



President's report 2019

I hope this finds you all well and preparing for the summer ahead and all it holds. This has been a very busy year as President and for the executive committee as a whole. We are all working in units struggling with workforce or equipment issues, but we have managed to achieve some great things in the past 12 months in these challenging times. I must thank the rest of the committee for their incredible dedication and in particular Di and Cathy who have sat with me on the Breast Clinician Project Board, more about that later.

The committee welcomed Kate Jenkins after last year's AGM in Liverpool to the Training Officer role and she, with Cathy's help has done a great job organising this year's study day and also planning for Symposium 2020. Getting together for quorate committee meetings has been a challenge, particularly as Kate D'Arcy our treasurer has been taking on additional work to cover for the Vice-President of the RCR who is involved with the credential project in addition to other professional RCR duties. We have used virtual communications to join meetings from a distance and combined ABC business with meetings at the college. Dr Liz Edwards is now retiring from clinical work and stepping down from involvement with the committee and I must also thank her for her many years of dedication to the ABC and all she did to push for recognition of us as a professional group.

With no-one coming forward to take on the website role last year, this job has been outsourced. Next year we will build on the updates we have achieved with further interactive features to help with training / CPD. I hope the resurrection of the newsletters has encouraged you to visit the website to keep updated and read the material we have uploaded. We have a constantly updated list of relevant educational meetings on the website, if your unit is hosting anything of interest to other members please let one of us know so that we can disseminate this info.

So now to credentialing, and the work with the RCR. Two years ago we began looking at the RCR overseeing a training pathway which would properly recognise us as independent senior doctors at a national level. In the last year this has gone from a work in progress to a major focus of the ABC and RCR winning backing of Health Education England (HEE) last autumn, when the project was awarded a development grant of almost £1million. The HEE proposal was to partially fund 10 doctors for three years to complete a dedicated curriculum in breast clinical skills, family history / genetic risk and breast imaging. This will shape the new breast clinician role in the future and on completion, doctors will be awarded a credential, a formal accreditation of attainment of competences in a defined area of practice, at a level that provides confidence that the individual is fit to practise in that area.



This huge boost to the project came with one massive sticking point, we had under a year to get it up and running. Jobs are now being advertised and the new cohort of trainee breast

clinicians will be in post this autumn. This has meant a huge amount of work for myself, Di and Cathy who sit on the project board alongside members of the RCR, HEE and the new National Breast Imaging Academy based in Manchester whom are part of the funding stream. A fantastic curriculum has been written to meet all GMC guidance on curricula and mirror much of that within the clinical radiology curriculum. Support documents, adverts, assessments and training materials have been developed by the project board members and the admin team from the RCR. One of the biggest threats to the project was the availability of ABC members to attend meetings in London and free up professional time to undertake the work. This has been addressed by means of an SLA direct from HEE to fund the ABC project board members so that we don't have to use all of our own professional / study leave or annual leave to complete this work. This has meant our trusts can backfill our absence (if possible) and given us some of the necessary time to get this work done, although night late emails and draft version 6f the day before deadline have been frequent!

This of course is setting up training standards for doctors not yet working as BCs. Working out a pathway of retrospective accreditation for those of us already in the job remains on the agenda for the future. Any experienced or relatively new breast clinician can use the curriculum as a guide for competencies, and if they are able to evidence adequacy in all capabilities in practice and complete the necessary assessments/examination then they would be awarded a credential. Many of us do not work in the full scope covered by the curriculum, and part of the evaluation of the project will look at the scope of practice taken on by those going through the pilot project on completion. Breast clinicians can continue to work in their current roles and in some cases new BCs may train via other pathways not involving the curriculum, but the ABC exec would encourage the benchmarking that this curriculum provides to ensure standardisation of the level of clinical practice expected from breast clinicians across the UK.

A statement from the Academy of Medical Royal Colleges and the NHS Long term plan published in the last 6 months both acknowledged the need for re-opening the Associate Specialist grade or creating a new grade of doctor that the Specialty Doctor contract / Ts&Cs does not address. This is very relevant to many of us. We do not qualify for consultancy status as we can't obtain a CCT and article 14 as was, now a CESR, is also impossible for us to complete unless you have significant other training overseas. The ABC has pushed the RCR to add their backing to the colleges of Emergency Medicine and Anaesthetics to state that the contracts of SAS doctors need revision, specifically for those of us working entirely autonomously at a senior level. This work is ongoing. Local negotiating power cannot be stressed enough. Many of us have been able to alter our local Ts&Cs given the workforce crisis facing breast radiology to improve our remuneration without having to move trust. The committee would love to hear of more success stories regarding this to share with other members.



I continue to sit on the PHE / HEE / NHSBSP workforce and education planning group which looks at all aspects of radiographic and radiological workforce issues and means to address them. Our work has been very well received. All parties are committed to having senior

doctors in charge of programmes and patient care, being a face within this group ensures we are definitely on this agenda.

Last years ABC meeting at Symposium was well attended and received good feedback. We have planned a further collaborative meeting next year in Harrogate. I am looking forward to some Yorkshire sunshine and tea at Betty's already!

I look forward to what the next year holds for the ABC, the commencement of credential training and of course a great couple of days in London this June.

A handwritten signature in blue ink, appearing to read 'Zoe Goldthorpe', with a large, stylized initial 'Z'.

Dr Zoe Goldthorpe

President, ABC. May 2019.