



# GUIDE TO INVITED REVIEWS

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# 1 Introduction and purpose

1.1 From time to time, employing organisations (see paragraph 2.4 below) will have concerns raised about:

- the performance of an individual pathologist or a pathology service
- risks to patient care, safety or dignity
- operational aspects of delivery of a pathology service.

1.2 This document describes how the College can assist in reviewing a pathology service, department, team or individual's professional performance, where such concerns, as defined in 1.1 above, have been raised. The document outlines the process to ensure that each review is robust, objective, fair and equitable to all concerned. It also sets out the operational and governance processes 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 in the public and independent sectors and commissioners of pathology services.

The College is unable to accept requests from the public or from individual pathologists or other clinicians; the request for an invited review must be sent by the Medical Director, Chief Executive Officer or equivalent at the employing organisation.

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 Practitioner Performance Advice (PPA, formerly known as NCAS) or another specialist agency focusing on doctors in difficulty.

Practitioner Performance Advice has developed guidance for healthcare practitioners and healthcare employers: <https://resolution.nhs.uk/services/practitioner-performance-advice/information-for-healthcare-practitioners/>

## 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 term, 'employing organisation' is used to include organisations and companies managerially responsible for the actions of pathologists engaged in the delivery of pathology and related services. Situations include NHS postholders, pathologists with honorary clinical contracts or those funded by service level or equivalent agreements in the public and private sectors. It is usual that this organisation is responsible

for referring the pathologist to the College ('the referring organisation'). The doctor or scientist causing concerns (for individual performance reviews) will generally be referred to 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:

[www.rcpath.org/profession/protecting-patient-safety/performance-review-guides.html](http://www.rcpath.org/profession/protecting-patient-safety/performance-review-guides.html)

### **3 Background**

- 3.1** The College has a Professional Performance Committee (PPC) that oversees College involvement in invited reviews of individuals or pathology services. The PPC is chaired by the College President, and its members include the Vice President for Professionalism, other Honorary Officers, the Clinical Director for Safety and Quality, 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, 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.

### **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, pathologists or a pathology service.
- 4.2** Issues of clinical governance, reconfiguration, appraisal and revalidation, as well as legitimate public concern and awareness of 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 respond directly 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. 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 and will share the invited review report with the relevant regulator(s).
- 4.5** The College's invited review process does not undertake assessments of knowledge, direct observation of practice, occupational health or behavioural assessments. It is anticipated that these aspects are dealt with by employers in line with their relevant policies.
- 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 involve lay reviewers to provide a patient/public perspective.
- 4.9** All invited reviews will specifically consider the impact of current and proposed service arrangements on the quality of patient care.
- 4.10** Reviewers will ensure that all interviewees understand the confidential nature of the review but that their contribution 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 or by an electronic signed letter from the Medical Director or Chief Executive Officer or equivalent 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 and complete the form with as much detail as possible.
- 5.3** The College will not initiate an invited 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 PPC, one of whom will be from the same pathology specialty as the doctor or area of concern. The College President will be informed of the request and may contribute to determining 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, e.g. 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 PPA)

- 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 PPA)
- the episode is subject to any current legal proceedings.

- 5.7** The College is not able to undertake the inspection of facilities in the case of a service review – please contact RCPATH Consulting via email: [rcpathconsulting@rcpath.org](mailto:rcpathconsulting@rcpath.org)
- 5.8** If an invited review is to be initiated, the employing organisation will receive confirmation in writing from the Professional Standards Department.
- 5.9** The employing or commissioning organisation must, in turn, notify the individual, department, employer or service of this action.
- 5.10** The employing organisation will nominate a named individual to liaise with the Professional Standards Department 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 a minimum of eight weeks to organise a review, set the date, identify reviewers and agree the terms of reference, from the date the College agrees to undertake an invited review.

- 6.2** The date for review is set by mutual agreement and will normally be at least eight 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 an invited review visit would normally take two 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. Reviewers are seconded from their employing organisation to carry out the invited review. 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 confidentiality before, during and after the review and to uphold standards in document security.
- 6.6** The College and its reviewers will seek to retain anonymity for all individuals contributing to the review process.
- 6.7** The employing organisation is required to make the report available to anyone with a bona fide interest in the report. Professional regulators, e.g. the GMC, offer guidance around when it is appropriate to raise specific concerns about patient care, dignity or safety as they relate to

individual or service performance. The College will act in accordance with legal and regulatory expectations.

**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:

- the doctor who is suspended or under threat of suspension (referral to PPA)
- 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 assurance (EQA) audits, 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 or deputy 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/photographed 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 a serious concern(s). 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 four 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
- 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 employing organisation and approved by 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 draft terms of reference should be agreed as soon as possible, once the invited review has been agreed as the course of action.
- 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 terms of reference must be formally agreed in writing before the invited review can take place.
- 6.17** The employing organisation should share the agreed terms of reference with interested parties and those required and invited to contribute to the review.
- 6.18** If the agreed invited review is to include an element of case note review, please refer to the *Guide to case note review* (<https://www.rcpath.org/profession/protecting-patient-safety/performance-review-guides.html>).

## **6.19 Indemnity agreement and terms and conditions**

An indemnity agreement, drafted by the College, must be signed by all parties and received at the College before an invited review visit can take place. In this agreement, the employing organisation provides indemnity to the reviewers and the College for the views they give.

- 6.20** A terms and conditions agreement, drafted by the College, must be signed by the employing organisation and received by the College before an invited review visit can take place.
- 6.21** The review team will meet with relevant College staff and Honorary Officer (such as Vice President for Professionalism) prior to the review.

## 6.22 Summary of the review process

The invited 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, 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
- employing organisation prepares draft terms of reference
- draft terms of reference sent to reviewers for editing and/or approval
- draft terms of reference sent to employing organisation for agreement
- video conference meeting takes place between Professional Standards Department, review team and other relevant individuals (such as Vice President for Professionalism) to review documentation and go through plan of action for the invited review
- 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).

## 6.23 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 or 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/photographed 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 and the report sent to the Medical Director to an agreed deadline, normally within eight weeks of the visit, although this may be extended where the production of the report coincides with public holidays (e.g. Christmas or Easter) or there are mitigating circumstances such as sickness, annual leave, etc.
- 7.2 As the aim of the review is to provide a credible, objective and impartial assessment, requests for a change or changes to the content of the report will only be considered if these relate to matters of fact.
- 7.3 The draft report is sent to the College for editing, formatting and approval.
- 7.4 The College will issue the final report to the employing organisation and the relevant regulator(s).



## **7.5 The report will be structured to deal with the following areas:**

- a. introduction, to include details of reviewers, whether the review is of an individual or a service, 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, staffing shortfalls, 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 continuing professional development (CPD), and how and to what standard it should be carried out. Within England, referral to PPA 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. Within England, referral to PPA or equivalent is recommended
  - there is clear evidence that the quality and safety of patient care has been compromised.
  - there are serious concerns about overall performance of the individual(s) and referral to the professional regulator 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.

## **8 Costs of an invited review visit**

- 8.1** The College makes an administrative charge of £6000 plus VAT to the employing organisation for implementing an invited 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 and terms and conditions 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 Sharing report with regulators**

- 9.1** The Royal College of Pathologists will share the final version of the invited review report with the relevant regulator(s).

## **10 Follow-up**

- 10.1** A member of the Professional Standards Department, on behalf of the PPC, will write to the employing organisation for a written update of progress following the review. This should happen no later than six months after the review took place and be repeated at regular intervals while recommendations are being implemented.
- 10.2** 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.

## **11 Contacts**

Professional Standards Department, The Royal College of Pathologists, 6 Alie Street, London E1 8QT

Email: [professionalism@rcpath.org](mailto:professionalism@rcpath.org)

Telephone: 020 7451 6732

## 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](http://www.bma.org.uk), UK**

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

### **General Medical Council – [www.gmc-uk.org](http://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.

### **Health & Care Professions Council – <https://www.hcpc-uk.org/> UK**

HCPC regulates 15 health and care professionals.

### **British Dental Association – <https://bda.org/> UK**

As a trade union and professional body, the BDA represents all fields of dentistry, including general practice, community dental services, the armed forces, hospitals, academia, public health and research.

### **Royal College of Veterinary Surgeons – <https://www.rcvs.org.uk/home/> UK**

The RCVS aims to enhance society through improved animal health and welfare by setting, upholding and advancing the educational, ethical and clinical standards of veterinary surgeons and veterinary nurses.

### **Care Quality Commission – [www.cqc.org.uk](http://www.cqc.org.uk), England**

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

### **Healthcare Improvement Scotland – [www.healthcareimprovementscotland.org](http://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](http://www.hiw.org.uk), Wales**

The independent inspectorate and regulator of all employing in Wales.

### **Regulation and Quality Improvement Authority – [www.rqia.org.uk](http://www.rqia.org.uk), Northern Ireland**

Registers and inspects a wide range of health and social care services and assures the quality of services provided by the Health and Social Care (HSC) Board, HSC trusts and agencies. It does not have jurisdiction over NHS organisations, which are planned by DHSSPS and delivered by Health and Social Care – Northern Ireland.

## **Practitioner Performance Advice (formerly NCAS)**

<https://resolution.nhs.uk/services/practitioner-performance-advice/>

### **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.

## **Appendix 2 Request form for an invited review**

### **REQUEST FOR AN INVITED REVIEW**

Requests must be made by the Medical Director or Chief Executive

Please complete and return this form to the Professional Standards Department for consideration by members of the Professional Performance Committee

#### **1) Details of person requesting the invited review**

Name:

Position:

Address:

Email:

Phone:

#### **2) Please outline the matter you wish us to review for you**

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

**3) Describe how the above issue was identified**

**4) To what period of time do the concerns relate?**

**5) Who, if anyone, has made a complaint?**

**6) Has an internal investigation of the concern, complaint or allegation been carried out?**

Yes ☐

No ☐

If yes, please enclose a copy of the report.

7) 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"/>	
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**8) Are there differences of opinion or interpersonal problems that may be relevant?**

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

**9) Are there organisational or structural changes relating to the people, department or services around whom there is concern?**

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

**10) Please provide the following information where relevant:**

<b>Information – attach as additional documents</b>	<b>Yes/Not relevant</b>
a) Organisational chart (including management structure of Trust and pathology service). Please include an organogram of the management/departmental structure if possible.	
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) Appraisal and revalidation outcomes	
j) Audit reports	
k) Outcomes of slide reviews	
l) Clinical governance structures	
m) Evidence of participation in multidisciplinary team (MDT) meetings	
n) Management functions (clinical and laboratory)	
o) Publications	
p) Test verification data	
q) Clinical or laboratory standard operating procedures (SOPs)	
r) Evidence of any internal complaints or grievances	
s) Details of any referrals to or investigations by any regulatory bodies	



t) Does/do the pathologist(s) concerned participate in relevant EQA/QA schemes?	
u) Confirmation of participation in CPD (CPD statements showing summary of CPD credits)	
v) Confirmation of participation in NHS appraisal in the last 12 months	
w) Confirmation of department/laboratory's accreditation status – UKAS accredited or not, and if not, what are you doing about it?	

**Signature:** ..... **Date** .....

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

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