Peer Review in Endocrinology

Planning a PR Visit: Timetables & Templates
**Before the Visit**

- Request is received from a Tertiary Endocrine Centre to be visited together with its principal ‘feeder’ District General Hospitals. A Tertiary Endocrine Centre is defined as an NHS Trust which provides general and specialist endocrine services to its locality and surrounding region and functions as a tertiary referral centre for feeder DGHs.
- A Lead Clinician in the Tertiary Endocrine Centre is identified and provides his/her contact telephone numbers & e-mail address.
- The Lead Clinician will identify a DGH for a formal visit, following discussions & agreement with colleagues in the ‘feeder’ DGHs.
- The Terms of Reference document is filled in, signed and returned to the Peer Review Team of the SfE.
- The Peer Review Team of the SfE will identify four Reviewers for the visit, two consultant endocrinologists (ideally one from a Tertiary Endocrine Centre and one from a District General Hospital) and two specialist endocrine nurses. Once the Peer Reviewers are identified, they will select a Chair.

**Visit –2 months**

- A Self Assessment Questionnaire is sent to the Lead Clinicians in both the Tertiary Endocrine Centre and the nominated DGH requesting completion and return within one month.
- SfE Peer Review Team reminds the Lead Clinicians to assemble supporting paperwork which may include some or all of the following:
  - Endocrine Unit handbook
  - Protocol sheets
  - Patient Information sheets
  - Shared Care documents (eg thyroid disease, somatostatin analogues, GH)
  - Commissioned surveys (eg clinic appointment waiting times, letter turnaround, MRI/DEXA waiting times)
  - Recent Endocrine Audit reports
  - Unit Research summary
  - Web site URLs if appropriate
  - Patient satisfaction survey
- These supporting papers can be given to the Reviewers on the day of the visit.
- The Lead Clinicians will prepare timetables for the Tertiary Centre and DGH visits, using the guidelines below, and return to the Reviewers for comment.

**Visit –1 month**

- Deadline for return of Self Assessment Questionnaire and timetable for the Reviewers
**Suggested Template for the Visit**

**Day 1 (Tertiary Centre)**

**09.00-09.30:** Reviewers confer in private to discuss points raised by the Self Assessment Questionnaire and to decide on any specific focus issues for the day.

**09.30-10.30:** Meet with Lead Clinicians & Endocrine Service Manager to gain a General Overview and to discuss the Self Assessment Questionnaire.

**10.30-16.30:** Visits and interviews (attempt to include most of the items in the table).

<table>
<thead>
<tr>
<th>Places to visit</th>
<th>People to interview</th>
<th>Activities to view</th>
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<tbody>
<tr>
<td>Programmed Investigation Unit</td>
<td>Consultant Endocrinologists</td>
<td>Endocrine Investigation meetings</td>
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<tr>
<td>Endocrine wards</td>
<td>Endocrine SpRs (particularly those in years 4/5)</td>
<td>Endocrine OPD</td>
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<tr>
<td>Outpatient clinics</td>
<td>Specialist Endocrine Nurses</td>
<td>Academic meetings</td>
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<td>Offices &amp; Secretariat</td>
<td>Endocrine Patients (opportunistic interviews in PIU/OPD)</td>
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<td>Seminar rooms</td>
<td>Endocrine Secretaries</td>
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<td></td>
<td>Endocrine Surgeons (pituitary, thyroid, adrenal)</td>
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<td></td>
<td>Endocrine Radiologists (general, neuroradiology)</td>
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<td></td>
<td>Endocrine Biochemists</td>
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<td>Endocrine Pathologists</td>
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**16.30-17.00:** Reviewers’ private discussions. Use the 10 Basic Standards for Endocrine Care to provide structured, preliminary feedback for the centre.

**17.00:** Debriefing for Lead Clinicians & other interested parties.

**Day 2 (District General Hospital)**

**09.30-10.30:** Meet with Lead Clinicians & Service Manager to gain a General Overview and to discuss the Self Assessment Questionnaire.

**10.30-12.30:** Series of visits and interviews (as above) but likely to be less extensive in the DGH setting.

Particular emphasis should be placed on the nature of links with the Regional (Teaching Hospital) Endocrine Centre (eg shared care of the more complex endocrine patients, regional planning meetings, endocrine biochemistry across the region etc)

**12.30:** Debriefing for Lead Clinicians & other interested parties
13.00 (Optional): An informal working lunch may be arranged to which endocrinologists from the other DGHs are invited. This will ensure no-one is left out and that all regional issues receive an airing.

After lunch the Reviewers meet briefly to discuss:
- Agreement on main conclusions
- Delegation of report writing tasks (usually one reviewer will write the draft report for day 1 and the other reviewer the draft for day 2, each using the standard report form)
- Setting of deadlines for draft and final reports.

The visit should be completed by 15.00 at the latest.

After the Visit

Leave of Absence & Expenses for Reviewers
- It is anticipated that reviewers will be granted special leave of absence by their employers (on the basis that their centre will also receive a PR visit in due course).
- The Clinical Endocrinology Trust generously provided a grant for the preliminary pilot visits and the Society for Endocrinology now fund the reviewer’s travel and accommodation costs. Please send your expenses (and receipts) to Dr Debbie Willis at the Society for Endocrinology.

+4 weeks
- Reviewers cross-check each other’s reports for accuracy and completeness. The gradings for the Standard criteria should be checked and agreed.

+6 weeks
- Draft reports sent to Lead Clinicians for factual checking

+8 weeks
- Final reports sent to Lead Clinicians and a copy to the SfE National Coordinator for Peer Review, Dr Petros Perros, for collection of national data.
- Dr Perros will also take store of the supporting paperwork for each visit.
- Each centre will be sent a simple form requesting feedback on the PR visit, a copy of which should be returned to Dr Perros.
- A summary of examples of good practice will be drafted by the Chair of the Peer Review team for uploading on the SfE website with approval from the Lead Endocrinologist of the visited centre.

Thank you

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