

HONG KONG COLLEGE OF RADIOLOGISTS

Higher Training (Radiology)

Subspecialty Training in Breast Radiology

[This document should be read in conjunction with the *General Guidelines on Higher Training (Radiology)*]

1. INTRODUCTION

- 1.1 Breast radiology involves both symptomatic and screening work.
- 1.2 All trainees should already have some basic knowledge of breast diagnosis in their pre-fellowship training, mainly as an observer. The subspecialty training outlined will extend this role into the practical situation. In breast imaging, an understanding of the normal physiology and pathology of benign and malignant breast conditions is important.
- 1.3 Breast Radiology is a category A subspecialty.
- 1.4 Training period of 3 months, 6 months or 1 year can be acceptable.

2. OBJECTIVES

- 2.1 For 3 months of training, the trainee would be expected to have knowledge or experience of the following:
 - (a) The principles of current practice in breast imaging and breast cancer screening
 - (b) Breast physiology
 - (c) Medical physics and radiation protection in respect of mammography and related procedures
 - (d) Breast pathology and clinical practice relevant to clinical radiology
 - (e) Mammographic reporting sessions (screening and symptomatic)
 - (f) Breast assessment clinics / Breast clinical radiological conferences / Combined meetings
 - (g) The proper application of other imaging techniques to this specialty (e.g. ultrasound, magnetic resonance imaging, nuclear medicine.)
 - (h) Breast biopsy and localization techniques
- 2.2 For 6 months of training, in addition to the above, the trainee on completion of training should have:
 - (a) An in-depth understanding of breast disease in particularly breast cancer
 - (b) A clear understanding of the role of imaging in the early diagnosis of

breast cancer

- (c) Development of the necessary clinical and management skills to enable radiologists to become an integral part of a multidisciplinary breast team in both symptomatic and screening settings

3. TRAINING REQUIREMENT

3.1 TRAINING CENTRE REQUIREMENT (M= Mandatory D = Desirable)

3.1.1 *Equipment Requirement*

Dedicated mammography machine	M
Dedicated mammography processor	M
Stereotactic device	M
Ultrasound service	M
Mammogram viewing device	M
MRI service	D
Nuclear Medicine service	D

3.1.2 *Departmental Case Load / year*

	No. of Examinations	RIS Coding	
Mammogram Total	> 1,200	5001	M
Ultrasound	> 200	5008 + 3209	M
Biopsies	> 200	5005 + 5009.BA + 5009.BE + 5009.BH + 5010.BB + 5010.BE + 5011 + 5012 5018.BB + 5018.BE	M

3.1.3 *Supporting Departments & Functions*

Breast surgeon		M
Pathologist		M
Dedicated radiographers who perform mammogram regularly	1 certified* radiographer performing at least 200 mammograms / year	D
Combined Meeting / CRC /Assessment Clinic	Once per 2 weeks	M Preferably once per week

* Postgraduate Certificate in Mammographic Studies – e.g. Nottingham UK
or Certificate of Clinical Proficiency in Mammography (Australian Institute of Radiography)
or Advanced Breast Imaging Certificate (Australian Institute of Radiography)

3.1.4 *Quality Control Program*

- (a) Technologist's checks

- (b) Professional quality improvement program – system for reviewing outcome data from mammography screening. Follow up on the disposition of positive mammograms and correlation of surgical biopsy results with mammographic reports.
- (c) Audit of biopsies

3.2 TRAINER AND CO-TRAINER REQUIREMENTS

- 3.2.1 As specified in the General Guidelines on Higher Training (Radiology).
- 3.2.2 A subspecialty trainer should read at least 1,000 mammograms (patients) per year.
- 3.2.3 A subspecialty co-trainer should read at least 350 mammograms (patients) per year.

3.3 DURATION OF TRAINING

- 3.3.1 Minimum allowable training - This can be accomplished in 3 months for a radiologist who likes to have a better exposure to breast imaging and who has more than one subspecialty interest.
- 3.3.2 Basic training – 6 months. This is for radiologists who would like to have a more in-depth training in breast radiology.
- 3.3.3 Extended training – 1 year. For radiologists who would like to subspecialize in Breast Radiology in the future.

3.4 DUTY SESSIONS

Please refer to the general guidelines in higher training.

3.5 MINIMUM NUMBER OF EXAMINATIONS REQUIRED

	<i>Minimum Workload</i>	<i>RIS Coding</i>	<i>Remarks</i>
Mammogram	Total 500 examinations	5001	Half supervised Half independent
Biopsies – Ultrasound guided	40 examinations with a minimum of 10 exam in US guided biopsy, 10 exam in stereotactic biopsy and 4 exam in hookwire placement	5011 + 5012 + 5018.BB = 10 or more 5009.BA + 5009.BB + 5010.BB = 10 or more 5005 + 5009.BH +	Some knowledge and observation in suction biopsy is preferable
Biopsies – Stereotactic			Including hookwire placement, ROLL and stereotactic biopsy.

	Minimum Workload	RIS Coding	Remarks
	/ ROLL/ suction biopsy	5010.BB + 5010.BE + 5018.BB + 5018.BE + 5016 + 5017 = 4 or more 5011 + 5012 + 5009.BA + 5009.BB + 5009.BH + 5005 + 5010.BB + 5010.BE + 5018.BB + 5018.BE + 5016 + 5017 = 40 or more	Some knowledge and observation in suction biopsy is preferable
Breast Ultrasound	100 examinations	3209 + 5008	
MRI	Some exposure	8301 + 8302	MRI of breast
Ductogram	Some exposure	5003	
Pathology	Some exposure		To acquire knowledge about cytology and histology of breast diseases
NM	Some exposure	9731 & 9799 5016 & 5017	Sentinel node imaging Radioisotope localization of occult lesion

Notes:

Code 9731 is Radionuclide lymphangiography and is not specific for breast. Separate log will be needed for sentinel node imaging for Ca Breast.

Code 5016 & 5017 is radioisotope localization of occult lesion by stereotactic & by ultrasound guided respectively.

Code 8301 is for non-contrast MRI Breast. 8302 is for contrast MRI Breast.

Code 5011 & 5012 are for non-stereotactic FNA or core biopsy.

Code 5005 is for ultrasound hookwire placement, 5009.BA and 5009BB and 5009BH are for stereotactic guide FNA, core biopsy and guidewire localization respectively.

5010BB and 5010BE are for stereotactic mammotome biopsy and excision respectively.

5018BB and 5018BE are for ultrasound guided mammotome biopsy and excision respectively.

Code 5003 is ductogram.

Other newer biopsy methods such as Intact BLES which are not included in the workload unit code can be logged manually.

- 3.5.1 The minimum workload above refers to a training period of six months. For a training period of three months, the minimum workload required will be reduced by half (except for biopsies see 3.5.2). Similarly, for a training period of one year, the minimum workload required will be doubled.

3.5.2 The number of biopsies required for a training period of 3 months should be the same as that of 6 months to allow the trainee to acquire the appropriate skill.

3.6 CLINICAL RADIOLOGICAL CONFERENCES AND OTHER MEETINGS

The participation in assessment Clinics / combined Meetings /CPC /CRC should be at least once per 2 weeks.

3.7 PRESENTATIONS AND PUBLICATIONS

Please refer to the General Guidelines on Higher Training (Radiology).

*Last version endorsed by HKAM Council Meeting on 17 November 2011 and effective from 1 July 2012
Revised version endorsed by HKAM Council Meeting on 20 October 2016 and effective from 1 July 2017*