CORE CONCEPT

Population Screening Programme Management Course: Cancer, Newborn and Premarital Screening

16 – 20 May 2027
Jeddah - Corniche four-star

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Ref: 1989_29417 **Date:** 16 – 20 May 2027 **Location:** Jeddah - Corniche four-star **Fees:** 19500 SAR

Introduction:

Population screening programme management for cancer, newborn and premarital screening is a 1-week course for public health and screening service managers, ending with a Screening Programme Operating and Quality Assurance Plan for a case organisation. Screening services lose their benefit when eligible people are never invited, abnormal results are not followed to diagnosis and laboratory or imaging quality drifts unnoticed, while false positives and overdiagnosis add harm and cost. Nominees already plan or supervise screening services and work through case studies on invitation lists, uptake reports and failsafe logs. CoreConcept Training Center delivers this population screening programme management course.

Course Objectives:

- Appraise candidate conditions and tests against the Wilson and Jungner criteria and the benefit-harm balance before a screening programme is started, extended or stopped
- Interpret sensitivity, specificity, positive predictive value, lead-time and overdiagnosis effects when reading screening programme results
- Operate call-recall invitation systems, round intervals and informed choice materials for cancer, newborn and premarital screening cohorts
- Analyse uptake and coverage by population group and set targeted actions for under-screened groups
- Supervise laboratory and imaging quality assurance, sample logistics and failsafe tracking of every screen-positive result to diagnosis
- Assemble a Screening Programme Operating and Quality Assurance Plan with an indicator set and acceptable and achievable levels

Target Audience:

- Public health managers responsible for planning and overseeing organised screening services for a defined catchment
- Screening programme managers accountable for invitation, uptake and result follow-up across cancer, newborn or premarital streams
- Screening laboratory and imaging service managers responsible for sample quality, reporting turnaround and external quality assessment
- Quality and patient safety managers who investigate screening incidents and run failsafe audits
- Maternal and child health service managers who coordinate newborn sample collection and referral of positive results
- Primary care network managers who handle eligibility lists, reminders and referral of screened individuals

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Course Outline:

Day 1: Screening Programme Foundations and Current-State Review

- Wilson and Jungner Criteria Applied to Candidate Screening Conditions
- Organised Versus Opportunistic Screening Delivery Model Comparison
- Screening Pathway Map From Eligibility to Diagnostic Referral
- Benefit and Harm Balance Including Overdiagnosis and False Reassurance
- Current-State Review of Invitation Lists and Follow-Up Records

Day 2: Screening Test Performance, Programme Standards and Governance

- Sensitivity, Specificity and Positive Predictive Value Trade-Off Table
- Lead-Time and Length Bias Checks in Programme Evaluation
- WHO Screening Programmes Guide Start, Continue or Stop Decisions
- Screening Programme Board Terms of Reference and Accountability Map
- Informed Choice Leaflets and Consent Records for Invitees

Day 3: Call-Recall, Uptake and Sample Logistics Across Programme Streams

- Call-Recall Invitation System Cohort Extraction and Reminder Rules
- Breast, Cervical and Colorectal Screening Round Interval Scheduling
- Dried Blood Spot Card Collection Window and Courier Tracking
- Premarital Haemoglobinopathy Screening Workflow and Genetic Counselling Referral
- Uptake and Coverage Equity Analysis by Under-Screened Group

Day 4: Laboratory and Imaging Quality Assurance and Failsafe Controls

- Laboratory External Quality Assessment Results and Corrective Action Log
- Mammography Image Quality Audits and Reader Performance Review
- Unsatisfactory Sample Rates and Repeat Request Tracking
- Failsafe Tracking of Screen-Positive Results to Confirmed Diagnosis
- Screening Incident Classification, Lookback Review and Disclosure Steps

Day 5: Case Study Build of the Screening Programme Operating Plan

- Case Organisation Screening Data Pack and Gap Prioritisation
- Case Call-Recall Redesign for a Low-Uptake Cervical Cohort
- Case Newborn Screening Failsafe Log and Lost-to-Follow-Up Review
- Screening Indicator Set With Acceptable and Achievable Levels
- Screening Programme Operating and Quality Assurance Plan Completion

Skills You Will Gain:

- Screening Criteria Appraisal
- Test Performance Interpretation
- Call-Recall System Management
- Uptake Equity Analysis
- Sample Logistics Control
- Screening Failsafe Design
- Screening Incident Handling
- Screening Indicator Setting

Why Attend This Course:

- Deliver a Screening Programme Operating and Quality Assurance Plan to the public health director and screening programme board for approval
- Decide which cohorts need redesigned invitations, which tests need tighter quality checks and when a screening stream should pause or expand
- Avoid missed abnormal results, repeat sampling, wasted invitations and incidents that damage public trust in screening
- Share failsafe log templates, uptake dashboards and incident review steps with laboratory, imaging, primary care and outreach staff

Conclusion:

Back at work, the participant hands the Screening Programme Operating and Quality Assurance Plan to the public health director and the screening programme board. They use it to approve invitation rules, uptake actions for under-screened groups, laboratory and imaging quality checks and the failsafe routine for screen-positive results, while screening managers track its indicator set at monthly reviews. After the first screening round, the board should compare uptake, unsatisfactory sample rates, follow-up completion and incident counts with the plan's acceptable and achievable levels.

Frequently Asked Questions FAQ:

What should participants know before a population screening programme management course?

Participants should already plan, supervise or quality-assure a screening service such as cancer, newborn or premarital screening. Bringing anonymised invitation lists, uptake reports or failsafe logs from their own service helps them apply the case exercises directly.

How does population screening programme management differ from a population health or disease registry course?

It runs the screening pathway itself: criteria, invitations, uptake, sample and image quality, and follow-up of positive results. Population health courses target care by risk tier and registry courses build case databases; both appear only where they feed screening operations.

Why does population screening programme management need a failsafe system?

A positive screening result only helps if it reaches diagnosis. A failsafe log tracks every screen-positive person until the outcome is confirmed, flags missing results or appointments and triggers escalation, so no abnormal finding is lost between laboratory, clinician and the screened person.

What do participants take back from a population screening programme management course?

Participants take back a Screening Programme Operating and Quality Assurance Plan for a case organisation, with a call-recall design, uptake equity actions, quality assurance checks, a failsafe routine and an indicator set they can adapt to their own service.