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In Reply Dr Gallagher and colleagues raise an important and legitimate point about the role of surgical skills potentially explaining the variation in complication rates within bariatric surgery COEs. More importantly, they question the lack of objective assessment of surgical skills as part of the accreditation process.

We agree that there may be factors not included in the accreditation program that may influence complication rates. Surgical skill is a good example of such a plausible factor.

As mentioned in our article, quality improvement studies are needed to identify factors associated with and ideally causative of improved outcomes. Studies that explore plausible factors such as surgical skills may help explain variation in complication rates within bariatric surgery COEs and improve quality of care.

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