

Criterion 8.18: Each provider has qualified radiologists

Elements

- 8.18.1 Radiologists involved in BSA will be medically qualified, registered to practise in New Zealand and have a basic qualification in radiology, such as Fellowship of RANZCR. They will also hold vocational registration in diagnostic radiology.
- 8.18.2 BSA radiologists must undertake further training prior to commencing screening mammography within the programme. This should include, as a minimum:
- reporting of a minimum of 2000 mammograms within the 12 months prior to commencement
 - completion of 300 dummy third reads within the three months prior to commencement (a recall rate of not more than 12% is required)
 - demonstration of reader sensitivity of 80% from a cancer seeded set of images such as BREAST
 - participation as an observer at the full clinical multidisciplinary team meetings, and the process of resolution of discordant readings during the period of training as a third reader
 - attendance at one teaching course currently recognised by RANZCR within the last two years.
- 8.18.3 Prior to commencing unsupervised assessment, radiologists must satisfy the Clinical Director that they are competent in the following:
- supervising and interpreting mammographic work-up
 - performing and interpreting breast ultrasound
 - performing invasive procedures available in their assessment clinic
 - attendance and supervised participation during the 12 months prior to commencement in 10 assessment sessions within an established national population-based screening programme, either in New Zealand or overseas, at a screening facility approved by RANZCR.
- 8.18.4 All radiologists must participate in CPD that includes:
- attendance at at least one scientific meeting or refresher course specific to mammography every two years
 - attendance at multidisciplinary review and audit meetings
 - reviewing current journals and material on relevant radiological websites.
- 8.18.5 Every radiologist involved in the screening programme must read a minimum of 2000 screening mammograms within the provider region each year.
- 8.18.6 An individual radiologist's reading statistics must fall within 95% confidence intervals for rates of cancer detection and detection of small cancers (Criteria 4.5, 4.6 and 4.7) (refer to Appendix Y: Funnel Plots). Where an individual fails to meet these criteria, the Clinical Director will ensure strategies for improving performance are implemented.

8.18.7 BSA radiologists must:

- obtain feedback (including pathology) on at least 80% of individual cases that have resulted in recall to assessment
- attend at least 15 meetings or 60% (whichever is the greater) of clinical multidisciplinary review meetings, using video conferencing if necessary
- participate in the programme's interval cancer review and other audit sessions.

Radiologists who perform ultrasound, biopsy and localisation techniques at an assessment clinic must be competent at these procedures. To achieve this it is recommended that these radiologists have a regular weekly commitment to breast imaging, which may include diagnostic, screening, assessment clinic and audit sessions.

BSA radiologists must also read screening mammograms and participate in assessment clinics. It is recognised that this may be difficult to achieve while still allowing assessment clinic radiologists to develop and maintain sufficient expertise. For this reason it is desirable for screening radiologists to be performing assessment in diagnostic clinics outside the programme.

BSA radiologists must continuously monitor the technical quality of mammograms and provide constructive feedback to the lead MRT. This is particularly important in situations where MRTs do not have direct contact with the radiologist who reports the images.

8.18.8 Radiologists must attend regular radiology review sessions to allow:

- interval cancer review and internal classification
- review of reading or assessment procedures and protocols
- review of literature
- review of interesting cases or third reads.

8.18.9 All BSA radiologists must complete a minimum of eight hours' training in digital mammography. Education for radiologists in digital mammography consists of the following.

- Supervised reading of digital mammography images must be performed with an experienced radiologist at a digital mammography accredited site.
- Digital images will ideally be viewed on a workstation identical to the one the radiologist will be using at his/her own site.
- Sufficient time should be spent at the workstation so that the radiologist is comfortable with altering windowing, levelling, zoom and inversion presets as necessary to optimally visualise calcifications or subtle asymmetries.

Education should also include:

- a minimum reading of 200 digital mammograms, including reading the BSA cancer seeded set
- digital mammography theory, including quality control for digital mammography such as vendor-specific quality control

For a new screen reader, digital mammography training should be a minimum of eight hours' duration, with at least six hours devoted to screen reading and the seeded set.

- 8.18.10 It is desirable for radiology registrars to rotate through a breast screening unit, and trainees may participate in BSA under supervision from a BSA radiologist, with:
- time spent in the screening unit divided between reading screening mammograms and assessment
 - direct supervision for any procedure conducted within the programme
 - trainees performing dummy reads – these reads should not influence outcomes for women.
- 8.18.11 The screening unit's data management system must allow regular monitoring of an individual radiologist's performance and feedback of information. At a minimum this will include the number of screening mammograms read, the total referral rate, and small invasive cancer and overall cancer detection rates. This information must be provided every six months, will be cumulative and must include performance criteria for assessment. Individual performance data must be confidential to the individual reader and to the Clinical Director, but will be available for scrutiny by the visiting BSA radiologist auditor.