

Association of Breast Surgery Summary Statement

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

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KEEPING UP TO DATE		Collected	Frequency
Continuing Professional	Description of CPD undertaken each year as set out in requirements	☐ Yes	Annual
Development	 CPD should be recorded against categories: Clinical Academic Professional (including managerial) And context Internal External Personal 		
	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.		
	Surgeons who perform cosmetic surgery should provide evidence of cosmetic surgery certification and demonstrate competence in professional behaviours, clinical skills and experience. CPD activities should include communication skills and a basic understanding of psychological processes, with specific reference to body image disturbance.		

REVIEW OF PRACTICE		Collected	Frequency
	QUALITY IMPROVEMENT ACTIVITY		
Clinical Audit	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 (NHSBSP) 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.	□ Yes	
Research Activity	Surgeons are encouraged to recruit patients into ethically approved clinical trials and this should be discussed at appraisal. Evidence of recruitment should be presented and barriers to trial recruitment discussed.	☐ Yes	
Review of Clinical Outcomes	Surgeons should discuss any individual outcome data provided to them by the Trust at every appraisal	☐ Yes	Minimum 1 in 5 years
	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		
	Active National Audits include National Audit of Breast Cancer in Older Patients (NABCOP) which collects 'pulled' unit level data rather than individual surgeon data		
	There are unadopted audits which it may be useful for surgeons to compare their individual outcomes to for example iBRA		
	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 Length of stay (day case rate and median) 28 day unplanned readmission 30 day mortality 28 day emergency reoperation / reintervention		
Case Review or Discussion	Documented case reviews	☐ Yes	Annual: Minimum 2 per year

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

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