

Using Outcomes Information for Revalidation in Oral and Maxillofacial Surgery

June 2014

The Colleges and Surgical Specialty Associations believe that data on surgical outcomes is an important element of demonstrating that a surgeon meets the required standards of professionalism and practice. This framework provides guidance to surgeons working in oral and maxillofacial surgery to help them produce relevant outcomes data for appraisal and revalidation.

Any queries relating to this framework should be addressed to revalidation@rcseng.ac.uk.

Section 1: Introduction and Explanation

Background

Revalidation is the new approach to the regulation of doctors, it commenced in December 2012. The process is centred on local annual appraisal. All doctors will need to be revalidated every 5 years in order to retain their licence to practise.

The Surgical Specialty Associations and Surgical Royal Colleges have developed the standards for surgical revalidation and specified the supporting information that oral and maxillofacial surgeons will need to provide to their appraiser to facilitate a positive assurance of their fitness to practice and, at the end of the 5 year cycle, a recommendation for revalidation to the GMC. An important component of the supporting information required for revalidation is that relating to outcomes.

An important landmark in relation to transparency and openness in the NHS was achieved in 2013 with the publication of surgeon-level data from nine surgical audits. We see national clinical audit as the “gold standard” in relation to collection of data and measurement of outcome. We fully support the continuation and expansion of NHS England’s programme of data transparency.

The British Association of Oral and Maxillofacial Surgeons has defined the following measures for surgeons working within the specialty. Surgeons will only need to demonstrate their outcomes in their area(s) of practice. There is no requirement for oral and maxillofacial surgeons to undertake common ‘index procedures’.

You should note the following points:

National Clinical Audit

- Where there are identified national clinical audit(s) that cover your area(s) of practice, it is essential that you participate. This will be mandatory for revalidation.
- If there is a national clinical audit that falls within NHS England’s programme of consultant-level outcomes publication, your results will be made available publically.
- Your employer will need to facilitate the submission of data to the audit(s).
- It will be your responsibility to gather the relevant information from the audit (eg. reports/downloads) to present at appraisal.

Routinely Collected Data (HES, PEDW, HIS, ISD)

- These data are already collected by your NHS organisation and brought together on a national basis.
- We have identified key procedures in each sub-specialty area which should cover the majority of surgeons' practice.
- We have identified what should be measured and how.
- We expect that analyses of these data will be provided by your employer.
- Wherever possible your individual outcomes should be presented alongside all other surgeons in the country performing that procedure(s) (eg. in a funnel plot).
- We have identified the process of further investigation if it appears from these analyses that your outcomes are outside accepted norms (see below).

Local Audit

- Where your area of practice is not appropriately covered by a national audit or where routinely collected data will not assist in measuring outcomes, we recommend some form of local audit.
- This may be conducted by you personally, or form part of a wider unit/region-based audit.
- It will be your responsibility to conduct/participate in the audit and present the results at appraisal.
- Where you are obliged to undertake local audit, you are advised to audit a practice or procedure that is representative of your practice both in the NHS and in the private sector. The subject should be something that you undertake on a routine basis.

Structured Peer Review (of outcomes)

- For some highly specialised/low volume areas of practice which cannot be appropriately measured using the above methods, it may be necessary to have some form of structured peer review. Where this is identified as necessary, we will work with the relevant specialties to identify the methodology required so that the peer review process is fit for purpose for revalidation.

Managing Outliers

- Analysis of your outcomes provides one piece of the supporting information required for revalidation.
- If it appears that your outcomes are outside of the accepted norm, this should trigger a local investigation that closely examines the data for anomalies, looks at the environment and structure of the team/unit and your case mix before considering you as an individual (see diagram 1).
- We will be able to assist in the early stages of such an investigation.

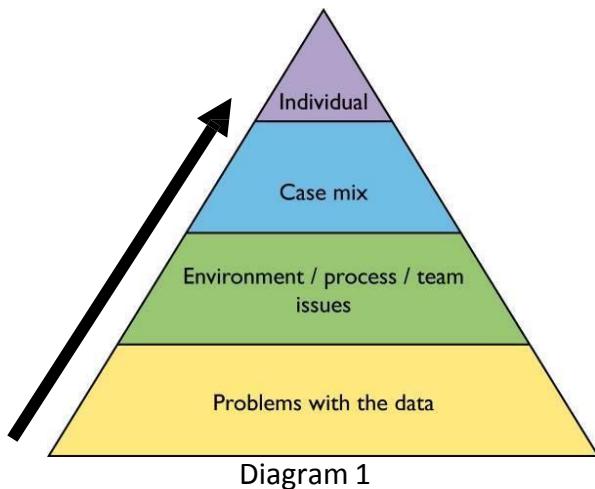


Diagram 1

Section 2: Measuring Outcomes

OMF surgeons will be able to demonstrate their outcomes by three methods:

1. At appraisal OMF surgeons will be expected to present outcomes information from their three most commonly performed procedures from those listed below. At appraisal, the previous year's performance should be examined, however, to be meaningful, it will also be necessary to view performance over the previous 5 years.
2. Where national audits exist, participation will be mandatory, if it falls within that surgeon's surgical workload, and OMF surgeons will need to demonstrate their outcomes/participation at appraisal.
3. All OMF surgeons will need to perform at least one local/personal audit of their practice per year and present their findings at appraisal. Surgeons can use the personal development part of appraisal to plan local/personal audits for the forthcoming year.

Procedures have been classified by the sub-specialty area as follows:-

- 2.1 Dento-Alveolar Oral Surgery
- 2.2 Trauma
- 2.3 Facial Deformity
- 2.4 Cleft Lip and Palate
- 2.5 Craniofacial Surgery
- 2.6 Head and Neck Cancer
- 2.7 Skin Surgery
- 2.8 Aesthetic Surgery
- 2.9 Pre-prosthetic and Implantology
- 2.10 Temporomandibular Joint Disorders
- 2.11 Thyroid
- 2.12 Skull-Base Surgery
- 2.13 Paediatric Maxillofacial Surgery
- 2.14 Oral Medicine
- 2.15 Salivary Gland Surgery

BAOMS has set up sub specialty interest groups (SSIGs) in order to develop clear and manageable regional / national audits to capture its members activity and allow peer comparison. This process is currently in the early stages and will develop as the specialty interest groups develop and work through the expected procedures and realistic outcome measures, and the difficulty with data collection and subsequent access to this data.

2.1 Dento-alveolar Oral Surgery

1. A large proportion of OMF surgeons will perform dento-alveolar procedures. Outcomes from these procedures should be measured by looking at routinely collected data (HES, PEDW, HIS, ISD) against the criteria set out below. At appraisal we would expect surgeons outcomes to be presented in a way that allows comparison with similar / peer matched units performing the same procedure(s). The previous year's performance should be examined preferably against performance over the previous 5 years.

Key Procedures	OPCS Codes	Measurement Criteria
Removal of impacted 3rd molars	F0910	<ul style="list-style-type: none">• Day case rate and median length of stay• 28 day reoperation• 28 day unplanned readmission

2. In addition, evidence of submission of data to any running national or regional audits should be included in your revalidation portfolio. OMF surgeons will need to demonstrate their participation/outcomes at appraisal.
3. In addition, surgeons may wish to conduct a local audit of their outcomes in this area (eg. Inferior dental and lingual nerve morbidity, infection and dry socket rates etc). Examples of audit topics will be provided by BAOMS.

2.2 Trauma

1. The vast majority of OMF surgeons will perform trauma surgery. Outcomes from these procedures should be measured by looking at routinely collected data (HES, PEDW, HIS, ISD) against the criteria set out below. At appraisal we would expect surgeons outcome to be presented in a way that allows comparison with similar /peer matched units performing the same procedure(s) The previous year's performance should be examined preferably against performance over the previous 5 years

Key Procedures	OPCS Codes	Measurement Criteria
ORIF # Mandible	V172	<ul style="list-style-type: none">• Median length of stay• 28 day reoperation/reintervention• 28 day unplanned readmission

2. In addition, evidence of submission of data to any running local, regional or national audits should be included in your revalidation portfolio. OMF surgeons will need to demonstrate their participation/outcomes at appraisal.

In addition, surgeons may wish to conduct a local audit of their outcomes in this area (eg. reoperation rate, infected plate removal etc). Examples of audit topics will be provided by BAOMS.

2.3 Facial Deformity

1. OMF surgeons performing surgery for facial deformity will need to demonstrate their outcomes using analyses of routinely collected data (HES, PEDW, HIS, ISD) against the criteria set out below. At appraisal we would expect surgeons outcome to be presented in a way that allows comparison with similar / peer matched units performing the same procedure(s). The previous year's performance should be examined preferably against performance over the previous 5 years

Key Procedures	OPCS Codes	Measurement Criteria
Sagittal split mandibular osteotomy	V161 V162	<ul style="list-style-type: none"> • Median length of stay • 28 day reoperation/reintervention • 28 day unplanned readmission

2. In addition, evidence of submission of data to any ongoing regional or national audits should be included in your revalidation portfolio. OMF surgeons will need to demonstrate their participation/outcomes at appraisal.
3. In addition, surgeons may wish to conduct a local audit of their outcomes in this area (eg. Inferior dental nerve morbidity, occlusal outcome, patient satisfaction etc). Examples of audit topics will be provided by BAOMS.

2.4 Cleft Lip and Palate

1. OMF surgeons performing cleft lip and palate surgery will need to demonstrate their outcomes using analyses of routinely collected data (HES, PEDW, HIS, ISD) against the criteria set out below. At appraisal we would expect surgeons outcome to be presented in a way that allows comparison with similar / peer matched units performing the same procedure(s) The previous year's performance should be examined preferably against performance over the previous 5 years.

Key Procedures	OPCS Codes	Measurement Criteria
Unilateral cleft lip and palate repair	F031 F291	<ul style="list-style-type: none"> • Median length of stay • 28 day reoperation/reintervention • 28 day unplanned readmission

--	--	--

2. OMF surgeons performing CLP surgery will need to submit data to the following national database/audits and present audit reports at appraisal:
 - a. **National CRANE database for CLP and other national or regional audits**
3. In addition, surgeons may wish to audit their own/team's practice and present this at appraisal. Criteria for audit might include dentofacial growth, speech, psychological well-being etc. Where unit audit is undertaken it is recommended that regional comparisons are drawn.

2.5 Craniofacial Surgery

1. OMF surgeons performing craniofacial surgery will need to demonstrate their outcomes using analyses of routinely collected data (HES, PEDW, HIS, ISD) against the criteria set out below. At appraisal. We would expect surgeons outcome to be presented in a way that allows comparison with similar / peer matched units performing the same procedure(s). The previous year's performance should be examined preferably against performance over the previous 5 years.

Key Procedures	OPCS Codes	Measurement Criteria
Fronto-orbital advancement and re-modelling for metopic unicoronal and bi-coronal synostosis	V01 V04	<ul style="list-style-type: none"> • Median length of stay • 30 day mortality • 28 day re-operation/reintervention • 28 day unplanned readmission • Discharge destination

2. In addition, evidence of submission of data to any national audits should be included in your revalidation portfolio. These audits measure the outcomes of the team, but OMF surgeons will need to demonstrate evidence of their participation at appraisal.
3. In addition, surgeons may wish to conduct a local audit of their outcomes in this area (eg. of post-surgical cephalic index, complications, transfusion requirements, etc). Examples of other audit topics may be provided by BAOMS.

2.6 Head and Neck Cancer

1. OMF surgeons performing head and neck cancer surgery will need to demonstrate their outcomes using analyses of routinely collected data (HES, PEDW, HIS, ISD) against the criteria set out below. At appraisal. We would expect surgeons outcome to be presented in a way that allows comparison with similar / peer matched units performing the same procedure(s) . The previous year's performance should be examined preferably against performance over the previous 5 years.

Key Procedures	OPCS Codes	Measurement Criteria
Neck dissection	T851	<ul style="list-style-type: none"> • Median length of stay • 30 day mortality • 28 day reoperation/reintervention • 28 day unplanned readmission

2. In addition, evidence of submission of data to the DAHNO head and neck oncology database and Free flap success rate audits should be included in your revalidation portfolio. OMF surgeons will need to demonstrate evidence of their participation/outcomes at appraisal.
3. In addition, surgeons may wish to conduct a local audit of their outcomes in this area (eg. excision margins, etc). Examples of other audit topics will be provided by BAOMS.

2.7 Skin Surgery

1. OMF surgeons performing surgical excision of malignant head and neck skin lesions will need to demonstrate their outcomes via local audit in this area (eg. Excision margins etc). Examples of other audit topics will be provided by BAOMS.

2.8 Aesthetic Surgery

1. OMF surgeons performing aesthetic procedures in the NHS will need to demonstrate their outcomes using analyses of routinely collected data (HES, PEDW, HIS, ISD) against the criteria set out below. At appraisal We would expect surgeons outcome to be presented in a way that allows comparison with similar / peer matched units performing the same procedure(s)). The previous year's performance should be examined preferably against performance over the previous 5 years.

Key Procedures	OPCS Codes	Measurement Criteria
Facelift	S011 S012	<ul style="list-style-type: none"> • Median length of stay
Septorhinoplasty	E023 E024 E025 E026	<ul style="list-style-type: none"> • 28 day reoperation/reintervention • 28 day unplanned readmission

- Many aesthetic procedures are undertaken in the independent sector. Where possible, routinely collected data should be used to measure outcomes (as above). In addition, surgeons will need to conduct a local audit of their outcomes in this area (eg. patient satisfaction, nerve morbidity, etc). Examples of other audit topics will be provided by BAOMS.

2.9 Pre-prosthetic and Implantology

- OMF surgeons performing this type of surgery (eg. intraoral dental implants or craniofacial implants) will need to audit their implant success rate annually. Examples of other audit topics will be provided by the BAOMS.

2.10 Temporomandibular Joint Disorders

- OMF surgeons performing surgery for temporomandibular joint disorders will need to demonstrate their outcomes using analyses of routinely collected data (HES, PEDW, HIS, ISD) against the criteria set out below. At appraisal we would expect surgeons outcomes to be presented in a way that allows comparison with similar / peer matched units performing the same procedure(s). The previous year's performance should be examined preferably against performance over the previous 5 years.

Key Procedures	OPCS Codes	Measurement Criteria
Temporo-mandibular Joint Replacement	V201 V202	<ol style="list-style-type: none"> Median length of stay 28 day reoperation/reintervention 28 day unplanned readmission

- In addition, surgeons may wish to conduct a local audit of their outcomes in this area (eg. pain score, mouth opening following arthrocentesis, etc). Examples of other audit topics will be provided by BAOMS.

2.11 Thyroid

- OMF surgeons performing thyroid surgery will need to demonstrate their outcomes using analyses of routinely collected data (HES, PEDW, HIS, ISD) against the criteria set out below. At appraisal we would expect surgeons outcome to be presented in a way that allows comparison with similar / peer matched units performing the same procedure(s). The previous year's performance should be examined preferably against performance over the previous 5 years.

Key Procedures	OPCS Codes	Measurement Criteria
Partial / Total Thyroidectomy	B08	<ul style="list-style-type: none"> • Median length of stay • 30 day mortality • 28 day reoperation/ reintervention rate • 28 day unplanned readmission

2. Surgeons performing thyroid surgery may be expected to submit their data to the British Association of Endocrine & Thyroid Surgeons (BAETS) National Audit. In addition, surgeons may wish to conduct a local audit of their outcomes in this area (eg. recurrent laryngeal nerve morbidity, etc). Examples of other audit topics will be provided by BAOMS or BAETS.

2.12 Skull Base Surgery

1. OMF surgeons performing skull base surgery will need to demonstrate their outcomes using analyses of routinely collected data (HES, PEDW, HIS, ISD) against the criteria set out below. At appraisal we would expect surgeons outcome to be presented in a way that allows comparison with similar / peer matched units performing the same procedure(s). The previous year's performance should be examined preferably against performance over the previous 5 years.

Key Procedures	OPCS Codes	Measurement Criteria
Anterior fossa resection for malignant disease	V051 V071	<ul style="list-style-type: none"> • Median length of stay • 30 day mortality • 28 day re-operation/reintervention • 28 day unplanned readmission • Discharge destination

2. In addition, surgeons may wish to conduct a local audit of their outcomes in this area (eg. CSF leak, meningitis, etc). Examples of other audit topics will be provided by BAOMS.

2.13 Paediatric Maxillofacial Surgery

1. OMF surgeons performing paediatric maxillofacial surgery will need to demonstrate their outcomes via local audit in this area (eg. damage to adjacent teeth, nerve morbidity, re-exposure rate etc). Examples of audit topics will be provided by BAOMS.

2.14 Oral Medicine

1. Oral medicine (eg. management of lichen planus/ xerostomia) should be subject to local audit and adherence to national protocols where they exist. Audit results must be presented at appraisal.

2.15 Salivary Gland Surgery

1. OMF surgeons performing surgery for salivary disease will need to demonstrate their outcomes using analyses of routinely collected data (HES, PEDW, HIS, ISD) against the criteria set out below. At appraisal we would expect surgeons outcome to be presented in a way that allows comparison with similar / peer matched units performing the same procedure(s). The previous year's performance should be examined preferably against performance over the previous 5 years.

Key Procedures	OPCS Codes	Measurement Criteria
Superficial / partial parotidectomy	F441 F442 F451	<ul style="list-style-type: none">• Median length of stay• 28 day reoperation/reintervention• 28 day unplanned readmission

2. In addition, evidence of submission of data to any relevant regional or national audit should be included in your revalidation portfolio. OMF surgeons will need to demonstrate their participation/outcomes at appraisal.
3. In addition, surgeons may wish to conduct a local audit of their outcomes in this area (eg. facial nerve morbidity etc). Examples of other audit topics will be provided by BAOMS.