NHS Newborn & Infant Physical Examination (NIPE) screening programme: peer review framework (newborn examination)

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| Screening practitioner name |  |
| GMC or NMC registration number (or indicate if physician’s associate) |  |
| Peer reviewer (PR) name |  |
| Organisation name |  |
| Date of NIPE qualification  (NMC registrants) |  |
| Date of peer review |  |

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| Checklist key | Please select either **✓ or LP** for **each bullet point** in the checklist |
| ✓ | The screening practitioner performs the skill or procedure competently, independently, and safely |
| **LP** | **Learning points** identified and agreed actions documented |

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| 1. NIPE peer review checklist (newborn examination) | | |
| 1. **Identification, communication, informed choice and consent** | **✓ / LP** | **Comments** |
| Communicates professionally & effectively with parents/carers, using appropriate language to:   * explain the reason for the screening examination and what the examination entails (using ‘Screening Tests for You and Your Baby’, including easy read/alternative language/NICU versions where appropriate) * explain the benefits and limitations of the examination * explain how data from the examination will be recorded (S4N/local maternity/PCHR) and shared with other organisations (GP/CHIS) * gain informed consent (including consent for the peer reviewer to be present) and check understanding * involve the parent/carers in the examination & answer questions appropriately |  |  |
| Uses the maternal/baby case notes and verbal questions to:   * take a health history * identify national & local risk factors prior to the examination |  |  |
| 1. **The screen** | **✓ / LP** | **Comments** |
| Completes a full, systematic head to toe physical examination of the newborn infant, including the required screening examinations for the 4 screening elements of the NIPE (**in line with the NIPE handbook clinical guidance and the NIPE e-learning module**):   * eyes * heart * hips * testes |  |  |
| Applies knowledge to:   * recognise any screen positive findings * prioritise any required actions accordingly |  |  |
| Works within own professional limitations, and appropriately escalates to a senior clinician if a second opinion or further review is required |  |  |
| 1. **Explanation of screening outcome** | **✓ / LP** | **Comments** |
| Clearly explains the outcome of the screening examination to the parent/carer, including relevant:   * screen negative findings * screen positive findings and the need for any referral   + identifying and explaining the local referral pathway the baby will follow   + providing information on possible diagnostic outcomes |  |  |
| 1. **Post screen** | **✓ / LP** | **Comments** |
| Communicates professionally and effectively to ensure:   * organisation of any follow up appointments is in place prior to discharge home * other health care professionals (GP/HV) are aware of any relevant information, findings or required follow up * parents/carers are directed to support services where appropriate * parents/carers are aware that baby should have NIPE infant screening examination at 6 to 8 weeks of age (usually in the primary care setting) |  |  |
| Works to professional record keeping standards to ensure:   * the results of the NIPE screen and any referrals are recorded accurately on the national NIPE IT system (S4N) * S4N outcomes are completed where available |  |  |

2. NIPE peer review: good practice, learning points, personal development and agreed actions

If no learning points are identified, please document ‘None’ under ‘Learning points’ and ‘Agreed actions’

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| Date peer review completed: | | |
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| Good practice points: | | Learning points: |
|  | |  |
| Areas for personal development: are there any gaps in development or experience (in relation to NIPE screening) that you would like support with? | | |
|  | | |
| Agreed actions: | | |
|  | | |
| Date to review agreed actions: | | |
|  | | |
| Signature of peer reviewer: |  | |
| Signature of screening practitioner: |  | |

1. Final discussion and review:

Ensure all agreed actions from NIPE peer review have been completed where appropriate

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| --- | --- |
| Signature of peer reviewer: |  |
| Signature of screening practitioner: |  |
| Date: |  |