



Invited Service Reviews

A guide for healthcare organisations

Invited Service Reviews
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1. Introduction and purpose

Everything that we do at the Royal College of Physicians (RCP) aims to improve patient care and reduce illness.

The Invited Service Reviews (ISR) was formed in 1998, and offers consultancy services to healthcare organisations on which they may require independent and external advice. Reviews provide an opportunity to healthcare organisations to deal with issues and concerns at an early stage. Generally speaking, the main reasons why reviews are requested are due to the following:

- Clinical practices
- Delivery of care
- Patient safety concerns
- Increased mortality rates
- Individual/team working
- Governance
- Technical services
- Workload issues
- Provision of medicine in merging trusts, or in small/isolated medical units.

Medical directors or chief executives of healthcare organisations can request an ISR when they feel the practice of clinical medicine is compromised and there are concerns over patient safety. Fellows and members of the RCP may request an ISR, subject to agreement with their Trust management.

By dealing with problems at an early stage, healthcare organisations may avoid the need to approach the General Medical Council, Care Quality Commission, Healthcare Inspectorate Wales or the National Clinical Assessment Service.

By the nature of the issues involved, each ISR is unique. We wish to ensure that the reviews are open and fair to all. This guide is designed to inform and assist all those involved in the review process.

2. Types of invited reviews

The RCP is able to offer the following reviews:

Departmental: team working, leadership, planning, governance and workforce.

Service design: also looking at organisational working/interaction/position and overall strategy.

Whole system: also exploring interaction with other hospitals, care agencies, commissioners and wider networks.

Individual: assist healthcare organisations in identifying whether there is a problem to consider or case to be answered with regard to alleged unsatisfactory clinical practice of an individual consultant physician.

Clinical record reviews: offers independent expert opinion on the management of a specific case or series of cases.



3. Governance

The Invited Service Reviews is overseen by the ISR Oversight Group, and is made up of the medical director for ISRs and senior college representatives of the RCP. The group meets twice a year to discuss learning and experience from invited reviews, and any feedback which supports the improvement and development of the service. The college representatives also provide advice on the handling of reviews, support to the medical director and lead review visits.

Members of the Oversight Group and relevant specialty association representatives' will quality assure all ISR reports.

4. When is an invited service review inappropriate?

The ISR team are available to have a preliminary discussion about whether the RCP is able to offer assistance.

However, there are some circumstances when an ISR might not be appropriate. For example:

- Where there are disputes concerning contracts and terms of service. However, issues of resource and workload where clinical standards are being compromised will be appropriate for an ISR
- When the General Medical Council, Care Quality Commission or National Clinical Assessment Service are already undertaking an active investigation
- Where it is judged that an individual physician's competence or behaviour is so serious that the matter should be taken directly to the General Medical Council
- When significant litigation is already in progress.


5. Indemnity

The healthcare organisation commissioning the review is required to indemnify the RCP, the specialist society/association and members of the review team by signing a Deed of Indemnity. A review cannot take place until a signed copy of the Deed of Indemnity has been received by the RCP.

6. Review conditions

In addition to the requirements and completion of the Deed of Indemnity, there are terms and conditions that are required for the review to proceed. By completing a request proforma and commissioning a review, it is understood that:

1. The trust management of the healthcare organisation agree to the invited service review taking place.

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2. All those directly involved – consultant physicians within the unit being reviewed (or the individual physician being reviewed in the case of an individual or clinical record review), and the staff who will be asked to attend interviews are to be fully informed in advance of the purpose of, and arrangements for, the review.
 3. Any action taken following a clinical record review is the responsibility of the healthcare organisation. The RCP, the specialty society/association and/or the reviewers reserve to themselves the right to disclose in the public interest but still in confidence to a regulatory body such as the General Medical Council, or the Care Quality Commission or any other appropriate recipient, the results of any investigation and/or of any advice or recommendation made by the RCP, the Associations and/or the Reviewers to the healthcare organisation.
 4. The primary responsibility for sharing information about an ISR resides with the healthcare organisation. However, if the RCP is asked to confirm (by regulators) if a review has taken place it will do so. In such circumstances the RCP will also make contact with the organisation concerned and support them to be open about the circumstances of the review that has taken place.
 5. The RCP expects the trust management to share the final report with those who were interviewed and willingly provided information to the review team.
 6. Throughout the review process, all information that is created, stored and received in exchange between the RCP and the healthcare organisation must comply with obligations and confidence under the Data Protection Act 1998 and NHS Code of Confidentiality.
 7. Upon completion of the review visit the RCP will send an invoice to the healthcare organisation for payment of the invited service review fee and this will be paid in full prior to the delivery of the final report. In addition to the invited service review fee the healthcare organisation is required to pay the accommodation, subsistence and travel expenses of the review team.
 8. When the RCP makes a request for feedback on recommendations, the commissioning organisation will provide the RCP with an updated action plan or complete the progress form.

7. Process - The invited service review

Initial contact - requesting an invited service review

Formal requests should be made by completing the RCP proforma form by the medical director or chief executive and should be sent directly to the ISR coordinator at ISR@rcplondon.ac.uk The proforma form should include an accompanying letter requesting a review regarding the specialty service. Once a request has been received the ISR coordinator will arrange for a preliminary telephone call between the requestee and the medical director of ISRs.

The initial telephone discussion will enable the medical director to understand the scope of the issue and to give a decision as to whether the RCP is able to provide assistance.



Terms of reference

When an ISR is considered appropriate and the RCP is able to offer assistance, terms of reference setting out the scope of the review are jointly agreed between the RCP and the medical director or chief executive of the healthcare organisation.

The review team will adhere to the terms of reference throughout the review visit. However, during the review the review team may find a new area of concern outside the terms of reference. In this case it may be necessary to re-visit the terms of reference at the time of the review or the healthcare organisation may wish to consider whether a separate review visit is necessary at a later date.

Physicians who have been criticised during the course of an ISR will often feel aggrieved and turn to the British Medical Association, or to legal advice. If aspects of their behaviour or competence have been criticised which were not in the terms of reference, this may be used as a defence against the RCP opinion.

Consultant physician consent for an individual review

In an individual review the consultant physician under review is asked to confirm in writing to their medical director that they agree to participate in the review and that they have been fully informed by the healthcare organisation of its purpose and arrangements. This correspondence should also be copied to the RCP for information.

Background documentation

When agreeing the terms of reference the RCP will include a list of background documentation relevant to the terms of reference. The reviewers will also have the opportunity to request for any further additional documentation deemed appropriate for the review.

The medical director or chief executive of the healthcare organisation should make available the documentation required and for these to be collated and sent to the RCP two weeks prior to the review taking place. All documentation should be sent by secure methods and this should be agreed with the ISR coordinator.


All background information relating to the review that is created, received, stored or exchanged must comply and adhere at all times with the Data Protection Act 2008, information governance principles and NHS Code of Confidentiality including dealing with any confidential and personal information.

At this stage of the process, the medical director or chief executive of the healthcare organisation should liaise with the ISR coordinator with the contact details of the individual who will act on their behalf regarding the organisation and preparation for the review visit.

Patient identifiable data

Any information identifying patients provided should, so far as possible, be anonymised. If it is not possible to anonymise information the healthcare organisation, should ensure that:

- Patient confidentiality is maintained to the maximum extent possible and/or any necessary specific patient consent has been obtained.

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- Any obligations (either for the organisation or the individual consultant physician) as data controller in any applicable case under the Data Protection Act 1998 have been taken into account.

The healthcare organisation may also wish to seek advice from their Caldecott Guardian or legal advisers where appropriate on this issue.

Composition of the review team

The composition of the ISR team will vary dependent upon the terms of reference and the nature of the issues to be reviewed, but will normally comprise of a senior representative of the RCP (lead and chair of the review), two relevant specialists, and a review manager. And if required (as agreed in the specified terms of reference) a specialist nurse and/or lay reviewer.

Timetable for the review

Once the review dates are confirmed the RCP will provide a template timetable of interviews for the review visit. The healthcare organisation should ensure that the key individuals, ie corporate, specialists, nurses, junior doctors, who work within the specialty service, are available for interview. The healthcare organisation should provide a draft timetable for review by the RCP at least two weeks prior to the review visit.

In individual reviews the review team will also wherever possible meet with the consultant physician being reviewed at the conclusion of the invited review visit, to advise them of their preliminary findings, conclusions and recommendations.


Potential interviewee list

The reasons for an ISR review will not be entirely related to medicine and its specialities alone. All individuals relevant to the clinical specialty and the issue in question should be interviewed and further details of these individuals would be listed in the final terms of reference/background documentation. Not all those listed below will need to be interviewed for every ISR.

- Chief executive
- Medical director
- Other relevant executive managers
- Relevant clinical directors and medical leaders
- Physicians from the specialty service and associated medical specialties
- Nursing staff, including nurse leaders eg ward manager, matron and specialist nurses
- Trainee doctors
- Relevant managers both corporate and operational eg risk management, business manager
- Human Resource managers
- Representatives from the relevant commissioners or regional network if available

In principle, it should be made clear that anyone who wishes may speak to the review team, or supply a written statement.

A review of services may require the presence of other personnel, such as ambulance staff, community representatives, managers etc if relevant to addressing the Terms of Reference of the review.



The commissioning organisation should ensure that all those to be interviewed have a clear understanding of the reason for the review and the role of the Royal College of Physicians. The document *Information for interviewees* provides guidance for those who are to be interviewed, and this should be circulated to all those involved.

The review visit

The timetable for the review visit will follow the programme of interviews. In advance of the review, it is advised that the contact details of the key point of contact (or other suitable nominated individual) is provided to the review manager, should there be any queries relating to the programme or any additional supporting documentation is required by the review team.

Verbal feedback session

The chair of the ISR leads the verbal feedback session and the findings and recommendations of the review team will follow in the written report. The chair will also provide a brief overview of the review team's preliminary findings; clarify any factual points and request any additional documentation; and explain what will happen after the review.

It is important that appropriate personnel from the healthcare organisation who are appointed to implement the recommendations attend the feedback session.

Preliminary letter / patient safety concerns


Following the completion of an invited servicereview visit place and prior to the delivery of the written report, the RCP will send a letter to the medical director or chief executive of the healthcare organisation outlining any preliminary findings highlighting areas for urgent attention surrounding patient safety concerns. The RCP will make recommendations to the organisation of any immediate actions that should be undertaken.

In an individual review, if the review team identify any circumstances where an individual consultant physician's performance is unsatisfactory and patient safety may be at risk, appropriate recommendations will be made in their report for consideration and action by the healthcare organisation commissioning the review. Where the matter concerned is urgent, immediate advice about the review team's view will be provided to the medical director of the healthcare organisation (or their nominated deputy) at the conclusion of the invited review visit. This advice will then be confirmed in writing by letter prior to the review team's production of their report, so that the healthcare organisation can take any recommended action as necessary to protect patients, staff, or in some circumstances the consultant physician(s) themselves.

Where a report recommends that the healthcare organisation involve another advisory or regulatory body eg NCAS, the CQC or the GMC, the draft report may be shared in confidence with that body to ensure the feasibility of the recommendation.

The documentation relied on in the report

Following the review visit, and to ensure that the review has been carried out in a fair and open manner, the RCP will write to the healthcare organisation - and in an individual review the



consultant physician under review - to provide a full list of the documentation relied upon when producing the report. It will also set out a list of the interviews held during the invited review visit.

In an invited service review the medical director of the healthcare organisation (or another appropriate senior manager) will be asked to complete this exercise and confirm that both the documentation list and the interviewee list provided are 'factually correct'.

In an individual review both the consultant physician under review and the healthcare organisation commissioning the review will be asked to confirm that this list is 'factually correct' and that they are clear about the documentation relied upon by the review team and the personnel that have been interviewed.

Any comments received from the consultant physician and other interviewees as part of this process will be taken into account by the review team as part of their process of finalising the report. If it is suggested that the individuals have not had the opportunity to see all the documentation provided to the review team the RCP will contact the healthcare organisation to ask them to confirm that all this documentation has been shared. Again any comments made by the individuals as part of this process will be taken into account by the review team as part of their process of finalising the report.

Written report

Following the completion of the review visit, the RCP aims to issue the final report as soon as possible and this is normally within eight weeks. However, on occasion there may be a slight delay due to the complex nature of some issues concerned. Where this is the case the RCP will inform the healthcare organisation when they are likely to receive the report.

The background documentation and information gathered from the interviews will be relied upon in the writing of the report and addresses the terms of reference. Where the review team are making judgements about standards of clinical care, or behaviour, these will be where possible referenced to published standards documents within the specialty concerned. Where these do not exist, or the issues are more general, documents such as the GMC's *Good Medical Practice* will be referenced.

The findings and conclusions of the report will be the independent, external opinion of the RCP. Where there are conclusions of a controversial or critical nature; advice may be required by legal advisers.

Draft reports are quality assured internally by the ISR Oversight Group, and if necessary reviewed by legal advisers. The RCP will then send the draft report to the medical director or chief executive of the healthcare organisation for correction of matters of fact. Having been approved it becomes an official opinion of the RCP. Draft reports are to be considered as confidential between RCP and the healthcare organisation and so are not for publication or disclosure.

Following any corrections of fact, the final report is issued and it is for the healthcare organisation to decide how the report should be used and who should see. However, the RCP expects that the report be shared with those who were interviewed and willingly provided information to the review team. In due course a doctor or team will have the right to see the whole report, particularly if they decide to appeal or take the results and decisions to, for example, an industrial tribunal.



8. Recommendations

ISRs are not regarded as a replacement, or negation for the healthcare organisation's disciplinary procedures and own decision making. The review team comments on the resources and facilities that enable physicians to deliver safe care for their patients. The RCP has no statutory authority to implement actions following a review visit, and can only give advice and recommendations for consideration - it is for the healthcare organisation to decide on the most appropriate action. It must be emphasised that any action taken following an ISR is the responsibility of the healthcare organisation.

However, if a serious concern has been highlighted and no action is taken by the healthcare organisation it is open to members of the review team to inform the General Medical Council or Care Quality Commission in accordance with their own responsibilities as registered medical practitioners.

In some cases it may be advisable for the healthcare organisation's legal advisers to review the report before acting upon the recommendations.

The following advice or recommendations may be given, for example.

- Restructure of services.
- Realignment of responsibilities.
- Reorganisation of working practices.
- Recommendations for new appointments or resources.
- Recommendation for a detailed audit of clinical practice and outcome.
- A physician is likely to benefit from retraining.
- A physician is considered not fit to practice and the healthcare organisation should seek advice from the General Medical Council or National Clinical Assessment Service.


9. Clinical records

Where a clinical record review is commissioned, the RCP will liaise with the healthcare organisation regarding the transfer of patient medical records, and will provide a guidance document on the types of secure methods accepted by the RCP. Generally speaking, we accept photocopies of records (original copies should not be sent to the RCP), and scanned copies on encrypted memory sticks or CD discs.

10. Confidentiality, Records Handling and Retention

All documents relating to the review remain the property of the commissioning healthcare organisation. The RCP will retain copies of records of the review for four years following completion. 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 healthcare organisation. The RCP will keep a copy of the final report indefinitely.

The RCP will not disclose to the public or any individual not directly involved, details of the review, unless required by law, the healthcare organisation, or for overriding reasons of public safety concerns. It is recognised that external publication of the report could have implications not only for the healthcare organisation but also the RCP. If the healthcare organisation decides to disclose confidential information relating to the review, it should notify the RCP as soon as possible regarding any plans for publication, including to the media. This is reiterated in the deed of indemnity.



The review team will ensure that all those who are interviewed or willingly provided information to the review team as part of the review understands the confidential nature of the process. While the final report will not attribute comments to interviewees, due to the nature of the issue it may be possible to identify the source of information in the report.

The RCP is exempt from the requirements of the Freedom of Information Act 2000 but will release review data under instructions from the healthcare organisation in order for them to meet their obligations under the act. Due to the nature of the review, records will contain data about individuals (including the reviewers) which is deemed confidential. It is advised that healthcare organisations consider their obligations of confidence relating to the reviewers, and if appropriate observe the 'breach of confidence' exemption when disclosing.

11. Service evaluation and follow up

Service evaluation

Following the issue of the ISR report, an online evaluation form is sent to the healthcare organisation for completion and return. A similar online evaluation form is also sent to the review team.

All feedback received is collated and reviewed by the ISR Oversight Group, and where necessary actions are made to improve the service.

Follow up

The follow up process indicates the final stage of the review.

Around six months after the final report has been issued the RCP will contact the healthcare organisation to provide a progress form to measure the outcome of the review, and whether recommendations made in the report have been implemented.

This provides an opportunity for the healthcare organisation to review progress following an invited review, and if a further review visit or assistance may be required.

12. Sharing information with regulators

The primary responsibility for sharing information about a review visit resides with the commissioning organisation. However, if a regulator has contacted the RCP to ask if a review has taken place we will confirm the name of the healthcare organisation and the medical specialty that was reviewed. In such circumstances the RCP will also contact the organisation concerned and support them to be open about the circumstances of the review that has taken place.



Invited Service Reviews

Fee structure

Invited service review fees cover administrative costs, reviewer fees, quality assurance and production of the report.

Standard invited service reviews

Standard service and individual reviews will typically last for two days with a pre-review meeting. The standard charge is £17,000 (exc VAT) plus reviewer fees and expenses. Each additional whole or half day is charged at £1,000 per day.

Exceptionally a review visit may require a further one or two days, and on occasion will take the form of a second visit.

Each reviewer's fee is calculated at £450 per day.

Clinical record reviews

The fee for each clinical record review is calculated on a case-by-case basis. The total fee will take into account the quantum of medical records to be reviewed, complexity of each case, and if the review relates to any serious incident(s) or outcome of a serious incident investigation.

Each reviewer's fee is calculated at £450 per day.

In addition to the review fee, postage and packaging; travel expenses; meeting room hire costs and any other subsistence required for the review to take place must be met by the healthcare organisation.



Cancellation charges

In the event of cancellation the following charges will apply:

Stage of invited review process	Cancellation charges
Once request approved	£500 + VAT
From when the review documentation (formal letter including deed of indemnity etc) sent to healthcare organisation	£5,000 + VAT
Within two weeks of the visit date	£7,500 + VAT plus any travel expenses incurred by the review team
Postponement of visit date by the healthcare organisation	Any travel expenses incurred by the review team



External advisory bodies

General Medical Council (GMC)

<http://www.gmc-uk.org/>

Care Quality Commission (CQC)

<http://www.cqc.org.uk/>

National Clinical Assessment Service (NCAS)

<http://www.ncas.nhs.uk/>