

## National Breast Radiology Fellowship Programme Host Centre Eligibility Criteria

Domain	Criteria	Criterion met (✓ if applicable)	Comments
Service provision	Provision of symptomatic clinical breast services		
	Provision of screening clinical breast services		
	Mammography reporting		
	Breast US		
	US guided interventional procedures		
	<ul style="list-style-type: none"> <li>• 14G</li> </ul>		
	<ul style="list-style-type: none"> <li>• VAB/VAE</li> </ul>		
	<ul style="list-style-type: none"> <li>• Clip insertion</li> </ul>		
	<ul style="list-style-type: none"> <li>• Tumour localisation</li> </ul>		
	Stereo guided interventional procedures		
	<ul style="list-style-type: none"> <li>• 14G</li> </ul>		
	<ul style="list-style-type: none"> <li>• VAB/VAE</li> </ul>		
	<ul style="list-style-type: none"> <li>• Clip insertion</li> </ul>		
<ul style="list-style-type: none"> <li>• Tumour localisation</li> </ul>			
Cross sectional reporting of staging CTs			

	Reporting of breast MRs		
	MR guided breast biopsy		
	Reporting of PET CT		
	High risk screening		
	Dedicated breast MDT		Frequency:
	If any of the above clinical services are not provided on site, please provide details of neighbouring hospitals or centres used (e.g. MR biopsy or PET CT) to ensure that clinical experience can be gained		
Education supervision	Named GMC recognised Educational Supervisor		
	Named Trust Specialist Training Lead		
	Named Clinical Supervisor		
Training opportunities	Opportunities to undertake audit		
	Access to regular dedicated teaching sessions		
	Opportunity to teach in an organised programme		
Research	Research Trials Team/Unit		
	Opportunities to undertake research		

	Evidence of recruitment to national trials		
Performance of Centre	No significant concerns raised at previous QA visit		
	No significant concerns raised by the CQC		
	No significant concerns raised by radiology trainees or by the deanery		
Leadership	Clinical Lead in post		
	Director of Screening in post		
	Lead Breast Radiologist in post (if applicable)		

**Signature** (to be signed by the person responsible for supervision of the fellow)

**I confirm that to the best of my knowledge, the information provided in this application is correct and up to date as of the date given below.**

Name

Position

Signature  Date