Royal College of Anaesthetists

Invited Reviews

An advisory service offering expert and independent advice to healthcare organisations, to help them achieve and maintain high standards of anaesthesia and perioperative care

Contents

Abbreviations

ACSA	Anaesthesia Clinical Services Accreditation scheme
BMA	British Medical Association
CQ&R	Clinical Quality & Research Board
CQA	Clinical Quality Adviser
CQC	Care Quality Commission
ELA	Employer Liaison Adviser
GMC	General Medical Council
HCO	Healthcare Organisation
HIW	Healthcare Inspectorate Wales
HIS	Healthcare Improvement Scotland
MDO	Medical Defence Organisation
NCAS	National Clinical Assessment Service
ODP	Operating Department Practitioner
PA(A)	Physicians' Assistants (Anaesthesia)
RCoA	Royal College of Anaesthetists
RO	Responsible Officer
SAS	Staff, Associate Specialist and Specialty Grade doctors

1 Introduction and purpose

1.1 The Royal College of Anaesthetists (RCoA) is committed to working with healthcare organisations (HCOs) to achieve and maintain high standards of perioperative and anaesthesia care. In line with this commitment, the invited review programme is an advisory service offered to NHS and independent HCOs in the UK who feel that they would benefit from expert and independent advice towards local resolution or benchmarking to improve the anaesthesia services they offer.

1.2 This guidance aims to provide a full understanding of the invited review process for HCOs as well as for the reviewers attending visits on behalf of the RCoA.

1.3 The RCoA regularly receives requests for invited reviews of anaesthetic, critical care and pain management services. This document sets out the RCoA's approach to such requests, including services in both NHS and independent sector organisations.

Governance

1.4 The overall responsibility for the invited review programme is delegated by RCoA Council to the RCoA's Clinical Quality & Research Board (CQ&R Board).

1.5 Day-to-day responsibility for overseeing invited reviews sits with a group (hereafter in this document called 'the oversight group'), that includes the Director of Clinical Quality and Research, the Chair of the Anaesthesia Clinical Services Accreditation (ACSA) scheme, the Chair of CQ&R Board and the Clinical Quality Adviser (CQA). The group are kept informed about all invited reviews that have been requested and accepted by the RCoA.

1.6 The administrative team, led by the Director of Clinical Quality and Research, is responsible for delivery of the programme. This includes responsibility for administering the paperwork, organising training of reviewers, compliance with governance requirements, (for example collecting declarations of interest from all parties involved in the review), and coordinating review visits.

1.7 The CQA provides day-to-day support to the RCoA administrative team, including advice on which reviews are appropriate for the RCoA to undertake based on the scope outlined in this guidance. When it is unclear whether the review is appropriate for the RCoA to undertake, the administrative team and/or the CQA will refer invited review requests to the oversight group.

1.8 For the purposes of this document, the referring organisation will be referred to as the 'healthcare organisation' (HCO).

Scope of Invited Reviews

1.9 Requests may arise from the following sources (this is not an exhaustive list):

- Recommendation made in a regulator report.
- Following an NCAS assessment.
- If the collective performance of the department of anaesthesia is giving cause for concern.
- Where there are disagreements between management and the department of anaesthesia in relation to organisation, staffing, performance, resourcing, service provision or workload.
- When management and the department of anaesthesia (working together) seek an independent review of the local services and resources assigned to them.
- When an individual anaesthetist is underperforming and the cause is partly or completely due to the way that the department of anaesthesia is managed.

1.10 Requests will usually be considered to be outside the scope of the RCoA invited review process where:

- Conduct or capability procedures are to be instituted for individual anaesthetists.
- There are disputes concerning employment contracts and terms of service.
- Local disciplinary action is being taken.
- External parties such as Counter Fraud Services in Scotland or Northern Ireland, NHS Protect in England or Wales and/or the police are already involved with the case.
- The GMC, NCAS or equivalent are already involved in the review of an individual.
- The issues relate solely to health, bullying at work, unlawful discrimination or harassment.
- Significant litigation is already in progress which relates to the doctor or the particular issues that would be the subject of the review.
- There are issues concerning allegations of misconduct, e.g. theft, dishonesty, violence, threatening or abusive behaviour, disobedience, unauthorised absenteeism or being under the influence of alcohol or drugs.
- Individual doctors who feel that they have difficulties in performance or relationships with colleagues approach the RCoA themselves; in such an event, the doctor will usually be encouraged to contact the British Medical Association (BMA), NCAS, or their medical defence organisation for advice.

1.11 This document defines the governance, structure and operational process to be followed when a request is received by the RCoA, the rationale for determining the appropriate response and how this response is actioned, including the process for review and follow-up.

1.12 This guidance is clear about its limitations. Where it emerges that the problems lie with, for example, service design, the RCoA may suggest that the HCO considers an internal investigation against clear national frameworks from the relevant regulatory body (for example the GMC's employer liaison adviser (ELA) system).

1.13 This guidance applies to all four UK nations; terminology is intended to be interchangeable and acknowledge any regional variations in process, service design or external stakeholders.

2 Types of Invited Review

2.1 The RCoA offers invited reviews within the following remits:

- A '**structural review**' is carried out following a request to examine and comment on the department of anaesthesia, focussing on any or all of the following aspects: organisation, staffing, performance, resourcing or workload.
- A '**service review**' is carried out following a request to examine a particular service, e.g. pain service, obstetric service, or aspect of a service in relation to any of the above.
- Other types of reviews, e.g. individual reviews (taking note of the exclusions in paragraph 1.10 above), or case-note reviews will be provided bespoke at the discretion of the oversight group.

2.2 All reviews are likely to include an onsite visit to enable the RCoA reviewers to meet the local clinical team, managers and other stakeholders, with the terms of reference for the visit based on the quality and safety of the service under review. Reviewers will look at quality, safety and efficiency and will tailor their visit to the specific situation.

2.3 Full details of external stakeholders relevant to the invited review process are provided in Appendix 1. These include regulatory agencies that are also involved in aspects of a service review and which may take over the brief should this be found to be appropriate.

3 Invited Review Agreement

3.1 One of the key objectives of the RCoA is to set standards to improve anaesthetic services. One way to achieve this is through the promotion of the highest standards of care for anaesthetic, critical care and pain management services. Invited reviews provide an independent perspective in situations where concerns have been raised with regard to the standards of care being provided, or where validation and advice on configuration of services is required.

3.2 Each invited review will have its own specific terms of reference and will be unique. This guidance aims to inform HCOs how the RCoA can assist them. It outlines the process used to ensure that each review is both robust and fair to all concerned, and that the terms of reference are designed to answer the questions and concerns raised. This guidance also provides information for reviewers undertaking reviews, to help ensure that they are supported through the process.

3.3 Issues of clinical governance, configuration, appraisal and revalidation, as well as legitimate public concern and awareness of healthcare performance, are resulting in an increasing number of requests for assistance from HCOs. The RCoA recognises that it has a role to assist HCOs in these circumstances to:

- Evaluate a service where concerns have been raised.
- Establish whether problems do exist and, if so, in which areas, and make recommendations to the HCO.
- Support HCOs in implementing standards.
- Provide a source of advice and 'signposting' for assistance where the RCoA cannot itself directly respond to the request.

3.4 RCoA reviewers will act independently of other authorities and are able to offer advice and recommendations confidentially in an environment of trust. Where appropriate, the RCoA will encourage dialogue between the HCO and regulatory agencies and authorities to ensure that the safety of patients is paramount and that there is openness in identifying and addressing issues of concern. **The RCoA reserves the right in some circumstances to raise concerns directly with external regulatory agencies should obvious, serious and urgent issues of patient safety which are not being addressed become apparent**. The HCO will be informed of this immediately.

3.5 Occasionally, the RCoA administrative team may be contacted by a member of staff within a department of anaesthesia concerned about safety within a unit. In these circumstances it will be discussed with the Director of Clinical Quality & Research and the CQA to determine what advice should be given, or what action taken.

3.6 An invited review undertaken by or on behalf of the RCoA can play an important part in evaluating concerns, protecting patient care and ensuring patient safety. It is not an accreditation visit or an audit review, both of which require different methods of assessment. However, one outcome of an invited review may be a recommendation to formally undertake either of the above.

3.7 It is important that any review proceeds as swiftly as possible within its terms of reference, so as to minimise any stress and expense to the HCO involved.

3.8 Where possible, reviews will specifically consider the impact of current and proposed service arrangements on patients and on the quality of care experienced by them, with evidence being established and gathered through meaningful and ethical means.

3.9 The RCoA will not disclose to the public or individual stakeholders any details of the review or its involvement without permission from the HCO, unless there is an overriding reason such as urgent safety concerns where the regulator and/or commissioner must be notified. Such decisions to disclose information to third parties without the consent of the HCO must only be made by the Director of Clinical Quality and Research. It is, however, recognised that reports may reach the public domain or be disclosed under a Freedom of Information request and they will be drafted with due consideration of possible intentional or accidental publication.

3.10 When an HCO requests a review that requires the expertise of another specialty, as well as that of the RCoA reviewers, in the interests of transparency the RCoA will request that the terms of reference, supporting documentation and subsequent report be shared with the appropriate Royal College, for example the Royal College of Surgeons, the Royal College of Paediatrics and Child Health or the Royal College of Obstetricians and Gynaecologists. The RCoA may also consider it to be prudent, when planning a service review, to liaise with the appropriate Regional Adviser, who may be able to provide contextual insight into the situation at a particular HCO. This will always be agreed with the HCO prior to action.

3.11 Reviewers will ensure that all interviewees understand the confidential nature of the review, as well as that their evidence will in most circumstances be used within the report, and will be backed up by a number of other sources of information wherever possible. Names will not be given in the report.

3.12 Invited reviews will be carried out in accordance with the latest guidance, standards and recommendations from government, educational and regulatory authorities and, where a reference in the report has been superseded, the latest version stands.

4 The Process

Contact

4.1 The initial request would usually come from the HCO's Medical Director or Chief Executive and be directed to the RCoA invited reviews administrator (please see section 7 for contact details). The RCoA administrative team and CQA will work together with the enquirer to determine the nature and extent of assistance required. Standard paperwork will be requested to be submitted to the RCoA.

4.2 In the first instance, the RCoA may only be asked for confidential advice and this may comprise a short telephone or face-to-face discussion. Such approaches will be fully documented on a standard template and a record retained but may simply result in signposting to another agency, such as NCAS and/or a GMC ELA, and thus not fall within the formal invited review process. The Director of Clinical Quality and Research, the CQA, and the oversight group will decide whether the request is appropriate for an invited review or whether the HCO should be directed to another relevant authority.

Invited Review Agreement and Terms of Reference

4.3 Once the RCoA has agreed to proceed with an invited review, the HCO is asked to:

- Secure agreement from the Chief Executive, Medical Director and clinician or clinicians involved in the review to be undertaken (there are occasions when, to protect patients or as part of early planning, a visit might be necessary without the total support of the local staffing body).
- Consider (in discussion with the Director of Clinical Quality & Research and the CQA) whether it is appropriate to involve other Royal Colleges.
- Agree the terms of reference and methodology of the proposed review in discussion with the RCoA and the individuals concerned.
- Agree to the contractual terms.
- Confirm and accept the RCoA fee.
- Sign formal agreement.

4.4 The administrative team at the RCoA will act as the point of contact for information passed between the RCoA and HCO.

4.5 If any issues outside of the scope of the visit come to light during an invited review, the review should be completed to the terms of its original remit. The reviewers should point out that they cannot investigate or suggest solutions for what has come to light. The HCO should undertake an investigation under existing internal or NHS mechanisms. **The RCoA reserves the right in some circumstances to raise concerns directly with external regulatory agencies should obvious, serious and urgent issues of patient safety which are not being addressed become apparent**. The HCO will be informed of this immediately.

Review Team

4.6 Once the above has been confirmed, the RCoA will identify the review team and a date for the review. The review should take place within eight weeks of identifying the review team.

4.7 A review team will be recruited in accordance with the requirements of the invited review. Reviewers are recruited via an approved application process and undergo formal training. Reviewer details are maintained on a register at the RCoA, and reviewers are selected for each review based on specific criteria (including but not limited to availability, location and the terms of reference of the review). Reviewers will be suitably indemnified through the RCoA's professional indemnity insurance.

4.8 The invited review team will usually comprise two senior clinicians, a lay representative and an administrative reviewer. The lead reviewer will be a clinical reviewer and will have had previous experience of conducting such reviews. In certain circumstances, should the terms of reference indicate a need, there may also be a reviewer representing another specialty.

4.9 Reviewers are trained to:

- Be objective and non-judgemental in gathering evidence.
- Aim to seek confirmation from more than one source and record the sources of evidence.
- Look for evidence to substantiate or refute any criticisms or complaints made.
- Use evidence that relates only to the specific remit of the review.
- Base judgements on standards and statutory requirements where applicable.

Review visit

4.10 The RCoA recommends that the anaesthetic department and relevant individuals be informed by the local senior management of the upcoming RCoA visit, if deemed appropriate. The RCoA can offer advice as to how to communicate with the workforce.

4.11 During the onsite visit the following arrangements are suggested:

- A dedicated private room should be arranged to set individuals at ease and provide a confidential area for the review team.
- Allow 25–30 minutes for each interview/session. This may vary depending on the terms of reference but a generous allowance of time should be made.
- The administrative team will ensure that there are suitable breaks for refreshments throughout the visit. This time can be well used in digesting information received.
- The HCO should ensure that interviewees arrive on time and that, if the schedule is running late, they are kept informed so that there is no undue waiting time.

4.12 To establish facts and where concerns have been raised, the reviewers will need to speak with a range of staff. The programme will be drawn up by the Clinical Quality team with final arrangements agreed between the reviewers and the HCO. Interviewees may include:

- the Chief Executive
- the Medical Director
- the Clinical Director
- consultant anaesthetists/intensivists
- trainees
- SAS doctors
- nurses, managers, nurse practitioners, ODPs, PA(A)s
- risk management coordinators
- clinical governance staff
- other specialities

4.13 The documentation required for a visit will vary depending on the terms of reference. However, a standard package of information will be provided to reviewers.

For service and structural reviews, the information requested may include:

- Management structure and overview.
- Information regarding services in the hospital(s).
- Relevant protocols of relevant service(s).
- Strategic documents and action plans.
- Guidelines for clinical practice produced by specialist societies which specify appropriately qualified staffing and equipment for the effective functioning of the specialty service.

These lists are not exhaustive and other documentation may be considered appropriate for inclusion by the review team.

4.14 HCOs should make every effort to ensure that requested information is supplied in advance of the review visit. However, in exceptional circumstances additional information that may significantly influence the reviewers' conclusions may be considered during the visit.

4.15 The RCoA Clinical Quality team in liaison with the HCO will organise the logistics of the visit. Some of the important steps are listed below:

- A clear description of the problem to be investigated will be obtained by the RCoA before confirming a visit will take place.
- The terms of reference will be agreed with the HCO before the beginning of the review visit.
- A pre-review discussion will take place between the HCO and the Clinical Quality team, to agree an organisational plan and to review the methodology.
- The earliest mutually convenient date should be agreed for the visit and the duration will be determined, recognising that those in active NHS practice will have to give adequate notice to their own departments and employers (at present *at least* eight weeks' notice to allow clinics, theatre lists, etc., will be cancelled or rescheduled).
- The RCoA will identify what documentation and other information they will require ***at least*** two weeks prior to the visit. The HCO should ensure that all information is available to the RCoA well before the review visit so that they have adequate time to digest the information.

4.16 It is the responsibility of the HCO to ensure that:

- A named, senior member of staff (the designated HCO coordinator) has primary responsibility for coordinating the review and is available throughout the day(s) of the visit, to assist the reviewers and to ensure that appropriate arrangements have been made.

- All the supporting information requested is sent to the RCoA *at least* two weeks before the onsite visit.
- The finalised programme, including names of interviewees and times, is agreed *at least* two weeks before the onsite visit.

4.17 It is important in most situations for the reviewers to tour the facility in question as part of the visit, as this provides context and may help to provide confirmation of information contained in some of the documentation.

4.18 At the end of the visit, the review team should meet with the Medical Director and/or Chief Executive (or their nominee) to provide feedback and a summary of their findings. This will also be an opportunity to draw attention to anything that gives concern for patient safety, if this has not already been done. The HCO will be encouraged to provide the RCoA with feedback as well.

4.19 It is necessary to leave enough time at the end of the review visit for the reviewers to discuss the general conclusions and the recommendations of their report.

4.20 A timescale for the completion of the report should be confirmed with the HCO. This should be realistic. The reviewers should agree in advance with the HCO if a longer timescale is required.

4.21 Feedback from the HCO on the review process will be requested by the RCoA as soon after the visit as possible and prior to the report being produced. This will be collected using a semi-structured online form. A separate feedback form will be sent to reviewers

Report

4.22 The administrative reviewer will be responsible for drafting the written report (which will be agreed by all members of the review team) and will submit the report to the Director of Clinical Quality & Research and the CQA. The final report should be send to the HCO within twelve weeks of completion of the visit.

4.23 Where specialists from other professional disciplines, such as obstetrics, are involved in the review, the process and timescale for sign-off, reporting and accountability will be agreed at the outset.

4.24 The final report will be the opinion of the reviewers appointed by the RCoA, at the time of the visit. The RCoA will check the content and format of the report before it is finalised and approved.

4.25 The final report will be sent in confidence to the nominated individual at the HCO to check the factual accuracy of its content. If any issues are noted these must be communicated back to the RCoA administrative team for consideration within the set timeframe. If required, the report will be updated.

4.26 The confirmed report will be sent to the HCO at which point ownership of the report will transfer to the HCO.

4.27 It is the RCoA's expectation that the entire report will be shared (except in the most exceptional circumstances) with the with the relevant colleagues in the HCO and other Royal Colleges involved in the review. However, this is the decision of the Medical Director or Chief Executive.

4.28 A list of documentation received and reviewed (for example, audit data, clinical governance reports, adverse incident reports and referral/workload figures) will be included in the final report.

4.29 The RCoA has no statutory authority to require action following an invited review and can only give recommendations and advice. Any action taken following an invited review is the responsibility of the HCO but, where concerns are raised over safety or staffing, the RCoA would expect the regulatory authorities to be notified by the HCO within an agreed timeframe. If there is evidence that this has not happened, the RCoA reserves the right in exceptional circumstances to notify commissioning or regulatory authorities directly.

4.30 HCOs are reminded of their duty of candour following a service/structure review. The report may recommend that the HCO report any specific issues identified and actions planned following the review in their quality accounts. For service/structure reviews, the RCoA is required to provide a copy of the final report as signed and agreed by all involved parties to the national health regulator upon request. The HCO will be notified if this occurs.

4.31 For individual reviews, the RCoA is required to provide a copy of the final report to the GMC upon request. The RCoA is also legally required to provide a copy of the report to the individual who is the subject of the review upon request, but will not enter into any discussions with the individual about the content of the report.

4.32 Six months and again at twelve months after the final report has been published, the RCoA will contact the HCO to discuss the progress following the review visit and whether the suggested recommendations have been implemented, and will provide additional advice where required. Discussions will be centred on the outcome of the visit and achievements from the implementation of recommendations.

5 Information for Reviewers

5.1 An invited review team will usually consist of: at least two clinical reviewers (including one lead), one lay reviewer and one administrative reviewer (a member of RCoA staff).

5.2 Reviewers are required to complete an application form and undertake the RCoA Invited Reviewer Training Day before attending an invited review. Further information on the criteria to become an invited reviewer can be found in the application forms.

5.3 Reviewers are trained to:

- Be objective and non-judgemental in gathering evidence.
- Aim to seek confirmation from more than one source and to record the sources of evidence.
- Look for evidence to substantiate or refute any criticisms or complaints made.
- Use evidence that relates only to the specific remit of the review.
- Base judgements on standards and statutory requirements where applicable.

5.4 Reviewers are selected for each review based on specific criteria (including but not limited to: availability, location and the terms of reference of the review). Reviewers will be suitably indemnified through the RCoA's professional indemnity insurance.

5.5 The reviewers will discuss the details of the invited review at a dedicated pre-meeting, normally at least one month prior to the visit itself. This will enable the reviewers to discuss the details of the programme and plan interview questions in advance. The reviewers should agree in advance if a longer timescale is required at any point of the process.

5.6 During the onsite visit, it is the responsibility of the lead reviewer to make the introductions and thank the HCO. The HCO will have been given general information beforehand but the lead reviewer should check that this information has been received and reiterate very briefly the purpose of the review.

5.7 Reviewers will ensure that all interviewees understand the confidential nature of the review, but that their evidence will in most circumstances be used within the report, and backed up by a number of other sources of information wherever possible. Names will not be given in the report.

5.8 Questioning should be alternated between the reviewers, with the other reviewer(s) recording notes of information received. Open questions should be the norm. However, the use of closed questions to confirm understanding can be useful. It is important to separate opinion from fact: ask for clear examples. Secondary questions may be necessary to gain specific information.

5.9 During the onsite visit reviewers should point out that they cannot investigate or suggest solutions for matters that fall outside the agreed terms of reference. If reviewers feel uncomfortable at any point during the onsite visit they are encouraged to discuss their concerns with the administrative reviewer or contact the RCoA office directly. Contact details can be found in section 7.

5.10 At the end of the interview, the reviewer should summarise what is believed to have been said, to ensure agreement on the interpretation of the statements.

5.11 Dos and Don'ts:

- Do actively listen.
- Do consider the level/role of the interviewees.
- Do remain focused.
- Do consider depth versus breadth.
- Don't make judgements yet.
- Don't relate your own experiences.
- Do, when taking evidence, only accept direct observations of fact and disregard hearsay and opinion.
- Do adhere to the timetable for the day.

After the interviews:

- Consider whether enough information has been provided.
- Are the concerns raised valid?
- Separate organisational failings from individual ones.
- Consider how any failings can be addressed?
- Make recommendations in your report.

5.12 If during the visit the reviewers require advice or support directly from the RCoA, they are encouraged to inform the HCO that they require a break in the programme and to contact the Clinical Quality & Research Director. Please see section 7 for contact details. The administrative reviewer will be able to facilitate this.

5.13 Reviewers' interview notes and collected evidence (except patient case records) should be handed to the administrative reviewer at the end of the visit to ensure they are safely retained at the RCoA. Alternatively, if a reviewer wishes to retain documentation for the purposes of writing the report, it is their responsibility to store confidentially and destroy securely any documentation once the report has been published. All documentation in a physical form (for example paper copies, memory sticks and mobile electronic media) must be returned to the RCoA by the reviewer for appropriate processing. If this documentation has been received electronically, it must be fully deleted from all reviewers' personal systems/computers.

5.14 The verbal feedback at the end of the review visit will allow the reviewers to provide a brief overview of the preliminary findings but at this point feedback should be kept in general terms and not be specific. It may be helpful to arrange a final group meeting with all staff, so as to avoid 'mixed messages'. It should be explained that further discussion and documentation may be required before final recommendations on the findings can be given, in the written report.

5.15 The RCoA will request feedback from the reviewers once the onsite visit has concluded.

Discrimination

5.16 Unlawful discrimination

The RCoA's commitment to equality of opportunity acknowledges its legal obligations and social responsibility to provide a culture and environment in which unlawful discrimination, harassment and victimisation are unacceptable. Recognition of equality of opportunity allows the RCoA and those with whom it comes into contact to meet its stated objectives of improving patient health.

5.17 The RCoA and the review team could be held liable for acts of unlawful discrimination that the reviewers may commit during the course of an invited review. Reviewers should therefore be familiar with the legal framework that protects applicants, employees and contract workers, among others, against unlawful discrimination on account of their race, religion or belief, disability, age, sexual orientation, gender reassignment, or part-time/fixed-term status.

5.18 If any reviewer believes during the course of an invited review that they may have acted in any way that amounts to unlawful discrimination or that may have caused an individual to believe they have been victimised or subjected to harassment, or if any complaint is received by the RCoA that a reviewer has acted in such a way, then the reviewer should take no further steps in the review pending further instructions from the RCoA. The RCoA may need to seek specialist advice and may in certain circumstances require the reviewer to withdraw from the review and appoint a substitute reviewer, or, if this is not possible, abandon the invited review and appoint a new team of reviewers.

The reviewer should be prepared to offer an immediate apology to the individual concerned if this is considered appropriate by the RCoA.

5.19 All reviewers have a responsibility to ensure that those with whom they come into contact during the course of an invited review do not act in any way that would amount to unlawful discrimination. If they have concerns about the conduct of a fellow reviewer, in particular if they believe the fellow reviewer to have acted in a way that amounts to unlawful discrimination, victimisation or harassment, they should immediately report this to the administrative reviewer.

6 Records Retention

6.1 The RCoA will maintain records of invited reviews in line with data protection (and other relevant) legislation and following the advice provided to it by its legal advisers as appropriate.

7 Contact Details

7.1 If you would like to find out more about the RCoA's invited review process please see the following methods of contact:

Website: www.rcoa.ac.uk/invitedreviews

Email: invitedreviews@rcoa.ac.uk

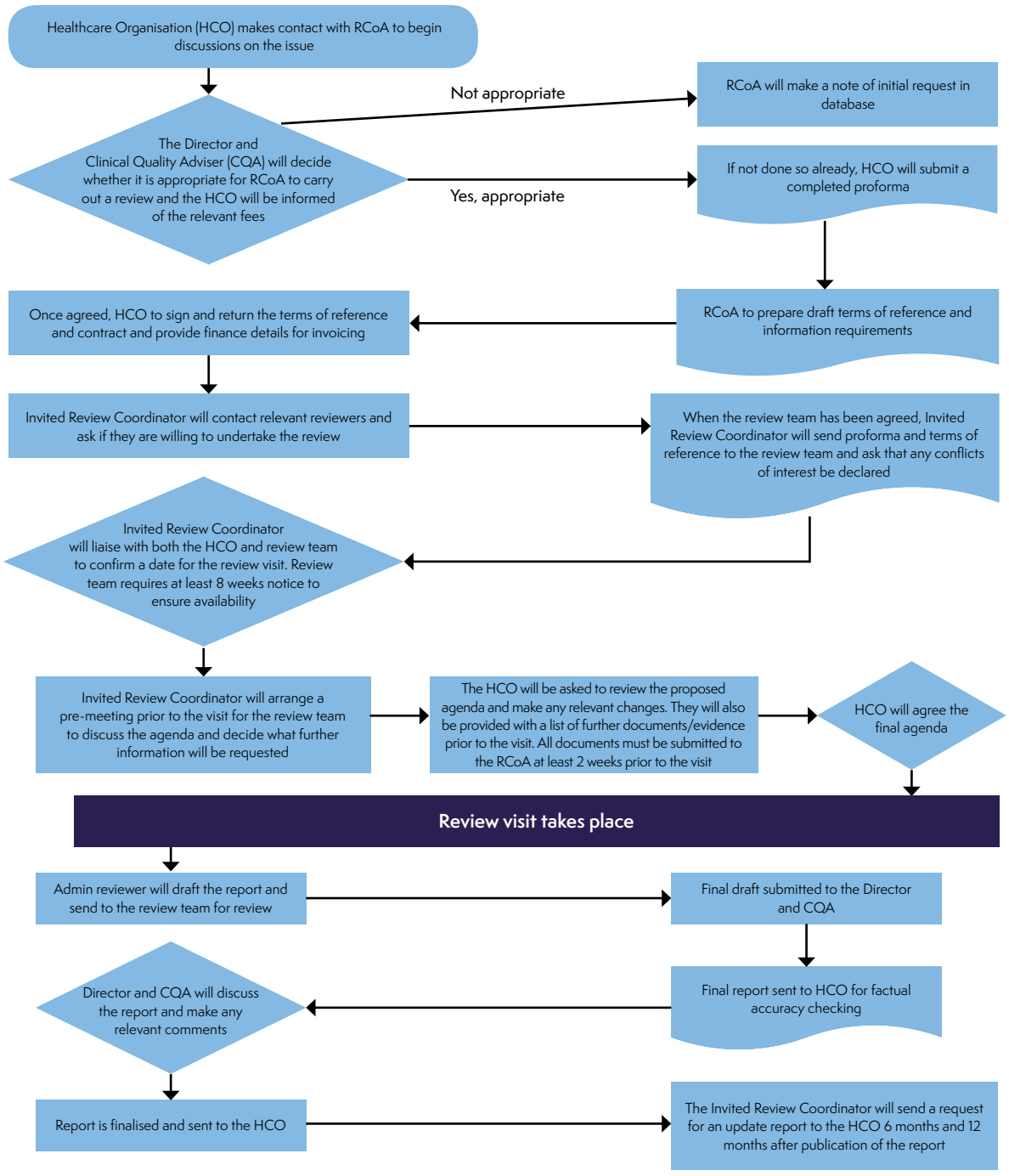
Telephone: 020 7092 1571

Appendix 1 – organisations relevant to invited review service

Details of organisations relevant to the invited review service:

ACSA	Anaesthesia Clinical Services Accreditation scheme www.rcoa.ac.uk/acsa
AoMRC	Academy of Medical Royal Colleges www.aomrc.org.uk
BMA	British Medical Association www.bma.org.uk
CQC	Care Quality Commission www.cqc.org.uk
GMC	General Medical Council www.gmc-uk.org
HIW	Healthcare Inspectorate Wales www.hiw.org.uk/?lang=en
HIS	Healthcare Improvement Scotland www.healthcareimprovementscotland.org
NCAS	National Clinical Assessment Service www.ncas.nhs.uk
RCoA	Royal College of Anaesthetists www.rcoa.ac.uk
RQIA	Regulation and Quality Improvement Authority www.rqia.org.uk

Appendix 2 – invited review process



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