**Appendix 2. Red flag action plan (bias)**

Suggested action plan for practitioners assigned a red flag for bias.

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| **Practitioner ID number** |  |
| **Audit cycle number** |  |
| **Name of SSS** |  |
| **Name of local organisation/NHS trust** |  |
| **Date** |  |

FASP recommends that an individual training plan be negotiated between SSS and practitioner.

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| **Action** | **Date Completed** | **Comments** |
| Practitioner informed by SSS |  |  |
| Supervised screening commenced |  |  |
| Manager and local screening board informed |  |  |
| Review equipment, environment, working practices, technique and training needs |  |  |
| SSS to review previous paired images with practitioner |  |  |
| SSS to liaise with Regional QA team |  |  |
| Confirm action plan in place with Regional QA team within 2 weeks of DQASS report being received. (Regional QA team to inform SIL team) |  |  |
| Review of online training resources |  |  |
| Supervised training sessions with SSS |  |  |
| SSS to review new images to confirm acceptable |  |  |
| SSS to send 25 paired measurements to DQASS |  |  |
| DQASS confirm new measurements within acceptable range |  |  |
| SSS confirms practitioner may resume independent practice |  |  |
| Review of outcome within 12 weeks and update sent by SSS to regional QA team |  |  |