Consultant Level Report for:

Mr Siddharth Prashant Govilkar
GMC Number: 7016356
NJR Number: 7528

For the period to 31 March 2025

The BOA and the NJR are agreed that this document should be used to inform each surgeon's annual appraisal. The document should be shown to, and discussed with, the appraiser or with another joint replacement surgeon if the appraiser is of another speciality. This is in keeping with the policy of the GMC which states that outcomes data from any national audit should be utilised for the purpose of annual appraisal.

Contents

This report has been produced by the National Joint Registry (NJR). It represents all activity recorded in the registry, in the name of the selected surgeon (as Consultant in charge), up to the specified period.

This report is made available to the named surgeon for personal review, to share with colleagues, and to be used in surgeon re-validation. The named surgeon in this report is free to share this report as they choose, subject to data protection legislation and local governance permissions.

Data quality

This report reflects data reported in the registry. Missing data and issues with the quality of data recorded within the registry may impact the results shown and may make the results of a surgeon seem better OR worse than is the case. You should consider the following in assessing the data quality of the report:

• Consent – an assessment of the proportion of patients at your hospital(s) who provide consent for their details to be recorded within the registry. Without consent, it is not possible to link primary and revision procedures in the calculation of revision rates.

• Compliance – The percentage of all total joint procedures for your hospital(s) that have been entered into the registry within any given period compared with the number of procedures submitted to HES and/or PEDW.

Hip hemiarthroplasty procedures

Hip hemiarthroplasty procedures have been included as primary procedures since the introduction of MDSv8 in June 2023.

These procedures are included in the count of hip replacements in the sections ‘Organisation summary’ and ‘Hips – patient profile’.
If a surgeon has undertaken any hip hemiarthroplasty procedures, these will be shown separately to other hip primary procedure types in the section ‘Hips – recorded activity’.

Hip hemiarthroplasty procedures are not included in the section ‘Hip revision’.

For further information on hemiarthroplasty procedure reporting please visit the NJR website at www.njrcentre.org.uk or contact the NJR Service Desk on 0845 345 9991 or enquiries@njrcentre.org.uk.

Trauma

Trauma procedures are excluded from outcomes analysis and so will not affect mortality or revision rates or funnel plot positions in the section 'Outcomes following Primary Hip Surgery', nor in the appendices.

Further analysis of this data is possible via NJR Connect – Data Services https://platform.njrcentre.org.uk/

Organisation summary

This section shows total primary and revision activity recorded for the surgeon (as Consultant in charge) on the registry over a 12 and 36 month period, the joint type, and the hospital in which the operation was performed. Please note that, from June 2023, the count of hip replacements includes hemiarthroplasties, and the counts for all joints include reoperations.

12-month activity for the period 1 Apr 2024 – 31 Mar 2025

Organisation type	Unit	Hip	Knee	Ankle	Elbow	Shoulder	Total	% of activity
Independent Sector	Nuffield Health North Staffordshire Hospital	116	127	0	0	0	243	45%
NHS	County Hospital	34	16	0	0	0	50	9%
NHS	Royal Stoke University Hospital	240	13	0	0	0	253	46%
Total		**390**	**156**	**0**	**0**	**0**	**546**	

36-month activity for the period 1 Apr 2022 – 31 Mar 2025

Organisation type	Unit	Hip	Knee	Ankle	Elbow	Shoulder	Total	% of activity
Independent Sector	Nuffield Health North Staffordshire Hospital	280	265	0	0	0	545	52%
NHS	County Hospital	94	52	0	0	0	146	14%
NHS	Royal Stoke University Hospital	333	23	0	0	0	356	34%
Total		**707**	**340**	**0**	**0**	**0**	**1,047**	

Data quality

The measure of consent is the proportion of all patients who agree to have their data stored in the registry. Where consent is lower than the average, it may indicate that a greater number of the surgeon's patients are not being consented. This may reduce the reliability and accuracy of indicators and outcome measures. Counts are for the period 1 Apr 2024 – 31 Mar 2025.

NJR consent:

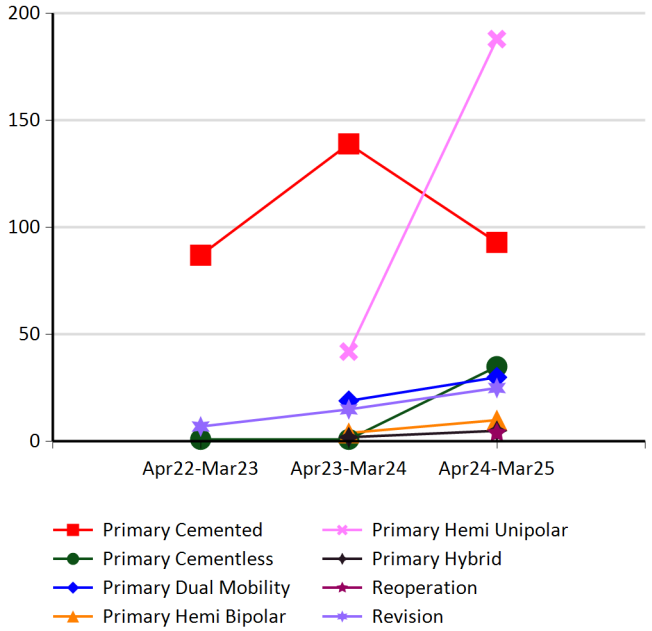
	Overall consent rate	Elective consent rate	Trauma consent rate
National average rate	92.26%	94.88%	73.23%
This surgeon's rate	96.70%	95.44%	98.62%

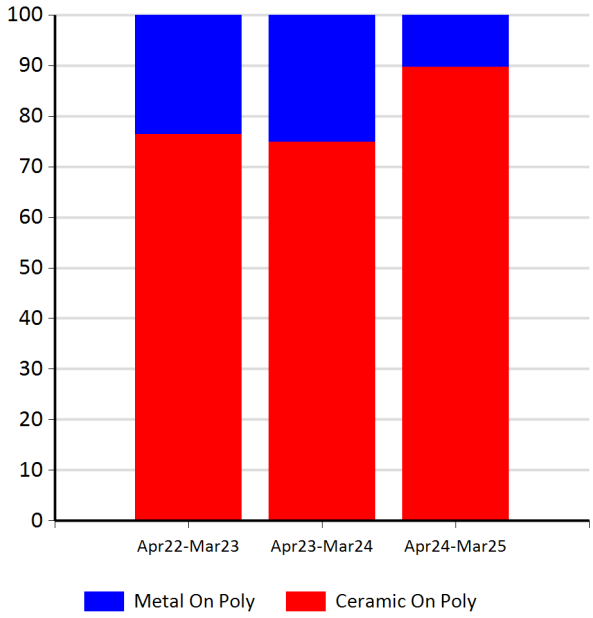
Unit level measures where this surgeon has activity:

Organisation type	Unit	Overall consent rate	Elective consent rate	Trauma consent rate
NHS	County Hospital	100.00%	100.00%	-
Independent Sector	Nuffield Health North Staffordshire Hospital	94.24%	94.24%	-
NHS	Royal Stoke University Hospital	98.42%	97.50%	98.59%

Hips – Recorded activity

This section highlights volume, procedure type and hip articulation undertaken by the surgeon over a 36-month period, showing the year-on-year trend. Please note that the table excludes DAIRs without modular exchange submitted prior to 12 June 2023 (MDSv7), before their reclassification to reoperations in MDSv8.





Procedure type	Apr22-Mar23	Apr23-Mar24	Apr24-Mar25
Primary Cemented	87	139	93
Primary Cementless	1	1	35
Primary Dual Mobility	0	19	30
Primary Hemi Bipolar	0	4	10
Primary Hemi Unipolar	0	42	188
Primary Hybrid	0	2	5
Revision	7	15	25
Reoperation	0	0	4
Total	**95**	**222**	**390**

Hip articulation	Apr22-Mar23	Apr23-Mar24	Apr24-Mar25
Ceramic On Poly	68	125	157
Metal On Poly	21	42	18
Total	**89**	**167**	**175**

Dual consultant operating cases

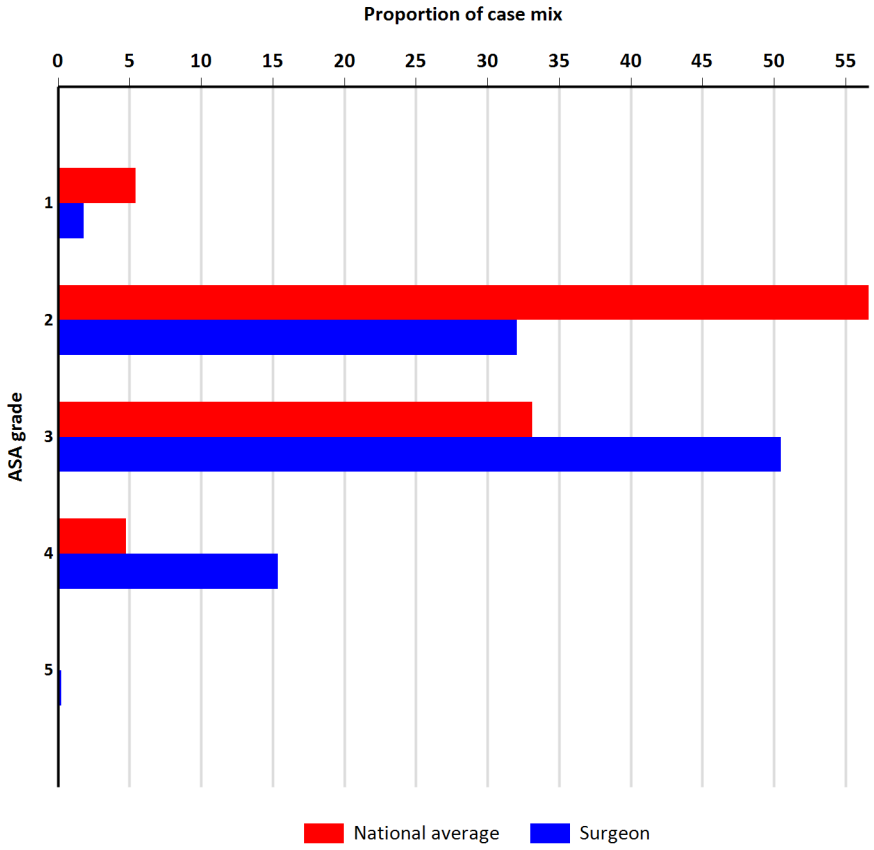
This table shows the grade of the first assistant surgeon on all procedures in which the consultant is named as having participated in the latest 12-month and 36-month periods.

Consultant in charge/Lead surgeon combination	First assistant grade			
	Consultant		Other	
	Last 3 years	Last year	Last 3 years	Last year
Mr Siddharth Prashant Govilkar both CiC and Lead surgeon	11	5	456	190
Mr Siddharth Prashant Govilkar CiC with another consultant as Lead surgeon	2	2	39	26
Mr Siddharth Prashant Govilkar CiC/with a non-consultant grade as Lead surgeon	61	31	138	136
Consultant grade CiC with Mr Siddharth Prashant Govilkar as Lead surgeon	22	0	3	2

Hips – Patient profile

This section shows the profile of hip patients operated on in the name of the surgeon (as Consultant in charge) over the 12-month period 1 Apr 2024 – 31 Mar 2025.

ASA grade



BMI

	Patient median BMI
National	28.00
Surgeon	27.00

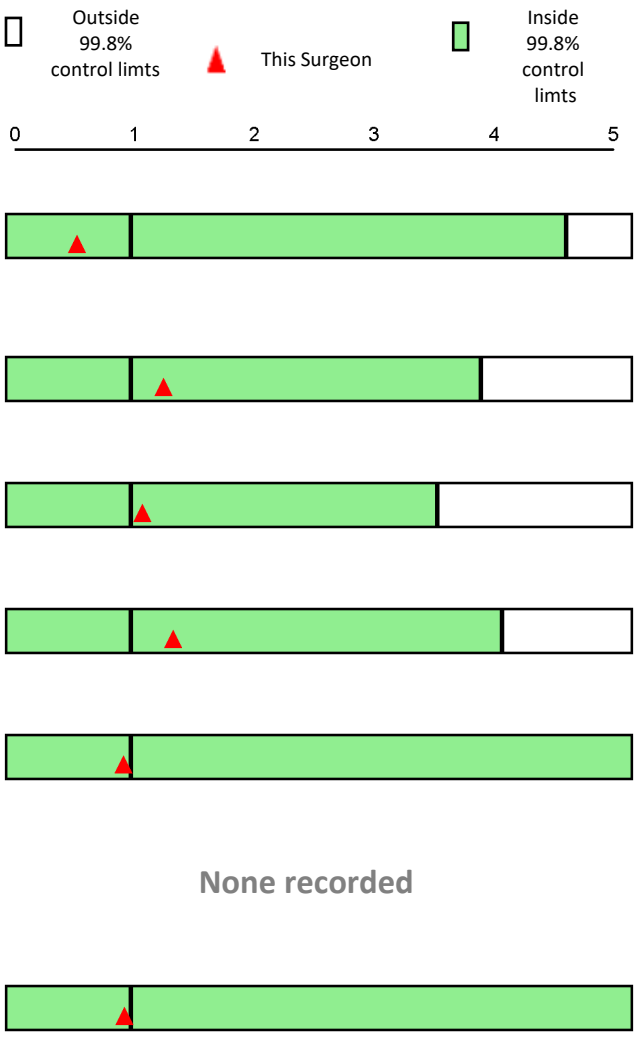
Age

	Patient mean age
National	71.15
Surgeon	76.21

Outcomes following primary hip surgery

The quality and outcome measures shown in this section are for patients receiving primary hip replacement surgery and are based on an analysis of the most recent five and ten years of data. The SRR and SMR data are also available as funnel plots: see Appendices 1, 2, 3 and 4.

Indicator set	Indicator	Linkable primaries	Expected events	Observed events
Mortality	Hip all – last five years	318	0.79	0
Revision	Hip all - last ten years	342	1.23	2
Revision	Hip all - last five years	342	1.60	2
Revision	Cemented hip procedures - last ten years	323	1.09	2
Revision	Cementless hip procedures - last ten years	13	0.02	0
Revision	Hip resurfacing - last ten years	n/a	n/a	n/a
Revision	Hybrid hip procedures - last ten years	6	0.01	0



Definitions

Mortality: patient death (for whatever reason) within 90 days of the procedure having taken place.

The expected number of events in the table above are based on the number of primary procedures performed, and have been calculated from national average figures. The expected number has been adjusted to take into account selected patient variables such as age, sex, and ASA grade. The charts to the right depict the statistical significance of any difference between the observed number of events and corresponding expected number. There is a less than 0.1% chance that any individual surgeon will fall in the "better than expected" zone by chance alone, and similarly less than 0.1% chance of falling in the "worse than expected" zone. Note that depiction as an outlier does not constitute proof of over- or under-performance; some variation could be attributable to patient related (or other) risk factors that are not included in the adjustment model.

When calculating the 90-day SMR, some primary procedures are excluded. For hips, this is procedures with indications of trauma or metastatic cancer/malignancy. For knees, it is procedures with trauma as an indication for implantation.

Note: the total number of procedures shown for hip all indicators will include any metal-on-metal undertaken, but these procedures are not shown as a separate sub-category. The total number of procedures shown may, therefore, not be equal to the sum of the listed sub-categories.

Hip – Revision

The tables below show the count of revised primaries and is based on, where appropriate, the most recent ten years of data. The data is not casemix adjusted and may, therefore, include primary procedures that are usually excluded from outcomes analysis, e.g. failed hemiarthroplasty cases. Primary hemiarthroplasty procedures are excluded. Reoperations are not included in the revision counts.

Count of revised primaries by year

This table shows, by year, the number of primaries recorded and the number of those primaries which have subsequently been revised.

Year	Number of primaries	Number of primaries since revised
2022/23	88	0
2023/24	158	1
2024/25	98	1

Unadjusted revision rate (all Registry)

Revision period / revision in	No of recorded primaries	No of attributable revisions	Unadjusted revision rate	National average
1 year	282	2	0.71%	0.79%
3 years	0	0	0.00%	1.39%
5 years	0	0	0.00%	1.96%

Hip – Reoperations

This report shows the type and number of hip reoperations undertaken by the surgeon in the last three financial years. Please note that reoperations are not an endpoint and are not, therefore, included in any analyses relating to clinical performance. These procedures were added to the NJR data collection with the introduction of MDSv8 in June 2023.

Procedure type	Apr24-Mar25
Closed/Open reduction of dislocation	1
Fixation of periprosthetic fracture	2
Washout of haematoma	1
Total	**4**

Hips – Implant brand usage

This section compares, for the latest five years, the number of brands used in primary hip replacement procedures compared to the average for all surgeons in the Registry over the same period. The number of procedures for the latest five years is also included. The count of brands includes those brands used in hip hemiarthroplasty procedures.

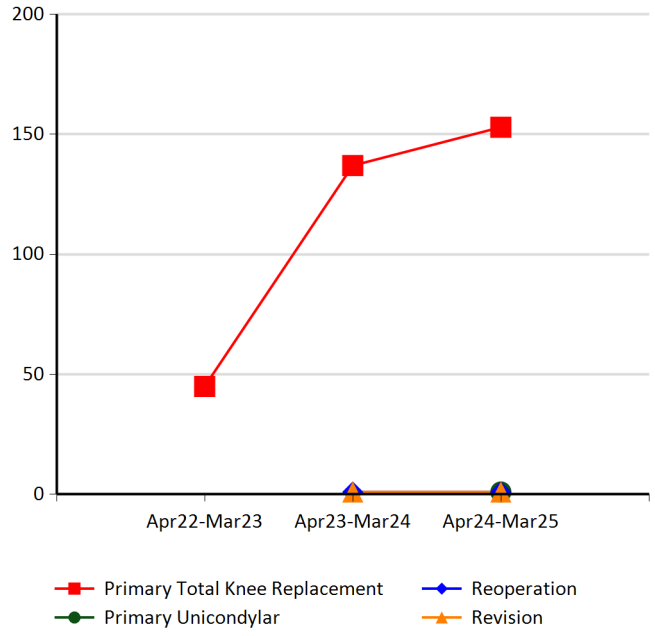
Implant brand usage in primary hip replacement

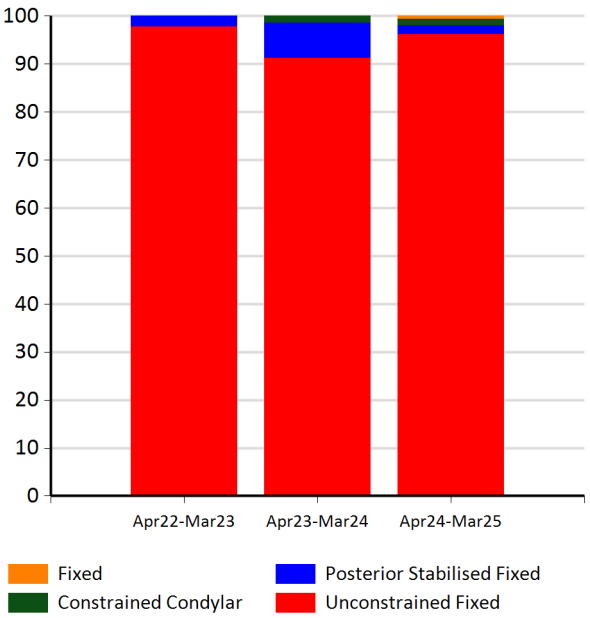
The brands are as listed in the NJR Annual Report. For further information, please access the Implant Library available on NJR Connect - Data Services https://platform.njrcentre.org.uk/.

Number of procedures	Average per surgeon (all Registry)	Number of brands used	Average brand usage per surgeon (all Registry)
656	174	15	7

Knees – Recorded activity

This section highlights volume, procedure type undertaken by the surgeon over a 36-month period, showing the year-on-year trend. Please note that the table excludes DAIRs without modular exchange submitted prior to 12 June 2023 (MDSv7), before their reclassification to reoperations in MDSv8.





Procedure type	Apr22-Mar23	Apr23-Mar24	Apr24-Mar25
Primary Total Knee Replacement	45	137	153
Primary Unicondylar	0	0	1
Revision	0	1	1
Reoperation	0	1	1
Total	**45**	**139**	**156**

Knee constraint	Apr22-Mar23	Apr23-Mar24	Apr24-Mar25
Constrained Condylar	0	2	2
Fixed	0	0	1
Posterior Stabilised Fixed	1	10	3
Unconstrained Fixed	44	125	148
Total	**45**	**137**	**154**

Unicondylar knee replacement

The following table shows the number of unicondylar knee replacements undertaken in the previous two financial years. Where both 'lateral' and 'medial' are indicated for a 'Multi-compartmental knee replacement', this is included as a single UKR.

Procedure type	Apr23-Mar24	Apr24-Mar25
Unicondylar Knee Replacement	0	1

Guidance published by the British Association for Surgery of the Knee (BASK) is that surgeons should undertake a minimum of 12 unicondylar knees per year.

Dual consultant operating cases

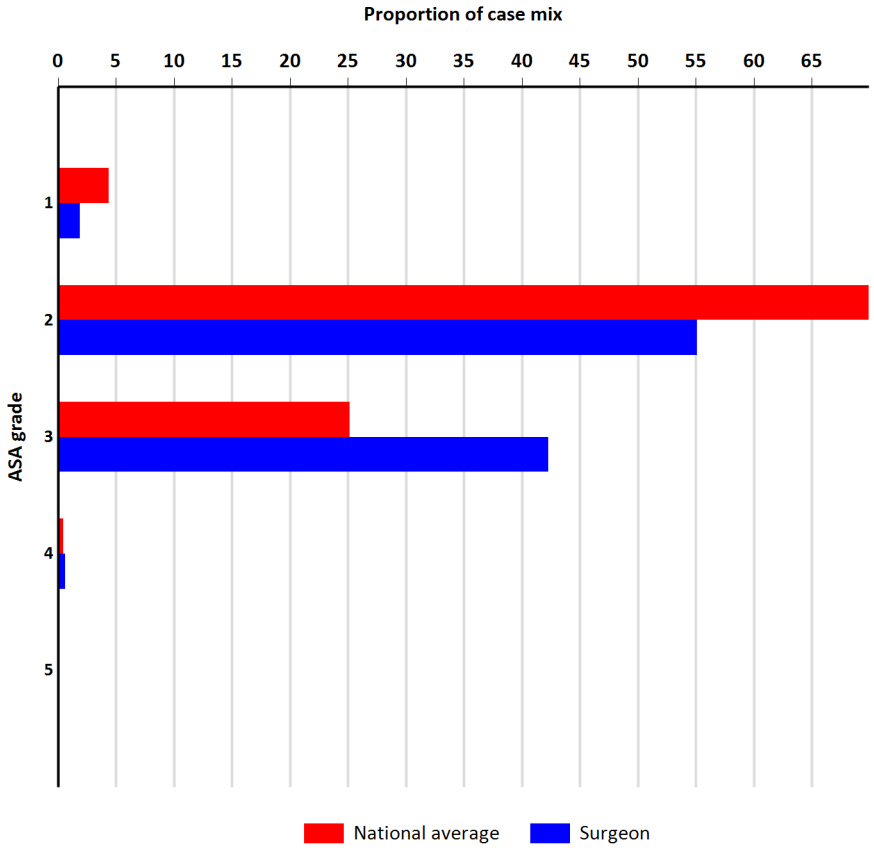
This table shows the grade of the first assistant surgeon on all procedures in which the consultant is named as having participated in the latest 12-month and 36-month periods.

Consultant in charge/Lead surgeon combination	First assistant grade			
	Consultant		Other	
	Last 3 years	Last year	Last 3 years	Last year
Mr Siddharth Prashant Govilkar both CiC and Lead surgeon	3	2	334	152
Mr Siddharth Prashant Govilkar CiC with another consultant as Lead surgeon	0	0	1	1
Mr Siddharth Prashant Govilkar CiC/with a non-consultant grade as Lead surgeon	2	1	0	0
Consultant grade CiC with Mr Siddharth Prashant Govilkar as Lead surgeon	46	0	2	0

Knees – Patient profile

This section shows the profile of knee patients operated on in the name of the surgeon (as Consultant in charge) over the 12-month period 1 Apr 2024 – 31 Mar 2025.

ASA grade



BMI

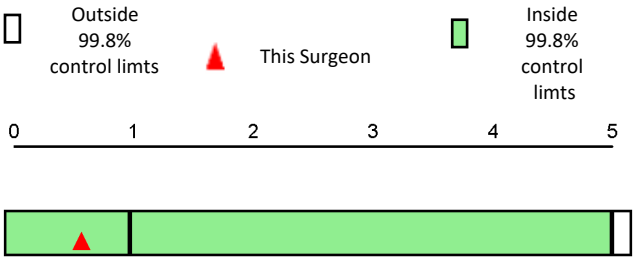
	Patient median BMI
National	30.00
Surgeon	31.00

Age

	Patient mean age
National	69.36
Surgeon	68.28

Outcomes following primary knee surgery

The quality and outcome measures shown in this section are for patients receiving primary knee replacement surgery and are based on an analysis of the most recent five and ten years of data. The SRR and SMR data are also available as funnel plots: see Appendices 1, 2, 3 and 4.

Indicator set	Indicator	Linkable primaries	Expected events	Observed events	
Mortality	Knee all – last five years	270	0.65	0	
Revision	Knee all - last ten years	271	0.96	0	
Revision	Total knee replacement - last ten years	271	0.88	0	
Revision	Unicondylar knee procedures - last ten years	n/a	n/a	n/a	None recorded
Revision	Patello-Femoral knee procedures - last ten years	n/a	n/a	n/a	None recorded
Revision	Knee all - last five years	271	1.05	0	
Revision	Total knee replacement - last five years	271	0.98	0	
Revision	Unicondylar knee procedures - last five years	n/a	n/a	n/a	None recorded

Definitions

Mortality: patient death (for whatever reason) within 90 days of the procedure having taken place.

The expected number of events in the table above are based on the number of primary procedures performed, and have been calculated from national average figures. The expected number has been adjusted to take into account selected patient variables such as age, sex, and ASA grade. The charts to the right depict the statistical significance of any difference between the observed number of events and corresponding expected number. There is a less than 0.1% chance that any individual surgeon will fall in the "better than expected" zone by chance alone, and similarly less than 0.1% chance of falling in the "worse than expected" zone. Note that depiction as an outlier does not constitute proof of over- or under-performance; some variation could be attributable to patient related (or other) risk factors that are not included in the adjustment model.

When calculating the 90-day SMR, some primary procedures are excluded. For hips, this is procedures with indications of trauma or metastatic cancer/malignancy. For knees, it is procedures with trauma as an indication for implantation.

Knee – Revision

The tables below show the count of revised primaries and is based on, where appropriate, the most recent ten years of data. The data is not casemix adjusted and may, therefore, include primary procedures that are usually excluded from outcomes analysis. Reoperation procedures are not included in the revision count.

Count of revised primaries by year

This table shows, by year, the number of primaries recorded and the number of those primaries which have subsequently been revised.

None recorded

Unadjusted revision rate (all Registry)

Revision period / revision in	No of recorded primaries	No of attributable revisions	Unadjusted revision rate	National average
1 year	217	0	0.00%	0.48%
3 years	0	0	0.00%	1.61%
5 years	0	0	0.00%	2.37%

Knee – Reoperations

This report shows the type and number of knee reoperations undertaken by the surgeon in the last three financial years. Please note that reoperations are not an endpoint and are not, therefore, included in any analyses relating to clinical performance. These procedures were added to the NJR data collection with the introduction of MDSv8 in June 2023.

Procedure type	Apr23-Mar24	Apr24-Mar25
Fixation of periprosthetic fracture	1	1
Total	**1**	**1**

Knees – Implant brand usage

This section compares, for the latest five years, the number of brands used in primary knee replacement procedures compared to the average for all surgeons in the Registry over the same period. The number of procedures for the latest five years is also included.

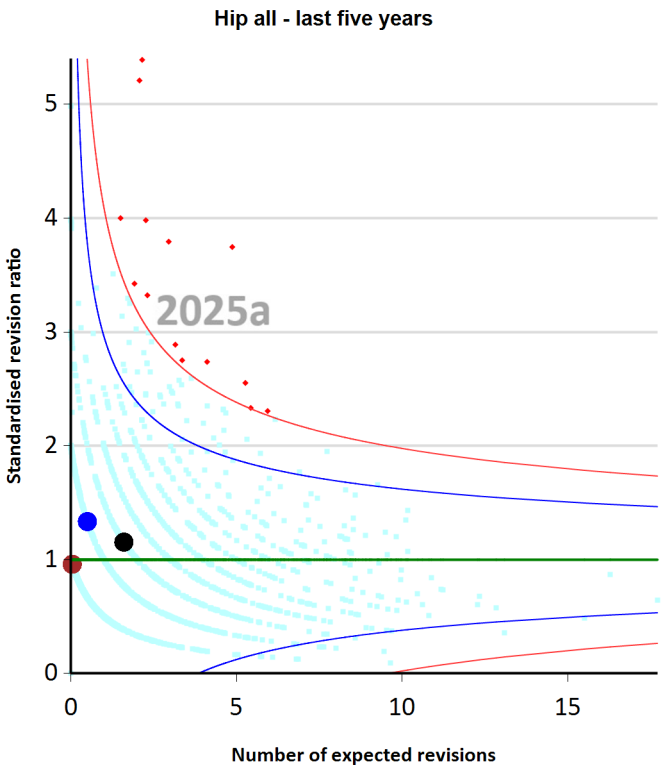
Implant brand usage in primary knee replacement

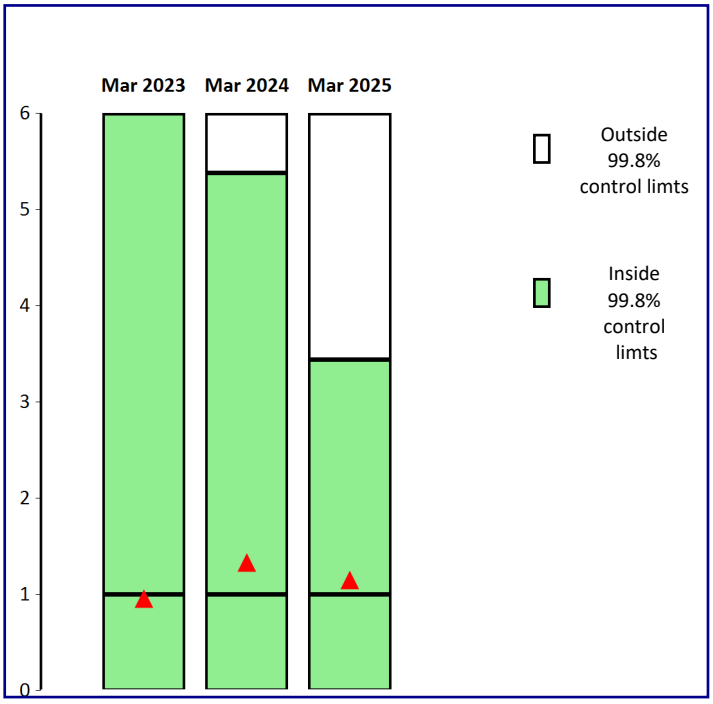
The brands are as listed in the NJR Annual Report. For further information, please access the Implant Library available on NJR Connect - Data Services https://platform.njrcentre.org.uk/.

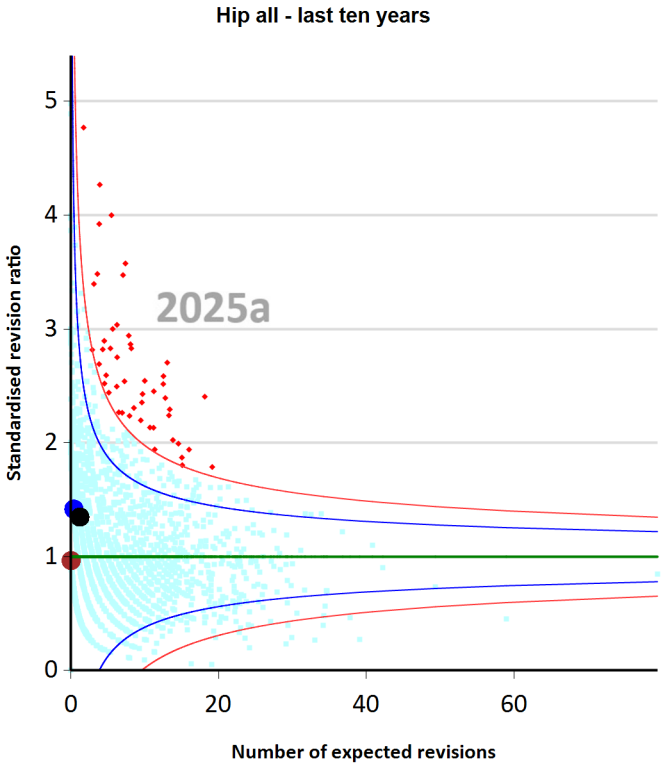
Number of procedures	Average per surgeon (all Registry)	Number of brands used	Average brand usage per surgeon (all Registry)
336	245	5	4

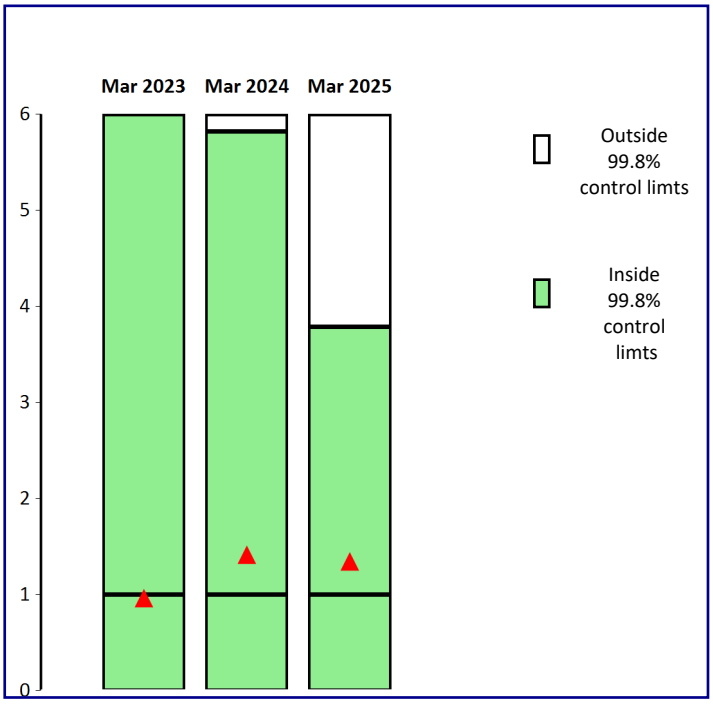
Appendix 1 : SRR funnel plots (as Consultant in charge) - Hips

This section illustrates your standardised revision ratio in the form of funnel plots, accompanied by a thermometer plot. Both are based on either five or ten year data, and can include plots for the current year and the previous four years.







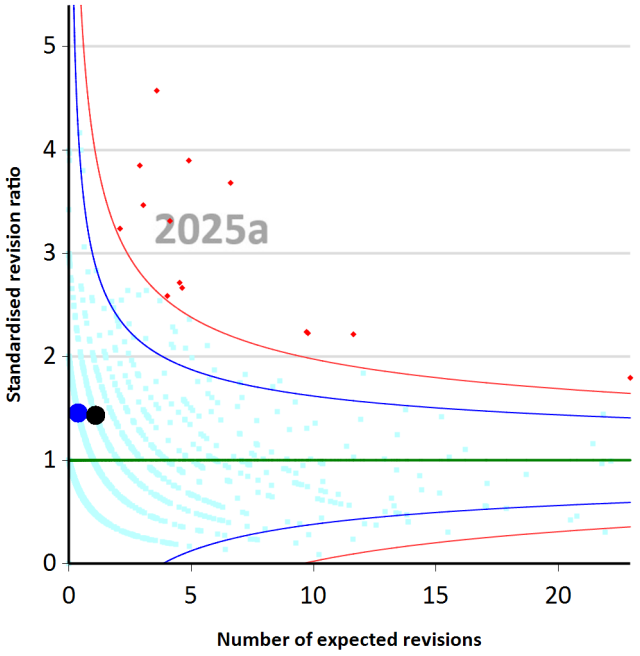


Data — Upper 99.8% — Upper 95% — Lower 95% — Lower 99.8% ◆ Outlier ● Mar 2025 ● Mar 2024 ● Mar 2023 ● Mar 2022 ● Mar 2021

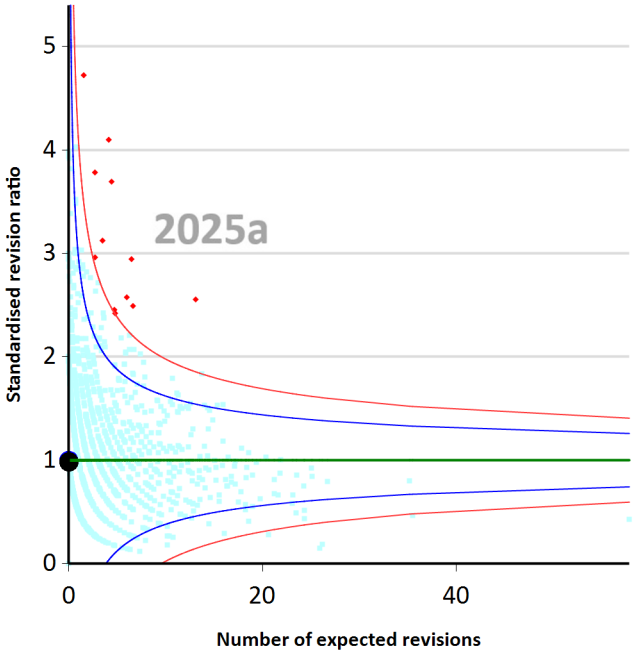
Appendix 1 : SRR funnel plots (as Consultant in charge) - Hips

This section illustrates your standardised revision ratio in the form of funnel plots, accompanied by a thermometer plot. Both are based on either five or ten year data, and can include plots for the current year and the previous four years.

Cemented hip procedures



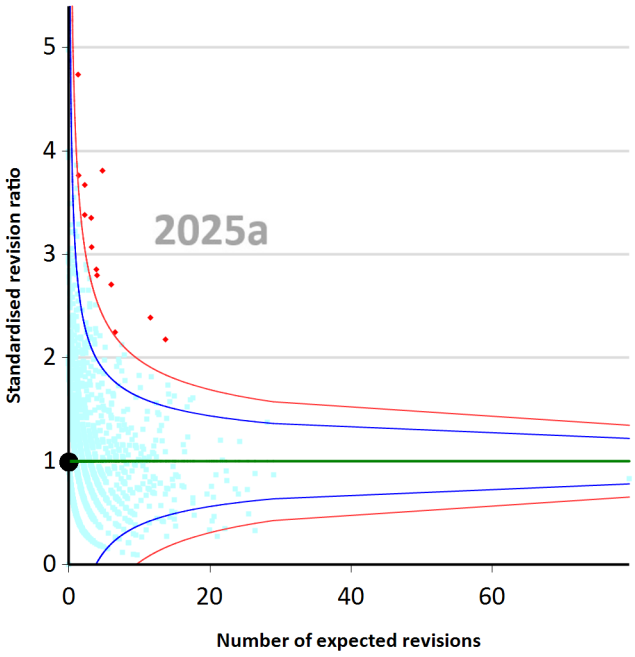
Cementless hip procedures

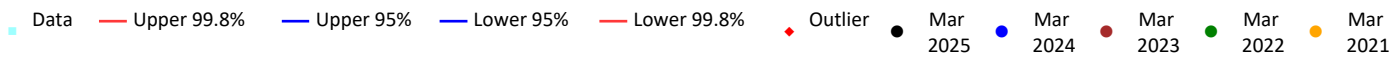


Hip resurfacing - last ten years

None recorded

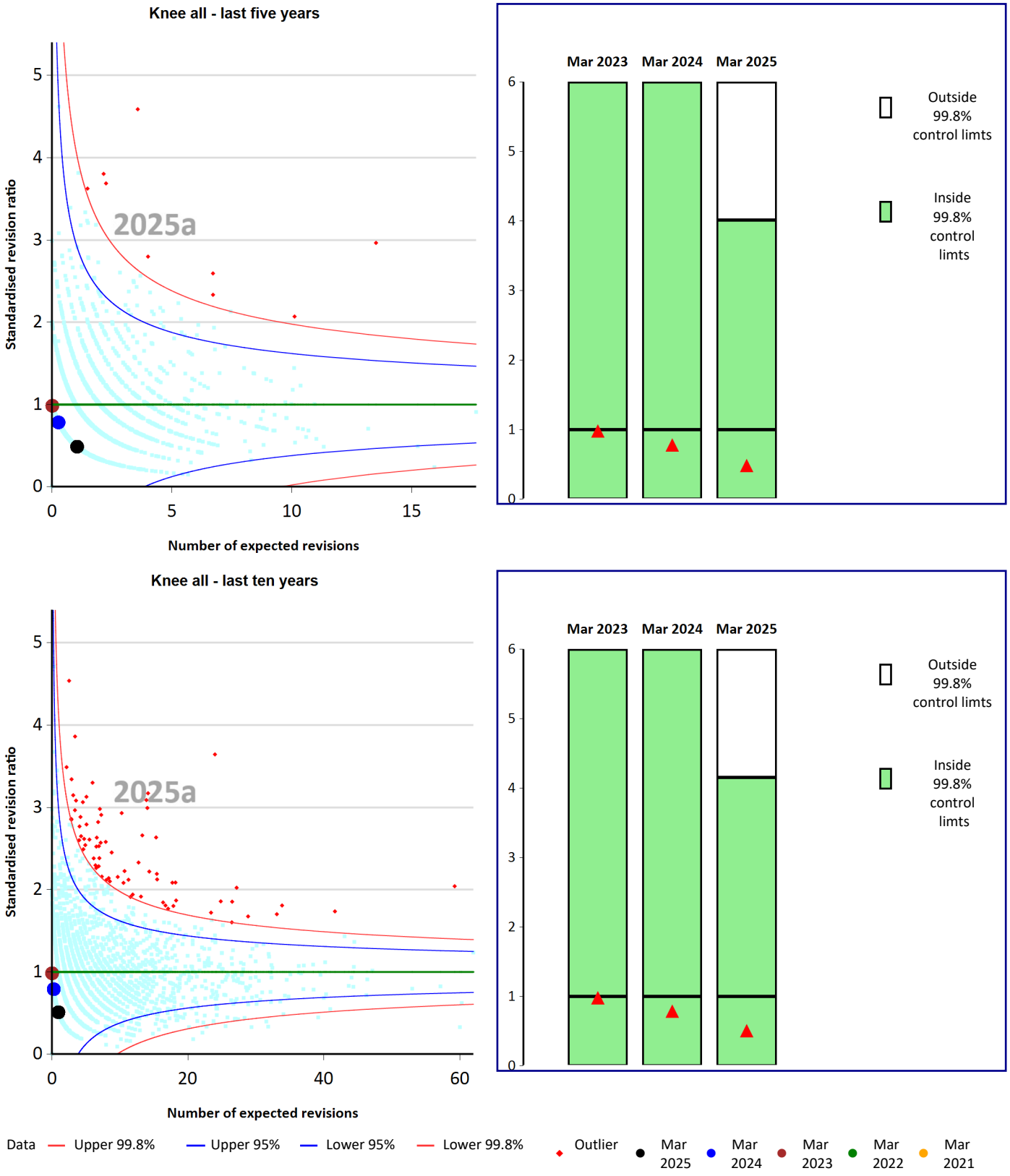
Hybrid hip procedures





Appendix 1 : SRR funnel plots (as Consultant in charge) - Knees

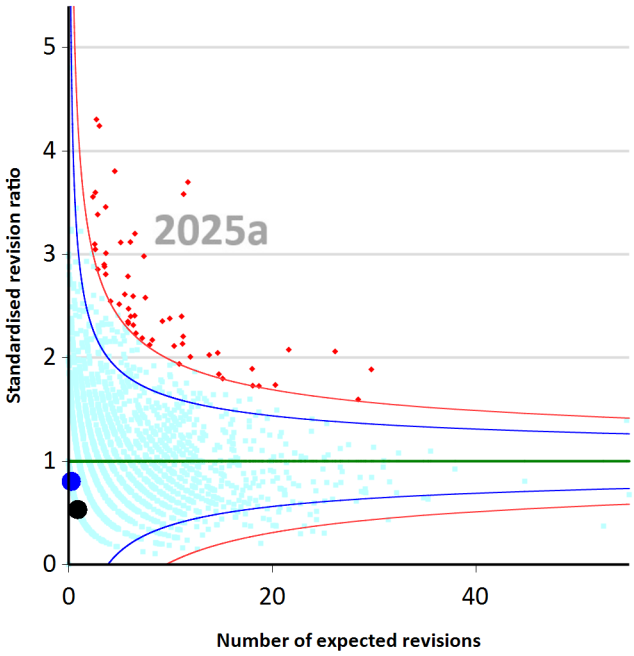
This section illustrates your standardised revision ratio in the form of funnel plots, accompanied by a thermometer plot. Both are based on either five or ten year data, and can include plots for the current year and the previous four years.



Appendix 1 : SRR funnel plots (as Consultant in charge) - Knees

This section illustrates your standardised revision ratio in the form of funnel plots, accompanied by a thermometer plot. Both are based on either five or ten year data, and can include plots for the current year and the previous four years.

Total knee replacement - last ten years



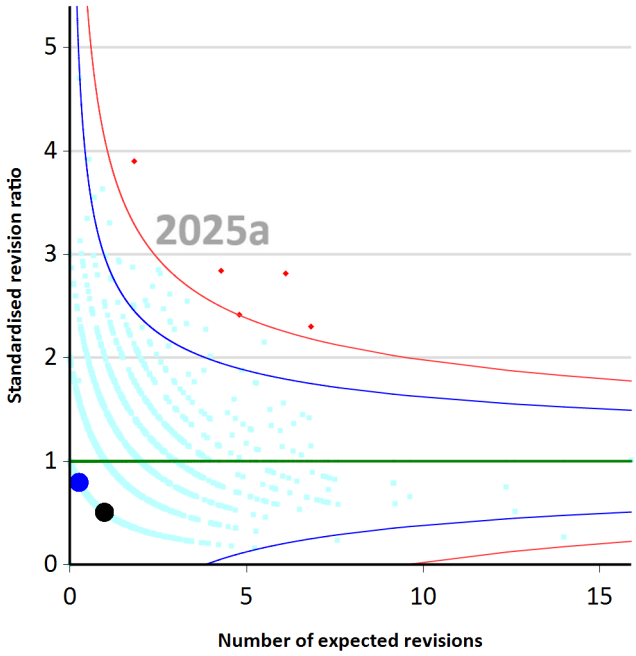
Unicondylar knee procedures - last ten years

None recorded

Patello-Femoral knee procedures - last ten years

None recorded

Total knee replacement - last five years



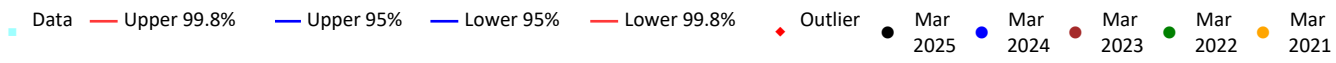
Data — Upper 99.8% — Upper 95% — Lower 95% — Lower 99.8% — Outlier — Mar 2025 — Mar 2024 — Mar 2023 — Mar 2022 — Mar 2021

Appendix 1 : SRR funnel plots (as Consultant in charge) - Knees

This section illustrates your standardised revision ratio in the form of funnel plots, accompanied by a thermometer plot. Both are based on either five or ten year data, and can include plots for the current year and the previous four years.

Unicondylar knee procedures - last five years

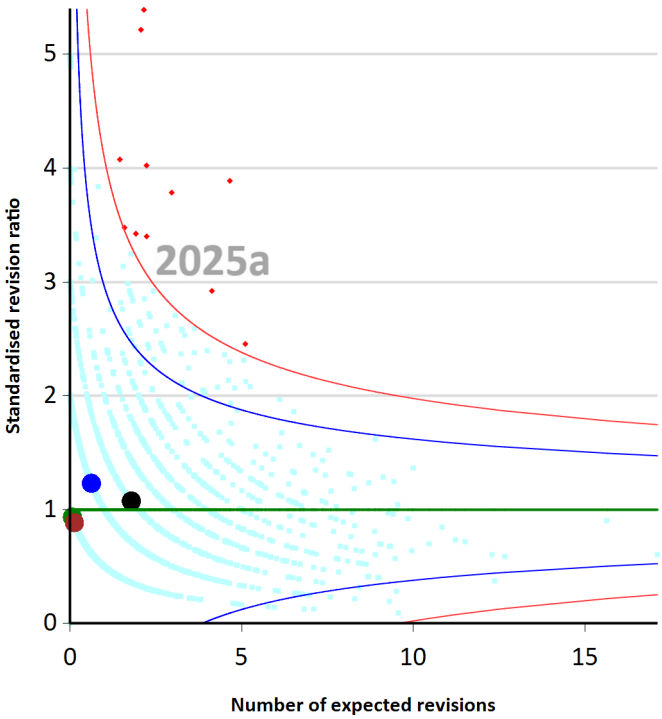
None recorded

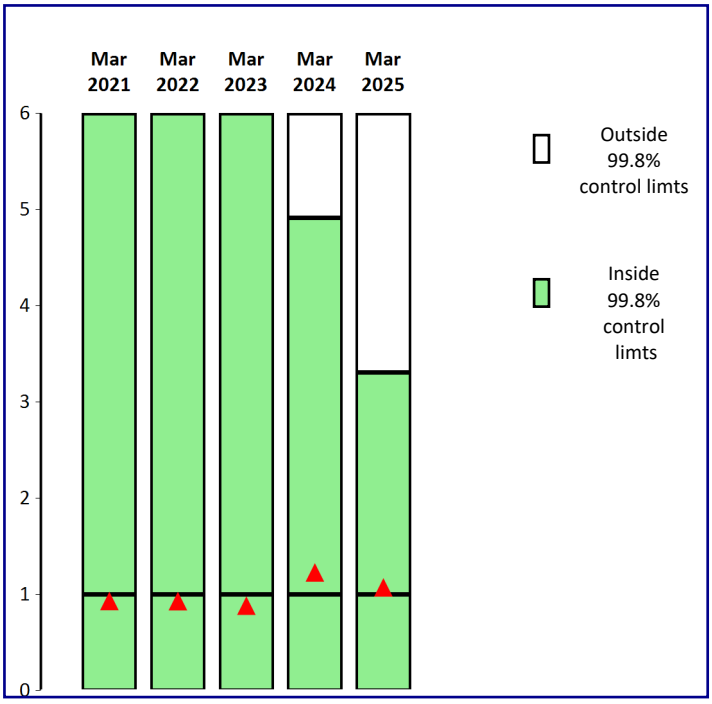


Appendix 2 : SRR funnel plots (as Lead surgeon) - Hips

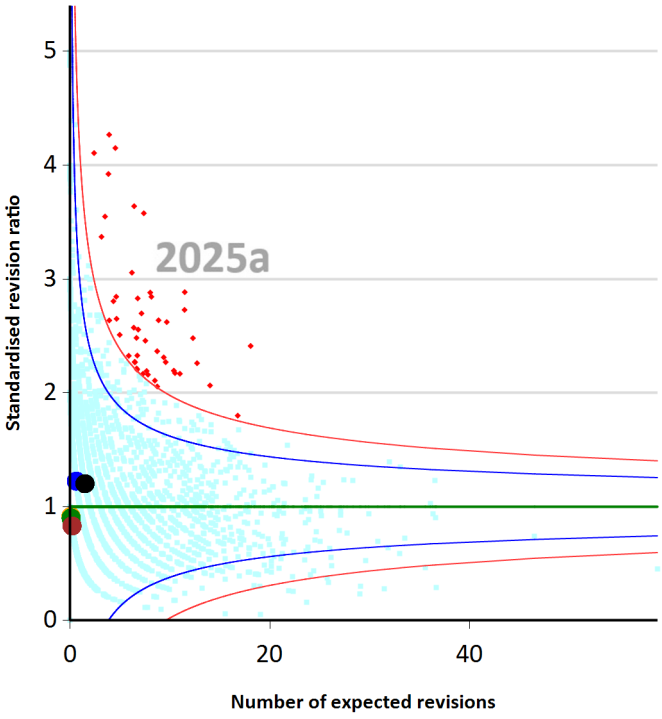
This section illustrates your standardised revision ratio in the form of funnel plots, accompanied by a thermometer plot. Both are based on either five or ten year data, and can include plots for the current year and the previous four years.

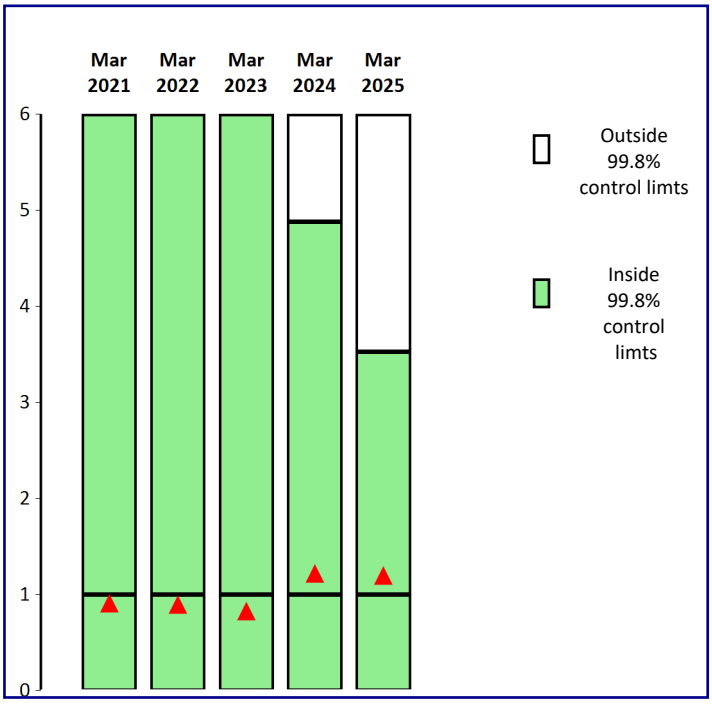
Hip all - last five years (from 357 linkable primary procedures)





Hip all - last ten years (from 364 linkable primary procedures)



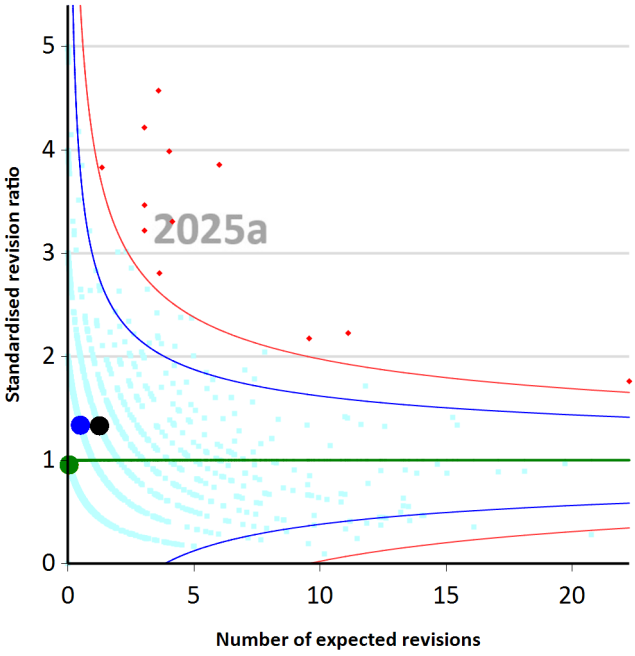


Data — Upper 99.8% — Upper 95% — Lower 95% — Lower 99.8% — Outlier — Mar 2025 — Mar 2024 — Mar 2023 — Mar 2022 — Mar 2021

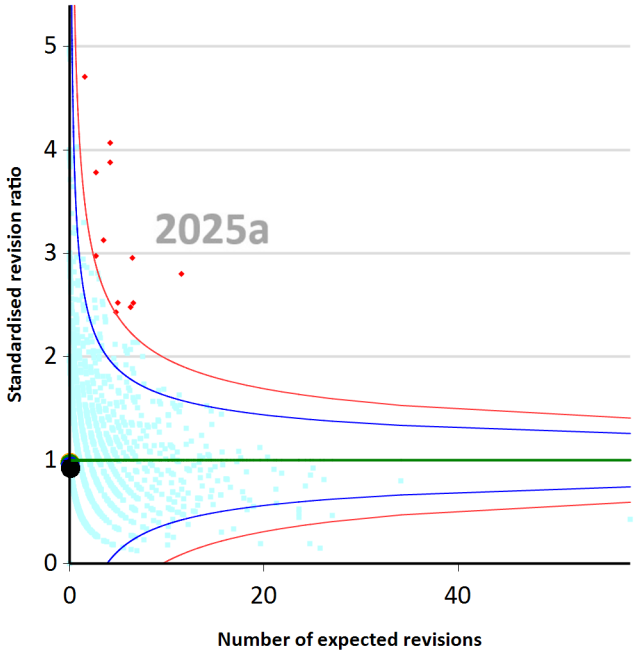
Appendix 2 : SRR funnel plots (as Lead surgeon) - Hips

This section illustrates your standardised revision ratio in the form of funnel plots, accompanied by a thermometer plot. Both are based on either five or ten year data, and can include plots for the current year and the previous four years.

Cemented hip procedures (from 343 linkable primary procedures)



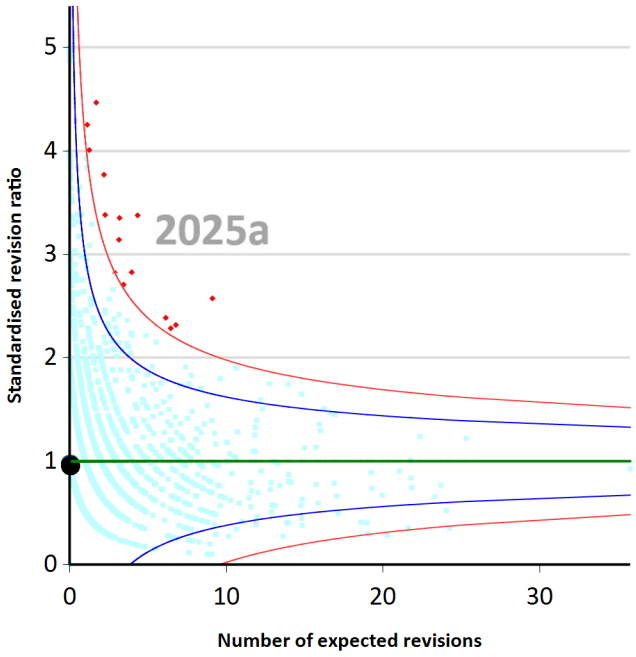
Cementless hip procedures (from 15 linkable primary procedures)



Hip resurfacing - last ten years

None recorded

Hybrid hip procedures (from 6 linkable primary procedures)

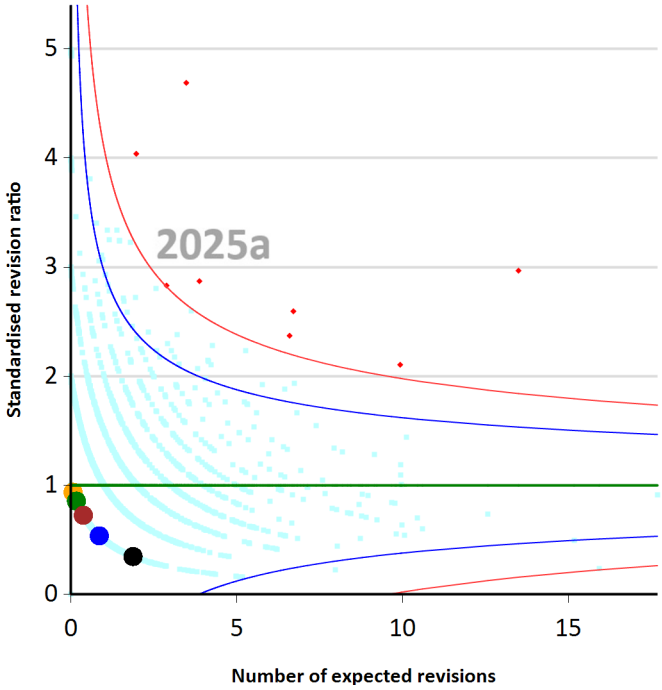


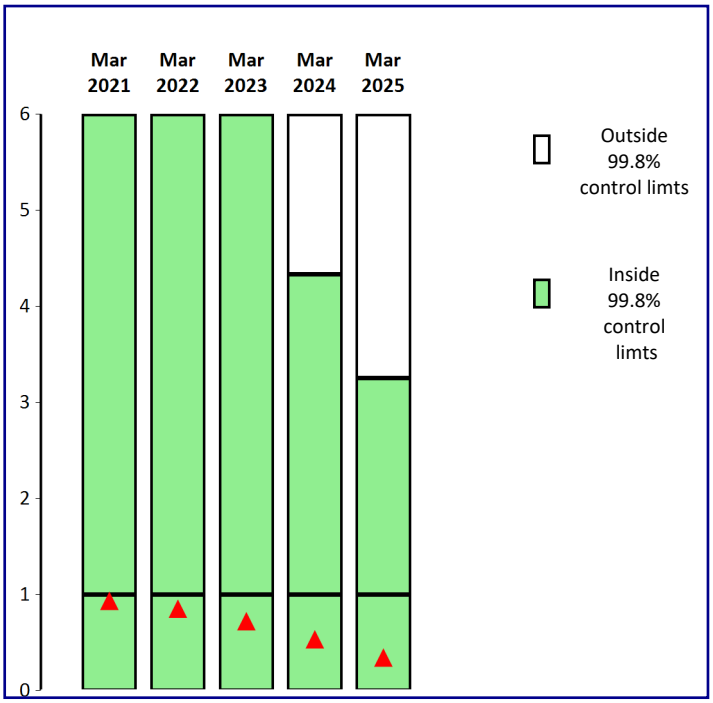
Data — Upper 99.8% — Upper 95% — Lower 95% — Lower 99.8% — Outlier — Mar 2025 — Mar 2024 — Mar 2023 — Mar 2022 — Mar 2021

Appendix 2 : SRR funnel plots (as Lead surgeon) - Knees

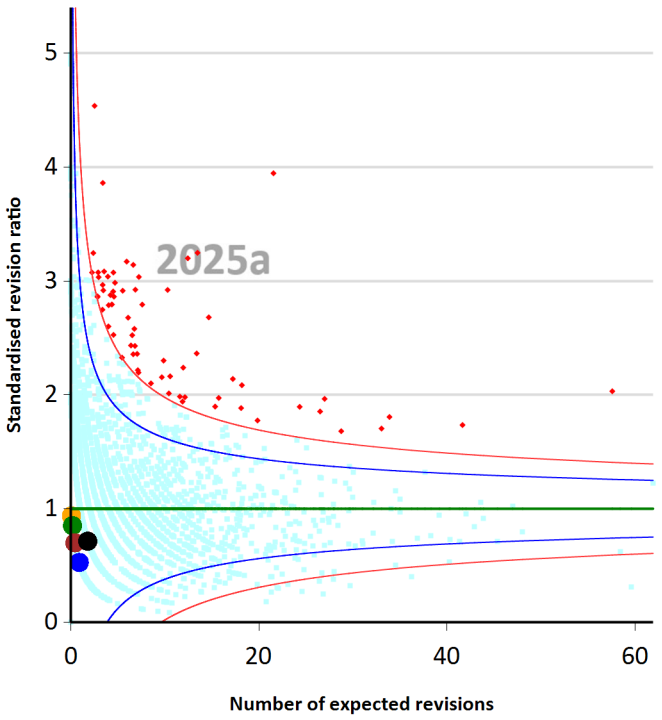
This section illustrates your standardised revision ratio in the form of funnel plots, accompanied by a thermometer plot. Both are based on either five or ten year data, and can include plots for the current year and the previous four years.

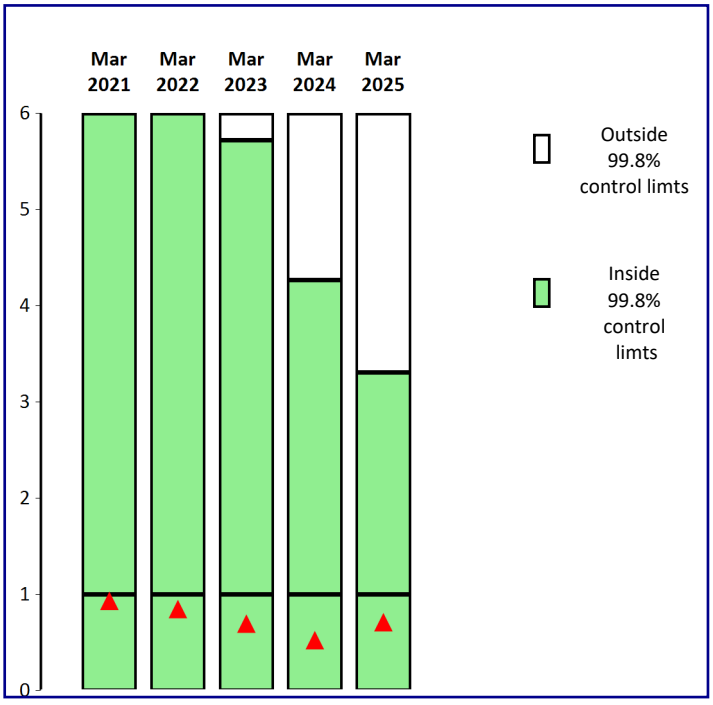
Knee all - last five years (from 339 linkable primary procedures)





Knee all - last ten years (from 342 linkable primary procedures)



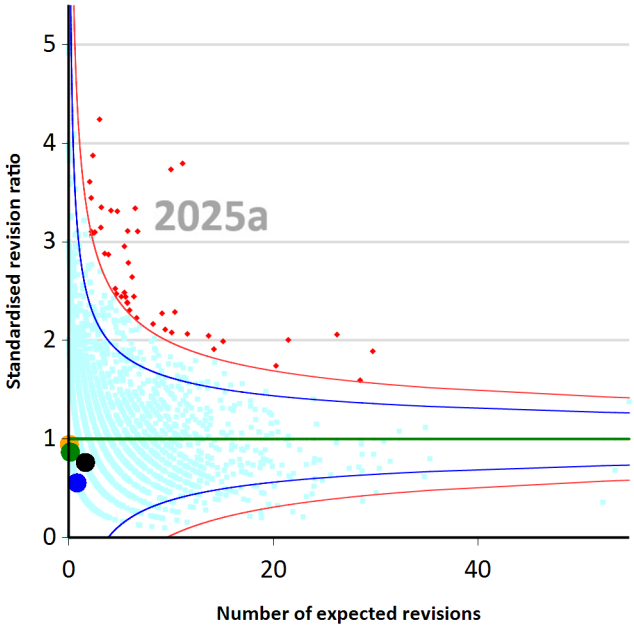


Data — Upper 99.8% — Upper 95% — Lower 95% — Lower 99.8% — Outlier — Mar 2025 — Mar 2024 — Mar 2023 — Mar 2022 — Mar 2021

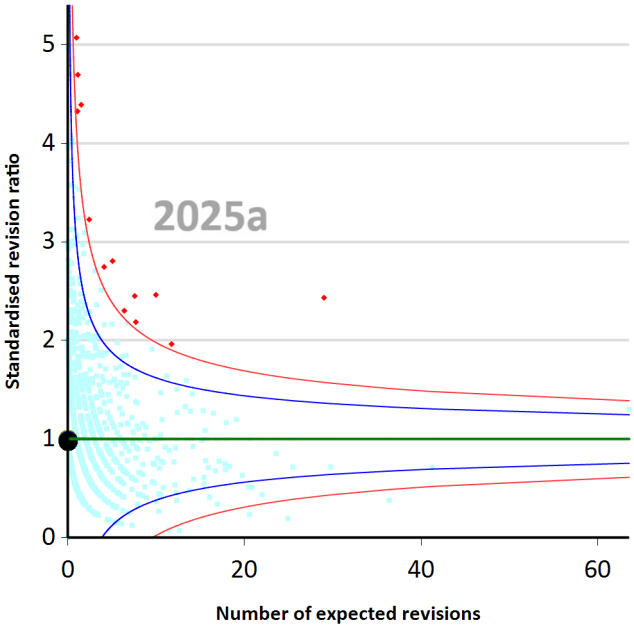
Appendix 2 : SRR funnel plots (as Lead surgeon) - Knees

This section illustrates your standardised revision ratio in the form of funnel plots, accompanied by a thermometer plot. Both are based on either five or ten year data, and can include plots for the current year and the previous four years.

Total knee replacements - last ten years (from 341 linkable primary procedures)



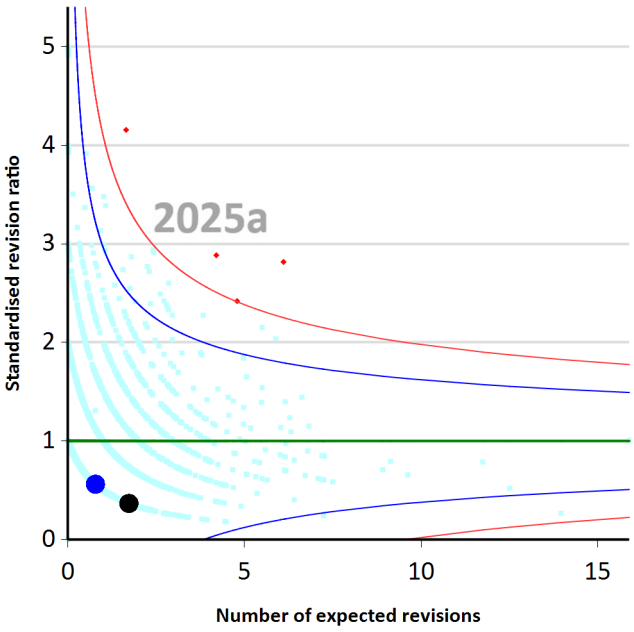
Unicondylar knee procedures - last ten years (from 1 linkable primary procedures)

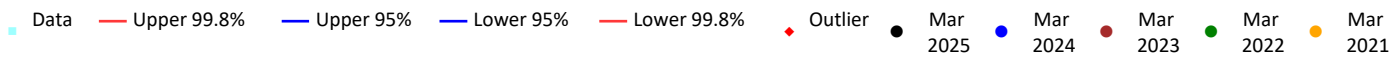


Patello-Femoral knee procedures - last ten years

None recorded

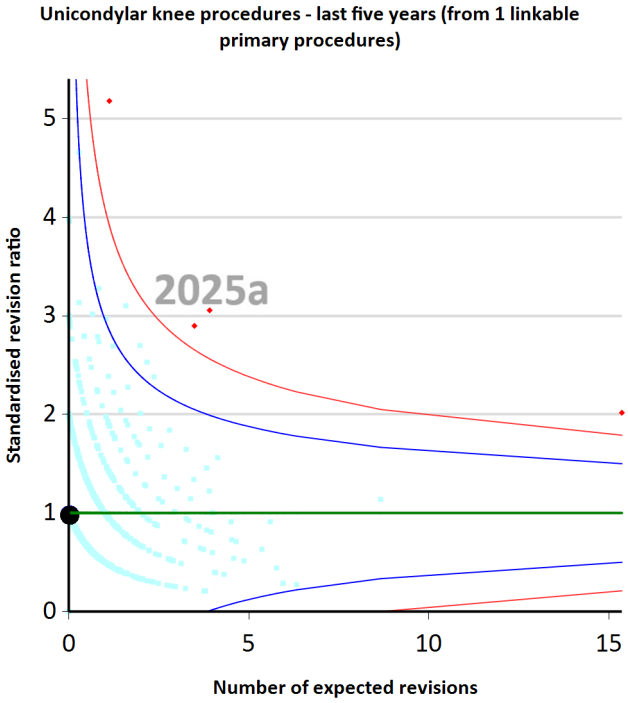
Total knee replacement - last five years (from 338 linkable primary procedures)





Appendix 2 : SRR funnel plots (as Lead surgeon) - Knees

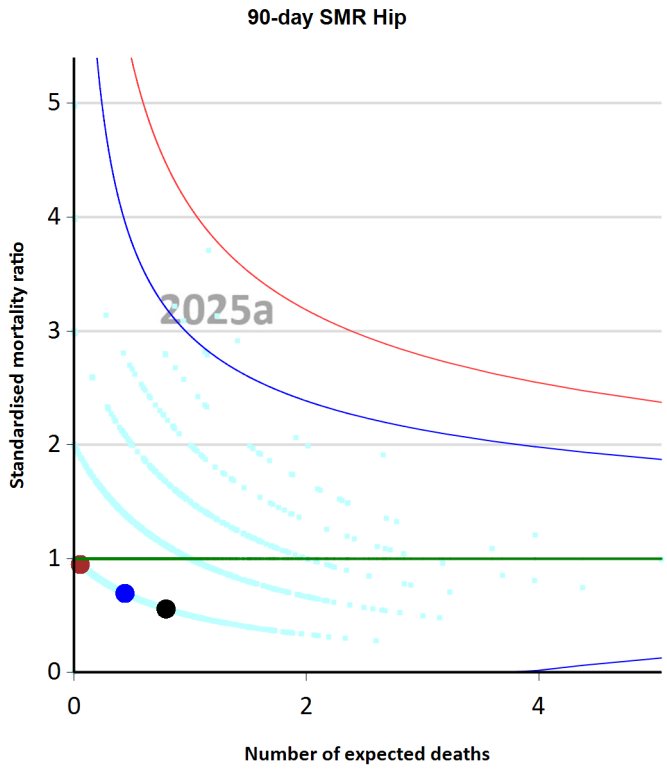
This section illustrates your standardised revision ratio in the form of funnel plots, accompanied by a thermometer plot. Both are based on either five or ten year data, and can include plots for the current year and the previous four years.

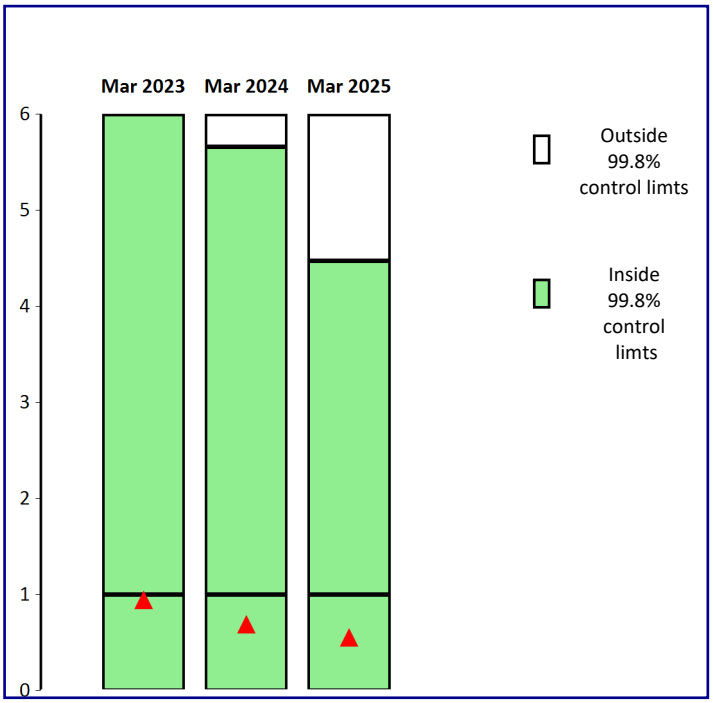


Data — Upper 99.8% — Upper 95% — Lower 95% — Lower 99.8% — Outlier — Mar 2025 — Mar 2024 — Mar 2023 — Mar 2022 — Mar 2021

Appendix 3 : 90-day SMR (as Consultant in charge) - Hips

This section illustrates your standardised mortality ratio in the form of funnel plots, accompanied by a thermometer plot. They are based on five years' of data and can include plots for the current year and the previous four years. It is based on mortality events within 90 days of a primary procedure except where the indication for surgery is trauma or metastatic cancer/malignancy.

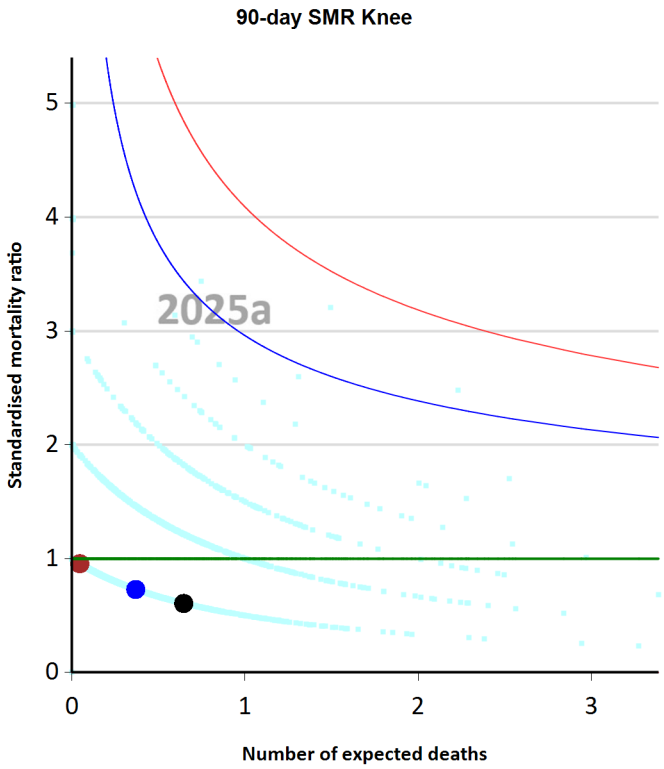


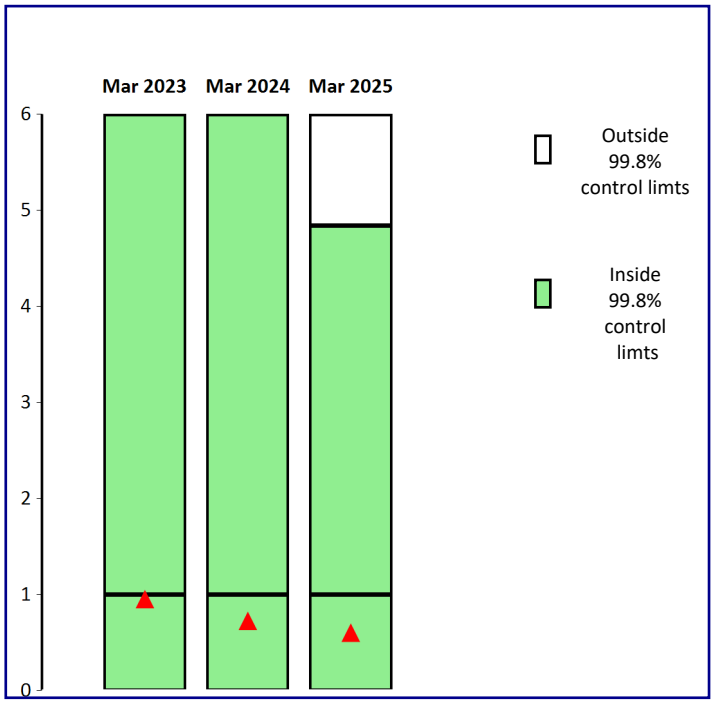


Data — Upper 99.8% — Upper 95% — Lower 95% — Lower 99.8% — Outlier — Mar 2025 — Mar 2024 — Mar 2023 — Mar 2022 — Mar 2021

Appendix 3 : 90-day SMR (as Consultant in charge) - Knees

This section illustrates your standardised mortality ratio in the form of funnel plots, accompanied by a thermometer plot. They are based on five years' of data and can include plots for the current year and the previous four years. It is based on mortality events within 90 days of a primary procedure except where the indication for surgery is trauma or metastatic cancer/malignancy.

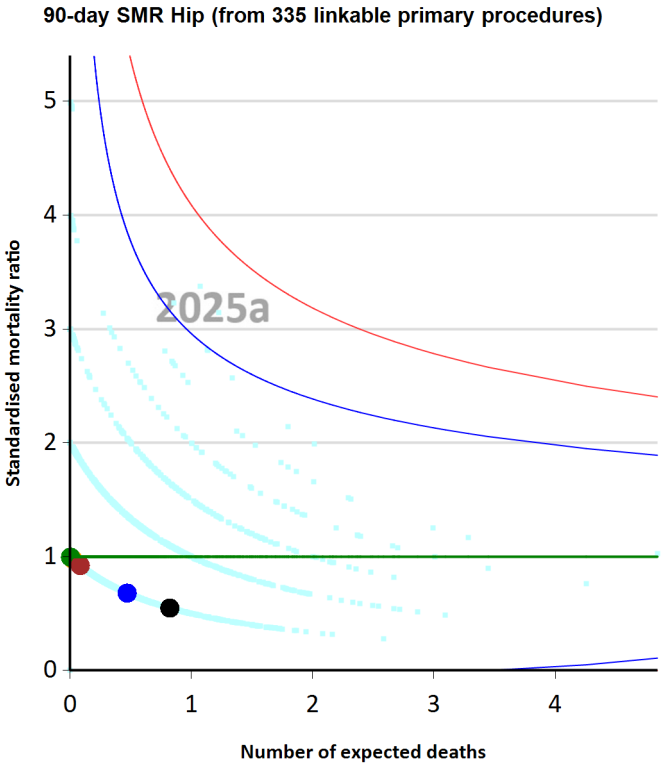


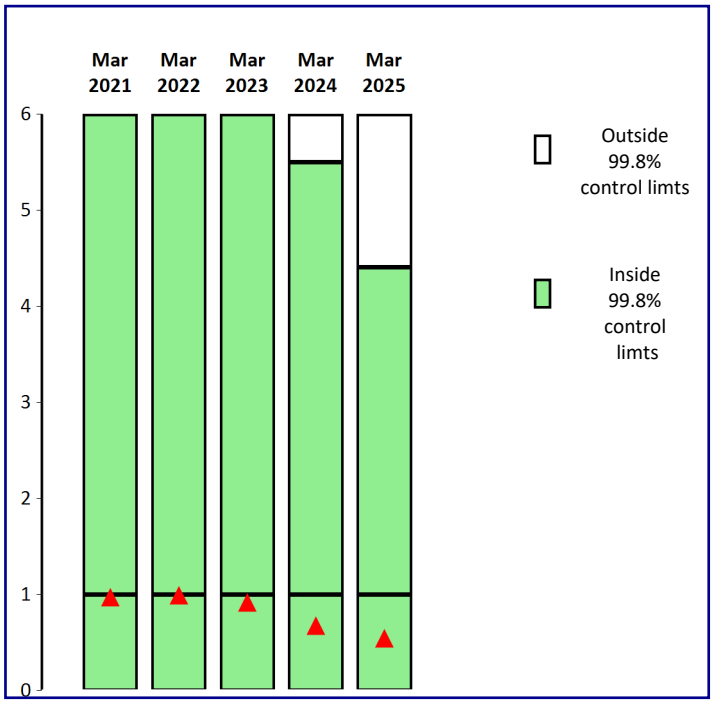


Data — Upper 99.8% — Upper 95% — Lower 95% — Lower 99.8% — Outlier — Mar 2025 — Mar 2024 — Mar 2023 — Mar 2022 — Mar 2021

Appendix 4 : 90-day SMR (as Lead surgeon) - Hips

This section illustrates your standardised mortality ratio in the form of funnel plots, accompanied by a thermometer plot. They are based on five years' of data and can include plots for the current year and the previous four years. It is based on mortality events within 90 days of a primary procedure except where the indication for surgery is trauma or metastatic cancer/malignancy.

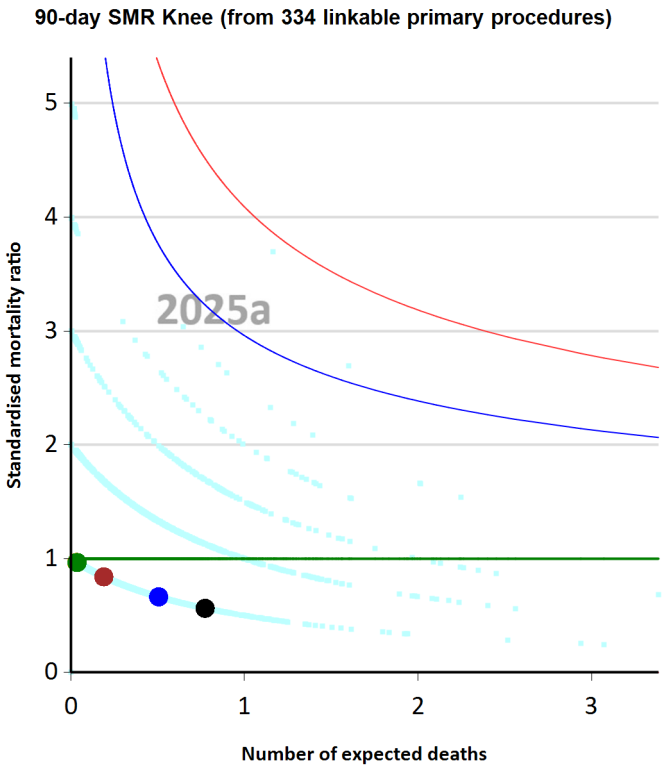


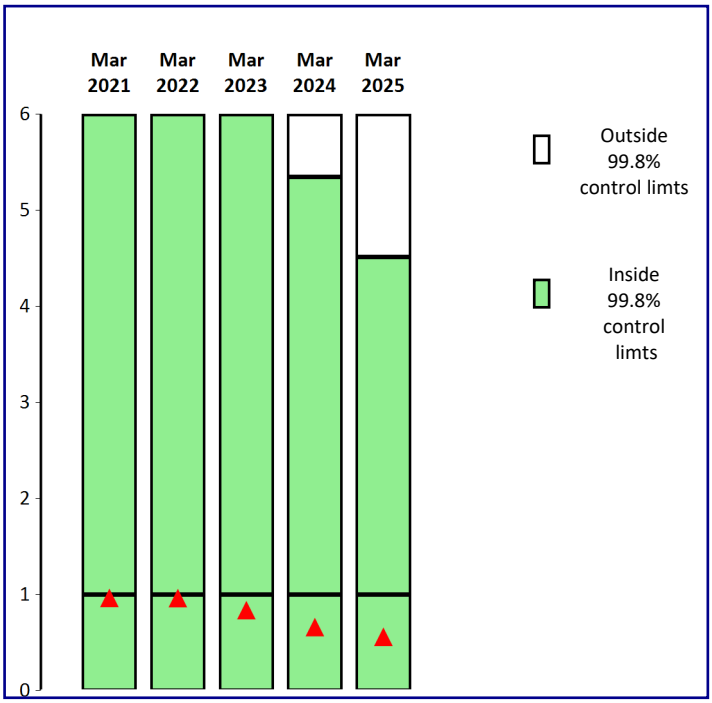


Data — Upper 99.8% — Upper 95% — Lower 95% — Lower 99.8% — Outlier — Mar 2025 — Mar 2024 — Mar 2023 — Mar 2022 — Mar 2021

Appendix 4 : 90-day SMR (as Lead surgeon) - Knees

This section illustrates your standardised mortality ratio in the form of funnel plots, accompanied by a thermometer plot. They are based on five years' of data and can include plots for the current year and the previous four years. It is based on mortality events within 90 days of a primary procedure except where the indication for surgery is trauma or metastatic cancer/malignancy.





Data — Upper 99.8% — Upper 95% — Lower 95% — Lower 99.8% — Outlier — Mar 2025 — Mar 2024 — Mar 2023 — Mar 2022 — Mar 2021