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)
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| 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
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| Uses the maternal/baby case notes and verbal questions to:* take a health history
* identify national & local risk factors prior to the examination
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| 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
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| Applies knowledge to:* recognise any screen positive findings
* prioritise any required actions accordingly
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| 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
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| 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)
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| 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
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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: |
|  |
| 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: |
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| 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: |  |