

Credential in Breast Disease Management

Indicative Year 1 Family History High Risk Management

Month 1 – 3: Taking a family history, risk assessment, risk prevention

CLINICAL WORK

Start to observe family history consultations/ listen to recorded telephone consultations. (Level 1)

Where this is not available locally, please speak to your educational supervisor regarding how best to access this within the region. For additional advice, please email credentials@rcr.ac.uk.

MODULES

Provider	Module	Access link	Mapped to CiP 13 descriptors:
NBIA	Taking and drawing a genetic family history	https://portal.e-lfh.org.uk/	1
	Assessment of risk of breast cancer and how this determines management	Access is available to all working in the NHS Register or login then navigate to NBIA>NBIA Curriculum>Risk and Prevention	2, 3, 4, 9, 10, 11
	Preventative therapy		10, 11
	Lifestyle prevention		3, 8
St George's University Hospital's NHS Foundation Trust	Family History Clinic		https://stgeorges.nhs.uk/genetics/story_html5.html

RISK ASSESSMENT TOOLS

Tool	Link	Mapped to CiP13 descriptors
Manchester Scoring System	https://jmg.bmj.com/content/jmedgenet/54/10/674.full.pdf	CiP 13 Descriptors 1, 2, 5, 8 and 9
CanRisk (BOADICEA v5 Breast and Ovarian Analysis of Disease Incidence and Carrier Estimation Algorithm)	https://canrisk.org/canrisk_tool/	CiP 13 Descriptors 1 and 2
Tyrer-Cuzik IBIS Breast Cancer Risk Evaluation Tool	https://ems-trials.org/riskevaluator/	CiP 13 Descriptors 1 and 2

UNDERSTANDING RISK

There are many resources for this, including the NICE CG164.

This is a comprehensive FAQ article about breast cancer risk - <https://emedicine.medscape.com/article/1945957-questions-and-answers> (CiP 13, descriptors 2 and 3)

Month 3 – 6: National guidelines and developing screening strategies

CLINICAL WORK

Start to conduct supervised family history consultations (Level 2)

Read, understand and reflect on:

- NICE Updated Guidance CG164: *Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer*. <https://www.nice.org.uk/guidance/cg164> (Incorporates all descriptors under CiP13, excluding descriptor 12)
- NHS BSP Guidance: *Breast screening: very high risk women surveillance protocols* <https://www.gov.uk/government/publications/breast-screening-higher-risk-women-surveillance-protocols> (CiP 13, descriptors 2 and 7)

MODULES

The following two modules were still in production at the time of publishing this document. Please use the two aforementioned guidelines as well as other reading materials (textbooks, journals, etc) to support your learning and understanding.

Provider	Module	Access link	Mapped to CiP 13 descriptors:
NBIA	Population/ Moderate/ High Risk groups – organising appropriate family history breast screening for a family history clinic**	https://portal.e-lfh.org.uk/ Access is available to all working in the NHS Register or login then navigate to NBIA>NBIA Curriculum>Risk and Prevention	4, 6
	Very High Risk groups eg. Mutation carriers, past mantle radiotherapy – organise transfer to the NHS BSP**		4

Arrange to visit NHS BSP Very high-risk screening centre to see how it is organised (CiP 13, descriptor 6).

Use WPBAs to supplement evidence of learning.

Month 6-9: Background genetics knowledge, mainstreaming

MODULES

Provider	Module	Access link	Mapped to CiP 13 descriptors:
NBIA	Breast cancer genes, genetic testing and referral to clinical genetics	https://portal.e-lfh.org.uk/ Access is available to all working in the NHS Register or login then navigate to NBIA>NBIA Curriculum>Risk and Prevention	5, 8
	Assessment Before Risk-reducing Surgery (<i>in production at time of publishing this document</i>)		11

Complete the Mainstreaming BRCA1/2 Testing Toolkit Module (CiP 13, descriptor 10)

- <https://www.mcgprogramme.com/brcatoolkit/>
- <https://www.youtube.com/playlist?list=PLjBygnx6n8RHrqe6Q-zrHBcudA31aWFdm> MAINSTREAMING 2016

Attendance at Family history/Genetics study day where available (to cover all of CiP13).

Start to conduct indirectly supervised family history consultations (Level 3).

Use WPBAs to supplement evidence of learning.

Month 9 – 12: Assimilation of learning

By the end of indicative Year 1 you should be conducting family history consultations independently (Level 4).

Use WPBAs to supplement evidence of learning.

Have an understanding of management of a family history clinic.

Evidence of involvement in audit/QIPAT.

Evidence of involvement in teaching.