SHORT REPORT

Peer review audit of occupational health reports—process and outcomes

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Background Peer review is widely used in the selection and publication of scientific research. Its application in clinical practice is emerging, particularly with increased emphasis on clinical governance and the imminent introduction of revalidation.

Aims To formalize our peer review process of occupational health (OH) reports and formally assess the outcomes of this process.

Methods A prospective internal audit was carried out of all peer reviewed OH reports between June and August 2010. An abbreviated assessment form, based on Questions 4–12 of the Sheffield Assessment Instrument for Letters (SAIL) was utilized. The report was assessed using the abbreviated SAIL, with one of four possible outcome options—no action, no changes made to report following discussion with author, changes made without discussion with author and changes made following discussion with author.

Results The audit identified that 27% of OH reports required modifications. Eighteen per cent were related to typographical errors, spelling, grammar and administrative fields being incomplete. Nine per cent were related to more complex reasons, most commonly, all the manager’s questions not being addressed, review arrangements not being clear and the report not being clear and understandable to the intended readership.

Conclusions Peer review can be a useful tool in improving the standard of OH reports, specifically picking up minor errors and potentially more significant areas of concern. It can also be a valuable educational tool in terms of personal feedback, benchmarking and exposure to different styles of report writing.

Key words Audit; Occupational health; peer review; quality.

Introduction

Peer review is widely used in the selection and publication of scientific research. Despite acceptance of flaws in the process [1], there is consensus that peer review, in general, is beneficial in terms of improving manuscripts and preventing some errors in publication [1,2]. Its application in clinical practice is emerging, particularly with increased emphasis on clinical governance and revalidation on the horizon [3].

The occupational health (OH) report to management/human resources can be viewed as the main output of the referral and assessment, and within the commercial sector, may be considered the ‘product’ being purchased by the customer. The experience in this OH service is that issues with reports are one of the commonest causes of clinical complaints and customer dissatisfaction. With this in mind and a commitment to continuous quality improvement [4,5], peer review of OH reports for selected customers has been carried out within our service for several months. A peer review standard operating procedure (SOP) was developed and all peer reviewers were provided with training. However, there was no system to evaluate the outcomes of peer review of OH reports. A formal audit of process and outcomes were therefore implemented.

Although peer review audit of the care and management of individual OH cases and consultation records have been published in the past [6,7], literature searches have not identified any published research conducted on this particular aspect of OH practice to date. The purpose of this audit was to improve the standard of OH reports, with the aim of continuously improving the quality of our service and increasing customer satisfaction.

Methods

A prospective internal audit of all peer reviewed OH reports was carried out between June and August 2010. An
abbreviated assessment form, based on Questions 4–12 of the Sheffield Assessment Instrument for Letters (SAIL) [8], was utilized. SAIL is a validated tool used by the Faculty of Occupational Medicine and other Royal Colleges for trainee assessments. Questions 4–12 of SAIL relate to four key aspects of reports (administrative, response, professional issues and clarity). These were graded on a 3-point rating scale (below expected, satisfactory and above expected) or ‘not applicable’.

The peer review process is detailed in Figure 1. The OH report was approved by the author and submitted via our internal secure document management system for peer review to the peer reviewer who had been allocated for that particular day (a rolling rota was in operation). The report was assessed using the abbreviated SAIL, with one of four possible outcome options—no action, no changes made to report following discussion with author, changes made without discussion with author and changes made following discussion with author.

The peer-reviewed report was then countersigned by the reviewer and sent to the administrative team for issue to the customer.

For the purpose of this audit, the completed SAIL forms were collated and analysed via the Survey Monkey online tool (SurveyMonkey.com, LLC, Palo Alto, California, USA).

As this was an audit of the standard of OH reports, ethical approval was not felt to be required.

Results

A total of 215 reports were peer reviewed over the 3 month audit period. Ten peer reviewers participated in the pilot (four consultant occupational physicians, one nurse consultant, three senior specialty registrars and two senior nurses). The reports of 12 clinicians were peer reviewed, comprising the 10 peer reviewers, 1 sessional doctor and an OH nurse. On cross-tabulation, each peer reviewer assessed a variety of clinician’s reports and each clinician had reports assessed by a variety of reviewers. As shown in Table 1, the majority (73%) of reports required no action. Where action was required, examples of issues identified are detailed in Table 1.

Discussion

The audit identified that 27% of OH reports required modifications. Two-thirds of those requiring modification related to typographical errors, spelling, grammar and administrative fields being incomplete and a third were related to more complex reasons, most commonly, all the manager’s questions not being addressed, review arrangements not being clear and the report not being clear and understandable to the intended readership.

No similar studies for comparison have been identified by the authors to date.

The main strengths of this audit are the use of a validated assessment tool, the simplicity of the process and...
the high relevance of this topic to OH clinical practice. In addition, not a sample but all OH reports produced for selected customers over a 3 months period were audited.

Although formal training in the process and clear guidelines on interpretation of the SAIL questions was provided, the question of internal consistency between reviewers has to be considered and this is a potential weakness in this audit. No formal assessment of internal consistency has been made but this is planned.

The OH clinicians involved have cited the exercise as a positive learning tool in terms of identifying specific areas for improvement, the benefits of exposure to different styles of report writing and personal feedback and all have reported change in their practice. This may be due to the desire to meet the standards and/or knowledge that the report will be reviewed by a peer. There is evidence to suggest that active feedback by medical audit together with other educational measures has some success in changing practice [9,10], particularly when feedback is delivered with specific suggestions for improvement and frequently [10].

Moving forward, the cycle of audit will continue to formally assess if changes in practice have occurred and are maintained. In time, it is hoped that there will be fewer deficiencies identified in reports. Further work is required in terms of formal customer feedback and monitoring of trends in clinical complaints. This would identify if improvement in the standard of reports as a result of peer reviewing leads to a corresponding improvement in customer satisfaction and a reduction in number of clinical complaints relating to OH reports. The findings are likely to influence future policy development and targeting of education/training programmes.

Although this audit was carried out in one OH organization, the findings and process can be used as a benchmark for audits in other organizations.

### Key points

- Peer review can be a useful tool to improve the standard of occupational health reports, specifically picking up minor errors and potentially more significant areas of concern.
- It can also be a valuable educational tool in terms of personal feedback, benchmarking and exposure to different styles of report writing.

### Conflicts of interest

None declared.

### References