



The ROYAL COLLEGE of
OPHTHALMOLOGISTS

Handbook

External Review of Ophthalmology Services - Handbook for Assessors

October 2017

18 Stephenson Way, London, NW1 2HD T. 020 7935 0702
contact@rcophth.ac.uk rcophth.ac.uk @RCOphth

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Document authors	Beth Barnes (Head of Professional Support) Bernard Chang (Chair of External Reviews) Melanie Hingorani (Chair of Professional Standards)
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1. Introduction and Purpose

This document has been created to support professionals and lay people who have been asked to be part of a College external review team. It should be read in conjunction with the *Process Guide: External Review of Ophthalmology Services* which outlines in detail the indications, governance and processes for College reviews.

This document is not in the public domain but available on request. It is regularly updated and any suggestions for improvement or amendments are welcomed. To suggest amendments please contact beth.barnes@rcophth.ac.uk

2. Process overview

An important and increasing part of the College's work, via the Professional Standards Committee, is to provide advice to providers or commissioners of ophthalmology services where something has gone wrong with a clinical service, where concerns have been raised about the service, or where an eye department seeks external advice to improve. The College has no statutory right to inspect or accredit clinical services, but it aims to provide rapid, high quality specialist advice when [requested](#) to do so.

When an enquiry is made, the Chair of Professional Standards and the Chair of External Reviews will be informed and one will have a telephone conversation with the provider unit's medical or executive lead to gain more details and to see whether they should be directed instead to other routes such as the CQC, or for individual practitioner concerns to the GMC or National Clinical Assessment Service (NCAS).

Units are asked to complete a form that defines the issues as they see them, what actions they have already taken or which agencies are involved, and what areas they wish the College to examine. They may request quite specific areas or they may be unclear and request a more general review or provide a long list of areas to look at. This will help inform the terms of reference, the make up of the team and whether or not the College offers a review of medical records / other documents (e.g. serious incident reports) or a full review with site visit.

The process is shown below.

Request for assistance received by College

Exploratory telephone conversation CEO or MD with Chair of External Reviews or Chair PSC

Advice offered only

Chairs decide most appropriate action: other options, review of notes or documents, visit. Pre-visit may be arranged

Advised to pursue other process e.g. NCAS, GMC

Completion of review proposal form by CEO/MD/clinical lead

College & client agree ToR and appointment of reviewers. Indemnity, fees, and expenses agreed and contract signed. Client informs local clinicians and appoints senior contact person

Review team & contact arrange the visit, including confirmation of documentation required and timescales

Client sends pre-visit Information to the review team for preparation

Review team collates evidence and data to prepare detailed visit plan and key issues to explore against standards

Site visit

Lead reviewer submits draft report with 4 weeks for QA within 3 weeks. Sign off by Chairs within 2 weeks

Prof standards or review team sends draft report to client for factual accuracy comment. Comments and amendments agreed with Chairs

Review team submits the final signed report to the healthcare organisation

3-6 months post-report, review team/prof standards obtain feedback from the client on implementation of the recommendations & the review process

Chair of Professional Standards or Chair External Reviews follow up if required to escalate any serious concerns to MD, CEO or regulators
Learning incorporated into thematic annual report

3. The review team

The Chair of External Reviews and/or Chair of Professional Standards will identify a lead reviewer and help him/her to appoint the other review team members via the Professional Standards team. The exact make up of the team will need to take into account the nature of the request, the issues raised and subspecialties involved, but is usually multidisciplinary, and usually includes members of the External Review Group, members of College committees and other clinical reviewers (medical, ophthalmic nurses, orthoptists and optometrists. The team may also require input from lay reviewers, trainees, managers or other professionals as appropriate. The team members must declare any conflicts of interest.

The job descriptions for these review appointments are in the appendices. It is crucial that everyone works as a team, makes themselves available for the visit, is prompt in responding to the lead reviewer and involved in the pre and post-visit tasks. Reviewers are expected to analyse and interpret data, communicate well and be sympathetic, diplomatic and respect confidentiality. They must also be robust in terms of determining whether recognised standards are met and whether care is safe.

Training and updates for reviewers are provided regularly by the College. Review team members should be up to date with equality and diversity training and other key mandatory training such as safeguarding vulnerable adults and children.

4. The preparation

The Chair of External Reviews and the Head of Professional Standards will support the review lead to prepare for the visit with the team. The lead reviewer will be put in contact with the lead contact of the provider unit, for the administration and organisation of the visit, and any queries on the arrangements, supported by the Head of Professional Standards as required.

The review lead will advise the provider contact on what data, documents and information are required in advance of any visit and how to transfer these, usually via email. The review lead can use the template information request document, which can be edited to be suitable for the particular needs of the review in hand. The data is ideally received at least 3 weeks in advance although often, unfortunately, this can be difficult to achieve. If so little information is received beforehand as to inhibit the review process, the review lead may decide to postpone the visit.

The review team should also examine publically available information about the provider and its ophthalmic services such as publications on the trust website, the CQC website, and also can consider using census data, NHS digital Hospital Eye Service (HES) data and media publications where relevant. It is most productive if as much information is assessed in advance as possible, so that the visit can focus on the key areas and also not spend too much time on site discovering basic information such as how many sites a unit has or the size of the population served, which should be gained from the information submitted by the unit and sometimes supplemented by a simple internet search. Some leads find it useful to prepare a short summary document of the data they have received to share with the team before the visit, some of which can be cut and pasted into the final report in due course.

The review lead will find out from the provider lead contact who are the key people to see and they will put together a timetable for the visit in advance. It is at the discretion of the lead reviewer and the team whether to meet or have a telephone conference in advance of the visit to discuss and plan.

5. The visit

The visit will usually require some or all of the following key activities:

1. A short meeting between the visiting team to plan and ensure strategy. Sometimes this is done on the evening before the visit if all have travelled to the area for the visit.
2. An orientation tour of the facilities (see all that are relevant, including admin if necessary).
3. Early meeting with the Medical Director and/or senior contact to review the background, reasons for the visit, the aims and the plan for the timetable.
4. Time for the reviewers to examine the facilities, environment and equipment at leisure looking for e.g. up to date equipment stickers, clean facilities, medicines stored safely, slip and trip hazards etc.

Note – with permission, take photographs to make any key points for 2 and 3.

5. Collect any outstanding data / documents and request further documentation
6. Examine IT systems or ask for demonstrations
7. Formal interviews with key people
8. Informal discussions with key people e.g. in their workplace setting
9. Informal discussions with staff
10. Informal discussions with patients
11. Observations of care and procedures
12. Examination of medical record samples for record keeping and care quality.
13. As the final step on site, informal feedback to the unit and trust leaders on findings and possible recommendations. Include positive and the negative, the headlines and any serious safety concerns or urgent actions required. Do not be too specific as sometimes afterwards with thought ad discussion reviewers reconsider their initial views.

The key people and groups to cover are:

- Medical Director
- Nursing Director
- Director of Operations or very senior executive operational manager
- Divisional or directorate medical lead
- Divisional or directorate nursing lead
- Divisional or directorate manager
- Clinical lead for ophthalmology
- Lead nurse for ophthalmology
- Ophthalmic service manager
- Ophthalmic consultants including subspecialty leads

- Ophthalmic trainee doctors
- Ophthalmic SAS doctors
- Ophthalmic nurses
- Ophthalmic AHPs (optometrists, orthoptists, technicians, imaging)
- Ophthalmic theatre staff
- Ophthalmic ward staff
- Ophthalmic admin staff (receptionists, secretaries, admissions, appointments)
- Consider IT, clinical governance and risk staff, anaesthetists, A&E staff

It is usually productive to spend some time with the team together and some time with the team split up to get the most out of the visit. It is often useful for the most open discussions to get informal discussions between visiting team members and their peers in similar roles at the site e.g. nurse to nurse, trainee to trainee.

Tips for the process

Interview Structure

The Lead Reviewer makes the introductions, thanks the interviewees for attending, apologies for any delays. Questioning order and topics should be agreed beforehand between the reviewers for each interview.

Emphasise that confidentiality is important but a report will be produced based on all the information provided to the reviewers. It is often not possible to totally disguise the source of information, particularly if an individual makes a specific accusation, and wherever possible all information will be triangulated with other interviewees or data.

Record of Interviews

Make notes in a notebook and record the date and interviewee name and role. It is important to put interviewees at ease, so try to have one reviewer who is asking questions, engaging in eye contact at all times, and another member of the team writing it down. Ideally the client organisation will ensure secretariat support is available but most reliable are one's own notes.

You may request that the client organisation provides a voice recorder which can be used for complex/group interviews or where secretarial support is not available. It is important to seek permission from the interviewee and provide assurance that it is simply an aid to note taking and will only be used by the review team to clarify what was said.

Some reviewers have found it highly useful when local secretaries are tasked to type the lead reviewer's draft report.

Gathering Information

It is crucial to put the interviewee at ease, talk freely, feel comfortable doing so and leave the interview feeling 'listened to'. Reviews are not inspections – staff should never feel 'judged' or intimidated and questions, where needed, should be focused on clarification rather than offering a view.

Ask open questions for each area of discussion to be explored during the interview. Use closed questions to confirm understanding.

The Lead Reviewer will always manage the interview unless otherwise agreed. However sometimes one of the other reviewers may be better placed to lead a particular interview with agreement.

At the end of the interview, summarise what you believe the individual has said to ensure agreement on the interpretation of their statements and explain what happens next.

It is useful for the lead reviewer to supply his/her e-mail address for further information to be shared post review.

6. Records reviews

For reviews of documents without a visit, there are usually 1-2 reviewers who undertake this remotely. Documents are most commonly patient records, but sometimes serious incident reports, protocols and guidelines, audit reports etc.

The reviewers and/or the Chairs will need to decide what information is required and may need to provide a list of required documentation and the parameters of these (e.g. if an audit, how many cases, what standards suggested). If case notes are involved, a decision will be required between the unit and the reviewers on how to select records (e.g. the records of those with poor outcomes, a random selection, a selection relating to certain professionals or certain subspecialties).

Reviewers should usually be asked to look at around 30 records or less each although on occasion more may be agreed.

For reviews without a visit, reviewers can request other information from the unit, as they would for a visit, to provide the necessary background. The report process is the same as for a review involving a visit although likely to be considerably shorter.

7. Writing the report

The report must be:

- Comprehensive
- Agreed amongst the whole review team
- Understandable
- Targeted and focused on the Terms of Reference
- Informed by recognised standards, evidence etc.
- Objective
- Propose recommendations and solutions
- Sensitive and written with awareness of who may see if following release

The report is written primarily for the client – usually the Medical Director of Chief Executive or the client organisation. The College recommends dissemination within the client organisation, particularly to those who contributed to the review. It should, therefore stand alone and be complete for a wider and less informed audience e.g. the trust Board. The

content needs to be meaningful and pertinent to them, and as far as possible, immune from misinterpretation.

The College has a standard report template which can be edited.

8. Escalation of concerns: In the event that the review process has identified a major concern of patient safety or a systemic issue that can continue to significantly compromise patient care, the lead reviewer must be informed. The lead reviewer should discuss this within the team and with consensus escalate this initially to the Chair of Professional Standards and the Chair of External Reviews. The Medical Director and Chief Executive should be informed if this step has been taken. The College is ultimately responsible once informed and will make the decision as to whether higher authorities like the CQC or the GMC need to be informed. While the content of the final report and any information gained during a review belongs to the trust, the College has a duty of candour to act where patient safety is at stake.

8. After the review

The initial draft report should be completed within four weeks of the visit or as soon as possible. This will then undergo an internal quality assurance process to check clarity, focus on the key terms of reference, use of suitable standards, clear recommendations etc, and double checked by the Chair of External Reviews or the Chair of Professional Standards before being submitted to the client organisation for factual accuracy comment.

The client organisation will then be given a draft report for factual accuracy, amendments then agreed between the lead review and one of the Chairs and then the final report sent back to the unit.

Three to six months after the report the Professional Support Department will contact the organisation for feedback on actions taken, how they found the review process and its impact. Details will be shared with the review team.

Job Description and Person Specification

Professional Standards Committee

Post: **Health Professional Member of External Review Team**

Responsible to: **Chair of External Review Group**
and **Chair of the Professional Standards Committee**

Date Agreed: **31 August 2017**

This job description should be considered in conjunction with the 'External Review of Ophthalmology Services Handbook for Assessors 2017' and 'Process Guide External Review of Ophthalmology Services 2017'.

The Royal College of Ophthalmologists accepts requests from healthcare organisations that require independent external advice or support to deal with issues and concerns. It may also accept referrals from commissioners where the terms of their contracts permit. The service covers the whole of the UK, including the devolved nations.

The reviews are ophthalmologist led and the primary purpose is to ensure patient safety and improve patient care. Review teams are often multidisciplinary (including allied health professionals such as nurses, orthoptists, optometrists, managers) and may include a lay reviewer.

Reviews vary in scope and complexity, from remote case note reviews to establish if there is cause for concern to onsite visits with service redesign. Each review is unique and the composition of the team depends on the requirements of the review. New reviewers are usually paired with more experienced colleagues before being asked to lead a team.

ROLE PURPOSE AND RESPONSIBILITIES

The role of the professional reviewer is to provide the client organisation with an objective assessment of the service against acknowledged or widely accepted standards within the agreed terms of reference and contribute to a report including clear action plans for the organisation. This will involve an assessment of how responsive the service is to patients' needs, how effective and safe the care is, and whether the service efficiently uses the available internal and external resources.

The process involves team working over a number of days and the necessity to make and communicate potentially difficult decisions. It is important that the members of the review team are confident in these skills and have experience of team working. The skills and behaviours of members of the review team can affect the credibility of The Royal College of Ophthalmologists.

Members of the External Review Team will:

- Conduct each review in line with the terms of reference agreed between the College and the referring organisation
- Carry out the review in line with the College’s regulations and guidance for undertaking invited reviews
- Work collaboratively with other members of the review team, the College and the referring organisation
- Maintain the confidentiality of all information relating to the organisation, employees, patients and other parties
- Escalate any very serious or urgent safety concerns (via the lead reviewer) to the Chair of the External Review Group and/or the Chair of the Professional Standards Committee
- Work proactively in search of solutions
- Gather, select and evaluate findings
- Avoid conflicts of interest
- Help ensure the interests of patients and the public are represented
- Act in the public interest
- Sign off the final report
- Undertake appropriate training

ESSENTIAL SKILLS AND KNOWLEDGE REQUIREMENTS

Criterion	Essential	Desirable
Eligibility	<p>Member or Fellow in good standing of The Royal College of Ophthalmologists</p> <p>Hold a substantive or honorary NHS Consultant or Speciality Doctor post for at least three years</p> <p>OR</p> <p>Ophthalmologist in Training ST3 and above</p> <p>OR</p> <p>Optometrist with at least 5 years post registration hospital or other relevant experience (equivalent band 7 and above)</p> <p>OR</p> <p>Senior orthoptist with at least 5 years post registration hospital or other</p>	

	<p>relevant experience (band 7 and above)</p> <p>OR</p> <p>Senior registered nurse with at least 5 years post registration ophthalmic experience (band 7 and above)</p> <p>OR</p> <p>Senior (band 7 and above) hospital manager with extensive ophthalmic experience</p>	
Experience	Involvement in quality improvement activities and service delivery change and implementation	Mediation or conflict management
Training	Evidence of equal opportunities and diversity training within previous five years	Dealing with difficult people training Leadership or management training
Knowledge	<p>Knowledge and understanding of the health sector</p> <p>Familiarity with the commissioning environment</p> <p>Understanding of the regulatory framework governing clinical professionals and provider organisations.</p>	
Communication Skills and Behaviours	<p>Excellent communication, analysis and judgement skills in order to gather and evaluate information and evidence from sensitively conducted interviews, and provide clear and logical feedback on patient care and patient safety.</p> <p>Ability to make recommendations by using evidence, outcomes of experience and critical review and reflection</p> <p>Ability to interpret numerical and statistical data</p>	

	<p>Ability to identify, manage and resolve conflict situations</p> <p>Good listening and team working skills</p> <p>Ability to remain impartial, non-judgmental and objective</p> <p>Demonstrate empathy, tact, discretion and maintain confidentiality</p> <p>Willingness to travel outside of local area to undertake reviews</p> <p>Commitment to high professional standards for the benefit of patients and the profession</p> <p>Commitment to providing comments on the draft report as required within agreed timescales</p> <p>Understanding of, and commitment to, the principles of equal opportunities and diversity</p>	
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APPOINTMENT PROCESS

Ophthalmologist reviewers will be recruited from members of the Professional Standards Committee, the Quality and Safety Committee, College Officers and Chairs of standing committees and groups, or by an open recruitment process for other reviewers through advertisement to members on the College website. Open appointments will be through completion of an application form and face to face or telephone/skype interview supported by references. For ophthalmologists, there should be a reference from their Medical Director (or equivalent) and another from their College Regional Representative (or equivalent).

For clinical reviewers from associated professions, recruitment will occur via professional links of College Committee members and from advertisement through professional bodies such as the Ophthalmic Forum of the Royal College of Nursing, the British and Irish Orthoptic Society and the College of Optometrists. Non-ophthalmologist clinical reviewer applicants will require two professional references, at least one from their clinical lead, line manager or senior colleague. Selection for all reviewers will be made by an agreed appointment panel.

This is a three-year honorary appointment which is renewable at the discretion of the Chair of the External Review Group and the Chair of the Professional Standards Committee.

KEY WORKING RELATIONSHIPS

- **Internal:** President, Vice President for Policy and Communications, Chair of Professional Standards Committee, Chair of the External Review Group, Review Team Members, Lay Advisory Group, Head of Professional Support and other department staff.
- **External:** referring organisations

TIME COMMITMENT

- Estimated at 5 days per year for pre-visit organisation meetings and reading, visit, post-visit report review, training day once per year

DECLERATIONS OF INTEREST

Review team members are required to disclose any involvement with the healthcare organisation to be reviewed or its direct competitors or commissioners which could lead to a conflict of interest.

CONFIDENTIALITY

Review team members shall not release confidential information gained as a result of their involvement to any external party outside of the review team and the related College staff without the approval of the Professional Standards team.

Job Description and Person Specification

Professional Standards Committee

Post: **Lay Member of External Review Team**
Responsible to: **Chair of External Review Group**
and Chair of the Professional Standards Committee
Date Agreed: **25 October 2017**

This job description should be considered in conjunction with the 'External Review of Ophthalmology Services Handbook for Assessors 2017' and 'Process Guide External Review of Ophthalmology Services 2017'.

The Royal College of Ophthalmologists accepts requests from healthcare organisations that require independent external advice or support to deal with issues and concerns. It may also accept referrals from commissioners where the terms of their contracts permit. The service covers the whole of the UK, including the devolved nations.

The reviews are ophthalmologist led and the primary purpose is to ensure patient safety and improve patient care. Review teams are often multidisciplinary (including allied health professionals such as nurses, orthoptists, managers) and may include a lay reviewer.

Reviews vary in scope and complexity, from remote case note reviews to establish if there is cause for concern to onsite visits with service redesign. Each review is unique and the composition of the team depends on the requirements of the review. New reviewers are usually paired with more experienced colleagues before being asked to lead a team.

ROLE PURPOSE AND RESPONSIBILITIES

The role of the reviews is to provide the client organisation with an objective assessment of the service against acknowledged or widely accepted standards within the agreed terms of reference and contribute to a report including clear action plans for the organisation. The role of the lay reviewer is to provide a patient and public perspective to the issues and concerns regarding the service. This will involve an assessment of how responsive the service is to patients' needs and the quality of the patient experience as well as providing insights into the quality and safety of patient care where possible.

The process involves team working over a number of days and the necessity to make and communicate potentially difficult decisions. It is important that the members of the review team are confident in these skills and have experience of team working. The skills and behaviours of members of the review team can affect the credibility of The Royal College of Ophthalmologists

Lay members of the External Review Team will:

- Conduct each review in line with the terms of reference agreed between the College and the referring organisation
- Carry out the review in line with the College’s regulations and guidance for undertaking invited reviews
- Work collaboratively with other members of the review team, the College and the referring organisation
- Maintain the confidentiality of all information relating to the organisation, employees, patients and other parties
- Escalate any very serious or urgent safety concerns (usually via the lead reviewer) to the Chair of the External Review Group and/or the Chair of the Professional Standards Committee
- Work proactively in search of solutions
- Gather, select and evaluate findings
- Avoid conflicts of interest
- Help ensure the interests of patients and the public are represented
- Act in the public interest
- Sign off the final report
- Undertake appropriate training

ESSENTIAL SKILLS AND KNOWLEDGE REQUIREMENTS

Lay reviewers should not be, and have never been, employed as a doctor or eye care clinical professional.

Criterion	Essential	Desirable
Eligibility	UK resident	
Experience	Experience of representing the public and patient interest	Human resources, occupational/organisational psychology, mediation or conflict management Experience as a trustee of a charity, lay or non-executive board member or similar formal role Experience of non-clinical involvement in health and social care, education or other public sector area
Training		Evidence of equal opportunities and diversity training within previous five years
Knowledge		Knowledge and understanding of the health sector

		Awareness of the regulatory framework governing clinical professionals and provider organisations
Communication Skills and Behaviours	<p>Excellent communication, analysis and judgement skills in order to gather and evaluate information and evidence from sensitively conducted interviews, and provide clear and logical feedback on care and services.</p> <p>Ability to make recommendations by using evidence, outcomes of experience and critical review and reflection</p> <p>Ability to identify, manage and help resolve conflict situations</p> <p>Good listening and team working skills</p> <p>Ability to remain impartial, non-judgmental and objective</p> <p>Demonstrate empathy, tact, discretion and maintain confidentiality</p> <p>Willingness to travel outside of local area to undertake reviews</p> <p>Commitment to high professional standards for the benefit of patients and the profession</p> <p>Commitment to providing comments on the draft report as required within agreed timescales</p> <p>Understanding of, and commitment to, the principles of equal opportunities and diversity</p>	Ability to interpret numerical and statistical data

APPOINTMENT PROCESS

Lay reviewers will be recruited by from the RCOphth Lay Advisory Group initially, with potential to expand to non-Lay Group applicants once the process of lay reviewer involvement is established, with completion of a short application form and face to face interviews. For lay reviewers who are not part of the College Lay Group, they will need to submit two references from suitable professional colleagues such as clinical professionals, teachers, lawyers or similar. Selection for all reviewers will be made by an agreed appointment panel.

This is a three-year honorary appointment which is renewable at the discretion of the Chair of the External Review Group and the Chair of the Professional Standards Committee.

KEY WORKING RELATIONSHIPS

- **Internal:** President, Vice President for Policy and Communications, Chair of Professional Standards Committee, Chair of the External Review Group, Review Team Members, Lay Advisory Group, Head of Professional Support and other department staff.
- **External:** referring organisations

TIME COMMITMENT

- Estimated at 5 days per year for pre-visit organisation meetings and reading, visit, post-visit report review, review training day once per year and requirement to obtain equality and diversity training.

DECLERATIONS OF INTEREST

Review team members are required to disclose any involvement with the healthcare organisation to be reviewed which could lead to a conflict of interest.

CONFIDENTIALITY

Review team members shall not release confidential information gained as a result of their involvement to any external party outside of the review team and the related College staff without the approval of the Professional Standards team.

Appendix 2 Review Charges as of 1 April 2017¹

External service review site visit

College administration fee of £15,000 plus V.A.T. at 20%.

Document only review:

£1,000 plus V.A.T. at 20% (up to 30 sets of notes). Above 30 sets, the full fee will apply.

If the document review subsequently identifies a need for a site visit the above site visit charge will apply in addition to the document review charge.

Expenses for review team

The College fee may reimburse each review team member (or their employing organisation)

- Ophthalmologists £650 for each team member per day on site
- Non-ophthalmologist clinical reviewers £300 per day on site
- Lay reviewers £200 per day on site and per day for offsite analysis of data and work on the report.

If any review team members are also Trustees of the College, they are not acting as a Trustees when part of the review team.

All charges are subject to V.A.T. at 20%

¹ Please note these charges will be reviewed annually and may be subject to change
