

## SUPPORTING INFORMATION FOR APPRAISAL & REVALIDATION: CHECKLIST FOR BREAST SURGEONS

This checklist must be used referencing the full guidance documents. If you are unable to supply one or more of the items, you should discuss this with your appraiser. Alternative items of supporting information may be agreed as appropriate.

GENERAL INFORMATION		Collected	Frequency
Personal details	GMC number	<input type="checkbox"/> Yes	Annual
	Demographic and relevant personal information & qualification	<input type="checkbox"/> Yes	
	Self-declaration of no change, or an update identifying changes	<input type="checkbox"/> Yes	
Scope of work	Description of your whole practice covering the period since your last appraisal	<input type="checkbox"/> Yes	Annual
	Current job plan (if required for reference)	<input type="checkbox"/> Yes	
	Any significant changes in your professional practice	<input type="checkbox"/> Yes	
	Extended clinical and non-clinical activities	<input type="checkbox"/> Yes	
	Any other relevant information for your field or practice	<input type="checkbox"/> Yes	
Record of annual appraisals	Signed-off appraisal portfolio record and satisfactory outcomes of previous appraisal	<input type="checkbox"/> Yes	Annual
	Evidence of appraisals (if undertaken from other organisations)	<input type="checkbox"/> Yes	
	Confirmation that previous actions/concerns have been addressed	<input type="checkbox"/> Yes	
Personal Development Plans	Current personal development plan (PDP) with agreed objectives from previous appraisal	<input type="checkbox"/> Yes	Annual
	Details of any new objectives added since last appraisal or to be added	<input type="checkbox"/> Yes	
	Access to previous PDPs	<input type="checkbox"/> Yes	
Probity	Signed probity self-declaration	<input type="checkbox"/> Yes	Annual
Health	Signed health self-declaration	<input type="checkbox"/> Yes	Annual

# SUMMARY STATEMENT

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KEEPING UP TO DATE		Collected	Frequency
<b>Continuing Professional Development</b>	<p>Description of CPD undertaken each year as set out in requirements</p> <p>CPD should be recorded against categories:</p> <ul style="list-style-type: none"> <li>• Clinical</li> <li>• Academic</li> <li>• Professional (including managerial)</li> </ul> <p>And context</p> <ul style="list-style-type: none"> <li>• Internal</li> <li>• External</li> <li>• Personal</li> </ul> <p>Each surgeon will have a different balance of activities to reflect their role but they should show some diversity in topic and types of activity.</p> <p>Surgeons who perform cosmetic surgery should provide evidence of cosmetic surgery certification and demonstrate competence in professional behaviours, clinical skills and experience.</p> <p>CPD activities should include communication skills and a basic understanding of psychological processes, with specific reference to body image disturbance.</p>	<input type="checkbox"/> Yes	Annual

REVIEW OF PRACTICE		Collected	Frequency
<b>QUALITY IMPROVEMENT ACTIVITY</b>			
<b>Clinical Audit</b>	Surgeons must make available their data to national audits and registries where they exist and are approved by the Association of Breast Surgery. Individual Surgeon Data from the NHS Breast Screening Programme (NHSB-SP) could be provided locally and compared to the national audit data. Data from the 'Getting it Right First Time' project may be included if available.	<input type="checkbox"/> Yes	
<b>Review of Clinical Outcomes</b>	<p>Surgeons should discuss any individual outcome data provided to them by the Trust at every appraisal</p> <p>Surgeons may wish to use historical data from National Mastectomy and Breast Reconstruction Audit (NMBRA now closed), Breast Cancer Clinical Outcome Measures (BCCOM Project now closed) to compare their current individual outcomes to</p> <p>Active National Audits include National Audit of Breast Cancer in Older Patients (NABCOP) which collects 'pulled' unit level data rather than individual surgeon data</p> <p>There are unadopted audits which it may be useful for surgeons to compare their individual outcomes to for example iBRA</p> <p>Using Outcomes Information for Revalidation in General Surgery (RCS document December 2013) suggests using the following measurement criteria however national funnel plot data for comparison is not available</p> <ul style="list-style-type: none"> <li>• Length of stay (day case rate and median)</li> <li>• 28 day unplanned readmission</li> <li>• 30 day mortality</li> <li>• 28 day emergency reoperation / reintervention</li> </ul>	<input type="checkbox"/> Yes	Minimum 1 in 5 years
<b>Case Review or Discussion</b>	Documented case reviews	<input type="checkbox"/> Yes	Annual: Minimum 2 per year

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REVIEW OF PRACTICE - CONTINUED		Collected	Frequency
<b>SIGNIFICANT EVENTS OR INCIDENTS</b>			
<b>Clinical incidents, significant events or untoward incidents (SUIs) or other similar events</b>	Summary of all SIs or root cause analysis that you have been involved in	<input type="checkbox"/> Yes	Annual
	Summary of at least 2 clinical incidents per year OR	<input type="checkbox"/> Yes	
	Self-declaration that you have not been involved in any events	<input type="checkbox"/> Yes	
<b>FEEDBACK ON YOUR PRACTICE</b>			
<b>Colleague feedback</b>	MSF colleague feedback (suggested early in revalidation cycle)	<input type="checkbox"/> Yes	Minimum 1 in 5 years
<b>Feedback from patients and/or carers</b>	Patient feedback exercise (suggested early in revalidation cycle)	<input type="checkbox"/> Yes	Minimum 1 in 5 years
<b>Feedback from clinical supervision, teaching and training (if applicable)</b>	Evidence of your performance as a clinical supervisor and/or trainer Feedback from any formal teaching included annually	<input type="checkbox"/> Yes	Minimum 1 in 5 years
<b>Formal complaints</b>	Documented formal complaints received OR Self-declaration that you have not received any since your last appraisal	<input type="checkbox"/> Yes	Annual
<b>Compliments</b>	A summary of unsolicited compliments received	<input type="checkbox"/> Yes	Annual

<b>Authors:</b>	Jane Ooi (Lead Author) and Ashu Gandhi
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