

70. APPENDIX V: ACCREDITATION PROTOCOLS

Prior to performing clinical work in the breast screening programme, BreastScreen Aotearoa, all radiologists/ surgeons/pathologists/medical physicists intending to practise in BreastScreen Aotearoa, must be accredited to ensure they meet the Programme's requirements.

1. The applicant must complete the relevant accreditation template. The Clinical Director will verify the information before it is submitted to the NSU.
2. The NSU will allocate a non-identifiable pseudonym from the central register eg. BSSL 5.
3. The Clinical Leader will review the template for consistency, content etc., and if necessary additional information will be sought.

Note: The pathologists have delegated responsibility to the Clinical Leader, BSA to make the decision whether the pathologist meets the criteria. Where a decision cannot be made by the Clinical Leader, the pathologist will be referred to the UDG for follow-up/ discussion.

4. The accreditation template will be included as an agenda item at the next radiologist/ surgeon/ pathologist/medical physicist UDG meeting.
5. Where the timeframes from receipt of the template to the date of the next UDG meeting are deemed protracted by the Clinical Leader, and where they

may subsequently disadvantage the Lead Provider in the provision of services, the Clinical Leader may request email/correspondence or a teleconference to review the application, and make a decision. Alternatively the application may be presented at the radiologists/ surgeons/pathologists/medical physicists UDG meeting, where it is subsequently discussed. During the teleconference or UDG each Clinical Director/Lead Surgeon/Lead Pathologist/ Medical Physicist will complete their panel evaluation template.

6. Once agreement has been reached on the status of the application all documentation (e.g. template, evaluation template) is returned to the Clinical Leader, BSA, or destroyed.
7. A quorum of five radiologists/surgeons/pathologists, or three medical physicists (members of the UDG) is required to participate and the sponsoring Clinician is excluded from both the quorum and the final decision-making process.
8. Following the teleconference/UDG, a letter is sent to the relevant Lead Provider/Clinical Director/Lead Surgeon/Lead Pathologist/Medical Physicist and copied to the Lead Provider Manager concerned notifying them of the outcome.

V: 1 Radiologist Accreditation Template

V:2 Pathologist Accreditation Template

V:3 Surgeon Accreditation Template

V:4 Medical Physicist Accreditation Template