Royal College of Physicians

Invited reviews

Guidance for healthcare organisations

Updated October 2026

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Purpose of this document

This document contains guidance for healthcare organisations commissioning invited reviews. It describes the processes involved when the Royal College of Physicians (RCP) is undertaking an invited review for a healthcare organisation.

Introduction and background

The Invited Reviews Service was formed in 1998 and offers consultancy services to healthcare organisations that require independent and external advice and support. Reviews provide an opportunity for healthcare organisations to deal with issues and concerns at` an early stage. The issues considered in reviews include:

- clinical practices and the delivery of care
- patient safety concerns
- increased mortality / alerts in national data
- concerns around adherence to national guidelines
- workload and capacity issues
- individual behaviours / team working
- governance
- patient/family complaints/concerns
- service design.

Medical directors (MDs) or chief executive officers (CEOs) of healthcare organisations can request an invited review when they feel that the practice of clinical medicine is compromised and there are potential concerns over patient safety. They may also request a review where no such concerns exist, to seek an external view on how best to design or develop a service.

By dealing with problems at an early stage and seeking external expertise, healthcare organisations can demonstrate a proactive and open approach to reviewing concerns and service development. This may help to reassure regulators such as the Care Quality Commission (CQC), General Medical Council (GMC), Healthcare Inspectorate Wales (HIW), the Regulation and Quality Improvement Authority (RQIA) or Healthcare Improvement Scotland (HIS). It may also help to establish whether concerns have reached the threshold of regulator involvement.

Invited reviews are carried out on a confidential basis. Invited reviews support, but do not replace, the healthcare organisation's own procedures for addressing and managing patient safety, clinical performance and service provision.

By the nature of the issues involved, each invited review is unique. We wish to ensure that reviews are open and fair to all. The RCP Invited Reviews Service aligns to the Academy of Medical Royal Colleges (AoMRC) framework of operating principles for managing invited reviews within healthcare.

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Types of invited reviews

The RCP can offer the following reviews, and these can be combined to help address the terms of reference for the review. For example, a multiple clinical record review will often form part of a service review or a professional practice review, looking at a series of index cases and/or a random selection of cases to give the review team a better understanding of pathways and the standard of care provided.



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When might an invited review not be appropriate?

The Invited Reviews team is available for a preliminary discussion, which will indicate at the outset whether the RCP will be able to offer assistance. There are, however, some circumstances when an invited review may not be appropriate. For example:

- where there are disputes concerning contracts and terms of service
- when the GMC, CQC or Practitioner Performance Advice (PPA) are already undertaking an active investigation
- when the Public Service Ombudsman has undertaken a review
- where it is judged that concerns about an individual physician's competence or behaviour are so serious that the matter should be taken directly to the GMC
- when litigation is already in progress
- where the police or the NHS Counter Fraud Authority is involved or there is suspicion of criminal activity.

Each enquiry/review will be considered on its own merits. If, in the course of undertaking a review, it becomes apparent that it is no longer appropriate for it to proceed, the RCP will terminate the process and may recommend referral to another appropriate organisation.

The invited reviews escalation policy (available separately) sets out in detail how the Invited Reviews Service will respond to patient safety and other serious concerns identified at any stage of the process.

Indemnity

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

Review conditions

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

- **Review acceptance:** the executive management of the healthcare organisation agrees to the invited review taking place.
- **Transparency:** all of those directly involved will be informed by the healthcare organisation that an invited review is taking place. The agreed terms of reference will be shared with, for example, the physicians within the unit being reviewed, or the individual physician under review in the case of a professional practice review. Staff who are asked to attend interviews should be fully informed in advance regarding the purpose of and the arrangements for the invited review.
- **Review outcomes:** any action taken following an invited review is the responsibility of the healthcare organisation. The RCP, the specialist societies/associations and/or the reviewers reserve the right to disclose to a regulatory body the results of any investigation and/or any advice or recommendation made to the healthcare organisation as part of the review. This may be to the GMC, the CQC or any other appropriate recipient. Such disclosures will be made in the public interest (but still in confidence).

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- **Information sharing:** the primary responsibility for sharing information about an invited review resides with the healthcare organisation. The RCP expects the executive management to share the outcome of the review and the final report with those who were interviewed and willingly provided information to the review team, with the exception of personal or sensitive information (as determined by the healthcare organisation).
- **Data protection:** throughout the invited review process, all information that is created, stored and received in exchange between the RCP and the healthcare organisation must comply with obligations of confidence under the UK General Data Protection Regulation (UK GDPR), the Data Protection Act 2018 and any applicable data protection legislation.
- **Payment:** the RCP will send invoices to the healthcare organisation for payment of the invited review fee. These must be paid in full prior to the delivery of the final report. In addition to the invited review fee, the healthcare organisation is required to pay the accommodation, subsistence and travel expenses of the review team.
- **Feedback:** 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, in a timely manner and ideally within the timeframe specified (usually 1 month).

Governance

RCP invited reviews are overseen by the Invited Reviews Governance Group, which is made up of the medical director (MD) and deputy MDs for invited reviews, senior college representatives of the RCP, including the RCP registrar, and lay representatives. The group meets twice a year to discuss learning and experience from invited reviews, and any feedback that supports the improvement and development of the service. The college representatives also provide advice on the handling of reviews and support to the MD.

Members of the Invited Reviews Governance Group and relevant specialty association representatives will quality assure all invited review reports.

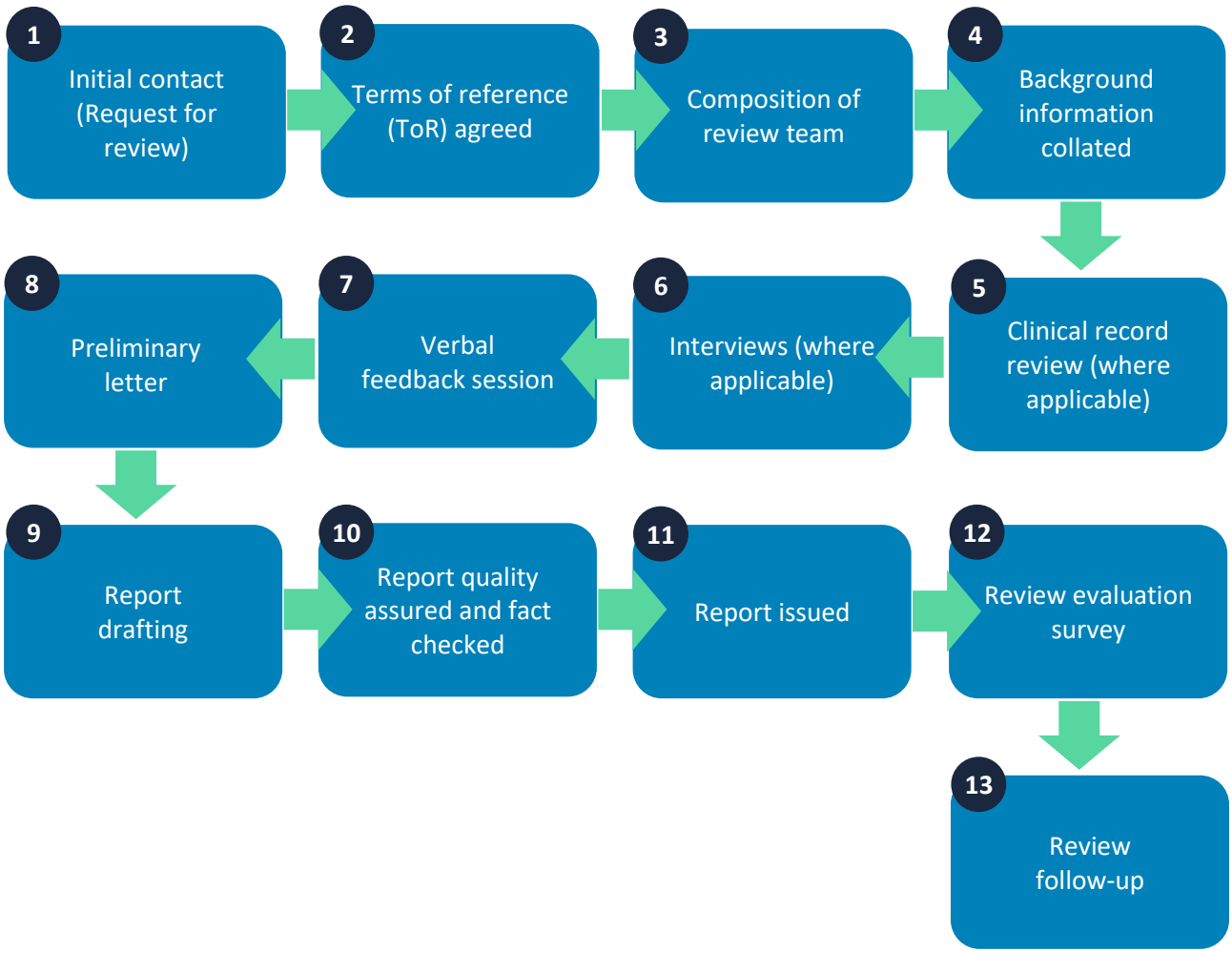
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Invited review process

Overview

The graphic below shows each of the stages of the invited review process:



Find out more about each of the above stages on the following pages.

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1. Initial contact

Formal requests should be made by the MD/CEO by completing the appropriate RCP invited review proforma (available on request). The completed form should then be emailed to the Invited Reviews team at invitedreviews@rcp.ac.uk. Once a request has been received, the Invited Reviews team will arrange for a preliminary virtual meeting between the healthcare organisation, the MD / deputy MD for invited reviews and the Invited Reviews team.

The initial discussion will enable the RCP invited reviews MD / deputy MD to understand the scope of the issue and to give a decision as to whether the RCP is able to provide assistance.

2. Terms of reference (ToR)

When an invited review is considered appropriate, the MD / deputy MD for invited reviews will speak to the individual commissioning the review to further understand the possible concerns and issues. The areas to be covered in the review will then be agreed.

These will be set out in a document referred to as the terms of reference (ToR). This document will confirm the scope and proposed methodology of the review and will be drafted by the RCP to address the issues raised. The ToR will be sent to the healthcare organisation for comment and agreement.

In advance of the review visit, the commissioning organisation should share the ToR and guidance for interviewees (available separately) with the physician(s) working within the service and all staff members who will be interviewed as part of the review.

The review team will adhere to the ToR throughout the review visit. However, if during the visit the review team finds a new area of concern outside the ToR, it may be necessary to share this with the healthcare organisation where there is potential for an impact on patient care. The commissioning organisation may wish to consider whether a separate review visit is necessary at a later date.

3. Composition of the review team

The Invited Reviews team will liaise with the relevant specialist society/association to nominate suitable reviewers to undertake the review.

The composition of the review team will vary depending on the ToR and the nature of the issues to be reviewed, but a team will normally comprise the MD, deputy MD and/or an invited review clinical lead (chair of the review), at least two relevant specialists, a lay reviewer and a review manager.

Members of the review team are required to declare any potential conflicts of interest that they may have. The review team's names and workplaces, as well as any potential conflict of interest raised, are shared with the requesting healthcare organisation. The healthcare organisation must confirm in writing its agreement that no potential conflict raised (if any) is sufficiently significant that the reviewer should not participate in the review, and that they are also not aware of any conflict that should exclude the listed reviewers from carrying out the review.

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The RCP works closely with specialist societies/associations in appointing clinicians with the relevant medical expertise and knowledge and will take care to ensure that, where possible, they come from similar-sized organisations.

The Invited Reviews service is committed to promoting equality, diversity and inclusion in its review activity. When selecting reviewers, consideration will be given to achieving a diverse and representative review team where possible, while ensuring that the team possesses the specialist expertise, experience and independence required to undertake the review effectively.

4. Background documentation

The RCP will propose a list of background documentation that the healthcare organisation should provide, which will be based on the ToR. The healthcare organisation will be asked to nominate a local coordinator to collate this information. The invited review manager will, however, ensure that appropriate support and guidance is offered and will be available to answer any questions. It is important that a senior member of the relevant specialty department is contacted for assistance with locating the relevant information to ensure that the information provided is accurate and current. A note should be kept of any information that cannot be provided to the review team, detailing the reasons why this is not available. Please see appendix A for a general list of documentation to collate prior to the invited review. This list is not exhaustive as additional specialty-specific information may be added.

The healthcare organisation will be invited to include any additional documentation that may be relevant. During the review, the reviewers may request additional documentation where appropriate.

The healthcare organisation should make the required documents available, and these should be collated and sent to the Invited Reviews team as soon as possible, but at the very least 3 weeks prior to the review taking place. Failure to send the documentation within sufficient time could result in the postponement of the review visit. All documentation should be sent by secure means in a way that meets the patient confidentiality and data protection responsibilities of the healthcare organisation. Information can be sent electronically using the RCP's secure file server. The Invited Reviews team will provide guidance on uploading documents.

In a professional practice review, it is the expectation of the RCP that all documentation will be shared by the healthcare organisation with the doctor under review, with the exception of personal or sensitive information (as determined by the healthcare organisation). The individual may also submit information that they consider relevant to addressing the ToR for the review. This should be submitted via the healthcare organisation.

With service reviews, a copy of all the documentation should be held centrally at the healthcare organisation, and this should be made accessible to the members of the department should they wish to examine it. This includes a copy of any clinical records sent to the RCP (if applicable).

If participants in the review wish to submit additional documentation relevant to the ToR after interviews have taken place, this should be done via the healthcare organisation. Additional documentation will not usually be accepted by the review team if received over 2 weeks after the conclusion of the interview stage. Documentation that is considered by the review chair not to be relevant to the ToR will not be shared with the wider review team.

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Patient-identifiable data

Any information that identifies patients should, so far as possible, be anonymised. Specific guidance on how to collate and send the patient medical record(s) will be provided. If it is not possible to anonymise/redact 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
- any obligations of either the organisation or the individual physician as a data controller, under applicable data protection legislation, have been considered. The healthcare organisation may wish to seek advice from its Caldicott Guardian or legal advisers, where appropriate, on this issue.

5. Clinical record review

The aim of an RCP clinical record review is to provide an independent and expert view on the care provided in a specific case or series of cases based primarily on a review of patient medical records. Guidance on how to collate and send the patient medical record(s) is available separately.

The RCP offers single clinical record reviews to give a view on the management of a specific case. Alternatively, a group of cases may be reviewed, either as part of a standalone multiple record review, or as part of a wider service or professional practice review.

The main reasons why clinical record reviews are requested are:

- concern that the practice of clinical medicine may not be in line with good practice and national guidelines
- complaints made by the patient and/or their relatives
- specific serious incident(s) and/or aspects of organisational care
- concerns raised by colleagues and/or members of the wider medical team.

The purpose of a clinical record review is to analyse the clinical management of care and give a view on whether this meets the expected standards. The RCP works closely with the relevant specialist societies/associations to deliver this work. In providing an independent and expert opinion on the clinical care provided to the patient(s), the review team focuses primarily on the clinical notes available and assesses the standard of care with reference to good practice and national guidelines in place at the time the care was provided.

In some clinical record reviews, the review team may interview the patient and/or their relatives as well as the clinical staff responsible for their care, or the team may invite a written statement. This is decided on a case-by-case basis. Where interviews are undertaken, the Invited Reviews team will provide guidance for those who are to be interviewed. This should be circulated to all those involved.

The RCP is not a body that arbitrates on individual complaints, as this would be the remit of the Public Service Ombudsman. As the commissioners of the review, the healthcare organisation is responsible for liaising directly with the patient(s) and/or their relatives on all matters relating to the review.

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Structured judgement review

Patient medical records are anonymised and referred to as RCP1, RCP2 etc within the report that is produced. There is, however, a separate index of cases provided to help identify patients.

The reviewers will undertake an independent review of the patient medical record(s), prior to attending a review meeting with the chair. Each reviewer uses a structured form, adapted from the RCP's National Mortality Case Record Review (NMCRR) programme,[*] to independently examine phases of care that the patient received. The review team also utilises a grading system developed by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD)[†] to give an overall perspective on the quality of care provided (appendix F).

Clinical record review meeting

Where possible, the RCP will have a minimum of two reviewers independently review each case before coming together to discuss and agree on gradings of care. The purpose of this meeting is for the chair and reviewers to discuss their findings and conclusions based on their analysis of the patient medical record(s). During the meeting, each phase of care is considered in turn, and the clinicians present their views, followed by a 'confirm and challenge' discussion to agree the grading of phases of care and the overall care. In making judgements about the overall care provided to the patient, the review team considers national good practice and guidelines. The meeting is usually held virtually. Where the clinical record review forms part of a service or professional practice review, this will be completed prior to the review visit.

6. Interviews

In service or professional practice reviews that include interviews with staff, once the review dates are confirmed the RCP will provide a template interview timetable (appendix C). Where possible, the Invited Reviews team prefers to conduct interviews in person during a site visit to the healthcare organisation. However, interviews may be conducted virtually where this is not practical.

The healthcare organisation should ensure that the key individuals, ie executive senior management, specialists, nurses and resident doctors who work within the specialty service, are available for interview. Please see appendix D for a list of potential interviewees to be included on the schedule. The healthcare organisation should provide a draft timetable to be reviewed by the RCP at least 2 weeks prior to the review visit.

If a key individual is not available to interview on the review dates, the review team may accept a written statement from them. Written statements provided in lieu of an interview can be sent directly to the Invited Reviews Service. Statements will be treated as confidential and will not be shared with the healthcare organisation.

The review team will ensure that all those who are interviewed or have willingly provided information to the review team as part of the review understand the confidential nature of the process. While the final

[*] www.rcp.ac.uk/resources/national-mortality-case-record-review-nmcrr-programme-resources
[†] www.ncepod.org.uk/grading.html

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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.

For more information about planning interviews, see appendix B.

The Information for interviewees guidance document (available separately) provides further information on the interviewing process.

7. Verbal feedback session

At the conclusion of the interview stage, the chair of the invited review leads the verbal feedback session, and the findings and recommendations of the review team will follow in the written report. The chair will 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 for appropriate personnel from the senior leadership team of the healthcare organisation to attend the feedback session.

If the review team identifies any circumstances where patient safety may be at risk and the matter concerned is urgent, immediate advice will be provided to the MD/CEO of the healthcare organisation (or their nominated deputy). This advice will then be confirmed in writing by letter (see below) 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 and/or staff.

8. Preliminary letter

Following the completion of an invited review visit, and prior to the delivery of the written report, the RCP will send a letter to the MD/CEO of the healthcare organisation outlining any preliminary findings and highlighting any areas for urgent attention surrounding patient safety concerns. The RCP will recommend any immediate actions that the organisation should take (if applicable).

Where it is recommended that the healthcare organisation involve another advisory or regulatory body, the Invited Reviews team will follow up to confirm that this has been done by the healthcare organisation. Alternatively, if the appropriate action has not been taken in a timely way, the preliminary letter and/or draft report may be shared, in confidence, by the RCP with the relevant body to ensure the feasibility of the recommendation.

9. Drafting the written report

Following the completion of the review visit, the RCP will inform the healthcare organisation when they are likely to receive the final report. On occasion, there may be a delay in finalising the review report due to the complexity of the matters reviewed and/or quality assurance and factual checking processes. The RCP will keep the healthcare organisation informed of progress.

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The background documentation (information provided by the healthcare organisation and/or patient medical records for clinical record reviews) and information gathered from interviews will be relied upon in the writing of the report and addressing the ToR. When making judgements about standards of clinical care or behaviour, the review team will refer to published standards documents within the specialty concerned, wherever possible. Where these do not exist, or the issues are more general, documents such as the GMC's Good medical practice will be referenced.

If it is suggested that key individuals working within the service have not had the opportunity to see all the documentation provided to the review team, the RCP will contact the healthcare organisation to ask it to confirm that all documentation has been shared. The exception is any statements provided to the review team by individuals who were unavailable for interview.

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, legal advice may be required.

Recommendations

Invited reviews are not regarded as a replacement for, or negation of, the healthcare organisation's disciplinary procedures and own decision making. 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 invited review 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 the RCP review team to inform the relevant regulator, such as the GMC or CQC, 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.

Examples of advice or recommendations that may be given are:

- restructure of services
- realignment of responsibilities
- reorganisation of working practices
- recommendations for new appointments or resources
- recommendations for a detailed audit of clinical practice and outcomes
- recommendation for retraining of a physician
- a recommendation that the healthcare organisation seek advice from the GMC or PPA where a physician is considered not fit to practise.

10. Quality assurance and fact checking of the written report

Draft reports are quality assured internally by members of the Invited Reviews Governance Group and the specialist society. If necessary, the draft report may also be reviewed by legal advisers. The RCP will then send the draft report to the MD/CEO of the healthcare organisation. Draft reports are confidential between the RCP and the healthcare organisation and are not for publication or disclosure.

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To ensure that the review has been carried out in a fair and open manner, the RCP will ask the MD/CEO of the healthcare organisation to confirm that the report is 'factually correct'. Healthcare organisations will only be able to provide challenge to matters of fact (statistics, organisational structure, names of interviewees, documentation list etc). Comments from interviewees, or the review team's overall conclusions and recommendations, cannot be challenged by the healthcare organisation but consideration will be given by the review team as to whether any alterations are required to the conclusions and recommendations based on corrections made to factual elements.

In a professional practice review, both the doctor under review, if they have chosen to engage in the process, and the healthcare organisation commissioning the review will be asked to confirm that the review report is factually correct and that they are clear about the documentation relied upon by the review team and the personnel who have been interviewed.

11. Written report issued

Following any corrections of fact, the final report is issued and becomes an official opinion of the RCP, and it is for the healthcare organisation to decide how the report should be used and who should see it.

However, the RCP expects the executive management team to share the report with those who were interviewed and willingly provided information to the review team, except for personal or sensitive information (as determined by the healthcare organisation). The RCP also expects that an open and transparent approach will be taken in sharing the outcomes of the review with any affected patient and/or their families in line with the duty of candour.

Confidentiality, records handling and retention

All documents relating to the review remain the property of the commissioning healthcare organisation. The RCP will retain documentation of the review for 7 years following completion. Some records may be kept for longer for legal and service improvement reasons (signed deeds of indemnity, review follow-up information). 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 is exempt from the requirements of the Freedom of Information Act 2000 but will release review data on the instructions of the healthcare organisation to enable it to meet its obligations under the act. Due to the nature of the review, records will contain data about individuals (including the reviewers) that is deemed confidential. Healthcare organisations are advised to consider their obligations of confidence relating to the reviewers and, where appropriate, apply the 'breach of confidence' exemption when disclosing.

Media and communications

The RCP will not disclose to the public, or any individual not directly involved, specific 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 for 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.

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In the event of media interest, such as press enquiries or the preparation of press releases, this should be coordinated jointly between the healthcare organisation and the RCP Communications team, unless previously agreed that the healthcare organisation or the RCP will respond.

In the initial request proforma, the healthcare organisation is asked to nominate an individual who can be contacted by the RCP Communications team should media enquiries arise. In the event of such enquiries, the RCP's preferred policy is to provide confirmation that a review is taking place or has taken place but not disclose specific details of the review.

Sharing information with regulators

The RCP provides a list on a 6-monthly basis to healthcare system regulators across the UK (CQC, HIW, HIS, the RQIA) of organisations in which reviews have taken place and the relevant medical specialty. However, the primary responsibility for sharing specific information about a review still resides with the commissioning organisation. If another 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 review that has taken place.

12. Invited review evaluation

We seek feedback from healthcare organisations and review teams to improve the review process. All feedback received is reviewed by the Invited Reviews Governance Group, and action is taken to improve the service.

13. Review follow-up

The follow-up process is the final stage of the review. Six months after the issue of the final report, the RCP will send the healthcare organisation a progress form to complete, which records the outcome of the review and whether recommendations made in the report have been implemented. This update may be sought sooner, where this is considered necessary. This provides an opportunity for the healthcare organisation to review progress following an invited review and understand whether further support or assistance may be required.

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Appendices

Appendix A: Background documentation list

Please note that this list is not exhaustive. Any additional background information deemed relevant to the invited review should therefore be included.

Clinical record review	
10	eg consecutive cases to be randomly selected
5	eg index cases where concerns have been raised
Additional supporting information, eg morbidity and mortality (M&M) meeting minutes for the five index cases.	
Please ensure that we are provided with full notes and drug charts, scans, imaging and multidisciplinary team (MDT) minutes where these patients were discussed.	

1.	Organisational-level information
1.1.	Details of the healthcare organisation's structure (including how the specialist service fits into this and the reporting structure)
1.2.	Strategic and business plans for the service
1.3.	The most recent healthcare organisation board report
1.4.	Chronology of issues, concerns and actions taken
1.5.	Reports of other reviews and visits (to include internal and external reviews, GIRFT report etc)

2.	Service-specific information
2.1.	List of consultants and relevant members of the clinical team dedicated to the service (nurses, physiologists, resident doctors etc and noting down WTE)
2.2.	Facilities (number of wards/beds associated with service)
2.3.	Site map of relevant service
2.4.	Details of the arrangements for the cover rota
2.5.	MDT arrangements (include minutes from meetings)
2.6.	Relevant protocols, guidelines and pathways
2.7.	Details of the arrangements for clinics that support the service
2.8.	Appointment waiting times
2.9.	Population figures – geographic and where patients are referred from
2.10.	Activity data:
2.10.1.	Activity data for the individual physicians within the service
2.10.2.	Outcome data for the service relevant to addressing the terms of reference
2.10.3.	Hospital Standardised Mortality Ratio (HSMR) data for the specialty service
2.10.4.	Mortality rates
2.10.5.	Complication rates

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	Service-specific information
2.10.6.	Readmission rates / follow-up appointments / events
2.10.7.	Any other indicators
2.10.8.	Details of any local or national databases to which data are submitted, and any information available from them. Include the data submitted to [the specific audit].

2.	Clinical team
2.1.	Details of staff dedicated to the service
2.2.	Job plans
2.3.	Appraisals
2.4.	Continuing professional development (CPD)

3.	Clinical governance
3.1.	Details of clinical governance assurance systems in place at healthcare organisation level
3.2.	Details of clinical governance assurance systems in place at service level
3.3.	Agenda and minutes of directorate and clinical governance meetings in which the service has been discussed (past 2 years)
3.4.	Clinical audit meeting arrangements
3.5.	M&M meetings (including agendas and minutes) (past 2 years)
3.6.	Sample of attendance records, agendas and minutes for the above meetings
3.7.	Complaints, serious incident reporting and feedback on the service (including patients) (past 2 years)
3.8.	Details of all recent audits undertaken
3.9.	Details of any quality improvement initiatives
3.10.	Patient experience surveys

4.	Resident doctors
4.1.	Details of resident doctor medical staffing
4.2.	Copies of education programmes
4.3.	Feedback from the deanery on the quality of training or the results of the GMC training survey, where available.

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Appendix B: Review coordination

We ask that the contact details of a named coordinator are provided to the review manager. This individual will be the key point of contact for all matters relating to the coordination of the review.

Interviews

The RCP will provide a template timetable (see appendix C below) of interviews for the review visit. The review manager will also arrange a meeting with the coordinator to discuss requirements and logistics for the review days. The healthcare organisation should provide a populated draft timetable for review by the RCP at least 2 weeks prior to the review visit.

Interviews normally last between 30 and 45 minutes, or 45 minutes to 1 hour for key interviewees who are the most relevant to addressing the terms of reference, ie consultant physicians.

For service and professional practice reviews, the first interview should be with the MD and/or CEO (and appropriate members of the senior management team). They will welcome the review team on the first day and provide them with a summary of the events leading up to the review. The same group will also need to be available on the last session of the last day for verbal feedback.

For professional practice reviews, the doctor under review should be scheduled at least a 1-hour slot for their interview. If a clinical record review forms part of the individual review, the consultant's interview should be extended to 1.5 hours to provide time for discussion of these cases. The interview with the doctor under review should immediately follow the interview with the MD/CEO and the senior management team.

Some interviewees, for example resident doctors and nurses, may be interviewed in small groups of ideally no more than four people. In these instances, we ask that the coordinator first check with the interviewees that they are happy to be interviewed in a group setting. If they do not agree, those requesting an individual slot will need to be scheduled separately.

If an interviewee is unavailable, they may submit a written statement for the review team. All statements should be received prior to the end of the review team's visit and may be submitted directly and in confidence to the Invited Reviews Service. The Information for interviewees guidance document (available separately) provides further information on the interviewing process.

We recognise that invited reviews can be a challenging process. Some interviewees may find it beneficial to be accompanied and assisted by a third party during their interview. This may be a friend, colleague, British Medical Association (BMA) representative or legal representative. The identity of the person accompanying the interviewee and their relationship to them must be shared with both the healthcare organisation and the RCP in advance of the review.

Hotel (in-person reviews)

The Invited Reviews team will organise hotel accommodation and evening meals and provide the healthcare organisation with the venue details in order to arrange taxis to and from the hospital. The cost of hotel accommodation and any subsistence is paid for by the healthcare organisation and will be included in the final invoice.

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Catering (in-person reviews)

The review team should be kept refreshed during the visit with tea, coffee, water and lunch. Additional water and cups should be supplied for the interviewees. The Invited Reviews team will inform the healthcare organisation if any of the review team members have special dietary requirements.

Interview room (in-person/virtual reviews)

The healthcare organisation will need to book a private meeting room for all days of an in-person review visit. It is important that the room for the interviews is large enough to accommodate the review team plus interviewees, who may attend in groups. The healthcare organisation must ensure that there is also a waiting room or area for the interviewees. This should not be directly outside of the interview room but nearby.

The room will need to have wifi access and power sockets for those review team members using laptops and have video conferencing capability if any of the interviewees are joining an interview virtually. It is recommended that someone who is able to provide audiovisual (AV) support is available during the days of the visits and that the technology is tested with the invited review manager a few days before the visit.

Some healthcare organisations choose to offer an interview room with video conferencing capability onsite for staff to join virtual interviews. If interviewees are joining a virtual interview from elsewhere, this must be in a quiet space suitable for a confidential meeting.

Car parking (in-person reviews)

Some of the reviewers may choose to drive to the review so it is helpful to know whether there is parking available at the interview site.

A checklist of actions required prior to the review visit is available in appendix E.

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Appendix C: Template timetable

This is an example of what a standard invited review timetable might look like. Some reviews will require more or less time than this. Please discuss this with the invited reviews coordinator.

[Date] (day 1)

Time	Event	Action by healthcare organisation
08.30–09.00	Review team to meet privately	
09.00–09.50	Review team to meet with key healthcare organisation personnel for an overview of the terms of reference	This should include the medical director and other senior managers at executive level
10.00–10.30	Review team discussion	
10.30–11.20	Senior managers within the service	Other relevant executive managers
11.30–12.20	Full name of the consultant physician, including specialty	Some individuals will require longer with the review team. Key individuals (see below) will require 30–45 minutes. Groups will require up to 1 hour.
12.30–13.20	Full name of the consultant physician, including specialty	
13.30–14.00	Break for lunch	
14.00–14.50	Interview slot (provide full details)	
15.00–15.50	Interview slot (provide full details)	
16.00–16.50	Group interview	Names and job titles required
16.50–17.00	Review team to meet privately	
17.00	Conclude for the day	

[Date] (day 2)

Time	Event	Action by healthcare organisation
08.30–08.45	Review team to meet privately	
08.45–09.35	Interview slot (provide full details)	
09.45–10.35	Interview slot (provide full details)	
10.45–11.35	Interview slot (provide full details)	
11.45–12.35	Interview slot (provide full details)	
12.35–13.00	Break for lunch	
13.00–13.50	Interview slot (provide full details)	
14.00–14.50	Interview slot (provide full details)	
15.00–15.50	Interview slot (provide full details)	
15.50–17.00	Review team prepare feedback	
17.00–17.30	Feedback given to the executive team	
17.30	Review concludes	

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Appendix D: Potential interviewee list

The reasons for an invited review may extend beyond medicine and its specialties. All individuals relevant to the clinical specialty and the issue in question should be interviewed, and further details of these individuals will be listed in the final terms of reference / background documentation. Below are some examples of potential interviewees; however, not all those listed below will need to be interviewed for every invited review:

- CEO and/or MD
- 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
- allied health professionals
- resident doctors
- relevant managers both corporate and operational, eg risk management and business managers
- representatives from the relevant commissioners or regional network.

In principle, it should be made clear that anyone who wishes to do so 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 ToR 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 RCP. A guidance document (Information for interviewees) will be provided for those who are to be interviewed. This should be circulated to all those involved.

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Appendix E: Checklist of actions required prior to the review visit

It is the responsibility of the commissioning healthcare organisation to carry out the following action points. We have provided the checklist below so that the status of actions can be recorded as arrangements are in progress.

Requesting a review	
Action required	**Status**
1. Initial request To request or discuss a potential review visit, the medical director / chief executive must contact the Invited Reviews team either via email: invitedreviews@rcp.ac.uk or telephone: 020 3075 2383. Please then complete the appropriate request proforma provided and return to the above email address.	☐ Complete ☐ In progress ☐ Not started
2. Virtual consultation An initial consultation will be arranged to discuss with the medical director for invited reviews the scope of the issues and concerns. Potential dates for the review and composition of the review team and those to be interviewed will also be discussed. Provisional terms of reference will be drafted by the RCP following these discussions and shared with the requesting healthcare organisation to consider and agree.	☐ Complete ☐ In progress ☐ Not started
3. Proposed review dates Following the telephone consultation, the Invited Reviews team will make contact regarding convenient dates for the review. It is advised that the healthcare organisation ensures that: a. key individuals are aware of the dates of the review visit and are available to attend interviews and discussions on the day of the review, eg CEO, MD, consultants b. there are no special events taking place on the day of the review and meeting rooms are available c. the date for review is finalised at least 10 weeks prior to the review visit and is confirmed with the invited reviews coordinator.	☐ Complete ☐ In progress ☐ Not started

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Prior to the review visit	
Action required	**Status**
4. Timetable and terms of reference The healthcare organisation will receive: a. a template timetable for the review, including list of potential interviewees b. the final terms of reference (appendix A of this document contains the list of background documentation to collate)	☐ Complete ☐ In progress ☐ Not started
5. Secure transfer of documentation The background documentation and/or clinical records should be prioritised as soon as the review visit is confirmed. This, along with the timetable for the review visit, should be ready to send to the Invited Reviews team by the requested deadline date (this is indicated in the contract letter and terms of reference document). For ease of reference electronic copies are preferred, sent electronically using the RCP's secure file server. The healthcare organisation will receive a documentation log and guidance on how to upload background documentation. Electronic documents should be categorised and filed (sub-folders) and a folder structure for saving these will be provided to the healthcare coordinator. An index is also recommended. **Important:** Some documents may be deemed personal. It is the responsibility of the healthcare organisation to ensure that consent is obtained prior to disclosure of any of the above documents where appropriate. Throughout the review process, all information that is created, stored and received in exchange with the healthcare organisation must comply with obligations of confidence under the Data Protection Act 2018 and NHS Code of Confidentiality.	☐ Complete ☐ In progress ☐ Not started
6. Draft timetable The healthcare organisation will be provided with a draft timetable to populate locally. A copy of the updated timetable for the review visit must be provided to the Invited Reviews team 2 weeks prior to the visit, as this allows time for the review team to approve and make any necessary amendments.	☐ Complete ☐ In progress ☐ Not started
7. Meeting room for interviews (applies to in-person and virtual reviews) A meeting room of an appropriate size for use by interviewees (such as a seminar or training room) to accommodate the review team and/or group interviews and the feedback session. a. The room should be spacious enough to accommodate 10 individuals around a table comfortably. Wifi access and teleconference capability, as well as electricity power points in the room, are also required. b. Those being interviewed may feel anxious; therefore, the choice of venue is important and should not be too formal. It is preferable to have a few chairs outside and nearby the interview room.	☐ Complete ☐ In progress ☐ Not started

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Prior to the review visit	
Action required	**Status**
8. Transportation (in-person reviews only) Transport for the review team should be arranged, usually a people-carrier taxi from their hotel accommodation to the interview site and back to the hotel. At the end of the final day, transport should be arranged from the interview site to the train station / airport. A telephone number for the taxi company should be provided to the Invited Reviews team prior to the review.	☐ Complete ☐ In progress ☐ Not started
9. Specific requirements (in-person reviews only) The Invited Reviews team should be contacted to enquire if the review team has any special dietary requirements or requires car parking at the hospital site.	☐ Complete ☐ In progress ☐ Not started
10. Information for interviewees Once the timetable has been finalised, all interviewees should be provided with the following documents: a. Information for interviewees b. Terms of reference c. Final timetable for the review	☐ Complete ☐ In progress ☐ Not started
11. Onsite coordinator The Invited Reviews team should be provided with a contact mobile telephone number for the key individual making the arrangements for the review who can be contacted out of hours, ie the evening before the review commences. An individual within the hospital organisation should be allocated to oversee arrangements on the day of the review visit to liaise with the review team regarding any changes to the timetable and assist with any requirements the review team may have.	☐ Complete ☐ In progress ☐ Not started

On the day of the review	
Action required	**Status**
12. Stationery (in-person review only) Notepads and pens should be made available in the interview room.	☐ Complete ☐ In progress ☐ Not started
13. Access (in-person review only) If required, the review manager should be provided with the key to the interview room or any codes for entry.	☐ Complete ☐ In progress ☐ Not started
14. Welcome and housekeeping The review team should be greeted at an agreed meeting point on the first day of the visit (in-person visits only) by the onsite coordinator. Time should be spent at the start of the review running through administrative arrangements, housekeeping, and answering any queries or requests for further documentation.	☐ Complete ☐ In progress ☐ Not started

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Appendix F: Structured judgement review (SJR) tool

Below is an example of an SJR form. This would be adapted to reflect the agreed terms of reference.

Case description:	
Initials of reviewer:	

Background/summary of the relevant patient's history

[Please give a brief clinical history of the patient eg gender / age / other health conditions of patient / presenting condition / operation / outcome / any other relevant factual information from the notes. Make a note of key dates (bullet point if helpful)]

Click here to enter text.

The patient's treatment plan and implementation of this

Click here to enter text.

Please grade this phase of care (mark with an 'x'):

☐ 1 = very poor care
☐ 2 = poor care
☐ 3 = adequate care
☐ 4 = good care
☐ 5 = excellent care

Colleagues – evidence of communication with colleagues including delegation, referrals, MDT working

Click here to enter text.

Please grade this phase of care (mark with an 'x'):

☐ 1 = very poor care
☐ 2 = poor care
☐ 3 = adequate care
☐ 4 = good care
☐ 5 = excellent care

Interactions with patients and their families (sharing of information, discussion and agreement on management plans etc)

Click here to enter text.

Please grade this phase of care (mark with an 'x'):

☐ 1 = very poor care
☐ 2 = poor care
☐ 3 = adequate care
☐ 4 = good care
☐ 5 = excellent care

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Clinical record keeping – (general observations of record keeping, level of detail in letters and notes of conversations, use of bundles, user friendliness)	
Click here to enter text.	**Please grade this phase of care (mark with an 'x'):** ☐ 1 = very poor care ☐ 2 = poor care ☐ 3 = adequate care ☐ 4 = good care ☐ 5 = excellent care

Any other issues identified from clinical record review	
Click here to enter text.	**Please grade this phase of care (mark with an 'x'):** ☐ 1 = very poor care ☐ 2 = poor care ☐ 3 = adequate care ☐ 4 = good care ☐ 5 = excellent care

Reviewers' comments on the overall standard of care

We are interested in comments about the quality of care that the patient received at each phase of care, and whether it was in accordance with current good practice (eg your professional standards or your professional perspective). If there is any other information that you think is important or relevant that you wish to comment on, please do so.

Click here to enter text.

Clinical reviewer's overall perspective on quality of care (please mark x in the relevant box)	
☐	**Good practice:** A standard you would accept from yourself, your resident doctors and your institution.
☐	**Room for improvement:** aspects of clinical care that could have been better.
☐	**Room for improvement:** aspects of organisational care that could have been better.
☐	**Room for improvement:** aspects of both clinical and organisational care that could have been better.
☐	**Unsatisfactory:** several aspects of clinical and/or organisational care that were well below the standard that you would accept from yourself, your resident doctors and your institution.
☐	**Insufficient information available** to make an assessment of quality of care.

Recommendations (if you scored room for improvement/unsatisfactory – in a few words please suggest what could have been done better)

Click here to enter text.

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Appendix G: Invited review fees

The minimum review fee for a service review is £30,000 + VAT. This covers administrative costs, quality assurance and production of the report. However, this may change depending on the complexity of the request, scope and/or inclusion of a clinical record review.

The minimum fee for a single case clinical record review is £11,000 + VAT. More complex clinical record reviews of multiple cases, including professional practice reviews, are calculated on a case-by-case basis. The total fee will account for the volume of medical records to be reviewed, the complexity of each case, and whether the review relates to any serious incident(s) or the outcome of a serious incident investigation.

In addition to the review fee, reviewer fees (£500 per day) and any subsistence costs required for the review to take place must be met by the healthcare organisation.

As a guide, standard service reviews (without a clinical record review) will typically last for 2 days with a pre-review meeting. Inclusion of a clinical record review will typically add a further 2 days to the review and will be accounted for in the review fee along with reviewers' time spent.

For all reviews we charge a £2,000 (non-refundable) fee for the scoping exercise undertaken following receipt of a signed request proforma. This covers work including:

- writing and agreeing terms of reference
- liaising with the healthcare organisation regarding case notes
- review administration
- liaising with specialist societies to nominate reviewers
- liaising with and confirming reviewers.

For single clinical record reviews, we ask for payment of the full amount for the review fee and reviewer fees (minus the £2,000 deposit) once the work has been undertaken and prior to the issue of the report.

For professional practice, service and multiple clinical record reviews, we ask for payment of 50% of the review fee[‡] (minus the £2,000 deposit) prior to the record review and/or interviews being undertaken. We will then charge the remaining 50% of the review fee (or the remaining balance), plus reviewer fees, once the work has been undertaken and prior to the issue of the report.

Please note that once a request is agreed by both parties, and work undertaken, cancellation charges do apply. These are determined on a case-by-case basis, depending on the work carried out at the point of cancellation.

[‡] Review fees are often quoted as a range to allow for unknown factors that may increase the work required to complete the review. We will always aim to keep to the lower end of the range where possible. The charge requested at this point will be 50% of the lower end of the range.

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