The Royal College of Radiologists

Credential in Breast Disease Management for Breast Clinicians

To facilitate the review process, the following tables have been extracted from the curriculum to support supervisors and credential learners. The requirements for achieving progression outcomes at the end of each training year are outlined below:

Table 10: Progression grid for generic CiPs

Generic CiP	Year 1	Year 2	Year 3	
1. Demonstrate the professional values and behaviours expected of all doctors as outlined in Good Medical Practice (GMP)	4	4	4	Award of credential
2. Successfully function within the health service and healthcare systems in the UK	2	3	4	
3. Engage in reflection, clinical governance and quality improvement processes to ensure good practice	2	3	4	
4. Engage in evidence-based practice and safeguard data, including imaging data	3	3	4	
5. Act as a clinical teacher and supervisor	2	3	4	
6. Show proficiency in working well within a multi-disciplinary team, communicate effectively with colleagues and demonstrate the skills required to lead a team	3	3	4	

Table 11: Progression grid for specialty-specific CiPs

Generic CiP	Year 1	Year 2	Year 3	
7. Appropriately select and tailor breast imaging to patient context and the clinical question(s)	2	3	4	Award of credential
8. Provide timely, accurate and clinically useful reports on imaging studies	1	2	4	
9. Appropriately manage clinical and imaging workload according to clinical need, urgency and professional expertise	1	2	4	
10. Evaluate image quality and utilise the knowledge of imaging sciences to optimise image quality	3	4	4	
11. Lead, work within and effectively contribute to a multidisciplinary team (MDT) meeting	2	3	4	
12. Working within and on behalf of the MDT, explain to patients the broader principles of oncological treatments for breast cancer	1	2	4	
13. Provide accurate risk assessment and instigate appropriate surveillance, counselling and tertiary referral for women at higher than population risk of breast cancer	3	4	4	
14. Explain the impact of benign, uncertain and malignant breast pathologies on the diagnostic pathway and correlate these with clinical and radiological findings	3	3	4	

Table 12: Progression grid for imaging examinations and procedures

Imaging examination and procedures	Year 1	Year 2	Year 3	
Breast ultrasound	2	3	4	Award of credential
Axillary ultrasound	2	3	4	
Ultrasound-guided drainage of cyst and abscess	1	2	4	
Ultrasound-guided biopsy	1	2	4	
Ultrasound-guided localization	1	2	4	
Stereotactic-guided intervention	1	2	4	
Draw and interpret a pedigree	3	4	4	

Table 13: Progression grid for clinical skills

Clinical skills	Year 1	Year 2	Year 3	
Clinical examination of the breast and axilla	3	4	4	Award of credential
Clinically-guided core or punch biopsy	1	2	4	
Sampling techniques for cytological analysis	1	2	4	

Table 14: Assessments, procedures and milestones by year of training

Minimum number of workplace based assessments

	Year 1	Year2	Year3
Mini-IPX	4	6	6
DOPS	4	6	6
CbD	6	6	4
Mini-CEX	6	6	4
MSF	1	1	1
QIPAT [1]	1	1	1
MDTA	0	2	2
TO	0	0	2
Minimum number of imaging investigations and procedures			
Mammography [2]		2500	5000
Ultrasound [3]	250 supervised	500 supervised 10 case studies (typical findings)	500 independent 15 case studies (typical & atypical findings)
Interventional procedures (includes all those listed in Table 4)		50 supervised	50 independent
Other requirements and milestones			
First FRCR Examination Physics Module	Pass		
PERFORMS		Regularly undertaken as part of practice	
Research	Participation in a piece of research		

[1] Includes quality improvement or audit project.

[2] In Year 1 it is expected that the learner will demonstrate evidence of understanding of the principles of mammography, indications and limitations. In Years 2 and 3 the number of mammograms read must be accompanied by outcomes and evidence of reflection on single reader detection and missed cancers.

[3] In Year 1 it is expected that the learner will demonstrate evidence of understanding of the principles of breast ultrasound, indications and limitations. The case studies should be recorded in a reflective logbook and should evidence knowledge of typical findings in Year 2, and both typical and atypical findings in Year 3.

In Year 3 the 500 independent ultrasounds should include complex cases.