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| **For completion by the Chief Executive/Medical Director of Instructing Party** | |
| Name of organisation requesting review |  |
| How the problem was identified or brief history |  |
| What is the nature of the problem /What has triggered the request now? |  |
| Highlight any particular areas of concern | Service delivery, productivity or efficiency  Clinical team functionality/team working  Workforce issues  Operational/management difficulties  Safety/serious incidents/regulators  Other (please comment below) |
| Comments / further details |  |
| What steps have already been taken to address these issues in the unit? |  |
| Are any external agencies involved e.g. GMC, CQC, NCAS? Give brief details. |  |
| What are you asking the  College to do? |  |

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| **Contact details for the Chief Executive/Medical Director:** | |
| Name |  |
| Post held | Chief Executive  Medical Director  Other please specify: |
| Address |  |
| Telephone Number |  |
| Fax |  |
| Email: |  |
| Name and contact details of clinical lead for ophthalmology |  |

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| Fees: Please provide the name and contact details to which the invoice for the review should be sent along with a purchase order number for the review | |
| Name |  |
| Role |  |
| Contact Details |  |
| Purchase Order Number for Invoice |  |

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| --- | --- |
| Declaration: I have read and agree to the review conditions set out in the College’s Invited Review Guidance Document (March 2017) | |
| Name  Chief Executive/ Medical Director |  |
| Instructing Party |  |
| Signed |  |
| Date |  |

Please send to:

Professional Support Department, The Royal College of Ophthalmologists, 18 Stephenson Way, London, NW1 2HD

[Beth.barnes@rcophth.ac.uk](mailto:Beth.barnes@rcophth.ac.uk)