



ROLE TITLE:	Human Papillomavirus (HPV) Testing and Cytology Advisor
REPORTS TO:	Manager, Ontario Cervical Screening Program and Smoking Cessation, Program Design, Cancer Screening
LOCATION:	Virtual
ANTICIPATED TIME COMMITMENT:	Maximum of 200 hours per year
TERM:	2 years with option for 2-year renewal
No. of OPPORTUNITIES:	1
POSTING DATE:	July 15, 2024
CLOSING DATE:	July 29, 2024

POSITION SUMMARY

Ontario Health (OH) is seeking expressions of interest from qualified candidates for the position of **HPV Testing and Cytology Advisor**. This is a unique opportunity to provide expertise to support OH's Ontario Cervical Screening Program ("OCSP"). This opportunity is open to all qualified candidates.

Ontario Health has four organized population-based cancer screening programs (breast, cervical, colorectal and lung). OH is planning to enhance the OCSP by implementing HPV testing in cervical screening and colposcopy. The HPV Testing and Cytology Advisor will support Ontario Health's efforts to provide high quality cervical screening by providing guidance and expertise on the HPV test system, cytology/cytopathology and related laboratory processes.

Interested parties should forward their expression of interest and curriculum vitae, electronically, to Stefania Tersigni at Stefania.Tersigni@ontariohealth.ca no later than **5:00 P.M. on July 29, 2024**.

Questions about the role may be submitted to Stefania.Tersigni@ontariohealth.ca no later than **July 22, 2024**. A consolidated list of all questions and answers will be available to any party, by request, by **July 24, 2024**. To receive a copy of the consolidated list of questions and answers, please contact Stefania.Tersigni@ontariohealth.ca.

***Note: Responses to the expression of interest should address all of the qualifications listed and any potential conflict of interest.**

ACCOUNTABILITIES

The key responsibilities of this role are:

- Provide cytology, molecular HPV assay and platform expertise for the OCSP
- Provide advice and guidance to inform the development of requirements for test characteristics and laboratory standards related to self-collected HPV samples.
- Provide expertise for the laboratory quality program for HPV and cytology testing, which encompasses pre-analytical, analytical and post-analytical processes, including internal quality control, proficiency testing and external quality assurance

- Assess laboratory quality assurance results and performance data, including internal quality control results as well as external quality assurance results
- Review technical laboratory reports, including analytical test performance reports for operational and quality monitoring purposes
- Identify and advise on laboratory service provider issues or risks, including recommended strategies for mitigation and resolution
- Work with the OCSP and laboratory service provider to identify opportunities for continuous program improvement, as required

QUALIFICATIONS

- Education and experience in molecular biology, laboratory medicine and pathology or equivalent
- In-depth knowledge of cytology, molecular HPV assay and platform technologies and performance is required
- Experience reviewing clinical validation studies published in the peer-reviewed literature and performance data for HPV assays or viral assays is required
- Knowledge of international validation criteria (i.e., 2009 Meijer criteria and VALGENT protocol) used to determine the suitability of HPV assays for use in primary cervical screening is required
- Knowledge of available and emerging HPV test self-sampling technologies is required
- Experience overseeing or assisting with HPV test platform method validation in a laboratory setting is required
- Experience working with HPV assays and platforms in a medical laboratory setting is an asset
- Experience providing quality oversight for HPV testing and cytology in a population-based cervical screening program is an asset
- Knowledge of population health, organized screening programs, disease prevention and health promotion is an asset

HOW TO APPLY:


Interested parties should forward their expression of interest, conflict of interest form (see “Appendix A”) and curriculum vitae electronically, to Stefania Tersigni at Stefania.Tersigni@ontariohealth.ca no later than **5:00 P.M.** on **July 29, 2024**.

We will evaluate all applications against the skills and experience requirements for the position. Those candidates selected for interview will be contacted directly by a representative from the Business Unit. Ontario Health may consider applications from incumbents currently in the position. If you have not been contacted within 3 weeks after the close of the posting, you can assume you are not under consideration for this position.

More about Ontario Health:

Ontario Health is an agency created by the Government of Ontario with a mandate to connect and coordinate Ontario’s health care system in ways that have not been done before, to help ensure that Ontarians receive the best possible care.

Ontario Health oversees health care delivery across the province, which includes ensuring front-line providers and other health professionals have the tools and information they need to deliver the best possible care within their communities. This also means simplifying the current system and connecting and coordinating its many complex parts in new and innovative ways. This involves keeping a close eye on how the health system is performing and providing evidence-based standards and improvements to address any gaps.



Ontario Health helps to support significant and important transformation in Ontario's health system, working to ease the transition between points of care for Ontarians and helping to ensure they have access to the care they need. Ontario Health is adapting world-renowned practices from areas such as cancer care and renal care to other parts of the system, including mental health and addictions.

Through integration, coordination, connection, and clinical excellence, Ontario Health is working to reduce strain on the system which will enable investment of more resources on the care Ontarians need, and, most importantly, improve health outcomes and overall wellness for all.

As an operational service agency of the Government of Ontario, Ontario Health is accountable for conducting a fair and transparent process, providing equal treatment to all qualified parties, in selecting a candidate for the above mentioned role.

Our website is at:

<http://www.ontariohealth.ca>

APPENDIX "A"
CONFLICT OF INTEREST DECLARATION

Name (First, Last Name):	
OH Program:	
Role:	

I hereby declare, that: (select one):

<input type="checkbox"/>	I am not aware of any actual, potential or perceived COI with respect to my role at OH.
<input type="checkbox"/>	Described below are the actual, potential or perceived COI(s) arising as a result of my role at OH.

Complete the sections below that apply to you **now** and **during the past two (2) calendar years**. Refer to [Conflict of Interest Policy for Regulated Health Professionals](#) for guidance on the types of details that should be included. Should you require more space, please attach additional sheets to this Declaration.

Now or During the Past 2 years (including current year)			
	Company/ organization	Time period	Details
I have been offered a gift, hospitality, or other financial benefit, the value of which is more than a cumulative amount of CAD \$500.00, per offering entity.			
I have been offered an honorarium more than CAD \$500.00 from an Industry organization.			
I have been an employee of, provided consulting services to, or undertaken a leadership role with an Industry organization, regardless of whether or not such position or service was paid.			
I received a research grant from an Industry organization.			
I accepted a speaking engagement for an Industry organization.			
I hold a patent or an interest in intellectual property relating to a drug, medical product or device, or other medical service.			
I hold an investment interest in connection with an Industry organization.			
I am a member of an advocacy group, or otherwise participate in advocacy relating to the health sector.			

I have had the opportunity to obtain independent legal advice and have read and understood the requirements to make this *Conflict of Interest Declaration*. I hereby certify that I have disclosed, to the best of my knowledge and belief, all relevant personal and professional interests that may place me in an actual, potential or perceived COI with my role at OH and that I will agree to manage the COI in accordance with the reasonable instructions provided by the COI Panel.

DATED this __ day of _____, 20__.

SIGNED, SEALED AND DELIVERED in the presence of

Sign: _____)
Name: _____ Witness _____)
_____)

Sign: _____
Name: _____

CONFLICT OF INTEREST POLICY FOR REGULATED HEALTH PROFESSIONALS

This *Conflict of Interest Policy for Regulated Health Professionals* (“**Policy**”) is intended to provide guidance to you, in your role as a Regulated Health Professional (“**RHP**”), so that conflicts of interest (“**COIs**”) are recognized and managed.

The proper management of COIs ensures that the work you do for OH is in good faith and in the best interests of OH, and strengthens transparency in order to sustain and enhance the trust that patients and the public have in their health care providers and in the health care system.

What is a Conflict of Interest?

Conflict of Interest (COI): A conflict of interest is created any time a reasonable person could perceive that an RHP’s personal interests or a relationship is at odds with his or her professional responsibilities. It is important to note that a conflict of interest can exist even if an RHP is confident that his or her professional judgment is not actually being influenced by the conflicting interest or relationship. COIs may be actual, potential or perceived.

COI Panel: A Panel of OH representatives who review COIs and make decisions on the management of such COIs.

Industry: In this document, Industry is understood broadly to refer to the full range of commercial enterprises associated with health care. These include, but are not restricted to, the pharmaceutical industry; the biotechnology industry; the Medical Device industry; the Medical Product industry; and commercial providers of services related to clinical practice, research and education.

Medical Device: A device as defined in section 2 of the *Food and Drugs Act* (Canada) that is intended for human use and any other prescribed instrument, apparatus, contrivance or similar article intended for human use.

Medical Product: A drug, a Medical Device, and any other prescribed product used in the health care system.

Regulated Health Professional (RHP): In this document, RHP refers to an individual who practices or is a member of a “health profession” as set out in Schedule 1 of the *Regulated Health Professions Act*, 1991, S.O. 1991, c.18 (as it may be amended from time to time), but is not an employee of OH. RHP includes, but is not limited to, physicians, nurses, and pharmacists, and may hold paid or volunteer positions at OH.

Requirements

As an RHP working for OH, you are expected to make full, timely and ongoing disclosure of any situation which places, or may have the result of placing you, in a COI in relation to the exercise of your duties and responsibilities to OH.

While this Policy provides guidance on how to identify activities, relationships, and other interests that must be declared, it is your responsibility to disclose all interests that may create a COI, even if that interest is not explicitly described in this Policy.

Timeline for Disclosure

You are expected to disclose all COIs by completing the COI Declaration **prior** to engaging with OH as part of the hiring/recruitment process.

Thereafter, you are expected to complete a COI Declaration annually, at any time upon request from OH, as well as any time an actual, potential or perceived COI arises during your engagement with OH.

Procedure for Disclosure and Management of COIs

- A. Prior to commencing your engagement at OH, and periodically thereafter (but not less frequently than annually), you will complete the COI Declaration and provide it to your designated OH Program Representative.
- B. The OH Program Representative will prepare a draft mitigation plan and submit it to the COI Panel, who will review its contents and determine whether the COIs have been adequately mitigated. You may be required to provide additional information as requested to assist in this assessment. In cases where an actual, potential or perceived COI is identified, the COI Panel will determine how to appropriately manage the COI and you may be asked to sign off on specific COI management strategies as approved by the COI Panel.
- C. The COI Panel will log COI Declarations and management strategies and will report on these no less than semi-annually to each of OH's Executive Team, the Corporate Governance and Nominating Committee of OH's Board, and OH's Board.

COMPLETING THE DECLARATION

1. Gifts, Hospitality and Other Benefits

OH does not permit the acceptance of any gifts, hospitality, or other benefits offered by Industry which is valued in excess of \$500.00 (determined cumulatively per Industry organization, on an annual basis) during your engagement with OH.

Prior to accepting any offers of gifts, hospitality or other benefits (including, but not limited to, payment or reimbursement of travel and accommodation expenses), you must declare **all** offers made by Industry and receive approval.

In your Declaration include:

- The nature of the offer (e.g. meal, cash, or other gift).
- The approximate value of the offer.
- The name of the offering entity.

2. Honoraria

OH does not permit the acceptance of any honoraria offered by Industry, with the exception of honoraria offered in connection with a presentation, speaking engagement, or other similar service or event which has received Continuing Medical Education (“**CME**”) accreditation.

In your Declaration include:

- The reason for the honorarium, including the name and nature of the conference/event.
- The approximate value of the offer.
- The name of the offering entity.
- Whether the conference/event received CME accreditation.
- Whether the offering entity, or any sponsors of the event, was permitted to review or approve your presentation materials.

3. Other Industry Relationships

You must disclose any relationships, including any relationships held by your immediate family (spouse, common law partner, siblings, parents or children), from the last **2 years** with Industry or Industry-related interests and activities that fall into the following categories (each one an “**Industry Relationship**”), even if you did not receive any salary, payment, or other benefit:

(a) Employment, Consulting, Leadership

In your Declaration include:

- Details on the nature of your role (e.g. acting as a principal investigator for a clinical trial, participating in advisory boards, speakers’ bureaus, providing expert testimony in a court, providing commentary as an expert for the media, serving as a board member or executive officer etc.)
- Note that OH does not permit participation on advisory boards during your engagement with OH.

(b) Research and Speaking

In your Declaration include:

- Details on the nature of your role (e.g. lead author, researcher, presenter, etc.)

- The topic of research or presentation for which the grant or other funding was received.
- Whether the funding was restricted or unrestricted and the details of any restrictions.

(c) Patents, IP, and other Investment Interest

In your Declaration include:

- Details on the nature of your interest (e.g. ownership of stocks, ownership of patent to technology, entitlement to royalty fees, etc.)
- Details on the subject of the ownership/interest (e.g. type of technology, nature of company, etc.)
- However, you do not need to declare shares or participation in mutual funds, pensions or similar funds where you do not have any direct control over the purchases and sales of shares by the fund.

(d) Advocacy and Other Personal Interests

In your Declaration include:

- Details on the nature of the advocacy and your role (e.g. contributor to a health advocacy publication, paid educator for community action group that seeks to lobby the Ontario government, etc.)

Exemptions

You do not need to include any of the following in your Declaration:

- Honoraria offered by accredited Continuing Medical Education providers to speak/present at the accredited event.
- Ownership of shares or participation in mutual funds, pensions or similar funds where you do not have any direct control over the purchases and sales of shares by the fund.
- Any activities or other relationships that would have fallen within the Industry Relationship categories, but which ceased at least 2 years ago.
- Activities, offers, or relationships that fall outside of the healthcare sector.