



Host Site Application for an NBIA Breast Radiology Fellow National Breast Imaging Academy

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 training 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 all the criteria outlined in the service provision section of this form.
- Confirm that they have the capacity to employ a Fellow.
- Confirm that they have identified an Education Supervisor for the Fellow for the duration of the Fellowship.
- Confirm that they have informed the local deanery Training Programme Director (TPD)/Head of School (HoS) and the TPD/HoS has confirmed that this will not impact upon delivery of training to the radiology trainees.
- Confirm that the funding for this post has been secured and the creation of this post has been authorised.

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

Part 1: Host site details and responsible personnel	
Person responsible for completing form	
Name	
Job title	
Name of hospital and Trust where Fellowship will be based	
Address of hospital	
Address Line 1	
Address Line 2	
Town/City	
County	
Postcode	
Telephone number	
Clinical Lead (please provide name)	
Director of Screening (please provide name)	
Lead Breast Radiologist (please provide name if applicable)	
Name of Department Manager	
Email address of Department Manager	
Name of Finance Manager	
Email address of Finance Manager	
Name of HR/Medical Recruitment contact	
Email address of HR/Medical Recruitment contact	
Name of Deanery	
Name of TPD / Head of School	
Email address of TPD / Head of School	

Part 2a: Service Provision	
Provision of symptomatic clinical breast services	YES NO
Number of symptomatic patients per year	
Number of symptomatic clinics per week	
Provision of screening clinical breast services	YES NO
Number of screening patients per year	
Number of assessment clinics per week	

Part 2b: Service Provision		
Would the Fellow have access to the following	Yes or No	Comments
Mammography reporting	YES NO	
Breast ultrasound	YES NO	
US guided interventional procedures -14G	YES NO	
US guided interventional procedures – VAB/VAE	YES NO	
US guided interventional procedures – Clip insertion	YES NO	
US guided interventional procedures -Tumour localisation	YES NO	
Cross sectional reporting of staging CTs	YES NO	
Reporting of breast MRs	YES NO	
MR guided breast biopsy	YES NO	
Reporting of PET CT	YES NO	
High risk screening	YES NO	
Dedicated Breast MDT & frequency	YES NO	
Access to oncology sessions	YES NO	
Access to pathology session	YES NO	
Any other relevant workload information to support application		

If these services are not provided on site, please provide details of neighbouring hospitals of centres used to ensure that clinical experience can be gained. If this is a split site fellowship, please outline how the fellowship training needs will be met in the text box above

Part 3: 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 clinic (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, MFT)

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					

Please provide details of any additional areas of training or activity in breast radiology that you are able to offer (if applicable)

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Part 4: Training opportunities, audit, and research

Opportunities to undertake audit	
Access to regular dedicated teaching sessions	
Opportunities to teach in an organised programme	
Opportunities to undertake research with a dedicated research Trials Team / Unit	
Review Type	Frequency
REALM Meeting (Peer review)	
Interval cancer view	
Feedback process	

Part 5: Information about training capacity	
Number of Foundation Level trainees rotating to breast	
Number of Speciality Trainees (ST1 – 3) training in breast	
Number of Specialty Trainees (ST4 – 5) training in breast	
Number of other trainees in breast radiology (e.g. other Fellows, Advanced Practitioners, Breast Clinicians)	
Number of Supervising Consultants	
Name of person who will be acting as Educational Supervisor (ES) for the Fellowship Criteria to be met: <ul style="list-style-type: none"> • Be primarily a breast radiologist • Be a recognised GMC 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 with the GMC as an ES?	Number of years' experience in supervision	Cross-cover arrangements and provide details

Part 6: Performance of host centre	
Have you had any significant concerns raised at previous QA visit?	
Have you had any significant concerns raised by the CQC?	
No significant concerns raised by radiology trainees or by the deanery	

Part 7: Declaration	
Person responsible for completing the form	
I confirm that to the best of my knowledge, the information provided in this application is correct 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.	
I confirm that our local Training Programme Director/Head of School for Radiology Specialty Trainees has been informed of our application to be a host site and has no objections.	
I confirm that I understand that if deemed eligible to host a fellow, this does not guarantee that a fellow will be assigned to my trust.	
I confirm that I understand that if a fellow is assigned to my trust, the trust is obliged to employ them if all local pre-employment checks are satisfactory.	
Name	
Job title	
Signature	
Date	
Person authorising funding for this post	
This should be whoever is responsible for authorising medical posts in your organisation – e.g., CEO, Medical Director, etc	
I confirm that 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	
Name	
Job title	
Signature	
Date	