**National Cancer Control Programme**

**National Quality Assurance Framework for Radiation Oncology in Ireland**

**- Consultation Process**

The draft ‘National Quality Assurance Framework for Radiation Oncology in Ireland’ is now available for consultation and review within Ireland from 26th June until 8th August 2018.

We welcome your feedback. For all feedback and queries please, complete the feedback and the conflict of interest form and email it to guidelines@cancercontrol.ie.

If you wish to suggest a change, you must include supporting evidence for this to be considered.

In order for feedback to be considered by the Radiation Oncology Working Group the conflict of interest form must be completed.

Yours faithfully,

Dr. Joseph Martin

MB, MRCPI, FFRRCSI

National Clinical Lead, Radiation Oncology, National Cancer Control Programme

Consultant Radiation Oncologist

**National Cancer Control Programme – consultation process**

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| **Document**: | National Quality Assurance Framework for Radiation Oncology in Ireland |

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| **Name of person providing feedback**: |  |

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| **Hospital/organisation and discipline**:  |  |

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| **Contact details:** |  |

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| **Date**: |  |

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| **Which section do you wish to address?**Please select the clinical question(s) you want to provide feedback on:  |
|  |  |  | ✓ |
| Preface |  |
| Statement of purpose and need |  |
| National context and relevant legislation  |  |
| Methodology |  |
| Section 1 – The NCCP National Framework |  |
| Section 2- Local Facilities Quality Indicators |  |
| Appendix A Risk Management |  |
| Appendix B Audit  |  |
| Appendix C Personnel and Organisation |  |
| Appendix D Glossary |  |
| Appendix E Local Facilities Self-Assessment tool |  |
| Appendix F Minimum Dataset |  |
| Appendix G Published Peer Review Paper |  |
| Appendix H Search Methodology |  |

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| **Please give a brief description of your suggested amendment.** |

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| **Please list and/or attach supporting evidence for the change/amendment.** |

Please return your feedback (incl. supporting evidence where applicable) & conflict of interest form to guidelines@cancercontrol.ie by the 24th July 2018.

 

**Please circle the statement that relates to you**

**1. I declare that I DO NOT have any conflicts of interest.**

**2. I declare that I DO have a conflict of interest.**

**Details of conflict (Please refer to specifics)**

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**(Append additional pages to this statement if required)**

**Signature**

**Printed name**

**Registration number (if applicable)**

**Date**

The information provided will be processed in accordance with data protection principles as set out in the Data Protection Act. Data will be processed only to ensure that committee members act in the best interests of the committee. The information provided will not be used for any other purpose.

A person who is covered by this PPPG is required to furnish a statement, in writing, of:

(i) The interests of the person, and

(ii) The interests, of which the person has actual knowledge, of his or her spouse or civil partner or a child of the person or of his or her spouse which could materially influence the person in, or in relation to, the performance of the person's official functions by reason of the fact that such performance could so affect those interests as to confer on, or withhold from, the person, or the spouse or civil partner or child, a substantial benefit.