

Guide to invited reviews

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1 Introduction and purpose

- 1.1 From time to time, employing organisations will have concerns raised about:
- an individual's performance
 - patient safety
 - aspects of delivery of a pathology service.
- 1.2 This document describes how the College can assist in reviewing professional performance and outlines the process to ensure that each review is robust, objective and fair to all concerned. It also sets out the operational and governance process to be followed when a request is received by the staff of the College, the rationale for determining the appropriate response and how this response is followed through (including the process for review and follow up).
- 1.3 The College will accept referrals from employing organisations such as Foundations Trusts, NHS Trusts and Health Boards. It may also accept referrals from commissioners where the terms of their contracts allow such escalation and referral.
- 1.4 This document applies to the whole of the UK, including the devolved nations.
- 1.5 There are limitations to the scope of invited reviews. Where the problems appear to be those of an individual's behaviour, rather than of a more systemic nature related to service design, The College may suggest that the employing organisation consider an internal investigation. For example, in England this may mean use of *Maintaining High Professional Standards in the Modern NHS* (the disciplinary framework for doctors and dentists employed by the NHS) and/or referral to the National Clinical Assessment Service (NCAS) or another specialist agency focussing on doctors in difficulty.

NCAS has developed guidance on conducting a local investigation (<http://www.ncas.nhs.uk/resources/local-performance-investigation>).

2 Definitions

- 2.1 A 'service review' is an invitation to visit and comment upon a current service, with the terms of reference rooted in the quality and risk management of that service.
- 2.2 An 'individual performance review' is an invitation to examine the clinical practice of an individual doctor, according to pre-determined terms of reference.
- 2.3 Collectively, each of these processes is termed an "invited review" by the College.
- 2.4 For the purposes of this document, the referring organisation (such as a Health Board, NHS Trust/Foundation Trust, independent provider or commissioner) will generally be referred to as the 'employing organisation' and the doctor causing concerns (for individual performance reviews) as the 'doctor'.
- 2.5 The processes of conducting a duty of care review and investigative audit in cellular pathology are described in the following College documents (see www.rcpath.org/professional-standards/performance):
- *Guide to conducting a duty of care reviews*
 - *Guide to conducting an investigative audit of cellular pathology practice.*

3 Background

- 3.1** The College has a Professional Performance Panel (PPP) that oversees College involvement in invited reviews of individuals or pathology services. The PPP is chaired by the College President, and its members include elected College Officers, the Director of Professional Standards, a lay member and any co-options needed to provide a sufficient range of professional representation.
- 3.2** The Professional Standards Department within the College is responsible for the administration and facilitation of invited reviews.
- 3.3** The College will organise and undertake invited reviews under terms of reference agreed with the employing organisation, in both the NHS and private sector, where there is a concern that risks to patients have been, or may be, increased unacceptably by an individual, team or service.
- 3.4** The College also provides advice and support to its members who may have concerns about performance in pathology. Invited reviews may only be commissioned by employing organisations.

4 Principles of an invited review

- 4.1** One of the objectives of the College is to promote excellence in the practice of pathology and to be responsible for maintaining standards, to the benefit of the public. Invited reviews provide an independent perspective when concerns are raised with regard to the standards of practice of an individual pathologist(s) or a pathology service.
- 4.2** Issues of clinical governance, reconfiguration, appraisal and revalidation, as well as legitimate public concern and awareness of employing performance, are resulting in increasing numbers of requests for assistance from employing organisations. The College recognises it has a role in assisting employing organisations in these circumstances to:
- evaluate a service or an individual's practice, where concerns have been raised
 - discover whether problems do exist and, if so, in which areas
 - support employing organisations in implementing standards
 - provide a source of advice and signposting for assistance where the College cannot itself directly respond to the request.
- 4.3** The College's reviewers will act independently of other authorities and are able to offer advice and recommendations confidentially. Where appropriate, however, the College's review team will encourage dialogue between the employing organisation and regulatory agencies and authorities, such as those listed in Appendix 1. This is to ensure that the interests of patients are paramount and that there is openness in identifying and addressing issues of concern. The College is bound to observe the guidance of the General Medical Council (GMC) and other regulatory authorities in these matters, to the same extent as is the individual practitioner.
- 4.4** The College reserves the right to raise concerns directly with external regulatory agencies should obvious, serious and urgent aspects of care become apparent and are not being addressed. The decision to disclose this information is taken by the PPP. It is, however, recognised that the reports may reach the public domain as part of a consultation or disclosure under the Data Protection Act (which will be replaced in May 2018 by the General Data Protection Regulation) request and will be drafted with due consideration of possible publication.

- 4.5** The College's invited review process does not undertake assessments of knowledge, direct observation of practice, occupational health or behavioural assessments.
- 4.6** Each invited review will have its own specific terms of reference, agreed in advance.
- 4.7** It is important that any review proceeds as swiftly as possible within the terms of reference to minimise any stress to the doctor(s), their colleagues and the service involved, and in the best interests of the patients and the public. The employing organisation must take the decision as to whether a service should be suspended prior to or during a review in the patients' best interests.
- 4.8** The College will encourage the involvement of lay reviewers to provide a patient/public perspective, where appropriate.
- 4.9** All invited reviews will specifically consider the impact of current and proposed service arrangements on the quality of patients' care.
- 4.10** Reviewers will ensure that all interviewees understand the confidential nature of the review but that their evidence will, in most circumstances, be used within the report, albeit unattributable and triangulated wherever possible.

5 Process for initiating an invited review

- 5.1** The College will accept enquiries by telephone, email or letter from individuals or employing organisations.
- 5.2** Formal requests for an invited review must be made in writing by the Medical Director or Chief Executive Officer of the employing organisation. The request should be made on a "Request form for an invited review" (Appendix 2). The employing organisation should clearly define the nature of the concern.
- 5.3** The College will not initiate a review based on a request from an individual. However, the College is able to offer advice and suggest ways in which to raise concerns via other routes.
- 5.4** The completed request form will be reviewed by at least one member of the Professional Performance Panel, one of which will be from the same pathology specialty as the area of concern. The College President will be informed of the request and may contribute to the manner in which a review is to be conducted.
- 5.5** An invited review may be undertaken if the problem relates to:
- concerns about the performance of an individual pathologist
 - concerns about the overall quality of a pathology service or department; for example, as a result of a merger of departments, the creation of pathology networks, management difficulties or staffing issues.
- 5.6** The College will not normally initiate an invited review if:
- the doctor is suspended or under threat of suspension (referral to NCAS)
 - there are issues of health (appropriate referral, e.g. to occupational health)
 - there are issues of probity (referral to the GMC)
 - the individual is subject to review by another agency (e.g. GMC or NCAS)

- the episode is subject to any legal proceedings.

- 5.7** The College is not able to undertake the inspection of facilities in the case of a service review.
- 5.8** If an invited review is to be initiated, the employing organisation will receive confirmation in writing from the Head of Professional Standards.
- 5.9** The employing organisation must, in turn, notify the individual, department or service of this action.
- 5.10** The employing organisation will nominate a named individual to liaise with the Head of Professional Standards with regard to the organisation of the review.

6 Process for organising the invited review

6.1 Timescale for organising the review

It normally takes at least 8 weeks to organise a review, set the date, identify reviewers and agree the terms of reference, from the date the College agreed to undertake the invited review.

- 6.2** The date for review is set by mutual agreement and will normally be at least 8 weeks in advance, to allow reviewers to give appropriate notice to their employer.

6.3 Duration of the invited review visit

This will depend on the terms of reference and complexity of the issues, but would normally be at least 2 consecutive days.

6.4 Composition of the review team

The College will appoint a review team comprising at least two pathologists and a lay reviewer, if possible. One reviewer will be appointed lead reviewer, who is primarily responsible for liaising between the employing organisation and the College and for drafting the report. The team should include an individual who has carried out a College review previously.

- 6.5** All reviewers agree to maintain the highest level of confidentiality before, during and after the review.
- 6.6** The College and its reviewers will seek to retain anonymity for all individuals contributing to the review process.
- 6.7** All individuals contributing to the review process cannot be granted absolute confidentiality, as the requesting organisation is required to make the report available to anyone with a bona fide interest in the report.
- 6.8** A dedicated and secure room, in addition to an interview room, is required on site. Administrative support from the employing organisation may be required to deal with logistical arrangements and preparation of documents for review, e.g. redaction, scanning.
- 6.9** The review visit will include:
- interviews with relevant parties (e.g. the individual/team whose performance is in question, their manager(s), director and colleagues)

- a review of the initial problem
- a review of any other relevant material, e.g. reports of external quality assessments (EQA) audits, untoward incidents and complaints, outcome of investigative audit or slide review
- the interpretation of the significance of the failure on the part of an appropriate individual employee to contribute to a review will be at the discretion of the reviewers
- if during the visit, reviewers find that issues or concerns raised are so serious that they need to be communicated immediately, the invited review process will be stopped and a meeting will be arranged with the Medical Director to inform of the concerns. At the same meeting, the form 'Invited review 'wrap up' summary and/or notification of risks and serious concerns' (Appendix 3) will be completed by the reviewers, stating the full details of the concerns. The form will be signed and dated by the reviewers and the Medical Director, and photocopied, with one copy to be retained by the Medical Director and the other to be scanned and emailed to the Professional Standards Department immediately. The reviewers have the option to stop the review and refer their findings to a regulatory body in cases of serious concern, however, the aforementioned form must be completed first and discussed with the Medical Director before such action may be taken.

6.10 Further information

The review team may request further information from the employing organisation after reading the initial request form. This should be provided 4 weeks before the invited review visit. Information requested might include: management structure, departmental structure, job plan, appraisal and revalidation outcomes, continuing professional development records, audit reports, outcomes of slide reviews, clinical governance structures, evidence of participation in multidisciplinary team meetings, management functions (laboratory and clinical), role in drug and therapeutics panels, research submissions with ethical approvals and outcomes, publications, EQA, UKAS reports on laboratory inspection for accreditation, test verification data, clinical or laboratory standard operating procedures, and evidence of any complaints or grievances. This list is not exhaustive.

- 6.11** The reviewers will not be able to consider documentation submitted during or after the review visit, unless there are significant reasons why it could not have been submitted in advance.

6.12 Terms of reference

Agreed terms of reference are developed to ensure that the scope of the review is appropriate and will address the concern.

- 6.13** The terms of reference are initially drafted by the review team and the College based on the review of the request form and the outcome of any previous reviews or investigations.
- 6.14** The College will share the draft terms of reference with the employing organisation by inviting their input into the drafting.
- 6.15** The terms of reference should be explicit, while allowing reviewers to comment on other matters that have come to their attention during the review process.
- 6.16** The employing organisation should share the agreed terms of reference with interested parties and those required to contribute to the review.
- 6.17** The terms of reference must be formally agreed in writing before the invited review can take place.

6.18 If the agreed review will include an element of case note review, please refer to the *Guide to case note review* (www.rcpath.org/professional-standards/performance).

6.19 Indemnity agreement

An indemnity agreement must be signed by all parties and received at the College before a review visit can take place.

6.20 A standard indemnity agreement is drafted by the College. In this agreement, the employing organisation provides indemnity to the reviewers and the College for the views they give.

6.21 Summary of the review process

The review will consist of interviews with relevant parties (e.g. the individual/team whose performance is in question, their manager(s), director and colleagues), a review of the initial problem, and a review of any other relevant material (e.g. reports of EQA, audits, untoward incidents and complaints, outcome of an investigative audit or slide review). The review process should include:

- review team receives request form plus additional information from the College
- lead reviewer is appointed by the College
- review team reviews documentation
- review team requests further information or raises issues with employing organisation via the College
- review team and the College staff prepare draft terms of reference
- draft terms of reference sent to employing organisation for input
- review team and the College's staff liaise with employing organisation about terms of reference, timetable for review visit, team requirements and signing indemnity
- review team meets before visit to review documentation and agree conduct
- review team plans visit
- review team visits employing organisation
- review team interviews relevant parties (e.g. the individual/team whose performance is in question, their manager(s), director and colleagues)
- lead reviewer and team distribute tasks in drafting the report
- draft report is sent to staff for initial review.

6.22 The 'wrap up' meeting

After the interviews have taken place and the reviewers have had time to discuss the initial findings, a meeting should take place between the reviewers and the Medical Director. At the meeting the reviewers should state any issues, concerns and outline findings or likely recommendations. These should be recorded on the 'Invited review 'wrap up' summary and/or notification of risks and serious concerns' form (Appendix 3).

The completed form should be signed and dated by the reviewers and the Medical Director. It should then be photocopied, with one copy to be retained by the Medical Director and the other to be scanned and emailed to the Professional Standards Department as soon as possible, in advance of the report being drafted.

7 The review report

- 7.1** The reviewers will prepare a report of the findings to an agreed deadline, normally within 6–8 weeks of the visit. The report will fulfil the terms of reference, and must describe the evidence objectively, draw evidence-based conclusions and make recommendations for change.
- 7.2** The draft report is sent to the College in electronic format for editing, formatting and approval by the PPP.
- 7.3** The reviewers will not disclose the findings of the report to the employing organisation before the report is approved, nor will they send it to any other individual or agency.
- 7.4** The College will issue the final report to the employing organisation.
- 7.5** The report will be structured to deal with the following areas:
- a. introduction, to include details of reviewers, the doctor(s) or service under review and the dates the review visit took place
 - b. background to the case
 - c. terms of reference
 - d. main body of report, to describe the evidence in relation to the terms of reference and performance indicators
 - e. summary and conclusions, which should address whether:
 - the pathologist/team/service performs to an acceptable standard
 - the pathologist/team/service is competent, but there are considerable constraints on performance imposed by working conditions, workload, culture, health problems, etc.
 - there are concerns about the pathologist/team/service capabilities in some areas. These should be specifically outlined, and detailed recommendations for remedial or further training should be made. The report must explain the objective of any further training or CPD, and how and to what standard it should be carried out. Referral to NCAS for support with remediation action planning is recommended.
 - there are serious behavioural and/or relationship issues that have been identified by the reviewers as being detrimental to the pathology service. Referral to NCAS or equivalent is recommended.
 - there is clear evidence that the quality of patients' care has been compromised
 - there are serious concerns about overall performance of the individual(s) and referral to the GMC is necessary
 - in the case of a service review, the structure of the report should reflect the agreed terms of reference for the service review. The outcome of the report will be a series of findings and recommendations, as opposed to a defined outcome for an individual(s).
 - f. recommendations for change or further action
 - g. appendices, which may include written evidence.

7.6 Summary of report writing process

The report writing process should be as follows:

- lead reviewer and team draft the report
- lead reviewer sends the draft report to the College for review, formatting and editing

- report reviewed by combination of the following: Head of Professional Standards, Director of Professional Standards, member of PPP in same specialty as the subject of the review, President and Managing Editor
- review team answers queries on the report
- review team approves final version
- PPP approves issue of final version of report
- report issued to employing organisation
- employing organisation may comment on matters of factual accuracy
- employing organisation to share report with the individuals under review and all parties with a bona fide interest
- employing organisation to consider and act on recommendations.

8 Costs of an invited review visit

- 8.1** The College makes an administrative charge of £3500 plus VAT to the employing organisation for implementing a review. This is in addition to the fees for the review team.
- 8.2** The employing organisation undertakes to cover the total cost of the review through a contract that includes an indemnity agreement that is signed before the review commences. The reviewers should agree their charges, either separately or together, with the employing organisation prior to the commencement of the review.
- 8.3** The reviewers will invoice the employing organisation for financial reimbursement of their agreed expenses upon completion of the review and report.

9 Follow-up

- 9.1** The Director of Professional Standards, on behalf of the PPP, will write to the employing organisation for a written update of progress following the review. This should happen no later than 6 months after the review took place and be repeated at regular intervals while recommendations are being implemented.
- 9.2** The College reserves the right to refer the matter on to the appropriate regulator where the employing organisation fails to provide satisfactory evidence of progress in meeting the recommendations.

10 Contacts

Professional Standards Department
The Royal College of Pathologists
21 Prescot Street
London
E1 8BB

Email: professionalism@rcpath.org

Telephone: 020 7451 6736

Appendix 1 External advisory and reference bodies

The following organisations have an interest in performance and reviews of NHS and independent sector organisations and of individual doctors. The invited review process may include reference to their activities or systems. The geographical jurisdiction is indicated beside each title.

British Medical Association – www.bma.org.uk, UK

A voluntary professional association and an independent trade union for doctors in the UK.

Care Quality Commission – www.cqc.org.uk, England

The independent regulator of all health and social care in England.

General Medical Council – www.gmc-uk.org, UK

Registers doctors to practise medicine in the UK. Its purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine. Its fitness-to-practise procedures allow it to investigate and take action if they believe a doctor's ability to practise medicine safely and to these standards is in question.

Healthcare Improvement Scotland – www.healthcareimprovementscotland.org, Scotland

Supports employing providers in Scotland to deliver high-quality, evidence-based, safe, effective and person-centred care, and to scrutinise those services to provide public assurance about the quality and safety of that care.

Employing Inspectorate Wales – www.hiw.org.uk, Wales

The independent inspectorate and regulator of all employing in Wales.

Monitor – www.monitor-nhsft.gov.uk, England

Responsible for authorising, monitoring and regulating NHS Foundation employing organisations. The performance of Foundations Trusts against employing standards is assessed by the Care Quality Commission, which sends Monitor copies of inspection reports.

National Clinical Assessment Service – www.ncas.nhs.uk, England, Wales and Northern Ireland

The service provides confidential support on how to deal with situations where the performance of individual practitioners gives cause for concern. Support ranges from telephone advice through to more detailed support and full assessment of a practitioner's performance involving health, behavioural and clinical performance.

Regulation and Quality Improvement Authority – www.rqia.org.uk, Northern Ireland

Registers, regulates and inspects providers of employing and social care, including independent employing organisations. It does not have jurisdiction over NHS organisations, which are planned by DHSSPS and delivered by Health and Social Care – Northern Ireland.

Appendix 2 Request form for an invited review



The Royal College of Pathologists

Pathology: the science behind the cure

REQUEST FOR AN INVITED REVIEW

Requests must be made by the Medical Director or Chief Executive

Please complete and return this form to the Director of Professional Standards for consideration by the Professional Performance Panel

1) Details of person requesting the invited review

Name: Position:

Address:

Email: Phone:

2) Does the query relate to: ☐ an individual review ☐ a service review

3) Please outline the nature of the complaint, allegation or concern

Please provide as much supporting information as possible by attaching additional information to this form to enable the Professional Performance Panel to understand the problem you are requesting assistance with. You may be asked to provide further information.

4) Describe how the above issue was identified.

Please attach a separate sheet.

5) To what period of time do the concerns relate?

6) Who, if anyone, has made a complaint?

Please provide details of this complaint on a separate sheet.

7) Has an internal investigation of the complaint or allegation been carried out?

Yes ☐

No ☐

If yes, please enclose a copy of the report.

8) Please give the name(s) of the individual(s) concerned; state whether they are in a locum or established post, and the length of time they have been in post.

Name	Type of post (please tick)	Length of time in post (in months and years)
	Locum <input type="checkbox"/> Established <input type="checkbox"/>	
	Locum <input type="checkbox"/> Established <input type="checkbox"/>	
	Locum <input type="checkbox"/> Established <input type="checkbox"/>	
	Locum <input type="checkbox"/> Established <input type="checkbox"/>	

9) Are there differences of opinion or interpersonal problems that may be relevant?

If yes, please attach a separate sheet with full details.

10) Please provide the following information:

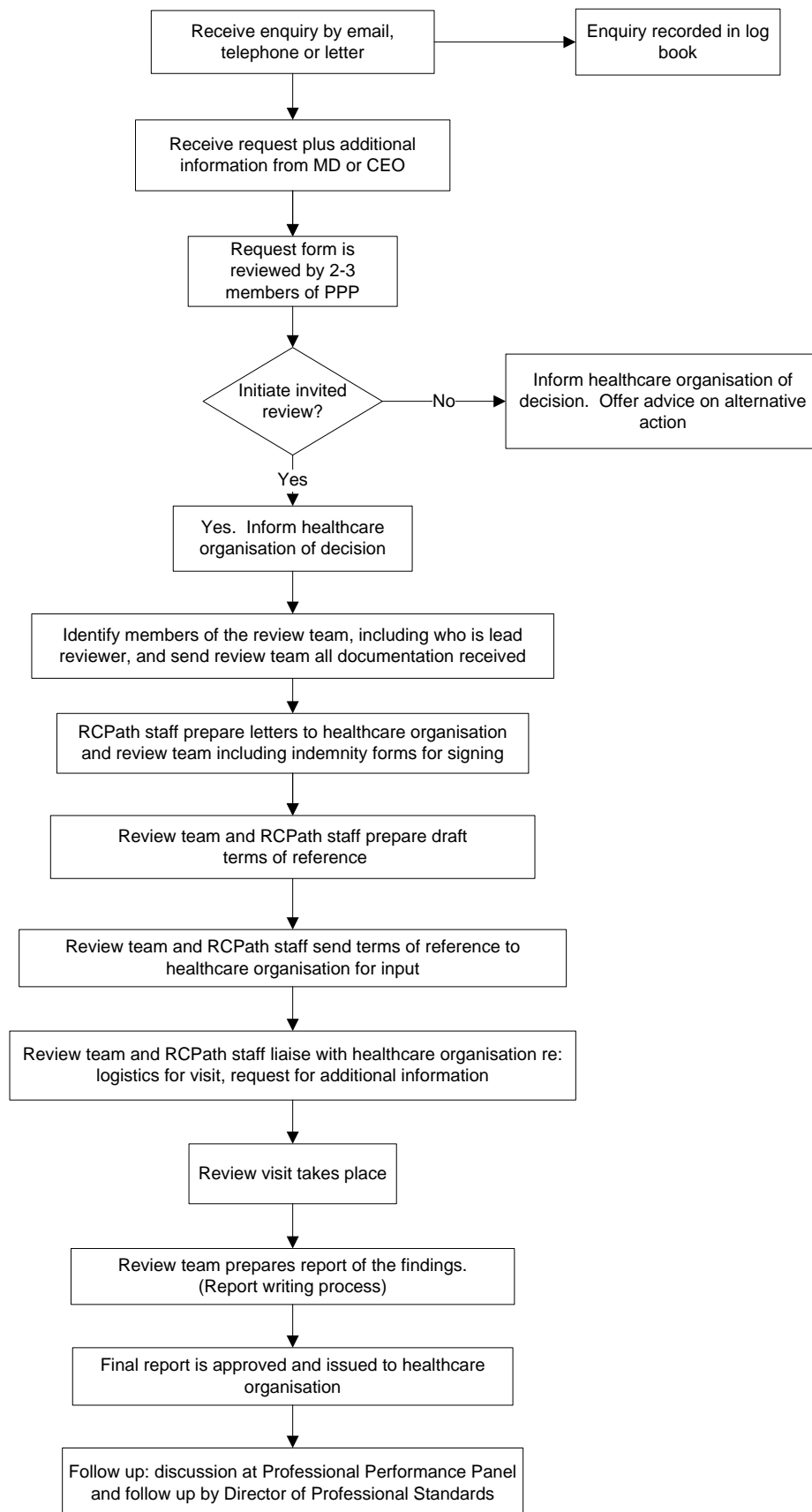
Information	Provided? Yes/No
a) Organisational chart (including management structure of Trust and pathology service)	
b) Details of consultant staffing levels (in whole-time equivalents) within the department	
c) Details of other staffing levels within the department	
d) Details of any rotas participated in	
e) Workload of the department in terms of all types of specimen request, autopsies, clinics or on-call requirements	
f) Information on all relevant index cases (additional index cases will not be considered after the review has commenced)	
g) CV of individual, if appropriate	
h) Job plans of individual(s), if relevant	
i) Does/do the pathologist(s) concerned participate in relevant EQA/QA schemes?	
j) Confirmation of participation in CPD	
k) Confirmation of participation in NHS appraisal in the last 12 months	
l) Confirmation of department/laboratory's accreditation status (CPA or other)	

Signature:

Date:.....

Appendix 3 Invited review ‘wrap up’ summary and/or notification of risks and serious concerns

Name of employing organisation	
Date of invited review visit	
General findings	
Nature of serious risks and concerns	
Recommended immediate action	
Other comments	
Name, designation, signature and date of person alerted to risk or concern	
Names, designation, signature and date of the Royal College of Pathologists’ reviewers	



The healthcare organisation is responsible for informing relevant staff of the review and its purpose