

Peer review in child protection

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Abstract

Safeguarding children work is complex and challenging. Peer review provides a forum for paediatricians to discuss child protection cases to ensure the management of the child meets accepted standards of practice. The process involves retrospective review of cases, photo documentation, the medical report and multiagency working. It provides a culture of learning, professional development and support, with an opportunity to discuss cases in a suitable environment and to debrief following difficult cases.

Clinical governance frameworks identify the importance of peer review and clinical supervision: there are increasing expectations that Health Trusts/Boards will have to provide data on attendance for external review. Both clinical supervision and peer review are forms of reflective practice and developmental activities that give practitioners the opportunity to learn from their experience and develop their expertise within clinical practice.

Child protection peer review meetings with clear terms of reference should be set up in all health organisations employing paediatricians working in child protection. All paediatricians should be able to access and attend child protection peer review, supervision and support which should be identified in their job plans. Peer review is recognised as Continual Professional Development.

Following discussion any change in opinion is the lead consultant's responsibility. It must be clear that peer review supports the responsible paediatrician in reaching a conclusion and does not provide a formal second opinion to be used in court.

Peer review has a role to play in maintaining public and court confidence. It is the paediatrician's attendance at peer review that provides assurance to court that standards are being met, not that the specific case has been peer reviewed. Clinicians who don't attend are at risk of being perceived as maverick.

Keywords child protection; clinical supervision; peer review; safeguarding children; support

Introduction

Safeguarding children will feature in all paediatricians' work whether they work in the field of general, community or specialist paediatrics. Paediatricians need to be able to recognise

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Key learning points

- Peer review and clinical supervision are part of the clinical governance framework to which all doctors must comply.
- Child protection peer review meetings with clear terms of reference should be set up in all health organisations employing paediatricians working in child protection.
- All paediatricians should be able to access and attend child protection peer review, supervision and support which should be identified in their job plans. Audit of attendance at peer review would identify difficulties in access.
- Any change in opinion is the lead consultant's responsibility. It must be clear that peer review supports the responsible paediatrician in reaching a conclusion and does not provide a formal second opinion to be used in court.
- It is the paediatrician's attendance at peer review that provides assurance to court that standards are being met, not that the specific case has been peer reviewed.

child maltreatment and know what to do in relation to their local child protection process. The RCPCH Child Protection Companion published 2013 has guidelines for paediatricians including individual case management. Paediatricians need access to child protection peer review and clinical supervision to ensure accepted standards of practice are met in the best interests of the child. Attendance at peer review is an opportunity to discuss their own case management, to learn from others and keep up to date with the evidence base. Equally as important, the peer review process offers support to paediatricians in this challenging area of work and further support can be identified outside the meeting if required. Peer review is therefore an opportunity to ensure paediatricians are following safe practice with the support of their colleagues in relation to complex cases; it is always good practice to discuss concerns as long as it is clear who is taking the lead responsibility.

This review article will define peer review, describe the peer review process linking to RCPCH guidelines, discuss the pitfalls and challenges, and describe examples of good practice which paediatricians could utilise in their own work.

Background

The peer review process encourages paediatricians to meet the accepted standards in child protection and prevent practitioners working in isolation, in out of date practice, or restricted to personal views. Paediatricians who do not participate in peer review are more likely to be regarded with concern by their colleagues, other members of the multiagency team and in particular by the courts, the GMC and professional bodies. However individual paediatricians participating in peer review have specifically been mentioned in the court process raising concerns about their contribution to the assessment of the individual child. Different models exist across the UK. For this reason the RCPCH developed clear guidelines for the peer review process for paediatricians.

Clinical governance frameworks such as the Wales Safeguarding Children Quality Outcomes Framework identify the

importance of peer review, clinical supervision and support. There are increasing expectations that this data will be required to be provided by Health Trusts/Boards for external review.

To be competent in practice, paediatricians need to access education and training to Intercollegiate Document (ICD) level 3, clinical supervision, peer review and emotional support.

Clinical supervision

“...a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex situations.”

NHS Management Executive 1993.

Clinical supervision is a formal process with a skilled supervisor, a structured format and protected time. It contributes to performance management to protect patients. However, there is an opportunity for personal development with facilitated in-depth reflection on clinical practice. Supervision can be on a one to one basis or group supervision involving a team. All health organisations have a Clinical Supervision Policy and many will have policies specific to safeguarding children. Different disciplines have different approaches to supervision, all of which may be equally valid. For example health visitors have regular child protection supervision with Nurse Specialists to discuss children

in their case loads. In paediatric practice, clinical supervision is obtained by trainees or speciality doctors from their consultant supervisor during discussion of case management at the bedside or outpatient setting. Each year a trainee must complete a safeguarding case based discussion for their training portfolio.

Peer review

‘A person or persons of the same status or ability/expertise as another specified person or persons, providing an impartial evaluation of the work of the other/s.’

Dictionary (Various).

Peer review in the UK has been primarily used for research purposes to assess the importance and quality of research submitted for publication, for the allocation of research funding and to assess the research rating of university departments. The concept was expanded by paediatricians following the Cleveland Inquiry to provide support and to receive feedback on physical signs particularly in relation to child sexual abuse.

Clinical Supervision and Peer Review are differing forms of reflective practice and developmental activities that give practitioners the opportunity to learn from their experience and develop their expertise within clinical practice (Figure 1).

There is an overlap with the appraisal model which needs to be both developmental and reflective, but also relates to performance management and revalidation.

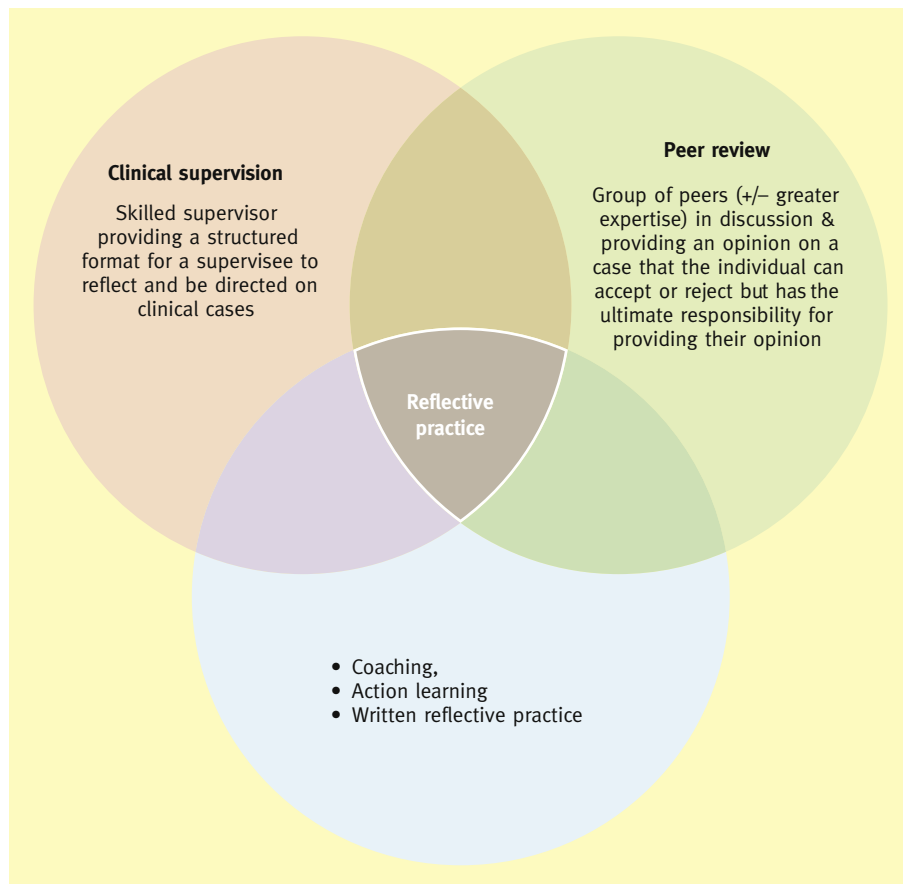


Figure 1 Differing forms of reflective practice.

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