

MINIMUM READING VOLUME FOR SCREENERS POLICY: BREAST SCREENING

(QUALITY MANAGEMENT – SG 040)

Summary of Changes

	NEW	Previous
BC Cancer		February 2007, December 2017

Last Revised:	30/JULY/2023	Next Review:	30/JULY/2026	
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MINIMUM READING VOLUME FOR SCREENERS STANDARD (QUALITY MANAGEMENT – SG 040)

1. Introduction

Minimum reading volumes are to help reduce the potential limitations of screening due to false positives, leading to improvements in overall breast screening program quality.

Minimum reading volumes, have been reviewed by national working groups to address the concerning trend of rising abnormal call rates (ACR), which resulted in a toolkit consisting of six evidence-based strategies, the fourth of which being minimum reading volumes.

1. Peer review and mentorship
2. Education
3. Standardized report cards
4. Minimum reading volumes
5. Batch reading
6. Double reading

Note: As with all policies, the benchmark is subject to review as evidence evolves.

1.1. Purpose

The focus of this document is to provide a quality standard for mammography screeners regarding minimum reading volumes.

1.2. Scope

All BC Cancer Breast Screening Centres

1.3. Practice Level

Breast Screening Radiologists

2. Policy

Every screener is expected to **maintain a minimum reading of 2,500 screening mammography examinations/year** to ensure optimal performance.

There is no upper limit to the number of screens which a screener may read/year.

Annual volume of less than 2,500 is insufficient for the monitoring of [Performance Sensitivity](#).

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3. Responsibilities and Compliance

3.1. Responsibilities

The Breast Screening Medical Director will personally review annual volumes and determine the appropriate action plan which may include written notification to the screener.

3.2. Compliance

All staff members are responsible for adhering to this policy and monitoring their activities in accordance with the policy. Staff members observing a violation of this policy may support others to review and understand the policy and/or advise their management of the need for education and support of the policy.

If a deficiency in adherence to the policy occurs, the appropriate documentation should occur through the Patient Safety Learning System (PSLS) and the program unusual occurrence notification as appropriate. ([SA 030 - Unusual Occurrences, Incident Reporting And Feedback Handling Policy](#)).

4. Related Documents

[SA 030: Unusual Occurrences, Incident Reporting and Feedback Handling Policy](#)

5. Definitions

Performance Sensitivity: The ability to correctly identify the screen-detectable cancer cases.

6. References

1. Breast cancer screening abnormal call rate. (2021, May 3). Canadian Partnership Against Cancer. <https://www.partnershipagainstcancer.ca/topics/abnormal-call-rates-breast-cancer/screening/minimum-reading-volumes/>

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