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| **Request for Specialist Support for Reviews from the**  **Forum of Irish Postgraduate Medical Training Bodies** |

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| **Section 1: Request Details** | |
| Date of Request |  |
| Request from | Specify name of the requesting agency. |
| Type of Requesting Agency | Private, Voluntary, HSE hospital |
| Request to | Name of training body or bodies from who support is being requested. |
| Request for | Specialty consultant in xx specialty |
| Commissioner | This person acts as the main point of contact for the nominated specialist(s) regarding the submission of the report, access to medical and other records, arranging meetings and clarifying the terms of reference of the review and arranging the appropriate administrative support throughout the review.  This person will have ultimate responsibility for the management and oversight of the review team and acts closely with the chair of an review team, when appointed. |
| Chairperson | Name of chairperson. |
| NIMS Number |  |

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| **Section 2: Review Details** | | | |
| **Type of Review**  *Place an X beside the type of review to be undertaken* | | | |
| Healthcare Record Review | | |  |
| Systems Analysis Review of a single incident | | |  |
| Look Back Review  *Indicate how many cases will be under review* | | |  |
| Has any review/ look back review commenced prior to this request?  If yes, please clarify who carried out this review  If yes, has the review completed? | | | Yes/No  Yes/No  Yes/No |
| **Type of Assistance Required**  *Place an X beside the type of assistance required from the Specialist* | | | |
| Provision of a Healthcare Record Review Report | | |  |
| Membership of a Review Team | | |  |
| Provision of Expert Advice i.e. to answer a specific clinical or technical question for the purpose of a review. | | |  |
| **Incident Review/Look Back Review Team** | | | |
| List the other members of the Incident Review/Look Back Review Team and their areas of responsibility:   |  |  | | --- | --- | | Name | Job Title | |  |  | |  |  | |  |  | | | | |
| **Systems Analysis/Lookback Review - Case Background & Goals[[1]](#footnote-1)** | | | |
| Outline the general background and brief chronology of the case |  | | |
| Purpose of systems analysis/look back review | As per terms of reference | | |
| Provide a concise statement as to the goals of the review and its expected scope. | Information must be provided on:  What is the ultimate goal(s) of this review? e.g., establish the facts, identify any Key Causal Factors, specific issues related to care to be included in the overall review; expected output of incident review/look back review as per terms of reference | | |
| Are the terms of reference attached for the incident review/look back review? | Yes/No | | |
| **Availability of Records and Information[[2]](#footnote-2)** | | | |
| Outline the range of material to be made available to the clinician(s) providing the specialist support during the review: |  | | |
| Has consent in relation to the provision of the healthcare record to the nominee been received from the service user/family. | Yes/No (if No it should be stated that this will be obtained prior to provision of the healthcare record to the nominee) | | |
| Outline how the nominated clinician(s) providing the specialist support will be able access this information: | Review files on site, files to be couriered to clinical expert etc | | |
| **Timescale for External Input** | | | |
| Expected start date on External Input |  | | |
| Expected end date on External Input |  | | |
| Expected time commitment required of clinical expert |  | | |
| **Communication Strategy** | | | |
| Is the clinician(s) providing the specialist support expected to meet with either the complainant/family or other parties | Yes/No | | |
| *If yes outline the interaction which will be required:* | | | |
| Is the clinician(s) providing the specialist support expected to meet with other health care professionals and staff as part of the review? | Yes/No | | |
| If yes outline the interaction with other health care professionals and staff which will be required |  | | |
| Is the clinician(s) providing the specialist support expected to participate in the communication process during the review or in reporting its outcomes to either members of the public, to officials at the requesting agency? | Yes / No | | |
| If yes outline the interaction with members of the public, officials at the requesting agency which will be required. |  | | |
| **Indemnity/Remuneration** | | | |
| Indemnity will be provided by the requesting agency to the nominated specialist and the training body | | Yes/No  Expert must not proceed until indemnity has been provided. | |
| The requesting agency agrees to comply with the Forum of Irish Postgraduate Medical Training Bodies Policy on Remuneration (see Note 1. below) | | Yes/No | |
| Name and contact details of whom the clinician(s) providing the specialist support to submit invoice: | | Name:  Address:  Email address: | |
| Administration support will be provide to the clinician(s) providing the specialist support | | Yes/No | |
| Details of the administration support which will be available for the nominated clinician(s) providing the specialist support | | Contact Name:  Contact Details: | |

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| Form Completed by: |  |
| Date: |  |
| Application approved and signed by Hospital Group CEO/ CHO Chief Officer |  |
| Organisation name: |  |
| Date: |  |

*Completed forms together with the TOR are to be submitted by the Commissioner of review to* [*QRS.Tullamore@hse.ie*](mailto:QRS.Tullamore@hse.ie) *(Quality Risk & Safety)* ***and copy the relevant CHO/Hospital Group/NAS/NSS Lead for Quality and Patient Safety.***

**Note 1. Remuneration**

The reviewer(s) nominated by the training body is acting as an advisor to the requesting organisation and must be compensated for his/her time.

The daily rate to be paid to the reviewers by the requesting organisation is €150 per hour or €1250 per diem.

The requesting organisation must agree to cover the following expenses:

* Travel – taxi, public transportation, private vehicle
* Parking and Tolls
* Accommodation
* Meals
* Telephone calls
* Meeting expenses

Receipts must be submitted for all expenses. Only original receipts will be accepted.

All expenses must be reimbursed by the requesting organisation within 4 weeks of submission.

1. This section does not apply to a request for a Healthcare Record Review where the purpose is to support decision making as to whether a review is required [↑](#footnote-ref-1)
2. This and following sections apply to all Forum applications [↑](#footnote-ref-2)