

RCPCH Invited Reviews Programme

Invited reviews – A guide

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RCPCH

Royal College of
Paediatrics and Child Health

Leading the way in Children's Health

2 Definitions

2.1 Full details of linked organisations are provided in Appendix 2. These include other regulatory agencies who may also be involved in aspects of a review and may take over the review and/or investigation should this be appropriate.

2.2 A "Service Review" is an invitation to visit and comment upon a current service. This may be the whole paediatric service or a specific element such as safeguarding, neonates or emergency care. It will include meeting the paediatricians, nurses, managers and others who have links with the service. The terms of reference will usually be rooted in the quality, safety and efficiency of that service. The service review model may also be used for investigating incidents where a number of clinicians were involved in a single case or whether the service provides a suitable environment for training, in which case we would work closely with the deanery, Regional Adviser and Head of School.

2.3 A "Design Review" is a request where there is no specific urgent concern about safety but an independent College view is sought over plans for reconfiguration or changes to service provision. Any reconfiguration plans should also be tested against the quality and safety of the current and planned service. It is important that consideration of nursing, therapy and administrative resources should be included in any redesign. A design review request may be for an objective opinion on an existing proposal or a request for expertise to develop a proposal and to fully analyse activity and develop a range of options. If there is an extensive amount of modelling or development work required, RCPCH may suggest individuals or an organisation from a retained list that may be more appropriate to assist either directly or as part of a College response team. The conclusions and proposals arising from the review will be objectively assessed by the College as to whether they deliver appropriate interpretation of College standards.

2.4 An "Individual Performance Review" is a request primarily to examine the clinical practice of an individual doctor or doctors causing concern. This may involve case note analysis but would always be carried out in the context of the service in which the individual is working and will include a visit and interviews with the doctor under review and other relevant individuals.

2.5 Collectively each of these processes is termed an "Invited Review" or IR by RCPCH, but the approach taken is individualised to the request so may have elements of more than one model.

2.6 The "Clinical Advisor for Invited Reviews" leads the programme on behalf of the RCPCH Executive Team and reports to the IR Programme Board. The Clinical Advisor provides day to day advice and support to the staff "IR Team" who manage the programme led by the "Head of Invited Reviews" or "IR Manager".

2.7 A “Lead Reviewer” will be appointed for each review from the pool of trained reviewers maintained by the College, who will have previous experience of conducting such reviews.

2.8 For the purposes of this document, the referring organisation, such as a Health Board, Education body², NHS Trust, Foundation Trust, independent provider, commissioner or government body will generally be referred to as “the Client” and the focus of review would be the “service” or the “doctor(s)” under review.

3 Principles

3.1 RCPCH Invited Reviews are managed under the AoMRC Framework of Operating Principles for Managing Invited Reviews within Healthcare³. One of the strategic aims of the RCPCH is to ensure high standards of clinical practice and service provision to improve children’s health. Invited Reviews provide an independent and objective perspective on the quality of care and safety of services. This can be in response to concerns or where validation or advice on service design and capacity is required, for example in implementing standards such as the “Facing the Future” series of standards⁴

3.2 A doctor or team/service under review must consent to the review, and understand the nature of the procedure to be followed. The reviewers will approach the task objectively, independent of other authorities and in a climate of fairness, openness and trust. All evidence reviewed should be relevant to the issue in hand and the individual or teams under review must have the opportunity to present their views. All the reviewers’ conclusions and recommendations must be substantiated.

3.3 Each review will have its own specific terms of reference and be uniquely designed within the scope of this guidance to be both robust yet fair to all concerned, and to answer the questions and concerns raised.

3.4 It is important that any review proceeds as swiftly as possible within the terms of reference to minimise any stress and expense to the doctor(s), their colleagues and the client and mitigate any patient risks or reduction in quality of service.

3.5 Where possible all reviews will specifically consider the impact of current and proposed service arrangements on patients and carers and the quality of care experienced by them, established and gathered through a meaningful and ethical process. Reviews examine patient feedback mechanisms and data and would usually include a suitably trained lay reviewer as an equal member of the review team. Where possible reviews also include meetings with representative groups of patients and/or parents.

² This could include Deaneries and Schools, Health Education England, NHS Education Scotland.

³ A framework of operating principles for managing invited reviews within healthcare AoMRC January 2016

⁴ www.rcpch.ac.uk/facingthefuture

5 Individual Performance Reviews

5.1 The College acknowledges that for individual clinicians, suspension or exclusion should be avoided wherever possible and that NCAS⁵ can support early intervention to achieve this. In England, the Restriction of Practice and Exclusion from Work Directions 2003 direct NHS bodies to comply with “Maintaining High Professional Standards in the Modern NHS⁶” (MHPS) which sets out a framework for management of concerns about the conduct and performance of medical employees. In Scotland guidance by NHS Scotland “Standards for Healthcare Workers” and Partnership Information Network (PIN) guidelines⁷ apply.

5.2 The College's involvement in reviews of individuals will usually be limited to a review of clinical practice against published standards and guidelines, and involve at least two reviewers, one of whom will have specific expertise in the sub-specialty of the individual under review and one of whom will have relevant training and experience in conducting Individual Performance Reviews. The review process does not usually undertake assessments of knowledge or direct observation of clinical practice, nor can it undertake occupational health or behavioural assessments which form part of the methodologies of NCAS or equivalent bodies.

6 Where serious concerns are raised

6.1 If issues of patient safety are raised at any time, the reviewers will advise the client immediately and discuss what urgent action should be taken, if any. For concerns about an individual's practice, for example, the client may want to consider restriction of the doctor's practice, as set out in the guidance for MHPS (England) and NCAS or equivalent. For concerns about service safety beyond the scope of the review the regulatory authority should be advised with consideration as to whether temporary suspension of a service is appropriate.

6.2 The College maintains good working relations with NCAS and the GMC and may discuss anonymously or specifically any issues relating to an individual doctor to establish that it is appropriate for the College to act in this capacity. Depending upon the issues under review, the College may recommend to a referring client that NCAS or the GMC is a more appropriate body to approach.

⁵ NCAS acts in England, Wales and Northern Ireland – in Scotland please refer to equivalent local arrangements.

⁶ [HSC 2003/012](#) - Maintaining high professional standards in the modern NHS: a framework for the initial handling of concerns about doctors and dentists in the NHS. DH England 2003.

⁷ NHS Scotland [Performance Management of Healthcare Workers](#)

7 Process - initial contact - see Appendix 1

7.1 All initial requests and enquiries would usually come from the Medical Director or Chief Executive and be directed via the Invited Reviews staff team (invited.reviews@rcpch.ac.uk). The IR Manager and the Clinical Advisor will work together with the client to determine the nature and extent of assistance required.

7.2 In the first instance the College may only be asked for confidential advice as to whether a problem really exists, which may comprise a short telephone conversation or face to face discussion. Such approaches will be fully documented on a standard proforma but may simply be a signposting response to another agency e.g. NCAS or GMC and thus not fall into the formal IR process.

7.3 The Clinical Advisor and the IR manager determine the nature of the review request and whether it falls into one of the categories set out in section 2 above or if the client should be directed to another relevant authority.

7.4 The College will **only** conduct Individual Performance Reviews where:

- ∞ the client is operating the review under MHPS procedures or equivalent;
- ∞ NCAS is aware and supporting the medical director (except Scotland);
- ∞ there is a clear scope for the review and / or terms of reference;
- ∞ the core issues for review relate to clinical capability and judgement only;
- ∞ a site visit is permitted, to include interviews with the individual and colleagues who are familiar with the service and the individual's clinical work.

7.5 The College will **not** take on cases where:

- ∞ the requirement is for a clinical opinion to support a court case (medico-legal);
- ∞ the request is simply for a review of case notes without visit or service context unless there are specific reasons why College involvement is important;
- ∞ the expected scope includes behavioural, misconduct, bullying, harassment or possible mental health concerns (NCAS should be contacted);
- ∞ the doctor is a trainee (these should be referred to the relevant Deanery);
- ∞ the GMC Fitness to Practise process is underway;
- ∞ there are disputes regarding contracts or terms of service;
- ∞ the Police or Counter Fraud service are involved; or
- ∞ individuals approach the College themselves without Medical Director agreement.

7.6 For the situations above the staff team would usually be able to signpost to alternative sources of assistance.

7.7 If any of the issues listed in 7.5 come to light during an IR, the review should be completed in relation to its original remit unless advised to the contrary in order to avoid prejudicing other investigations by a public authority or regulator, but the reviewers cannot investigate or suggest solutions for any of the above. Clear scope boundaries should be agreed before further work takes place in order to avoid prejudicing other investigations, which should be undertaken if required under existing internal or NHS mechanisms.

7.8 Throughout the initial phase the Client has the opportunity (in confidence) to propose or reject individual reviewers who meet the College criteria to ensure that the review is objective and independent.

8 Process – Main Review - see flowchart in Appendix 1

8.1 Once the Clinical Advisor has agreed for the College to proceed with an IR, an early pre-review visit may be proposed to familiarise the College representatives with the relevant individuals, issues and arrangement of services onsite. The meeting would usually involve the Clinical Advisor or nominated lead reviewer and Head of Invited Reviews and cover the following topics:

- ∞ guided tour of relevant department(s);
- ∞ meeting with Medical Director/CE/Director of Nursing / Clinical Lead where available;
- ∞ clarification of purpose of the review and any political / contextual factors;
- ∞ explanation of the College's terms of engagement (set out in contractual letter);
- ∞ finalising of Terms of Reference;
- ∞ explanation of process, timescales and expectation with respect to visit support and pre-visit information requirements.

8.2 Following agreement to proceed the Review Manager works with the client and Clinical Advisor or Lead Reviewer to:

- ∞ clearly define the issue requiring the invited review;
- ∞ secure agreement from the Chief Executive, Medical Director and clinician or clinicians involved for a review to be undertaken (there are occasions when to protect patients or as part of early planning a review might be necessary without the total support of the local consultant body);
- ∞ consider whether it is appropriate to involve other Colleges, e.g. RCOG, RCN;
- ∞ Discuss and agree the terms of reference and methodology of the proposed review. This is an important part of the process and may require an initial visit as described above;
- ∞ Identify and agree (where possible) contractual terms including fees and indemnifying the reviewers;

9 After the review visit

9.1 The reviewers will endeavour to finalise their views and plan the report content by the end of the visit. The Lead Reviewer will be responsible for finalising the written report in conjunction with the IR staff team and the other reviewers, and this will usually be sent for internal QA within an agreed timeframe.

9.2 Reports will be designed to follow a template approach, adapted to suit the terms of reference and findings of the visit. They should add value, with clear judgements and (where appropriate) challenging recommendations and not simply reflect back what the team were told. Reports will be formally and confidentially reviewed by at least two trained reviewers who have matched expertise to the core area under review and no perceived or actual conflict of interest. One QA reviewer will usually be a member of the IR Programme Board.

9.3 The appointed QA reviewer(s) will provide objective commentary on the report, including confirmation that the opinions and interpretation of compliance with standards are appropriate and represent the views of the RCPCH. Following this input, the report is approved by the review team and the Clinical Advisor and sent to the nominated individual in the client organisation.

9.4 The draft report will usually reach the client within around six weeks of the visit (depending upon whether all requested information has been received). The client is invited to share the draft with a small number of colleagues in order to provide comments on accuracy or any suggested amendments to improve implementation of the recommendations. These comments would be considered by the review team and the report may (or may not) be amended. The final report would usually be sent to the client within five working days of receiving comments.

9.5 It is expected that the client representative will share the final report amongst as many of those who contributed as possible. The RCPCH will endeavour to structure and phrase the report to reflect this. Occasionally where there are sensitive findings or concerns relating to an individual the RCPCH will write separately in confidence to the Medical Director or their nominee about those issues.

9.6 The report will contain recommendations based upon the terms of reference, findings and compliance with standards and notable practice elsewhere where this is helpful. Recommendations will be brief and structured to enable an action plan to be developed by the client organisation.

9.7 The College has no statutory authority to require action following an IR and can only give recommendations and advice to a client. Any action taken following an IR is the responsibility of the client. Where concerns are raised over safety or staffing the College would expect the client to notify the regulatory authorities promptly of the

review, recommendations and action plan. If during the review or follow-up period the College deems that action taken in response to concerns or recommendations is insufficient to mitigate safety concerns the IR Programme Board reserves the right to authorise further action which may include reporting the findings directly to the appropriate regulatory or commissioning authority. The Chief Executive of the client organisation would always be notified if this was being considered.

9.8 Three to six months after the final report has been issued formal contact will be scheduled between the Lead Reviewer and the client to discuss the impact of the review visit and progress against implementation of the recommendations. Feedback will also be sought in confidence on the conduct of the review to assist in continuous improvement in service. A second approach may be made one year after the review to check completion of actions.

10 Confidentiality, Records Handling and Retention

10.1 The College will not disclose to the public or any individual not directly involved any details of the review, or its involvement without the permission of the medical director, chief executive or authorised representative of the client, unless there is an overriding reason, e.g. urgent safety concerns where the regulator and/or commissioner must be notified and/or public interest. A decision to disclose information to third parties without consent of the client will only be made by the Invited Reviews Programme Board in consultation with the College Chief Executive or President and where there is lawful justification for doing so. It is recognised that the reports may reach the public domain as part of a consultation or disclosed under a Freedom of Information request and will be drafted with due consideration of possible intentional or incidental publication (i.e. where it was not intended that the report be published but the report has to be disclosed as part of wider events).

10.2 Reviewers will ensure that all those who are interviewed as part of the review understand the confidential nature of the process but that their evidence will in most circumstances be used within the report, albeit unattributable, and will be corroborated where possible.

10.3 The review process, including any information created, received, stored or exchanged will comply at all times with the Data Protection Act 1998, information governance principles and NHS Code of Confidentiality including in particular when dealing with any confidential and personal information.

10.4 The RCPCH uses a centralised Enterprise Collaboration Tool – Huddle - for transmitting documents related to Invited Reviews. Most NHS bodies can use this system but where there are difficulties then secure email or encrypted stick drives can be used instead. All records relating to an IR will be securely stored by the College for six years following completion of the review. Reviewers will return or securely dispose of all information received in relation to the review as soon as the final report is completed and accepted by the client.