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Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Newborn and Infant Physical Examination Cymru (NIPEC)

Peer Review Framework Guidance



1. Overview

This NHS Wales Newborn and Infant Physical Examination Cymru (NIPEC) peer review framework has been developed to support NIPEC practitioners to record and maintain the practical skills required to perform the NIPEC newborn examination, it can also be used in primary care for the 6 week examination.

NIPEC practitioners can use the peer review framework to:

- ❏ demonstrate evidence of good clinical screening practice in line with current guidance (heiw.nhs.wales/our-work/the-newborn-and-infant-physical-examination-cymru-nipec)
- ❏ demonstrate evidence of lifelong learning and continuing professional development
- ❏ enable local providers to demonstrate quality assurance of the NIPEC examination
- ❏ promote consistency in practice across all disciplines (medical, midwifery and nursing)

The peer review framework is intended to be used by fully qualified NIPEC practitioners as defined in section 12 of the handbook, and a peer reviewer. This can include medical, midwifery and nursing staff. Due to the clinical nature of the peer observation and review, the nominated peer reviewer must also be NIPEC qualified.

Further information relating to each of these roles is provided in section 4 below.

2. Recommendations

Peer review is recommended to provide assurance that NIPEC examinations are being completed in line with the NIPEC Guidelines (Welsh Government 2023).

Each practitioner should complete the Peer Review Assessment/Framework as part of their revalidation/appraisal process as a minimum, to evidence practical competence.

Peer review could also be used in the following scenarios (this list is not exhaustive, and below are examples only):

- ❏ as requested by an individual practitioner
- ❏ as part of a development programme
- ❏ in response to an incident
- ❏ on commencement of employment
- ❏ after a period of absence from work
- ❏ when new to a health board

Providers should have a local process in place for the escalation of any concerns regarding the practice of a NIPEC newborn/infant practitioner identified during peer review.

3. Training, maintenance of skills & continuing professional development

Please refer to the NIPEC handbook for current information regarding training and

maintenance of skills.

4. Requirements and expectations

This section sets out the requirements and expectations for NIPEC practitioners and peer reviewers

4.1 NIPEC screening practitioner requirements:

The NIPEC practitioner must:

- ✦ hold a professional qualification (General Medical Council (GMC) or Nursing and Midwifery Council (NMC) registered, or be a Physician Associate
- ✦ be a fully qualified and practicing NIPEC practitioner as defined in section 12 of the NIPEC handbook

4.2 NIPEC practitioner expectations:

NIPEC practitioners have a professional responsibility to keep up to date and maintain their skills in relation to the NIPEC newborn/infant examination. This includes engaging in continuous professional development.

4.3 Peer reviewer requirements:

The peer reviewer must:

- ✦ hold a professional qualification (GMC or NMC registered, or be a Physician Associate)
- ✦ be a fully qualified and practicing NIPEC practitioner as defined in section 12 of the NIPEC handbook
- ✦ be confident and competent in undertaking and reviewing the NIPEC newborn/infant screening examination – ideally achieved by engaging with the NIPEC annual learning framework and peer review framework.

4.4 Peer reviewer expectations:

The peer reviewer should meet the following expectations:

Impartiality

Peer reviewers must offer impartial review, providing unbiased consideration to each newborn/infant screening examination they are asked to observe, and avoiding any conflict of interest.

Equality

Peer reviewers must approach each peer review process without regard to the race, religion, nationality, gender, or seniority of the NIPEC screening practitioner.

Confidentiality

Peer reviewers must maintain confidentiality and refrain from sharing information with anyone outside of the peer review process. Local pathways should be in place for escalation of any concerns regarding the practice of the NIPEC screening practitioner.

Approach

Peer reviewers must remain constructive and supportive throughout the peer review

process and provide comprehensive feedback to the NIPEC screening practitioner following their observations.

5. Completing the NIPEC peer review framework

The peer reviewer should ensure they are up to date with current clinical guidance prior to the review being undertaken.

The peer reviewer should use clinical observation to provide support and feedback to the NIPEC practitioner, with the aim of:

- 📌 highlighting good practice
- 📌 noting any practical skills gaps/learning points which may require agreed actions

The peer review framework has 3 sections, as follows.

5.1 NIPEC peer review checklist

The peer reviewer should use the checklist during an observation of a routine NIPEC newborn/infant examination by the practitioner. Consent should be gained from the baby's parent or carer by the NIPEC practitioner prior to peer review.

If a NIPEC practitioner meets all the requirements of a peer reviewer outlined in section 4 above, it is also possible to do a peer-to-peer review, where each participant observes the other during subsequent routine NIPEC newborn/infant examinations.

Each point on the checklist should be completed with one of 2 categories:

- 📌 The screening practitioner performs the skill or procedure competently, independently, and safely (👍)
- 📌 Learning points identified and agreed actions documented (LP)

5.2 NIPEC peer review: good practice, learning points and agreed actions

Following the clinical observation, set aside time for the peer reviewer to provide verbal feedback to the NIPEC practitioner.

- 📌 Highlight any good practice points. Examples of good practice include:
 - 📌 building good rapport with parents or carers, and using effective methods of communication and/or explanation
 - 📌 identifying and addressing any potential inequalities. This could involve:
 - using interpreters effectively
 - offering written information in the appropriate language where available
 - using 'easy read information' for parents or carers with a learning disability
- 📌 optimising conditions for the examination and using good clinical techniques to complete the 4 screening elements (in line with current Welsh Government guidance (2023)).

The peer reviewer should discuss any identified learning points in a supportive manner, and document them within the framework alongside agreed actions. Examples of learning points include:

- ❏ gaps in clinical knowledge and understanding
- ❏ not recognising own limitations
- ❏ improvements with routine checks/manoeuvres suggested
- ❏ incorrect use of equipment

Any good practice or learning points can be used as an opportunity for shared learning across the organisation (ensuring confidentiality is maintained).

The PR and practitioner should set a date for a final discussion and review of the agreed actions. All actions should be completed prior to the final discussion and review.

5.3 Final discussion and review

The final discussion and review should be used as an opportunity for the NIPEC practitioner and PR to revisit any agreed actions documented within the framework and ensure they have been satisfactorily completed.

Any matters remaining unresolved or requiring further escalation should be dealt with locally as agreed by the organisation.