

## Credential in Breast Disease Management for Breast Clinicians

### *Guidance for training sites*

The following guidance has been drafted, in addition to the curriculum, with the intention of helping you, as the supervisors for this credential, to design and structure the training for your trainees. If there is additional information you require, please refer to the contact details at the end of the document.

#### **Structure of training**

The three-year training programme detailed in the curriculum covers multiple elements of training which will be learnt concurrently and will often dovetail across each other. There is no definite order in which each element of training or capability in practice should be undertaken and this may be determined by local training arrangement. However, to provide some structure and logical progression in training, the first year focuses on clinical skills, family history, and physics teaching in order to pass the FRCR examination. The clinical examination and family history skills are built on during the second year whilst now incorporating imaging interpretation and reporting, in a highly supervised capacity. During the final year, increasing independence is expected in ultrasound and mammography work in addition to interventional procedures such as biopsy and localisation. Clearly each trainee will progress with different skills at different speeds, particularly given the variation in backgrounds / training levels these doctors will start from.

The breast specific elements of training will all be learnt 'on the job'. Additionally, trainees have access to 10 days study leave per year and should be supported to engage with relevant development opportunities. These must include, but are not limited to;

- Physics teaching alongside their local radiology specialty trainees to assist their preparation for the FRCR physics exams.
- Family history study day, such as the bespoke study day delivered by St George's University Hospital NHS Foundation Trust usually held at 18 months intervals.
- PERFORMS in years 2 and 3.
- Advanced communication skills training during the credential.
- An annual course or conference that is relevant to the credential.

As the three-year programme progresses it would be expected that some independent practice take place, initially utilising clinical skills and then risk assessment and finally in imaging. This increasing independence should still take place within a supervised capacity, remembering that the doctor is in training, and not employed during the pilot project as a service provider.

Additional to the breast specific components of the curriculum, the trainee must demonstrate the generic skills required to work within and, with progression, lead a multi-disciplinary team discussion. Attendance at an advanced communication skills course is essential, something that is in keeping with recommendations for all senior doctors working within a patient facing cancer specialty. Teaching and participation in a piece of research is expected in the final year in line with higher level trainees in other specialties. Personal and departmental audit should be ongoing which will show an insight into the work of the local service and national standards.

## Sample job plans

The following sample job plans suggest how the trainees might split their working week within the three years of training. These are just suggestions and are intended to help you in designing the training programme for your trainees.

### Sample job plans for trainees working full time

#### First 6 months of training (full time)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Symptomatic clinic, supervised clinical skills	FHx clinic supervised	Symptomatic clinic, supervised clinical skills	FHx clinic supervised, and MDT	Symptomatic clinic, observing/supervised radiology skills
PM	FRCR teaching (Deanery)	Screening assessments, clinical & supervised radiology skills	MDT prep (supervised) and patient admin	Private Study session	Flexible session, clinical / reconstruction / oncology (observation) / clin genetics

#### Second 6 months of training (full time)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Symptomatic clinic, supervised clinical skills	FHx clinic supervised	Symptomatic clinic, supervised clinical skills	FHx clinic supervised, and MDT	Symptomatic clinic, supervised radiology skills
PM	Mammography reading and reporting, structured supervision	Screening assessments, clinical & supervised radiology skills	MDT prep (supervised) and patient admin	Private Study session	Flexible session, clinics or mammography

#### Year 2 of training (full time)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Symptomatic clinic, supervised or independent clinic (CS present)	FHx clinic supervised	Symptomatic clinic, supervised or independent clinic (CS present)	FHx clinic supervised, and MDT	Symptomatic clinic, supervised radiology skills
PM	Mammography reading and reporting, informal supervision	Screening assessments, clinical & radiology skills	MDT prep (supervised) and patient admin	Private Study session	Flex session, Mammography reading or screening assessment

### Year 3 of training (full time)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Symptomatic clinic, supervised or independent clinic (CS in hospital)	FHx clinic independent	Symptomatic clinic, radiology or clinical skills pending training needs.	FHx clinic independent, and MDT	Symptomatic clinic, supervised radiology skills
PM	Mammography reading and reporting, structured supervision	Screening assessments, clinical & radiology skills	MDT prep (supervised) and patient admin	Private study session	Flex session, Mammography reading or screening Assessment

### Sample job plan for trainees working 0.6WTE

#### First 6 months of training (0.6WTE)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Symptomatic clinic (observation clinical skills)		Symptomatic clinic (supervised clinical skills)	FHx clinic (months 1-3 observation, months 4-6 supervised)	
PM	FRCR teaching (Deanery)		Flexible session – clinical/MDT/ genetics clinic	Private study session	

#### Second 6 months of training (0.6WTE)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Symptomatic clinic (indirectly supervised clinical skills)		Symptomatic clinic (indirectly supervised clinical skills)	FHx clinic (indirectly supervised)	
PM	<b>Week 1:</b> Ultrasound/ one stop (observation and some direct supervision)		Flexible session – clinical/ MDT prep (supervised) and patient admin	Private study session	
	<b>Week 2:</b> Mammogram reading and reporting (structured supervision)				

#### Year 2 of training (0.6WTE)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Screening assessments, radiology skills (observed and then supervised)		<b>Week 1:</b> Symptomatic (independent clinic CS present)	FHx clinic supervised, and MDT	
			<b>Week 2:</b> FHx clinic (independent clinic CS present)		
PM	Mammography reading and reporting, informal supervision		MDT prep (supervised) and patient admin	Private Study session	

### Year 3 of training (0.6WTE)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Screening assessments, radiology skills (indirectly supervised)		<b>Week 1:</b> Symptomatic/ FHx (independent clinic) <b>Week 2:</b> Ultrasound/ one stop (indirectly supervised)	Ultrasound/ one stop imaging clinic (months 1-3 directly supervised, months 4-12 indirectly supervised)	
PM	Mammography reading and reporting (informal supervision as trainee reader)		<b>Week 1:</b> MDT prep and presentation (indirectly supervised) <b>Week 2:</b> Flexible mammogram or ultrasound/one stop (indirectly supervised)	Private study session	

### Year 4 of training (0.6WTE)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Screening assessments, radiology skills (indirectly supervised)		<b>Week 1:</b> Symptomatic/ FHx (independent clinic) <b>Week 2:</b> Ultrasound/ one stop (indirectly supervised)	One stop clinic/ ultrasound list (indirectly supervised)	
PM	Mammography reading and reporting (informal supervision as trainee reader)		<b>Week 1:</b> MDT prep and presentation (indirectly supervised) <b>Week 2:</b> Months 1-3 Oncology clinic (observation) Months 4-12 mammogram or ultrasound	Private study session	

## **Supervision**

Each trainee should have four concurrent supervisors including;

- An education supervisor (ES) to oversee the trainee's overall progress.
- A radiology clinical supervisor (CS) to oversee their training in imaging and related responsibilities.
- A clinical skills CS to oversee their training in surgical clinics and related responsibilities.
- A family history CS to oversee their training in family history training and related responsibilities.

Please note that the educational supervisor may also act as a clinical supervisor.

Each clinical supervisor must complete a start, mid and end of year supervisor's report annually (totalling 9 CS reports annually).

Additionally, the ES must complete a start and midpoint review report annually and the ES Structured Educational Report (ESSR) for each end of year panel review.

Trainees should meet with their supervisors upon commencement of their training and evidence of this should be uploaded within the first 6 weeks.

Each trainee will undergo an annual panel review in which the entire portfolio, including supervisor reports, are reviewed. The ESSR plays a pivotal role in determining outcomes.

Trainees will have their portfolio reviewed once a year, at the date that best aligns to each year of full-time equivalent training.

Educational and clinical supervisors should be recognised on the GMC register as GMC-approved trainers. Non-GMC accredited practitioners may also act as clinical supervisors (particularly for the family history element), provided it is within their area of expertise.

Trainees must also have an appraiser and undergo annual appraisal as per Trust and GMC requirements.

## **First FRCR Physics Examination**

All trainees are required to pass the "Scientific Basis of Imaging" or "Physics" module of the First FRCR Examination. All necessary information about the exam, dates, venues, how to enter etc. is on the [RCR website](#). The syllabus can be found in section 2.2 of the [Clinical Radiology Curriculum](#).

This examination tests knowledge through multiple choice and single best answer (SBA) questions and is a key indicator of progress.

Trainees are normally expected to pass the physics exam within the first year of training.

As agreed in the SLA signed by all sites, the trainees must be allowed to access local radiology physics teaching to prepare them for this examination. We expect early and direct liaison with your physics course provider to ensure your trainee is expected and included.

## **Workplace based assessments**

Much of the assessment required by the curriculum is workplace based and the assessment tools to be used are all detailed in the curriculum. Many of these are identical to those used in radiology training (e.g., Mini-IPX, MSF etc.) but there are also others which are for use with the more clinical aspects of the training. These include mini clinical exercises and case-based discussions. All assessments will be available in RISR/the e-portfolio and the curriculum details how many are expected in each indicative year of training.

## **Logbooks**

Many elements of training require logbooks as evidence of capabilities in practice. Templates will be available to trainees to use in the e-portfolio.

## **E-portfolio**

The RCR's e-portfolio for trainees in clinical radiology and clinical oncology is also used for the breast clinician trainees. All assessments should be completed and recorded in the e-portfolio, as should clinical and educational supervisor reports and educational supervisors structured reports.

Guides for both trainees and supervisors on how to use the e-portfolio, from how to log on to how to assign a new supervisor, create an appraisal and initiate a multi-source feedback assessment, are available on the [RCR website](#). You will also find information on common issues encountered and FAQs. While all of these guides are aimed at radiology trainees they will apply equally for breast clinicians. Any queries relating to the e-portfolio should be emailed to [kaizen@rcr.ac.uk](mailto:kaizen@rcr.ac.uk)

## **PERFORMS**

In years 2 and 3 trainees will need to take part in [PERFORMS](#) as part of the mammographic element of training. A login will be required to do this, available through the PERFORMS team based at the University of Nottingham. Funding for this is accounted for within the NHSE funding allocation and should be paid for by the employing trust.

## **Progression review**

All the evidence collected in the e-portfolio will feed into the progression review process which is detailed in a separate document entitled "*Process for the review of trainee performance and progression*". This process, while based heavily on the ARCP process for specialty trainees, will not be undertaken by the individual sites, but rather by a national panel constituted by the RCR.

A national review panel will ensure that a consistent standard of assessment is applied to all trainees across all training sites in this small programme. It will be wholly independent of any of the training sites thereby ensuring impartiality and avoiding decisions on progression being made by the same people responsible for the training of any individual trainee.

The review will generally take place in absentia, with the trainee only expected to attend (in person or by videoconference) if there are issues that require discussion. It will be in addition to the local annual appraisal process.

## **Local appraisal**

The review panel will only be assessing the trainee's progress through training. It is therefore essential that trainees maintain their connection with the GMC for revalidation purposes through an appropriate designated body and engage with that organisation's governance systems for annual appraisal and revalidation.

## **Interview guidance**

It is suggested that the interview panel consist of at least two doctors working in your breast MDT. A radiologist, breast clinician or surgeon are suggested and a member of management and/or HR is advisable,

along with any other key personnel.

Some suggested interview questions are available upon request from the NBIA, however these are not prescriptive and it is up to each pilot site to follow their local processes for recruitment.

### **Expected support for trainees**

The SLA that is in place between your site and the NBIA at Manchester Foundation Trust (as the holders of the NHSE funding for this programme) details the obligations of each pilot site. Specifically, this includes ensuring that the employing trust ensures access to the local and national educational opportunities that support the curriculum. Exactly what these opportunities are (both essential and desirable) is listed in the SLA and has been extracted into an appendix to this document for ease of reference. Supervisors should ensure that trainees are supported in accessing the necessary resources, study leave and conferences etc.

#### **Essential**

1. PERFORMS registration / licence during years 2 and 3 (minimum).
2. Attendance at national annual conferences, such as the ABC study day and workshop (attendance, travel and subsistence to be covered).
3. Advanced communication skills workshop.
4. Attendance at regional / local physics teaching in preparation for FRCR Physics examination during year 1. (Locally provided resource, flexible training days to be accommodated within weekly study session).
5. Undertaking of the FRCR Physics examination, 1 day minimum, and any resits required.
6. Study leave entitlement as per SAS contract.

#### **Desirable:**

1. British Society of Breast Radiology annual scientific meeting.
2. Symposium Mammographicum (held in conjunction with the Association of Breast Clinicians).
3. Family History or cancer risk course.
4. Association of Breast Surgery conference or study days.
5. Team skills, leadership or management course.
6. Good Clinical Practice for research.
7. Tomosynthesis training course.
8. Regional NHBSP Multidisciplinary Quality Assurance meetings.
9. Courses and study days on breast disease diagnosis and treatment, such as those run by the Nottingham Breast Institute.
10. Any other curriculum enhancing meeting, study day or course.

### **Trainee enrolment with the RCR**

Once your trainee(s) have been appointed and a start date confirmed please direct them to the RCR to enrol with them. This is a requirement of the programme and they will only be given access to Kaizen once they have enrolled.

## Contacts

For queries regarding recruitment, contracts or finance, please contact:

- [Paula.Stavrinou@mft.nhs.uk](mailto:Paula.Stavrinou@mft.nhs.uk) / [breastacademy@mft.nhs.uk](mailto:breastacademy@mft.nhs.uk)

Enquiries specific to the Rise/Advance (formerly known as Kaizen) e-portfolio should be directed to:

- [kaizen@rcr.ac.uk](mailto:kaizen@rcr.ac.uk)

Enquiries specific to annual reviews should be directed to:

- [credentials@rcr.ac.uk](mailto:credentials@rcr.ac.uk)

If you have questions that relate specifically to the clinical content of the curriculum or if you need further advice about how best to deliver the necessary training elements, please contact:

- [breastacademy@mft.nhs.uk](mailto:breastacademy@mft.nhs.uk)

Your enquiry may be passed onto the team at the Association of Breast Clinicians.