Royal Liverpool & Broadgreen University Hospitals NHS Trust

NHS

STANDARDISING CORE BREAST TRAINING ACROSS THE NORTH WEST OF ENGLAND

Dr Sheetal Sharma, *Consultant Radiologist, Royal Liverpool University Hospital*
Dr Alex Roberts, *Consultant Radiologist, Wirral University Teaching Hospital*

INTRODUCTION

According to the Royal College of Radiologists' (RCR) curriculum[1] core breast training includes an introduction to breast service provision, understanding common pathology and gaining competencies in image guided intervention.

Training provision around Liverpool and Manchester has undergone significant changes in the last 2 years, primarily with the amalgamation of two separate training schemes to form the HEE North West School of Radiology (NWSOR) along with the development of academy based learning.
It had previously been agreed in the former Mersey School of Radiology that **all** ST2 trainees should have a formal breast attachment, however it was not clear if this had been implemented. In addition, the merger provided the opportunity to highlight any inconsistencies and to standardise provision across the NWSOR.

BACKGROUND

The current work force crisis within breast radiology is well documented[2] with an expected 21% of the consultant workforce expected to retire by 2019[3]. Currently, only 4/73 (5%) trainees in the Mersey Region are sub-specialising in breast, predicting an imminent shortfall of trained specialists.

We performed a short survey of the Mersey trainees to establish the current level of breast training being provided and to what extent this had influenced their choice of subspecialty. We present results of the survey, together with details of the proposed HEE NWSOR standardised core training competency document and key points to consider when encouraging trainees to sub-specialise in Breast Radiology.

METHOD

All trainees within the Mersey region of the North Western Deanery School of Radiology were invited to complete an anonymous online questionnaire through the Surveymonkey™ platform. This was sent as an email invitation on 2 separate occasions, 2 weeks apart. The survey then remained open for 5 months.

Questions were designed to give an understanding of the timing and total breast placement length, and also encouraged opinions on aspects of training using several free text options. (Figure 1)

Figure 1 Questionnaire

RESULTS

Questionnaire responses were received from 33 trainees, overall a 45% completion rate. Results were obtained from trainees across all 5 years of the scheme but most who responded were in ST2. (figure 2)

RESULTS

30 trainees (91%) had had core breast training. In 85% this was part of a formal attachment, with the remainder in more ad hoc sessions. The year of core breast training ranged from ST1-3.

Minimum attachment length was estimated as 32 hours (1 session per week for 8 weeks), and the maximum 288 hours (over 2 attachments), with the median number of sessions being 24 (generally 1 session a week for 6 months) or 96 hours total.

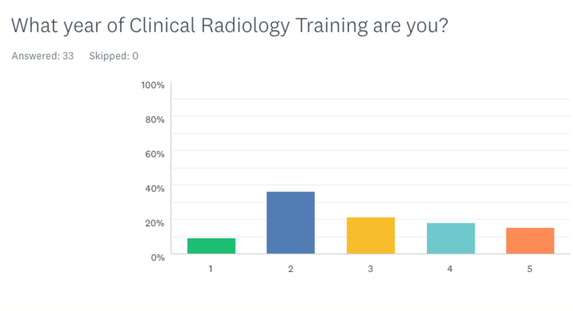

Figure 2: Question1

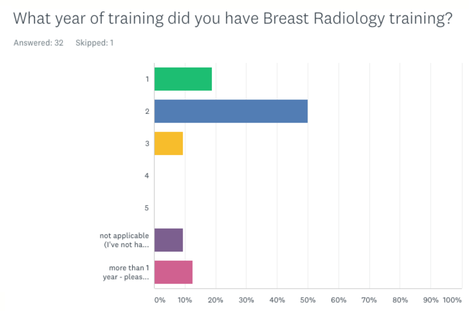

Figure 3: Question5

The majority of trainees responding were overall 'satisfied' with breast training provision (48%).13/33 trainees felt the attachment influenced their choice of subspecialty with some of the comments below.

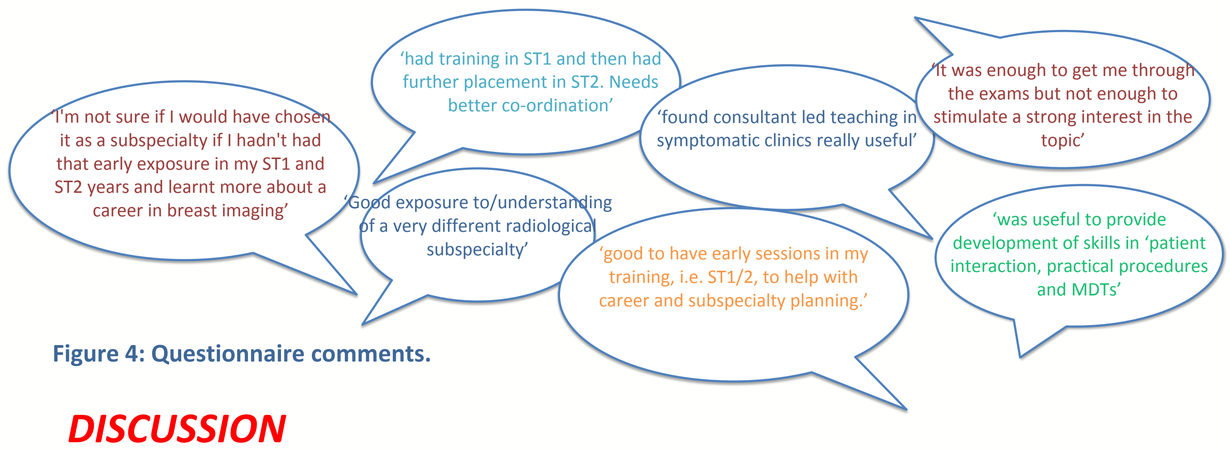

Figure 4: Questionnaire comments.

DISCUSSION

Even with a low response rate, qualitative data suggests that **early exposure** to breast radiology is essential for trainees to develop an interest. We believe that all breast trainees should have a **mandatory** breast placement within ST2 and this placement should provide sufficient experience to gain competencies outlined in the new NWSOR document.

Survey results suggest that **co-ordination** of the provision of breast training within the region could improve. There is also significant variability in the **length of attachment, total sessions** and **at what stage** this occurs. Some trainees are not being exposed to breast radiology until ST3 which may be too late to develop a specialist interest.

The RCR recognises investment in training now is key to solving the workforce crisis[3]. We need to make provision for core breast training which should go hand in hand with increasing the overall number of trainees. Significant future planning is needed.

Practical suggestions for engaging trainees include

- **short and intensive placements facilitating a rapid learning gradient. We suggest 2 months of 4 sessions per week (or equivalent time)**
- **encourage 'hands-on' biopsy practice with phantoms**
- **regular breast teaching sessions for all trainees, even those not on a breast attachment, to introduce trainees to the breast unit**

We have written a specific NWSOR Breast Core Training document in an attempt to standardise training provision across the NWSOR. It outlines expected placement specifics, competencies, knowledge and skills. It provides a clear understanding of the level required for completion of core breast training, as well as providing links to resources and further reading. There are also short sections encouraging satisfactory logbook records and detailing the importance of reflective practice.

The aim is to roll this out for August 2019. Draft copies can be made available by contacting the authors below directly.

Contact: sheetal.sharma@rlbuht.nhs.uk
alexandra.roberts4@nhs.net

References:
1. RCR Clinical Radiology Curriculum: Update (November 2016). Royal College of Radiologists. Available at www.rcr.ac.uk.
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