

National Breast Imaging Academy (NBIA) Fellowship

Guidance on supervision & recording progress of fellowship

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

1.0 Supervision & Responsibilities

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 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 and determining whether the fellow has met the expected minimum outcomes. 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 support to the Fellow and feed back to the ES. Consultants supervising fellows are referred to as "trainers" in this document. Trainers are responsible for completing assessments with fellows where possible. Further details are provided below.

Fellow responsibilities

- Understand that you will be required to take responsibility for your own learning (see Appendix 1 which outlines the principles of adult learning).
- Identify key competencies expected of you at outset.
- Use self-directed learning to aid achievement of competencies.
- Identify areas of weakness and highlight any gaps with supervisor and work proactively to seek opportunities to gain necessary experience.

Supervisor responsibilities

- Discuss expected outcomes at outset with fellow.
- Identify target completion dates using PDP process.
- Advise fellow in a timely manner if the competencies are not being achieved as expected.
- Put support in place for fellows struggling to meet targets.
- Determine whether the fellow meets the expected minimum outcomes.

Should there be a discrepancy between the fellow and the supervisor's perception of capabilities, the supervisor's decision will be final.

2.0 Expected Minimum Outcomes by the End of the Fellowship

Fellows are expected to be able to perform the following **independently**:

- Screening and symptomatic mammography interpretation (this should be evidenced in work-place based assessments WPBAs)

- Performing and interpreting ultrasound of the breast and axilla
- Reporting of staging CT scans
- Undertake a symptomatic clinic (work independently with their own list of patients)
- Undertake an assessment clinic (work independently with their own list of patients)
- Double reporting of breast MRIs
- FNA of breast and axilla
- US biopsy of breast and axilla
- Stereocore biopsy of breast
- Localisation procedures
- Undertake breast MDT with minimal consultation with colleagues.

3.0 Documentation of progress for non-UK trained fellows

The following guidance is for fellows who did not complete their radiology training in the UK and so have never documented their progress and competencies on the RCR e-portfolio (risr/advance, formerly known as Kaizen).

Supervision meetings

Fellows need a minimum of 3 meetings with their ES. These meetings will need to be created by the ES on the e-portfolio.

Meetings should be held at the following timepoints:

- **Initial meeting at start of fellowship:** a personal development plan (PDP) will be created. This will be based on the curriculum.
- **Midpoint of fellowship:** review recorded evidence of training progress, including Workplace Based Assessments (WPBAs), update the PDP, ES to create a Supervisor's Report
- **End of fellowship:** the ES will complete a Structured Report (Educational Supervisor's Structured Report Clinical Radiology) for the year and an End of Fellowship Checklist, ensuring all the evidence is present in the e-portfolio. The Structured Report and Checklist will summarise the progress made in the fellowship year.

If there is a need for additional meetings these can be created by either the Fellow or ES using the 'informal meeting' option on the e-portfolio. It is recommended that additional informal meetings are held at 3 months and 9 months to monitor progress if necessary.

Record keeping – RCR e-portfolio

The Fellow's progress should be recorded on the RCR e-portfolio (risr/advance). 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

The Fellow will need to identify their ES and 'appoint' them to the role on the RCR's e-portfolio <https://www.kaizenep.com>.

Structure of fellowship

The training year will be divided into two 6-month (full time equivalent) blocks for assessment purposes. Guidance is provided later in the document on numbers of different types of assessments and when they are required within the fellowship.

Evidence of training – Fellow responsibilities

It is the responsibility of each Fellow to record high-quality evidence of their training in a timely and orderly manner. Fellows must ensure that evidence does not contain any patient identifiable information. The evidence acquired needs to be captured across the block and not clustered in the immediate run up to a meeting with the Supervisor. Evidence must be captured in the following ways:

- **Identification of ES:** Fellows must identify their ES on the RCR's e-portfolio <https://www.kaizenep.com> and "appoint" them to the role.
- **Logbook:** Fellows are expected to keep a logbook of clinics, procedures, and screen reading. This should not contain any patient identifiable information. Logbook data will be uploaded electronically onto the e-portfolio. Fellows may opt to retain a hard copy of the logbook if they wish, but they will still need to upload evidence on the e-portfolio in addition to this. The screen reading log will be provided by the local screening programme office manager. This should be used to record recall rate and, towards the end of training, cancer detection rate.
- **Workplace Based Assessments (WPBAs):** Fellows are responsible for sending trainers/ES the WPBAs via the e-portfolio to complete. There are two forms of WPBAs
 - DOPS – Directly Observed Procedural Skills
 - Mini-IPX – Mini-Imaging Interpretation ExerciseBoth assessments are available on the e-portfolio and must 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.
- **MDM:** Fellows should request that the trainer completes the Multidisciplinary Meeting (MDM) assessment on the e-portfolio – at least one per block so should be completed.
- **Completion of Audit/Quality Improvement Project** – as part of clinical governance it is important for the Fellow to produce an audit/QIP during the fellowship. This should be documented using the appropriate Audit/QIP form on the e-portfolio.
- **Teaching** - Fellows are required to participate in teaching and should ask for teaching assessments on the e-portfolio to be completed by the trainer/ES.
- **Reflection**– this is a valuable part of how one learns, and it is important to provide evidence of this. The reflection should demonstrate learning from everyday practice or an incident. Please use the RCR CPD template for documenting these if possible.
- **Multi Source Feedback (MSF)** - Fellows are expected to seek feedback from the wider team. There is a section on the e-portfolio to assist with this process.

Evidence of training – Educational Supervisor responsibilities

- **Supervision meetings:** Create meetings with the fellow at the start of the fellowship, midway through and at the end of the fellowship.
- **Personal Development Plan:** Write a PDP for the fellow at the start of the fellowship.
- **ES Report:** Complete an Educational Supervisor's Report at mid-point and at the end of the fellowship, using the WPBAs as evidence.
- **End of Fellowship Checklist:** ES is responsible for completing this at the end of the fellowship.
- **End of Year Structured Report:** this should be completed by the ES at the end of the fellowship and should cover the full duration of the fellowship.
- **Appraisal:** ES is responsible for explaining the appraisal process, ensuring the Fellow is registered on individual hospital revalidation system and undertaking the appraisal if possible. Further information is provided under the "Annual Appraisal" section on page 4.

Educational Supervisors may complete some of the trainer responsibilities outlined below. Different trainers should be completing assessments where possible.

Evidence of training – trainer and ES responsibilities

- **WPBAs:** Completion of WPBAs on the e-portfolio when sent to the trainer/ES by the Fellow. This includes:
 - DOPS – Directly Observed Procedural Skills
 - Mini-IPX – Mini-Imaging Interpretation Exercise
- **MDM:** Completion of the Multidisciplinary Meeting (MDM) assessment on the e-portfolio – at least one per block so should be completed.
- **Teaching:** Provide teaching assessment on the e-portfolio.
- **MSF:** Provide feedback as part of the Multi Source Feedback.

Fellowship minimum required meetings & documentation – non-UK trained fellows

	Start	End of block 1	End of block 2	12-months	End of fellowship
Induction meeting	✓				
PDP	✓				
Review/edit PDP		✓	✓		
DOPS		6	6		
Mini-IPX		6	6		
MDM		1	1		
Teaching		1	1		
Reflection		1-2	1-2		4
Audit/QIP					1
MSF					1
Logbook		✓	✓		
Educational Supervisor report		✓	✓		
End of Fellowship Structured Report					✓
End of Fellowship Checklist					✓
Appraisal	✓			✓	

Annual appraisals – non-UK trained fellows

All NBIA Fellows are required to undergo a local annual appraisal within their host Trust for GMC revalidation purposes. For non-UK trained fellows who have never worked in NHS before and never had an appraisal for GMC revalidation purposes, an initial appraisal should be carried out when they start in post so that they are registered on the appraisal system.

Where possible and if the ES is a recognised Appraiser, 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. Please note that both these processes are necessary and should be completed separately.

Please seek guidance from the individual host site revalidation team to ensure that local Trust requirements are met for annual appraisal.

Supervision meetings

As a minimum the ES should meet with the fellow at the following timepoints:

- **Initial meeting:** Fellows should have an initial meeting with their ES at the start of the fellowship and a PDP should be agreed.
- **End of fellowship meeting:** The ES is responsible for completing an end of year fellowship checklist, which can be submitted as part of the appraisal.

Additional meetings may be held at any other time during the year if and when this is deemed to be necessary.

4.0 Documentation of progress of UK- trained fellows

Fellows who completed their radiology training in the UK are not required to use the RCR's e-portfolio (risr/advance, formerly known as Kaizen) as they will have already documented their progress and competencies on this system during radiology training. However, we advise that UK-trained fellows continue to collate evidence of their progression via completion of a logbook, written feedback (e.g. via email etc.) or any other means appropriate to demonstrate their PDP achievement during the year. All this information should be uploaded as supporting evidence for the appraisal process.

As UK-trained fellows will have had their ARCP process, they may not need an initial appraisal. Please check with local revalidation team for clarification. They will need an appraisal when it is due (usually 12 months after the last ARCP). If the ES is a recognised appraiser they should preferably do the appraisal themselves; if not, they should ensure that the appraisal is done by a suitably qualified colleague.

5.0 Recognition of Completion of Fellowship

Fellows are expected to complete one year's full time equivalent of training and meet the expected minimum outcomes (see section 2.0), following which, a "recognition of fellowship" document will be awarded. This indicates that the fellow has undertaken special interest training in breast imaging and explains that details of the competencies have been recorded on the RCR e-portfolio (for non-UK trained fellows) or via annual appraisal (for UK-trained fellows). These will only be awarded to those who complete 12 months' full time equivalent of the fellowship and meet the expected minimum standard

Fellows who leave the fellowship prior to their planned end date or those who have not met the expected competencies as outlined above will not be eligible for receiving the recognition document.

Supervising Consultant's decision will be final in any circumstances of dispute.

6.0 Appendices

1. End of NBIA Fellowship Checklist – this is to be used for all fellows regardless of whether they are UK trained or not.

2. PDP form for UK-trained fellows – this is just to be used by ES/fellow during their initial meeting at the start of the fellowship. N.B. non-UK trained fellows should use the PDP template on the e-portfolio.

Appendix 1

Principles of Adult Learning

Self-Directed Learning

You will be expected to take responsibility for your own learning and skills development. This means being an independent and self-directed learner.

It is important to reassess your progress throughout your fellowship. You should be reviewing your learning outcomes to determine whether you are meeting your expected competencies at the rate required. You should review your progress with your ES to identify any areas of development and plan how to address any development needs.

Be organised and proactive about keeping evidence of learning.

Clinical Competencies

It is important to be aware that although achieving your clinical competencies is your priority, your colleagues may have other priorities.

Make a plan as to how to achieve your competencies and liaise with your ES as necessary. If you have concerns, you should raise these with your ES. If you are struggling with access to, or time with your ES, escalate this to your line manager.

Set Your Own Goals

It is important that you are in charge of your own learning. You are a senior member of the team and you should take responsibility for your learning.

This means you should know what your goals are and what gaps you still have in both your knowledge and your experience. Identifying your own goals is crucial to making your learning journey a success.

Think about:

- What new skills do you want to gain?
- What areas of your practice do you want to develop?
- What are your career goals and how will you use this course to contribute to them?

Take the Initiative

Learning in a clinical environment is tough but it can also be exceptionally rewarding. You will not only develop a better understanding of the work you carry out, but also why you are doing it. This is paramount to be able to offer safe and effective care to your patients.

Your responsibility in this learning journey is to achieve your competencies, but you are also expected to support your colleagues and understand that the patients must come first. Therefore, this may require flexibility on how and when you are able to access learning opportunities. If you are struggling with this, please approach your ES or your line manager for support.

Appendix 2

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 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 3

Personal Development Plan (PDP) form for UK-trained fellows

Description of learning objective	Timeframe for completion	How will this be evidenced?	Who will review evidence?	Description of support required (if applicable)