

National Breast Radiology Fellowship Programme Hospital Application Form

The National Breast Radiology Fellowship programme is run by the National Breast Imaging Academy (NBIA) and supported by Health Education England.

Fellowship posts are open to post CCT radiologists trained in the UK or to overseas radiologists (with equivalent qualifications) who meet the person specification. Please see NBIA website www.nationalbreastimagingacademy.org for further details or contact us at breastacademy@mft.nhs.uk

Centres applying to host a NBIA breast radiology fellow must fulfil host centre eligibility criteria. They should self-certify this by completing the eligibility criteria form and then proceed to complete the following application form to confirm that they can secure the required part funding for the post(s). This will be subject to review by NBIA selection panel prior to approval of a centre. Please note that any further enquiries from the panel should be dealt with in a timely manner. Successful host centres will be informed and added to the list of recruitment centres.

This form should be completed and submitted electronically to Paula.Stavrinos@mft.nhs.uk

Person responsible for completing form

Name

Designation

Date

Capacity to host fellows

How many fellows do you wish to host (maximum 2)?

Local Educational Provider (LEP) hospital(s)/Trust(s)

	Main hospital/Trust (Lead site employing fellow)	Secondary site/ Trust (if applicable)
Name of Hospital and Trust		
Address of Hospital		
Contact name		
Telephone number		
Approximate screening population served by Trust		
Approximate breast cancers diagnosed per year		

Trainee and Supervisor Numbers at Employing Trust for Duration of Fellowship

Please complete table below to indicate the numbers of trainees and supervising consultants.

	Number	Comments
Foundation level trainees rotating to breast		
Specialty Trainees (ST1-3) training in breast		
Specialty Trainees (ST4-5) training in breast		
Other trainees in breast radiology (e.g. other fellows, Advanced Practitioners, Breast Clinicians)		
Supervising consultants		

Breast Radiology Workload at Employing Trust

Please complete the table below to indicate screening, symptomatic, MR, in terms of number of procedures

Activity	Workload	Comments
Screening (number of patients per year)		
Number of assessment clinics per week		
Symptomatic (number of patients per year)		
Number of symptomatic clinics per week		
Other relevant workload information to support application (please describe)		

Accessibility to Oncology and Pathology Sessions

Please complete the table below providing details for the employing Trust and peripheral Trust (if applicable)

Activity	Accessible? Y/N	Location of potential sessions	Frequency of potential sessions	Comments
Oncology sessions				
Pathology sessions				

Peer review and interval cancer review process

Please complete the table below providing details for the employing Trust

Review type	Frequency	Feedback process
Peer review		
Interval cancer review		

LEP Consultants/Trainers

Primary Educational Supervisor (may be a trainer):

Name

Main trainer(s) involved with fellowship

A main trainer must:

- Have a minimum of three years' experience in the NHS
- Undertake more than five programmes activities (PAs) in their job plan
- Be primarily a breast radiologist
- Be recognised by the GMC as a trainer

Please list all trainers involved with the fellowship in the table below. Please list any other trainer(s) involved with the fellowship, for example trainers delivering MR biopsy training.

Name	Recognised by the GMC as an ES? (Yes/No)	Number of years' experience in supervision	Cross-cover arrangements

Indicative Timetable

Please provide an indicative timetable that indicates the type of proposed activity and includes supporting professional development (SPD). SPD should be one half day each week. Please note that the timetable must be compatible with the recommendations made by the NBIA with a minimum of 60% of fellows time spent in breast radiology

Types of activity

- Breast symptomatic clinic (BC)
- Screening assessment clinics (SAC)
- Screen reading sessions (SR)
- Multi-disciplinary team meeting (MDT)
- Stereo or Ultrasound guided breast intervention (SUBI)
- Supporting Professional Development (SPD)
- MR Teaching/reporting/biopsy (MR)
- Research activities (RA)
- General radiology sessions (Please specify sessions CT, US, MR, Intervention, MDT)

If shared post, please indicate the activity and the trust, for example, MDT (A) or MR (B).

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Training delivery

Please identify areas that have not been previously covered or where you can provide additional areas of training/experience in breast radiology

Details of Lead Trainer

Name

Address

Telephone number

Email address

GMC trainer recognition date

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. I understand the Hospital/breast unit is subject to scrutiny and approval as a part of the application process

Signature

Date

Hospital/Trust Medical Director or Chief Executive



Name of Hospital/Trust

Print name of Medical Director/
Chief Executive

Other position with approval authority

I confirm to the best of my knowledge, the information provided in this application is correct and that the Hospital Trust will part fund the Fellowship salary as outlined in the SLA.

Signature

Date



Contact Information

Name of Department Manager

Email address of Department Manager

Name of Finance contact

Email address of Finance contact

Name of HR/Recruitment contact

Email address of HR/Recruitment contact

Name of TPD / Head of School

Name of Deanery

