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Bridging the Radiologist Staffing Gap with New Training Initiative

Summary: Across the world, there is a workforce crisis impacting breast disease management that is partly attributed to a shortage of radiologists. In the UK, a new credentialing programme seeks to tackle this through training more clinicians to become breast treatment experts. A new three-year accreditation programme, launched by the Royal College of Radiologists (RCR) and Association of Breast Clinicians, will provide standardised, national training for physicians who want to become more 'holistic breast clinicians.' HealthManagement.org found out more from Vice President for Clinical Radiology at the RCR, Dr. Caroline Rubin, who says the credential has been developed in response to patient, population, professional, workforce and service needs.



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Describe the threat facing breast care units in the UK. Is it too late to address the shortage?

Expansion of the NHS Breast Screening Programme (NHSBSP), demographic change and a significant increase in symptomatic referrals are increasing demand on breast imaging services. This increased demand is being exacerbated by workforce shortages caused, in part, by a higher than average retirement rate across all disciplines practising in breast imaging. This is happening because the majority of the

workforce entered the NHSBSP when it was established in the 1980s and are therefore now reaching retirement age.

Increasing complexity in technology, such as the addition of tomosynthesis and contrast-enhanced mammography, and the increase in the use of breast MRI and image-guided excisions, is also impacting on the demand being put on breast imaging services. This increase in complexity means a better, more accurate screening and symptomatic breast imaging service is being provided, but it cannot be fully delivered without an increased workforce.

There are vacancies across the breast imaging workforce including assistant practitioners, mammographers, advanced practitioners and consultant mammographers as well as the breast clinician and breast radiological workforce - but we can help to address the situation.

The solution is to provide training at all levels, including the credentialled

training for Breast Clinicians, to support the workforce requirements now and in the future.

How did the RCR and the Association of Breast Clinicians devise the course?

The credential is based on current training models for breast radiologists, advanced clinical practice in breast imaging and the previously accepted ad hoc training for breast clinicians via post graduate masters modules.

Training in clinical examination will be delivered to equivalent standards as the current breast surgical and advanced practice nurse training and genetic risk training delivered under the auspices of genetics and moderate risk assessment clinics.

Given the level of expertise needed for breast care, it must have been a challenge to devise such training. How have you ensured that three

years will be enough to cover the requirements of breast care?

The credential is specific to the diagnosis and management of breast diseases. As such it is limited in scope in comparison with radiology training, which encompasses the whole of imaging (with or without the inclusion of interventional work) with special interest training undertaken in the final two years of training.

The required capabilities should be readily achieved within three years and some will enter credentialled training with existing relevant skills and competencies.

How important is it to address the shortage of radiologists in the framework of the new training? What percentage of the three-year**training will be allotted for imaging training?**

Training in all aspects is blended across the three years. Clinical and assessment of genetic risk will be the focus of the first year, alongside basic imaging optimisation and evaluation.

Imaging forms the major focus of the final two years, with maintenance of – and building on – clinical and risk assessment skills.

Is there anything else you think could be done to mitigate the shortage of breast care professionals and radiologists in particular?

AI is being promoted as having the potential to deliver efficiencies in terms of active appointment management maximising capacity, as well

as acting as a second reader in the future. However, there are currently no approved systems in routine clinical use in the UK and it is not known how long it will be before they are accepted by the NHSBSP. Supporting the imaging workforce by providing one of the reads of breast screening mammograms or enhancing the quality of the symptomatic breast service by providing a second read of symptomatic mammograms, which is currently not available routinely, will hopefully improve outcomes, reduce the risk of screening mammograms being single-read and provide some support. However, it will fall far short of many of the touted high-impact expectations for AI, such as those featured in the Topol Review from early 2019. ■

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