

Please note that this document is currently under review by ENT UK and an up-to-date version will soon be available.

# Using Outcomes Information for Revalidation in ENT 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 ENT 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](mailto: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 ENT 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.

ENT-UK 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 ENT 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.

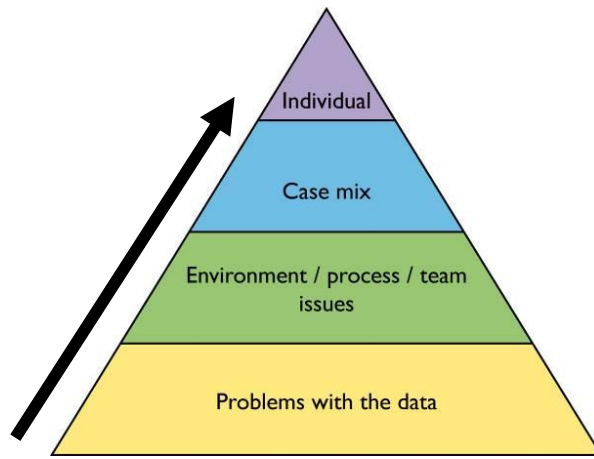


Diagram 1

## Section 2: Measuring Outcomes

- 2.1 General ENT Surgery
- 2.2 Sub-specialist ENT Surgery
  - 2.2.1 Otology
  - 2.2.2 Rhinology
  - 2.2.3 Head and Neck Surgery
  - 2.2.4 Paediatric Otolaryngology
  - 2.2.5 Neuro-Otology
  - 2.2.6 Skull Base Surgery
  - 2.2.7 Emerging Sub-specialties

### 2.1 General ENT Surgery

1. Myringoplasty, tonsillectomy and ventilation tube insertion have been identified as procedures representative of 'general ENT surgery'. Outcomes from these will be measured as follows.
2. At appraisal, the previous year's performance should be examined, however, to be meaningful, it will be necessary to view performance over the previous 5 years.
3. Your unit may also conduct patient satisfaction surveys. These are an important tool in assessing outcomes for the unit as a whole. You may use feedback from patients as part of the supporting information for revalidation.
4. In addition, you may wish to undertake local audit on these procedures, particularly if introducing a new technique. Such audits may use criteria such as dry tap rate, perforation of ear drum, infection rate, audiometry, graft failure rate and so on.

Key Procedures	OPCS Codes	Source of Measurement	Measurement Criteria	Method of Presentation at Appraisal
Tympanoplasty	D14 D16 D17	Myringoplasty audit	<ul style="list-style-type: none"> <li>• Audiometry</li> <li>• Graft failure rate</li> </ul>	Report from the national audit
		Routinely Collected Data (HES, PEDW, ISD, HIS)	<ul style="list-style-type: none"> <li>• Length of Stay (day case AND median length of stay)</li> </ul>	Comparison to all other surgeons in the country performing these procedures (eg. funnel plot)
Tonsillectomy	F34	Tonsillectomy Audit		Report from the national audit
		Routinely Collected Data (HES, PEDW, ISD, HIS)	<ul style="list-style-type: none"> <li>• Length of Stay (day case AND median length of stay)</li> <li>• 28 day unplanned readmission</li> </ul>	Comparison to all other surgeons in the country performing these procedures (eg. funnel plot)

Ventilation tube insertion	D15	<p>Routinely Collected Data (HES, PEDW, ISD, HIS)</p> <p>Locally collected data</p>	<ul style="list-style-type: none"> <li>• Length of Stay (day case AND median length of stay)</li> <li>• 28 day unplanned readmission</li> <li>• Post operative infection rate</li> <li>• Residual perforation rate</li> </ul>	Comparison to all other surgeons in the country performing these procedures (eg. funnel plot)
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## 2.2 *Sub-specialist ENT Surgery*

### 2.2.1 Otology

1. Tympanoplasty and cochlear implantation have been identified as procedures representative of 'otology'. Outcomes from these will be measured as follows.
2. At appraisal, the previous year's performance should be examined, however, to be meaningful, it will probably be necessary to view performance over the previous 5 years.
3. Your unit may also conduct patient satisfaction surveys. These are an important tool in assessing outcomes for the unit as a whole. You may use feedback from patients as part of the supporting information for revalidation.
4. In addition, you may wish to undertake local audit on these procedures, particularly if introducing a new technique.

Key Procedures	OPCS Codes	Source of Measurement	Measurement Criteria	Method of Presentation at Appraisal
Tympanoplasty	D14 D16 D17	Myringoplasty audit	<ul style="list-style-type: none"> <li>• Audiometry</li> <li>• Graft failure rate</li> </ul>	Report from the national audit
		Routinely Collected Data (HES, PEDW, ISD, HIS)	<ul style="list-style-type: none"> <li>• Length of Stay (day case AND median length of stay)</li> </ul>	Comparison to all other surgeons in the country performing these procedures (eg. funnel plot)
Cochlear implantation	D23 D24	Routinely Collected Data (HES, PEDW, ISD, HIS)	<ul style="list-style-type: none"> <li>• Length of Stay (day case AND median length of stay)</li> <li>• 28 day unplanned readmission</li> </ul>	
		National Audit	<ul style="list-style-type: none"> <li>• Nationally agreed minimum data set (to be drawn up)</li> </ul>	

## 2.2.2 Rhinology

1. Rhinology is widely practiced in both the NHS and the independent sector. Revalidation will require 'whole practice appraisal' and so you will need to demonstrate your outcomes in both NHS and private areas of practice.
2. At appraisal, the previous year's performance should be examined, however, to be meaningful, it will probably be necessary to view performance over the previous 5 years.
3. Your unit may also conduct patient satisfaction surveys. These are an important tool in assessing outcomes for the unit as a whole. You may use feedback from patients as part of the supporting information for revalidation.
4. In addition, you may wish to undertake local audit against published benchmarks.

Key Procedures	OPCS Codes	Source of Measurement	Measurement Criteria	Method of Presentation at Appraisal
Rhinology	E04 E05 E08 E13	National Audit – SNOT 22	<ul style="list-style-type: none"> <li>• Reduction in SNOT 22 score as a result of intervention of observation</li> </ul>	Report from the national audit
	E14 E15	Routinely Collected Data (HES, PEDW, ISD, HIS)	<ul style="list-style-type: none"> <li>• Length of Stay (day case AND median length of stay)</li> <li>• 28 day unplanned readmission</li> </ul>	Comparison to all other surgeons in the country performing these procedures (eg. funnel plot)

### 2.2.3 Head and Neck Surgery

1. Head and neck surgery is a multi-disciplinary practice. Nevertheless, ENT surgeons will need to demonstrate their outcomes in this area of surgery. Routinely collected data such as HES cannot code a procedure to more than one surgeon, thus affecting the accuracy of any national comparative analysis. This can be overcome locally by analysing the outcomes of all patients undergoing a specific procedure within the unit, examining the unit outcomes and using this as the basis of discussion at appraisal.
2. At appraisal, the previous year's performance should be examined, however, to be meaningful, it will probably be necessary to view performance over the previous 5 years.

Key Procedures	OPCS Codes	Source of Measurement	Measurement Criteria	Method of Presentation at Appraisal
Management of cancer of the larynx	E29 E30 E31 E32 E33 E34 E35 T85 T86 T87	National Audit – DAHNO	<ul style="list-style-type: none"> <li>To be determined by DAHNO committee</li> </ul>	Report from the national audit
Management of cancer of the pharynx	E19 E20 E21 E22 E23 E24 E25 E26 E27 E28	Routinely Collected Data (HES, PEDW, ISD, HIS)	<ul style="list-style-type: none"> <li>Length of Stay (day case AND median length of stay)</li> <li>28 day unplanned readmission</li> <li>5 year survival</li> </ul>	Comparison to all other surgeons in the country performing these procedures (eg. funnel plot)



## 2.2.4 Paediatric Otolaryngology

1. Paediatric otolaryngology is widely practiced in both the NHS and the independent sector. Revalidation will require 'whole practice appraisal' and so you will need to demonstrate your outcomes in both NHS and private areas of practice.
2. At appraisal, the previous year's performance should be examined, however, to be meaningful, it will probably be necessary to view performance over the previous 5 years.
3. Your unit may also conduct patient satisfaction surveys. These are an important tool in assessing outcomes for the unit as a whole. You may use feedback from patients as part of the supporting information for revalidation.
4. In addition, you may wish to undertake local audit against published benchmarks.

Key Procedures	OPCS Codes	Source of Measurement	Measurement Criteria	Method of Presentation at Appraisal
Tonsillectomy	F34	Tonsillectomy Audit for those undertaking Coblation	<ul style="list-style-type: none"> <li>• 28 day unplanned Readmission</li> <li>• Bleeding rate</li> <li>• Return to theatre</li> </ul>	National audit report
		Routinely Collected Data (HES, PEDW, ISD, HIS)	<ul style="list-style-type: none"> <li>• Length of Stay (day case AND median length of stay)</li> <li>• 28 day unplanned readmission</li> </ul>	Comparison to all other surgeons in the country performing these procedures (eg. funnel plot)

## 2.2.5 Neuro-Otology

1. Management of Meniere's disease is jointly managed between surgeons and physicians.
2. Surgical outcomes can be measured using routinely collected data as detailed below.
3. At appraisal, the previous year's performance should be examined, however, to be meaningful, it will probably be necessary to view performance over the previous 5 years.
4. In addition, you may wish to undertake local audit against published benchmarks.

Key Procedures	OPCS Codes	Source of Measurement	Measurement Criteria	Method of Presentation at Appraisal
Management of Meniere's disease  By surgical intervention to include all saccus surgery and labyrinthectomy	D23 D26 D28	Routinely Collected Data (HES, PEDW, ISD, HIS)	<ul style="list-style-type: none"> <li>• Length of Stay (day case AND median length of stay)</li> <li>• 28 day unplanned readmission</li> <li>• 30 day mortality</li> </ul>	Comparison to all other surgeons in the country performing these procedures (eg. funnel plot)

## 2.2.6 Skull Base Surgery

1. Surgical outcomes can be measured using routinely collected data as detailed below.
2. At appraisal, the previous year's performance should be examined, however, to be meaningful, it will probably be necessary to view performance over the previous 5 years.
3. In addition, your unit will probably audit VII function, hearing outcomes and mortality and you may use this to support your revalidation.

Key Procedures	OPCS Codes	Source of Measurement	Measurement Criteria	Method of Presentation at Appraisal
Acoustic neuroma excision	A29	Routinely Collected Data (HES, PEDW, ISD, HIS)	<ul style="list-style-type: none"> <li>• Length of Stay (day case AND median length of stay)</li> <li>• 28 day unplanned readmission</li> <li>• 30 day mortality</li> </ul>	Comparison to all other surgeons in the country performing these procedures (eg. funnel plot)

## 2.2.7 Emerging Sub-specialties

1. ENT practice is constantly evolving and a number of new areas of practice are emerging (eg. Phoniatics, neuro-laryngology, paediatric laryngology). Though not recognised as sub-specialties, surgeons developing their practice in this area must, in the short-term, conduct personal/ local audit against published benchmarks.