



## CPD handbook appendix 8PPM

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### Peer review of practice (procedures in pain medicine) - guidelines

#### PURPOSE

The purpose of peer review of practice is for a participant to consider how they may improve in their role as a specialist pain medicine physician (SPMP) who practises pain procedures. A colleague performs a structured observation in accordance with PS11(PM): Procedures in pain medicine clinical care standard (the Clinical Care Standard) as the basis for discussion.

It is intended that peer review will be a mutually beneficial learning experience. Fellows should keep in mind that the purpose of this activity is professional development and that focus areas should be aspects of practice for which feedback would be most valuable.

This activity contributes to the completion of one practice evaluation activity, directly relevant to the participant's practice for both the recipient of the review and the reviewer.

#### RELATED DOCUMENTATION

- [Peer review of practice - Agreement form](#)
- [Peer review of practice \(procedures in pain medicine\) - Observation form](#)
- [PS11\(PM\): Procedures in Pain Medicine Clinical Care Standard](#)
- [Procedures Endorsement Program curriculum](#)

#### PRIOR TO THE REVIEW

1. The participant invites an SPMP colleague (the reviewer) to conduct a peer review of practice, to comprise observation over a minimum of half a day. It is recommended that the participant select a list that includes a variety of simple and complex pain procedures.
2. The participant partially completes the peer review of practice agreement form and provides it to the reviewer to sign. The agreement refers to the responsibilities of the participant and the reviewer and issues regarding liability. The reviewer should complete the remainder of the form, sign and return to the participant.
3. Prior to the review the participant and reviewer determine the focus areas of the peer review. The observation form includes the ten categories aligned to the Clinical Care Standard:
  - Triage and clinical assessment
  - Patient preparation
  - Safe and sufficient facilities
  - Sedation and anaesthesia
  - Imaging equipment and practice
  - Proceduralist
  - Procedural performance
  - Documentation and communication
  - Outcome assessment
  - Post-procedure care

While the participant can highlight particular aspects of practice within the above categories to be the focus, a minimum of **one item** in each category should be identified and discussed.

The reviewer may wish to explore other issues that arise during the observation, and is encouraged to make notes accordingly.

4. The participant obtains consent from the patient, and informs other relevant staff that a second SPMP will be present for continuing professional development purposes.

## **THE REVIEW AND FEEDBACK**

5. The reviewer uses the observation form to document examples of the participant's practice. It is recommended that an electronic version be used, as the cells on the form are expandable to incorporate detailed notes.

This activity is not an assessment and therefore does not include a scale to make a judgement on the participant's performance. Each item should be viewed as a prompt for the reviewer to initiate a conversation with the participant about each aspect of practice and their underlying reasoning for the method they have chosen to adopt. The reviewer may volunteer examples from their own practice and engage the participant in a discussion of the advantages and disadvantages of each. A discussion of the management of unexpected events or emergencies that may occur in relation the cases observed, and what the participant may have done in the event of alternate scenarios, may also be useful.

6. During the observation the sole role of the reviewer is to observe the participant. They should not intervene, unless requested to do so or in the interest of patient safety.
7. Immediately after the observation has finished, the reviewer should take some time to consider their notes on the form and how they will approach the discussion with the participant. The discussion should occur on the same day as the observation period, ideally within an hour of the completion of the review. The participant and reviewer should meet in a private office or room for a minimum of 20-30 minutes.
8. It is suggested that, as a starting point, the reviewer concentrate on positive aspects of the participant's practice. The participant could be asked what they thought they did well and any aspects of practice they would improve if they were in the same situation again.

The reviewer should then initiate discussion on other aspects of practice according to notes made on the form. The reviewer may find it helpful to start the discussion with an observed behaviour and then a comment or question to lead the exchange.

9. At the end of the feedback discussion, the reviewer should prompt the participant to consider two or three elements that they might change or improve as a result of reflecting on their practice. Further, the reviewer may ask the participant what professional development activities they plan to participate in over the next 12 months and potential additional or alternate activities that coincide with any learning needs highlighted in the peer review.

## **RESPONSIBILITIES OF THE REVIEWER**

A registered health practitioner is required to report another registered health practitioner if the first person forms a reasonable belief, in the course of his or her practice, that notifiable conduct has occurred. For more information on what constitutes notifiable conduct, refer to the [Australian Health Practitioner Regulation Agency \(AHPRA\)](#) website.

Fellows in New Zealand should be aware that under the Health Practitioners Competence Assurance Act 2003 it is mandatory for any doctor who has reason to believe a registered doctor is unfit to practise medicine because of a mental or physical condition, to notify the Medical Council of New Zealand. Such conditions include alcohol or drug dependence, other psychiatric disorders, a temporary stress reaction, an infection with a transmissible disease, declining competence due to age related loss or motor skills or to the early stages of dementia, and certain illnesses and injuries.

## **RECORDING THIS CPD ACTIVITY**

Completion of this activity can be recorded on the CPD portfolio system. Fellows will be asked to enter the following information:

- Start and end date
- Total hours
- A blank copy of the peer review of practice observation form (Appendix 7PPM) used and a completed peer review of practice agreement form (Appendix 9).
- Name and contact details of reviewer.

If the participant is selected to be involved in the random audit of CPD activities, the participant must provide evidence of the review. The agreement signed by both parties should be scanned and uploaded to the CPD portfolio system.

The reviewer may be contacted by the college to verify that the activity took place.