

Using Outcomes Information for Revalidation in Plastic Surgery

December 2013

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 plastic 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 plastic 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 Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) 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 plastic 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.

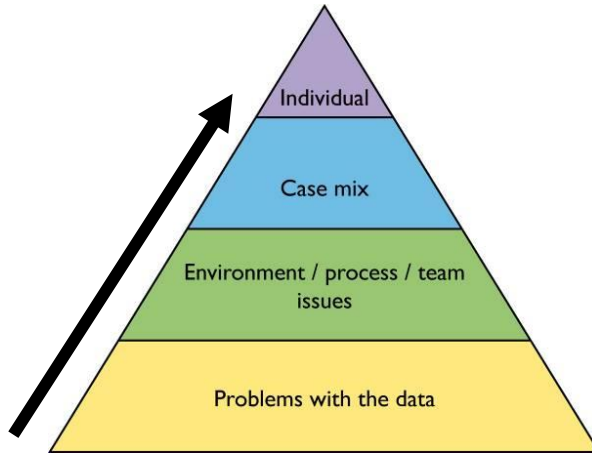


Diagram 1

Section 2: Measuring Outcomes

You should select your main area of practice from the sections below and present your outcomes to your appraisal. Where necessary, you may need to select more than one area.

2.1 Head and Neck

1. The primary method for measuring outcomes in head and neck surgery will be analysis of routinely collected data (ie. HES, PEDW, ISD, HIS). All procedures listed below should be grouped together - the resulting analyses should provide a broad picture of a surgeon's practice. At appraisal, we would expect that your outcomes would be presented in a funnel plot showing comparison of your practice to all other surgeons in the country performing the same procedures. The previous year's performance should be examined at appraisal, however, to be meaningful, it will be necessary to view performance over the previous 5 years.

Key Procedures	OPCS Codes	Measurement Criteria
Head and Neck – all plastics procedures	F01,F02,F03,F04,F05, F06,F18,F22,F23,F24, F26,F28,F29, F30,F32, F38,F39,F40,F42, F43,F44,F45,F46,F48,F50,F51,F52,F53,F55, F56,F58,V06,V07,V08, V09,V10,V11,V13,V14, V15,V16,V17,V19,C05, C08,C09,C10,C11,C12, C13,C14,C15,C16,C17, C18,C19,C20,C22,C24, D01,D02,D03,D04,D05, D06,E01,E02,E03,E06, E07,E09,E10,E11,E12, E13,E14,E16,T85,T86, T87,T88,T89,T91,T92, T94,T96,S41,S01,S05, S06,S08,S10,S14,S15, S17,S18,S19,S20,S21, S22,S23,S24,S25,S26, S27,S28,S30,S33,S34, S35,S36,S37,S38,S39, S40,S41,S43,S44,S45, S47,S48,S49,S50,S51,S52,S53,S54,S56,S60, S62,A24,A29,A30,A34, A36,L68,L70,L97	30 day mortality 28 day unplanned readmission 28 day re-operation Length of stay (day case and median)

2. In addition, submission of data to the DAHNO audit will be mandatory for revalidation. Plastic surgeons will need to demonstrate their participation/outcomes at appraisal
3. Surgeons may also wish to conduct a local audit of their outcomes and to present this at appraisal.

2.2 Breast Reconstruction

1. The primary method for measuring the outcomes of breast reconstruction surgery will be analysis of routinely collected data (ie. HES, PEDW, ISD, HIS). All procedures listed below should be grouped together - the resulting analyses should provide a broad picture of a surgeon's practice. At appraisal, we would expect that your outcomes would be presented in a funnel plot showing comparison of your practice to all other surgeons in the country performing the same procedures. The previous year's performance should be examined at appraisal, however, to be meaningful, it will be necessary to view performance over the previous 5 years.

Key Procedures	OPCS Codes	Measurement Criteria
Breast reconstruction	B27,B28,B29,B30,B31, B32,B33,B35,B36,B37, B38, B39,T01,T02	28 day unplanned readmission 28 day re-operation Length of stay (median)

2. In addition, plastic surgeons should be able to present data from the **National Mastectomy and Breast Reconstruction Audit** (data collection ceased in March 2009). Plastic surgeons will need to demonstrate their participation/outcomes at appraisal.
3. Plastic surgeons may wish to utilise findings from unit/regional cancer network audits for appraisal.
4. Surgeons may also wish to conduct a local audit of their outcomes and to present this at appraisal.

2.3 Skin Cancer – Excision and Reconstruction

1. All sarcomas must be reviewed by the multi-disciplinary team.
2. The primary method for measuring the outcomes of surgery for skin cancer will be analysis of routinely collected data (ie. HES, PEDW, ISD, HIS). All procedures performed should be grouped together - the resulting analyses should provide a broad picture of a surgeon's practice. At appraisal, we would expect that your outcomes would be presented in a funnel plot showing comparison of your practice to all other surgeons in the country performing the same procedures. The previous year's performance should be examined at appraisal, however, to be meaningful, it will be necessary to view performance over the previous 5 years.

Key Procedures	OPCS Codes	Measurement Criteria
Skin Cancer – Excision and reconstruction	T85,T86,T87,T88,T89, T91,T92,T96,S01,S02, S03, S04,S06,S08,S10, S11,S14,S15,S17,S18, S19,S20,S21,S22, S23, S24,S25,S26,S27,S28, S30,S31,S33,S34,S35, S36,S37,S38,S39,S40, S41,S42,S43,S44,S45, S47,S48,S49,S50,S51, S52,S53,S56,S57,S60, S62,H59,H60,P07,P13, P15,P21,P32,D02,D03, D04,E01,E02,E07,E09, T01,T02,T03,T05,T07, T28,T31,T50,T51, X37,X38	3 month re-operation

3. Plastic surgeons may wish to utilise findings from unit/regional cancer network audits for appraisal.
4. Surgeons may also wish to conduct a local audit of their outcomes and to present this at appraisal.

2.4 Upper Limb

1. The primary method for measuring the outcomes of plastic surgery on the upper limb surgery will be analysis of routinely collected data (ie. HES, PEDW, ISD, HIS). All procedures listed below should be grouped together - the resulting analyses should provide a broad picture of a surgeon's practice. At appraisal, we would expect that your outcomes would be presented in a funnel plot showing comparison of your practice to all other surgeons in the country performing the same procedures. The previous year's performance should be examined at appraisal, however, to be meaningful, it will be necessary to view performance over the previous 5 years.

Key Procedures	OPCS Codes	Measurement Criteria
Upper Limb	W01,W02,W05,W06. W07,W08,W09.W10, W11,W12,W13,W14, W16,W17,W18,W19, W20,W21,W22,W23, W24,W25,W26,W28, W29,W30,W31,W32, W33,W34,W55,W56, W57,W58,W61,W62, W63,W64,W65,W66, W67,W69,W71,W72, W75,W76,W77,W78, W80,W81,W84,W86, W88,W90,W91,W92, X01,X05,X07,X08,X12, T52,T53,T54,T55,T57, T59,T60,T62,T64,T65, T67,T68,T69,T70,T71, T72,T74,T76,T77,T79, T80,T81,T83,S64,S66, S68,S70,A59,A60,A61, A62,A63,A64,A65,A68, A69,A73,L68,S62,S60, S17,S18,S19,S20,S22, S23,S24,S25,S26,S27, S31,S35,S36,S37,S39, S39,S40,S42,S43,S44, S45,S47,S48,S49,S50, S51,S52,S53,S55,S57, X49,X59,A67.	28 day re-operation/ reintervention 28 day unplanned readmission Length of stay (day case)

1. Plastic surgeons may wish to utilise findings from unit/regional audits for appraisal.
2. Surgeons may also wish to conduct a local audit of their outcomes and to present this at appraisal.

2.5 Cleft Lip and Palate

1. Surgeons must also submit data to one of the following audits and discuss results at appraisal: **CRANE, CLEFTSiS** or the **Tri-Centre audit** .
2. Plastic surgeons may wish to utilise findings from unit/regional audits for appraisal.
3. Surgeons may also wish to conduct a local audit of their outcomes and to present this at appraisal.

2.6 Craniofacial

1. The primary method of measuring outcomes in craniofacial plastic surgery will be national audit. All surgeons must submit data to the national craniofacial audit.

2.7 Aesthetic Plastic Surgery

1. Your appraiser will need to review all elements of your practice, spanning private and NHS work (“whole practice appraisal”). From your aesthetic practice, you will need to provide information about:
 - 28 day re-operations/readmissions
 - Elective revision surgery rate

This information should be made available by your private hospital provider.

2.8 Burns

1. Surgeons undertaking burns surgery will need to submit data to the **National Burns Database**.