

# BSQ32

BreastScreen Queensland  
**Strategic Plan 2025–2032**



## BreastScreen Queensland BSQ32 Strategic Plan

BSQ32, BreastScreen Queensland Strategic Plan 2025–2032 was developed by the BreastScreen Queensland Reform Project Team, Strategy and Coordination Branch, Queensland Public Health and Scientific Services (QPHaSS), under the leadership of Marguerite Taylor, Executive Director Strategy and Coordination Branch (QPHaSS).

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# Acknowledgement of Country

Queensland Health acknowledges the Traditional Owners and Custodians of the lands, waters, and seas across Queensland. We pay our respects to Elders past and present, while recognising the role of current and future leaders in shaping a better health system.

We value the culture, traditions, and contributions that the Aboriginal and Torres Strait Islander peoples have made to our communities and recognise that our collective responsibility as government, communities and individuals are to ensure equity and equality, recognition, and advancement of Aboriginal and Torres Strait Islander peoples in Queensland in every aspect of our society.

Queensland Health acknowledges the First Nations peoples in Queensland are both Aboriginal peoples and Torres Strait Islander peoples, and supports the cultural knowledge, determination, and commitment of Aboriginal and Torres Strait Islander communities in caring for their health and wellbeing.

Aboriginal and Torres Strait Islander peoples are advised that this publication may contain the names and/or images of deceased peoples.

'A Woman's Dreaming', Sharon McAvoy 2007

## Foreword



**Nick Steele**  
Deputy Director-General,  
Queensland Public Health  
and Scientific Services

Queensland Health is committed to developing a state-of-the-art public health system by 2032 through reform and investment that supports the delivery of contemporary and innovative models of care, like the BreastScreen Queensland (BSQ) program, to deliver high value to the Queensland public health system.

Since 1991, BSQ has developed a trusted role in our community and with a highly dedicated workforce, continues to achieve its goal of reducing morbidity and mortality of breast cancer. BSQ32 provides an opportunity for the program to evolve and continue this vital connection to Queenslanders.

BSQ32, BSQ's strategic plan for 2025–2032, has been co-designed with various stakeholders and partners, including clients with lived experiences, health professionals who work across the cancer continuum, peak bodies, researchers, primary health networks, community and non-government organisations. BSQ32 sets a clear vision and an ambitious future through the delivery of actions over 4 focus areas:

- service delivery
- client experience, access and participation
- workforce
- research, technology and innovation.

BSQ32 demonstrates the critical role of early detection within the broader cancer care continuum, and the importance of addressing disparities in health outcomes for priority population groups. With a committed focus on co-designed approaches and partnerships, such as the Queensland Aboriginal and Islander Health Council, the specific needs of women and diverse communities have been reflected in BSQ32 to ensure their voices are heard and continue to inform future investments and decision-making.

Success of BSQ32 will involve artificial intelligence (AI) assisted mammography screen reading, reporting of breast density, and introducing risk-based screening where appropriate to do so and in line with BreastScreen Australia recommendations, meeting a goal of 60% participation rates and uplifting equitable outcomes. All of this is achievable through key investments to implement actions across a reformed and revitalised BSQ program.

I look forward to an ongoing partnership between all those in the BSQ family so that Queenslanders have access to world-leading cancer prevention and early detection services.

# 1 Introduction

**Cancer screening programs are essential to improving health outcomes for Queensland women. BSQ has been reducing the impact of breast cancer in Queensland for women and their families since 1991.**

While improvements to screening numbers, good clinical outcomes and a network of accessible services have been achieved, health disparities still exist for priority population groups, including First Nations, Culturally and Linguistically Diverse (CALD), and those living in rural and remote or disadvantaged areas.

Building on the learnings and achievements of the previous BSQ Strategic Plan (2021–2024), BSQ32 is the ambitious and bold future strategic plan to 2032. An extensive consultative and co-design process with key stakeholders and partners across Queensland ensures the actions described across the 4 focus areas have captured their voices, intent and lived experiences. It also builds upon the goals and strategies from national and state plans, including the Australian Cancer Plan, Queensland Women and Girls' Health Strategy 2032 and Queensland Cancer Strategy 2024. BSQ32 is committed to improving equitable and accessible breast services that are inclusive, welcoming and culturally safe to the needs of diverse communities in Queensland, particularly for First Nations populations. The plan aligns with Achieving Health Equity in Cancer Care with Aboriginal and Torres Strait Islander Queenslanders strategy.

With a growing and ageing population in Queensland, BSQ expects a significant increase in

demand and growth. In addition, workforce shortages particularly in rural and remote areas, rapidly evolving technologies and a growing awareness and interest in breast density and its role in breast cancer risk, are further challenges facing the BSQ program. BSQ32 addresses those challenges by being responsive and embracing advancements in population-based screening approaches and technologies, whilst translating real world research into practice and adopting international standards of care, to provide a vision and comprehensive framework that shapes the future directions of BSQ towards 2032.

Key investments are already being implemented in 2024–25 to enhance screening services by piloting Women's Comprehensive Breast Clinics in partnership with Hospital and Health Services (HHSs) and increasing participation rates in partnership with Primary Health Networks and Aboriginal Controlled Health Organisations. Future investments and decision-making will ensure BSQ is being continuously improved and aligned to evidence-based best practice.

“BSQ32 is committed to improving equitable and accessible breast services that are inclusive, welcoming and culturally safe”

The plan aligns with Achieving Health Equity in Cancer Care with Aboriginal and Torres Strait Islander Queenslanders strategy.



# 2

## BSQ32 Strategic Framework

### Vision

BreastScreen Queensland will save lives through early detection and reduce the burden of breast cancer in Queensland.

### Purpose

To reduce morbidity and mortality of breast cancer for women in Queensland.

### Guiding principles



#### Evidence driven

Strengthening the integrity, quality and accuracy of data insights and analytics to provide timely information to drive meaningful change for better health outcomes.



#### System leadership

Leading a culture that is curious and ready for the future whilst driving systematic improvement and high-value investment that promotes health, prevents disease and manages risk.



#### Equity

At the centre of BSQ32 is a focus on the specific needs and experiences of priority populations and people who belong to diverse groups.



#### Safety and quality

Delivering quality and safe care and evidence-based best practice to women across Queensland, and continuously improving services by translating real world research into practice and adopting international standards of care.



#### Person-centred

The trusted multidisciplinary health workforce, clients, key stakeholders and partners are connected across the health system to foster greater engagement and collaboration to develop and deliver the actions under BSQ32.

### Strategic focus areas and objectives



#### Research, technology and innovation

We embrace new health care technologies and research opportunities that will improve client outcomes and experiences across the cancer care continuum.



#### Client experience, access, and participation

We will be accessible to eligible Queenslanders. We will provide a service that empowers our clients to be active participants in their own health and wellbeing.



#### Workforce

We will have an agile, flexible, and engaged workforce that are highly trained and empowered to deliver exceptional person-centred care that meets the needs of Queenslanders. Our workforce will be future ready with confidence to embrace new technologies and lead innovations.



#### Service delivery

We embed best practice and continuous improvement to consistently deliver service excellence and equitable care to clients.

### Clients

#### Priority population groups:

First Nations

Rural and remote

Culturally and linguistically diverse

Least advantaged

People with disability

LGBTIQ+ peoples

### Key partners

Aboriginal and Torres Strait Islander Community Controlled Health Organisations, including the Queensland Aboriginal and Islander Health Council



Hospital and Health Services



National and interjurisdictional partners



People who work in BSQ and across the cancer continuum



Department of Health



Health consumers



Primary health networks



Professional peak bodies



Pathology services



Researchers and representatives from academia and education providers

# 3

## Current state of breast cancer screening in Queensland

Many Queenslanders are living longer due to health improvements across all ages, however there are still disparities in health status by the remoteness of where one lives, least advantaged and First Nations status. Cancer currently causes the greatest loss of healthy life in Queensland, with breast cancer the most common cancer in females. Breast cancer screening is targeted towards individuals without overt signs or symptoms of the disease, and as such can detect the disease early, which can lead to better outcomes than if detected when the disease is more advanced.

The BSQ program plays an integral role in saving lives by aiming to reduce mortality and suffering from breast cancer, with a notable correlation between the increase in the early detection of breast cancer since BSQ was established in 1991 (Figure 2) and the decline in the proportion of breast cancer deaths of the Queensland population (Figure 3).

The key measure of success in the BSQ program is critically dependent upon a high uptake and regular participation of women in the target age group (50 to 74 years), as this is the age group that is at increased risk of developing breast cancer and where the benefits of screening have been most clearly demonstrated.

Participation in the BSQ program has trended downwards since a peak in 2001–2002 of 58.9%. Queensland's rate is now slightly lower than the national rate (Figure 4) but is significantly higher for priority population groups (Figure 5). Sustained investment and a pathway (Figure 1) that focusses on various inputs and reach of innovative health promotion strategies (outputs) will make the biggest gains and deliver outcomes to increase participation rates and improve access to the program, and achieve the intended benefits of population-based screening in Queensland.

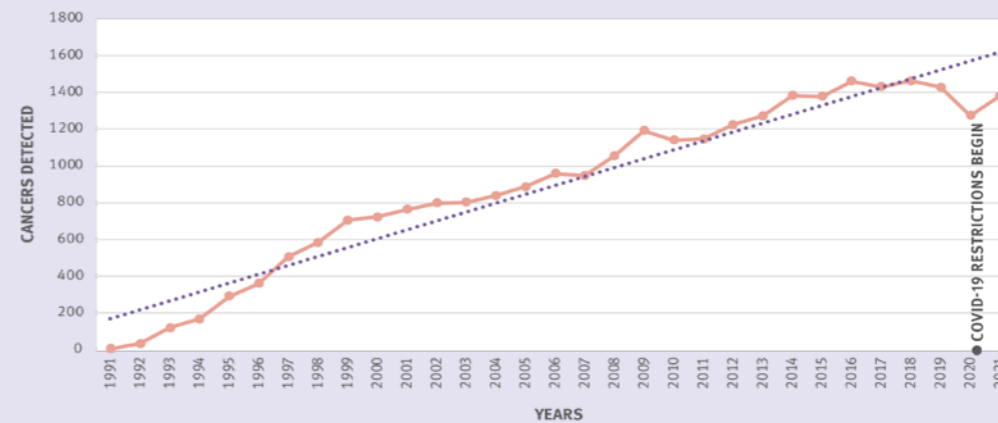


Figure 2 Breast cancers detected by BreastScreen Queensland

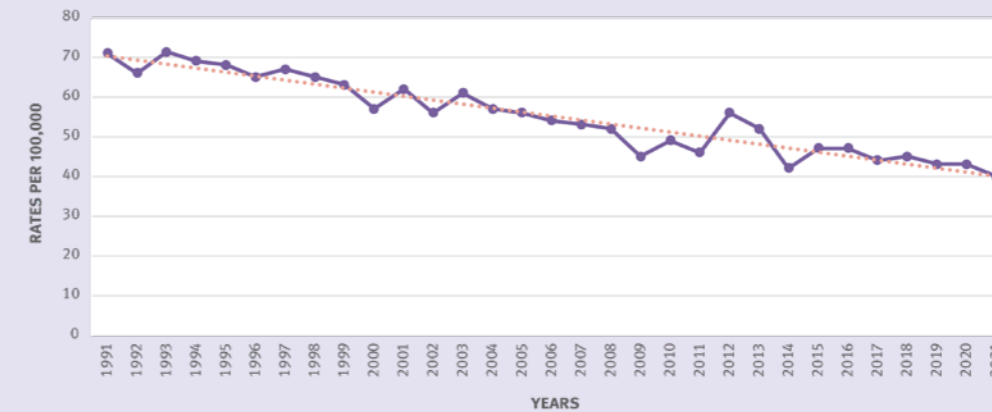


Figure 3 Queensland breast cancer mortality rates by 100,000  
Note: Mortality Rates (per 100k population) describe the proportion of a given population died of cancer over a specified time period.

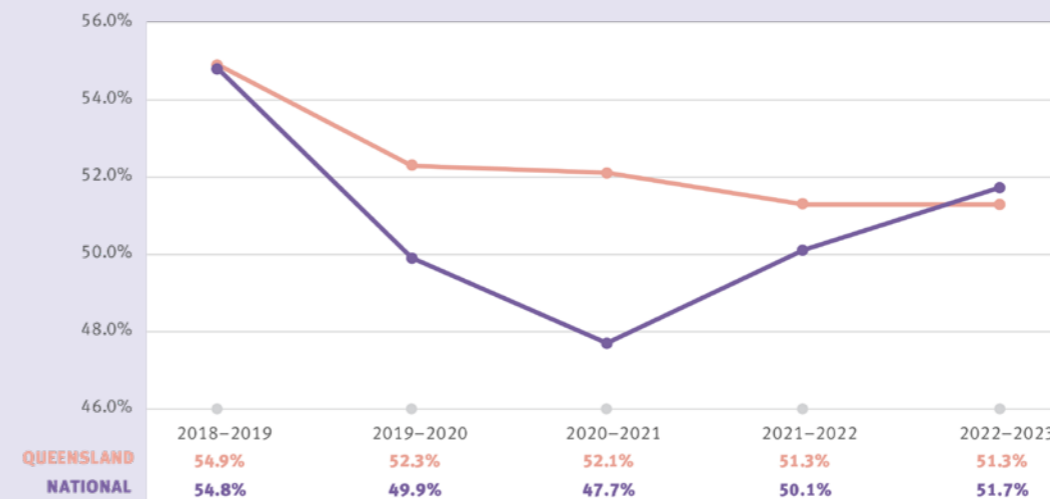


Figure 4 Participation in breast screening for clients aged 50-74 years

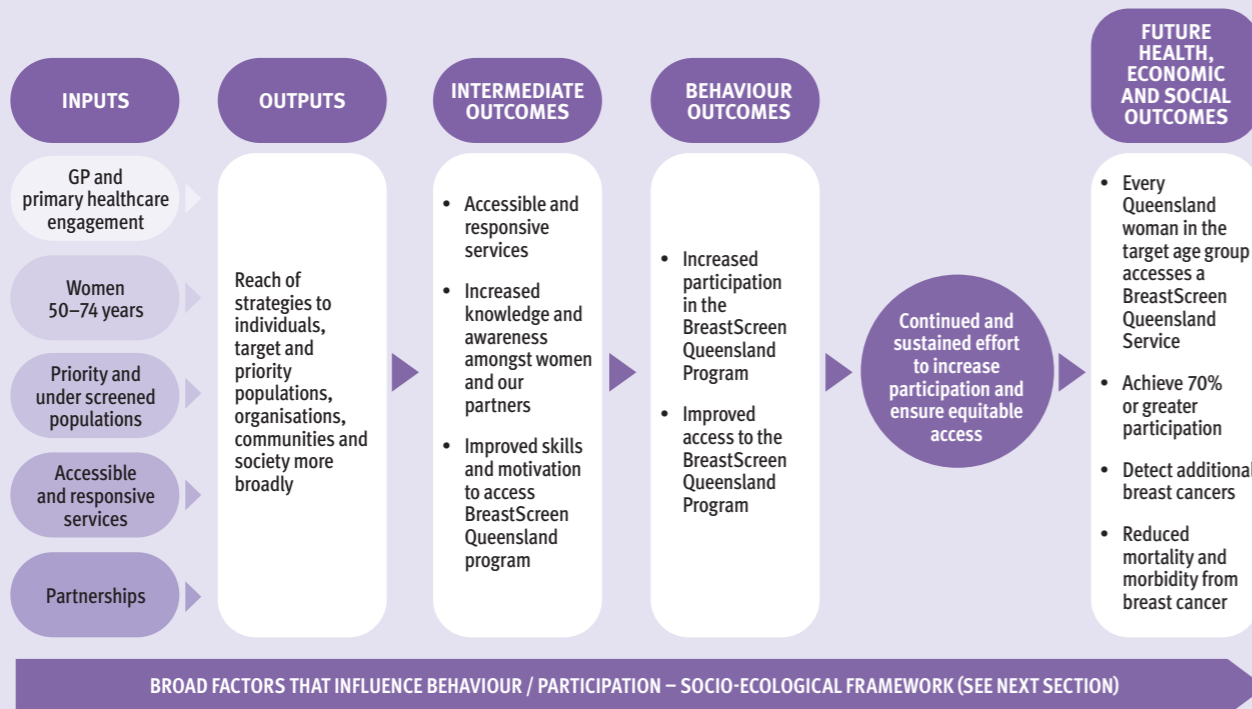


Figure 1 Pathway to increased participation and health outcomes in the BreastScreen Queensland program

45.9%  
First Nations

45.9%  
Very remote

47.8%  
CALD

49.6%  
Major city

47.4%  
Least advantaged

Figure 5 Participation rate by priority population groups, 2022-2023

# 4

## Insights in client barriers and enablers in the BSQ program

Understanding individual client perspectives, attitudes and behaviours in choosing whether or not to participate in screening has been coordinated by the BSQ program through various research studies and partners (Appendix 1) to gather insights into client barriers and enablers to screening (Figure 6).

These insights will guide the actions in the plan to increasing participation rates and improving access in the program, acknowledging additional research to outline further barriers and enablers in under/never screened and priority population groups is also captured in the plan.

A grandmother with her granddaughter.



### Client barriers to breast screening

- ✘ Emotional barriers such as fear of cancer diagnosis, discomfort of mammogram, concerns about radiation, embarrassment and shame.
- ✘ Screening perceived as low value or not prioritised.
- ✘ Negative past experiences such as pain during mammogram, challenges making appointment, or feeling unsafe.
- ✘ Absence of culturally safe practices, language or communication barriers.
- ✘ Difficult to access service due to hours of operation, location (distance to travel), structural barriers (building access).
- ✘ Lack of knowledge about breast cancer and screening, and challenges navigating the health system.

### Client enablers to breast screening

- ✔ Positive experience with BSQ and knowing what to expect at screening.
- ✔ Desire to be a good example to others (family and friends).
- ✔ The invitation to participate, or a reminder to re-screen.
- ✔ Easily accessible locations and accessible times.
- ✔ Encouragement from primary care physicians, family, and friends.
- ✔ Understanding the benefits of early detection, and a willingness to take control of their future health.

Figure 6 Client barriers and enablers to breast screening

# 5 The BSQ program

BSQ provides free screening and assessment services to help detect breast cancer to Queenslanders in the target age group (50 to 74 years), noting women aged 40 to 49 and 75 years and over are also eligible. BSQ operates in more than 260 locations across Queensland with a network of services comprising 11 screening and assessment locations, 23 satellite screening-only locations and 11 mobile screening vans (including a 4WD). This network of frontline clinical services operates within 11 HHS catchments (Figure 7).

### One BSQ team

Working and collaborating together as one team involves committed staff and a network of frontline clinical services and support partners. The team collaborates with clients and their general practitioners to provide access to a seamless and integrated screening and assessment pathway as part of the broader cancer care continuum. The team is committed to ensuring clients have a positive and inclusive experience with the health system.

### Achievements

Throughout the life of the program, BSQ has screened more than 1.1 million individuals and diagnosed more than 31,000 breast cancers. On average, BSQ performs 689 breast screens daily and diagnoses 29 breast cancers weekly (BreastScreen Queensland State Coordination Unit Data Report 2023, June 2024).

**29**  
breast cancers  
diagnosed  
every week

**>31,000**  
breast cancers  
diagnosed since  
1991



## BSQ service areas and HHS catchments

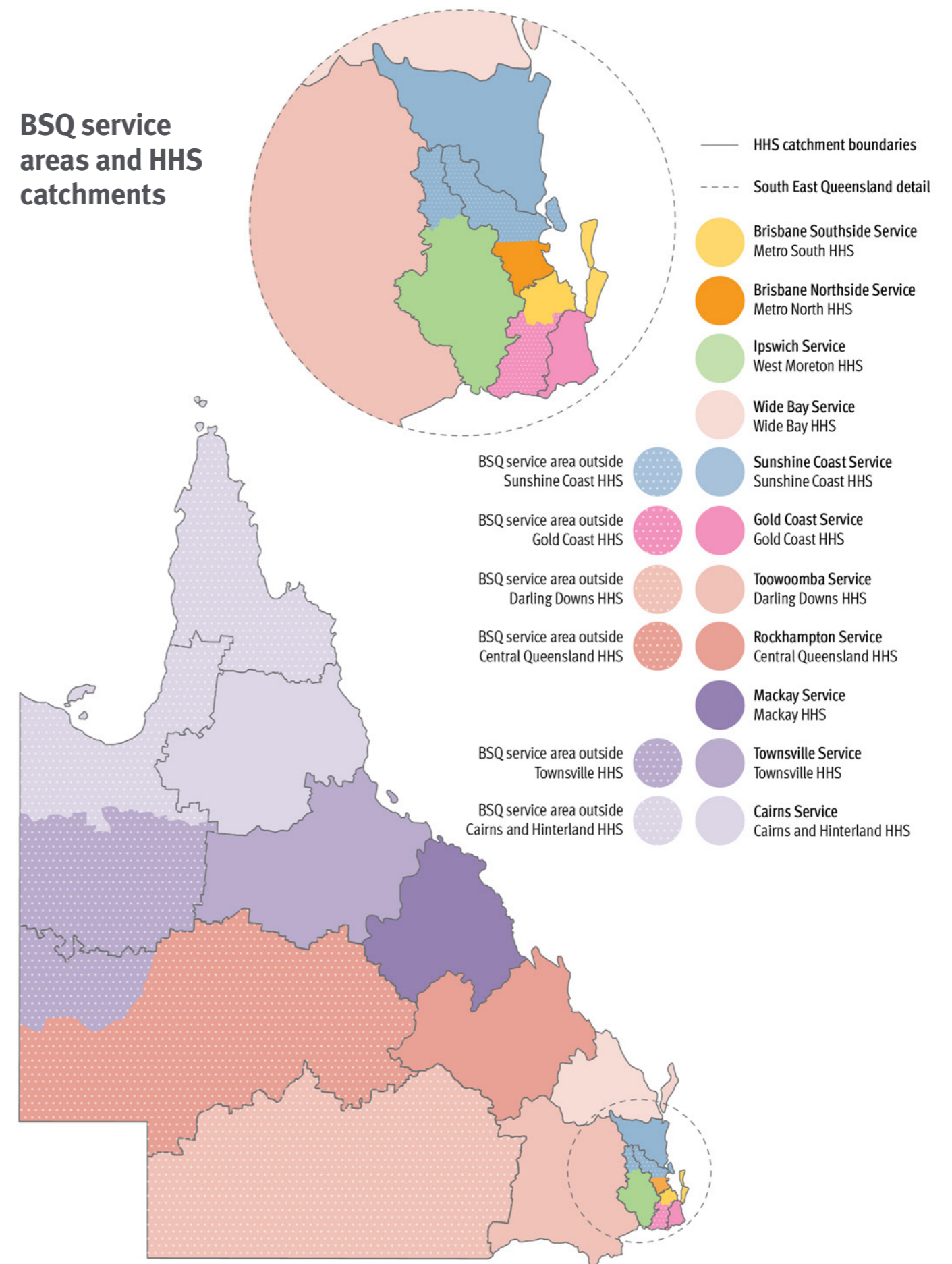


Figure 7 BreastScreen Queensland service areas and HHS catchments



# 6

## Future state projections for the BSQ program

Geographically, Queensland is the second largest state after Western Australia and has a population of approximately 5.3 million, which is the third largest in Australia. The BSQ program will need to plan for significant growth as the number of females eligible to participate in screening will increase from approximately 1,380,140 in 2024 to 1,617,509 in 2032 (Figure 8).

While population data on the current estimated number of women attending private screening facilities in Australia or Queensland is unknown, the overall participation in breast screening in Australia has been estimated to be slightly higher by 3.5% than the number recorded by BreastScreen Australia (BreastScreen Australia Evaluation – MBS Mammography Analysis Report, May 2009). Despite this small increase, the commitment of BSQ to uplift participation rates remains.

Therefore, to meet the goal of 60% participation rate for women in the target age group (50 to 74 years), BSQ will require the capacity to screen 320,954 women by 2032 (Figure 9), which equates to a growth of 28.1%.

Whilst growth is needed across all services in Queensland (Figure 10), the biggest gains will need to come from the south-east corner of Queensland, where participation rates are currently lower and the female population eligible for screening is higher.

Current workforce modelling to deliver 2032 screening and assessment activity, highlights an estimated growth of 17.5% in mammographers/radiographers and 20.5% growth in radiologists (Figure 11) is needed to support BSQ's strategic directions. However, further workforce capacity planning including modelling for other clinical and non-clinical roles within the BSQ program will be undertaken with our BSQ Service and HHS partners, to inform models that best support population demand and activity growth. Further consideration of the flow on effects that increased screening activity has on the number of women recalled for further testing and subsequent follow up care into the treatment system will be necessary.

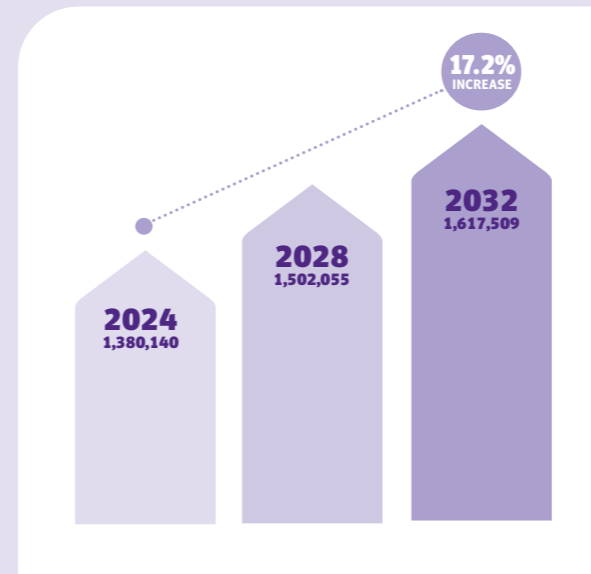


Figure 8 Population Projections, Females, 40 years and over

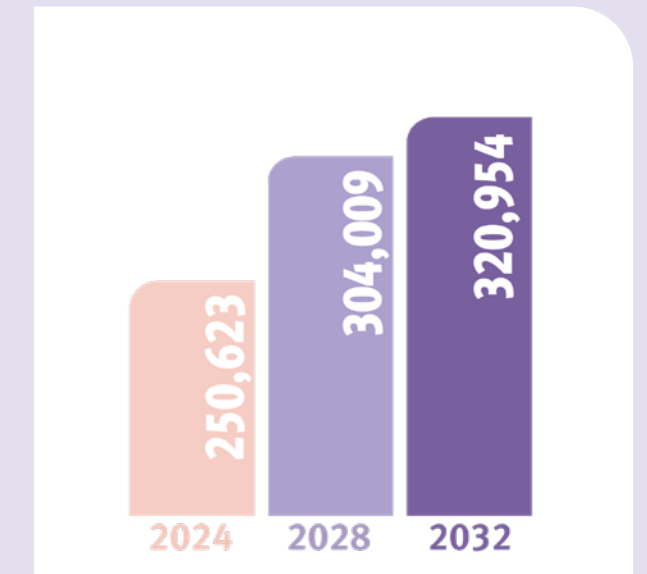


Figure 9 Projected screening activity to meet 60% participation rate in target age group

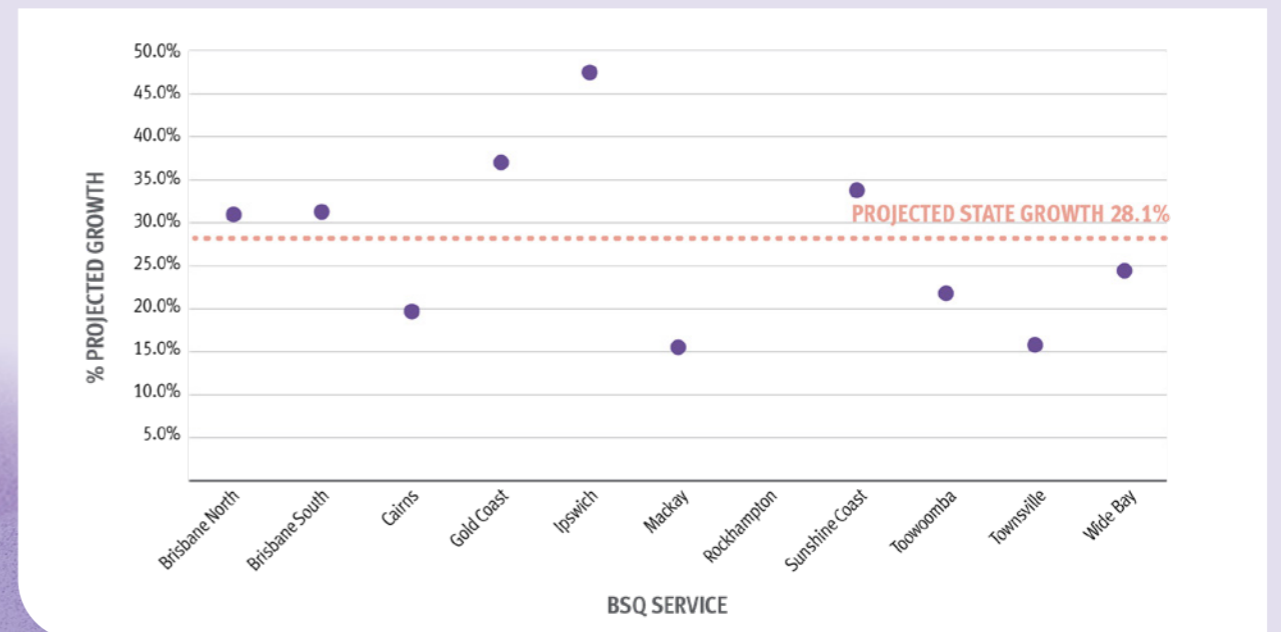


Figure 10 Projected growth in screens to 2032, by BSQ service

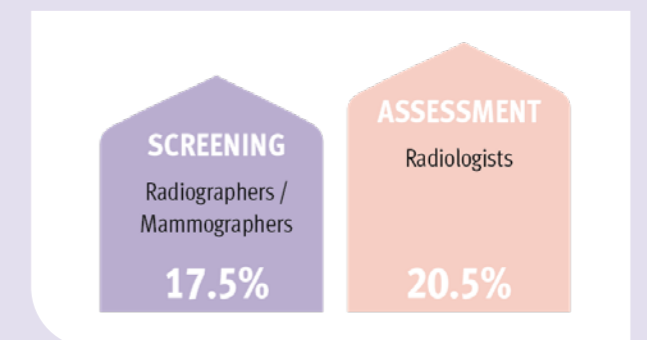


Figure 11 Projected workforce growth for two breast imaging disciplines by 2032

# 7

## Our commitment to health equity

This plan acknowledges the direct impact that racial discrimination and institutionalised racism have on health outcomes for First Nations peoples and CALD communities. In addressing this critical issue, BSQ is committed to ending racial discrimination and institutionalised racism within the program. The strategies outlined in this document to improve health equity within the BSQ program are aligned with other key Queensland strategies and policies (Figure 12).



Papua New Guinean community member



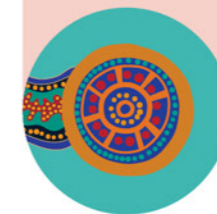
### HEALTHQ32 - First Nations First Strategy 2032

- Eliminate racism
- Reshape the system
- Transform care
- Strengthen the workforce



### Making Tracks Together 2021

- Actively eliminating racial discrimination and institutional racism within the Service
- Increasing access to healthcare services
- Influencing the social, cultural and economic determinants of health
- Delivering sustainable, culturally safe and responsive healthcare services
- Working with First Nations peoples, communities and organisations to design, deliver, monitor and review health services



### Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders 2024

- Actively eliminating racial discrimination and institutional racism within the Service
- Increasing access to healthcare services
- Influencing the social, cultural and economic determinants of health
- Delivering sustainable, culturally safe and responsive healthcare services
- Working with First Nations peoples, communities and organisations to design, deliver, monitor and review health services



### Queensland Aboriginal and Torres Strait Islander Health Council position statement on screening for breast cancer

- Collaborate with Aboriginal Community Controlled Health Organisations at a local level
- Collaborate with Aboriginal Community Controlled Health Organisations at a state level
- Culturally appropriate follow up
- Continuity of care
- Addressing primordial risk factors



### Queensland Health Equity and Diversity Plan, Department of Health 2024–2026

- Fair and inclusive practices
- Valuing our people
- Visible leaders
- Capability development
- Gender equity

Figure 12 Key health equity strategies and policies

# 8

## Policy context and consultation

BSQ32 is an ambitious plan that integrates, aligns and builds upon strategies outlined in national and state strategic plans and strategies (Figure 13), including the Queensland Cancer Strategy 2024 and Achieving Health Equity in Cancer Care for Aboriginal and Torres Strait Islander Queenslanders. A list of policy and planning documents that have steered the development of BSQ32 is provided in Appendix 1.

BSQ32 has been informed by extensive stakeholder consultation with clients who have lived screening experiences, people who work in BSQ and cancer care, general practitioners, peak bodies and many state and national organisations and providers throughout Queensland. A list is provided in Appendix 2.

The development of BSQ32 builds upon key themes that emerged throughout a consultative development timeline of planning activities (Figure 14). These key themes are listed in Appendix 3 and highlight alignment with outcomes from public consultations following the review of the BreastScreen Australia Program.

### Implementation horizons

The key actions outlined in the next section will be implemented over 3 horizons (Figure 15). Implementation of BSQ32 is a shared responsibility requiring leadership and collaboration across the cancer care and public health continuum with a wide range of partners. It is expected that information from partners will inform monitoring and evaluation of BSQ32.



The Plan has been informed by extensive stakeholder consultation with clients who have lived screening experiences

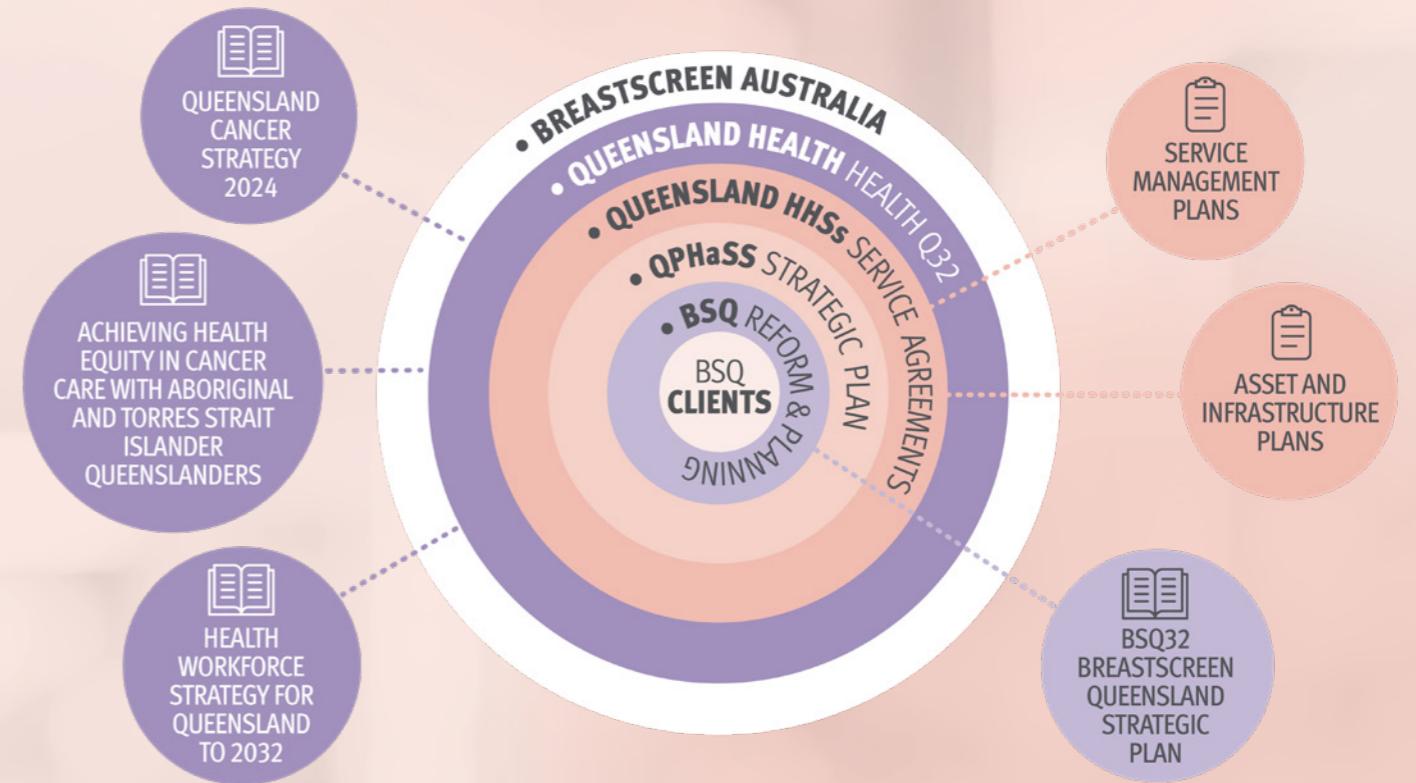


Figure 13 BSQ32 strategic synergies



Figure 14 BSQ32 development timeline

HORIZON 1 2025-2027	HORIZON 2 2027-2030	HORIZON 3 2030-2032
<b>SHORT TERM</b> ORGANISING FOR IMPACT	<b>MEDIUM TERM</b> STRENGTHENING AND GROWING	<b>LONG TERM</b> SUSTAINING CHANGE AND CONTINUOUS IMPROVEMENT
<ul style="list-style-type: none"> <li>Focus on actions that can be delivered in the short term and achieve the greatest impact within available resources, while establishing requirements for longer-term change, innovation and new opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>Leveraging the achievements from Horizon 1, expand the delivery of actions and embed growth opportunities whilst maintaining the integrity of the BSQ Program and continuing longer-term change commitments.</li> </ul>	<ul style="list-style-type: none"> <li>Complete the delivery of commitments from Horizon 2 and accelerate remaining longer-term actions to fully realise the future vision of the BSQ program by 2032 and sustain continuous improvement.</li> </ul>

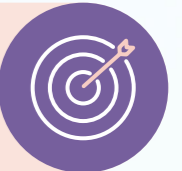
Figure 15 implementation horizons

# Strategic focus areas, actions and horizons



We will provide a service that empowers our clients to be active participants in their own health and wellbeing

**FOCUS AREA 1**  
Service delivery



**FOCUS AREA 2**  
Client experience, access and participation



**FOCUS AREA 3**  
Workforce



**FOCUS AREA 4**  
Research, technology and innovation





## FOCUS AREA 1

# Service delivery

**OBJECTIVE:** We embed best practice and continuous improvement to consistently deliver service excellence and equitable care to clients.

### HORIZON 1

2025–2027

ORGANISING FOR IMPACT

- 1.1.1 Implement a renewed program governance structure with strengthened system performance management of refreshed measures, including service and client-reported experiences and outcomes.
- 1.1.2 Use co-design frameworks to engage consumers in the development and implementation of a seamless and integrated funding reform that incorporates a value-based model.
- 1.1.3 Collect and distribute timely and accurate data and consolidate public health intelligence and data insights to monitor outcomes and use data to inform evidenced-based practices and policies and to drive quality improvements.
- 1.1.4 Enable a statewide consistent and innovative approach to breast screening and assessment practices and models, which includes clear protocols that reduce variation and reflect evidence-based best practice and enhance patient flow.
- 1.1.5 Determine specific areas for improvement, enhancement, and innovation under the networked medical imaging services model to develop and implement a plan to achieve deliverables that include:
  - the automation and technological advances within the screening pathway
  - reporting of breast density
  - reform to the risk-based screening model
  - fit for purpose infrastructure and equipment.
- 1.1.6 In line with the Queensland Cancer Strategy 2024, develop a public diagnostic pathway for people with suspected cancer by trialling and evaluating a Women’s Comprehensive Breast Cancer Clinic in partnership with HHS.
- 1.1.7 Explore innovation in the assessment and screening pathway. Assess the timeliness of screening results and consistent referral pathways into follow up care for cancers detected through screening and implement any identified improvements.
- 1.1.8 Embed a consistent orientation package to ensure the best possible start and positive experience for the health workforce, key stakeholders, and partners.

### HORIZON 2

2027–2030

STRENGTHENING AND GROWING

- 1.2.1 Continue to automate and technologically advance parts of the screening and assessment pathway.
- 1.2.2 Continue to progress areas for improvement, enhancement, and innovation under the Networked Medical Imaging Services Model, in line with BreastScreen Australia recommendations.
- 1.2.3 Re-align BSQ service catchments to the 11 HHS boundaries that currently manage BSQ service delivery.
- 1.2.4 Optimise planning and sustainable delivery of statewide support functions and models (e.g. remote assessment clinics, Expanded Service Delivery Model).
- 1.2.5 Based on a standardised local needs assessment process, plan for expansion of existing services in line with demand, expected growth and technological advances. Where access is a gap, consider opportunistic screening in primary care and community services, alternative or innovative service delivery models and consideration of the expansion of Women’s Comprehensive Breast Clinics across the state.

### HORIZON 3

2030–2032

SUSTAINING CHANGE AND CONTINUOUS IMPROVEMENT

- 1.3.1 Review and analyse outcomes developed in horizon 2 and determine what future service delivery strategies and new partnerships would cement continued success and improvement and embed the necessary structures to sustain innovations beyond 2032.
- 1.3.2 Continue to automate the screening pathway based on an individualised risk-based screening model.
- 1.3.3 Continue to ensure timely access to diagnostic imaging and procedures across the state through alternative service delivery and workforce models, including where appropriate the continued expansion of Women’s Comprehensive Breast Cancer Clinics co-located with BSQ services.
- 1.3.4 Continue to use public health intelligence, data insights and analytics for continuous quality improvements and to inform evidence-based practices and policies.



## FOCUS AREA 2

# Client experience, access and participation

**OBJECTIVE:** We will be accessible to eligible Queenslanders. We will provide a service that empowers our clients to be active participants in their own health and wellbeing.

### HORIZON 1

2025–2027

ORGANISING FOR IMPACT

- 2.1.1 Embed client-centric approaches for policy and program changes, to ensure client needs and experiences are understood and directly inform outcomes and decision-making.
- 2.1.2 Establish a Consumer Network Advisory Group to provide client centric feedback on specific topics.
- 2.1.3 Identify, scale, and spread evidence-based health promotion initiatives across the BSQ network (e.g. Sistas Shawl Project for First Nations women) and identify key investments to improve access and uplift participation rates in Queensland, particularly for priority groups.
- 2.1.4 Drive partnerships and strengthen collaboration with organisations and providers delivering care to specific population groups (primary care, multicultural health organisations, disability support organisations) at risk of greater incidence, later diagnoses, or poorer outcomes to achieve better cancer prevention, screening rates and outcomes.
- 2.1.5 Provide culturally safe care, use of inclusive language and continue to support accessible on-Country breast cancer screening to increase participation for priority population groups.
- 2.1.6 Eliminate barriers to accessing breast screening services for current and future clients, particularly for priority population groups.
- 2.1.7 Work with multicultural community partners and First Nations communities to develop and sustain culturally welcoming service environments.
- 2.1.8 Conduct a statewide analysis of current experience of care for clients, developing and implementing patient reported experience and outcome measures into the BSQ program (links to Action 1.1.1).

### HORIZON 2

2027–2030

STRENGTHENING AND GROWING

- 2.2.1 Based on information gathered from patient reported experiences and outcomes and program performance outcomes, implement service redesign to optimise BSQ client satisfaction and experiences (links to Action 1.1.1).
- 2.2.2 Implement different communication approaches throughout the screening and assessment pathway using available and affordable technology, to streamline workflows and uplift client response rates.
- 2.2.3 Conduct an environmental scan of BSQ screening and assessment locations, mobile van schedules and business operations, to identify opportunities for improvement, with a focus on rural, remote, and all priority population communities.
- 2.2.4 Co-design education and information campaigns with priority population groups about cancer care, promoting the importance of screening.
- 2.2.5 Expand on achievements in horizon 2 to ensure all service locations have infrastructure and technology to deliver streamlined services.
- 2.2.6 Continue to eliminate barriers to accessing breast screening services for clients, particularly priority groups.
- 2.2.7 Continue to sustain culturally welcoming service environments that respects all cultures in Queensland.

### HORIZON 3

2030–2032

SUSTAINING CHANGE AND CONTINUOUS IMPROVEMENT

- 2.3.1 Review and analyse the outcomes of the education and information campaigns and communication with priority population groups and different communication approaches and provide recommendations for any further innovations or changes required in the short-term and into the future.
- 2.3.2 Embed the necessary structures, service redesign and high value investments to sustain innovations, service accessibility, client experiences and welcoming environments progressed in horizons 1 and 2 beyond 2032.



### FOCUS AREA 3

## Workforce

**OBJECTIVE:** We will have an agile, flexible, and engaged workforce that are highly trained and empowered to deliver exceptional person-centred care that meets the needs of Queenslanders. Our workforce will be future ready with confidence to embrace new technologies and lead innovations.

#### HORIZON 1

2025–2027

ORGANISING FOR IMPACT

- 3.1.1 Explore with partners, improvements to incorporate different working hours to deliver screening services that meet the needs of our clients.
- 3.1.2 Design and implement clinical and non-clinical workforce capacity benchmarking, modelling, and planning with comparative analysis discussed with BSQ Service and HHS partners, to inform alternative models to support growth and enable the workforce to work to full scope of practice.
- 3.1.3 Strengthen relationships and partnerships to create a more inclusive BSQ workforce, with consideration given to developing and implementing roles that are diverse and representative of the community.
- 3.1.4 Maximise HHS programs to grow the future workforce by implementing statewide recruitment approaches and explore joint appointments in regional and rural areas and integrated pathways with medical radiation practitioners within the BSQ program.
- 3.1.5 In partnership with HHSs, tertiary institutions, and university sector partners, create cadetships, internships, student and registrar pathways.
- 3.1.6 Develop and offer fellowship training positions in breast imaging and intervention to attract and retain radiologists in BSQ, and explore fellowship and research training positions in breast pathology.
- 3.1.7 In partnership with HHSs, explore hybrid employment models to support growth and succession planning for the radiology workforce and innovative workforce models to build a sustainable workforce.
- 3.1.8 Explore complementary approaches to workforce and service planning and coordination, including a roving multidisciplinary assessment team to optimise workforce availability and sustainability.
- 3.1.9 Embed partnerships for workforce development and integration under the Alliance for Cancer Care in Queensland, with key focus areas identified to progress to action in horizon 2.
- 3.1.10 Establish the BSQ Network Advisory Group for Education and Training to consider and develop statewide initiatives including capability development, professional standards, and performance improvement.
- 3.1.11 Invest in workforce training and development programs to eliminate racism and health inequities of all priority population groups.
- 3.1.12 In partnership with HHSs, offer leadership development and succession planning for clinical and non-clinical professions within the BSQ program, encouraging and supporting staff to participate in capability and leadership development initiatives from early career.

#### HORIZON 2

2027–2030

STRENGTHENING AND GROWING

- 3.2.1 Partner with tertiary institutions and university sector partners to develop and embed sustainable student pathways, training, and education programs from early career to advanced roles and support integrated client-centred care. Maximise work placement rotations where appropriate.
- 3.2.2 Continue to progress and implement registrar pathways, cadetships, internships and opportunities for staff to work to full scope of practice.
- 3.2.3 Continue to progress and implement fellowship training positions and innovative workforce models within BSQ.
- 3.2.4 Continue progression of new workforce supply channels, models and roles to grow the workforce and future leaders in the BSQ program.
- 3.2.5 Increase priority population group representation in the BSQ workforce. Implement proven recruitment and retention strategies for identified First Nations roles, ensuring appropriate community support and guidance.
- 3.2.6 In partnership with the Alliance for Cancer Care in Queensland, contribute to the development of statewide education and professional development programs across clinical streams (medical, nursing, and allied health) to develop and maintain cancer care skills.

#### HORIZON 3

2030–2032

SUSTAINING CHANGE AND CONTINUOUS IMPROVEMENT

- 3.3.1 Review and analyse the workforce compositions to ensure they remain contemporary.
- 3.3.2 Embed the necessary structures, positions, pathways, and models to sustain the innovations progressed in horizons 1 and 2 beyond 2032.
- 3.3.3 Continue to grow, transform, and optimise a sustainable workforce that has a positive culture of sharing learnings and successes, and through a commitment to strong networked leadership at all levels that is curious and agile to embrace and lead change.



### FOCUS AREA 4

## Research, technology and innovation

**OBJECTIVE:** Health care technology continues to deliver more opportunities for improved client care. As a health care leader, BSQ has a responsibility to the client, community, and workforce to be ready and open to any new technological innovations.

#### HORIZON 1

2025–2027

ORGANISING FOR IMPACT

- 4.1.1 Commence implementing recommendations from the review of the BSQ information communication technology (ICT) system and monitor the impact on service delivery.
- 4.1.2 Embed BSQ as a research and implementation science partner, including participating in current trials in Australia for AI assisted mammography screen reading.
- 4.1.3 Incorporate digital and research skills competencies, including requirements for any new technologies, into developing a training and development program. Promote and embed a research culture including translation of evidence into practice within the BSQ program and workforce.
- 4.1.4 Refresh the BSQ policy function to integrate with broader strategic direction for cancer care in Queensland.
- 4.1.5 Establish the BSQ Network Advisory Group for Research and Innovation to consider emerging research, technology, and innovation to support health outcomes, and contribute to departmental, divisional, and national research and innovation strategies and plans.
- 4.1.6 Link with the Alliance for Cancer Care in Queensland to provide system level stewardship for a networked approach to research and innovation.
- 4.1.7 Collaborate with research partners to outline the barriers and enablers to breast screening in under/never screened and priority groups eligible to participate in screening.
- 4.1.8 Partner with the University of Queensland to deliver the 4-year Synergy Grant to inform future health promotion initiatives and statewide program quality improvements aimed at increasing the participation rate in Queensland.

#### HORIZON 2

2027–2030

STRENGTHENING AND GROWING

- 4.2.1 Continue monitoring and implementing recommendations from the review of the BSQ ICT system.
- 4.2.2 Continue to build research partnerships and collaborations across sectors, services, and industries at local, state, and national levels, expanding Queensland's contribution to future national and state research opportunities, including new technologies and alternative screening strategies.
- 4.2.3 Continue to support and train the health workforce with digital and research skillsets.
- 4.2.4 Continue to deliver the 4-year Synergy Grant and embed and evaluate health promotion initiatives to increase participation rates in Queensland.
- 4.2.5 Continue to report on participation rates and health outcomes for priority group populations and take timely action to address barriers and implement quality improvements.

#### HORIZON 3

2030–2032

SUSTAINING CHANGE AND CONTINUOUS IMPROVEMENT

- 4.3.1 Continue to increase research opportunities, build capability and spread excellence in breast care services and the cancer care continuum.
- 4.3.2 Continue to support and build research infrastructure (ethics, governance, and data management skills), especially in rural and regional areas.
- 4.3.3 Embed the necessary structures and high-value investments to sustain innovations and translate research into practice progressed in horizons 1 and 2 beyond 2032.



BSQ32 builds upon key themes that emerged from extensive consultation and planning activities



## APPENDIX 1

# Key policy documents

**BSQ32 aligns with strategic goals and actions outlined in national and state strategies and plans including:**

### National plans and strategies

- Australian Cancer Plan
- Aboriginal and Torres Strait Islander Cancer Plan
- National Aboriginal and Torres Strait Islander Health Plan 2021–2031
- National Preventative Health Strategy
- BreastScreen Australia Funding and Policy Review

### Queensland Health plans and strategies

- Health Q32
- Queensland Women and Girls' Health Strategy 2032
- Queensland Cancer Strategy 2024
- Achieving Health Equity in Cancer Care with Aboriginal and Torres Strait Islander Queenslanders
- Queensland Public Health Review
- Queensland Public Health and Scientific Services Strategic Plan
- Queensland Health optimising the allied health workforce for best care and best value: A 10-year Strategy 2019–2029
- Queensland Health Workforce Strategy for 2032
- Queensland Digital Health 2031
- Queensland Disability Service Plan 2024–2027
- Queensland First Nations Strategy 2032
- Queensland Healthy Aging: A strategy for Older Queenslanders
- Queensland Pride in our Communities 2025–2032
- Queensland Aboriginal and Torres Strait Islander Health Council Position statement on Screening for Breast Cancer
- Queensland Health Equity and Diversity Plan, Department of Health 2024–2026
- Queensland Rural and Remote Health and Wellbeing Strategy
- Queensland Cancer Screening Strategic Framework
- BreastScreen Queensland, Cancer Screening Unit – State Strategy

**BSQ32 has used data from the following marketing and communications research documents:**

- Research Report: Cancer Screening Formative Market Research for Queensland Health, Associate Professors Leona Tam, University of Wollongong
- Understanding informed decision-making: A literature review about Australian women's attitudes to participating in population-based breast screening, BreastScreen Australia
- BreastScreen Queensland Lapsed Attender Research (2019)
- BreastScreen Queensland Initial Screeners Qualitative Research (2020)
- Development of a strategic approach to achieve increased participation in bowel, breast and cervical national screening programs, University of Melbourne
- Perspectives of Aboriginal women on participation in mammographic screening: a step towards improving services, BioMed Central Public Health
- Australian Indigenous and CALD women overcoming barriers to health screens: better together! National Rural Health Alliance

## APPENDIX 2

# Key stakeholders

### Clients, stakeholders and partners

Australia-wide contributed to the development of BSQ32, including:

- **People with lived experiences**
- **Health professionals representing:**
  - Medical
  - Radiology
  - Pathology
  - Radiography
  - Sonography
  - Nursing
  - Surgical
  - General Practitioners
- **People representing clinical services and institutes:**
  - Women, newborn and children services
  - Medical Imaging
  - Medical services
  - Allied health and clinical support
  - Cancer care
  - Community and preventative health
  - Nursing and midwifery
  - Cancer alliance
  - Comprehensive Breast Cancer Institute
- **People representing System Leader (Department of Health)**
  - Queensland Public Health and Scientific Services
  - Digital Health
  - Biomedical Technology Services
  - Clinical Excellence Queensland
  - Workforce Strategy Branch
  - Clinical Planning and Service Strategy
  - First Nations Health Office
  - Office of the Chief Allied Health Officer
  - Strategy, Policy and Reform Division
  - eHealth Queensland
- **Representatives from BreastScreen Australia and the National Quality Management Committee**
- **Aboriginal and Torres Strait Islander health organisations including Queensland Aboriginal and Islander Health Council (QAIHC)**
- **People representing priority population groups**
- **Non-government organisations**
  - Health Consumers Queensland
  - Queensland Disability Network
  - The Institute for Urban Indigenous Health
- **Primary Health Networks:**
  - Brisbane South
  - Brisbane North
  - Central Queensland, Wide Bay, Sunshine Coast
  - Darling Downs and West Moreton
  - Gold Coast
  - Northern Queensland
  - Western Queensland
- **Researcher and representative from the University of Queensland**
- **Members of cancer organisations and peak bodies**
  - Cancer Australia
  - Breast Cancer Network
  - Breast Cancer Trials Australia
  - Australian Society of Medical Imaging and Radiation Therapy
  - Australian Medical Association QLD
  - Cancer Nurses Society of Australia
- **Representatives from governance committees:**
  - BSQ State Monitoring Committee
  - BSQ Quality Management Committee
  - BSQ Uni-Disciplinary Quality Groups
  - BSQ Operational Management Committee
  - BSQ State Clinical Committee
  - Queensland Cancer Clinical Network
- **Queensland Hospital and Health Services**

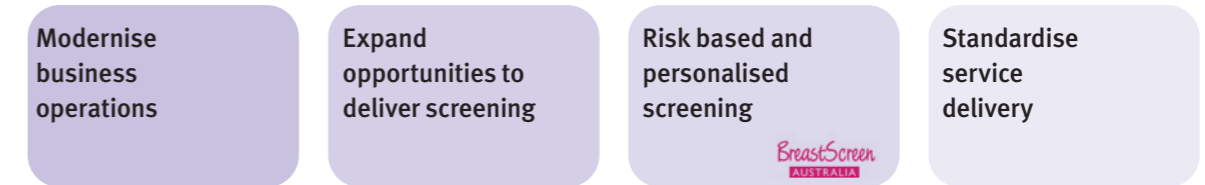
## APPENDIX 3

# Strategic themes

Development of BSQ32 builds upon key themes that emerged from extensive consultation and planning activities, in which many aligned to national themes that emerged through public consultations following the review of the BreastScreen Australia Program in February 2024.

The strategic themes for each focus area of BSQ32 included:

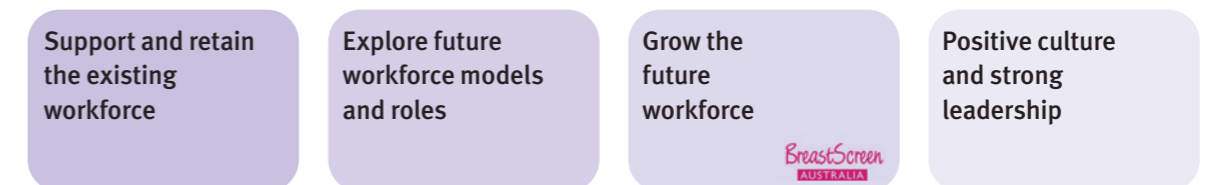
### STRATEGIC FOCUS AREA 1: SERVICE DELIVERY



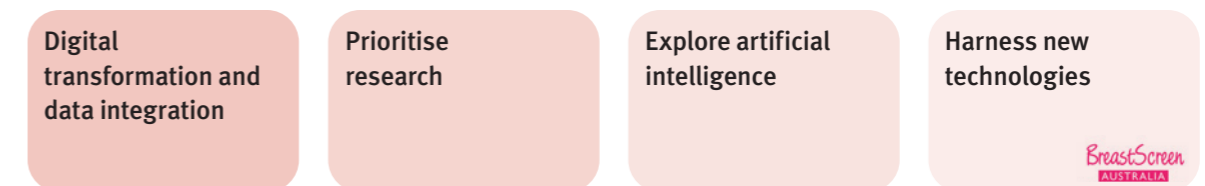
### STRATEGIC FOCUS AREA 2: CLIENT EXPERIENCE, ACCESS AND PARTICIPATION



### STRATEGIC FOCUS AREA 3: WORKFORCE



### STRATEGIC FOCUS AREA 4: RESEARCH, TECHNOLOGY AND INNOVATION







**Queensland**  
Government