**NCIP Portal**

**National Consultant Information Programme**

This programme was initiated in 2018 with the aim to support Consultants with learning and continuous self development of their practice.

NCIP has the full support of the Royal College of Surgeons and Academy of Medical Royal Colleges.

In OMFS as the clinical lead I have worked with the BAOMS SIGG leads to develop metrics which will allow consultants to analyse and compare their clinical activity and patient outcomes against local and national benchmarks.

The portal also allows users to drill down to individualised patient-level information via pseudonymised patient records.

There are 25 specific OMFS procedure boards but consultants undertaking other work for example Thyroid surgery where the procedure boards have been developed by ENT have access to those procedure boards as well.

As of this week we have demonstrated the portal to 34 trusts and 26 of them now have access with 146 consultants having access to their data.

The data is not static currently the portal is reporting up to June 2022 and in December it will be refreshed up to September 2022. Where we have picked up anomalies in the data we have been able to act on them for example some units felt that their orbital trauma was under represented we investigated and discovered that if the patient notes state zygomatic fracture + orbital floor fracture the case went into the zygomatic cases we have now reversed this and hope the units concerned will start to see their orbital trauma correctly allocated as from December.

We have recently started work with the QOMS team to validate the data.

Disappointingly we have contacted a number of Trusts on multiple occasions and have had no response. All we need is an hour of your time either with the clinical lead or with all or some of the consultant body for example at an audit or other team meeting to demonstrate the portal after that we should be able to give the consultants access.

For further information:

<gettingitrightfirsttime.co.uk/ncip>

Maire Morton

OMFS lead for NCIP

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