RCS
ADVANCING SURGICAL STANDARDS

Clinical record information	
RCS Number:	
Initials of Patient & Hospital ref no::	
Initials of reviewer:	
Case type/procedure:	

Case description

Evidence

Good Clinical Care – Assessment (History taking, examination and diagnosis)
Comments:
Grading (please circle): Acceptable/Cause for Concern/Unacceptable

Good Clinical Care – Investigations
Comments:
Grading (please circle): Acceptable/Cause for Concern/Unacceptable

Good Clinical Care – Treatment (Clinical decision making, case selection, prescribing skills, operation or procedures, evidence – based treatment, palliative care etc)
Comments:
Grading (please circle): Acceptable/Cause for Concern/Unacceptable

Patients (sharing information with the patient, agreeing management plans and gaining informed consent)
Comments: Grading (please circle): Acceptable/Cause for Concern/Unacceptable
Colleagues – Evidence of communication with colleagues including delegation, referrals
Comments: Grading (please circle): Acceptable/Cause for Concern/Unacceptable
Good Clinical Care – Other e.g. working within limits of competence, accessibility, use of resources etc.
Comments: Grading (please circle): Acceptable/Cause for Concern/Unacceptable
Reviewer comments on the overall quality of care
Comments: Grading (please circle): Acceptable/Cause for Concern/Unacceptable
Does this patient need follow-up?   **Yes/No**
(details of follow up required…)