



REPORT AMENDMENT POLICY

Policy Number	
Date Ratified	Apr 2026
Review Date	Every year
Policy Author	Dr Jajawi, Bilan Jama, Michael Gronner, Samantha Hughes

Amendment No.	Comments	Completed By	Date

Purpose

This policy outlines the principles and procedures governing amendments to clinical reports within Jajawi & Asker Ltd. (“Dr J & Colleagues”). It ensures that all changes are managed in a consistent, transparent, and clinically appropriate manner while preserving the integrity of the clinical record.

Scope

This policy applies to all clinical reports issued by the organisation, including but not limited to:

- Patient assessment reports
- Diagnostic reports
- Clinical letters and summaries

It applies to all staff involved in the creation, review, and authorisation of such reports.

Policy Statement

Patient reports may be **amended once only** following their initial issue. Once an amendment has been completed and the revised report issued, **no further amendments will be permitted.**



Rationale

This approach is necessary to:

- **Maintain the integrity of the clinical record**

In line with guidance from the General Medical Council, which requires clinical records to be clear, accurate, and not misleading.

- **Ensure transparency and accountability**

Supporting standards set out by NHS England on clear documentation and auditability of patient records.

- **Reduce the risk of inappropriate or repeated alterations**

Preventing retrospective or unjustified changes that could undermine trust in clinical documentation.

- **Support medico-legal robustness**

Ensuring compliance with principles outlined by the Care Quality Commission regarding safe, well-led, and properly governed services.

Correction (Factual Error)

A *correction* refers to minor, non-clinical changes such as:

- Typographical errors
- Spelling or grammatical mistakes
- Administrative details (e.g. date, patient demographics)

Corrections:

- Do **not** alter clinical meaning or interpretation
- May be made without being classified as an amendment
- Must still be documented appropriately where relevant



This distinction aligns with expectations from the NHS Digital regarding accurate and traceable health records.

Amendments we can not accommodate include:

- Changes to clinical opinion, diagnosis or outcome
- Requests from external organisations (e.g. PIP, legal representatives, or UK Armed Forces), as our service is commissioned and funded solely to provide diagnosis and treatment.

Our reports are intended to support diagnosis and treatment only, therefore they do not include a comprehensive patient history, as this falls outside the scope of the commissioned service.

Amendment Process

Requesting an Amendment

Requests for amendments may be submitted by:

- Patients
- Clinicians

All requests must:

- Be submitted in writing (via our Portal to ensure confidentiality at www.drj.co.uk)
- Clearly specify the requested changes and rationale
- Be received within a reasonable timeframe of report issuance (recommended: within 28 days)

This supports patient rights under the UK General Data Protection Regulation (UK GDPR), including the right to rectification of inaccurate data.

Review & Assessment

The original author (or an appropriately qualified clinician) will review the request



The request will be assessed for:

- Clinical validity
- Supporting evidence
- Appropriateness of amendment vs. correction

Authorisation

Amendments must be formally authorised by:

- The report author **or**
- A designated senior clinician

A decision will be documented, including:

- Whether the amendment is approved or declined
- The rationale for the decision

Issuing the Amended Report

If approved:

- A revised report will be issued clearly marked as:
“Amended Report – Version 2”
- The report will include:
 - Date of amendment
 - Summary of changes made
 - Statement confirming that no further amendments will be permitted

Documentation & Record Keeping

- **The original report must never be deleted or overwritten**



- Both versions must be retained:
 - Original report (Version 1)
 - Amended report (Version 2)
- Records must include:
 - Amendment request
 - Review and decision documentation
 - Final amended report
- Systems must ensure:
 - Full audit trail
 - Version control
 - Secure storage

These requirements align with:

- NHS England record management standards
- Information Commissioner's Office guidance on data accuracy and accountability

Governance and Medico-Legal Considerations

All amendments must comply with:

- Standards from the General Medical Council (Good Medical Practice – accurate, contemporaneous records)
- Requirements of the Care Quality Commission (Safe and Well-Led domains)
- Data protection obligations under the Data Protection Act 2018 and UK GDPR



Reports may be subject to:

- Clinical audit
- External review
- Legal scrutiny

The single-amendment rule supports:

- Defensibility of clinical decisions
- Prevention of retrospective alteration risks
- Clear and transparent documentation practices

Audit & Compliance

- Amendment activity will be periodically audited to ensure:
 - Compliance with this policy
 - Appropriate use of amendments vs. corrections
 - Adequate documentation and justification
- Any deviations must be:
 - Clearly documented
 - Reviewed through governance processes

Audit processes should align with expectations from the Care Quality Commission and internal clinical governance frameworks..

Communication and Transparency

A reference to this policy will be included in clinical reports and correspondence, for example:



“This report is subject to our Report Amendment Policy. Reports may be amended once only in accordance with UK clinical governance and data protection standards. Requests for amendments must be received within 28 days of report issuance. Further details are available upon request.”

Review of Policy

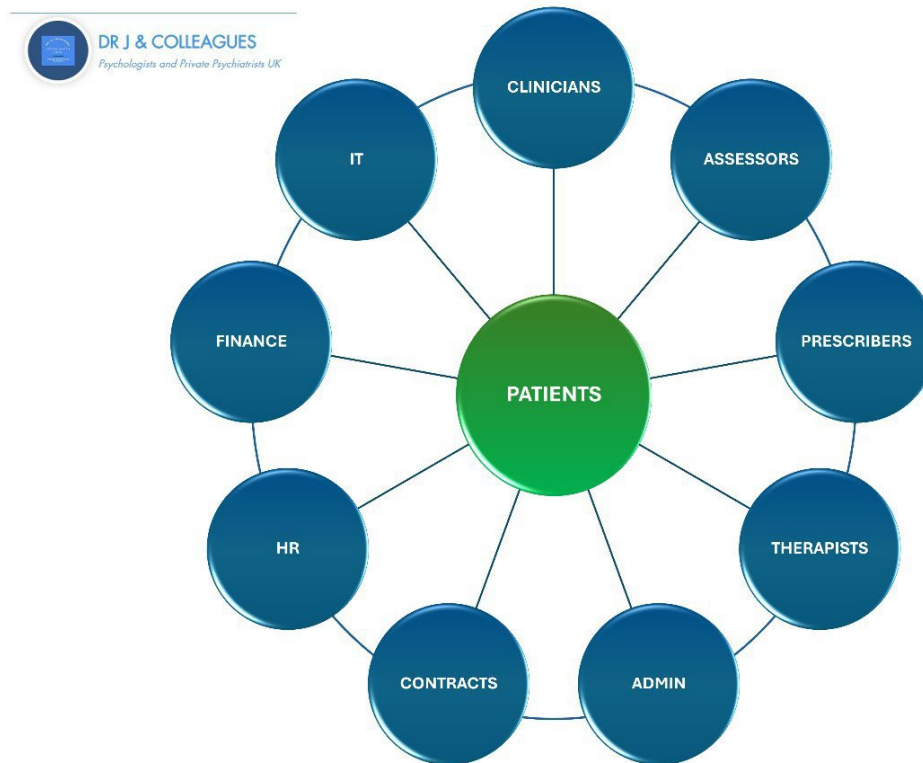
This policy will be reviewed periodically if required due to:

- Changes in legislation or regulatory guidance
- Updates from NHS England or the General Medical Council
- Organisational or service changes



Patient Centric Model

Dr J & Colleagues operates a Patient-Centric Model, placing the patient's interests at the core of our service delivery:



This focus and commitment to the model enable us to consistently provide the highest standards of care, ensuring optimal service outcomes and patient satisfaction.