

**QUALITY ASSURANCE GUIDELINES FOR NURSES IN
BREAST CANCER SCREENING**

**NHS Breast Screening Programme Nurses
Coordinating Group**

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PREFACE

These guidelines were produced by the NHS Breast Screening Programme Nurses Coordinating Group. This group is composed of specialist nurses working within screening units.

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1. INTRODUCTION

The process of breast screening takes a woman from invitation to diagnosis. The first stage of screening is routine. Every effort is made to minimise the anxiety that women experience when they receive invitations and attend for screening. Invitation to the second stage of screening assessment is generally recognised as leading to much higher levels of anxiety and distress for those women who are recalled – some 7% of women screened.^{1,2} The Forrest Report recommended that the specialist team in each assessment centre should include ‘an appropriately trained registered nurse to support this group of women’.³

The report published by the Advisory Committee on Breast Cancer Screening (*Evidence and Experience since the Forrest Report*⁴) highlighted the need for a specialist nursing service to be developed within the NHS Breast Screening Programme (NHSBSP). The NHSBSP publication *Clinical Guidelines for Breast Cancer Screening Assessment*⁵ identified the specialist nurse as a core member of the assessment team, and suggested that a nurse specialist should ‘be available to all women at the time of assessment’. The most significant evidence supporting the role of the breast care nurse in screening was demonstrated by a study of 1493 women who were recruited from eight screening centres nationally.¹ This study identified the value of the nurse in communication and information giving: ‘satisfaction with the information communicated to them was significantly higher for centres where a breast care nurse provided women with the opportunity to talk in private before further investigations if they so wished’. The breast screening assessment guidelines⁵ and British Association of Surgical Oncologists (BASO) guidelines⁶ state that a breast care nurse should be present when bad news is given to a patient and should provide ongoing support and information. Studies have demonstrated the value of the breast care nurse in identifying and reducing psychological morbidity for women diagnosed with breast cancer.^{7,8} It is recognised that the breast care nurse should be a core member of the multiprofessional team.⁹

These guidelines describe arrangements for quality assurance in breast care nursing within the NHSBSP and are reflective of current NHS guidelines, including:

- making a difference¹⁰
- a manual of cancer services standards⁹
- the NHS cancer plan¹¹
- the nursing contribution to cancer care.¹²

The guidelines set out the philosophy and operational policy and define standards of care for the practice of nursing within the NHSBSP. These guidelines also include an assessment tool for the audit of the clinical nurse specialist’s practice and provide a detailed account of this role within screening, including expected qualifications.

2. QUALITY ASSURANCE IN BREAST CARE NURSING (SCREENING)

2.1 Introduction

Quality assurance in breast care nursing (screening) operates at three levels: unit, geographical area and national:

- At unit level, the clinical nurse specialist (CNS) should regularly audit her own performance against the standards of care described in section 4 and participate in the audit of nursing roles described in section 5.
- Within a geographically defined area, the nursing coordinator should audit the nursing role in breast screening assessment units within the region and participate in quality assurance visits to assess professional nursing performance.
- The National Coordinating Group for Nurses in Breast Cancer Screening coordinates quality assurance activities at the national level.

2.2 Unit level

The CNS working at unit level is part of the multiprofessional integrated team that provides services within the breast screening assessment centre. The minimum standard is that the nurse will:

- actively participate in multiprofessional team meetings and decision making processes
- be present at assessment and when the diagnosis is given to the patient; ideally, the CNS would see all patients requiring assessment, the benefits of this having been outlined previously¹
- inform and support the client throughout the assessment process
- inform and support the client in the discussion of treatment options
- keep appropriate accurate nursing records¹³
- participate in multiprofessional clinical audits
- ensure that there are adequate arrangements for cover when the post-holder is not available
- develop nursing practice according to evidence based findings on patient needs
- have access to a budget for supportive patient education material.

(A sample job profile is shown in Appendix 1.)

2.3 Within a defined geographical area

The director of quality assurance for breast screening appoints a CNS to act as professional nursing coordinator within each area. The professional coordinator is a member of the quality assurance team for the NHSBSP and represents the region on the national coordinating group. The director will:

- act as a coordinator for other CNSs within the area who work in local screening units, represent their interests at national level and report to them about local and national developments

- be responsible for the region-wide audit of breast care nursing (screening) standards within the NHSBSP and report the findings to the quality assurance (QA) director
- provide advice on breast care nursing (screening) education and training within the region to ensure and maintain an agreed level of care.

(A sample job profile for the quality assurance coordinator for nurses in screening is shown in Appendix 2.)

2.4 National level

The National Coordinating Group for Nurses in Breast Cancer Screening represents the nursing profession working within the NHSBSP. It advises and reports to the NHSBSP on the provision of nursing care and the contribution that this can make to the care of women who attend for breast screening. The group is made up of representatives from each English QA team, Wales, Scotland, Northern Ireland and the private sector. Members of the group contribute to other groups, such as the Royal College of Nursing (RCN) Breast Care Nursing Society and the NHSBSP Advisory Committee on Breast Cancer Screening. The group works in collaboration with other national coordinating groups and with other professional organisations, notably the RCN.

The group's responsibilities are to coordinate quality assurance activities across the profession and to provide a dynamic nursing contribution to the screening programme. Specifically, it:

- sets and reviews the standards to be achieved by the CNS working within screening
- identifies the education and training needs of nurses who work within the NHSBSP
- fulfils a consultative role on proposed and completed research relating to breast care nursing within the NHSBSP.

2.5 Quality assurance visits

As a member of the quality assurance team, the nursing coordinator will participate in quality assurance visits to breast screening units within a defined geographical area. A protocol for the assessment of breast care nursing (screening) can be found in sections 4 and 5.

3. PHILOSOPHY AND OPERATIONAL POLICY FOR BREAST CARE NURSING (SCREENING)

3.1 Philosophy

The well-being and optimal care of women in the screening programme is dependent on the provision of a high quality multiprofessional service. As a member of the multiprofessional team, the CNS has a commitment to ensure that, throughout the screening process, the woman receives the personal care and information that she requires in a sensitive manner, at the appropriate time and with due regard to her safety, comfort and dignity.

The provision of comprehensive nursing care and support is dependent on a CNS whose knowledge and skills are continually updated. Nursing care should be evidence based and open to regular review to ensure that high standards of practice are achieved and maintained.

3.2 Operational policy

3.2.1 Introduction

This policy defines practice boundaries and clear lines of communication so that overlap and duplication are avoided. It should be used in conjunction with the standards of care (section 4) and job profile of the CNS.

3.2.2 The role

The CNS working as a member of the multiprofessional team within the screening programme will provide specialist nursing advice, education and support to clients and their families. The CNS will be a professional resource for colleagues and other members of the multiprofessional team. In accordance with the Nursing and Midwifery Council (NMC) Code of Professional Conduct,¹⁴ CNSs are accountable for their own professional practice.

3.2.3 Location

The CNS must be present during the assessment clinic and have access to dedicated facilities, ie a counselling room.

3.2.4 Support

Effective clinical supervision and psychological support for the CNS must be an integral part of the establishment of this post and must be clearly identified.

The manager of the CNS should also recognise the need for necessary resources to provide a continuing and effective service. These should include clerical support, appropriate equipment and relief staff.

3.2.5 Referrals

There must be agreed patterns of referral to the CNS in both the hospital and community sectors and the facility to contact professionals in other health care settings whenever necessary.

3.2.6 Communication and interprofessional relationships

Channels of communication should be established between all members of the breast team within the screening programmes. Existing networks should then be used to ensure effective liaison between the screening programme as a whole and other areas of health care provision.

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- 3.2.7 Management*
- Professional lines of accountability through nursing services must be in place.
 - There must be clear lines of clinical reporting, which will usually be through the unit clinical director.
 - Where breast screening is allied to a symptomatic service, it is recommended that there is a team leader for breast care nursing.
- 3.2.8 Documentation*
- Systems of documentation must be agreed and established so that accurate data are recorded for audit, quality assurance programmes and research. The CNS must accept responsibility for her own confidential client records. Documentation should include recordings of psychological assessment and information giving.
- 3.2.9 Education and research*
- The CNS must have educational preparation relevant to her role. She must also have access and support for continuous professional development¹² (see section 4).
- 3.2.10 Audit*
- The CNS must be accountable for auditing her own clinical practice.
- 3.2.11 Work load*
- In May 2000, the National Coordinating Group for Nurses in Screening identified the nursing activity/patient pathways in 61 units. For a unit population of 60 000 women, it was estimated that 23 h per week [0.62 whole time equivalents (WTE)] of nursing time would be required. Activity would include 12.5 h of assessment time and 10.5 h for the work generated by assessment. These extra hours would be needed to cover attendance at multiprofessional team meetings, supporting the patient through additional investigative procedures, communicating with GPs, maintenance of patient records and educational/supervisory requirements. This estimate of nursing time includes care to the point of diagnosis only.
- 3.2.12 Levels of practice*
- A framework is being developed that will allow senior registered practitioners, such as the CNS, to register as functioning at a higher level of practice. These practitioners will be supported by supervised registered practitioners.¹² Until such a framework has been agreed, the nursing coordinating group suggests the following skill mix for the NHSBSP:
- H/I grade** as the appropriate grade in units where there is only one CNS in post and/or the CNS manages a team of nurses.
- G grade** as the appropriate grade for those who work within a team of nurses managed by an H/I grade breast care nurse.
- The above are CNSs and manage their own case load without direct supervision.** (See Appendix 1 for a sample job profile.)
- F grade and below** are development posts and should not practise as CNSs. Development posts are recognised as necessary within the NHSBSP to create a career pathway and enhance recruitment opportunities for CNSs, thus ensuring succession planning. The training and supervision of these nurses is the responsibility of the CNS.

Units requiring a chaperone service for medical staff may consider employing an A grade support worker.

Further information regarding advancing breast care nursing roles and competencies is available from the RCN.¹³

4. STANDARDS

This section outlines the standards of practice expected within any screening unit.

Standard 1 sets out the preparation required to practise at CNS level.

Standard 2 sets out the role of the CNS.

4.1 Standard 1: preparation to practise as a CNS in breast care (screening)

4.1.1 Standard statement

The CNS meets the criteria to practise.

4.1.2 Rationale

In order for a nurse to practise at this level, she should be adequately prepared. The Department of Health (DOH) document *Making a Difference*¹⁰ states that the academic level of study leading to a specialist qualification will be at no lower than first degree level (currently delineated by the appropriate grade, ie H/I).

Minimum standard	Outcome measurement	Achieved/ recommendation
a. The post-holder should be a registered general nurse (RGN) with 5 years' post-registration experience, 2 years of which should be at F grade or above (or equivalent scale)	Appropriate qualifications/evidence of qualifications are demonstrated (ie certificates are available)	
b. Experience of working within breast screening/oncology. In addition, post-registration qualifications should include: <ul style="list-style-type: none"> • Breast Care Nursing Course (level 2/3). An oncology nursing certificate is also desirable • An appropriate first degree • Relevant counselling/communication skills certificate (minimum 100h training to include theoretical and practice skills) 	The CNS is appropriately graded	
c. The CNS should have the opportunity to complete an annual personal development plan. To support this, time and funding should be available	There is evidence of ongoing professional development. An annual development plan is available	
d. Effective clinical supervision and psychological support for the CNS must be an integral part of the establishment of this post and should be clearly identified	Clinical supervision/psychological support is available	

4.2 Standard 2: the role of the CNS in breast care (screening)

4.2.1 *Standard statement*

The role of the CNS (screening) is to inform and support the client throughout the assessment process.

4.2.2 *Rationale*

Recall for breast assessment has been found to increase anxiety, and a poor assessment experience may deter a woman from attending for subsequent screening.^{1,15,16} The CNS may enhance the acceptability of breast screening by providing information and psychological support.¹⁷ When anxiety and depression are recognised by a skilled CNS, and referral to an appropriate person is made, emotional distress can be reduced.¹⁸⁻²⁰

Each assessment clinic should have a CNS present throughout the assessment process. Research has shown that giving patients adequate information in accordance with their needs can decrease anxiety and enhance the individual's ability to cope.^{19,20} The skilled and knowledgeable CNS should therefore be effective in assessing the need for information and how that information has been understood. The CNS will also be involved in discussions with the woman regarding treatment options, and will provide information and support during the decision making process.

This section is divided into two parts:

1. clinical role
2. managerial/education/research role.

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Minimum standard	Outcome measure	Achieved/ recommendation
<i>1. Clinical role</i>		
a. The CNS is present throughout the assessment clinic to provide psychological support and information	All women recalled have access to the CNS	
b. All women recalled for assessment are made aware of the availability of the CNS from the point of recall through to the provision of contact details	Evidence of contact details are available	
c. All women requiring further investigations (eg fine needle aspiration/core biopsy or further treatment) should be offered a consultation with the CNS Contact details of the CNS should be available. This should include the contact number for the breast care nurse, who provides ongoing care	Records reflect the involvement of the CNS and contact details for the CNS are evident in the recall letter	
d. There are facilities available for private consultation with the CNS	Evidence that private facilities are available	
e. The CNS will undertake physical/psychological/social assessment of all women seen during assessment and ensure appropriate intervention is made	There is documented evidence of assessment within the client records. There is evidence of appropriate referral mechanisms. The CNS has appropriate knowledge and skills to recognise psychological distress (see Standard 1)	
f. The CNS assesses the woman's requirement for information and offers appropriate verbal and written information as required. Information should include details of local and national support groups	The records reflect the information offered and accepted. Appropriate written information is available at assessment. Patient satisfaction surveys reflect that appropriate levels of information have been received	
g. The CNS is available to discuss ongoing care and treatment options with the patient and to support her through the decision making process	The CNS has appropriate qualifications to be able to provide the specialist knowledge and information required, as well as the skills to assess the patient's response (see Standard 1)	
<i>2. Managerial/education/research role</i>		
h. The CNS is a recognised core member of the multiprofessional team and contributes to the discussions regarding the ongoing care of the patient	The minutes of multiprofessional meetings record the regular presence of the CNS	
i. There is a documentation system to record details of the support and information provided. This information should be made available to the symptomatic CNS for women requiring ongoing care beyond assessment	The documentation records the information and support given by the CNS. The symptomatic CNS is able to access information regarding all patients requiring ongoing care. There is evidence of continuity of care	
j. The CNS will contribute to the overall development of the breast screening programme through her involvement in teaching and research, particularly in relation to psychological care and information giving	Evidence of formal/informal teaching. The CNS is able to demonstrate evidence based practice	

5. PROTOCOL FOR THE ASSESSMENT OF THE PERFORMANCE OF THE CLINICAL NURSE SPECIALIST IN BREAST CARE (SCREENING)

- 5.1 Introduction** To achieve a high standard of care for women, it is important that the written standards of care and audit tools published in the NHSBSP guidelines for nurses are regularly used and monitored by the CNS. These should be reviewed by the QA nurse or her deputy at the QA visit.
- 5.2 Peer review** To achieve quality within the nursing service, the review and audit of the role of the CNS within the assessment unit should be undertaken by the QA nurse. This QA nurse, or her deputy, should have a clear understanding of the role of the CNS in breast screening. (See Appendix 2 for a role profile for the QA nurse.)
- 5.3 Questionnaire** To ensure that a high standard of quality is maintained and that there is uniformity of the nursing role and responsibilities, it is essential to use the standard 'visit questionnaire' to highlight any difficulties or areas of concern. (The quality assurance visit questionnaire can be found on pp. 12–15.) Thus, recommendations and improvements, if necessary, may be made. During the QA visit, this questionnaire should be used alongside the previously described standards section.
- The aims of the questionnaire are:
- to review performance against the QA guidelines for nurses in breast cancer screening
 - to determine whether the CNS in the assessment unit is appropriately graded and has undergone, or is currently undergoing, training for the relevant qualifications
 - to assess the workload of the CNS against contracted hours
 - to ensure that a high standard of care is achieved by regularly auditing and monitoring the practice of the CNS according to the NHSBSP standards of care
 - to ensure that the CNS participates as a member of the multi-professional team
 - to provide an opportunity for the CNS to demonstrate working practices and to raise any specific issues relating to quality assurance which the QA team or trust may need to address
 - to provide a tool to facilitate discussion about issues that affect quality, to disseminate good nursing practice and to discuss and agree actions when NHSBSP standards of nursing care are not being achieved.
- 5.4 Action** The QA nurse should clearly identify areas of concern and areas where the standards of care, as published in this document, are not being achieved. She should inform the QA director and the QA team of those areas of concern. The QA nurse, QA director and QA team should plan a course

of action with the CNS, her line manager and the local unit manager to address these concerns. The proposed plan of action should be clearly documented in the QA visit report and a specific time scale set. Confidentiality should be maintained. It should be noted that in most situations it would be anticipated that the areas of concern could be addressed at local level. Unresolved issues must be reported to the director of quality assurance.

5.5 Reports

Following each QA visit and completion of the visit questionnaire, the QA nurse, or her deputy, should submit a written nursing report to the QA director within the specified time. The QA nurse should retain all QA visit questionnaires and regional reports for a minimum of eight years. On completion of the period of appointment, they should be handed on to the newly appointed QA nurse.

QUALITY ASSURANCE VISIT QUESTIONNAIRE

Please complete one questionnaire per nurse working in screening

Breast screening unit:		Part time (no. of hours per week):	
Name of CNS (screening):		Date of visit:	
Grade:	Full time:		
Relevant qualifications (please provide photocopies):			
Name of visitor:			
			Recommendations
1.	To whom are you accountable?		
	Professionally		
	Clinically		
2.	What facilities do you have?		
	Contact card	Yes/No	Private room Yes/No
	Bleep	Yes/No	Answerphone Yes/No
	Secretary	Yes/No	Office Yes/No
	Computer	Yes/No	
3.			
3.1	How many assessment clinics are held each week?		
3.2	How many assessment clinics are attended by a CNS each week?		
3.3	Is your post a combined breast screening and symptomatic role?		
3.4	How many nursing hours are contracted to the NHSBSP each week?		

4.	Do women have your name and contact number before they attend the assessment clinic?	Yes/No	
5.	If you are not present at the assessment clinic:		
5.1	Who contacts you?		
5.2	How are you contacted?		
5.3	When are you contacted?		
5.4	What are the criteria?		
6.			
6.1	Is a CNS available to all women attending the assessment clinic?	Yes/No	
6.2	Are you able to see women in private if necessary?	Yes/No	
7.	If you are the CNS in screening, do you refer clients to the CNS in symptomatic clinics? (Please provide evidence of the referral mechanism)	Yes/No	
8.	Are you involved with the woman:		
8.1	At the time of her assessment?	Yes/No	
8.2	At the time of diagnosis?	Yes/No	
8.3	During her ongoing care?	Yes/No	
9.	Please specify what literature/information is available for women in the assessment clinic		
10.	Record keeping		
10.1	Please specify for which women you keep records		
10.2	What do you document?		
	Contact card given	Yes/No	Clinical details Yes/No
	Information offered	Verbal: Yes/No Written: Yes/No	Referral to other health professionals Yes/No Others (please specify)
	Psychological assessment	Yes/No	

11.	Do women have a choice of the following?			
	Hospital	Yes/No	Consultant	Yes/No
	Treatment	Yes/No		
12.	How many women did you see last year in the assessment clinic?			
				Action/recommendations
13.	How often do you attend the multidisciplinary meeting? (Please circle)			
	Weekly	Monthly	Less frequently than monthly	Never
14.	Are you auditing your own clinical practice? (Please provide evidence)			Yes/No
15.	Are you involved in any research related to screening?			Yes/No
15.1	Please specify/give examples of evidence based practice			
16.	Do you feel that you have the opportunity for ongoing education?			Yes/No
16.1	If no, are there any courses that you would like to do?			

17.			
17.1	How many relevant courses/study days have you attended in the last year?		
17.2	Please give details		
17.3	How do you plan to meet the postregistration, education and practice (PREP) requirements?		
18.	Do you have cover for sick/study days/annual leave?	Yes/No	
19.	What support do you have?		
20.	Do you have an annual IPR?	Yes/No	Date of last individual performance review
21.	Are you involved in teaching formally/informally? (If yes, please provide evidence)		
22.	Are there any initiatives, suggestions or problems you wish to highlight?	Yes/No	
22.1	Please specify		
	If there is anything you wish to discuss before the visit, please contact the named QA visiting nurse		
	Key action points:		
	Other comments:		
	Signed (QA nurse):		Date:
	Signed (breast screening nurse):		Date:

6. NATIONAL COORDINATING GROUP FOR NURSES IN BREAST CANCER SCREENING: CONSTITUTION

6.1 Membership

A nursing representative from each English QA team, Scotland, Wales, Northern Ireland and the private sector.

A co-option to represent the RCN Breast Care Nursing Society.

A representative of the NHSBSP coordinating team.

A co-option of the nurse representative from the Advisory Committee on Breast Cancer Screening.

A co-option to be made from the other national coordinating groups, education and research, as and when necessary, to facilitate the ongoing work of the group.

A chairperson will be elected from the group, and approved by the national office for a period of three years.

A secretary will be elected from the group for a period of three years.

6.2 Representation

The QA nurse coordinator is a CNS appointed by each of the breast screening quality assurance directors in accordance with *EL(97)67 Cancer Screening: Quality Assurance and Management*.²¹

The QA nurse representative should fulfil the competencies and criteria for a CNS in breast screening.

This representative must work in an assessment clinic and with patients who have screen detected lesions.

6.3 Remit

To maintain, coordinate and improve the standard of nursing within the NHSBSP throughout the UK.

To advise the NHSBSP on nursing matters and provide feedback and information relevant to nursing in the NHSBSP to the regional quality assurance director and other members of the quality assurance team.

To ensure dissemination of relevant information in order to develop and support the CNS within the local region. In particular, to establish networks and facilitate information exchange between nurses working within breast screening locally.

To ensure dissemination of relevant information both to and from the national coordinating group.

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To identify the educational needs of the CNSs working in breast screening and to assist in developing educational programmes to meet these needs.

To advise regional quality assurance directors and programme managers of the educational and training needs for nurses working in the screening programme.

To advise the NHSBSP and to act as a resource to the NMC in relation to the training needs for nurses working in the screening programme.

To identify ways in which links with the private sector and other non-NHS screening providers can be developed and maintained.

To define, agree and audit professional standards of nursing care relevant to breast screening against which the quality of the service can be measured.

To agree, implement, continually evaluate and update guidelines for nurses working within the screening programme.

To identify research needs and facilitate, coordinate and promote collaboration in research and development activities.

To identify and develop links with nurses other than those directly involved in screening.

To evaluate and update these terms of reference and the guidelines of the group at least every three years.

6.4 Meetings

To achieve the above remit, at least two meetings will be held per annum. Working parties may be convened to address specific issues.

6.5 Financial guidelines

The QA representative is funded by the quality assurance budget.

Travel to quality assurance meetings and visits plus the national meetings should be reimbursed from the quality assurance budget.

National working parties will be reimbursed through the national group.

Additional expenses incurred as a result of quality assurance work duties should be negotiated with the QA director.

These guidelines will be reviewed in the event of changing circumstances.

APPENDIX 1: SAMPLE JOB PROFILE FOR THE CLINICAL NURSE SPECIALIST (BREAST SCREENING)

A1.1 Title	Clinical nurse specialist (screening).
A1.2 Clinically accountable to	The clinical director of the breast screening unit.
A1.3 Professionally accountable to	The director of nursing.
A1.4 Expected qualifications/experience	<ul style="list-style-type: none">• Registered general nurse: an Advanced Breast Care Nursing Certificate is essential; an Oncology Certificate is desirable.• A minimum of five years' post-registration experience, including two years at a senior level with some management experience and two years' experience in oncology/breast cancer nursing.• Counselling/Communication Skills Certificate (minimum 100h theoretical and skills practice training). <p>Grade H posts: should have or be working towards a relevant first degree.</p> <p>Grade I posts: should have or be working towards a relevant Masters degree/postgraduate qualification.</p>
A1.5 Person specification	<p>In addition to the above qualifications/experience, it is expected that the individual can demonstrate:</p> <ol style="list-style-type: none">1. an understanding of breast disease2. knowledge of the principles of research and quality assurance3. knowledge of the principles of screening4. awareness of recent developments in nursing practice and their implications for practice in specialist care5. effective communication skills6. ability to self-direct and self-motivate.
A1.6 Objectives	<ol style="list-style-type: none">1. To provide a continuing and supportive service through the screening programmes within the hospital and community.2. To provide optimal health care to those who have, or fear they may have, breast cancer and to their families and friends.3. To provide specialist advice to the multiprofessional team.
A1.7 Key elements of the role	<ol style="list-style-type: none">1. Clinical2. Educational3. Research and development4. Management.
<i>A1.7.1 Clinical</i>	<ol style="list-style-type: none">1. Liaise with multiprofessional teams in hospitals and the community, sometimes as the coordinator of care.

2. Communicate with patients, families and friends, assess their needs and provide relevant support, information, education, advice and counselling when and where necessary. (This may involve domiciliary visiting.)
3. Act as the patient's advocate when necessary, keep her informed about treatment options and encourage her to take part in decision making.
4. Provide practical information on all of the aspects of altered body image that can be caused by breast disease and its treatments, eg surgery, radiotherapy, chemotherapy and hormone therapy.
5. Identify a patient's physical, social and psychological needs that require referral to other agencies.
6. Identify and use professional and lay resources or facilities at local and national level by direct or indirect referral.

A1.7.2 Educational

1. Participate in health promotion activities.
2. Facilitate informed choice regarding the breast screening programme from the point of assessment.
3. Respond both formally and informally to the educational needs of those involved in breast/oncology care.
4. Assess ongoing education needs in relation to the CNS's role and identify and use appropriate resources.

A1.7.3 Research and development

1. Appreciate and use existing research findings relevant to breast screening, including treatment options and psychological care.
2. Ensure that clinical practice, procedures and standards of care are evidence based.
3. Encourage, initiate and participate in nursing research, using local resources where necessary.
4. Facilitate patient awareness of informed choice regarding current trials, their protocols and the surrounding issues.
5. Monitor and review adherence to national guidelines.
6. Participate in clinical audit programmes.

A1.7.4 Management

1. Be a recognised member of the breast screening management team.
2. Maintain supportive networks and adequate psychological supervision of difficult caseloads.
3. Participate in annual performance reviews based on performance outcomes.
4. Build relationships with primary care trusts (PCTs) and cancer leads (and their equivalent in Wales, Northern Ireland and Scotland).
5. Take responsibility for personal professional development and continuing education.
6. Advise external bodies, including patients' associations, on nursing and other relevant aspects of the NHSBSP.
7. Keep appropriate nursing records of women's care.
8. Ensure that the relevant information concerning women's care is highlighted to the programme director.
9. Ensure that confidentiality in relation to women's records is maintained.

APPENDIX 2: SAMPLE JOB PROFILE FOR A QUALITY ASSURANCE COORDINATOR FOR BREAST CARE NURSING (SCREENING)

A2.1 Job title	Clinical nurse specialist (CNS) quality assurance coordinator for breast screening.
A2.2 Job purpose	Coordination of quality assurance activities for nursing within the breast screening programme within a defined geographical area.
A2.3 Key tasks	<ul style="list-style-type: none">• Advise the director of quality assurance on the nursing performance of the individual units within the region.• Support, investigate and advise breast screening units on all aspects of nursing performance, in conjunction with the director of quality assurance.• Coordinate and monitor the local implementation of national guidelines for the profession.• Participate in quality assurance visits or, where appropriate, nominate a quality assurance nursing representative from another geographical area, eg when a visit to the coordinator's own breast screening unit is made.• Encourage continuous professional development.• Encourage research and development for the benefit of the programme.• Chair the local meetings for nurses in breast screening within their geographical area of responsibility.• Coordinate discussions on appropriate aspects of professional quality assurance with other professional coordinating groups.• Represent the views of the profession in the locality at the national coordinating group and report back.
A2.4 Appointed by	Director of quality assurance assisted by an external assessor.
A2.5 Accountable to	Director of quality assurance.
A2.6 Reports to	Director of quality assurance.
A2.7 Minimum sessional commitment	Usually, one per week. However, this will depend on the size of the geographical area covered and the number of QA team visits per year.
A2.8 Person specification	A senior professional currently working in a breast screening unit who has the ability to command the respect of professional colleagues.
A2.9 Experience	Substantial experience in the breast screening programme and active involvement in quality assurance.

A2.10 Skills and attributes

- Effective communication skills
- Leadership
- Team working
- Committee chairmanship
- Report writing
- Analytical skills
- Diplomacy/negotiation skills
- Motivational skills
- Commitment to the aims of the breast screening programme.

A2.11 Knowledge

- Breast screening programme
- Peer review
- Continuing professional development
- Professional audit
- NHSBSP professional standards.

APPENDIX 3: ADDRESSES FOR CURRENT TRAINING CENTRES FOR BREAST CARE COURSES

Centre for Cancer and Palliative Care Studies
Royal Marsden Hospital
Fulham Road
LONDON SW3 6JJ
Tel: 0208 6438901 Extn 4656

City University
St Bartholomew School of Nursing
20 Bartholomew Close
LONDON EC1A 7QN
Tel: 0207 5055720 Extn 5721

University of Glasgow
c/o Mrs GA McPhail
68 Oakfield Avenue
GLASGOW G12 8LS
Tel: 0141 3304806

University of Edinburgh
c/o Fiona Pike (Charge Nurse)
Breast Unit
Western General Hospital
EDINBURGH EH4 2XU
Tel: 0131 5371000

University of Paisley
Faculty of Health and Social Sciences
Health and Nursing Studies Unit
PAISLEY PA1 2BE
Tel: 0141 8483838

Health Business Centre
Anglia Polytechnic University
Bishop Hall Lane
CHELMSFORD
Essex CM1 1SQ
Tel: 01245 493131

Admissions and Marketing
School of Health and Social Care
University of Teeside
MIDDLESBOROUGH TS1 3BA
Tel: 01642 384176
Fax: 01642 384166

Quality Assurance Guidelines for Nurses in Breast Cancer Screening

University of Wolverhampton
School of Health
Esk House
Russels Hall Hospital
DUDLEY
West Midlands DY1 2HQ
Tel: 01384 250763

School of Health and Human Sciences
Liverpool John Moores University
79 Tithebarn Street
LIVERPOOL L2 2ER
Tel: 0151 2584142

University of Southampton
School of Nursing and Midwifery
Southampton General Hospital
South Academic Block
Tremona Road
SOUTHAMPTON SO16 6YD
Tel: 023 80796321

University of Salford
Department of Nursing
Eccles Campus
Peel House
Albert Road
Eccles
MANCHESTER M30 0NN
Tel: 0161 2952718

Thames Valley University
Wolfson Institute Sciences
Royal Berkshire Hospital
London Road
READING RG1 5AN
Tel: 0187 9877884

Coventry University
School of Health and Social Sciences
Walsgrave Hospital
Clifford Bridge Road
COVENTRY CV2 2DX
Tel: 02476 538728

University of Manchester
School of Nursing and Midwifery
Continuing Education
Admissions Office
Gateway House
Piccadilly South
MANCHESTER M60 7LP
Tel: 0161 2372644

Quality Assurance Guidelines for Nurses in Breast Cancer Screening

University of Newcastle
School of Nursing
Room G214
Coach Lane Campus East
NEWCASTLE UPON TYNE E7 7XA Tel: 0191 2156222

Florence Nightingale School of Nursing and Midwifery
Kings College University
James Clark Maxwell Building
57 Waterloo Road
LONDON SE1 8WA Tel: 0207 8484698

APPENDIX 4: QUALITY ASSURANCE REFERENCE CENTRES

London	St Bartholomew's Hospital 90 Bartholomew Close West Smithfield LONDON EC1A 7BE	Tel: 0207 6018074
North West	Department of Public Health West Penine Health Authority Westhulme Avenue OLDHAM OL1 2PL	Tel: 0161 6226621
South East [East]	QA Reference Centre Room 2 Level A-1 Royal Surrey County Hospital Egerton Road GUILDFORD GU2 7XX	Tel: 01483 406644
South East [West]	QA Reference Centre Oxford Cancer Intelligence Unit Oxfordshire Health Old Road Headington OXFORD OX3 7LF	Tel: 01865 227040
Northern & Yorkshire	QA Reference Centre 1st Floor Pathology Newcastle General Hospital Westgate Road NEWCASTLE UPON TYNE NE4 6BE	Tel: 0191 2563153
Eastern	QA Reference Centre Room 48/49 Strangeways Research Laboratory Wort's Causeway CAMBRIDGE CB1 8RN	Tel: 01223 740866
South West	QA Reference Centre South West Cancer Intelligence Service Grosvenor House 149 Whiteladies Road BRISTOL BS8 2RA	Tel: 0117 9706474

Quality Assurance Guidelines for Nurses in Breast Cancer Screening

West Midlands	QA Reference Centre West Midlands Cancer Intelligence Unit The Public Health Building University of Birmingham BIRMINGHAM B15 2TT	Tel: 0121 4147713
Trent	QA Reference Centre Rufford Ward [Nr Occupational Health] Nottingham City Hospital Hucknall Road NOTTINGHAM NG5 1PB	Tel: 0115 9692934
Northern Ireland	QA Reference Centre 4th Floor, Champion House 12–22 Linehall Street BELFAST BT2 8BS	Tel: 02890 553949
Scotland	QA Reference Centre Scottish Breast Screening Programmes Trinity Park House South Trinity Road EDINBURGH EH5 3SQ	Tel: 0131 5518836
Wales	Breast Test Wales 18 Cathedral Road CARDIFF CF11 9LH	Tel: 029 20 397222

REFERENCES

1. Ong G, Austoker J. Recalling women for further investigation of breast cancer screening: women's experiences at the clinic and afterwards. *Journal of Public Health Medicine* 1977, 19: 29–36.
2. *NHS Breast Screening Programme Review (1997)*. NHS Breast Screening Programme, 1997.
3. *Breast Cancer Screening*. Report to the Health Ministers of England, Wales, Scotland and Northern Ireland by a working group chaired by Professor Sir Patrick Forrest. HMSO, 1987.
4. *Breast Cancer Screening. Evidence and Experience since the Forrest Report*. NHS Breast Screening Programme, 1991.
5. Wilson R, Asbury D, Cooke J, et al. *Clinical Guidelines for Breast Cancer Screening Assessment*. NHS Breast Screening Programme, 2001 (NHSBSP Publication No 49).
6. The BASO Breast Specialty Group. *Guidelines for Surgeons in the Management of Symptomatic Breast Disease in the United Kingdom*, 1998.
7. Ritz L, Nissen M, Swenson K, et al. Effects of advanced nursing care on quality of life and cost outcomes of women diagnosed with breast cancer. *ONF* 2000, 27: 923–932.
8. McArdle J, George D, McArdle C, et al. Psychological support for patients undergoing breast cancer surgery: a randomised study. *British Medical Journal* 1996, 312: 813–816.
9. *Manual of Cancer Services Standards*. NHS Executive, 2000.
10. *Making a Difference. Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and Healthcare*. Department of Health, 1999.
11. *The NHS Cancer Plan*. Department of Health, 2000.
12. *The Nursing Contribution to Cancer Care*. Department of Health, 2000.
13. *Advanced Nursing Practice in Breast Cancer Care*. Publication code 001 601. RCN, 2002.
14. *Code of Professional Conduct*. Nursing and Midwifery Council, 2001.
15. Orton M, Fitzpatrick R, Fuller A, et al. Factors affecting women's response to an invitation to attend for a second breast screening examination. *British Journal of General Practice* 1991, 1: 303–313.
16. Austoker J, Patnick J (eds). *Report of the UKCCR/NHSBSP Workshop Breast Screening Acceptability: Research and Practice*. NHS Breast Screening Programme, 1993 (NHSBSP Publication No 28).
17. Smith S, Botha JL, Goosey R, Daintith A. Audit of user satisfaction with the Leicestershire Breast Screening Service; women attending for assessment of abnormal mammograms. *Journal of Public Health Medicine* 1991, 13: 166–171.
18. Department of Health. *Improving Outcomes in Breast Cancer: Guidance for Purchasers*. NHS Executive. Department of Health, 1996.
19. *A Guide to Consent for Examination and Treatment*. NHS Management Executive, 1990.
20. Luker K, Beaver K, Leinstor S, Owens R. The information needs of women newly diagnosed with breast cancer. *Journal of Advanced Nursing* 1995, 22: 143–141.
21. *EL(97)67 Cancer Screening: Quality Assurance and Management*. Department of Health, 1997.

