



**Society for
Endocrinology**

Peer Review in Endocrinology

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

Before the Visit

- Request is received from an Endocrine Centre to be visited. This can occur as a sole visit or combined with a 'feeder' or 'feeding' referral centre for specialist endocrinology services (or a similar sized hospital as part of a network).
- A Lead Clinician in the Endocrine Centre is identified and provides his/her contact telephone numbers & e-mail address.
- 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 at least one from a centre offering Specialist Endocrine care suited to the size of the hospital) and normally two specialist endocrine nurses. Depending on the centre, it may be suitable on occasion to have 3 clinical endocrinologists and 1 specialist nurse. Once the Peer Reviewers are identified, they will select a Chair.

Visit –2 months

- A Self Assessment Questionnaire is sent to the Lead Clinician in all involved centres requesting completion and *return within one month*.
- SfE Peer Review Team reminds the Lead Clinician to assemble supporting paperwork which may include some or all of the following:
 - Endocrine Unit handbook
 - Protocol sheets + PIU day case documents
 - Patient Information sheets (paper and electronic)
 - Shared Care documents (eg thyroid disease, somatostatin analogues, GH)
 - Commissioned surveys (eg clinic appointment waiting times, letter turnaround, MRI/DEXA waiting times) and other peer review / annual review reports (eg thyroid and pituitary MDT reports, ENETs report, osteoporosis peer review)
 - Recent Endocrine Audit reports
 - Specialist Endocrinology Dashboard data
 - Unit Research summary
 - Web site URLs if appropriate
 - Patient satisfaction survey
 - Local GMC training survey
- These supporting papers can be given to the Reviewers on the day of the visit.
- The Lead Clinician will prepare timetables for the 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

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. There should be a 20 minute presentation at the start outlining the particular strengths and weaknesses of the department.

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

Places to visit	People to interview	Activities to view
Programmed Investigation Unit	Consultant Endocrinologists	Endocrine Investigation meetings
Endocrine wards	Endocrine SpRs (particularly those in years 4/5)	Endocrine OPD
Outpatient clinics	Specialist Endocrine Nurses	Academic meetings
Offices & Secretariat	Endocrine Patients (opportunistic interviews in PIU/OPD)	
Seminar rooms	Endocrine Secretaries	
	Endocrine Surgeons (pituitary, thyroid, adrenal)	
	Endocrine Radiologists (general, neuroradiology)	
	Endocrine Biochemists	
	Endocrine Pathologists	other specialists relevant to services provided (eg geneticist, paediatrician, oncologist)

Particular emphasis should be placed on the nature of links with the other hospitals in the region and referral pathways in and out (eg shared care of the more complex endocrine patients, regional planning meetings, endocrine biochemistry across the region etc).

Additional (Optional): An informal working lunch may be arranged to which endocrinologists from the other regional hospitals may be invited. This will ensure no-one is left out and that all regional issues receive an airing.

16.30-17.00: Reviewers' private discussions. Using the 10 Basic Standards for Endocrine Care there will be structured, preliminary feedback for the centre.

17.00: Debriefing for Lead Clinicians & other interested parties.

This process can be repeated the following day if a further hospital in the region is being jointly peer reviewed. The content and focus of the peer review can be adapted to reflect the size of the centre and the specialist services provided.

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 Natasha Archer 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 Antonia Brooke, for collection of national data.
- Dr Brooke 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 Brooke.
- 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

Dr Antonia Brooke

SfE Coordinator for Endocrine Peer Review
MacLeod Diabetes and Endocrine Centre
Royal Devon and Exeter Hospital
Barrack Road
Exeter EX2 5DW
Tel: 01392 403828
E-mail: antonia.brooke@nhs.net

Mrs Natasha Archer

Clinical Projects Manager
Society for Endocrinology
1600 Parkway North
Stoke Gifford
Bristol BS34 8YU
Tel: 01454 642 275
E-mail: natasha.archer@endocrinology.org