



## Editorial

# The RCR credential in breast disease management for breast clinicians: from training concept to service delivery within the breast imaging team



In 2017, the Royal College of Radiologists (RCR) began planning a credential for breast clinicians. This group of SAS grade doctors are well established in UK hospital breast departments, providing clinical and imaging services, but with no standardised training programme. Given the increasing demand on imaging services and the progressive shortage of breast radiologists, it seemed a good opportunity to develop a training pathway to enable this group of medical practitioners to practice to a recognised national standard within breast imaging. The RCR joined with the Association of Breast Clinicians (ABC), the National Breast Imaging Academy (NBIA), and Health Education England (HEE) to form a credential project board and develop a bespoke training curriculum. This was based on the General Medical Council (GMC) standards of ‘Excellence by Design’<sup>1</sup> and structured in a similar way to the RCR clinical radiology curriculum,<sup>2</sup> as well as incorporating evolving GMC guidance on the establishment of credentials for doctors, although this is not one of the GMC approved early adopter credentials.<sup>3</sup> The training proposal was planned to enable these learners to develop skills in (a) breast imaging, (b) family history screening and risk assessment, and (c) clinical assessment, with the aim of credential holders then practising as recognised specialists within the breast team.<sup>4</sup> A pilot training programme was established, and training posts were supported financially with funding from HEE. Following a competitive application process the first learners began working within the 3-year training programme in 2019 in breast units across England. The first of these learners have now completed the programme and are being appointed to substantive posts in breast clinical and imaging services. With further learners having been appointed to credential training posts across England in the interim, this seems a good point to reflect on the establishment of this training pathway and its likely impact for the future.

Firstly, and most importantly, this programme will contribute to the delivery of high-quality patient care. The credentialled breast clinicians will have imaging skills in mammography, screen reading, and ultrasound together with procedural skills including image-guided biopsies and pre-operative localisation techniques. They will contribute to the department’s imaging output from within the breast imaging team. Regular QA processes will apply, including being part of REALM meetings and undertaking PERFORMS analysis similar to radiologists.<sup>5</sup> Opportunities for role extension, such as in contrast-enhanced spectral mammography (CESM), magnetic resonance imaging (MRI), or advanced biopsy techniques could be undertaken according to service need but would require further specific training. Timetabled clinical activities will solely be undertaken within the breast unit. In addition to their imaging expertise, their skills in breast cancer risk analysis and clinical assessment mean they will be adaptable to the needs of the service. This should be an attractive flexible employment proposition; an initial economic review suggests the programme is cost effective<sup>6</sup>; however, it is the ability to deliver imaging services to a high standard that is of most relevance for breast radiologists. These colleagues will be able to provide significant support to the breast imaging service as demand increases and as breast radiologist retirements may well exceed new consultant appointments in the coming years.<sup>7</sup>

This programme may well have an impact on medical practitioner career choice. With increasing interest in alternative training pathways outside of conventional specialty training, this provides a recognised standardised postgraduate programme of training for specialist practice while not leading to a Certificate of Completion of Training (CCT). This career choice has been an option for some years, with regular working hours an attractive benefit, yet the ability to now train for and then hold a recognised

postgraduate qualification will increase the visibility and potentially the appeal of this as a career. Indeed, this has already proved a viable option for some doctors that were otherwise considering leaving the profession. The credential will enable breast clinicians to move around the country with a recognised skill set, although breast units are likely to be keen to retain their learners as newly credentialled breast clinicians. The scope of imaging practice will be limited compared with a radiologist, but the shorter training time may make these colleagues attractive to employers, both as learners and as trained practitioners, to work alongside radiology consultants within breast imaging services. They will be contributing to service delivery particularly in the later stages of training and on completion of the 3-year programme.

Finally, this is likely to impact on future imaging training pathways. This programme shows that a credential in imaging and procedural skills can be developed and delivered. These programmes must ensure that high standards of imaging practice are maintained, indeed this is what our patients expect, so it is appropriate that radiologists lead the setting of these standards in training and for future practice. Learners wanting to achieve these high standards can rightly expect rigour in assessment and sufficient time and experience in practice; the fact that breast credential training places are significantly oversubscribed suggests that the level of work required in training actually encourages potential learners to apply.

This process is not without its challenges. Radiology training capacity is and will be limited, particularly during the next few years with recent and hopefully sustained increases in radiology training numbers.<sup>8</sup> Although radiology training centres will continue to ensure radiology trainees receive the training they need, breast units with the capacity to train additional credential learners will be strongly encouraged to do so. One of the benefits of training these learners to a high standard is that they will likely be contributing to the training of other learners in future including radiology registrars and trainee breast clinicians, completing workplace-based assessments and potentially becoming future clinical supervisors. Increasing service capacity in this way will thereby increase training capacity. Expanding the number of breast clinician posts in future will be required.

Although the project was conducted in England due to HEE's offer of pilot funding, there is a clear demand for this form of training in all four UK nations. In fact, it is likely

that the reach of this credential will extend further beyond the UK.

## Conflict of interest

The authors declare no conflict of interest.

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