

National Breast Imaging Academy (NBIA): Fellowship

Overview of recording of progress of Fellowship

Summary

This document has been developed to provide guidance to NBIA Fellows and their Supervisors on the process of monitoring and recording progress through the Fellowship.

NBIA Fellowship has been developed to promote excellence, support any further training requirements in breast imaging and to encourage development of specific skills such as teaching, leadership or research.

All NBIA Fellows will be allocated a designated GMC-recognised Educational Supervisor (ES) for the year, who will be identified by the individual hosting sites. The NBIA and the Fellow will be informed of this prior to commencement of Fellowship. The ES will have the overall responsibility for monitoring and recording the Fellow's progress through their Fellowship and producing an end of year evaluation report. They will also have a duty to communicate any important information/events regarding the Fellow to the NBIA. There will be no designated Clinical Supervisor for the NBIA fellows. It is expected that all consultants working with the fellow in both clinical and non-clinical capacities will provide constant support to the Fellow and feed back to the ES.

The Fellow's progress should be recorded on the RCR e-portfolio (Kaizen) and all Fellows will be provided access to this. International fellows must become a member of RCR for e-portfolio access to be granted. Information on how to become a member can be obtained by emailing Membership@rcr.ac.uk

On Kaizen <https://www.kaizenep.com> each Fellow will need to identify their ES and 'appoint' them to the role. The training year will be divided into two 6-month blocks for assessment purposes. The ES will meet the Fellow at the start of training and create a personalised development plan (PDP). Further meetings will then take place at 6 months and 12 months (equivalent), where they will create a Supervisor's Report, recording training progress and updating the PDP as appropriate. The Educational Supervisor will use the specified number and type of Workplace Based Assessments (WPBAs) and other evidence to complete their report.

Fellows need a minimum of 3 meetings (an initial, midpoint and end of fellowship) with their ES. These meetings will need to be created by the ES on Kaizen. If there is a need for additional meetings these can be created by either the Fellow or ES using the 'informal meeting' option on Kaizen. It is recommended that additional informal meetings are held at 3 months and 9 months to monitor progress if necessary.

ES meetings should be organised in a timely manner. The evidence submitted on the e-portfolio should be of high quality and devoid of any patient identifiable information. It is the responsibility of each Fellow to record evidence of their training in a timely and orderly manner. The evidence acquired needs to be captured across the block and not clustered in the immediate run up to a meeting with the Supervisor.

Different trainers should be completing assessments where possible. Details of assessments and minimal requirements are included. The End of Fellowship Checklist (Appendix 1) also provides guidance on what specific evidence is required.

The fellow, supervisor and trainers should familiarise themselves with the curriculum. This [curriculum](#) should be used as the basis of creating and adapting the learning objectives/Personalised Development Plan (PDP) as the fellow advances through their training.

A minimum of 60% of the Fellow's time should be spent in breast imaging and adequate supervision should be provided. On call commitment is not a requirement of the Fellowship. However, if it is necessary for local service needs, this should be discussed with the Fellow and agreed at the outset. It is essential that any breast training time lost due to on call commitments is compensated for by the provision of extra training time elsewhere.

The Fellows will be expected to keep a logbook of clinics, procedures and screen reading. This should not contain any patient identifiable information. The screen reading log should also record recall rate and, towards the end of training, cancer detection rate.

The Educational Supervisor's final meeting will be held at the end of the training year. At this stage the ES will complete a Structured Report (Educational Supervisor's Structured Report Clinical Radiology) for the year and also complete an End of Fellowship Checklist (Appendix 1), ensuring all the evidence is present in the e-portfolio. The Structured Report and Checklist will summarise the evidence of the year for the NBIA panel.

Once the Fellow completes a year's equivalent of training the NBIA panel will review all evidence submitted. Subject to satisfactory progress, the Fellow will be awarded a Certificate of Completion of Fellowship. The Certificate of Completion of Fellowship indicates that the fellow has undertaken a year of special interest training in breast imaging. Fellows who fail to complete their Fellowship or leave the Fellowship partway will not be eligible for this.

It is very important to stress that the panel can only award a certificate of completion based on the evidence in the e-portfolio.

As these are post-CCT fellowships, all NBIA Fellows including international recruits will need to undergo a local annual appraisal within their host Trust for GMC revalidation purposes. Where possible, it is recommended that the ES also acts as the Fellow's appraiser to avoid duplication of effort between end of year evaluation and annual appraisal. Learning objectives from the ES induction meeting can be used as PDP for the initial appraisal. Similarly the end of year ES evaluation report with additional mandatory evidence may be used for annual appraisal. However, please note that both these processes are necessary and need to be completed separately. Please seek guidance from the individual host site revalidation team on meeting local Trust requirements for annual appraisal.

Two study blocks each lasting 2 days are organised for the Fellows during their fellowship year to cover specialised areas or topics and to ensure that skills not readily available in every centre are addressed. Attendance is therefore mandatory.

In addition, Fellows also have access to a study budget of £1000 which will be allocated to host Trusts by the NBIA. This document also provides a list of recommended courses.

NBIA Fellowship requirements:

<u>Block 1:</u>	Educational Supervisor	Induction meeting
	Educational Supervisor	Mid-point meeting
	Breast-Specific Modality Report (1) (see Appendix)	
	Mini IPX (6) (in breast)	
	DOPS (6) (in breast)	
<u>Block 2:</u>	Educational Supervisor	End of year meeting
	Educational Supervisor	End of year evaluation report
	Breast-Specific Modality Report (1) (see Appendix)	
	Mini IPX (6) (in breast)	
	DOPS (6) (in breast)	

Fellowship Documents (to be submitted as zipped folder in the library section of Kaizen):

GMC registration document

Logbook

Breast-Specific Modality Report x 2

Annual leave record

Sick leave record

Special leave record (including maternity leave)

Document with study leave budget spent

Exams passed (if relevant)

Course/conference attendance certificates

Audits/research performed

Papers/presentation/posters submitted

Annual appraisal documentation

If you as a Fellow have any queries please discuss with your Educational Supervisor in the first instance. However, if you would feel more comfortable discussing this with someone outside of your training site you can contact the following at NBIA:

Soujanya.Gadde@mft.nhs.uk or Paula.Stavrinos@mft.nhs.uk

Fellowship requirements outline and timelines

	Start	End of block 1	End of block 2	End of fellowship
Induction Meeting	✓			
PDP	✓			
Review/edit PDP		✓	✓	
DOPS		6	6	
Mini-IPX		6	6	
BSMR		1-2	1-2	
MDM		1	1	
Teaching		1	1	
Reflection		1-2 min	1-2 min	4
Audit/QIP				1
MSF				1
Logbook		✓	✓	
Educational Supervisor Report		✓	✓	
End of Fellowship Structured Report				✓
End of Fellowship Checklist				✓

****Please note the above numbers are minimum requirements and all Fellows are encouraged to complete more assessments where possible in order to effectively track and evidence their progress.**

Assessments

Workplace Based Assessments (WPBAs): (on Kaizen)

DOPS (Directly Observed Procedural Skills)

Mini-IPX (Mini-Imaging Interpretation Exercise)

Both assessments are available on Kaizen and can be sent to a trainer to complete. Assessments should be distributed throughout the training period. It is important to demonstrate progress and it is expected that more supervision will be required at the start of the fellowship.

Breast-Specific Modality Report (BSMR): (attached: to be added to the appropriate subfolder in the library section of the Kaizen e-portfolio) (Appendix 2)

The BSMR is another assessment tool to help a trainer record progress following a number of sessions together. For example, if the Fellow is performing US VABs with the same trainer for a block, then that trainer should complete a BSMR to summarise their progress

Multidisciplinary Meeting (MDM): (on Kaizen)

The MDM assessment should be completed by a trainer, at least one per block. This will give the Fellow valuable experience in preparing and presenting a MDM.

Audit/Quality Improvement Project: (on Kaizen)

As part of clinical governance, it is important for the Fellow to produce an audit/QIP during their fellowship. This should be documented using the appropriate Audit/QIP assessment form on Kaizen.

Teaching: (on Kaizen)

As part of their training it is important that the Fellow demonstrates how they have used their skills to teach others. Feedback should be obtained from the learners, and from a trainer who has supervised/been involved in this session.

Reflection: (on Kaizen)

Reflection is a valuable part of how one learns, and it is important to continue to provide evidence of this. This evidence needs to be gathered throughout the year and not clustered at the end. The reflection needs to be of good quality and demonstrate learning from the event.

Multi Source Feedback (MSF): (on Kaizen)

Working with the Multidisciplinary Team is an essential part of the work of a breast radiologist. Getting feedback from the wider team and reflecting on it, is a very important part of this training. This will form an essential part of revalidation going forward as a consultant.

Educational Supervisor's Report: (on Kaizen)

This provides a summary of what has been achieved for a particular block.

End of year Structured Report: (on Kaizen)

This is a summary document covering the entire year's training. The Educational Supervisor will complete the checklist with the Fellow at the same time. Both these documents form the basis for the NBIA panel review.

Recommended courses and conferences:

BSBR Annual Scientific Meeting

Cambridge Breast Conference

Symposium Mammographicum

UKIO

EUSOBI

RCR Annual Meeting

UK Interdisciplinary Breast Cancer Symposium

Useful links:

<https://www.rcr.ac.uk/clinical-radiology/specialty-training/kaizen/kaizen-fags>

<https://nationalbreastimagingacademy.org/>

Appendices

Appendix 1: End of Advanced Training Checklist

Appendix 2: Breast-Specific Modality Report

Appendix 1

End of NBIA Fellowship Checklist

Name	Review Date	Period from:	to

Evidence of learning			
Documentation	Reviewed		Comments
MDT assessment			
Audit/QIPAT			
Research			
Teaching observation			
Teaching online contribution			
MSF			
	1 st half of training	2 nd half of training	Comments
IPX (6 per each half year training min)			
DOPS (6 per each half year training min)			
Breast-Specific Modality Report (min 2)			
End of Training ES Report			

Supporting documentation (to be filed in the Personal Library section of the Kaizen e-Portfolio)		
	Reviewed	Comment
Evidence of current GMC registration (screenshot)		
Annual appraisal output form		
Annual leave record		
Sick leave record		
Special leave record (inc maternity leave)		
Personal study budget used (evidence)		
Study block attendance		
Courses/conference certificates		

Additional Information		
	Y/N	Comment
Reflective Practice(minimum 4)		
Presentations		
Advanced Communication Skills course		

We, the undersigned, have reviewed the portfolio and agree it is complete and ready for submission, and it represents a true and fair record of in-year progress.

Fellow	Supervisor
Name	Name
Date	Date
Signature	Signature

Appendix 2 (see page 6 for further details)

BREAST-SPECIFIC MODALITY/SKILLS REPORT

Name		GMC No.	
Training period	From:		To:
Trust:		Supervisor	

Clinical Practice

MODALITY/SKILL	NUMBER OF TRAINING EPISODES/SESSIONS	MODE OF SUPERVISION (direct, indirect, remote in time and place)

Not Assessed	Further Development Required	Further Development Recommended	At Expected Level	Good	Excellent
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TECHNICAL ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification (key findings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation (key findings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KNOWLEDGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REPORTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAFETY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LEVEL OF SUPERVISION REQUIRED:	DIRECT	<input type="checkbox"/>
	INDIRECT	<input type="checkbox"/>
	INDEPENDENT	<input type="checkbox"/>

AREAS FOR DEVELOPMENT including examples

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Fellow

Supervisor

Signature:	Signature:
Name:	Name:
Date:	Date: