

QOMS Non-Melanoma Skin Cancer registry – Protocol 2026

PROJECT DETAILS

Project Title: QOMS Non-Melanoma Skin Cancer registry

Project Lead: David Tighe

Working Group:

Name	Position / Institution
Elizabeth Gruber	Consultant OMFS, Northampton General Hospital NHS Trust / BAOMS SSIG Deputy Lead for Skin Surgery (2021-2024) / BAOMS SSIG Lead for Skin Surgery (2024-)
Ashwin Kerai	OMFS Specialty Trainee (ST OMFS), Liverpool University Hospitals NHS Foundation Trust / BAOMS SSIG Deputy Lead for Skin Surgery (2024-)
David Tighe	Consultant OMFS, East Kent Hospitals University NHS Foundation Trust / QOMS Clinical Lead (2025-2024)
Fabien Puglia	Project manager / BAOMS

Project rollout Date: January 2026

Review date: Yearly

Funding: British Association of Oral and Maxillofacial Surgeons (BAOMS)

QOMS

The Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS) project is the quality improvement and clinical effectiveness programme for Oral and Maxillofacial Surgery (OMFS), initiated by the British Association of Oral and Maxillofacial Surgeons (BAOMS).

QOMS was initiated in 2018 following the publication of the [1st GIRFT report for OMFS](#). The report found that there was no comprehensive set of clinical outcome measures for OMFS and recommended an efficient and patient-focused outcomes audit programme for OMFS be delivered.

QOMS operates a series of clinical registries across several OMFS workstreams (e.g. TMJ, trauma, orthognathic surgery and non-melanoma skin cancers [NMSC]) as audits / service evaluations to measure the quality of care provided to patients. QOMS is already running an audit / service evaluation for oncology & reconstruction, which does not include skin cancers (unless they present with a high nodal involvement).

BACKGROUND

NMSC are a common group of cancers in Caucasian populations. They include basal cell carcinomas (BCC), which represent approximately 80% of these tumours. The remaining are typically cutaneous squamous cell carcinomas (cSCCs), with a very small number of rare tumours (e.g. Merkel cell carcinoma and adnexal tumours). Mortality from NMSC is rare, but tends to be from local or regional disease and the majority of NMSC can be cured by adequate initial surgical management. The majority of NMSC occur in the skin of the head and neck (i.e. zones exposed to UV radiations).

The clinical behaviours of these lesions however do not mirror that of head and neck mucosal malignancies, thus a separate audit is necessary.

The provision of NMSC services varies between hospitals and can be provided by several specialties (OMFS or dermatology).

Guidelines for the treatment of BCCs and SCCs have been published by the British Association of Dermatologists (BAD):

- Keohane S, et al. [British Association of Dermatologists guidelines for the management of people with cutaneous squamous cell carcinoma 2020](#). Br J Dermatol 2021;184:401–14
- Nasr I, et al. [British Association of Dermatologists guidelines for the management of adults with basal cell carcinoma 2021](#). Br J Dermatol 2021;185:899–920

The NMSC registry has gone through several iterations (2021, 2022, 2023-2025, ad 2026-).

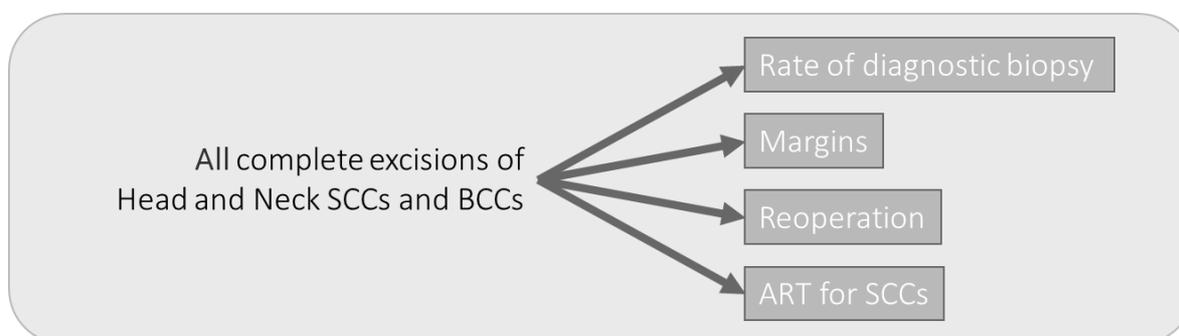
AIM & EXPECTED BENEFITS

The QOMS NMSC registry allows for the collation of real-world data can lead to benefits for patients, surgeons, participating institutions, and commissioners. Its overarching aim is to measure and improve quality of care.

- To develop benchmarks for OMFS practice
- To produce hospital-level comparative performance data and promote QI activities
- To support surgeons to embrace an open/transparent culture in practice
- To reassure patients that quality of care is being monitored and improved
- To support surgeons in their appraisal and revalidation

INCLUSION CRITERIA & QUALITY OF CARE METRICS

Population: all patients diagnosed and treated surgically for confirmed squamous cell carcinoma (SCC) or basal cell carcinoma (BCC) in the head and neck region. **There are no other inclusion or exclusion criteria.**



Note: previous iterations of the audit collected data on both suspected and confirmed SCCs or BCCs.

INFORMATION GOVERNANCE

The NMSC registry follows the principles of Information Governance of the QOMS Project.

- The NMSC registry is NOT a research project but a service evaluation, it therefore does not require ethical approval (see Appendix 1).
- The NMSC registry, as part of the QOMS Project, can collect patient identifiable information without patient consent, as it has obtained section 251 support from CAG in England and Wales. PBPP application in Scotland is under preparation at the time of writing this protocol.
 - Since 2022 and in England only, the NMSC registry must comply with the national data opt out (NDOO)

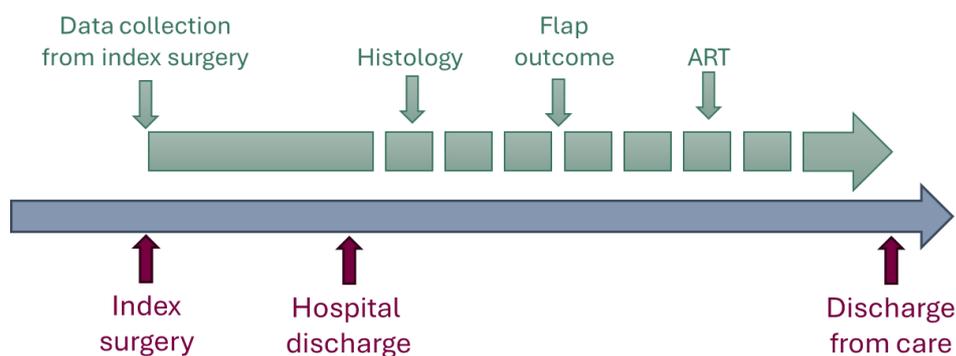
- Collection of patient identifiable information: Yes
- Data collection is done either by dedicated members of staff (data coordinators) or by surgeons.
- Data is collected and stored in an instance of the Research Electronic Data Capture (REDCap) system, hosted and managed by the Barts Cancer Research UK Centre (BCC), Queen Mary University of London (QMUL).
The Barts CR-UK Centre (BCC) has a valid NHS Digital DSPT toolkit (EE133904-ECC04) and is ISO 27001 certified (Cert. No. 225111).
- Data processing: see data flow in Appendix 2.
- Data retention: 4 years after the end of collection of follow-up data. Data retention for the registry will be reviewed on a regular basis.
- Data access is under access control policy:
 - Local clinical lead(s) of participating departments will be given full access (including patient identifiable information) to the records entered in the registry for their own institution only. They will be able to view, edit and download that data to use it locally.
 - Access to the whole dataset is limited to the designated data manager (Fabien Puglia), who is a non-clinical member of the QOMS team. Other members of the QOMS team will only have access to anonymised information.
- Access to the central dataset by any party (individuals/institutions) will require a formal request, via the [online data request form](#). Applicant must demonstrate that they will adhere to relevant information governance regulatory framework. Applications will be reviewed by the QOMS Team (as described in SOP).

DATA COLLECTION PROCESS

Consent: N/A

Clinical data:

- Data collection will be done directly either by dedicated members of staff (data coordinators) or by surgeons. Each user will be provided with a unique username and password to access the online registry. User's access to data will be limited to data collected in a user's institution.
- Data collection should normally be prospective, but we have obtained a CAG amendment to collect data retrospectively.
- Data collection is NOT continuous; we ask contributors to provide 200 consecutive cases of conformed SCCs and BCCs.
- Data censure takes usually place in late June / Early July for report to be produced by the end of that year or as soon as possible thereafter.

Timeline (2026 version):**DATASET**

See CRF

PATIENT AND PUBLIC INVOLVEMENT

A patient and public involvement session was organised prior to the start of data collection (2021). The panel were satisfied with the way QOMS handles data and respect patient's rights and did not have any concerns about the QOMS NMSC workstream / audit.

DATA OWNERSHIP

Participating organisations will retain the ownership of the data they entered, while the ownership of the central dataset will be BAOMS. BAOMS will curate data on behalf of participating organisations.

PUBLICATION POLICY

The British Journal of Oral and Maxillofacial Surgery (BJOMS) will have first refusal of any peer reviewed output from this initiative.

Individuals responsible for collecting data will be acknowledged as "collaborators" and listed in publications.

HOW TO GET STARTED

1. Make sure you and your colleagues are happy to contribute to QOMS. Contact the project manager to discuss what taking part to QOMS entails in terms of resources, time commitment, logistic... and answer any queries you may have.
2. Contact your Information Governance department to register the audit (a project level registration, i.e. one application for several QOMS audits, should be possible). In any case, if you need to complete any forms, contact the project manager to help you with it.
3. Once the audit is registered (or during that process), contact the project manager to sort out your and your colleagues' access to REDCap and organise a REDCap training session.

Version control

Version / Date	Changes	Approved by
1.0 26/11/2024	New	F Puglia (PM)
1.4 18/02/2026	Update for 2026 iteration	F Puglia (PM)

APPENDICES

APPENDIX 1. HRA MRC TOOL KIT “IS MY STUDY RESEARCH?”



Medical Research Council



Health Research Authority

Is my study research?

To print your result with title and IRAS Project ID please enter your details below:

Title of your research:

Quality and Outcomes in oral and Maxillofacial Surgery (QOMS) Project

IRAS Project ID (if available):

You selected:

- 'No' - Are the participants in your study randomised to different groups?
- 'No' - Does your study protocol demand changing treatment/ patient care from accepted standards for any of the patients involved?
- 'No' - Are your findings going to be generalisable?

Your study would NOT be considered Research by the NHS.

You may still need other approvals.

Researchers requiring further advice (e.g. those not confident with the outcome of this tool) should contact their R&D office or sponsor in the first instance, or the **HRA** to discuss your study. If contacting the HRA for advice, do this by sending an outline of the project (maximum one page), summarising its purpose, methodology, type of participant and planned location as well as a copy of this results page and a summary of the aspects of the decision(s) that you need further advice on to the HRA Queries Line at HRA.Queries@nhs.net.

For more information please visit the Defining Research table.
Follow this link to start again.

[Print This Page](#)
NOTE: If using Internet Explorer please use browser print function.



Medical Research Council



Health Research Authority

Do I need NHS REC approval?

To print your result with title and IRAS Project ID please enter your details below:

Title of your research:

Quality and Outcomes in oral and Maxillofacial Surgery (QOMS) Project

IRAS Project ID (if available):

You have answered 'No' to the question "Is your study research" which indicates that you do not need NHS approval.

Note: Post Market Surveillance is NOT usually considered research. However, there are some circumstances where an NHS REC approval may be required. Please follow link below to start again and select YES at the first question to determine if your post market surveillance requires NHS REC approval.

To understand how research is defined, please visit the [Is my study research?](#) decision tool.

Follow this link to start again.

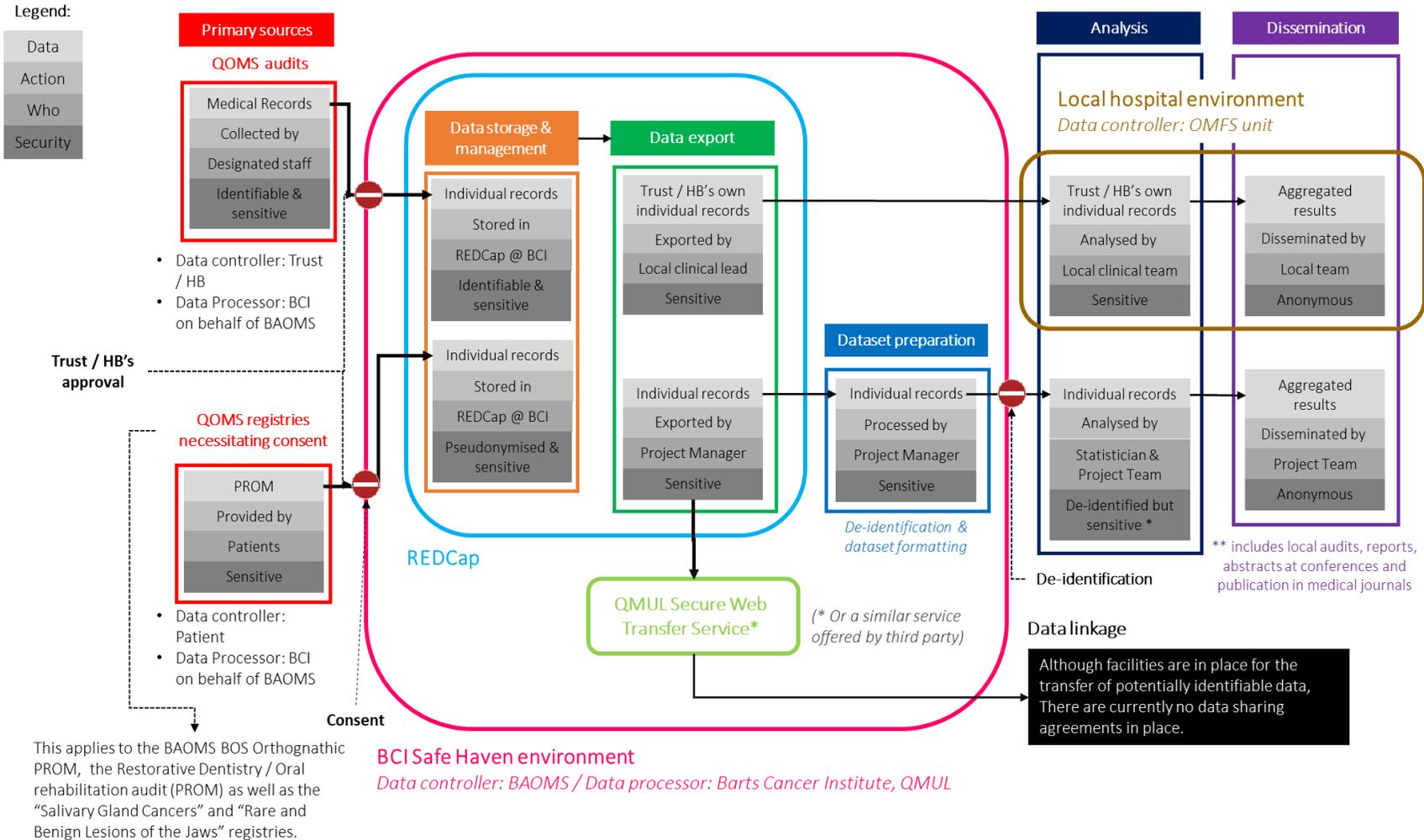
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Left: "Is my study research?" toolkit
Right: "Do I need NHS REC approval" toolkit

APPENDIX 2. DATA FLOW

QOMS data flow: QOMS audits & patient registries

V11.0, date: 2026 01 13



APPENDIX 3. PATIENT AND PUBLIC INVOLVEMENT PANEL DISCUSSIONS

Area of concerns / discussions	Discussion points	Answers / Action points
None		