

## **Credential in Breast Disease Management for Breast Clinicians**

### *Guidance for pilot 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 pilot trainees. We have attempted to cover as much as possible but it is likely that you will come across other issues we have not thought of. If there is additional information you require, or anything else you think would be useful for your site and the others in the pilot please let us know and we will update this document accordingly. Contact details are 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 but in order 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 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'. With the exception of PERFORMS which is expected to be undertaken in years 2 and 3, the physics teaching and an advanced communications skills course, there are no other mandatory courses that are expected. Some elements may however benefit from more formal learning experiences such as family history where study days / courses are available nationally for multi-professional audiences delivering risk assessment clinics. Mammography reading courses, previously a staple training step for breast clinicians are no longer required if the trainee can provide adequate evidence of competencies in mammography including outcome data, as detailed in the curriculum.

As the three year programme progresses it would be expected for some independent practice to 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.

### First 6 months of training

	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 / clin genetics

### Second 6 months of training

	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

	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

	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

## **Supervision**

Each trainee should have a dedicated educational supervisor who will be responsible for the overall supervision and management of the trainee's educational progress. All elements of training must have an assigned clinical supervisor and we would recommend that these individuals are identified as early as possible to facilitate early planning of timetables and educational meetings before the trainee starts. The structure of the training means that trainees will have two or even three clinical supervisors at any one time. Full details of the supervision arrangements that should be in place are in section 5 of the curriculum.

## **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 allowed a maximum of three attempts at the examination and it is normally expected to be achieved within the first year of training. Exceptions to this will only be granted in exceptional circumstances.

As agreed in the SLA signed by all pilot sites, the trainees must be allowed to access local radiology physics teaching to prepare them for this examination. We would advise 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 Kaizen 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 Kaizen. Examples and guidance on how to use these logbooks will be given on the welcome day.

## **Kaizen e-portfolio**

[Kaizen](#) is the RCR's e-portfolio for trainees in clinical radiology and clinical oncology and will also be used for the breast clinician trainees. All assessments should be completed and recorded in Kaizen, as should clinical supervisor reports and educational supervisors structured reports. Some of the assessments are still being built into the system but everything will be ready by the time your trainee(s) start in August. We will let you know when you are able to access everything.

Guides for both trainees and supervisors on how to use Kaizen, 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 on Kaizen 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 in Loughborough. Funding for this is accounted for within the HEE funding allocation (see extract of SLA in Appendix) and should be paid for by the employing trust.

## **Progression review**

All the evidence collected in Kaizen 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 pilot sites, but rather by a national panel constituted by the Credential Project Board.

A national review panel will ensure that a consistent standard is applied to all trainees across all training sites in this small pilot programme. It will be wholly independent of any of the pilot 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 will be circulated shortly although 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 pilot site and Manchester Foundation Trust (as the holders of the HEE 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.

## **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 us. This is a requirement of the programme and they will only be given access to Kaizen once they have enrolled.

## **SAVE THE DATE: Welcome day for trainees & supervisors 30 September 2019**

All breast clinician trainees and supervisors (educational and clinical) are invited to attend a welcome day at the RCR in London on Monday 30 September.

This one-day meeting will comprise information sessions on the curriculum, assessment, supervision and Kaizen, and will give participants the opportunity to ask questions and raise any concerns or iron out unforeseen problems at an early stage in the project.

In addition it will be a networking opportunity allowing the ten trainees in the pilot to meet and initiate a peer support group.

Invitations and a programme will be circulated to all nearer the time but please get this date in your diaries and build it into your induction programmes for your trainees. The RCR will cover reasonable travel expenses for all attendees in accordance with our [travel and expenses policy](#).

## **Information the RCR needs from the pilot sites**

There is some information that we need to collect from you over the coming months. We will email you directly about these in due course but please be prepared to provide us with the following:

- Trainee names and contact email addresses once appointed
- Start dates for your trainee(s)
- Whether your trainee(s) will be working full or part-time
- Names and email addresses of educational supervisors and clinical supervisors (when you know who they will be). This is so we can set up Kaizen accounts for them. We realise you won't know who all the clinical supervisors will be for the entire programme but if you are able to establish those that will be supervising the initial elements of training that will enable us to ensure they have Kaizen accounts set up from day 1.

## **Evaluation**

HEE and the project board will be carrying out a comprehensive evaluation of the pilot. While the exact parameters for the evaluation are yet to be determined it is likely to look at some or all of the following elements:

- Recruitment
- Curriculum
- Delivery of training
- Supervision
- Progression review process

With this in mind we will need pilot sites to record formal demographic data on all applicants as well as those offered employment. This should include their clinical background. The evaluation will aim to get a clear picture of the typical background of doctors that this programme is appealing to.

In addition to this formal data, it would also be helpful if pilot sites could informally collate details of enquiries from interested doctors prior to formal applications. Information such

as stage of training, scope of current clinical work, frequently asked questions would all be useful for this purpose. All data should of course be anonymised.

Once the parameters of the evaluation have been agreed and an external evaluator has been appointed pilot sites will be given more information about what will be involved in the process. It is likely to involve periodic requests for data and occasional interviews over the pilot period. We don't expect it to be too onerous and we hope all the sites will engage fully with this so we can get a clear picture of the value of the programme.

## **FAQs**

We are pulling together a list of FAQs from both the pilot sites and potential trainees as they arise. If you are receiving enquires from applicants please let us know what they are so we can include these, and please let us know of any questions you have. The FAQs will be on the website soon and we will update them as new issues arise. A link will be circulated once they are live.

## **Documents we are in the process of developing**

We hope that this information, in addition to the curriculum and the document detailing the progression review process will help you to get going. We are still working on a document about quality assurance and as mentioned above details of the evaluation process will follow. We will circulate these in due course.

We are also in the process of finalising log book templates and these will be available in Kaizen before the trainees start.

## **Tell us what you need to know**

While we have tried to think of everything you will need to get the training underway, there may well be things we have missed or not thought of so if there is anything else you need to know or any other information you think would be useful for both your site and the others, or for the trainees, please tell us.

We want to thank you for being so proactive in signing up to this new programme and we want to support you in making it a success so please do let us know if you have any questions at all.

## **Contacts**

The RCR Project Team is your first point of contact for anything to do with the programme.

- Anna Campbell, Training & Education Manager: [anna\\_campbell@rcr.ac.uk](mailto:anna_campbell@rcr.ac.uk)
- Maureen Watts, Training Policy & Projects Administrator: [maureen\\_watts@rcr.ac.uk](mailto:maureen_watts@rcr.ac.uk)
- Enquiries specific to Kaizen should be directed to [kaizen@rcr.ac.uk](mailto:kaizen@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 us and we may pass your enquiry on to the team at the Association of Breast Clinicians.

**We look forward to meeting you and your new trainees on 30 September.**

## **Appendix: Extract from the SLA - Recipient Trust Obligations**

Recipient Trusts must ensure that participants in the credential pilot project have:

- A whole time equivalent salary appropriate to the prior training and experience of the participant. Pay scale, terms and conditions should be decided locally according to national guidelines for specialty and associate specialist (SAS) doctors or on a par with other specialist training pay scales (ST1 – 3 as an entry level).
- Incremental pay progression.
- Induction and annual appraisal.
- Clinical and educational supervision.
- A personal development plan (PDP).
- Adequate study leave provision (a minimum of 10 days study leave annually during the pilot) to engage in educational activities set out within their personal development plan (PDP) and as outlined at induction and appraisal.
- Access to breast imaging, surgical, oncology and clinical genetics expertise to provide appropriate training opportunities in these elements of the curriculum.
- Access to join physics teaching delivered to local radiology specialist trainees by the regional School of Radiology.
- A designated and timetabled study session within the working week / job plan, with access to local education resources.
- Ad hoc study leave, granted with sufficient notice period, to facilitate external training, examinations and meetings including:

### Essential

1. PERFORMS registration / licence during years 2 and 3 (minimum).
2. Attendance at a national, annual conference, such as the ABC study day and workshop. (2 days per annum, £200-300 plus subsistence).
3. Advanced communication skills workshop during year 2 or 3. (1-3 days, costs locally variable).
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.

### 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 NHSBSP 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.