**Professional Standards in Symptomatic Breast Imaging**

**Descriptor:**

Radiologists with a specific interest in symptomatic breast imaging should be trained appropriately, be proficient at commonly performed breast imaging tasks and maintain their clinical expertise.

**Background:**

Breast imaging is recognised as a sub-specialty discipline within Radiology. Radiologists practising in this area should comply with the professional standards detailed in the RCR guidelines 'Guidance on screening and symptomatic breast imaging' [1].

## The Cycle

**The standard:**

Radiologists with a special interest in symptomatic breast imaging should:

• Meet at least level 1 competence in breast imaging (RCR training curriculum 2016) - preferably level 2

• Be part of a multidisciplinary team within a designated specialist breast unit

• Have appropriately contracted breast sessions - ideally 2, however preferably 3, programmed activities which should include participation in a diagnostic clinic

• Report a minimum of 500 symptomatic mammograms per year

• Participate regularly in breast MDTs

• Be proficient in mammography reporting, breast and axillary ultrasound, image guided breast and axillary needle biopsy, clinical history and examination as appropriate, issuing reports using recognised and recommended terminology, providing opinions as to likely diagnosis and recommendations for further procedures

• Participate in personal breast imaging audit and multidisciplinary breast service audit

• Comply with RCR training and CPD requirements

**Target:**

100%

## Assess local practice

**Indicators:**

• Training Record

• Job Plan

• Workload figures

• MDT attendance

• CPD

• Audit activity and personal adequacy/accuracy results

**Data items to be collected:**

• Training records

• Job Plan

• MDT attendance record

• Breast workload statistics - Mammograms, Ultrasound, needle biopsy

• Breast audit activity both personal involvment and adequacy/ accuracy of breast examinations which may have been assessed by another member of the breast team

• Breast CPD activity

**Suggested number:**

- Carry out annually, either personally for purposes of appraisal / revalidation or:

- Clinical Lead for Breast Imaging could carry out for all staff

**Suggestions for change if target not met:**

This will depend on area(s) of non compliance and reasons for it - eg. insufficient contracted time will require involvement of Service Manager; failure to meet adequacy standards will require further training and failure to undertake any personal breast audit activity is perhaps best raised at appraisal.

**Resources:**

1 hour per individual

**References:**

1. Guidance on screening and symptomatic breast imaging Fourth Edition London The Royal College of Radiologists, 2019.

<https://www.rcr.ac.uk/system/files/publication/field_publication_files/bfcr199-guidance-on-screening-and-symptomatic-breast-imaging-fourth-edition.pdf>

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