



Putting Science Into Standards:

Evidence-based **quality assurance** – an example for **breast cancer**

MEETING OUTCOMES

Did we manage to meet the recommendation from the annual Union WP?

3.2.23. *Healthcare services*²⁷

Patients require safe, high quality services in order to have confidence in healthcare systems throughout Europe. To develop European Standards, clinicians and representatives of regulatory authorities, research and development as well as accreditation and standardisation organisations should bring together their knowledge and experience. In order to manage complex healthcare systems in a consistent manner, specific horizontal aspects could be subject to standardisation requests to CEN in line with relevant Union legislation and policies on healthcare.

ECIBC: the voluntary QA scheme, WHICH ARE THE KEY LEVELS?



Did we listen (and understand) each other?

Would a WG for a common glossary be useful?

If yes, who should be part of it?

If yes, which organisations can support it?

Does ECIBC use standards?

YES, for the accreditation

Other needs can be discussed at next meetings of GDG and QASDG

FOR ALL (PATIENTS)

Areas of interest for ECIBC

Measurement of patient (women) satisfaction

Harmonised coding in cancer registries

Interoperability (*e.g.* clinical databases)

Histopathology methods

Genetic testing

FOR ALL LEVELS

Do we need a methodology for healthcare standards?

Would it be useful for healthcare, accreditation and standardisation communities?

If yes, do we want a working group on that?

If yes, which organisations can support it?

FOR NABs and CABs:
Would a guidance on use of ISO 17065 in the healthcare domain be useful (e.g. on how to use evidence)?

If yes, which actions should be taken?

If yes, which organisations can support it?

**FOR PROFESSIONALS:
Competence requirements (e.g.
training templates): would
harmonisation be useful?**

If yes, who should be involved?

If yes, which organisations can support it?