What is peer review

The literature includes a wide range of information on the subject of peer review and professional peers as specific assessment tools or aids in the assessment and support of practitioners. Some of this literature seeks to define exactly what is meant by these terms, while other information focuses on the question of its use and effectiveness as a tool to aid practitioner competence and fitness to practise.

Researchers say that peer review can encompass formal (i.e. an organised process in which a specially convened group examines and discusses practice against explicit standards) and informal elements (e.g. the effect of peer pressure in developing a professional culture of quality).³¹

In New Zealand, competence reviews and professional conduct committees are examples of organised processes that constitute peer reviews.

In 2006, Maidment stated that

Peer review has been an activity of recognised importance in CPD for over a decade and it has been identifiable as a definable process since 1969 when Schonfeld described it as a critical examination and subsequent evaluation, by a group of competent dentists of what has occurred elsewhere. 69

The key messages that can be taken from the literature about peer review is that the process: 31 69 70 71

- involves a group of colleagues assessing another's performance, sharing experiences and identifying changes that can lead to improvements in service
- is a critical examination and evaluation by a competent group of practitioners
- involves peers systematically reviewing aspects of a practitioner's work and normally include documented structured assessments
- is an evaluation of the work or performance of an individual by other people in the same field, with the assessors having equivalent or similar experience, knowledge and skills to contribute to the evaluation
- aims to assist the formulation of informed judgments about practice with the ultimate goal of identifying ways to improve and maintain quality of care
- involves interactive contact with peers with the specific objective of professional development.

On the question of what (or whom) is a professional peer, section 5 of the Act states that in relation to a health practitioner

... a professional peer is a person who is registered with the same authority with which the health practitioner is registered.¹

On the question of purpose, a professional peer relationship has been described as a collegial relationship that provides guidance and mentorship for registered practitioners with the objectives of maintaining safe clinical practice and facilitating CPD.⁷²

What does the literature say about peer review?

The literature addresses three questions about peer review. These are:

- is peer review a valid method and effective tool for judgment of professional practice?
- can peer review be used to identify practitioners in difficulty?
- which is more effective—voluntary or mandatory peer review processes?

Research confirms that peer review (and thus peer reviewers) is seen as a valid tool to assess, evaluate and make an informed judgment on professional practice. Why? Because the peer reviewer/s usually work in the same field, in similar settings, performing similar tasks to those of the practitioner being evaluated. Put simply, peer reviewers possess the relevant expertise and

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experience (in clinical and non-clinical practice settings) to evaluate the competency of another practitioner. 70 59

As with other aspects of this literature review, the evidence on whether peer review is an effective tool to identify, influence and change practice was mixed. For example, some research contends that peer review can be effective (i.e. lead to measurable improvement) especially if it is employed in the early stages of difficulty for practitioners across four domains—participant satisfaction, learning outcomes, performance improvement and patient outcomes.⁷⁰ 69

Other research was concerned with the cost aspect of peer review processes. However, this same research accepted that peer reviews could be more effective especially if coupled with remediation activities. 10

In his book, *The good doctor: what patients want*, Paterson identified five roadblocks that would hinder change in the medical community. One of these was 'culture' and the recognition that many practitioners are reluctant to formally and or publicly critique their peers and colleagues. If peer review is to be included in Council's recertification framework, this issue (as well as the issues connected to direct competition with other practitioners) will need to be addressed.

Researchers also argue that peer review is outdated and is not a strong method to improve practice. That recommendations arising from the peer review process do not always result in improvements and that in order for the recommendations to be effective, practitioners need to receive a corresponding level of support. 70 31 73

The literature also states that peer review has the potential to identify practitioners in difficulty, including at an early stage in the development of problems. Nevertheless, researchers have stated that peer review must be used in a more comprehensive manner (i.e. carried out more frequently and seen as a normal part of a practitioner's life) in order for it to be more effective. This includes as part of the system that leads to remedial action for practitioners who require this level of support. 73 10

On the question of whether voluntary or mandatory peer review is more effective, DLA Phillips Fox states

... voluntary peer review is less reliable than mandatory processes as they are more prone to modest to poor participation rates ... and often experience difficulties attracting sufficient peer reviewers ... [in addition] voluntary peer review processes may experience poor participation rates as peer review activities are often time-consuming and/or resource intensive. 70

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