

Anaesthesia Review Team Guidance 2015



Introduction and Background	2
What is an ART?	2
Types of ART	2
Service Review	3
Individual Review	3
Document Review	3
Feedback from hospitals	3
Standard fees (excluding VAT) and expenses	3
Flow Chart of ART Process	4
Role of the reviewer	5
Role of the College	5
Role of NCAS	6
Contact Details	6

© Royal College of Anaesthetists (RCOA) 2015

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any other means, electronic, mechanical, photocopying, recording, or otherwise, without prior permission, in writing, of the Royal College of Anaesthetists.

Whilst the Royal College of Anaesthetists has endeavoured to ensure that this document is as current as possible at the time it was published, it can take no responsibility for matters arising from circumstances which may have changed, or information which may become available subsequently.

This guidance will be reviewed in 2018.

All enquiries in regard to this document should be addressed to the Royal College of Anaesthetists, Churchill House, 35 Red Lion Square, London WC1R 4SG
020 7092 1571 art@rcoa.ac.uk www.rcoa.ac.uk

Registered Charity No: 1013887 Registered Charity in Scotland No: SCO37737 VAT Registration No: GB 927 2364 18

INTRODUCTION AND BACKGROUND

The Anaesthesia Review Team (ART), otherwise known as Invited Review, is a service offered to Hospitals who feel they would benefit from an outside agent offering independent professional opinion and recommendations toward local resolution to improve the anaesthesia services they offer. This can be in light of concerns regarding; the whole department, a specific individual, documentation, a working relationship or facilities, or any other anaesthesia issue which has the potential to cause concern.

ART reviews are administered by the Royal College of Anaesthetists (the College); however, there may be occasions where an intensive care or pain specific review is required and under these circumstances the College will work in partnership with the [Faculty of Intensive Care Medicine \(FICM\)](#) and [Faculty of Pain Medicine \(FPM\)](#) to ensure all issues are appropriately covered.

It is the College's view that local intervention should be implemented at the earliest possible stage, before any matters become patient safety or fitness to practice concerns. If a situation has already escalated to the [General Medical Council \(GMC\)](#) or is an employment legal matter, the College ART service will be unable to partake, unless specifically invited to do so by the investigating body.

WHAT IS AN ART?

An ART review can address potentially damaging issues before they reach crisis point. There are many situations in which an ART review may be beneficial. Each situation is considered on a case-by-case basis and the Hospitals are encouraged to contact the College for a specific consultation by the ART administrative team in the first instance. Issues leading to an ART request may include:

- Potential patient safety concerns
- Working relationships
- Documentation irregularities
- Return to work issues
- Service delivery
- Workload issues
- Provision of anaesthesia in merging Hospitals, or in small/isolated medical units

Issues related to individuals must be below a level that would require GMC involvement; however, they may be of interest to the [National Clinical Assessment Service \(NCAS\)](#). The College frequently works with NCAS, together with the employer and affected individual(s), to reach a solution to the problem. The role of the ART is to identify potential specialty problems and their causes and offer considered, practical and fair advice on how to address them.

Most importantly, the role of the ART is to provide employers with a report which they can use to ensure the optimum welfare of patients and clinicians.

The College will normally require **eight weeks' notice** to arrange an ART visit so that reviewers may be released from their own NHS employer for the task. In most cases, at least two reviewers will be invited to attend on an agreed date and all parties involved will be required to give their consent to the review. Reviewers will tailor their visit to specific situations. When carrying out a visit, they may wish to conduct interviews, group discussions and consider relevant paperwork.

TYPES OF ART

There are three types of review available.

- Service Review
- Individual Review
- Document Review

Service Review

This is a visit to comment upon the current service. A standard service review will normally last two days with normally two reviewers (two clinicians). It will include meeting the anaesthetic team, managers and other stakeholders. Reviewers will be looking at quality, safety and efficiency of that service and will tailor their visit to the specific situation. All parties involved will be required to give their consent to the review.

Individual Review

This is a visit to review the clinical practice of an individual doctor causing concern. A standard individual review will normally last one day with two reviewers (two clinicians). It will include case note analysis, interviews with the individual doctor and other colleagues. Reviewers will be looking at the quality, safety and efficiency of the individual and will tailor their visit to the specific situation. All parties involved will be required to give their consent to the review.

Document Review

In cases where the review does not require a visit, for instance a review of case notes, normally two reviewers (two clinicians) will be invited to assess the relevant paperwork.

Following a review, a report will be written and returned to the Hospital normally within four weeks. Reports are based on a standardised College format to ensure that a clear, practical reference document is provided. The report produced from the review will be owned by the Hospital and any subsequent demand for access to the report by an external body e.g. media or defence organisation will be directed to them. A copy of the report will be retained in confidence by the College for internal reference only.

Upon request by the [Care Quality Commission \(CQC\)](#) or equivalent UK national health regulator, the College is obliged to provide a copy of the ART final report as signed and agreed by all parties involved.

Feedback from hospitals

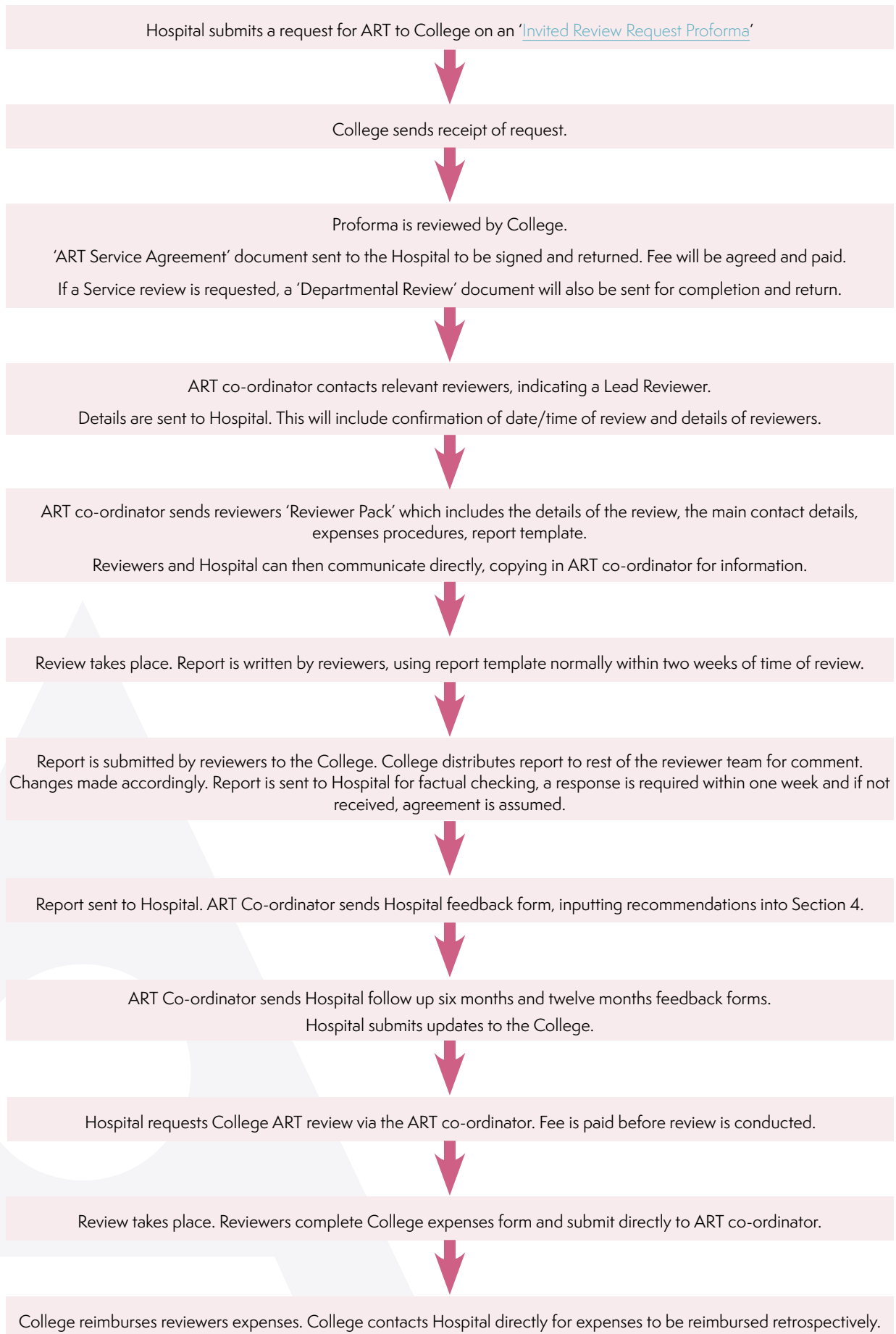
As part of any College ART agreement the Hospital must provide the College with written feedback **six** and **twelve** months after a review has been conducted. This is important as it enables the College to maintain accurate details of all reviews conducted as well as collate national data to facilitate an (anonymised) ART annual report.

Standard fees (excluding VAT) and expenses

- Fees for ARTs will be reviewed at the College's President meeting.
- The agreed fee will be confirmed to the hospital.
- The rates will be reviewed annually.
- It is the responsibility of the hospital to provide swift payment of the fee.

The process is as follows:

FLOW CHART OF ART PROCESS



ROLE OF THE REVIEWER

The primary role of an ART reviewer is to offer independent professional opinion and recommendations toward local resolution to improve the anaesthesia services. Dependent upon the type of ART review each will determine the specifics of the reviewers' role. For example a reviewer attending an individual or service review will be required to visit the location and conduct interviews whereas for document reviews this would not be necessary. For an individual, service or document review at least two clinicians will be appointed.

It is the role of the ART co-ordinator to ensure the appropriate reviewers attend the relevant visits, generally picked via location and special interest held on a central database. All ART reviewers are required to declare any conflict of interest.

There is a requirement for ART reviewers to attend at least one training day every two years. Training days are held at the College offices in London once a year and are advertised on the website. Please contact the ART co-ordinator for details of the next event.

Many doctors who have officially retired from medical practice continue to work in a wide range of other professional roles such as [Anaesthesia Clinical Services Accreditation \(ACSA\)](#) reviewers, [Continuing Professional Development \(CPD\)](#) and [Advisory Appointment Committee \(AAC\)](#) assessors for the College. A doctor can maintain the responsibility of an ART reviewer two years after clinical retirement and must be in good standing with the College. The Academy has issued some [useful guidance](#) summarising the confusion with regards to GMC registration.

ROLE OF THE COLLEGE

It is an important role of the College to administer confidential ART reviews to ensure support is provided at local level to both doctors and departments in difficulty. Further information on the support and advice for the professional and personal wellbeing of doctors can be [found here](#).

Part of the ART process is requesting feedback from the Hospital after a review, which will enable the College to collect useful data which can then be analysed and trends highlighted. This could then have a direct impact on the quality improvement of the specialty throughout the UK. The importance of this feedback is vast as it will enable the College to produce an anonymised ART Annual Report, improve communication and sharing of information to other national professional bodies.

Not only must the College support local services but also to provide ample support and training for the College ART reviewers.

ROLE OF NCAS

The role of [NCAS](#) is an important one when it comes to doctors in difficulty and through ART reviews it is the intention of the College to ensure a good working relationship between the two professional bodies. NCAS' aim is to support the resolution of concerns about the performance of doctors, which may include clinical capability, behaviour and health.

Over the years there has been some confusion about the role of NCAS and the following bullet points should be of help. Much of NCAS' work is directed by their Statutory Directions which are set by the Department of Health along with reference to NCAS' role in national frameworks. NCAS is an advisory body (not a Regulator) and offers a range of assessment and intervention services to get behind the presenting concern:

- NCAS has a duty to document and monitor exclusion of practitioners from work so any cases where there is or might be exclusion should be discussed with NCAS
- If a Trust wants to take a doctor to a capability hearing they must refer it to NCAS for them to consider whether to undertake a performance assessment before proceeding to a hearing
- If NCAS decide not to carry out an assessment there is then no impediment to the employer proceeding to a capability hearing.
- In cases where NCAS do conduct an assessment a report is produced which will include conclusions about the performance of the doctor.
- Where requested, NCAS works with the employer to create a remediation plan and any assessment will give features for an against successful remediation. There is no obligation upon the employer to agree to it, particularly in cases where the plan is not considered practical. However, the onus then lies with the employer to justify this decision at a later date if the situation deteriorates, for example in the courts or another arena.
- There is no obligation upon an employer to delay a capability hearing where the GMC are conducting fitness to practice proceedings. From the College's stance, we can assist with capability reviews and ART visits even if a GMC process is still ongoing, but the GMC will be notified of College involvement.

There are no thresholds for contacting NCAS. For further information about NCAS' services visit www.ncas.nhs.uk.

CONTACT DETAILS

To enquire about the ART service or to initiate a review, please contact the ART Co-ordinator:

Direct line: 020 7092 1571

Email: art@rcoa.ac.uk

