

Policy Title: Professional Standards – Radiologist Screeners	
Section: Quality Management	Reference No. SG 001
Effective: February 2007	Revision: January 2010, May 2017, January 2018, September 2019

1. SCOPE

Breast Screening Program Radiologists

2. BACKGROUND

An organized approach to high quality breast screening is reliant upon the adoption of best practices for all aspects of the BC Cancer Breast Screening Program.

3. POLICY

All applicants must submit full curriculum vitae, including a full description of previous mammography education and experience along with a letter from the Breast Screening Centre's Chief Screener confirming experience and number of mammographic interpretations to the Breast Screening Medical Director for consideration.

The program has established the following professional standards for the imaging professionals involved in the program:

TRAINING AND EXPERIENCE REQUIREMENT

Exceptions for those having completed a breast imaging fellowship within the past 5 years are shown in italics.

1. Documented 40 hours of AMA Category 1 credits in mammography within the past five (5) years.
 - *Exempt from this requirement*
2. Demonstrated experience in clinical mammography, including a minimum of two years experience and at least 2,500 mammographic interpretations.
 - *1:1 credit for both the fellowship duration in months and number of mammographic interpretations.*
3. Attendance at two (2) recent formal mammography training courses of two to three days duration, at least one within the previous three (3) years. These courses must include a screening mammography component.
 - Exception: In the case where all other qualification criteria are met, the applicant may be granted temporary acceptance with the understanding to complete the recent formal mammography training requirement within six (6) months from the date of acceptance to the

Program.

- *Or 1 such course is completed and the second to follow within one year.*

New screener applications and information can be requested from:
screeningadmin@bccancer.bc.ca

STANDARDIZED MAMMOGRAPHY INTERPRETATION TEST

1. All applicants are required to take the standardized interpretation test of 100 randomly-selected normal and abnormal cases during orientation at the Central Office.
2. All radiologist screeners are expected to achieve the following standards:
On interpretation by case:
 - sensitivity should be above 81.8% with no obvious cancers missed
 - specificity should be above 48.7%, and above 65% on exclusion of benign lesions*On interpretation by breast (excluding two-sided malignancies):*
 - sensitivity should be above 80%, and above 90% on obvious cancers
 - specificity should be at least 70%
3. All applicants who do not achieve the minimum program standard will be required to attain further experience before retaking the test.

ORIENTATION COMMITMENT

1. All applicants must acknowledge and accept the time commitment required for testing and orientation.
2. New centre applicants should attend a case review workshop at an existing centre during the first four months of operation. Travel expenses will be provided to qualified applicants in accordance with PHSA policy.

ONGOING SCREENING VOLUME REQUIREMENT

1. There should be sufficient screening mammography volume from the affiliating screening centre(s) to ensure the applicant will be able to maintain a minimum of 2500 readings per year.
2. In extraordinary circumstances, additional radiologists may be required by a centre to provide adequate coverage for screening interpretation.

CONTINUING MEDICAL EDUCATION REQUIREMENT

Every radiologist screener will attend an annual conference with mammographic content. This may include the program-sponsored Biennial Breast Screening Forum.

ONGOING PERFORMANCE

Internal Review

1. Statistics on abnormal call rate, cancer detection rate, positive predictive value, sensitivity and specificity for each radiologist screener will be compiled and distributed by the program Statistical Analyst annually.
2. All radiologist screeners are expected to maintain the following performance benchmarks for breast screening exams interpreted within the last five years:

Performance Indicator Benchmark

Cancer detection rate standardized for age and previous screening history	> 0.5
Proportion of early stage cancers (DCIS and invasive cancers ≤15 mm)	> 60%
Abnormal call rate standardized for age and previous screening history	< 2.0

3. The Breast Screening Medical Director will personally review results with radiologist screeners not meeting the required performance standards, and determine the appropriate action plan:
 - continue monitoring
 - remedial plan to support performance improvement, which may include but not limited to, continuing education and double reading
 - cease screening

External Review

1. Frequency

- annually for first two years of reading, and thereafter
- as desired by each screener for consultation purposes (e.g. to fine-tune abnormal calls) or
- as required by the Breast Screening Medical Director (upon review of year-end positive predictive values and abnormal call rates)

2. Procedure

Program Initiated Process:

- Central Office initiates the screener review by requesting images for ten cases which include screen-detected cancers, post-screen detected cancers and other abnormal cases
- Central Office sends the appropriate set of images with review forms to the External Reviewer upon receipt of images from the screening centre

- Upon completion of the external review, the completed review forms and images are returned to the screening centre

Screener Initiated Process: (should be no more than once a year per screener)

- Each screener indicates cases for External Review to the centre clerical staff
- Centre clerk records these cases on the computer under “Case Review” as “E”
- Once a year, generate a list of cases tagged for External Review (see Miscellaneous Centre Procedures in the Computer Manual)
- Send the list and client file to Central Office
- Central Office sends the appropriate set of images with review forms to the External Reviewer upon receipt of images from the screening centre
- Upon completion of the external review, the completed review forms and images are returned to the screening centre

4. RELATED POLICIES

None.

5. RESPONSIBLE PARTY

Breast Screening Medical Director
Breast Screening Quality Management Committee