



NZOA Policies and Procedures - NZOA New Zealand Joint Registry Outlier Policy	
Document Title – G – 124	NZOA CPD Committee
Department	Governance
Prepared by	NZOA CEO
Approved by	NZOA Council
Approval Date	20 March 2026
Review Date	

Background

After consultation with Specialty Societies and members, the NZJR has adopted a formal policy for identification and management of surgeons who have been identified as outliers within the registry.

Outlier identification

Within the individual total hip or total knee replacement databases:

1. A surgeon must have contributed to the NZJR for 3 years
2. Only revision rates will be utilized in outlier identification
3. A surgeon with a statistically significant difference of a **higher** revision rate compared with the New Zealand average is identified. This has been set arbitrarily as the upper 5% of revisions. On the funnel plots, these surgeons will occupy the area above the red curve. The revision rate is expressed as **Rate/100 component years**, which is equivalent to the yearly revision rate. A statistically significant difference ($p < 0.05$) exists when the surgeon's confidence intervals do not overlap those of the New Zealand average's confidence intervals.

Outlier management

1. All surgeons who are required to contribute to the registry (surgeons who perform hip and knee arthroplasty procedures) will nominate a peer.
2. A peer is defined as another surgeon with comparable training and experience. A colleague whom you feel confident to undertake an open/transparent discussion about your results should be chosen. The peer must be a Medical Council of New Zealand (MCNZ) vocationally registered orthopaedic surgeon and a NZOA member.
3. The peer will be named on that surgeon's CPD web page and the NZOA will have access to this information.
4. Individual surgeon reports will be distributed annually to each surgeon and the new easier to interpret funnel plots (and eventually nematode trails) will complement and ultimately replace the traditional numerical figures.
5. Identified outlier surgeons and their nominated peer will be confidentially disclosed to the CPD committee.
6. An outlier surgeon will have his or her results sent to both them and their peer.

7. The outlier surgeon will be then responsible to set up a meeting with their nominated peer and discuss the registry results.
8. A written report is to be made to the CPD committee by the **nominated peer** confirming this process has taken place and any recommendations or changes that have been or will be implemented. **Both the surgeon and their peer must sign this report before it is submitted to the NZOA CPD committee.**
9. Three (3) months is the allowed reporting period.
10. The performance of that surgeon can be tracked through the registry. Continued poor performance will result in **both** the surgeon and his or her nominated peer being requested to supply additional information to the CPD Committee. A valid and accepted response will be accepted. The CPD Committee may decide that the member is required to have a Practice Visit.
11. A poor or unacceptable response will result in the member's details being forwarded to the NZOA President in accordance with the NZOA CPD Non-compliance Policy. In essence the member has failed to complete their Continuing Professional Development, as this is an integral part of the programme. The NZOA Code of Conduct requires that members participate and comply with the NZOA Continuing Professional Development programme.
12. Failure to comply will result in the surgeon of concern being disclosed to appropriate regulating bodies. It could lead to either restrictions placed on their practice or loss of their annual practicing certificate.