

Draft

Review by Peers

in professional and
administrative processes

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1. Introduction

Review of professional practice by a peer is a valuable and important part of the maintenance and enhancement of a practitioner's clinical and professional skills. There are, however, significant variations in the use of and approach to peer review, as well as in the skills of participating practitioners with few resources available to expand skills in this area.

Peer review is a well established part of the informal, voluntary collaborative activities used by clinicians to review and support improvement in their professional practice and to maintain and improve the quality of patient care. It is also used administratively as a part of the routine activity of clinical departments or professional bodies.

Review of practice by professional peers is also a part of the ongoing professional performance management used for regular organisational assessment and reporting. Significantly, the involvement of practitioners in regular assessment processes is an increasingly essential part of the credentialling and re-credentialling processes.

Review of professional activity by peers is also a component of the established administrative processes for dealing with complaints and concerns about a practitioner's performance.

This guide has been developed as a tool for managers and health services implementing processes for the review of professional practice. It seeks to encourage a collaborative approach by managers, senior clinicians and practitioners to the implementation of effective peer review. This document uses the best available evidence and current best practice and expert opinion to provide guidance on how to design and run an effective peer review process.

A systematic review of the literature was completed for the Australian Commission on Safety and Quality in Health Care (Commission) in June 2009 to identify the published literature on peer review, describe the methods being used and assess their effectiveness. The literature review identified a large and growing body of knowledge regarding the peer review of healthcare professionals including a number of features of the peer review process that increase the rigour of peer review and may be of benefit to health service organisations, managers and practitioners. However, much of the research in the area was reported to lack rigorous appraisal of the peer review activities and the available studies focused on self-reported improvements. While peer review is widely practiced by practitioners there is little empirical evidence to demonstrate that it improves clinical practice.

The overall objective of peer review process is to improve patient safety and health outcomes. This can be achieved by ensuring the appointment of appropriate clinical staff through credentialling and specification of their scope of practice, improving the quality of individual practitioner performance and/or reviewing individual practice if concerns or uncertainties about performance become apparent.

This guide focuses on the peer review processes conducted by and for practitioners. Practitioners regularly engage in peer review and because there is a high degree of autonomy in their professional practice, peer review is a valuable mechanism for providing meaningful feedback on a practitioner's clinical practice and the outcomes of care. The principles and processes described in the guide may also apply to other professional groups or multi-disciplinary teams.

This document provides guidance on strategies and processes to effective peer review. As a guide to the language in this document:

- 'will' implies must
- 'should' implies best practice that is strongly recommended and
- 'may' implies good practice that should be considered.

1.1 Purposes for peer review

Review by professional peers is used for a number of overlapping purposes, including:

A. Peer review as a **voluntary collaborative activity** led by practitioners that is regularly used to monitor, maintain and improve the quality of their patient care. This form of peer review can be either formal or informal and may involve any of the following activities:

- observation
- feedback and support
- structured peer consideration of clinical activity, such as morbidity and mortality meetings
- formal presentations to professional or clinical departmental meetings.

B. Peer review as a required, **routine clinical departmental or professional activity**. These activities may be part of employment conditions or a requirement for medical indemnity insurers, medical registration or continuing professional development with a professional association or college and may include:

- peer-based audit
- monitoring of compliance with evidence-based guidelines
- monitoring of clinical outcomes against benchmarks or outcomes of peer practitioners
- monitoring of performance indicators
- review and investigation of adverse events.

C. Peer review as a core **source of information to support credentialling processes and defining scope of clinical practice**. The credentialling process may rely on information generated as part of routine clinical department or professional activities or involve separate peer review activities. These processes are routinely undertaken:

- when a medical practitioner is first appointed to a health service organisation and at periodic intervals thereafter for re-credentialling
- when a proposal is made to introduce a new clinical service, procedure or other technology, or
- in response to a referral or a concern about a health practitioner's performance.

Credentialling and defining the scope of clinical practice both involve peer-based processes.

- D. Peer review may be used as a component part of a **‘one-off’ activity of performance review**. Peer review may be one mechanism for the gathering of information on a practitioner’s performance that is used when concerns or uncertainties are raised about a health practitioner’s performance. The outcome of this form of peer review may then feed into other processes, including credentialing or scope of practice.

2. Principles of Effective Peer Review

The following guiding principles are intended for health managers and practitioners undertaking peer review or using the information gained from peer review processes. Use of these principles will improve the effectiveness of the peer review process and can be applied in any of the four purposes outlined in Section 1.

1. **The governing body of a health service organisation and its managers have a responsibility to support effective peer review.**

Whenever peer review is used, health service organisations have a responsibility to ensure consistent management, evidence-based procedures and robust accountabilities are in place to support the delivery of safe, high quality patient care and to monitor and maintain the performance of quality systems. Effective peer review is a critical element of organisational quality systems and, as such, peer review processes should be integrated into regular clinical governance processes.

2. **Practitioners have a professional responsibility to engage actively in peer review.**

Practitioners are in a unique position to evaluate their peers' performance and to support performance improvement. Engagement in peer review is a core requirement of professionalism. Practitioners have a professional responsibility, therefore, to engage actively as both participants and reviewers in effective peer review. The Australian Medical Council 2009 Code of Conduct also requires self-reflection and participation in performance appraisal processes for the maintenance of professional performance.

3. **Peer review should produce valid and reliable information that supports quality assurance and improvement.**

The utility of peer review depends on the quality of its processes and the perceived value of the information it generates for practitioners, managers and health service organisations.

4. **Processes for peer review must be transparent, fair and equitable, and legally and ethically robust.**

Peer review should comply with relevant regulation including those governing health services provision, privacy, competition, whistle-blowing and equal opportunity and be based on the rules of natural justice and procedural fairness.

5. **The outcomes of peer review should be applied ultimately to improve patient care.**

Practitioners and health service organisations should seek to maximise patient safety and quality of care by implementing systems changes or improvements in clinical practice that maybe identified during peer review.

3. Governance and Management of Formal Reviews by Peers

The health service organisation is responsible for ensuring effective and integrated governance, including clinical governance. Peer review is a critical element of any clinical quality system.

3.1 Establishing peer review strategies

For an effective peer review strategy, health service organisations will:

- have a strategy for collaboration with practitioners on peer review
- clearly articulate their expectation of, and the purpose for, participation by practitioners in peer review in relevant regulatory documents including by-laws and standing orders, contracts of employment and/or engagement, and policies and procedures as appropriate, and
- actively support participation by practitioners in these systematic review processes.

3.2 Supporting peer review

Support for peer review by health service organisations should include:

- protected time to engage in peer review
- administrative support for peer review processes
- feedback and change processes, and
- access to experienced staff to advise on process design, information collection and peer review techniques.

3.3 Peer review policy

A policy on peer review developed collaboratively by a health service organisation and practitioners should give consideration to:

- the agreed characteristics of effective peer review, taking into consideration:
 - the range of techniques that may be applied in peer review, including both observation and feedback and formal, structured reviews of clinical practice
 - expectations about peer reviewers' training and experience
 - the expectation that the full range of clinical services, dimensions of quality and domains of performance will be included in peer review
 - the types of information sources that may be available to support peer review;
 - the way in which peer review should be conducted, including the avoidance of conflict of interest and bias
 - the extent to which peer review processes and outcomes should be documented
 - if peer review is conducted externally and relied on by the health service organisation, the expected credentials of those who conduct it

- requirements for participation in peer review by practitioners who are employed or engaged by, or provide services in the health service organisation
- responsibilities and accountabilities for those leading and organising peer review including the involvement of practitioners in policy development, process design and training
- support available for individuals leading and organising peer review
- ways in which outcomes from peer review may be applied to improve practice
- who may access information about peer review processes and outcomes and in what circumstances
- ways in which information from peer review will contribute to credentialling and defining scope of clinical practice processes
- expectations of disclosure to the health service organisation and/or to external parties of any concerns arising from peer review about the performance of a medical practitioner
- supports available to practitioners to improve their practice in the event of peer advice that such improvements are required
- circumstances in which external peer review may be commissioned by or on behalf of the health service organisation, and
- how compliance with the health service's organisation's requirements for engagement in peer review will be monitored and assured.

3.4 Maintaining records

Guidance on documentation for peer review, developed collaboratively by the health service organisation and practitioners should give consideration to:

- formal peer review processes, to meet accountability and transparency obligations, should document some or all of the following:
 - the purpose for which the peer review is being undertaken (e.g. professional development, performance monitoring etc)
 - the date the peer review was conducted
 - the objectives and techniques of the peer review
 - the identities of the practitioners who engaged in the peer review as reviewers and/or participants
 - the identities or an identifier for the patients whose records were subject to peer review
 - the type and number of clinical services, processes and/or outcomes that were reviewed
 - the outcomes and/or recommendations of the peer review
 - the required storage period for peer review documentation, and
 - the conditions of storage of peer review documentation, with particular consideration of the need to maintain privacy and confidentiality.

Peer reviews conducted informally as part of daily professional practice should not be discouraged by unnecessary documentation requirements.

4. Effective Peer Review Processes

A peer is a health practitioner with relevant clinical experience in similar health service environments who also has the knowledge and skills to contribute to the review of other health practitioners' performance.

4.1 Characteristics of peers

General skills and experience are factors that should be considered when assessing if a practitioner is a peer for the purposes of peer review. Other relevant factors should include:

- ☑ the speciality or craft group training of the potential reviewers and participants
- ☑ the domains of professional practice which are to be reviewed
- ☑ the types of geographical and organisational settings in which the reviewers and participants work (or have worked)
- ☑ the types of patients and conditions the reviewers and participants treat
- ☑ the extent of the reviewers' experience
- ☑ the currency of the reviewers' experience, and
- ☑ the specific training and skills of the reviewers in peer review techniques.

4.2 Engaging practitioners in peer review

Practitioners leading a peer review process should consider inviting all practitioners whose work is to be reviewed to contribute to the design, information collection, analysis and interpretation of results, presentation of results, and/or development, implementation and review of recommendations.

4.3 Ensuring peer objectivity

Practitioners participating in peer review as reviewers should:

- ☑ maintain professional objectivity about the performance of their peers
- ☑ use their knowledge of the health services and standards of professional practice when reviewing a peer's practice
- ☑ declare any potential bias or conflicts of interest in the peer review
- ☑ not participate if they could receive, or could be perceived to receive, a material commercial or professional benefit associated with the peer review or its outcomes, and
- ☑ attend training that addresses the techniques necessary to improve the effectiveness of peer review.

4.4 Training and supporting reviewers and participants

To maximise the effectiveness of peer review processes, health service organisations should consider:

- ☑ facilitating access to training and support for practitioners who engage in peer review that addresses:
 - the domains of professional practice
 - the dimensions of care that contribute to its quality
 - how to access evidence about good clinical practice as a basis for peer review
 - the types of techniques that may be applied in peer review
 - how to formulate criteria for peer review
 - how to identify relevant evidence of performance
 - the use and sources of data for peer review
 - how to observe work practices reliably
 - communication techniques, including facilitation and delivering and receiving feedback
 - the relationship of peer review with credentialling and defining scope of clinical practice processes and with clinical governance generally, and
 - when and how to document peer review processes and outcomes.

- ☑ facilitating access to specific education and training to practitioners about the concepts of conflict of interest and bias and the circumstances that may raise a conflict of interest or bias when peer review is being conducted.

5. Valid and Reliable Peer Review Processes

In the absence of evidence based indicators that directly link performance with safe, high quality care, review by professional peers will continue to be used by the practitioners to improve practice and assess performance.

It is important that valid and reliable peer review processes are implemented because information generated from poorly designed or conducted peer review may either create a false sense of confidence that the quality of clinical care is adequate when it is not or it may raise unfounded concerns. Poorly designed peer review can result in ongoing preventable harm to patients or wasted resources and professional disruption as concerns are investigated. Increasing the rigour with which peer review processes are applied by adopting a well designed process and supporting practitioners engaged in the process has the potential to increase the reliability of the outcomes of peer review.

The validity of a peer review process is determined by the degree to which it assesses what it is intended to assess. The reliability of a peer review process is the degree to which one can depend on the accuracy of the method's results. Reproducibility of the results is one gauge of reliability.

5.1 Designing effective peer review processes

The health service organisation may consider the following when developing effective peer review processes:

- ☑ clearly designating responsibility for leading the peer review process
- ☑ involving at least two peer reviewers, where practicable
- ☑ systematically selecting peer review topics
- ☑ engaging participating practitioners in the selection of topics and the design of local peer review processes
- ☑ applying review criteria which reflect evidence-based or agreed best practice
- ☑ using and/or developing structured assessment tools and methods
- ☑ incorporating in the design an opportunity for reviewers to discuss their assessments with each other before finalisation, and
- ☑ utilising multiple peer review methods, when necessary.

Health service organisations should involve practitioners in the design of peer review programs:

- ☑ whenever their practice is to be reviewed
- ☑ to assist in the forward planning for organisation peer review programs
- ☑ to ensure the utilisation of the available resources is efficient and effective
- ☑ to ensure the available guidelines or evidence of best practice in the clinical area to be reviewed is being utilised
- ☑ to determine the data and other information needed to support peer review, and
- ☑ to ensure the practitioners involved in the review processes have the skills, experience and support required.

Health service managers and practitioners involved in defining the parameters of local peer review processes should take into consideration the:

- ☑ purpose of the peer review
- ☑ individuals and/or teams that will be engaged as reviewers and participants
- ☑ processes and/or outcomes of care that will be reviewed
- ☑ scope of the peer review (e.g. the number of episodes of care or a period during which care was delivered)
- ☑ sources of information that will be used to inform the peer review
- ☑ criteria against which the performance of the health practitioner(s) will be reviewed
- ☑ processes planned for the peer review
- ☑ expected outcomes of the peer review
- ☑ expected duration of the peer review process or project, and
- ☑ ways in which the peer review outcomes are expected to be used.

5.2 Information sources for peer review

Practitioners and/or others who have been delegated responsibility to design a local peer review process may consider using the following sources of information where it provides information on individual practitioners:

- ☑ timely data from focused clinical safety and quality registries
- ☑ administrative data sets
- ☑ disease- or procedure-specific data registries
- ☑ data collected from clinical records maintained primarily for the purpose of clinical care
- ☑ observation of clinical practice
- ☑ structured stakeholder interviews;
- ☑ well structured stakeholder surveys (e.g. 360 degree feedback processes)
- ☑ complaints where multiple or serious complaints are received, and
- ☑ compliments and well structured patient experience surveys.

5.3 Peer review using implicit criteria and qualitative information

Many important aspects of professional practice (for example, communication, teamwork and certain technical skills) can only be assessed by qualitative methods involving observation and judgment. Peer reviewers may use implicit criteria (e.g. assessment by a senior health practitioner who relies on their own experience) to assess elements of performance. Application of consensus-based or quantitative methods may strengthen the validity and reliability of peer review conducted using implicit criteria or qualitative methods. Caution should be exercised in interpreting results of peer review conducted using implicit criteria and/or qualitative methods alone.

5.4 Analysing the results of peer review processes

Data analysis is likely to be most effective and accepted if it is kept simple and is based on a rigorous methodology. Analysis of the results would normally be in accordance with the plan agreed, using both quantitative and qualitative methods, as appropriate. Outcomes of the peer review should be presented in a format which is simple and easy to understand.

6. Participation in External Peer Review

Organisations such as medical colleges and societies provide valuable opportunities for professional development using peer review which may involve a large number of peers. The processes are generally trusted by practitioners and are valued by practitioners as they are conducted independently to the organisation in which they work.

6.1 Criteria for engagement in external peer review

Practitioners should take into consideration:

- ☑ prior to committing to engage as participants or reviewers in an external peer review process, if participation has the potential to make a positive contribution to the quality of patient care, taking into consideration:
 - the design of the peer review process
 - the privacy controls that apply to information provided by the health practitioner to the external peer review provider, and
 - the proposed application of the outcomes of the peer review, including what steps the external peer review provider may take if underperformance is detected.
- ☑ if engagement in external peer review requires submission of data that are collected by bodies not involved in the peer review process, for example a health service organisation in which a medical practitioner is employed or engaged, then the external peer review body should seek consent for the release of that information, particularly where it identifies individual patients or specific health service organisations.

The health service organisation should consider opportunities to:

- ☑ endorse and/or support the engagement by its practitioners in well-designed peer review processes externally as an alternative to, or to complement internal peer review activities, and
- ☑ seek clarification of what information about health practitioner engagement in and/or the outcomes of the peer review will be made available if support is provided to a practitioner participating in external peer review processes.

Health service organisations may also require the support of an external peer reviewer. Engaging an external peer to participate in a review may be of benefit where:

- ☑ there is an insufficient number of practitioners with the skills to act as peers without a conflict of interest or bias
- ☑ where an independent view is sought or required, or
- ☑ where access to a larger pool of practitioners will contribute to the knowledge or skills development of those participating.

7. Applying the Outcomes of Peer Review

The literature suggests that although participants in peer review intend to make improvements to their practice, feedback and recommendations arising from peer review do not always result in improvements in clinical practice, or result in improvements being made in a minority of areas identified where improvement is desirable [24 -27]. Where health practitioners are supported to implement the recommendations of peer review, however, and where audit processes are implemented to monitor compliance with recommendations, reported performance improvement was higher [25-26].

7.1 Responding to the outcomes of peer review

Practitioners who lead peer review processes should consider mechanisms that:

- provide feedback to participating practitioners about their performance, and
- encourage participants and reviewers in the development and documentation of recommendations for improvement when these arise as a result of peer review.

7.2 Implementing recommendations of peer review

A health service organisation, in collaboration with its practitioners, should consider:

- implementing mechanisms to support clinical teams identify barriers to change and develop systematic, practical plans to implement accepted changes arising from peer review
- reducing the reliance on feedback as the sole mechanism for stimulating change in practice by implementing other mechanisms such as:
 - targeted educational materials
 - development and monitoring of personal continuing professional development
 - intensive interventions including reminders, decision support and system changes
 - implementing systems changes as part of the feedback loop from formal peer review processes into clinical governance
 - sanctions or penalties where non-compliance impacts on patient safety.
- monitoring the effectiveness of changes in systems of patient care resulting from peer review.

7.3 Addressing concerns or uncertainties about performance

When a peer review has identified serious uncertainties or concerns about a practitioner's performance, a health service organisation will implement processes to:

- protect the safety of patients and the community, as a first priority
- provide support and guidance to the practitioner about strategies to improve their performance
- inform the health service organisation the changes that need to be made to the practitioner's authorised scope of clinical practice or conditions of practice, and
- notify the relevant regulatory authority in accordance with any relevant regulations, professional responsibilities and/or organisational policy.

8. Key Findings of Peer Review Literature Search

A systematic review of the literature was completed for the Australian Commission on Safety and Quality in Health Care in June 2009, to identify the published literature on peer review to describe the methods being used and assess their effectiveness. This analysis identified a number of features that increase the rigor of peer review processes. These include:

Increasing the number of reviewers

Peer review can be undertaken by an individual peer or by multiple peers. The number of peer reviewers participating in the peer review process varied widely across publications. This was because the appropriate number of reviewers depended on the purpose of the peer review activity, the peer review method being applied to the assessment of the healthcare provider, the properties of the peer review instrument (where one was used), and the domains of clinical performance being assessed. The sensitivity and specificity of peer review when compared with objective measures was assessed by Takanayagi [1] and by Forster [2]. Findings demonstrated that the positive predictive value of the peer review increased with increased numbers of reviewers.

While it is not possible to nominate an optimal number of peer reviewers required for the peer review of a healthcare provider, increasing the number of reviewers generally increases the reliability of peer review processes [3, 4], particularly where the peer review method is a survey [3, 5-7]. Too few reviewers may reduce the reliability of the outcome while too many reviewers has resource implications.

Basing peer review assessment on evidence-based guidelines

The reliability of peer review improves when the evidence base for the clinical conditions under review is well developed [8, 9].

When the subject of the peer review process is professional practice for which there is debate over appropriate practice, or for less common conditions, peer appraisal is more challenging. Further, professional disagreement about the evidence base and its application to the clinical circumstances relevant to the peer review reduces the inter-rater reliability of the peer review process [10].

Using structured assessment methods

The reliability of the peer review process was greater when structured assessment methods were used, compared with unstructured processes. The addition of structured assessment tools, in particular surveys and checklists, increased the reliability of peer review between assessors in some publications [11-13]. However, if the structured assessment tool was poorly designed and unreliable it did not improve reliability [9, 14, 15].

Many peer review activities involved the use of structured assessment tools by reviewers. Structured processes may guide reviewers through the process, and enable the targeted assessment of specific domains of performance. It is therefore important that structured assessment tools applied to the peer review of healthcare professionals are well designed and suited to the purpose of the peer review activity.

Using multiple peer review methods to perform an assessment

A number of publications described the use of multiple peer review methods. The use of multiple methods increased the sensitivity of the peer review process in identifying issues relating to the professional practice of the practitioners being reviewed [1, 16-18].

Multiple peer review methods provide a more holistic assessment of the health professional. Peer review of an individual component of performance may be undertaken using a single peer review method. However, judgments about multiple domains of clinical performance are improved through the use of multiple peer review methods of assessment.

The use of multiple peer review methods was common in formal peer review activities, and where the implications of the peer review process on the individual were greater (for example, in the assessment of under-performance, where the professional's registration status may be influenced by the findings of the assessment).

Training the peer reviewers

A number of publications described training for peer reviewers. In some clinical systems, training is provided to peer reviewers to improve the reliability of peer review processes. For example, in the UK General Medical Council's performance procedures, potential clinical assessors are short-listed and interviewed against specific criteria relating to their specialist experience, their experience of assessment, evaluation and management, and their community and public service commitment and activity [19].

Training is dependent on the peer review method to be applied by the reviewer and is relevant across a number of peer review performance domains. These include but are not limited to training in the use of the formal assessment instruments to be applied; interview techniques; clinical governance; communication; and observational skills training [19].

The exact relationship between quality of peer review and training requirements of peer reviewers in health care remains to be defined. There were two comparisons of trained versus untrained assessors [20, 21]. Findings indicated that, irrespective of 'training', assessors rated peers unpredictably unless the peer review process was facilitated by the use of structured assessment instruments [21].

In another publication, participants were required to audit a significant event and produce a report in a standardised format for peer review. It was reported that participants were unable to apply the audit methods and complete a report without training [22]. Findings suggested that where the peer review methods being applied require the use of new skills, training for the participants may also be required.

Voluntary peer review methods

Voluntary systems are generally attractive to practitioners as intrinsic motivation of the healthcare professional to drive quality improvement is generally less resource intensive for administering organisations, and are more consistent with adult learning principles [23]. However, voluntary systems may not produce desired behavioural change [24-28].

Further, voluntary peer review processes are feasible but often less reliable than mandatory processes, as they are more prone to modest to poor participation rates by healthcare professionals [29] as these peer review activities are often time-consuming and/or resource intensive [14, 30, 31]. Voluntary peer review may also experience difficulties attracting sufficient peer reviewers [28].

Organisations therefore may need to recognize the limitations of voluntary peer review processes when designing peer review systems and deciding what type(s) of peer review activities they wish to adopt or maintain for specific organisational purposes.

Peer review for under-performance

Where assessment of under-performance was the purpose of the peer review process, the methods used were usually formal and processes for peer review were generally well defined. Multiple peer review methods were commonly employed and multiple peer assessors used. Structured assessment methods for peer review were usually applied, and assessment and training of the peer reviewers frequently undertaken prior to the peer review occurring.

The purposes of the assessment of under-performance may be remedial and/or punitive. Publications made reference to end-point assessments, mentor programs, courses in management and communication skills for addressing specific under-performance issues identified through peer review. The use of sanctions, such as restricting scope of practice, specifying supervision requirements for practice, and limiting or removing legislation were also referred to. Regardless of purpose, peer review of under-performance was demonstrated to be a source of stress for both the healthcare provider being reviewed and for peers participating in the review process.

Full report available at: www.safetyandquality.gov.au

9. Definitions

Adverse event	An incident in which harm resulted to a person receiving health care.
Competent authority	An entity that is authorised by legislation to maintain a register of practitioners.
Credentialling	The formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality healthcare services within specific organisational environments.
Credentials	The formal qualifications, professional training, clinical experience, and training and experience in leadership, education, communication and teamwork that contribute to a medical practitioner's competence, performance and professional suitability to provide safe, high quality health care. A practitioner's history of and current status with respect to professional registration, disciplinary actions, indemnity insurance and criminal record are also regarded as relevant to their credentials.
Health service organisation	An entity, including a division or campus of a larger entity, which is responsible for resourcing, managing and ensuring provision of healthcare services including processes of credentialling and defining scope of clinical practice.
Medical practitioner	A person whose name is entered on a register of practitioners maintained by a competent authority.
Participant	A medical practitioner who submits information about their professional practice for the purpose of review of competence and performance by other people in the same field in order to assure, maintain or enhance the quality of their work or performance.
Peer	A health practitioner with relevant clinical experience in similar health service organisational environments who also has the knowledge and skills to contribute to the review of another health practitioner's competence and performance.
Peer review	The evaluation by a practitioner of creative work or performance by other practitioners in the same field in order to assure, maintain and/or enhance the quality of work or performance.
Performance	The extent to which a medical practitioner provides healthcare services in a manner which is consistent with known good practice and results in expected patient benefits.
Reviewer	A medical practitioner who agrees to review the competence or performance of other people in the same field in order to assure, maintain or enhance the quality of work or performance.
Scope of clinical practice	The extent of an individual medical practitioner's approved clinical practice within a particular health service organisation based on the individual's credentials, competence, performance and professional suitability and the needs and capability of the health service organisation.

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