

REVIEW BY PEERS

A guide for professional, clinical
and administrative processes

AUSTRALIAN COMMISSION ON
SAFETY AND QUALITY IN HEALTHCARE

■ ■ ■ Table of Contents

| | |
|---|----|
| 1. Introduction | 01 |
| 2. Principles of Effective Peer Review | 05 |
| 3. Governance and Management of Formal Reviews by Peers | 07 |
| 4. Effective Peer Review Processes | 09 |
| 5. Valid and Reliable Peer Review Processes | 12 |
| 6. Participation in External Peer Review | 15 |
| 7. Applying the Outcomes of Peer Review | 16 |
| Key Findings of Peer Review Literature Search | 17 |
| Definitions | 22 |
| References | 23 |

This document is based on work undertaken by DLA Phillips Fox on behalf of the Australian Commission on Safety and Quality in Health Care, with input from key stakeholders.

1. Introduction

Review of professional practice by a peer is a valuable and important part of the maintenance and enhancement of a health 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 health 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 and clinical 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.

With the establishment of national professional registration boards for health professionals, it is anticipated that health professionals will be required to participate in practice based reflective activities, including peer review.

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

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

Purpose of the Guide

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, clinical leaders and health practitioners to the implementation of effective peer review. This document uses the best available evidence, 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 (the 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 articles that discussed the features of the peer review process that increase the rigour of peer review. 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 health practitioners, there is little empirical evidence to demonstrate that it improves clinical practice.

The overall objective of the 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 health 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 health practitioners. Health practitioners regularly engage in peer review as a valuable mechanism for providing meaningful feedback on a health practitioner's clinical practice and the outcomes of care. The principles and processes described in the guide are intended to apply across professional groups and multi-disciplinary teams.

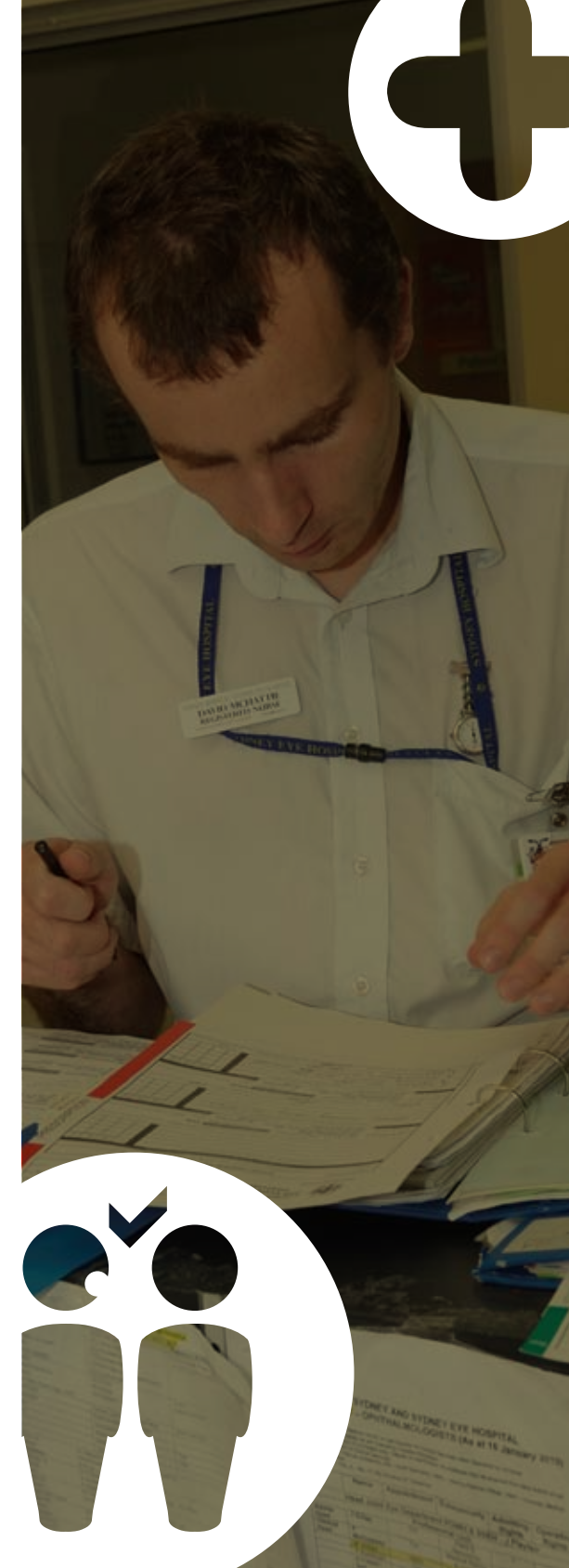




Image: Courtesy of St Vincents and Mater Health

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 health 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 (organisational practice) or informal (as agreed between colleagues) and may involve any of the following activities:
 - ⊕ direct 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 professional indemnity insurers, professional 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.
- ⊕ review and assessment following a complaint or concern being raised about a practitioner.
- 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 health 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.

Both credentialling and defining the scope of clinical practice involve peer-based processes.

■ ■ ■ 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 three purposes outlined in the introduction.

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, best practice 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. Health practitioners have a professional responsibility to regularly and actively engage in peer review.

Health 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. Health practitioners have a professional responsibility, therefore, to engage actively as both participants and reviewers in effective peer review. Professional bodies, such as the Australian Medical Council, Australian Nursing and Midwifery Council

and regulatory bodies such as the Australian Health Practitioner Regulation Authority require as part of their codes of conduct continuing professional development. This can include self-reflection participatory performance appraisal processes such as peer review.

3. Peer review should produce valid and reliable information.

The utility of peer review depends on the quality of its processes and the perceived value of the information it generates for health 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 regulatory requirement, including those governing health services provision, privacy, competition, whistle-blowing and equal opportunity. They must also 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.

Health practitioners and health service organisations should seek to maximise patient safety and quality of care by implementing systems changes or improvements in clinical practice and management that may be 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

In order to establish an effective peer review strategy, health service organisations should:

- ⊕ have a strategy for collaboration with health practitioners on peer review
- ⊕ clearly articulate their expectation of, and the reason for, participation by health 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 health 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 health practitioners should give consideration to:

- ⊕ the agreed characteristics of peer review, taking into consideration:
 - » the purpose of the peer review
 - » the information sources that may be available to support peer review
 - » how the peer review process should be conducted and documented
 - » how conflicts of interest and bias will be avoided
 - » what and how the outcomes are to be documented and reported and how feedback is to be provided to participants
 - » who may access information about peer review processes and outcomes, and under what circumstances
 - » the required storage period and the conditions of storage of peer review documentation, with particular consideration of the need to maintain privacy and confidentiality
 - » how the outcomes from peer review may be applied to improve practice and inform processes including credentialling and scope of clinical practice
- » requirements for participation in peer review by health practitioners who are

employed, engaged by, or provide services in the health service organisation

- » how compliance with the organisation's requirements for engagement in peer review will be monitored and assured, and
- » circumstances in which external peer review may be commissioned by or on behalf of the health service organisation.

- ⊕ A comprehensive peer review policy should give consideration to:

- » 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 expected credentials of those who conduct it, if peer review is conducted externally and relied on by the health service organisation
- » responsibilities and accountabilities for those leading and organising peer review including the involvement of health practitioners in policy development, process design and training
- » support available for individuals leading and organising peer review, and
- » supports available to health practitioners to improve their practice in the event of

peer advice that such improvements are required.

3.4 Maintaining records

Guidance on documentation for peer review should be developed collaboratively by the health service organisation and health practitioners and should include:

- ⊕ for all formal peer review processes, undertaken to meet accountability and transparency obligations:
 - » 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 methods of the peer review
 - » the identities of the health practitioners who engaged in the peer review as reviewers and participants
 - » an identifier for the patients whose records were subject to peer review
 - » the type and number of clinical services, procedures and/or outcomes that were reviewed, and
 - » the outcomes and/or recommendations of the peer review.
- ⊕ generally informal peer reviews are not documented. 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 health 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 health practitioners in peer review

Health practitioners whose work is to be reviewed should be invited 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

Health 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 health practitioners who engage in peer review that addresses:
 - » the domains of professional and individual practice requirements

- » 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 for health 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
- ⊕ ensuring training is conducted by appropriately qualified persons.





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 health 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 health 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 should 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 health 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 health practitioners in the design of peer review programs:

- ✚ whenever their practice is to be reviewed
- ✚ to assist in the forward planning for organisation of 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 context to be reviewed is being utilised
- ✚ to determine the data and other information needed to support peer review, and
- ✚ to ensure the health practitioners involved in the review processes have the skills, experience and support required.

Health service managers and health 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

Health 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 health 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 or quality monitoring
- ⊕ 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. The application of agreed quantitative measures 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 professional colleges and associations societies provide valuable opportunities for professional development using peer review which may involve a large number of peers. The processes are generally trusted and valued by health practitioners as they are conducted independently to the organisation in which they work.

6.1 Criteria for engagement in external peer review

Health practitioners should:

- ⊕ consider the potential positive contribution they can make to the quality of patient care as a participant or reviewer in external peer review processes. This can be assessed from review of:
 - » 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 under performance is detected.
- ⊕ if engaging 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 health practitioner is employed or engaged, then the external peer review body must 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 of its health 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 and/or the outcomes of the peer review will be made available if support is provided to a health 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 health 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 health 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 [1-4]. 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 [2, 4].

7.1 Responding to the outcomes of peer review

Peer reviewers should:

- ⊕ provide feedback to participating health practitioners about their performance
- ⊕ encourage participants and reviewers in the development and documentation of recommendations for improvement when these arise as a result of peer review, and
- ⊕ report on processes in accordance with policy.

7.2 Implementing recommendations of peer review

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

- ⊕ implementing mechanisms to support clinical teams to 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 positive 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 health practitioner's performance, a health service organisation will implement processes to:

- ⊕ as the first priority, protect the safety of patients and the community
- ⊕ provide support and guidance to the health practitioner about strategies to improve their performance
- ⊕ identify the changes that need to be made to the health 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.

■ ■ ■ 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 rigour 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 [5] and by Forster.[6]. Findings demonstrated that the positive predictive value of the peer review increased with a greater number 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 [7-8], particularly where the peer review method is a survey [8-11]. 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 [12-13].

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 [14].

⊕ 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 [15-17]. However, if the structured assessment tool was poorly designed and unreliable it did not improve reliability [13, 18-19].

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 health care 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 [5, 20-22].

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 in circumstances 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 [23].

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 [23].

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 [24-25]. Findings indicated that, irrespective of 'training', assessors rated peers unpredictably unless the peer review process was facilitated by the use of structured assessment instruments [24].

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 [26]. 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 [27]. However, voluntary systems may not produce desired behavioural change [1-4, 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 [18, 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 reviewers 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.

'Peer Review of Health Care Professionals: A systematic Review of the Literature' is available at: www.safetyandquality.gov.au



■ ■ ■ Definitions

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| 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 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. |
| Health Practitioner | A person whose name is entered on a register of practitioners maintained by a competent authority. |
| Participant | A practitioner who submits information about their professional practice for the purpose of review of 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 environments who also has the knowledge and skills to contribute to the review of another health practitioner's 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 health practitioner provides healthcare services in a manner which is consistent with known good practice and results in expected patient benefits. |
| Reviewer | A health practitioner who agrees to review the 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 health 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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