Dear Dr,

 Cancer survival in the UK is below the European average. No one knows why. Yet front-line doctors can frequently identify factors that could have improved the outcome for individual cases.

The appraisal system can be used to collect and co-ordinate these individual reflections; and by co-ordinating them, create the agenda to improve cancer pathways based on the insights and needs of front-line practitioners.

The three London appraisal teams are asking every doctor in London to include at least one study of a recent cancer case in this year’s appraisal, 2014-15. It is not compulsory: you may well have other cases that are of greater significance, and you are free to choose. But case reflection is important for revalidation; it is one of the best ways to demonstrate that you can detect learning and other quality improvement needs. The new element here is the opportunity for General Practice in London to co-ordinate quality improvement activity, and with the full support of NHS England, to make the profession’s clinical reasoning the basis for improving cancer pathways.

We enclose a template for you to use and attach to your appraisal. We suggest that each practice look back at their last twenty cancer diagnoses and allocate cases to the doctors involved in pre-diagnosis consultations. This should include locum doctors. There is no reason why different doctors cannot study the same case.

Appraisers will attend workshops later this year, developing their skills and knowledge in relation to commissioning and the implementation of clinical insights.

In addition to discussing the case in your appraisal, and exploring ways to implement your reflection, you will be invited to send your completed SEA to a research database for academic study.



Dr. David Finch

Responsible Officer – North West London Area Medical Director (London Region)