

Invited Review Request Form

For completion by the Chief Executive or Medical Director of the healthcare organisation.

1. Name of the healthcare organisation requesting the review

2. Surgical specialties to be reviewed

3. Relevant surgical sub-specialties to be reviewed

4. What has prompted this request?

Concerns raised by staff	Patient complaint(s)	Internal/external review	Changes to service delivery
Serious incident(s)	Audits/outcomes data	Seeking assurance of quality of care	Looking for ways to improve care

Please give the background to the review request with all relevant details

5. What steps have already been taken locally?

Discussions with staff	Restrictions on practice imposed	Clinical record reviews
Speciality Association contacted	Internal audit/investigation	Discussion with GMC ELA
Contact with the CQC/HIS/HIW	External peer review	Advice sought from PPA

Steps taken

6. Focus of the review

Please indicate if the principle focus of the review is the care provided by a surgical service or a specific individual surgeon:

Service focused Individual focused

7. Clinical records

If you would like for this review to include an analysis of a number of clinical records please provide details below:

- Review of specific clinical records
- Review of a representative sample
- Review of clinical records only (without any interviews of staff)

Approximately how many clinical records would this include? _____

8. What are the areas to be reviewed?

Quality and safety of surgical care	Theatre safety practices	Clinical governance
Behaviours or teamworking	Service/network design	Communication with patients
Introduction of new techniques	Quality of clinical leadership	Multi-disciplinary work

Please provide further, specific information about the areas to be reviewed, including any specific questions to be answered.

9. Your organisation's contact for media enquiries

Contact name: _____

Position held: _____

Direct dial telephone number: _____ Work mobile telephone number: _____

Email address: _____

10. Healthcare organisation lead for managing review arrangements

Contact name: _____

Position held (preferably a service manager or equivalent): _____

Direct dial telephone number: _____ Work mobile telephone number: _____

Email address: _____

11. Declaration and contact details

Contact name: _____

Position held, ie Medical Director or Chief Executive: _____

Direct dial telephone number: _____ Work mobile telephone number: _____

Email address: _____

I declare that I agree to the review conditions set out in the Invited Review Handbook. Please either insert an electronic signature or print and sign this form.

Please return this form to us by [email](#). Alternatively you can print a copy and post it to:

Professor Timothy Rockall,
Chair of the Invited Review Mechanism, care of:
Ms Marilyn How
Invited Review Coordinator
Professional and Clinical Standards
The Royal College of Surgeons of England
35–43 Lincoln's Inn Fields
London WC2A 3PE

irm@rcseng.ac.uk | 020 7869 6222

Appendix 1 – Details of individual under review

If this review is focused on an individual surgeon, please complete appendix 1 – details of surgeon under review

1. Name of surgeon to be reviewed _____
2. Job title _____
3. Surgical sub-specialties and sub-specialist interests _____
4. Date of appointment to current post _____
5. Current working status _____

Please provide any additional, relevant information about the individual, such as their current scope of practice and their current level of engagement with the review process.

When submitting a request for a review of an individual, we would encourage you to discuss the review with the individual. They will be asked to provide their written confirmation of their willingness to participate in the review as part of the preparation for any review agreed.

We also encourage you to consider what support you are providing to the individual. You may wish to seek advice on this either from your occupational health department or from Practitioner Performance Advice.