Child Protection Peer Review Meeting - Terms of Reference

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Peer review attendance is advised at least 4 times a year (RCPCH, 2012).

https://childprotection.rcpch.ac.uk/resources/peer-review-in-child-protection/

As per child protection companion, all paediatricians are expected to attend peer review and clinical supervision in order to be competent and confident in this stressful and demanding area of work. This should be identified within job plans.

Aim

1. Peer review promotes a proactive culture of learning & professional support, drawing on the existing evidence base relevant to child abuse.
2. Provides assurance that practitioners meet a measure of standard and are therefore more reliable in their practice.
3. To reduce professional isolation and improve sharing of best practice with discussion of complex patients in a challenging but supportive way.
4. To provide a regular documented review of practice as expected by the judiciary, GMC and RCPCH; evidence of involvement should be provided for consultant appraisal and revalidation. (Clinical supervision is a different form of reflective practice allowing individual reflection and direction for a case, usually with a named or designated professional).

"Peer review involves a group of peers discussing and providing opinions which the individual can accept or reject. Changes in case management decisions should be documented in the medical records by the responsible paediatrician, however the doctor bringing the case retains clinical responsibility and any opinion."

Membership

Paediatric Consultants conducting child protection examinations or seeing children in clinic.

(Junior doctors should seek clinical supervision via CBDs, or from their consultant supervisor.

Senior trainees may be invited to attend at the discretion of the consultant body).

Process

Photographic evidence reviewed prior to case information being shared (to avoid bias in interpreting the findings). The report can be the final or draft-in-process report.

- Frequency: weekly
- Quorate: minimum of 3 consultants
- **Cases reviewed:** all within RACH / CED with concerns for possible NAI.
- The COW will aim to attend if there is a "hot" ward case (case to be discussed first).
- RCPCH recommends that the Lead consultant should be present for discussion with the medical notes (for accurate information sharing and documentation purposes). Cases may wait for peer review until the lead can attend.

If examining doctor is unable to attend but wishes their report to be discussed – please contact Named Dr and safeguarding office ext 62363. If amendments are suggested in their absence this will be fed back by the chair.

Documentation

i) Medical notes: Date of peer review and brief summary. - e.g. "consensus agrees with report.". CP proforma has a section for peer review.

ii) GREY FOLDER: Attendance sheet and use proforma for more detail about the case/learning e.g. location of bruises – further discussion

- The lead consultant has the ultimate accountability/responsibility for the case, any changes of opinion are their responsibility.
- **Do not identify peer review individuals in the notes without their consent.**
- It is appropriate in the opening paragraph of court reports and witness statements to include a comment about the Dr's personal regular attendance at peer review meetings. It is recommended however that the court report does not include a statement that the individual case has been peer reviewed. As this implies a very different meaning especially to the legal profession.
- Peer review should **not** be regarded as a formal second or consensus opinion, attendance should be anonymous and non-attributable. If a 2nd opinion is needed, consent should be sought by all those present that the report/addendum will mention consensus opinion.
- The chair should ideally be rotated (Named Doctor is default)
- Attendance sheet kept for 5 years by Safeguarding team
- Individuals should keep a log of attendance to present at annual appraisal.
- Individuals may keep anonymous self-reflective notes for CPD/appraisal purposes.

If a case needs quick advice then clinical supervision should be sought as soon as possible with Named Professional.

Disagreement:

If Peer Review discussion raises a significant possibility (or possibilities) not previously considered by the examining doctor, or alters their opinion (as a result of the discussion itself, or as a result of the outcome of subsequent actions such as follow-up examination), an addendum report is appropriate. Telephone discussion as soon as possible with relevant professionals (Social Care Senior Practitioner or lead Police Officer in the case), should be arranged, in advance of the addendum. Further strategy discussion may be necessary in light of revised opinion.