NEED FOR THE CREDENTIAL

Workforce

The breast imaging workforce is in crisis with problems in recruitment and retention and a higher than average retirement rate across all disciplines: consultant radiologists; all four tiers of radiographic practice (consultant, advanced clinical practitioner, mammographer and assistant practitioner) and breast clinicians. Developing a credential for breast clinicians represents only one element of what is needed but also has the benefit of addressing the need to standardise their training as well as assisting in the delivery of flexible careers.

It should be noted that both the retirement rate and problems in recruitment and retention across all disciplines are acknowledged as a "demographic timebomb" in the recent report from the All-Party Parliamentary Group on Breast Cancer's "A Mixed Picture: An Inquiry into Geographical Inequalities and Breast Cancer" published in February 2018.

A summary of the issues being faced by all disciplines in the workforce is as follows:

Breast radiologists

The Royal College of Radiologists (RCR) carries out an annual radiology workforce census which achieves a 100% response rate. Over the last three years (2015, 2016, 2017) the data shows the total number of breast radiologists remaining relatively static at a time when the total radiology workforce has been slowly growing. This means that as a percentage of the total workforce they have reduced noticeably showing that the breast radiology population is not growing at the same rate as the total radiology workforce. Set against further extension to the breast screening programme, demographic change with an increasing population and a significant increase in symptomatic referrals, this is particularly worrying.

Census year	Total number of breast radiologists in the UK	Percentage of the radiology consultant workforce
2015	515	15.5%
2016	507	15.0%
2017	508	13.7%

In the most recent census the age profile of breast radiologists also compares unfavourably to other radiologists showing a lower percentage of younger consultants and higher percentage of older consultants nearing retirement. 27% are age 55 and over, so expected to retire in the next 5-7 years.

Newly trained breast radiologists are not joining the service at anything close to the rate of retirements and vacancy rates for breast radiology posts remain high at around 10%.

Breast clinicians

Breast clinicians are currently employed in just one third of the screening units and radiology departments covered by the responses and 43% of them work less than full-time.

Almost a quarter of the breast clinicians covered by the survey will have retired by 2020 and a half by 2025. In the East of England, South West and Yorkshire/Humber regions all, or almost all, of their breast clinicians will have retired by 2025.

Free text responses indicated a willingness to develop the breast clinician role to support the service.

<u>Consultant mammographers and advanced practitioners</u>

Consultant mammographers do not form a significant part of the workforce and many are due to retire in the next seven years.

Advanced practitioners are radiographers trained to support elements of a departments work. They have not trained in the whole gamut of breast imaging and frequently only undertake a single aspect of advanced practice e.g. film reading or biopsy, therefore, while they support the departments and provide a vital resource they cannot deliver a comprehensive breast imaging service. It should be noted that separately to this work, the RCR is working with HEE and the Society and College of Radiographers (SCoR) to develop reporting radiographer training.

Increasing demand and complexity

Expansion of the breast screening programme, demographic change with an increasing population and a significant increase in symptomatic referrals are increasing demand on breast imaging services which the workforce is not able to keep pace with. In addition, increasing complexity in the technology is exacerbating the workforce shortages.

The [Cancer Strategy for England 2015-2020](#) highlights the growing demand on screening services which is likely to increase further if the Age X Trial for extending the screening age range is implemented. The trial began in 2009 and by the end of 2016 involved 3 million women. That figure will continue to grow, increasing demand on the service, and the trial is likely to continue until the mid 2020's.

There is ample evidence that the earlier the diagnosis the better the survival rate with Cancer Research UK estimating that there would be a 0.5% increase in 10 year cancer survival for every 1% increase in the proportion of patients diagnosed in the earliest stages.

Alongside this, the addition of tomosynthesis to mammography for the one in three women with dense breast tissue is likely to be having an impact on the demand being put on screening services, but research to quantify that has yet to be carried out. Similarly breast MRI is increasing as are image-guided diagnosis and excisions.

This increase in the complexity of the technology being used means a better, more accurate screening and symptomatic breast imaging service is being provided, but it cannot be fully delivered without an increased workforce. In time artificial intelligence may offer support for mammography screen reading, but the lead time for, and impact of, this is still very unclear. However the majority of work in breast imaging is ultrasound, biopsies and treatment, which are not amenable to artificial intelligence.

Breast clinicians support both the clinical and breast imaging services, offering a holistic approach to all aspects of breast disease management which is of considerable benefit to patients. They offer support for genetics referrals, run family history clinics and are a key factor in the delivery of cancer targets. With the increased demand on clinical genetics and risk assessment services, breast clinicians trained through this programme can alleviate pressures in this aspect of breast disease management by providing accurate risk assessment and management strategies.