



President: Professor John MacFie MD FRCS(Eng) FRCS(Ed) FRCP

Secretary: Nechama Lewis BA (Hons)

35-43 Lincoln's Inn Fields, London, WC2A, 3PE

Phone: 020 7869 6923 Email: secretariat@fssa.org.uk

Website: www.fssa.org.uk

FSSA Position Statement on “Individual Surgeons’ Outcomes Publication”

October 2014

The Federation of Surgical Specialty Associations (FSSA) comprises the Presidents of all the surgical specialties recognised by the GMC. Together with the Presidents of the 4 Royal Colleges, the FSSA constitutes the Surgical Forum of GB and Ireland. The FSSA is therefore representative of surgical opinion in the UK and Ireland irrespective of specialty, College affiliation or place of work.

As the corporate body of the Surgical Specialty Associations the primary aim of the FSSA is to represent and coordinate the views, aims and policies of surgeons from across the United Kingdom and Ireland. The FSSA is committed to advancing, promoting and protecting the highest standards in the practice of surgery in the best interests of patients.

The FSSA supports the publication of surgical outcomes. This transparency informs patients and provides assurance that care is safe. Importantly it also allows surgeons to benchmark their outcomes against their peers and this leads to improvement in the quality of care for patients.

The FSSA, however, has misgivings about the publication of individual surgeons’ crude outcome data;

- Individualised data can be misleading and cause unnecessary concern and reputational damage. Reasons for this include low volume, difficulties with case mix and risk adjustment, the accuracy of data collection and institutional factors.
- There is good evidence to show that one consequence of publishing individual surgeon’s data is to encourage “risk averse behaviour”. This is not in patients’ best interests.
- The statistical finding that a surgeon or surgical unit's outcomes diverge from those expected should not be an end point in itself. It should be the stimulus to the start of a process to explain this divergence.
- The publication of outcome data before the above process is complete has no benefit but some significant disadvantages; it misinforms patients, as without the steps outlined above it is not known whether or not the statistical finding is of clinical significance, it may cause patients who have been or are about to be treated by a surgeon identified as an outlier unnecessary anxiety, and it does not provide patients and the public reassurance that any clinical concerns have been acted upon.
- The FSSA believes that data should be collected on individual surgeons and units, that this data should only be published after appropriate investigation of any outliers and that the conclusion of these investigations should accompany the statistical analysis. This procedure can negate the disadvantages associated with the current system and importantly will provide the stimulus that can improve quality of care for patients.

The Association of Surgeons of Great Britain & Ireland

The British Association of Oral & Maxillofacial Surgeons

The British Association of Otorhinolaryngology – Head & Neck Surgery

The British Association of Paediatric Surgeons

The British Association of Plastic, Reconstructive & Aesthetic Surgeons

The British Association of Urological Surgeons

The British Orthopaedic Association

The Society of British Neurological Surgeons

The Society for Cardiothoracic Surgery in Great Britain & Ireland

The Vascular Society of Great Britain and Ireland

- There needs to be wider debate about whether data is published at surgeon or unit level. Much of modern surgical practice relies upon close cooperation between teams of clinicians, nurses and other health care professionals. It also relies upon complex infrastructural, managerial and administrative arrangements within provider units. It can be argued that in many instances negative outcomes result from failures of process and systems and not of individuals. In particular, there is increasing recognition that “failure to rescue” after a complication occurs is at least as important as individual surgeons’ performance.
- In reality, few deaths can be attributed to surgical error alone. As such, publication of surgeon specific mortality data merely serves to distract attention away from institutional failings.
- Further, mortality alone is a poor indicator of quality. The FSSA strongly believes that surgeon outcome data should include duration of hospital stay, returns to theatre and other defined beneficial outcomes depending upon surgical procedure.
- The FSSA has no objections in principle to the concept of patient choice. Patient choice should be based upon clear and understandable information about the quality, safety and patient experience in a provider unit. Assuming that each provider unit has an obligation to ensure that any individual involved in patient care is practising safely, publication of individual data is unlikely to be of benefit or used by patients or their referrers to exercise choice. Put simply, provider units should not be allowing surgeons to practise unless they can demonstrate that they are doing so safely, and there are now elaborate institutional processes in place to try to ensure this.
- However, the concept of patient choice has significant drawbacks; patients requiring emergency or urgent surgery do not have such a choice and with the increasing use of pooling of waiting lists to meet waiting time targets an elective patient may 'choose' a surgeon but then see one surgeon in the clinic and have their operation performed by another. For these patients it is important to know that the unit is safe, or alternatively to be allowed to stay with the surgeon of their choice.
- It is important that when outcome data is made public, it is presented in a way in which it is both accessible and understandable by patients and referrers. Ideally this should be in a uniform format, albeit recognising that the type of outcome data that is relevant will vary from specialty to specialty and by procedure or condition.
- Surgical Specialty Associations recognise that they and individual surgeons have the lead responsibility for ensuring that published data is appropriate, accurate, understandable and relevant, but they require resources in the form of statistical and administrative support to meet this obligation.