

# PEER REVIEW

Dr Amanda Thomas

## Introduction

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- Principles
- Aims & Objectives of Peer Review
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## Background

- Response to:
  - National Variation in Peer Review models
  - Interest by Courts, legal profession & Police
  - Use/misuse in high profile court cases
- Submitted Paper for Child Protection Standing Committee RCPCH, 12/10/09
- Status –Awaiting Council readers and an expert reviewer before publication on the web

## Background

- There is an expectation that doctors involved in child protection work will have access to support, peer review & clinical supervision in order to develop knowledge & remain competent
- 'Peer review', 'support' and 'supervision' in relation to doctors have never been clearly defined.

## Definition – Clinical Supervision

*"....a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex situations."*

NHS Management Executive 1993

## Clinical Supervision

- Allows practitioners to:
  - receive professional supervision in the workplace by a skilled supervisor.
  - develop their skills & knowledge
  - achieve, sustain & creatively develop high quality practice through focused support & development.
- Encourages practitioners to meet accepted standards of their discipline
- Helps practitioners to improve patient care.
- Enables regular protected time for facilitated, in depth reflection on clinical practice.

## Clinical Supervision

- Prevents:
  - Isolated working
  - out of date practice
  - Unchallenged interpretations/personal views.

*Paediatricians that do not undergo peer review are likely to be regarded with concern by the courts, GMC, professional bodies and professionals.*

## Clinical Supervision

- All Trusts have a Clinical Supervision Policy
- ...'**Mandatory**' that all practising clinicians receive Clinical Supervision for a minimum of one hour every three months....
- Different disciplines have different approaches to supervision all of which are equally valid.
- Clinical supervision is recognised in the Healthcare Commission Standards (2006)

## Definition – Peer Review

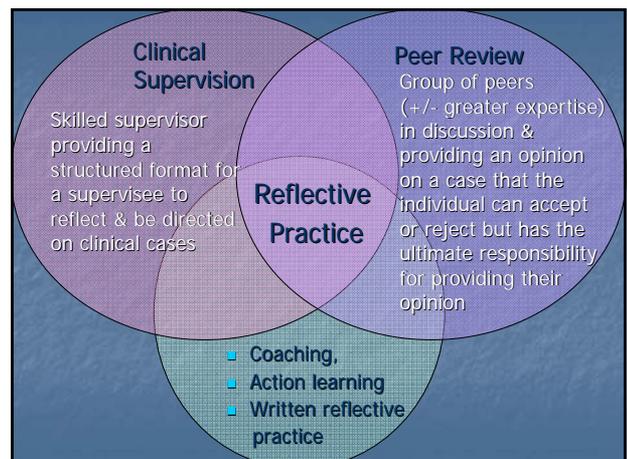
*'A person or persons of the same status or ability/expertise as another specified person or persons, providing an impartial evaluation of the work of the other/s.'*

Dictionary (Various)

## Peer Review

- Historically used for research purposes:
  - to assess the importance & quality of research submitted for publication in scientific journals
  - for the allocation of research funding
  - to assess the research rating of university departments
- Child Protection - expanded concept by paediatricians following the Cleveland Inquiry:
  - to provide support to paediatricians
  - to enable paediatricians to receive feedback on physical signs particularly in CSA through review of colposcopic photographs or other images taken in individual cases.

Clinical Supervision and Peer Review are differing forms of reflective practice and developmental activities that give practitioners the opportunity to learn from their experience and develop their expertise within clinical practice.



Any of the reflective/developmental activities can be utilised within a clinical supervision session provided:

- the participants identify the purpose of the session before it commences
- it is practitioner focused
- It is sensitive to the needs of practitioners
- It is undertaken in the spirit of collaborative partnership
- it supports the learning & development of practitioners

## Expectations of Peer Review from the legal profession

- Individual paediatricians have been 'peer reviewed' & therefore judged by his/her peers
- Reduced risk of the 'maverick paediatrician'
- Assurance that the evidence has already met a measure of standard
- The evidence and the paediatrician are more reliable.
- Reviewers carry a liability for any case that they have participated in peer review
- Peer review will result in a consensus opinion.

## Expectations from the RCPCH

- Paediatricians will access:
  - Support,
  - Supervision
  - Peer review
  - Education & training
- Maintain standards
- Remain up to date
- Remain competent to practice
- Time reflected in job plans
- Attendance & learning reflected in annual Appraisal

## Definition – Consensus Medical Opinion in Child protection

Evidence, provided to the court or a multi-agency meeting, based on the opinion or position reached by a group of medical staff as a whole on the significance of the findings, diagnosis and case management of a particular case.

## Definition – Second Medical Opinion

A second opinion is the process of seeking an evaluation by another doctor to confirm the diagnosis and treatment plan of the primary doctor, or to offer an alternative diagnosis and/or treatment approach.

## Emotional support in Child Protection

The process in which peers, supervisors, other professionals or lay people help an individual deal with the emotions they experience during clinical practice in child protection and offer encouragement and comfort during difficult or stressful times.

## Principles of Peer Review

- TOR
- Attendance Recorded
- Meetings chaired
- Only discuss cases when the examining doctor is present
- Photographs should be reviewed prior to the case information
- Lead consultant has ultimate accountability
- Opinion & any documentation is the lead consultant's responsibility
- Practice should be reviewed in a challenging but supportive way
- Second or consensus opinion – agree in advance
- Where meetings incorporate wider CG & Clinical Supervision purposes consider minuting meetings:
  - with documentation of generic learning points,
  - actions identified
  - updating on LSCB issues/new research

## Objectives of Peer Review

- Quality Improvement
- Training junior/ less experienced doctors
- Support
- Time for discussion of difficult cases in non-threatening atmosphere
- To contribute to paediatricians' clinical supervision programme
- To view photo documentation accompanying the case presentation
- Complete evaluation of the child to ensure high standards of care
- Debriefing

## Pitfalls

- Use of colleague's opinion without consent
- Using names of peers as second opinions in the court system
- Self serving cliques of peers
- Bias in favour of the assumed/ self appointed/ most experienced expert
- Teams working in a "cosy consensus"
- minimising poor practice & lack of sufficient challenge
- Avoidance of meetings to avoid challenge
- Failure to produce all the evidence
- Inefficiency
- Bias e.g. history before the evidence.
- Delay in discussing cases waiting for meeting

## Recommendations

- Each Trust/organisation employing paediatricians working in Child protection should establish a peer review meeting according to good practice standards
- TOR
- Audit

## Conclusions

- Peer review and clinical supervision are part of the CG framework to which all doctors must comply.
- Peer review has a role to play in maintaining public and court confidence.
- Although Peer Review is the best available system for assessing the quality of child protection cases, it is not perfect.
- Efforts are being made to improve the efficiency and transparency of the process

## Peer Review

- Child Protection Peer Review for Doctors who Safeguard Children, RCPCH 2009,  
A Thomas, A Mott & Child Protection Standing Committee RCPCH
- References
- Definitions
- Draft TOR