Radiology* 31. Radiotherapy 32. Reconstructive breast surgery 33. Rehabilitation 34. Social assistance	35. Carers and family members 36. Patients diagnosed with breast cancer 37. Users of screening programmes

**This field of competence might be covered by a member of the GDG*

[a] 'Here 'Accreditation' is intended as any evaluation mechanism aimed at assessing the performance of an healthcare institution through investigating its compliance with a series of pre-defined standards

Professional members of the QASDG

Eligibility criteria

Applicants must fulfil the following criteria.

- Have a university degree in a relevant subject to the European QA Scheme, such as medicine, nursing, biology, pharmacy, social science, health economics, public health, epidemiology, statistics, health policy, or a health-related discipline.
- Have a minimum of 10 years of relevant professional experience in relevant fields (see table 1).
- Be employed or involved in a field relevant to the breast cancer pathway (screening, diagnosis, treatment, rehabilitation, follow up, psychological support, palliative care) and/or quality and patient safety in healthcare.
- Proficiency in English should be to a level that will allow to participate in discussions, understand working documents and, if needed, draft a written contribution.
- Independent: the advice delivered must not be influenced by any consideration other than the evaluation of scientific elements relating to the topic addressed.

Selection criteria

The following selection criteria will be applied in evaluating eligible candidates.

- Relevance of professional experience
- Experience in more than one field of competence.
- Involvement in multidisciplinary working groups at a regional level.
- Involvement in multidisciplinary working groups at a national level.
- Involvement in multidisciplinary working groups at an international level.
- Knowledge of the European context, EU Institutions and policies, with special reference to the health sector (as obtained through university courses, postgraduate specialisation and/or working experience).
- Communication skills, in particular in coordinating working groups and consensus-building.
- Knowledge of QA in their specific area of professional expertise (for example, having developed professional recommendations or being an auditor in one of the existing private / public QA schemes for cancer, preferably for breast cancer).
- Knowledge of evidence-based healthcare (as obtained through university courses, postgraduate specialisation and/or working experience).
- Experience in QA in healthcare in the ISO context (for example being an ISO auditor for healthcare, or being employed by a certification body or conformity assessment body active in the healthcare field, or having being employed by a National Accreditation Body).

- Experience in healthcare quality improvement and patient safety (for example, being employed as a consultant or an auditor in a national or international healthcare accreditation[b] organisation, or having developed healthcare standards[c]).
- Experience in standardisation in healthcare (for example, being involved in the development of a CEN standard).
- Experience in quality indicators definition and measure.
- A Masters level qualification in a relevant subject to the European QA Scheme.
- A PhD qualification in a relevant subject to the European QA Scheme.
- Record of peer-reviewed publications in a relevant field as reported in the CV for the application

Individual citizens or patients

Eligibility criteria

Applicants must fulfil the following criteria.

- Have an understanding of issues relevant to women attending breast cancer services (for example, those who have participated in breast cancer screening programmes or those who have been diagnosed with breast cancer).
- Have an understanding of the views of a wide network of women and their parents or carers (as obtained, for example, through membership of a patient organisation related to breast cancer).
- Proficiency in English should be to a level that will allow to participate in discussions, understand working documents and, if needed, draft a written contribution.
- Independent: the advice delivered must not be influenced by any consideration other than the evaluation of scientific elements relating to the topic addressed.

High academic profile will not be a requirement for selection.

Selection criteria

The following selection criteria will be applied in evaluating eligible candidates.

- Experience as a member of patients' organisations.
- Involvement in multidisciplinary working groups (at a regional, national and international level).

[b] See note [a]

[c] See note [a]

- Knowledge of the European context and policies at EU level, with special reference to the health sector (as obtained through university courses, postgraduate specialization and/or working experience).
- Communication skills, in particular in coordinating working groups and consensus-building.
- Basic knowledge of evidence-based healthcare (as obtained through university courses, postgraduate specialization and/or working experience).

Independence

The QASDG members are appointed in a personal capacity. Applicants are required to include a declaration of commitment to act independently of any external influence and a declaration of any interests which might be considered prejudicial to their independence. If appointed, they will agree to make both annual written declarations of interest and written and/or oral subject specific declarations of interest knowing that these will be made public.

Selection process

The selection process will consist of three stages.

1. Verification of the admissibility of the applications and eligibility of applicants.
2. Comparative evaluation and establishment of a list of the most suitable applicants.
3. Appointment of members of the panel from this list.

A selection board will be set up for stages (i) and (ii), composed of Commission officials responsible for policy and legislation in the areas of public health, health systems and scientific research.

In the process, shall take appropriate measures to seek a balanced composition within the expert groups and evaluation panels in terms of:

- skills, experience, and knowledge;
- geographical diversity;
- gender balance; and
- independence (potential conflicts of interest).

Appointment of members

The Commission will inform the candidates of the result of the selection procedures as soon as possible.

The Director-General for Health and Consumers will appoint the members of the panel from the list of candidates established by the selection board.

The names; CVs, pictures, Commitment declarations and Conflict of interest declarations of the appointed members of the panel will be published in the European Commission webpages.

Appointment of the Chair and the Co-chair of the QASDG

The QASDG, once appointed, shall elect from among its members its Chair.

Duties of the QASDG members

The following are the duties of the QASDG members.

- Participate for a period of approximately 30 months
- Preparatory work for the QASDG meetings
- Attend meetings at JRC premises in Ispra on a regular basis, approximately one meeting (1-2 day) every 4-5 months.
- To attend training on accreditation in the context of Regulation (EC) No 765/2008 and/or quality and safety in healthcare, according to the member's education and experience background.
- To meet in the plenary sessions of the ECIBC (one per year).
- Decide areas to be covered within the European QA Scheme.
- Selection of the breast cancer specific requirements, making use of the evidence provided by the GDG for screening and diagnosis and by the guidelines included in the Platform for the other stages.
- Selection of the general quality management and patient safety requirements.
- Collaborate with EA for any task related to the development of the European QA Scheme that requires an interaction between EA and the QASDG, such as the contribution on the draft scheme that will be provided by EA.
- Collaborate with the GDG in developing quality indicators.

- Collaborate with the GDG in identifying priorities for practice and priorities for research.
- Approval of the draft European QA Scheme for piloting and public consultation.
- Support JRC on responding to comments collected through consultation.
- Support the pilot phase of the European QA Scheme.
- Contribute as required between meetings.
- Most of the working documents will be in English and the meetings will be also conducted in English.
- Applicants should be willing to work with electronic methods for the management and exchange of documents and attend video or audio meetings.
- Some QASDG members will be asked to join the GDG upon need, therefore, required to accept additional engagements.
- Some QASDG members will be asked to support the Platform, therefore, required to accept additional engagements.

Indemnities

Unless stated otherwise in the letter of invitation, QASDG members shall be entitled to indemnities related to their participation in the meetings[d].

Protection of personal data

The Commission will ensure that applicants' personal data are processed as required by Regulation (EC) No 45/2001 of the European Parliament and of the Council of 18 December 2000 on the protection of individuals with regard to the processing of personal data by the Union institutions and bodies and on the free movement of such data (OJ L 8, 12.1.2001). This applies in particular to the confidentiality and security of such data.

Applications

Application forms are available at this same webpage.

Applications should be done applying what described in the application webpage and by filling all the forms and sending them by e-mail to arrive before **1 December 2014 midnight (Luxembourg local time)** to the following mailbox: SANCO-ECIBC-QASDG@ec.europa.eu

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http://www.cc.cec/dgintranet/jrc/intranet/procurement/experts/documents/jrc_quick_glance_at_expert_rules.pdf