



NTQA WORKING GROUP

MEMBERSHIP APPLICATION FORM

The Ministry of Health and Long-Term Care (MOHLTC) has recently invested in a new **Prenatal Screening Program (PSP) for Ontario**, which is managed by Better Outcomes Registry and Network (BORN) Ontario.

One of the tasks of the PSP is to develop and implement a nuchal translucency (NT) quality assessment program for first trimester screening for Down syndrome in Ontario. Although sonographers and many physicians were initially “certified” in NT screening in Ontario, a lack of ongoing quality assessment (QA) and feedback to sonographers has resulted in diminished performance over time. In order to continue to provide a high-performing MMS system, the Ontario prenatal screening laboratories have, out of necessity, needed to adjust to that deterioration of NT quality by creating sonographer based “coefficients” to account for mostly systematic under-measurement of the NT, which would result in a decreased detection rate of Down syndrome. The laboratories have “corrected” for this by upwardly adjusting the measurements of many sonographer’s cumulative data. Most sonographers and supervising physicians are not aware of this.

While the application of individual coefficients allows for continued quality performance of the MMS overall, this practice creates the potential for continued, unmonitored deterioration of sonographer performance. This has the downstream effect of reduced clinical utility of raw NT measurements outside of the prenatal screening risk algorithm.

The objectives of the NTQA program are to:

- inform the Ontario ultrasound (sonographer and physician) community of the current state of NTQA
- to provide education, support, auditing and feedback as a means of ongoing NTQA to the province
- to improve sonographer performance of NT ultrasound to the standard of normal FMF formulas

The role of the **NTQA Working Group** will be to guide and support the PSP in developing and initiating an NTQA program, and to identify pathways for sonographer communication, education and remediation as necessary. For further details on the role of the NTQA Working Group please see the Draft Terms of Reference attached.

The PSP is seeking a stakeholder task force to assist with implementation of this program. If you have experience with first trimester nuchal translucency screening or quality assurance and are interested in participating in the NTQA Working Group, please fill in the information below and return to PSP with required documentation **no later than July 16, 2018**.

FIRST NAME: _____ LAST NAME: _____

CREDENTIALS: _____

CURRENT PLACE OF EMPLOYMENT: _____

POSITION: _____ PHONE NUMBER: _____

EMAIL: _____

IF YOU HAVE AN ASSISTANT YOU WOULD LIKE COPIED ON TO COMMUNICATIONS FROM PSP PLEASE PROVIDE THEIR DETAILS:

NAME: _____

EMAIL: _____

WHAT IS YOUR EXPERIENCE WITH 1ST TRIMESTER ULTRASOUND SCREENING or QUALITY ASSURANCE?

(Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Sonographer | <input type="checkbox"/> Obstetrician or Fetal Medicine Specialist |
| <input type="checkbox"/> Radiologist | <input type="checkbox"/> Member or employee of Sonography Canada |
| <input type="checkbox"/> Member or employee of OAMRS | <input type="checkbox"/> Member or employee of CPSO |
| <input type="checkbox"/> Member or employee of CMRTO | <input type="checkbox"/> Member or employee of ARDMS |
| <input type="checkbox"/> Quality Advisor Role | |
| <input type="checkbox"/> Other (please specify _____) | |

Please answer the following questions and include with this application:

- ✓ **Current CV**
- ✓ **Letter of Interest detailing why you want to participate in the NTQA Working Group**

PLEASE TELL US ABOUT YOURSELF AND YOUR EXPERIENCE WITH 1st TRIMESTER ULTRASOUND SCREENING OR QUALITY ASSURANCE

DO HAVE ANY PAST OR PRESENT EXPERIENCE SITTING ON ANY OTHER ULTRASOUND OR QA RELATED BOARDS, COMMITTEES OR WORKING GROUPS?

DO HAVE ANY PAST OR PRESENT EXPERIENCE SITTING ON ANY OTHER ULTRASOUND OR QA RELATED BOARDS, COMMITTEES OR WORKING GROUPS?

DO YOU HAVE OTHER COMMENTS THAT YOU WOULD WISH TO SHARE WITH US?

APPLICANT'S SIGNATURE: _____ **DATE:** _____



Please email:

- ✓ **Completed application form**
- ✓ **Current CV**
- ✓ **Letter of Interest detailing why you want to participate in the NTQA Working Group**

to the Prenatal Screening Program at prenatalscreening@bornontario.ca

No later than July 16, 2018

If you are not chosen as a member of the NTQA Working Group, would you consent to being contacted by email for specific questions regarding NTQA? Yes No

If you have any questions about this process or about the Prenatal Screening Program, please contact us at (613) 737-2281, toll free 1-833-351-6490 or at prenatalscreening@bornontario.ca