

A Competency Framework for Nurses Providing Care to People with Breast Cancer

CLINICAL PROFESSIONAL RESOURCE





Acknowledgements

This publication updates the RCN *Clinical Standards for Working in a Breast Specialty* (RCN, 2007), although aspects of it have been used as a source of information for this edition. It has been written specifically for nurses providing care to people with breast cancer and is based on the format and guidance of the *Career and Education Framework for Cancer Nursing* (RCN, 2017).

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Publication

This is an RCN knowledge and skills competence framework to support personal development and career progression.

Description

This framework defines the standards of care expected for a competent registered nurse providing general breast cancer care or specialist breast cancer care.

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The Nine Quality Standards

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Evaluation

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Executive summary

This competency framework has been written by members of the RCN Cancer and Breast Care Nursing Forum and is based on the *Career and Education Framework for Cancer Nursing* (RCN, 2017). It incorporates breast cancer specific nursing competencies for registered nurses supporting people affected by breast cancer.

This publication replaces the RCN's (2007) *Clinical Standards for Working in a Breast Specialty* and will enable registered nurses to map their competence and identify areas for clinical and professional development. It is designed to be used flexibly, acknowledging that not all competencies will be relevant in every circumstance.

The structure of the document is similar to the *Career and Education Framework for Cancer Nursing* (RCN, 2017) to ensure consistency within the cancer nursing workforce. This competency publication provides a:

- framework for career development, training and education for nurses who are engaged in providing care to people affected by breast cancer (PABC)
- point of reference to help identify and develop the knowledge, skills and competence needed by nurses to provide care to people with breast cancer –through accredited programmes, non-accredited learning and development opportunities that target both professional and local service needs.

1. Introduction

Context of cancer care

In 2016 it was reported (Cancer Research UK) that:

- in England, 126 people per day are diagnosed with breast cancer
- in England and Wales, 78% of women diagnosed with breast cancer survive their disease for ten years or more
- in the UK 11,500 patients die of breast cancer every year.

Cancer is often considered to be a life-limiting illness, but is viewed increasingly as a long-term condition involving the individual with cancer, their family and carers. Enabling self-care and rehabilitation are viewed as a crucial component in developing future services. Health care services will need to respond creatively to the cancer strategies in the four UK countries to meet the needs of the population. They will need to deliver care close to home, reduce inequalities and sustain and improve health across diverse communities (NHS England, 2016; Scottish Government, 2016; Wales Cancer Network, 2016).

The nursing contribution to cancer care

The value of the nursing contribution to the delivery of care for people affected by breast cancer has been demonstrated through patient feedback in the National Cancer Patient Experience Surveys supported by Macmillan Cancer Support and conducted by NHS England (National Cancer Patient Experience Survey, 2016), the Scottish Government/NHS Scotland (2018), the Health and Social Care Board and the Public Health Agency in Northern Ireland (Quality Health, 2018) and Welsh Government/NHS Wales (Quality Health, 2014). Nursing care is provided within a variety of settings including, but not limited to, primary care, secondary care, tertiary and home-based care, charitable sector services, telephone advice lines and hospices.

2. Purpose of the publication

This publication will help all registered nurses to facilitate health care that meets the strategically changing needs of people affected by breast cancer (PABC), including men, and offer the best clinical practice demanded by PABC trajectory. The framework aims to inform the academic and career pathway needs of nurses, from newly registered through to consultant level. When applied in practice, it enables the provision of breast cancer care in both general and specialist settings by assuring that nurses have breast cancer specific knowledge and skills in the management of PABC.

This competency document is based on the aims of the Career and Education Framework for Cancer Nursing (RCN, 2017) to ensure consistency and uniformity, and to support:

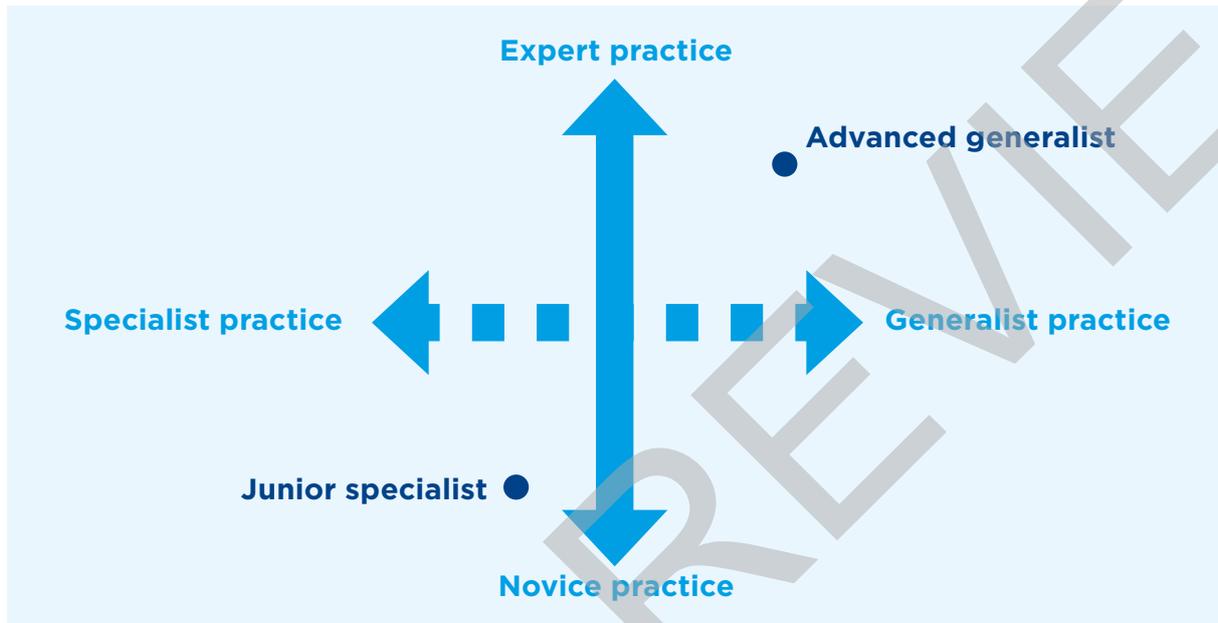
- the range of registered practitioners, senior practitioners, advanced and consultant nursing practitioners¹ who care for PABC across the age range and care continuum in a variety of generalist and specialist breast cancer settings. An example of a specialist setting is a dedicated NHS Breast Screening Service which cares for a woman until a diagnosis of breast cancer is confirmed and then refers to a breast symptomatic service for treatment management. For nurses working in some specialist and general settings, certain competencies may not be relevant. However, all nurses must ensure they identify the appropriate competencies and levels to ensure they have the relevant knowledge, skills and competence to undertake their role
- registered nurses practising at registered, senior, advanced and consultant practitioner levels to progress to the next level of a career pathway.²

¹ The role titles used within this publication are aligned with the NHS Career Framework (Skills for Health, 2010) and recommended by National Health Service Education Scotland (NES, 2012) (see Figure 1), the National Leadership and Innovation Agency for Healthcare (NLIAH, 2010), Department of Health (DH, 2010) and Department of Health, Social Services and Public Safety (DHSSPS, 2016). Royal College of Nursing (2018) *Section 2: Advanced level nursing practice competencies*, London: RCN. Available at: www.rcn.org.uk/professional-development/publications/pub-006896

² The academic levels used within this framework are aligned to recommendations from National Health Service Education Scotland and Macmillan Cancer Support (2010), National Leadership and Innovation Agency for Healthcare (2010), Department of Health (2010), Department of Health, Social Services and Public Safety (2016), and the European Oncology Nursing Society (2013).

3. Specialist and advanced level practice

Figure 1: Relationship between specialist and advanced practice (NES, 2012)



The Department of Health (England) (2010) describes advanced practice as a level of practice where:

‘Advanced level practitioners are at a particular stage on a continuum between ‘novice’ and ‘expert’ practice with the ‘advanced’ role profile characterised by high levels of clinical skill, competence and autonomous decision making. Advanced practice is, therefore, generic, and not constrained to a specific organisational context or client group.’

According to the RCN (2018), advanced practice is recognised and acknowledged as a level of practice and assessed according to the following criteria:

- competent in using their expert knowledge and skills
- have the freedom and authority to act, making autonomous decisions in the assessment, diagnosis and treatment of patients.

The career development ladder includes registered practitioner, senior practitioner, advanced practitioner and consultant

practitioner – as shown in the Career Framework for Health (Skills for Health, 2010) (Appendix 1).

This framework differentiates between levels of practice rather than clinical/organisational context or client group. It describes nine levels of roles grouped according to their level of complexity and responsibility, and the level of experience and knowledge necessary to carry them out. For example, senior practitioner level is identified between registered practitioner and advanced practitioner level. This helps remove the ambiguity over the specialist title. For this reason, the terms ‘senior’ and ‘advanced’ are used by the UK Departments of Health when describing benchmarked developmental levels, and the term ‘specialist’ is used only if required to define specific contextually focused role types (for example, ‘senior nurse in breast cancer’ rather than ‘clinical nurse specialist – breast care’). The nine levels relate to a practitioner’s level of practice and does not automatically relate to Agenda for Change (AfC) pay bands.

For those practising at advanced levels, the UK Departments of Health define a minimum threshold for, and an expectation that, nurses working at an advanced level will continue to develop their individual practice beyond the initial competence achieved at the point of

registration. There is the expectation that nurses working at this advanced level of practice would have achieved this through 'extensive clinical and practice experience and following completion of a master's level education/ learning or its equivalent' (Department of Health, 2010).

Table 1 summarises the key definitions, guidelines and guidance that informed the *Career and Education Framework for Cancer Nursing* (RCN, 2017) and the development of the cancer-specific nursing outcomes by:

- defining the context of cancer care delivery as general and specialist cancer care
- utilising the Career Framework (Skills for Health, 2010) to propose a consistent approach to defining role level and title for registered nurses
- identifying the four key themes of professional practice, as defined by the UK Departments of Health and the NMC for achievement at the point of registration, for consolidation, revalidation, continuing professional development and for career progression
- aligning the academic level and workplace/ clinical experience required to meet and progress through the Career Framework and its associated levels of practice.

Table 1: Summary of definitions of levels of practice

Context of cancer care delivery (EONS, 2013)	Level of practice (Skills for Health, 2010; DHSSPSNI, 2016; DH, 2010; NLIAH, 2010; NES, 2012,)	Themes of practice (DHSSPSNI, 2016; DH, 2010; NLIAH, 2010; NES, 2012,)				Academic level and workplace preparation (EONS, 2013; Skills for Health, 2010; DHSSPSNI, 2016; DH, 2010; NLIAH, 2010; NES, 2012)
		Clinical/direct patient care	Leadership/collaborative practice	Improving quality and developing practice	Developing self and others	
General cancer care OR Specialist cancer care	Level 8: Consultant practitioner	Consolidation and continuing development focused on clinical/direct patient care	Consolidation and continuing development focused on leadership and collaborative practice	Consolidation and continuing development focused on improving quality and developing practice	Consolidation and continuing development focused on developing self and others	Masters/Doctoral level Workplace learning/experience
	Level 7: Advanced practitioner					Postgraduate level (Masters, Postgraduate Diploma, Postgraduate Certificate, Modules) Continuing professional development Workplace learning/experience
	Level 6: Senior practitioner					Continuing professional development Workplace learning/experience
	Level 5: Registered practitioner					Undergraduate level (minimum) Continuing professional development Workplace learning/experience

Reproduced and modified from the *Career and Education Framework for Cancer Nursing* (RCN, 2017).

4. Framework structure

The framework is divided into four colour coded sections representing the different levels of nursing practice (see Table 2).

1. Registered practitioners at all levels providing care to PABC in any setting.
2. Senior level practitioner providing care to PABC in specialist breast cancer services/ roles.
3. Advanced level practitioner providing care to PABC in specialist breast cancer services/ roles.
4. Consultant level practitioner providing care to PABC in specialist breast cancer services/ roles.

Table 2: Colour coding of nurse levels of practice

Clinical context	Level of practitioner (Skills for Health, 2010; DH, 2010)	Colour coding
Breast cancer settings/ roles	Registered nurse	Red
	Senior level nurse	Green
	Advanced level nurse	Yellow
	Consultant level nurse	Brown

The framework has space to record information, including an action plan, evidence of success etc. This workplace development record will assist practitioners to use the breast cancer-specific nursing outcomes in their practice and record their evidence of achievement. It is difficult to stipulate competencies required by job title as roles have developed and evolved. The minimum competency for nurses with the role title of 'breast care specialist nurse' would be aligned to the senior level nurse. There may be nurses within this role title who also achieve some advanced level nurse, having undergone relevant academic and clinical training enabling them to develop their career towards advanced level nurse or consultant level nurse. Services also differ in relation to palliative care provision and may continue to support patients with their end of life care needs, especially in the community setting. Therefore, this area of care has been included within the framework.

For practitioners and higher education institutions (HEIs), the breast cancer-specific nursing outcomes may be a useful tool to help:

- develop and review job/role descriptions
- assess clinical competence for different levels of practitioner
- develop personal goals
- with the performance appraisal
- inform curriculum development
- develop workforce plans
- support audit and quality improvement plans.

Practitioners can use this workplace development record to:

- identify their current level of practice and role expectations/requirements within their care context
- identify and develop their knowledge and skills in aspects of breast cancer care to realise the potential of their role
- plan their career pathway by identifying their learning and development needs
- identify opportunities to influence the development of breast cancer nursing practice
- discuss the framework and breast cancer-specific nursing competencies at their performance review/appraisal meetings to identify learning, development and support needs, and to review their progress to demonstrate achievement of the breast cancer-specific learning competencies
- develop their action plan and summarise the evidence which demonstrates their achievement of the breast cancer-specific nursing competencies relevant to their role or career aspirations. (The evidence may include examples of care plans, short reflective accounts of specific cases, copies of care/clinical pathways, analysis of key local, national and international policy documents, mentor/peer observation, as

well as higher education accredited modules and programmes. Senior, advanced and consultant level nurses will need to have completed a credited breast care module as a minimum requirement. Senior level nurses will need the minimum qualification of a relevant degree; advanced level, a master's degree; and nurse consultant level, a PhD.)

- collate evidence relating to the cancer-specific learning competencies for NMC revalidation. (Templates for compiling and recording evidence for NMC revalidation are available at: <http://revalidation.nmc.org.uk/download-resources>)
- review in-service learning programmes; induction/preceptorship programmes relevant to the level of practice.

For all levels it is likely that some competencies will not be relevant and it is important for nurses and their line manager to determine competencies relevant to their role and development.

5. Competency framework for nurses providing care to people with breast cancer – workplace development record

1. Anatomy, physiology, prevalence and epidemiology

Learning outcomes		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
1.1 Critically review epidemiological and prevalence statistics for breast cancer within the UK, understanding demographic and cultural differences					
1.2 Explain the process of carcinogenesis and relate this to breast cancer to demonstrate understanding of the aetiology, risk factors, pathophysiology, signs/symptoms and treatment of breast cancer					
1.3 Discuss the normal anatomy, physiology and pathophysiology of the breast, chest wall, axilla and the lymphatic system					
1.4 Describe approaches to the diagnosis and staging of cancer and the nurse's role in supporting patients through this process					
1.5 Draw on understanding of the process of carcinogenesis and the biological basis of breast cancer to explain the use, effects and side effects of chemotherapy, biological and targeted therapies					
1.6 Describe the normal anatomy of the arm to include major arteries, veins and nerves to support safe administration of intravenous medications					
1.7 Describe possible disease trajectory of breast cancer, including recurrence or metastatic spread					

Practice-based skills and competencies		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
1.8 Describe the principles of clinical examination of the breasts, axilla and regional lymph nodes. In addition, the importance of breast awareness, including visual awareness of the 'normal' breast for the patient					
1.9 Explain the possible contributing risk factors of breast cancer to patients and members of their family, provide appropriate health and risk advice so that individuals can monitor for early signs of cancer and adopt healthy lifestyle behaviours. Participate in health promotion activities					

2. Psychological care

Learning outcomes		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
2.1 Describe how attitudes, values and beliefs, in relation to cancer, influence the care and communication with PABC. This should include taking into account the needs of patients who have learning disabilities, dementia and mental health conditions					
2.2 Recognise the importance of employing culturally sensitive approaches in the care of people with cancer and their families from all diverse communities					
2.3 Demonstrate knowledge of psychosocial and psychiatric disorders which may impact on the patient's ability to adapt to a diagnosis, the treatment planned, and the level of support required					
2.4 Consider the potential emotional distress for family members, friends or carers of the individual with a breast cancer diagnosis					

Practice-based skills and competencies		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
2.5 Assess the psychological needs of the patient at significant points in the treatment and follow-up pathway and refer to specialist services, statutory, voluntary and charitable organisations as appropriate					
2.6 Adjust professional behaviour in relation to the patient's needs					
2.7 Ensure the environment allows the patient and their family to share their concerns					
2.8 Explore the psychological needs for a patient and their family when the individual requires end of life management					
2.9 Identify and reassure patients who may have psychological concerns in relation to complications and the fear of recurrent disease/disease spread or other social/practical worries making referrals dependent on individual needs					
2.10 Demonstrate an understanding of safeguarding issues for PABC so that support and the appropriate intervention can be given					

3. Communication

Learning outcomes		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
3.1 Use research and theory to develop communication approaches to maximise effectiveness of communication in practice in supporting PABC					
3.2 Reflect communication which takes into account the cultural attitudes and values of the patient and their family, including disadvantaged or vulnerable groups					
3.3 Describe appropriate principles and guidance around communicating with individuals who may be vulnerable in relation to communication needs, such as individuals requiring translators or lacking capacity					
3.4 Describe appropriate use of communication mediums in communication with patients, their families and other health care professionals, taking into account legal, professional and ethical standards					

Practice-based skills and competencies		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
3.5 Adapt communication styles to the patient's needs using their assessment skills to ensure an individual's needs are met					
3.6 Assess the supportive care needs of patients and their families and be able to refer to appropriate support services					
3.7 Provide PABC with appropriate verbal, written and information sources which are relevant to their individual diagnosis and cancer management					
3.8 If the patient wishes to address their concerns, find a time and a private space for the patient to talk with their family/supporter present					
3.9 Demonstrate empathy and respect towards a patient and respect their views, including those who refuse treatment					
3.10 Demonstrate excellent communication skills and assess the patient's level of understanding					
3.11 Signpost individuals and family members to appropriate services, including written and digital charitable sources for further information. Ensure information needs are assessed at various points					
3.12 Assess the coping mechanisms of a patient at time points throughout the patient's care, including end of life care, and assist with the facilitation of appropriate discussions with health and social care professionals					
3.13 Utilise advanced communication skills and/or counselling skills for support of PABC					
3.14 Integrate the principles of 'make every contact count', for example, in relation to health promotion and screening					
3.15 Provide advice and support to enable patients to manage the impact of diagnosis and treatment on their relationships with those important to them, for example, communicating with children					

4. Consent

Learning outcomes		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
4.1 Explore the legal and ethical requirements of informed consent for patients undergoing treatment for breast cancer	■ ■ ■ ■				
4.2 Demonstrate awareness of the legal and ethical requirements for treatment, including when implied consent may be suitable to use.	■ ■ ■ ■				
Practice-based skills and competencies		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
4.3 Discuss the treatment plan with the patient to ensure they are fully informed of the benefits and possible complications in the short and long term. Assist with ensuring the patient is able to give informed consent	■ ■ ■ ■				
4.4 Advocate for patients, particularly those that may be subject to coercion or a lack of understanding	■ ■ ■ ■				
4.5 Demonstrate the ability to take consent for patients, to include covering possible complications so that patients can make an informed decision (including the risks of not undergoing treatment)	■ ■ ■ ■				

5. Holistic needs assessment

Learning outcomes		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
5.1 Define the principles of holistic assessment in cancer practice and when they should be used to assess patient needs throughout the cancer management					
5.2 Recognise the complex, changing, multiple health needs of patients with cancer and their families across the disease trajectory					
5.3 Demonstrate knowledge of appropriate support, information, referral and signposting in response to holistic needs assessment (HNA)					
5.4 Define how HNAs, e-HNAs care plans and treatment summaries, form part of the recovery package for patients at the end of primary treatment					
Practice-based skills and competencies		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
5.5 Undertake a comprehensive nursing HNA, taking into account relevant physical, social, cultural, psychological, sexual and spiritual factors					
5.6 Provide personalised care plans based on individual risks, needs and preferences of the patient, including signposting to additional support, with referrals as needed					

6. Multidisciplinary team working and interdisciplinary/interagency working

Learning outcomes		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
6.1 Demonstrate knowledge of the different roles making up a multidisciplinary team and the specialist knowledge each team member brings					
6.2 Demonstrate understanding of how the cancer nursing roles fit into the wider multidisciplinary team					
6.3 Demonstrate understanding of the decision-making process within a multidisciplinary team					
6.4 Provide information and advice within the multidisciplinary team to support patient care					
6.5 Recognise how multidisciplinary team communication and knowledge of local services available to patients, both hospital based and in the wider setting, can benefit patient care					
6.6 Consider and evaluate how the multidisciplinary team have reached the proposed recommendation for individual patients and relate these to the application of possible multimodality cancer treatments. Ensure the patient's needs and wishes have informed the discussion					
6.7 Demonstrate knowledge of the histopathological and multidisciplinary team meeting process and the implications this has on the results phase of the patient journey, including rationale for the need for further surgery, adjuvant treatments and the prognostic significance					

Practice-based skills and competencies		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
6.8 Explain the role of a key worker and how this may change through the cancer pathway					
6.9 Explain the role of the multidisciplinary team, including how it supports treatment decision making and works collaboratively to deliver patient-centred care					
6.10 Appropriately consider co-morbidity and individual circumstances of the PABC, and implement appropriate referrals to other professionals and agencies in respect of these					
6.11 Engage in appropriate planning and coordinate care between different health and social care providers, including voluntary and statutory care agencies					

7. Clinical trials and application of research

Learning outcomes		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
7.1 Evaluate the importance of nursing and clinical research in advancing practice	■				
7.2 Discuss the legal and ethical requirements of the recruitment of patients to research or clinical trials					
7.3 Analyse research findings in the context of evidence-based practice in a breast specialty					
7.4 Analyse the research process and range of research methods (including service development) in advancing services in a breast specialty					
7.5 Outline the use and role of health services research and cancer audit in the role of practice development	■				
7.6 Outline the process of treatment development within clinical trials and how the different phases may impact on a patient's care and treatment					

Practice-based skills and competencies		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
7.7 Discuss the proposed research with patients and their significant others to ensure they are fully informed of the benefits and their rights as a research subject					
7.8 Demonstrate strategies for safeguarding interests and the safety of patients considering and participating in research and clinical trials					
7.9 Provide an evidence-based approach to justify nursing practice for interventions within practice area in relation to a breast specialty					
7.10 Use knowledge of the research and audit process and methods to develop and lead projects for practice and service development for working in a breast specialty					

8. Screening and health promotion

Learning outcomes		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
8.1 Demonstrate awareness of the guidelines and management of common screen detected non-malignant conditions, for example, B3 lesions or atypical ductal hyperplasia, in line with national guidance					
8.2 Identify risk factors such as family history, genetic or lifestyle factors, for breast cancer and describe approaches for the prevention, screening and early detection of breast cancer					
8.3 Demonstrate a clear understanding of NHSBSP pathways and processes, including the age extension programme					
8.4 Demonstrate an understanding of breast cancer risk assessment in line with national guidelines and have the knowledge to signpost individuals to relevant services					
8.5 Demonstrate a clear understanding of the familial breast cancer guidelines, including the related risks, genetic testing/counselling and options for reducing the risk, such as bilateral risk reducing mastectomies and surveillance					
8.6 Demonstrate an understanding of the principles of breast screening and prophylactic treatments available to high-risk patients					
8.7 Reflect on lay perspectives of health and illness, including access barriers to the screening programme					
8.8 Has an understanding of the implications for a patient of an interval cancer and the additional support and information needed					
8.9 Demonstrate an understanding of the duty of candour process regarding interval cancers					

8.10 Demonstrate an understanding of the importance of liaison with national screening bodies and their national guidance				
8.11 Understand the rationale for the role and responsibility of the nurse in breast screening and health promotion				

Practice-based skills and competencies		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
8.12 Describe approaches to the diagnosis of breast cancer within the NHS breast screening programmes, such as needle biopsy and additional imaging, and the nurse's role in supporting patients through this process					
8.13 Participate in health promotion and describe issues relevant to breast screening among a diverse population					
8.14 Provide psychological support throughout the screening process, directing patients to relevant organisations when appropriate					
8.15 Demonstrate awareness of screening for trans and non-binary individuals					
8.16 Demonstrate knowledge and awareness on how to support high-risk patients with genetic or family history backgrounds during the high-risk screening process					
8.17 Demonstrate knowledge of the signs and symptoms of breast cancer in the context of mammographic occult lesions					
8.18 Communicate with the patient about treatment centres, options and refer appropriately					

9. Diagnosis

Learning outcomes		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
9.1 Demonstrate a clear understanding of the systematic management process and triple assessment of patients with breast symptoms, including the implications of different outcomes					
9.2 Describe the approaches to the diagnosis of breast cancer, staging and treatment plan, and a nurse's role in supporting patients through treatment and management					
9.3 Construct a care plan for a patient with a breast cancer diagnosis, utilising advanced knowledge and critical thinking skills and incorporating best evidence-based practice					
9.4 Demonstrate understanding of treatment and management options for patients with benign breast disease					
Practice-based skills and competencies		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
9.5 Explain the breast cancer diagnosis to the patient and family, assess their level of understanding, and provide additional information and reassurance where necessary					
9.6 Discuss the impact of any potential treatment on fertility, options for fertility preservation, and refer appropriately					
9.7 Provide evidence of working at advanced level, clinically examining and diagnosing patients with breast symptoms. Demonstrating advanced clinical competence and a knowledge base beyond those associated with traditional nursing roles					
9.8 Provide personalised care plans based on individualised holistic needs assessments					

10. Breast surgery

Learning outcomes		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
10.1 Describe the national guidelines for surgical treatment of breast cancer, demonstrating a thorough understanding of all the surgical options available to the breast and axilla					
10.2 Demonstrate an understanding of the specific psychological factors that may be affecting patients following their surgery, such as breast loss and other concerns at this time in their treatment trajectory					
Practice-based skills and competencies		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
10.3 Discuss the rationale, and pros and cons of the different surgical option/s to enable a patient to arrive at an informed decision					
10.4 Describe the pre-operative and post-operative care, recognising supportive needs and diversity in patient groups					
10.5 Explain the potential post-operative complications that may arise from surgery, the causes, incidence and management of these					
10.6 Advise and support PABC in temporary and permanent prosthesis fitting and/or bra fitting					
10.7 Take a relevant clinical history; conduct an examination of the post-operative breast and axilla to diagnose complications. Manage according to local protocol and best practice					
10.8 Independently manage and assess post-operative complications, such as infections and seroma. This may include determining wound and seroma management and prescribing					
10.9 Provide appropriate information and support about risk-reducing surgery and reconstructive options, and the potential effects of mastectomy. Provide details of support groups/contacts of other women who have had risk-reducing surgery					

11. Breast and nipple reconstruction

Learning outcomes		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
11.1 Recognise the eligibility of immediate breast reconstruction for patients undergoing mastectomy and be able to discuss the factors that may preclude an immediate breast reconstruction					
11.2 Demonstrate a comprehensive knowledge of the types of breast reconstruction techniques, including implant surgery and autologous reconstructions, and appraise the differences and criteria for immediate or delayed surgery					
11.3 Discuss the principles of surgical nipple reconstruction, explaining the technique of nipple areola tattooing, the possible complications and the management of complications					
11.4. Demonstrate knowledge of the implications for contralateral breast surgery and on-going reconstructive surgery, such as lipomodelling and symmetrisation surgical techniques					
Practice-based skills and competencies		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
11.5 Provide comprehensive verbal, written, digital and visual information, discussing the pros and cons of reconstructive options – enabling patients to make informed decisions relevant to their individual preferences and circumstances					
11.6 Deliver specialised implant expansion and nipple areola tattooing					

12. Lymphoedema

Learning outcomes		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
12.1 Identify the risks and contributory factors leading to lymphoedema, including relevant guidance on intravenous access for systemic anti-cancer treatment (SACT). Understand the difference between primary and secondary lymphoedema					
12.2 Describe the signs and symptoms of lymphoedema and relevance of early detection and intervention, including pre-op assessment/ measurement, and exclude other causes					
12.3 Outline the appropriate treatments which may include skin care, exercise, compression garments and self/manual lymphatic drainage					
12.4 Discuss the indications for referral to a specialist practitioner as appropriate					
Practice-based skills and competencies		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
12.5 Provide information on evidence-based lifestyles and activities that minimise the risk of lymphoedema and its complications					
12.6 Provide education - both verbal and written information, and advice for prophylaxis, particularly for patients with lymphoedema					
12.7 Demonstrate basic assessment and care of lymphoedema, to include limb/breast measurement, skin and tissue assessment, care of skin, appropriate fit, use and care of compression garments/bras and psychological support					
12.8 Recognise and promote agreed national guidelines for the management of acute and recurrent cellulitis					
12.9 Undertake nurse-led specialist lymphoedema clinics. Nurses undertaking this will be required to undertake specialist training in lymphoedema management which is university accredited					

13. Systemic anti-cancer treatments and supportive medications (SACT)

Learning outcomes		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
13.1 Provide knowledge and understanding of drug actions prescribed in the management of breast cancer patients: chemotherapy, biological targeted-therapies and biosimilars. This should include SACT in the neoadjuvant, adjuvant and metastatic settings. Plus, knowledge and understanding of endocrine therapy and bisphosphonates					
13.2 Explain the different routes for SACT administration, to include vesicant and non-vesicant drugs					
13.3 Identify the common toxicities associated with breast SACT regimens and appropriate management of the toxicities					
13.4 Identify the role of other supportive medications in the management and support of breast cancer related symptoms and treatment side effects					

Practice-based skills and competencies		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
13.5 Describe SACT regimens in breast cancer. This will include the sequence of drugs and SACT regimens across the disease trajectory					
13.6 Discuss the educational and information needs of breast patients receiving SACT					
13.7 Identify the potential routes, including the most appropriate venous access devices for breast patients and SACT administration. Also discuss rationale for each route/device					
13.8 Safely undertake the care and maintenance of vascular access devices					
13.9 Demonstrate the preparation, safe handling, administration, storage and disposal of SACTs					
13.10 Discuss the common and acute toxicities of breast cancer SACT regimens. Demonstrate working knowledge of the CTC/UKONS triage tool					
13.11 Outline reactions/side-effects associated with breast cancer SACT regimens and the appropriate interventions. This should include regional guidelines and triage procedures					
13.12 Undertake appropriate education and training for administration of cytotoxic medications in line with local guidelines					
13.13 Understand and apply the relevant legislation to the practice of non-medical prescribing					
13.14 Prescribe safely and appropriately, within current guidelines, applying the relevant legislation and working within your scope of practice					

14. Radiotherapy

Learning outcomes		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
14.1 Discuss how radiotherapy works in the treatment of breast cancer in both the primary and secondary settings, including management of pain, metastatic spinal cord compression (MSCC) treatment and haemorrhage					
14.2 Demonstrate awareness of ionising radiation (medical exposure) regulations IRMER					
Practice-based skills and competencies		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
14.3 Discuss the short- and long-term side effects of radiotherapy and demonstrate knowledge of the side effect management, including fatigue and skin care management					
14.4 Outline potential preventative measures that may reduce a radiotherapy skin reaction					
14.5 Discuss emerging radiotherapy trends such as intra operative radiotherapy and deep inspiration breath hold (DIBH)					
14.6 Provide information for the patient when finishing radiotherapy about care of the skin when it reaches maximum reaction post treatment					

15. Follow up

Learning outcomes		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
15.1 Demonstrate a clear understanding of the follow-up process for those patients diagnosed and treated for an early stage breast cancer	Red				
15.2 Understand the importance and principles surrounding mammographic follow up following breast cancer treatment	White				
15.3 Demonstrate knowledge of the signs and symptoms associated with a local recurrence of breast cancer and distant metastases	Red				
15.4 Demonstrate knowledge of the potential consequences of the long-term effects and late effects of breast cancer treatment. For example, fatigue and menopausal symptoms	White				
15.5 Understand the principles and importance surrounding long-term breast cancer treatment and the dangers of non-adherence to treatments	White				
15.6 Describe the principles of an individualised recovery package, including rehabilitation, self-management and life-style interventions	White				

Practice-based skills and competencies		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
15.7 Explain the follow-up process for patients with early stage breast cancer and completed their breast cancer treatment	Red	Green	Yellow	Brown	
15.8 Appropriately consider the impact and co-morbidity associated with breast cancer treatment and the long-term survivorship on the health status of the patient and their family/carers	Green	Yellow	Brown		
15.9 Implement appropriate referrals or signpost the patient to other health care professionals or agencies if the patient identifies concerns or needs	Red	Green	Yellow	Brown	
15.10 Provide appropriate help, advice and support to the patient to aid with self-monitoring of long-term consequences of breast cancer treatment and the principles of breast awareness and body awareness	Green	Yellow	Brown		
15.11 Effectively evaluate patient adherence and concordance with taking endocrine therapy. Engage in patient education about the benefits and provide support to help side effects, for example, joint pain and menopausal symptoms	Green	Yellow	Brown		
15.12 Perform an end of treatment review and produce a patient treatment summary and care plan based on a holistic needs assessment	Green	Yellow	Brown		
15.13 Lead and support a specialised recovery programme for patients on completion of breast cancer treatment	Green	Yellow	Brown		
15.14 Explain to patients the self-surveillance required to report recurrence of disease or metastatic spread	Red	Green	Yellow	Brown	

16. Secondary breast cancer

Learning outcomes		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
16.1 Understand the pathogenesis and natural history of breast cancer, its potential to metastasise and likely pattern of spread					
16.2 Describe the symptoms of a patient initially presenting or progressing with secondary breast cancer (SBC)					
16.3 Recognise the prognostic significance of the different metastatic sites and the burden of disease					
16.4 Discuss treatment options in line with local protocols, showing an awareness of the biology of the secondary disease					
16.5 Demonstrate knowledge of the implications a diagnosis of secondary breast cancer can have on PABC					
16.6 Guide the patient to make decisions regarding their medical care and support patients in choosing wisely, including the decision to choose best supportive care over medical treatment					
16.7 Demonstrate an understanding of the importance of a seamless transition between primary breast cancer care to secondary breast cancer care to palliative and end of life care					

Practice-based skills and competencies		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
16.8 Describe the investigations needed to assist in the diagnosis or progression of SBC					
16.9 Request relevant scans in line with relevant IMRER					
16.10 Demonstrate awareness of the effectiveness of the treatment and monitoring on this treatment					
16.11 Explain these results to the patient and their family, and the implication of these results					
16.12 Explain MSCC, hypercalcemia, ascites, pleural effusion and seizures to the patient and the red flag symptoms to report					
16.13 Examine a patient for signs of MSCC and refer for urgent MRI as necessary					
16.14 Perform a clinical patient assessment for signs of disease progression, undertaking general as well as neurological, respiratory, cardiac and abdominal assessments					
16.15 Demonstrate management of fungating breast wounds, showing awareness of the management of infection, necrosis, malodour and haemorrhage					
16.16 Describe the implications of recurrence of disease or metastatic disease to patients who may be diagnosed with recurrence of disease or advanced breast cancer					
16.17 Perform a HNA and undertake a care plan and referral as appropriate focused on maximising quality of life and living well with breast cancer					

17. Palliative care and end of life care

Learning outcomes		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
17.1 Explain how the pathways and principles of palliative care and end of life care are implemented in locality					
17.2 Understand and assess the physical, psychological, social, emotional and spiritual impact of moving to end of life care, taking into account cultural differences					
Practice-based skills and competencies		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
17.3 Discuss, inform, support and educate PABC about palliative and end of life care where appropriate					
17.4 Explain to PABC the role of palliative care in symptom management					
17.5 Facilitate appropriate discussions between health and social care professionals, PABC to elicit their preferences on goals of care and the transition between active treatment and end of life care					
17.6 Assess the information needs for PABC about the dying process and communicate sensitively and truthfully					
17.7 Identify and deliver evidence-based interventions to support PABC to deliver palliative and end of life care. This should include referral to specialist services and statutory, voluntary and charitable organisations to support desired care pathway					
17.8 Recognise the biological processes of dying and support the patient and family through their loss and grief					

18. Leadership

Learning outcomes		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
18.1 Ensure the integration of local and national legal, ethical and professional standards in relation to high quality care for PABC					
18.2 Discuss the advanced level nursing standards required to care for PABC at an advanced level of nursing practice					
18.3 Discuss the role of clinical governance, and the principles of risk assessment and risk management					
18.4 Reflect on models of clinical leadership and how these can be developed at all levels to collectively develop vision and an integrated leadership culture within teams, departments and organisations					
18.5 Demonstrate knowledge of the role of research, audit, analysis, evaluation and evidence-based practice changes, including evidence from the national cancer patient experience survey to inform quality improvement service delivery					
18.6 Discuss leadership and relevant resource management strategies in relation to performance, effectiveness and high-quality compassionate care					
18.7 Demonstrate knowledge about cancer strategy/policy at a national level					
18.8 Demonstrate knowledge about cancer strategy/policy at a European and international level					

Practice-based skills and competencies		Self assessment	Action plan	Evidence of Success	Review date
The practitioner will be able to:					
18.9 Demonstrate and promote application of the principles of nursing practice and concordance of legal, ethical and professional practice standards					
18.10 Lead in the development of a culture where all staff assess risk and implement appropriate risk management strategies in order to promote staff and patient wellbeing and safety					
18.11 Demonstrate evidence of continuing professional development and support others in developing their skills, experience, knowledge, gaining relevant qualifications and competencies					
18.12 Apply knowledge, experience and leadership to influence and shape nursing practice and policy at different strategic levels					
18.13 Contribute or develop and/or deliver accredited or non-accredited breast cancer education					
18.14 Apply quality and service improvement initiatives and policy, implementing new innovative models of care, forming alliances with multidisciplinary professionals across boundaries to serve the needs of PABC					
18.15 Act as a role model to demonstrate the ability to plan, coordinate and evaluate the use of health care resources in an innovative appropriate manner when providing care to PABC					

References

Cancer Research UK, Breast Cancer Statistics [online content]. www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer (accessed 17 June 2019)

Department of Health (2010) *Advanced Level Practice*. London: DH. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215935/dh_121738.pdf (accessed 17 June 2019)

Department of Health, Social Services and Public Safety (2016) *Advanced Nursing Practice Framework: Supporting Advanced Nursing Practice in Health and Social Care Trusts*. Belfast: NIPEC. Available at: www.health-ni.gov.uk/sites/default/files/publications/health/advanced-nursing-practice-framework.pdf (accessed 17 June 2019)

European Oncology Nursing Society (2013) *Cancer Nursing Curriculum 2013 (4th Edition)*. Brussels: EONS. Available at: www.cancernurse.eu/documents/EONSCancerNursingCurriculum2013.pdf (accessed 17 June 2019)

National Cancer Patient Experience Survey (2016) Clinical Commissioning Groups data tables [online content]. Available at: www.ncpes.co.uk/reports/2016-reports/local-reports-1/clinical-commissioning-groups (accessed 17 June 2019)

National Health Service Education for Scotland (NES) (2012) *Advanced Nursing Practice Toolkit*. Edinburgh: NES. Available at: www.advancedpractice.scot.nhs.uk (accessed 17 June 2019)

National Health Service Education for Scotland and Macmillan Cancer Support (2010) *Working with Individuals with Cancer, their Families and Carers. Professional Development Framework for Nurses – Specialist and Advanced Levels*. Edinburgh: NES. Available at: www.nes.scot.nhs.uk/media/268259/working_with_individuals_with_cancer_their_families_and_carers_aug_2008.pdf (accessed 17 June 2019)

National Leadership and Innovation Agency for Healthcare (2010) *Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales*. Llanharan: NLIAH. Available at: www.wales.nhs.uk/sitesplus/documents/829/NLIAH%20Advanced%20Practice%20Framework.pdf (accessed 17 June 2019)

NHS England (2016) *Achieving World-Class Outcomes: Taking the strategy forward. Five year forward view*. Redditch: NHSE. Available at: www.england.nhs.uk/wp-content/uploads/2016/05/cancer-strategy.pdf (accessed 17 June 2019)

Nursing and Midwifery Council, Revalidation [Online content]. Available at: <http://revalidation.nmc.org.uk> (accessed 17 June 2019)

Quality Health (2014) *Wales Cancer Patient Experience Survey: National Report*. Available at: www.quality-health.co.uk/resources/surveys/welsh-cancer-experience-survey/2013-welsh-cancer-experience-survey/wales-cancer-patient-experience-reports-english-language-versions/527-wales-cancer-patient-experience-survey-national-report-2013/file (accessed 17 June 2019)

Quality Health (2018) *Northern Ireland Cancer Patient Experience Survey 2018*. Available at: www.publichealth.hscni.net/sites/default/files/2019-01/Northern%20Ireland%20Cancer%20Patient%20Experience%20Survey%202018%20All%20Trusts%20Report.pdf (accessed 17 June 2019)

Royal College of Nursing (2007) *Clinical Standards for Working in a Breast Specialty*. London: Royal College of Nursing. Available at: www.rcn.org.uk/professional-development/publications/pub-003110 (accessed 17 June 2019)

Royal College of Nursing (2018) *Section 2: Advanced level nursing practice competencies*. London: RCN. Available at: www.rcn.org.uk/professional-development/publications/pub-006896 (accessed 17 June 2019)

Royal College of Nursing (2017) *Career and Education Framework for Cancer Nursing*. London: RCN. Available at: www.rcn.org.uk/professional-development/publications/pub-005718 (accessed 17 June 2019)

Scottish Government (2016) *Beating Cancer: Ambition and Action*. Edinburgh: Scottish Government. Available at: www2.gov.scot/Publications/2016/03/9784 (accessed 17 June 2019)

Scottish Government (2018) *Scottish Cancer Patient Experience Survey 2018*. Available at: <https://news.gov.scot/news/scottish-cancer-patient-experience-survey-2018> (accessed 17 June 2019)

Skills for Health (2010) *Key elements of the Career Framework*. London: Skills for Health. Available at: www.skillsforhealth.org.uk/images/stories/Resource-Library/PDF/Career_framework_key_elements.pdf (accessed 17 June 2019)

Wales Cancer Network (2016) *Cancer Delivery Plan for Wales 2016–2020*. Cardiff: Wales Cancer Network. Available at: www.walescanet.wales.nhs.uk/sitesplus/documents/1113/161114cancerplanen.pdf (accessed 17 June 2019)

Resources

Anatomy, physiology, prevalence and epidemiology

Allemani C, Matsuda T, Di Carlo V, Harewood R, Matz M, Nikšić M ... CONCORD Working Group (2018) Global surveillance of trends in cancer survival: analysis of individual records for 37,513,025 patients diagnosed with one of 18 cancers from 322 population-based registries in 71 countries (CONCORD-3). *Lancet*, 391(10125):1023–1075. Available at: www.ncbi.nlm.nih.gov/pmc/articles/PMC5879496

Scottish Government (2016) *Beating Cancer: Ambition and Action*. Available at: www.gov.scot/publications/beating-cancer-ambition-action

National Cancer Transformation Board (2016) *Achieving world class cancer outcomes: taking the strategy forward*. London: NHS England. Available at: www.england.nhs.uk/wp-content/uploads/2016/05/cancer-strategy.pdf

Wales Cancer Network (2016) *Cancer Delivery Plan for Wales 2016–2020. The highest standard of care for everyone with cancer*. Available at: www.walescanet.wales.nhs.uk/sitesplus/documents/1113/161114cancerplanen.pdf

Psychological care

Carr B and Steel J (2013) *Psychological Aspects of Cancer*. Boston, MA: Springer US

Cruickshank S (2014) *The effectiveness of an intervention by specialist breast care nurses to address the perceived needs and enhance the quality of life of women with breast cancer receiving follow-up care: a randomised controlled trial*. Edinburgh Napier University. Available at: www.napier.ac.uk/~media/worktribe/output-176494/cruickshank01014658phdpdf.pdf

Cruickshank S, Kennedy C, Lockhart K, Dossier I and Dallas L (2008) Specialist breast care nurses for supportive care of women with breast cancer. *Cochrane Database of Systematic Reviews*, 23(1) CD005634. First update due in 2020. Available at: www.ncbi.nlm.nih.gov/pubmed/18254086

Costa-Requena G, Rodriguez A, Fernandez R, Palomera E and Gil F (2011) Cognitive processing variables in breast cancer: worry and distress at the end of treatment. *Journal of Cancer Education*, 26(2):375–9. Available at: www.ncbi.nlm.nih.gov/pubmed/20623349

Davidson J, Malloch M and Humphris G (2018) A single-session intervention (the Mini-AFTERc) for fear of cancer recurrence: A feasibility study. *Psycho-Oncology*. Available at: <https://onlinelibrary.wiley.com/doi/abs/10.1002/pon.4724>

Dawson G, Madsen LT and Dains JE (2016) Interventions to manage uncertainty and fear of recurrence in female breast cancer survivors: A review of the literature. *Clinical Journal of Oncology Nursing* 20(6):E155–E161. Available at: www.ncbi.nlm.nih.gov/pubmed/27857253

De Vries J, Oudsten D, Jacobs P and Roukema J (2012) How breast cancer survivors cope with fear of recurrence: a focus group study. *Supportive Care in Cancer*, 22(3):705–712. Available at: <http://dx.doi.org/10.1007/s00520-013-2025-y>

Dunn LB, Langford DJ, Paul SM, Berman MB, Shumay DM, Kober K ... Miaskowski C (2015) Trajectories of fear of recurrence in women with breast cancer. *Supportive Care in Cancer*, 23(7):2033–43. Available at: www.ncbi.nlm.nih.gov/pubmed/25524004

Humphris G and Ozakinci G (2010) The AFTER intervention: A structured psychological approach to reduce fears of recurrence in patients with head and neck cancer. *British Journal of Health Psychology*. Available at: <http://dx.doi.org/10.1348/135910708X283751>

Lebel S, Beattie S, Ares I and Bielajew C (2013) Young and worried: Age and fear of recurrence in breast cancer survivors. *Health Psychology*, 32(6):695–705. Available at: <http://dx.doi.org/10.1037/a0030186>

Lebel S, Ozakinci G, Humphris G, Mutsaers B, Thewes B, Prins J, Dinkel A and Butow P (2016) From normal response to clinical problem: definition and clinical features of fear of cancer recurrence. *Supportive Care Cancer*, 24(8):3265–3268. Available at: <http://dx.doi.org/10.1007/s00520-016-3272-5>

Simard S, Thewes B, Humphris G, Dixon M, Hayden C, Mireskandari S and Ozakinci G (2013) Fear of cancer recurrence in adult cancer survivors: a systematic review of quantitative studies. *Journal of cancer survivorship*, 7(3):300–322. Available at: <http://dx.doi.org/10.1007/s11764-013-0272-z>

Waldrop DP, O'Connor TL and Trabold N (2011) Waiting for the other shoe to drop: distress and coping during and after treatment for breast cancer. *Journal of Psychosocial Oncology*, 29(4):450–473. Available at: www.ncbi.nlm.nih.gov/pubmed/21966727

Communication

Surbone A, Zwitter M and Rajer M (2013) *New Challenges in Communication with Cancer Patients*. Boston, MA: Springer US

Webb L (2018) Exploring the characteristics of effective communicators in healthcare. *Nursing Standard*, 33(9):47–51

Consent

National Institute for Health Research, Clinical Trials Toolkit: Informed consent [online content]. www.ct-toolkit.ac.uk/routemap/informed-consent

Royal College of Nursing (2011) *Informed consent in health and social care research. RCN guidance for nurses*. Second edition. London: RCN. Available at: www.rcn.org.uk/professional-development/publications/pub-002267

Holistic needs assessment

Macmillan Cancer Support, The Recovery Package [online content]. www.macmillan.org.uk/about-us/health-professionals/programmes-and-services/recovery-package

Macmillan Cancer Support (2014) *Electronic Holistic Needs Assessment and Care Planning*. London: Macmillan Cancer Support. Available at: www.macmillan.org.uk/documents/aboutus/health_professionals/macvoice/sharinggoodpractice-electronicholisticneedsassessmentandcareplanning.pdf

Macmillan Cancer Support (2016) *Holistic Needs Assessment: Care and Support Planning*. London: Macmillan Cancer Support. Available at: https://smybndcegs.nhs.uk/application/files/7014/8052/4037/Macmillan_HNA_guide.pdf

Multidisciplinary team working and interdisciplinary/interagency working

Beaver K, Williamson S and Chalmers K (2010) Telephone follow-up after treatment for breast cancer: views and experiences of patients and specialist breast care nurses. *Journal of Clinical Nursing*, 19(19-20):2916–24

Buppert C (2011) NPs sued for failing to diagnose breast cancer in patients with breast mass. *Journal for Nurse Practitioners*, 7(6):513–515

Department of Health, National Cancer Action Team and Macmillan Cancer Support (2010) *Excellence in Cancer Care: The Contribution of the Clinical Nurse Specialist*. London: Macmillan Cancer Support. Available at: www.macmillan.org.uk/documents/aboutus/commissioners/excellenceincancercarethecontributionoftheclinicalnursespecialist.pdf

Macmillan Cancer Support (2017) *Thinking differently: Macmillan's vision for the future cancer workforce in England*. London: Macmillan Cancer Support

McLoughlin A, Shewbridge A and Owens R (2012) Developing the role of advanced practitioner. *Cancer Nursing Practice*, 11(2):14–19

Clinical trials and application of research

Cancer Research UK, Research and Clinical Trials [online content]. www.cancerresearchuk.org/about-cancer/find-a-clinical-trial

Carlson RH (2013) ATLAS Trial. *Oncology Times*, 35:3–4

Veronesi U, Goldhirsch A, Gentilini O, Leonardi MC and Veronesi P (2017) *Breast cancer: Innovations in research and management*. Cham, Switzerland: Springer

Screening and health promotion

Baker J, Kearins O, O'Sullivan E and Casey M (2013) Patient satisfaction with clinical nurse specialists' practice. *Nursing Standard*, 27(37):41–7

Jacobs C, Webb P and Robinson L (2014) *Genetics for health professionals in cancer care: from principles to practice*. Oxford: Oxford University Press

Lynch HT, Snyder CL and Lynch JF (2009) Genetic counseling and the advanced practice oncology nursing role in a hereditary cancer prevention clinic: hereditary breast cancer focus (part II). *Breast Journal*, 15(1):S11–9

National Institute for Health and Care Excellence (2017) *Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer (CG164)*. London: NICE. Available at: www.nice.org.uk/guidance/cg164

Public Health England (2016) *NHS Breast Screening Programme. Clinical guidance for breast cancer screening assessment*. London: PHE

Public Health England (2017) *Information for trans people. NHS Screening Programmes*. London: PHE

Public Health England (2019) *NHS Breast Screening Programme. Breast Screening: guidance for clinical nurse specialists*. London: PHE

Snyder CL, Lynch JF and Lynch HT (2009) Genetic counseling and the advanced practice oncology nursing role in a hereditary cancer prevention clinic: hereditary breast cancer focus (part I). *Breast Journal*, (15):S2–10

Diagnosis

Cruickshank S and Hume A (2014) The experience of providing support about menopausal symptoms to women with breast cancer. *European Journal of Oncology Nursing*, 18(1):110–117

Dixon JM (2012) *ABC of Breast Diseases. Fourth Edition*. Wiley Blackwell

Landmark BT, Bohler A, Loberg K and Wahl A (2008) Women with newly diagnosed breast cancer and their perceptions of needs in a health-care context. *Journal of Clinical Nursing*, 17(7b):192–200

Litsas G (2013) Individualizing care for women with early-stage breast cancer: The role of molecular assays. *Clinical journal of oncology nursing*, 17(3):332–4

Macmillan Cancer Support (2017) *The C word. How we react to cancer today*. London: Macmillan Cancer Support. Available at: www.macmillan.org.uk/assets/1426915-the-c-word-macmillan-cancer-support-2017.pdf

Omigie AA and Hill C (2013) Male Breast Carcinoma: A Case Study. *Internet Journal of Advanced Nursing Practice*, 12(1):1

Breast surgery

Association of Breast Surgery at BASO (2009) Surgical Guidelines for the management of breast cancer. *European Journal of Surgical Oncology*, 35(1):1–22

National Institute for Health and Care Excellence (2018) *Early and locally advanced breast cancer: diagnosis and management (NG101)*. London: NICE. Available at: www.nice.org.uk/guidance/ng101

Breast and nipple reconstruction

Association of Breast Surgery, British Association of Plastic Reconstructive and Aesthetic Surgeons and Breast Cancer Now (2018) *Guidance for the Commissioning of Oncoplastic Breast Surgery*. Available at: https://breastcancernow.org/sites/default/files/public/guidance_for_the_commissioning_of_oncoplastic_breast_surgery_-_ccg_guidelines_2018.pdf

Lamp S and Lester JL (2015) Reconstruction of the breast following mastectomy. *Seminars in Oncology Nursing*, 31(2):134–145

National Institute for Health and Care Excellence (2012) *Breast reconstruction using lipomodelling after breast cancer treatment (IPG417)*. London: NICE. Available at: www.nice.org.uk/guidance/ipg417

Lymphoedema

Armer JM, Radina ME, Porock DD and Culbertson S (2003) Predicting Breast Cancer-Related Lymphedema Using Self-Reported Symptoms. *Nursing Research*, 52(6), 370–379

British Lymphology Society (2016) Consensus Document on the Management of Cellulitis in Lymphoedema Available at: <https://bit.ly/2FNnGoz>

British Lymphology Society (2016) *Professional roles in the care of lymphoedema*. Lichfield: BLS. Available at: <https://thebls.com/public/uploads/documents/document-54261534789017.pdf>

International Consensus (2006) *Best practice for the management of lymphoedema*. London: Medical Education Partnership

Lu SR, Hong RB, Chou W and Hsiao PC (2015) Role of physiotherapy and patient education in lymphedema control following breast cancer surgery. *Therapeutics and clinical risk management*, 11, 319–327. doi:10.2147/TCRM.S7766

Reichart K (2017) Lymphedema: Improving screening and the treatment among at-risk breast cancer survivors. *Clinical Journal of Oncology Nursing*, 21(1):21–25

Systemic anti-cancer treatments and supportive medications

Day S (2013) Nurse prescribing in a breast care unit. *Nurse Prescribing*, 11(4):200–203

Donovan D (2013) Metastatic breast cancer epidemiology and management with a focus on taxanes. *Clinical Journal of Oncology Nursing*, 17:5–8

Hurtig J (2010) Managing patients with advanced and metastatic breast cancer. *Clinical Journal of Oncology Nursing*, 14(3):313–23

Katz A (2017) Scalp cooling: The prevention of chemotherapy-induced alopecia. *Clinical Journal of Oncology Nursing*, 21(4):413–415

Stephens F and Aigner K (2016) *Basics of oncology (second edition)*, Cham: Springer

Winters L, Habin K, Flanagan J, and Cashavelly BJ (2010) “I Feel Like I Am 100 Years Old!” Managing arthralgias from aromatase inhibitors. *Clinical Journal of Oncology Nursing*, 14(3):379–82

Radiotherapy

Haffty B and Wilson L (2008) *Handbook of Radiation Oncology. Basic Principles and Clinical Protocols*. Massachusetts: Jones and Bartlett Learning

Hendry JA (2011) A qualitative focus group study to explore the information, support and communication needs of women receiving adjuvant radiotherapy for primary breast cancer. *Journal of Radiotherapy in Practice*, 10(2):103–115

The Royal College of Radiologists (2016) *Postoperative radiotherapy for breast cancer: UK consensus statements*. London: RCR. Available at: www.rcr.ac.uk/publication/postoperative-radiotherapy-breast-cancer-uk-consensus-statements

Follow up

Cassileth B (2011) *The complete guide to complementary therapies in cancer care: Essential information for patients, survivors and health professionals*. London: World Scientific Publishing

Cruickshank S, Steel S, Fenlon D, Armes J, Banks E, Humphris G (2019) Specialist breast cancer nurses' views on implementing a fear of cancer recurrence intervention in practice: a mixed methods study. *Support Care Cancer*, pp1-10. Available at: <https://doi.org/10.1007/s00520-019-04762-9> (accessed 14 August 2019)

Department of Health, Macmillan Cancer Support and NHS Improvement (2013) *Living With and Beyond Cancer: Taking Action to Improve Outcomes*. London: DH/National Cancer Survivorship Initiative. Available at: www.gov.uk/government/publications/living-with-and-beyond-cancer-taking-action-to-improve-outcomes

Fenlon DR, Khambhaita P and Hunter MS (2015) Helping patients to help themselves after breast cancer treatment. *Clinical Oncology*, 27(11): 640–6

Fenlon D, Reed E, Blows E, Scanlon K, Wray J and Dewey A (2015) Moving forward: a qualitative research inquiry to inform the development of a resource pack for women following primary breast cancer treatment. *Journal of Psychosocial Oncology*, 33(1):85–105

Hall-Alston J (2015) Exercise and the breast cancer survivor: the role of the nurse practitioner. *Clinical Journal of Oncology Nursing*, 19(5):E98–E102

Kiely D and Schwartz S (2016) Mindfulness as an intervention for breast cancer survivors. *Clinical Journal of Oncology Nursing*, 20(4):357–9

Macmillan Cancer Support (2014) *A competence framework for nurses: caring for patients living with and beyond cancer*. London: Macmillan Cancer Support

Shewbridge A, Nordlund J, Finnegan-John J, Moore J, Bloomfield J, Ream E and Armes J (2014) Identifying and meeting survivorship needs. *Cancer Nursing Practice*, 13(6): 28–32

Trusson D and Pilnick A (2016) Between stigma and pink positivity: women's perceptions of social interactions during and after breast cancer treatment. *Sociology of Health and Illness*, 39(3):458–473

Wagland R, Fenlon D, Tarrant R, Howard-Jones G and Richardson A (2015) Rebuilding self-confidence after cancer: a feasibility study of life-coaching. *Supportive Care in Cancer*, 23(3):651–9

Wheelock A, Mihalís E, Hamolsky D, Ernest ML, Lopez N, Hwang J and Melisko M (2013) Survivorship clinic group educational sessions: adoption, acceptance, and attendance. *Journal of Cancer Education*, 28(1):79–83

Yamamoto DS and Viale PH (2009) Update on identifying and managing osteoporosis in women with breast cancer. *Clinical Journal of Oncology Nursing*, 13(5): E18–29

Secondary breast cancer

Bennett E, Hume A and Telford E (2013) Specialist service for patients with secondary breast cancer. *Cancer Nursing Practice*, 12(2):25–30

Leadbeater M and Larder M (2008) Living with secondary breast cancer. *Cancer Nursing Practice*, 7(1):29–33

National Institute for Health and Care Excellence (2017) *Advanced breast cancer: diagnosis and treatment (CG81)*. London: NICE. Available at: www.nice.org.uk/guidance/cg81

Warren M and Mackie D (2014) Co-ordination of supportive care needs in metastatic breast cancer. *Cancer Nursing Practice*, 13(1):23–27

Watts K, Meiser B, Conlon H, Rovelli S, Tiller K, Zorbas H, Lewis C, Neil G and Friedlander M (2011) A specialist breast care nurse role for women with metastatic breast cancer: enhancing supportive care. *Oncology Nursing Forum*, 38(6):627–631

Xia YU (2017) Management of metastatic bone pain in a patient with advanced breast cancer: the advanced practice nurse's perspective. *Singapore Nursing Journal*, 44(1):33–9

Palliative care and end of life care

Care Quality Commission (2016) *A different ending. Addressing inequalities in end of life care. Overview report*. Newcastle upon Tyne: CQC

Leadership Alliance for the Care of Dying People (2014) *One Chance to get it Right. Improving people's experience of care in the last few days and hours of life*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/323188/One_chance_to_get_it_right.pdf

Pearce L (2019) Help patients plan for a potential crisis. *Nursing Standard*, 34(3):69–71

Leadership

Gobbie M (2004) 'The influence of culture on the health care environment' in Hyde J and Cook M (editors) *Managing and supporting people in health care*, pp 23–29. London: Bailliere Tindall

Kearns T (2018) Shout to the top. *Nursing Standard*, 33(9):45

Lawless J (2012) *Taming Tigers*. Croydon: CPI Group (UK) Ltd

Macmillan Cancer Support (2014) *A competence Framework for Nurses: Caring for Patients Living with and Beyond Cancer*. London: Macmillan Cancer Support. Available at: www.macmillan.org.uk/_images/competence-framework-for-nurses_tcm9-297835.pdf

National Health Service Leadership Academy (2013) *The Healthcare Leadership Model*. Leeds: NHS Leadership Academy. Available at: www.leadershipacademy.nhs.uk/wp-content/uploads/2014/10/NHSLeadership-LeadershipModel-colour.pdf

National Institute for Health and Care Excellence (2016) *Breast Cancer Quality Standard (QS12)*. London: NICE. Available at: www.nice.org.uk/guidance/qs12

NHS England (2017) *Achieving World-Class Outcomes: A Strategy for England 2015-2020. Progress Report 2016-17*. Redditch: NHSE. Available at: www.england.nhs.uk/publication/achieving-world-class-cancer-outcomes

O'Connor C (2015) *Secrets of great leaders: 50 ways to make a difference*. USA: Teach Yourself

Oncology Nursing Society (2012) *Leadership competencies*. Pittsburgh: ONS. Available at: www.ons.org/sites/default/files/2017-05/Leadership_Competencies.pdf

Percival N (2017) Advanced roles in cancer nursing. *British Journal of Nursing*, 26(10):S29

Richardson A (2006) Who will lead the way? Are we working together or falling apart? *Cancer Nursing Practice*, 5(10):18–20

Abbreviations

CTC	Common toxicity criteria
DIBH	Deep inspiration breath hold
DHSSPS	Department of Health, Social Services and Public Safety
EONS	European Oncology Nursing Society
HEI(s)	Higher education institution(s)
HNA	Holistic needs assessment
IRMER	Ionising Radiation (Medical Exposure) Regulations
MRI	Magnetic resonance imaging
MSCC	Metastatic spinal cord compression
NES	National Health Service Education Scotland
NICE	National Institute for Health and Care Excellence
NLIAH	National Leadership and Innovation Agency for Healthcare
NMC	Nursing and Midwifery Council
PABC	People affected by breast cancer
SACT	Systemic anti-cancer treatment
SBC	Secondary (metastatic) breast cancer
UKONS	United Kingdom Oncology Nursing Society

Key definitions

People affected by breast cancer (PABC)

Those at risk of developing cancer, people living with cancer, people who have completed treatments, carers, family members and significant others across the age spectrum and continuum of care.

Continuum of care

Includes the trajectory of the experience of PABC. Whilst this trajectory may vary for each individual, the five main phases that correspond to the critical elements of health services needed by PABC to respond to their disease-related and personal experiences are:

1. reducing the risk of developing cancer (prevention and health promotion)
2. finding cancer as early as possible (screening and early detection)
3. having active treatment
4. following and between treatment (rehabilitation and survivorship)
5. palliative and end of life care if the cancer is not cured.

Domains of health

Include the physical, psychological, emotional, sexual health, cultural, social, practical, spiritual and informational aspects of a person's health and wellbeing.

Appendix 1: Career Framework (Skills for Health, 2010)

The Career and Education Framework for Cancer Nursing (RCN, 2017) adopted the Career Framework for Health (Skills for Health, 2010) to provide a common language for role title, level of practice and career development. It focuses on levels 5–8 and is used to define the level of practice and the cancer-specific nursing outcomes expected of the registered nurse providing general cancer care and those practising in specialist cancer care at registered practitioner, senior practitioner, advanced practitioner and consultant practitioner levels.

Key Elements of the Career Framework

9

Career Framework Level 9

People working at level 9 require knowledge at the most advanced frontier of the field of work and at the interface between fields. They will have responsibility for the development and delivery of a service to a population, at the highest level of the organisation. **Indicative or Reference title: Director**

8

Career Framework Level 8

People at level 8 of the career framework require highly specialised knowledge, some of which is at the forefront of knowledge in a field of work, which they use as the basis for original thinking and/or research. They are leaders with considerable responsibility, and the ability to research and analyse complex processes. They have responsibility for service improvement or development. They may have considerable clinical and/or management responsibilities, be accountable for service delivery or have a leading education or commissioning role. **Indicative or Reference title: Consultant**

7

Career Framework Level 7

People at level 7 of the career framework have a critical awareness of knowledge issues in the field and at the interface between different fields. They are innovative, and have a responsibility for developing and changing practice and/or services in a complex and unpredictable environment. **Indicative or Reference title: Advanced Practitioner**

6

Career Framework Level 6

People at level 6 require a critical understanding of detailed theoretical and practical knowledge, are specialist and / or have management and leadership responsibilities. They demonstrate initiative and are creative in finding solutions to problems. They have some responsibility for team performance and service development and they consistently undertake self development. **Indicative or Reference title: Specialist/Senior Practitioner**

5

Career Framework Level 5

People at level 5 will have a comprehensive, specialised, factual and theoretical knowledge within a field of work and an awareness of the boundaries of that knowledge. They are able to use knowledge to solve problems creatively, make judgements which require analysis and interpretation, and actively contribute to service and self development. They may have responsibility for supervision of staff or training. **Indicative or Reference title: Practitioner**

4

Career Framework Level 4

People at level 4 require factual and theoretical knowledge in broad contexts within a field of work. Work is guided by standard operating procedures, protocols or systems of work, but the worker makes judgements, plans activities, contributes to service development and demonstrates self development. They may have responsibility for supervision of some staff. **Indicative or Reference title: Assistant/Associate Practitioner**

3

Career Framework Level 3

People at level 3 require knowledge of facts, principles, processes and general concepts in a field of work. They may carry out a wider range of duties than the person working at level 2, and will have more responsibility, with guidance and supervision available when needed. They will contribute to service development, and are responsible for self development. **Indicative or Reference title: Senior Healthcare Assistants/Technicians**

2

Career Framework Level 2

People at level 2 require basic factual knowledge of a field of work. They may carry out clinical, technical, scientific or administrative duties according to established protocols or procedures, or systems of work. **Indicative or Reference title: Support Worker**

1

Career Framework Level 1

People at level 1 are at entry level, and require basic general knowledge. They undertake a limited number of straightforward tasks under direct supervision. They could be any new starter to work in the Health sector, and progress rapidly to Level 2. **Indicative or Reference title: Cadet**



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