Request for an invited review

Requests must be made by the Medical Director or Chief Executive.

Please complete and return this form to the [Workforce team](mailto:workforce@rcpath.org) for consideration by members of the Professional Performance Committee.

# Details of person requesting the invited review

Name:

Position:

Address:

Email:

Phone:

# Please outline the matter you wish us to review for you

Please provide as much supporting information as possible by attaching additional information to this form, to allow us to understand the problem you are requesting assistance with. You may be asked to provide further information.

# Describe how the above issue was identified

# To what period of time do the concerns relate?

# Who, if anyone, has made a complaint?

# Has an internal investigation of the concern, complaint or allegation been carried out?

Yes No

If yes, please enclose a copy of the report.

# Please give the name(s) of the individual(s) concerned; state whether they are in a locum or established post, and the length of time they have been in post.

|  |  |  |
| --- | --- | --- |
| Name | Type of post (please tick) | Length of time in post  (in months and years) |
|  | Locum  Established |  |
|  | Locum  Established |  |
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|  | Locum  Established |  |

# Are there differences of opinion or interpersonal problems that may be relevant?

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

# Please provide the following information where relevant.

|  |  |
| --- | --- |
| Information – attach as additional documents | Yes / Not relevant |
| Organisational chart (including management structure of trust and pathology service). Please include an organogram of the management/departmental structure if possible. |  |
| Details of consultant staffing levels (in whole-time equivalents) within the department |  |
| Details of other staffing levels within the department |  |
| Details of any rotas participated in |  |
| Workload of the department in terms of all types of specimen request, autopsies, clinics or on-call requirements |  |
| Information on all relevant index cases (additional index cases will not be considered after the review has commenced) |  |
| CV of individual, if appropriate |  |
| Job plans of individual(s), if relevant |  |
| Appraisal and revalidation outcomes |  |
| Audit reports |  |
| Outcomes of slide reviews |  |
| Clinical governance structures |  |
| Evidence of participation in multidisciplinary team (MDT) meetings |  |
| Management functions (clinical and laboratory) |  |
| Publications |  |
| Test verification data |  |
| Clinical or laboratory standard operating procedures (SOPs) |  |
| Evidence of any internal complaints or grievances |  |
| Details of any referrals to or investigations by any regulatory bodies |  |
| Does/do the pathologist(s) concerned participate in relevant external quality assurance (EQA)/quality assurance (QA) schemes? |  |
| Confirmation of participation in continuing professional development (CPD; CPD statements showing summary of CPD credits) |  |
| Confirmation of participation in NHS appraisal in the last 12 months |  |
| Confirmation of department/laboratory’s accreditation status – UKAS accredited or not, and if not, what are you doing about it? |  |

**Signature: …………………………………………………………….**

**Date ………………………………..**