



Public Health  
England



# **NHS Breast Screening Programme**

## **Guidance on who can undertake arbitration**

1<sup>st</sup> edition August 2016

**Public Health England leads the NHS Screening Programmes**

## About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG

Tel: 020 7654 8000 [www.gov.uk/phe](http://www.gov.uk/phe)

Twitter: @PHE\_uk Facebook: [www.facebook.com/PublicHealthEngland](https://www.facebook.com/PublicHealthEngland)

## About PHE Screening

Screening identifies apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or better informed decisions. National population screening programmes are implemented in the NHS on the advice of the UK National Screening Committee (UK NSC), which makes independent, evidence-based recommendations to ministers in the four UK countries. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

PHE Screening, Floor 2, Zone B, Skipton House, 80 London Road, London SE1 6LH

[www.gov.uk/topic/population-screening-programmes](http://www.gov.uk/topic/population-screening-programmes)

Twitter: @PHE\_Screening Blog: [phescreening.blog.gov.uk](http://phescreening.blog.gov.uk)

Prepared by: NHSBSP Radiology Co-ordinating Group

For queries relating to this document, please contact: [phe.screeninghelpdesk@nhs.net](mailto:phe.screeninghelpdesk@nhs.net)

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Published August 2016

PHE publications gateway number: 2016233



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## Executive summary

The process of arbitration occurs when 2 or more image readers do not reach consensus on the future management of the patient. This means that there are differing opinions as to whether a woman should be recalled to an assessment clinic or returned to routine screening in 3 years time, due to a perceived abnormality based on the interpretation of the images. The gold standard is for units to undertake arbitration of these cases.

Breast screening services undertake arbitration in different ways. Sometimes a third image reader will make a definitive decision to either recall a woman to assessment or return them to routine screening. Other services may convene a small group or panel of image readers to arbitrate on these cases. In situations where both readers have identified an abnormality, these cases may also be arbitrated/discussed according to the method of reading used by the service.

This document is based on expert opinion and gives guidance on who should undertake arbitration within a breast screening service.

## Introduction

This guidance is designed to assist the director of screening as to the suitability of a member of their team as a single arbitrator (or third reader) of screening mammograms for their programme. In those services where there is consensus, or team review of mammograms, this individual might also be the co-ordinator/lead of such a group, especially if new or inexperienced film reading staff are participating.

The arbitration process requires different competencies to those of film reading, especially decision making skills with good specificity. This skill set comes with experience, continuous feedback from clinical involvement and decision making in the assessment clinic, along with participation in audit, continuous professional development (CPD) and case review such as interval cancers. Clearly, the arbitrator cannot increase the sensitivity of the screen reading but can increase specificity and reduce the recall rate. These skills are not necessarily related to the profession of the arbitrator.

### Recommended requirements for undertaking arbitration

#### Staff undertaking arbitration should:

- be a fully qualified film reader meeting the appropriate standards including suitable training, reading  $\geq 5000$  films per year including 1500 first reads, 4000 screening mammograms
- be an experienced film reader, >2 years in breast screening; if a new consultant radiologist, then full appropriate training must have been completed, with >5000 films read as a trainee, and ideally additional experience such as a breast fellowship post
- participate fully in assessment clinics including decision making (working to consultant practitioner level)
- regularly attend and participate at multi disciplinary team meetings (MDT). Minimum standard: "Colleagues involved in decision making and further diagnostic procedures (US and biopsy) should attend MDT meetings at which screening cases are discussed (twice per month on average) and/or should ensure that a formal process is in place for auditing their practice and outcomes". NHSBSP Publication Number 49: Clinical Guidelines for Breast Cancer Screening Assessment 2010. Desirable standard: >20 per year
- regularly audit and review personal and team results, with evidence of reflective learning, including: review of interval cancers, previously assessed intervals and screen detected cancers, and participation in Personal Performance in Mammographic Screening (PERFORMS)

- participate in ongoing professional development and annual appraisal

The director of screening should agree that an individual is suitable for the role of arbitration and document this locally. The results of the individual and unit should be reviewed annually as part of local audit, clinical governance and the appraisal process. The Society and College of Radiographers (SCoR) can provide accreditation of advanced and consultant practitioners regarding the 4 pillars of practice which include: leadership, CPD and education, clinical practice and audit/research capabilities. Please see example link: <https://www.sor.org/career-progression/consultants/consultant-practitioner-accreditation>