



Radiologists' Guide to MAP Approval

This manual describes the mammography accreditation program's (MAP's) procedures and policies related to radiologists' approval. This document is specifically targeted to those who are new to mammography or who have lost accreditation approval. Please read each section carefully and contact us at map@car.ca if you have questions.

***SPECIAL NOTE: The Canadian Association of Radiologists is the sole organization authorized to address MAP standards and procedures.**

What is approval?

*MAP accredits a mammography system. Organizations can affiliate radiologists and medical radiation technologists (MRTs) with that mammography system. Only **approved** affiliated individuals are permitted to work with an accredited mammography system. If a non-approved radiologist or MRT works with an accredited system, the accreditation status of that system will be suspended.*

Once you have met defined professional practice standards, you will be listed as "approved". MAP standards are not up for debate. Our standards are based on peer-reviewed evidence and international standards adapted for Canada. We do have flexibility in how the standards are enforced; that is the key benefit to an accreditation program being operated by your peers. MAP takes pride in treating everyone as an individual and ensuring that we take the time to understand your specific situation.

You alone are responsible for maintaining your approval status. This is achieved by providing information within the portal (accred.car.ca) and that the information you have provided meets all applicable standards.

Approval Process

Beginning 2023, all radiologists will receive annual notification. In 2023 this notification will be in February. For all subsequent years, the notifications will be sent January 1. This annual reminder outlines your MAP requirements with the defined due date. You will also receive reminders until that submission deadline.

You will be notified of any credits that have expired in the previous year and provided a summary of credits that will expire in the coming year. You will also be required to submit information about your number of reads. Failure to submit the required information by the deadline will cause an immediate suspension of your approval status. This suspension would not occur without your knowledge. As mentioned above, we take all reasonable steps to ensure you are informed and given sufficient time to update your account.

If all requirements are in order, you will not receive any further notification until the following year. There are two exceptions: notifications related to home workstation calibration and in instances where there are changes to requirements.

Possible Scenarios

I was just notified I could lose my approval.

If we contact you because your approval status could soon change, we are doing so to offer you a chance to remediate any issues and to ensure you can stay approved. Please contact us at map@car.ca to discuss your status.

How do CPD entries work?

All CPD entries expire 3 years to the day based on when they were earned. All radiologists and medical radiation technologists must maintain 15 active credits (acquired over the last 36 months). Of these 15 credits, 7.5 must be from accredited activities and the other 7.5 can be from non-accredited sources (self-directed).

*As 2023, our accreditation information system is set to notify you if any of your credits have expired. You must ensure that you have entered sufficient active CPD credits by the deadline stated in the reminder. Failure to do so could cause a loss of approval. You will receive several automated notifications in advance. You will **not** be notified of every credit expiring throughout the year. Close to the deadline, we will try to contact you personally to ensure you are aware of the situation and can remediate it. Individuals requiring a reasonable extension may have it granted.*

My CPD credits have expired or will expire, and I don't have any credits to submit.

Contact us right away at map@car.ca. We will ask if you have a plan to get the credits and we can provide a reasonable extension to ensure you maintain your approval status. Reasonable is usually within 2-3 months but is dependent on other factors.

Reads Standard Information

The MAP Read Standard PR 2.2 which states the minimum read volumes is below. Please review the individual questions below to see which one addresses your specific situation.

MAP Standard: Personal Requirements (PR) 2.2

Radiologists and locum tenens must declare their interpretive volume per calendar year. A minimum interpretive volume of 1000 mammograms per year is the minimum target standard. This minimum target standard must be maintained annually. Those unable to meet the standards will be provided one (1) calendar year to meet the standards. Reporting to MAP must occur no later than 3 months after the beginning of the next calendar year. As an example, reporting to the MAP for the year of 2021 must occur before March 1, 2022.

This evidence-based standard will be enforced for the protection of patients and radiologists. Failure to adhere to an evidence-based standard severely increases your legal risk (Canadian Medical Protective Association, 2021).

I will not reach the standard this year, but I'm close, and I did last year; What do I do?

Contact us at map@car.ca. We understand that these situations can occur. We want to hear from you that you are doing what you can to ensure your volumes improve from now on. If your volumes are very low, you may be required to either perform a case review or some double reads to make up the difference.

I have not read mammography before, but I would like to. What do I do?

You will be asked to read your first 300 reads as double reads unless you are a new radiology graduate (see below). This means another radiologist who has been on the MAP-approved list for a minimum of 3 years, will also review the same studies before the report is finalized. As a new mammography reader, we only accept double reading with consensus or arbitration. Appendix 1 below provides a brief guide to double reading.

When a facility (primary contact) registers you into the software, you will be asked to log onto the software and provide some details. As a new participant within the MAP, you must complete:

- Consent to participate in the mammography accreditation program
- Ensure you have sufficient continuing professional development
- Start the “New Mammography Reader” form
 - This form will outline the details and proof that you have performed double reading.
 - You will also be required to periodically provide your read count to ensure you are going to meet the minimum standard.
 - *It is an expectation that you will achieve the minimum standard within a year. The “frequent” check-ins are to ensure that if more time is required, we can work collaboratively.

I have lost my approval but still want to read mammography. What can I do?

If you have lost your approval for not meeting the read standard (P.R. 2.2) then you must start the “MAP/PAM Returning Reader” form/process. The form instructs you to perform a minimum of 300 double-reads (see appendix I) and ask for a commitment to achieve the minimum standards within a 1-year period. The following steps must be followed in order to return to being an approved reader.

1. Notify map@car.ca that you wish to return as a reader.
2. MAP Coordinator reviews previous volumes and associated facilities(s) volumes.
3. If possible for you to achieve the read standard – Status changed to Approved-TEMP
4. MAP Coordinator will initiate the MAP/PAM Returning reader process within your portal.
5. You will receive notification of submission requirements throughout the year.
 - a. Proof of 300 double reads- Due no later than July of that year
 - b. Read volume from January until Jun – Due end of July.

I have not ready mammography for over a year. How do I get approved?

Please see item the process listed above. The process for returning readers is the same as those who have lost their approval for other reasons.

I have never reached the minimum standard and I don't think I can. But I still want to read!

It is your responsibility to determine how you will meet the standard. The definition of read can be found “[HERE](#)”. You will be required to submit the “returning reader” form as outline in item 3 above. From there, together, we will discuss your plan to fill the gap between your expected volume and the standard. If you cannot provide a realistic mechanism to meet the standard, your approval status will be removed.

I'm a new grad with no/low volume and want to read mammography. What do I do?

When a facility (primary contact) registers you into the software, you will be asked to log in to the software and provide some details. When the facility registers you in the software, they should indicate that you are a new/recent graduate. You should know the following as you access your profile:

1. Physicians and locum tenens must be certified in Diagnostic Radiology by the Royal College of Physicians and Surgeons of Canada (RCPSC) and/or the Collège des médecins du Québec (CMQ)
2. Physicians and locum tenens must hold a valid provincial license to practice Diagnostic Radiology.
3. Radiologists and locum tenens staff involved in the supervision and interpretation of mammography images must meet the requirements of the RCPSC residency training in Breast Imaging (formal training completed during residency or fellowship may be submitted to fulfill the continuing professional development (CPD) requirements).

4. Physicians must provide the MAP with a copy of their current valid provincial license.
5. The physicians and locum tenens must be certified by a recognized certifying body outside of Canada accepted by the RCPSC or have had their competencies in Diagnostic Radiology assessed in Canada, through a process approved by the provincial medical regulatory authority. In addition, physicians and locum tenens who are not certified in Diagnostic Radiology by the Royal College of Physicians and Surgeons of Canada (RCPSC) and/or the Collège des médecins du Québec (CMQ) who have completed postgraduate training outside of Canada or in a jurisdiction other than those recognised by the RCPSC, must document 40 continuing professional development (CPD) credits related to breast imaging, adhering to the Maintenance of Certification (MOC) program of the RCPSC. A minimum of 15 of the credits must have been completed during the past 36 months.

The portal outlines your specific requirements and asks the relevant questions to ensure you can achieve MAP approval.

As a new participant within the MAP, you must:

1. *Consent to participate in the mammography accreditation program.*
2. *Earn 40 CPD credits related to breast imaging if not certified by the RCPSC or CMQ. See bullets 1-5 above.*
3. *Ensure you have sufficient continuing professional development*
4. *Start the “New Mammography Reader” form and select that you are a “NEW GRAD” when asked*
 - a. *You will also be required to update MAP on your reads to ensure you are going to meet the minimum standard.*

Bibliography

Canadian Medical Protective Association. (2021, January). *Professionalism*. Retrieved from CMPA. Empowering Better Healthcare: <https://www.cmpa-acpm.ca/en/education-events/good-practices/professionalism-ethics-and-wellness/professionalism>

APPENDIX I

Double Reading for Mammography – A quick guide

For those wanting to learn more about double reading we suggest the following link:

Use of Double Reading in Mammography. European Commission Initiative on Breast and Colorectal cancer. Published June 17, 2022. Accessed October 19, 2022. <https://healthcare-quality.jrc.ec.europa.eu>

Geijer, H., Geijer, M. Added value of double reading in diagnostic radiology, a systematic review. Insights Imaging 9, 287–301 (2018). <https://doi.org/10.1007/s13244-018-0599-0>

Kopans DB. DOUBLE READING. Radiologic Clinics of North America. 2000;38(4):719-724. <https://www.sciencedirect.com/science/article/abs/pii/S0033838905701962>

Double reading is the practice of having a minimum of two radiologists read a study in advance of the report being released to the referring physician. There are a multitude of double reading strategies, each with its own merits.

For our purposes, we are defining the double-reading strategies which are acceptable for conditions required by MAP. In every case, the reader being asked to participate in the program must partner with a radiologist who has been approved by MAP for a minimum of 3-years.

Double reading can occur in two modes: SERIAL or BLINDED. Serial reading means that the 2nd reader reads after the 1st and can see the report of the first reader. BLINDED means that both readers review the study before they can see each other's reports. In a blinded setting, if both reports are "negative" or "positive," a report outlining the single outcome is released. If there is discordance (positive and negative), then there are two strategies to resolve the discordance. First, the radiologists discuss and come to a consensus. MAP does not support the "believe the positive" rules by which if either reader identifies findings, that is the report that is released. The alternative to consensus is to involve a third reader to arbitrate the findings. With arbitration, the third reader can either view (serial) or be blinded (not see the other two reports) with their final report casts the deciding vote.

- Serial With Consensus
- Blinded with Consensus
- Serial with Arbitration
- Blinded with Arbitration