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| **For completion by the Chief Executive/Medical Director of requesting healthcare organisation** |
| Name of organisation requesting review |       |
| Subspecialties to be reviewed | Please select from the list below as relevant, more than one option can be chosenCataract [ ] Medical retina [ ] Vitreoretinal [ ] Adnexal (lid, orbital, lacrimal) [ ] Glaucoma [ ] Paediatrics and or strabismus [ ] Cornea/external disease [ ] Refractive [ ] Other (state what) [ ]  Whole service [ ]  |
| What has triggered the review? Please select from the list as relevant, more than one option can be chosen | [ ]  Concerns raised by staff[ ]  Serious incident(s)[ ]  Patient complaint(s)[ ]  Internal review[ ]  External review | [ ]  Commissioner or regulator concern[ ]  Audits/outcome data[ ]  Recent changes to service delivery[ ]  Planned changes to service delivery |
| Other (please comment)  |
| What areas need review?Please select from the list as relevant, more than one option can be chosen | [ ]  Service delivery, productivity or efficiency [ ]  Workforce issues[ ]  Interpersonal behaviours[ ]  Multidisciplinary clinical team working[ ]  Clinical workload[ ]  Protocols and patient pathways | [ ]  Clinical leadership[ ]  Trainees[ ]  Clinical governance/safety[ ]  Interaction with patients[ ]  Facilities and resources[ ]  Clinician/management relationship |
| Other (please comment)  |
| Comments / background / description of problems |       |
| What steps have already been taken?Please select from the list as relevant, more than one option can be chosen | [ ]  Discussions with staff[ ]  Clinical record reviews[ ]  Internal audit[ ]  Internal investigation[ ]  External peer review[ ]  Pathway or protocol redesign | [ ]  Restrictions on practice [ ]  Contact with GMC, CQC, NCAS |
| Give brief details especially on any other agencies involved |       |
| Add any other information, or any specifics on what you are asking the College to do |       |

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| **Contact details for the Chief Executive/Medical Director:** |
| Name |  |
| Post  | Chief Executive [ ]  Medical Director [ ] Other please specify:  |
| Address |  |
| Telephone number |  |
| 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 External Review Guidance Document (October 2017)** |
| Name and designation (Chief Executive/ Medical Director) |  |
| Signed |  |
| Date |  |

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

beth.barnes@rcophth.ac.uk