

Inter-departmental Peer Review - Summary

Recent events make it necessary for doctors to regulate themselves much more stringently. This process is one of the major components of clinical governance. Inter-departmental peer review is an important way to ensure that departments meet minimum standards and for both positive and negative aspects to be highlighted. Larger departments who have specialist registrars will be inspected by the JCHMT and so inter-departmental peer review is particularly relevant for smaller departments such as district general hospitals. The comments in the review report will allow dermatologists to put pressure on their management to rectify deficiencies. Furthermore, as the review of departments becomes more comprehensive across regions it should be possible to form a picture of dermatology services over a wider area and to pick up areas where inadequate dermatological services exist.

Inter-departmental peer review was pioneered by the British Thoracic Society and their inspections include aspects of clinical performance as well as facilities. It involves a three day visit and it was felt at least initially that the dermatology scheme should involve a single day visit and cover facilities, staffing and work patterns but not include clinical performance.

Prior to the visit, the consultants involved are asked to fill out a questionnaire which contains two parts. The first part concerns the consultants working pattern and the second part the staffing and facilities of each department which he or she visits. Necessarily the questionnaires include quite detailed statistics relating to the attendance figures etc.

Inspection is undertaken by two consultants. One whole day is allowed for the visit and it is important that the inspectors meet all the Consultants involved and visit all the hospital departments. The two inspectors go through the questionnaires with the consultants and look at all the facilities and talk to as many staff as possible. At the end of the day they agree the main positive and negative points to highlight and the report is then written by one of the inspectors and checked by the other. Two report forms which summarise workload and staffing figures and facilities should be completed by the inspectors.

The exercise should be as comprehensive as possible and it should be both critical and positive in its conclusions. When complete, the report is shown to the consultants who have been inspected to ensure that all the factual contents of the report are accurate. The report is also submitted to the President of the B.A.D for comments from the officers prior to approval.

Reports will be held by the B.A.D. The departments that have been inspected may use the report as they wish and circulate it to trust or regional management as they see fit.

A feedback questionnaire will be designed to establish how inspected departments see the value of the process.

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