

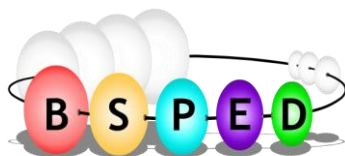
## Paediatric Endocrine peer review: Centre Guidance

The BSPED peer review of paediatric endocrinology centres is a rigorous but rewarding process. However, for the centre due for review, considerable amount of work is required in getting ready. If your centre is keen to be reviewed, please contact the BSPED well in advance (possibly 6 month notice) to set a date for the review. The BSPED peer review office has to gather a team for a full day, which includes travel and overnight stay. Therefore plenty of planning time would be welcomed by the BSPED. A 6 month period also gives you and your centre the opportunity to be well prepared for the peer review day.

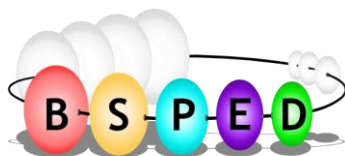
Once a date has been set, aim to work to a plan to complete the self-assessment questionnaire, gather evidence that is relevant to your service and map out various processes for the day. If you are in control of the information and have a team behind you, there is every possibility that the peer review will proceed smoothly.

Here is a suggested plan with a timeline that you may wish to adapt to your own peer review process:

1. Discuss within your team if you are ready for a peer review. Check with the clinical director if your hospital/Trust is ready to support the process. You should leave a planning period of at least 6 months before the peer review.
2. Inform your team and your managers that the peer review is a helpful and formative assessment. The peer review process supports the BSPED standards of high quality care for children and families requiring paediatric endocrine care. The peer review generates a report which is e-mailed to the clinical lead for the department and also to the clinical and/or medical director of the hospital. It would be helpful to inform the senior leadership/management team of the impending peer review of the implications of the report.
3. Look through your diaries to identify a month that is most convenient to your service. Set aside at least 3 dates in that month as potential days for review. Next, identify a member within your team (not necessarily the clinical lead) who will assume responsibility for the review. Assuming that you are responsible for this, contact the BSPED peer review office to negotiate and set the date for the day long review.
4. Once a date has been confirmed, the peer review officer will send you the required documents for completion. The self-assessment questionnaire is fairly long and will need your time and attention to populate.
5. The completed self-assessment form has to be returned to the Reviewers at least a month before the peer review date. Therefore, aim to start populating the form 3 months before your peer review date. This will allow you to circulate the draft self-assessment within your department and with the wider multidisciplinary team for comments and feedback, before you finalise the document for submission.
6. Shortly after the date for review is set, inform your managers about the process of peer review. Identify key managers/admin team members who will assist you in collecting data about the delivery of the service. These will include letter turnaround time, OPD waiting times, radiology waiting times, volume of activity etc. Give them a clear timeline by which you should receive this data.
7. It would be useful to get baseline data for various parameters at the time when you start populating the form. This baseline data will help you to explain unexpected variations for the reviewers.

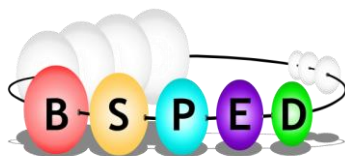


8. It may be helpful to gather data from other recognised and reliable sources to support the data that you receive from your managers. Your hospital/Trust may have access to Civil Eyes [<http://civil-eyes.com/index.html>] data or Doctor Foster [<http://myhospitalguide.drfoosterintelligence.co.uk/>] data, although this is not essential. If you are able to find such data, it would be good to state the source of such data.
9. It is essential that you provide evidence demonstrating compliance with BSPED activity, for example your participation in the BSPED Growth Hormone Audit. You may wish to benchmark your activity against UK wide Growth Hormone data which should be available from the BSPED office.
10. As you populate the self-assessment form, try and reference any evidence that you wish to share in an appendix. Referencing the appendix is also useful for the peer reviewers to quickly find a document in the short time they are given to examine paper copies.
11. Clear referencing will help you collect and sort paper evidence for the review. You may wish to have files or folders for each section, so that you drop relevant paperwork into them as you keep you collecting them. This will help avoid a last minute sorting crisis.
12. Populating the self-assessment questionnaire is a daunting responsibility. You may delegate appropriate parts of the questionnaire to team members who could answer those parts more accurately. If you do so, it would be wise to set deadlines for each task and keep track of such deadlines. It may be worthwhile to set regular meetings with colleagues to inform them of the progress in populating the document and also to provide reminders for completion.
13. It would be best to identify a venue for the peer review as soon as possible. If you book a room, keep the room for the whole day. Make sure that the room has enough capacity for the maximum number of people that you are expecting at any one time.
14. You will need a fair amount of secretarial/PA support. It would be good to ensure you have approval from your secretary/PA line manager for dedicated time to collate evidence for the peer review.
15. As you work through the self-assessment questionnaire, try and identify the key people to whom you will circulate the draft document and whose attendance will be required. You may wish to send these people an e-mail discussing the peer review process and their attendance.
16. The peer review process requires an audit of activity in your local district general hospitals feeding into your service. Unless you already have a well-established network of lead paediatricians with endocrine interest, this may be a good opportunity to do so. If you have a local paediatric endocrine network, alert them to the peer review well in advance. E-mail the relevant paediatricians, clearly explaining the process and the timeline by which to complete the audit forms. You may wish to keep a diary of DGH returns yourself in order to send reminders to defaulters. It is unlikely that in spite of reminders you will receive a 100% complete set of returned forms. However, aim to get more than 80% forms completed for the reviewers to demonstrate the scale and extent of the service for your peripheral hospitals.
17. Once the majority of DGH audits are available, collate them and send them by e-mail to the peer review officer with confirmation of receipt. Ensure that no patient identifiers are present on each of the audit forms.
18. On the day of the peer review, the peer reviewers would like to discuss with DGH paediatricians how your centre supports their endocrine activity. Once you have received your DGH returns, you may choose to identify 3 or 4 large units in your region and invite them to come along to the peer review. Again, ensure their attendance with a timely



reminder. You may choose to provide lunch, which is always an incentive to arrive on time!

19. Considering that busy DGH paediatricians have to travel to attend the peer review meeting, you may stagger their times to suit their itinerary. Give clear instructions about the venue, a hospital map, car parking and your mobile phone number to ring you in case they have convey a change of plan.
20. You should start setting the timetable for the day using the example of previous peer reviews. Once you start populating the self assessment form and inform the network/paediatricians, aim to write to your colleagues within your multi-disciplinary teams to put names by time slots. It is important that you ensure punctual attendance; otherwise the peer review process will be compromised. Ensure you have their agreement to finalise the timetable for the day so that you draw up a near-final programme for the peer review.
21. Ensure that you do not have important commitments that will detract you from the peer review timetable. Aim not to be on call on the day and be distracted by pressing clinical matters. Although you do not need to be present for most of the peer review, you should be readily available for last minute troubleshooting.
22. Once the programme is organised from your perspective, send this to the peer review officer for approval. Once this is approved, discuss with your secretary/PA how you will run the day. These will include detailed discussions of catering facilities, for e.g. tea/coffee in the morning and at suitable intervals and lunch for the reviewers and DGH paediatricians.
23. Two months before the peer review date, you should have completed the first draft of the self-assessment questionnaire. If there are parts for which data is outstanding, make a note in the text (such as a comment) but do not let this hold you back from circulating to your colleagues. They will have been primed to receive this document, having had serial discussions about the importance of the peer review. Your colleagues including your managers hold responsibility for several aspects of your service. It is useful to give them clear but short deadlines for comments and changes.
24. Incorporate the comments you receive from your colleagues and recirculate to a targeted group, giving them a week's deadline for further changes. This way, you are likely to have the final week to yourself to scrutinise the text and grammar carefully.
25. It is important that you collate all paper evidence for the review at this stage. Check with your managers if fresh data needs to be incorporated. Spend time with your secretary/PA to tally the referenced items and the hard copies for the peer reviewers.
26. Make up a master folder with evidence tallying as per the references in the text of the self-assessment questionnaire. Copy the contents into additional separate folders for each reviewer. Therefore, for 2 reviewers, it would be advisable to generate 3 files worth of documentary evidence.
27. Once you are satisfied with the completed self-assessment questionnaire and the evidence that you will produce on the day of the review, e-mail the questionnaire to the peer review officer. Inform the team of this landmark and remind them to attend by attaching the timetable.
28. The month prior the peer review is best utilised by examining the fine detail of the timetable programme. You may use the opportunity to reflect and anticipate questions about the service as it stands and the vision and plans for the future.
29. It is vital that the peer review receives feedback from junior medical staff about various issues including workload, training and working conditions. It would be good to encourage your junior medical staff to attend and participate as much as possible in the peer review process.



30. The peer review is keen to understand patient and parent perspectives to understand and judge the quality of your service. You may wish to identify parents/families that are due to attend electively on the day. Alternatively, you may identify patients who are present on the ward at a later date for short interviews with the peer reviewers.
31. It would be good if you check the working condition of the facilities of the interview room a day or two ahead of the actual peer review day. Think through the process to identify problems that may arise.
32. On the day of the peer review, you should be leading the process of the peer review. A carefully organised peer review speaks volumes for the organisation of the service as a whole. Ensure that time durations for the interviews are well managed. If interviews are shorter than expected, discuss with the peer reviewers if it would be helpful to rearrange the later time slot(s).
33. The peer review is a useful formative assessment. Try and ensure that most key team members are present at the debriefing session. This gives you an opportunity to check if the reviewers have interpreted the facts correctly. It is good to receive feedback as a team and have the opportunity for short discussion on points for improvement. Do not hesitate to ask questions to the reviewers for their individual opinions regarding any aspect of your service.
34. Following the review, the reviewers will collate information and write a report in draft format. The initial draft provides you the opportunity to comment and correct factual errors. You will also receive a feedback form for your experience about the peer review process. Once you and your team have approved this report and send back feedback, you will receive a final report for the peer review of your service.
35. It would be useful to reflect on the final report within your team. A typical report will identify commendable aspects of the service and identify areas for improvement. Remember that the report is formative and not punitive. It gives you and your team the opportunity to effect change. You may wish to discuss with your managers aspects that would require their attention and involvement.
36. At the end of the peer review process you have the opportunity to provide feedback to the BSPED Audit and Peer Review Officer to improve the process. The BSPED is grateful for this feedback which will be discussed in the Clinical Committee to further improve the quality of the Peer Review process.