

National Screening Unit

National Screening Advisory Committee

Terms of Reference

Introduction

These terms of reference establish the National Screening Advisory Committee (NSAC) and set out the:

- Purpose and principles
- Role and functions
- Mandate and accountability
- Work plan development
- Terms and conditions of appointment
- Duties and responsibilities of members
- Reporting requirements

Purpose

The National Screening Unit (NSU) has established NSAC to provide high level, strategic governance and leadership. NSAC will advise the Chief Medical Officer and the Deputy Director-General, Population Health and Prevention about national population based health and disability screening, in particular the evidence for actual or potential new national screening programmes and significant changes to current programmes.

Principles

The Committee will provide expert advice that is founded on the NSU quality principles¹. These principles are fundamental to the NSU's strategic vision for achieving high quality, equitable and accessible screening programmes:

- the overall benefits of the screening must outweigh the harm
- national screening programmes are people centred
- national screening programmes will achieve equitable access to the screening pathway and equitable outcomes for all population groups
- informed consent is a priority throughout the screening pathway
- screening programmes are monitored and evaluated on a regular basis
- national screening programmes are committed to continuous improvements in programme management and clinical service delivery.

NSAC will provide clinical governance in partnership with management (operational governance).

Role of the Committee

NSAC will:

- provide leadership and strategic direction for national population screening programmes

- make evidence based recommendations about the case for implementing new population screening programmes, including consideration of their effectiveness, feasibility, likely harms and benefits, equity, value for money, and impact on the health system
- identify screening technologies of proven effectiveness which require central agency led and well-managed implementation as national screening or quality improvement programmes
- advise whether to continue, modify or withdraw existing population screening programmes, particularly those programmes inadequately evaluated or of doubtful effectiveness, quality, or value
- consider and endorse significant changes within current screening programmes as raised by NSU advisory groups
- consult and liaise with clinical leaders and experts on screening to obtain sound advice, referring appropriate issues for further research and commissioning evidence based reviews as NSU resources allow
- undertake a horizon scanning function to provide guidance on emerging and future technologies suitable for population screening programmes
- provide strategic advice on screening activities not led by the NSU.

Mandate

The Ministry first established NSAC in 2004 and the Committee met regularly through to May 2013. The Ministry re-established NSAC effective from 1 July 2015. These current terms of reference are effective from 28 November 2019.

Background

In 2002, the National Health Committee identified the need for a specific body to oversee and make recommendations about screening programmes in New Zealand². The Minister's Cancer Control Strategy also supported the establishment of a national advisory committee³.

More recently, the Screening Review Steering Group established to implement the recommendations of the 2011 BreastScreen Aotearoa independent review⁴ and the Parliamentary Review Committee regarding the National Cervical Screening Programme⁵ endorsed the establishment of NSAC.

Accountability

The NSU is accountable for providing strong leadership, direction, commitment to clinical governance and the delivery of safe, equitable screening programmes through the Ministry's organisational hierarchy

NSAC will report to the Chief Medical Officer and the Deputy Director-General, Population Health and Prevention via the Committee Chair, the NSU Clinical Director and NSU Group Manager.

NSAC has responsibility for expert advice to key decision making but accountability remains with the Ministry.

Work Plan Development

The NSU Clinical Director and Group Manager, in consultation with the NSAC Chair, will identify priority topics for NSAC's annual work plan. This prioritisation will, in particular, take into account New Zealand contextual factors for proposed screening initiatives, development of new evidence in a field, and available NSU and NSAC membership resources.

Membership

The NSU Clinical Director will select a clinical leader with expertise in screening as the Chair. The Chair is an independent member. The Clinical Director is the Deputy Chair, and is also responsible for the secretariat and developing the agendas and work plans.

The NSU will make the final selection of Committee members, with health, academic and consumer sector leaders invited as external members.

The Committee will be multidisciplinary with members chosen for their linkages to other health or academic groups as well as their individual skills, for example, technical expertise, leadership experience, and an approach to professional working relationships which engenders collegial respect. The Committee is not intended to be representative.

The NSU Clinical Director may appoint new members as required.

With the permission of the NSU Clinical Director, NSAC may create working groups to address key areas of screening eg ante-natal or newborn screening. These working groups may second other member(s) as required to address any gaps in expertise and/or involve key stakeholders.

Independent

NSAC Chair

NSU Māori Monitoring and Equity Group Chair

One to two consumer representatives

Up to eight members with expertise in public health, screening programmes, epidemiology, ethics, primary care, health services delivery and health economics.

Ministry of Health

NSU Clinical Director (Deputy Chair)

NSU Group Manager

Chief Advisor, Child and Youth Health

Director of Public Health

In attendance as required: Clinical Leaders and Programme Managers of BreastScreen Aotearoa, the National Cervical Screening Programme, the National Bowel Screening Programme, and Antenatal and Newborn Screening Programmes; Manager, Screening Insights and Analytics; NSU Quality Manager; and NSU Public Health Registrar(s).

Others may be invited to attend and/or be co-opted onto the Committee as required, at the discretion of the Chair and / or NSU Clinical Director.

Term, review process and end date

Members will be appointed to the Group for up to a two-year period and may be re-appointed for further term(s).

The Ministry may, at any time and entirely at the Ministry's discretion, remove any member from the Committee.

In line with Ministry requirements the terms of reference will be reviewed annually.

Meetings

The Committee will meet up to three times per year, or as required by the NSU Clinical Director.

Meetings can be in person or via teleconference or video conference at the discretion of the NSU Clinical Director and Committee Chair.

A meeting quorum will consist of fifty percent plus one of a mix of NSU and independent members.

Those participating in the meeting via teleconference or video conference are included in the quorum and shall participate with the same rights and responsibilities as those physically present.

Duties and responsibilities of a member

Committee members are expected to work collectively to provide advice to the NSU, with decision making by consensus. When consensus cannot be reached and a vote is required, a simple majority of the Committee voting members (excluding the Chair) is required. The Chair casts the deciding vote only when the majority is not achieved by other voting members.

Members are free, and are expected to express their own views within the context of meetings or the general business of NSAC. Members must abide by the principle of collective responsibility and must publicly support a course of action decided by NSAC, or if unable to do that, must not publicly comment on decisions.

Committee members attend meetings and undertake the Committee activities as independent persons responsible to the Committee as a whole and are not representative of professional organisations or communities.

There is an expectation that members will make every effort to attend all meetings and devote sufficient time to become familiar with the affairs of NSAC and the wider environment within which it operates. New members will be offered/provided orientation time with the NSAC Chair and the NSU Clinical Director and Group Manager.

Reporting Requirements

Within the meeting minutes there will be specific recommendations for the NSU Clinical Director to progress as appropriate and provide feedback to the Committee on actions.

Following the Committee's ratification, the meeting minutes will be published on the NSU website to support the transparency of the Committee's decisions.

The Chair will provide an annual report to Chief Medical Officer and the Deputy Director-General, Population Health and Prevention

Secretariat

The NSU Group Manager will ensure adequate secretarial support and such other support as may be required from time to time for the Committee to carry out its mandate efficiently and effectively.

Confidentiality

Meetings, including agenda material and minutes, are confidential until they are made publicly available through the NSU website. Members must ensure that the confidentiality of the Committee business is maintained.

At no time shall members individually divulge details of NSAC matters or decisions to people who are not members. Disclosure of NSAC business to anyone outside the Committee or Ministry can only be made with the approval of the Chair, including the release of correspondence or papers.

Conflicts of interest

To ensure the Ministry can act with integrity and transparency, members are required to identify and declare any actual, potential or perceived conflicts of interest that may impact on their role.

Members should perform their functions in good faith, honestly and impartially and avoid situations that might compromise their integrity or otherwise lead to conflicts of interest. Proper observation of these principles will protect them and will enable public confidence to be maintained.

When members believe they have a conflict of interest on a subject that will prevent them from reaching an impartial decision or undertaking an activity consistent with NSAC functions, then they must declare a conflict of interest or absent themselves from the discussion and/or activity.

Members will complete a Conflict of Interest Declaration form at the commencement of their term on NSAC. Any changes to a member's actual, potential or perceived conflicts of interest during their membership of NSAC will be notified to the Clinical Director, NSU or the Committee Chair. The NSU will maintain a register of interest for NSAC members which will be updated as required. Further guidance, *Managing conflicts of interest: guidance for public entities*, can be found on the Office of the Auditor-General web site; <http://www.oag.govt.nz/2007/conflicts-public-entities>.

Liability

Members are not liable for any act or omission done or omitted in their capacity as a member, if they acted in good faith, and with reasonable care, in pursuance of the functions of the Committee.

Fees and allowances

The NSU will arrange and pay for travel to and from the meetings. The Ministry will pay fees for attendance at meetings to those members who are not Ministry or state sector employees, or working under contract to the Ministry, in accordance with the State Services Commission's framework for fees for statutory bodies.

References

1. Ministry of Health, 2015. National Screening Unit Quality Principles. <https://www.nsu.govt.nz/system/files/page/qualityprinciples25june14.pdf>
2. National Health Committee, 2003. Screening to Improve Health in New Zealand: criteria to assess screening programmes. Wellington: National Health Committee.
3. Minister of Health, 2003. The New Zealand Cancer Control Strategy. Wellington: Ministry of Health and the New Zealand Cancer Control Trust.
4. Muller, J. 2011. Review of the Breast Screen Aotearoa programme. Future Directions for the National Screening Unit. Wellington: Ministry of Health.
5. Parliamentary Review Committee, 2011. Report of the Parliamentary Review Committee regarding the New Zealand Cervical Screening Programme. Wellington: Ministry of Health.