Peer Learning FAQs (updated 10-3-2023)

General FAQs

Q: What is peer learning?

A: Peer learning is a group activity in which expert professionals review one another's work, actively give and receive feedback in a constructive manner, teach and learn from one another and mutually commit to improving performance as individuals, as a group and as a system. (Transitioning From Peer Review to Peer Learning: Report of the 2020 Peer Learning Summit).

Q: How is peer learning different from score-based peer review?

A: Scored peer review is a quality assurance approach that was developed by the ACR in 2000 in response to the Institute of Medicine report "To Err is Human". This method seeks to identify discrepancies through review of randomly-selected colleagues' cases during the course of routine work, using scoring on a 1-3 scale based on the level of agreement with the original interpretation. Peer learning is distinct from scored peer review as it focuses on capturing all opportunities to learn without judgement between colleagues. Peer learning incorporates a just culture environment of continuous learning improvement in which errors, near miss-events and great calls are purposefully evaluated in a nonpunitive structure to drive error reduction through education and systems improvement. (National Radiology Peer Learning Summit; Bringing Errors into Light)

Video reference link: ACR Peer Learning Summit on Vimeo [JB3]

: https://youtu.be/31qITY88mAs

Q: Does peer learning qualify as a Participatory Quality Improvement Activity for ABR Maintenance of Certification (MOC)?

A: The American Board of Radiology (ABR) approved peer learning as a Participatory Quality Improvement Activity for the Maintenance of Certification.

Accreditation

Q: Does peer learning meet requirements for ACR accreditation?

A: Yes, peer learning programs are an acceptable approach to meeting the ACR accreditation physician quality assurance requirement. Please review the minimum requirements in the ACR's Minimum Requirements for Peer Learning Physician Quality Assurance Pathway for Accreditation.

Video reference link: Beginning at timestamp 1:00 min
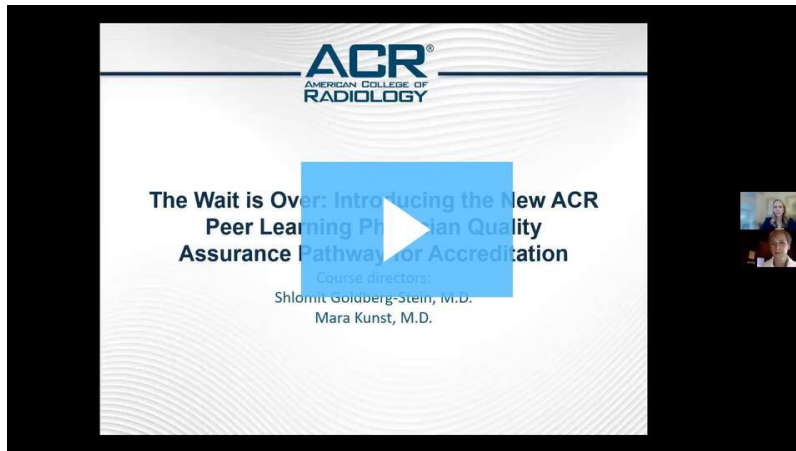
[Peer Learning Physician Quality Assurance Pathway for Accreditation](#)

Q: Does peer learning meet requirements for TJC accreditation?
A: There are no regulatory or accreditation requirements that prohibit transitioning from a traditional scored-peer review program (like RADPEER) to peer learning. The Joint Commission requires that you conduct ongoing professional practice evaluation (OPPE) around every 9 months and requires use of provider-specific metrics. It does NOT require scored-based peer review to be one of those metrics by rule. The Joint Commission does not actually require peer review or dictate how it is performed. Please see this explanation: Video reference link: Beginning at timestamp 33:00 min
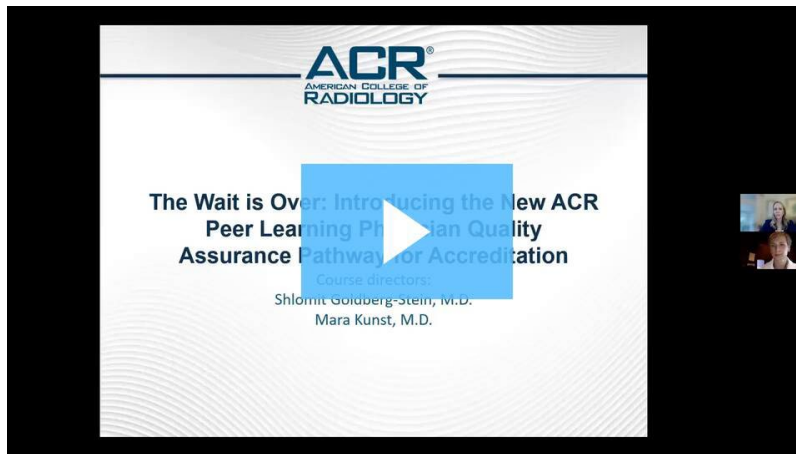

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Q: Does Peer Learning meet requirements for CMS accreditation?
A: Similarly, CMS accreditation requires a process be in place to evaluate physician performance (similar to OPPE) but does not require scored-based peer review as a metric

by rule. Please see this explanation: Video reference link: Beginning at timestamp 33:00 min

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Q: Does peer learning meet requirements for stroke certification?
A: Both stroke center certifying bodies (the Joint Commission and DNV) track times for performance and interpretation of CT and MRI but allow institutions to follow best practices for interpretive quality.

Q: Does peer learning meet the requirements for trauma center certification?
A: The American College of Surgery is the Trauma Center certifying body and is interested in a well-laid out process that allows certified institutions to track and review missed findings. Peer learning programs are not designed for tracking in this manner, but peer learning conferences could be an appropriate forum to review identified discrepancies. Resources for Optimal Care of the Injured Patient 2014 Standards

Q: What are the minimum requirements for our peer learning program to meet ACR standards for accreditation?
A: For a complete description of minimum requirements, please review the ACR's Minimum Requirements for Peer Learning Physician Quality Assurance Pathway for Accreditation. The peer learning program must include the following:

Written Policy
Culture
  o An emphasis on supporting a culture of learning and minimizing blame
Goal

- The goal of improvement of services by relying on the establishment of trust and free exchange of feedback in a constructive and professional manner

Definitions of peer learning opportunities
- Definitions of peer learning opportunities that includes submission and review of peer learning cases that address actual or potential performance issues, including both discrepancies and "great calls"
- Description of case identification (routine work, case conferences, event reports or other sources) rather than randomly selected cases

Description of program structure and organization
- Definition of roles of physician and non-physician leader(s)
- Description of responsibilities and amount of time or percentage of full-time equivalent (FTE) hours dedicated to managing the peer learning program
- Definition of the workflow of the peer-learning opportunity submission including the workflow for review of peer learning submission communication with the interpreting radiologist as appropriate and designation of the peer learning submission for group sharing

Definition of targets
- Definition of targets by defining expectations for minimum participation by radiologists in submission and learning activity participation
- Minimum standards for peer learning program activities (defined as in-person, online or other virtual formats)

Quality Improvement
- Outline of the process for coordination with appropriate practice and administrative personnel to translate findings from peer learning activities into dedicated improvement efforts

Reporting
- Statement of commitment to sequestering peer learning activity content from individual practitioner's performance evaluation

Annual documentation
- Total number of case submissions to the Peer Learning program
- Number and percent of radiologists meeting targets as defined by the facility practice policy
- Determination of whether peer learning activities met the minimum standard as defined by the facility practice policy
- Summary of related quality improvement efforts and accomplishments

Q. What are the minimum participation requirements for the peer learning program?
A: Minimum participation requirements are defined by the practice based on practice/hospital needs and resources.

Q: Is there a minimum requirement for the number of peer learning activities?
A: No, the ACR is not setting a minimum number of activities needed. The requirement is to fulfill the metrics as they are defined by the facility's practice policy.

Q: Will the peer learning pathway requirements become more stringent over time?
A: The ACR Peer Learning Committee agrees that the minimum metrics are to be defined by the practice and there are no foreseeable changes to this approach.

Q: There is a requirement to list dedicated FTE time for peer learning leadership. Is there a minimum dedicated FTE requirement? What needs to be documented?
A: There is no minimum requirement for dedicated time. The request is to outline the dedicated time in the practice policy in order to encourage deliberate design for the practices' needs. The dedicated time will vary from practice to practice.

Q: Is there a requirement for a physician lead for the peer learning pathway?
A: A peer learning program involves reviewing the quality of physician work, therefore a physician lead is strongly encouraged but not required. Most peer learning programs are led by practicing radiologists and supported by non-physician colleagues.

Q: What is the process of letting the ACR know we are doing peer learning? Do we have to submit a specific application to do peer learning for accreditation? Do we have to make sure our program is approved before we switch?
A: No prior approval is necessary and no specific application is required. All sites initially applying for ACR accreditation and all sites renewing accreditation must actively participate in a physician quality assurance program. There are two formal pathways to meet this requirement; score-based peer review and peer learning.

Q: How do I apply for Peer Learning Accreditation?
A: The ACR does not offer a peer learning accreditation. The ACR has developed a peer learning pathway that facilities may utilize to meet physician quality assurance requirements for accreditation.

Q: How will ACR validate how we are meeting the ACR Peer learning requirements?
A: Validation of minimum requirements for physician quality assurance will occur during the ACR Validation Site Surveys. ACR Accreditation Toolkit for Validation Site Surveys

Q: Will ACR Accreditation surveyors know about peer learning?

A: Yes, ACR surveyors will review the facility's physician quality assurance policy and annual documentation to ensure it contains the minimum required elements for either the Physician Score-Based Peer Review or Peer Learning. [Physician QA Requirements: CT, MRI, Nuclear Medicine/PET, Ultrasound](#); [ACR Accreditation Toolkit for Validation Site Surveys](#); [ACR's Minimum Requirements for Peer Learning Physician Quality Assurance Pathway for Accreditation](#)

Q: If we do peer learning are we able to keep doing RADPEER?
A: All sites initially applying for ACR accreditation and all sites renewing accreditation must actively participate in a physician quality assurance program. The facility must consider their institutional needs when determining what program works best for their framework. While the Peer Learning Committee advocates for an ultimate complete transition to peer learning to support the cultural shift, both may be used at the same time as necessary (see below) depending on institutional needs. Peer learning meets regulatory requirements.

Q: If we are using RADPEER (or another score-based peer review) and peer learning in a parallel approach, are there any limitations on what is acceptable?
A: We acknowledge that, particularly in the beginning of the process of adopting peer learning, that institutions may need to use a parallel approach which incorporates both pathways. For instance, a department may have one section that is adopting peer learning, and another that has not started the transition. Or, a system with multiple sites may have some that are using peer learning and others that are using score-based peer review. In that case, the group needs to be sure the requirements of both pathways are met.
Please note: If your organization's expectation is for score-based peer review to serve as a quality metric, there will be a future webinar dedicated to this topic.

Q: If you are doing both peer review and peer learning, can performance evaluation be performed based on the peer learning data?
A: Central to the peer learning pathway is the requirement to sequester peer learning submissions from performance evaluation. If a parallel approach is taken, a clear line should be drawn between the programs to fulfill that requirement.

Q: What additional resources are required to perform peer learning?
A: No additional peer learning dedicated personnel are required.

Q: What should the peer learning policy detail about the coordination between peer learning and quality improvement efforts?
A: The requirement is to document any quality improvement efforts. The policy should outline who is responsible and define their roles in the organization and within the peer

learning program. Depending on the structure of the practice, there may be more than one person responsible.

Q: What happens if there are no quality improvement accomplishments from the peer learning pathway?
A: The requirement is met if there is documentation of a workflow and coordination between peer learning leadership and others interested in quality improvement.

Q: Is there a grace period for sites who are currently utilizing peer learning but whose policies and annual documentation may not meet the new minimum requirements?

A: All ACR accredited sites who list peer learning as their physician quality assurance pathway must meet the minimum requirements by December 1, 2022.

Q: Whom do we talk to if we have questions about whether our peer learning program meets ACR accreditation standards?
A: For questions about your peer learning programs, contact Dina Hernandez BSRS, RT(R)(CT)(QM) Director of Accreditation at peerlearning@acr.org.

Peer Learning Physician Quality Assurance Pathway for Accreditation

Starting and Implementing Peer Learning

Q: Where can I learn more about starting and implementing a peer learning program at my facility?
A: The ACR has created a Peer Learning Resources Webpage designed to assist facilities and groups on establishing just culture, using peer learning as an expression of just culture for radiologists and implementing peer learning best practices. Peer Learning Resources

OPPE

Q: What metrics are practices using for OPPE when they move away from scored peer review?
A: To date, we are finding most institutions who have transitioned to Peer Learning are including participation metrics for their Peer Learning program in OPPE. This may include submission of cases into a department's peer learning program, participating in the department's peer learning conferences, or both. This sets a standard that it is an expected component of professionalism within the practice to review and contribute to individual and group clinical performance and systems improvement efforts.

Peer learning is not a methodology for assessment of radiologist clinical performance. The Peer Learning Committee recognizes that there is no panacea or easy way to assess a physician's clinical performance.

That said, regarding metrics for physician clinical performance for OPPE, we encourage you to consider ones in which the data is relatively easily obtainable, validated, and reconciled. These may be specific to subspecialty. Examples of ideas which have been put forth in discussions in the radiology Q/S community include:

- Medical Knowledge:
    - Participation/passing scores in ABR MOC (which indicates the radiologist is completing routine knowledge-based assessment which meets ABR standards for ongoing board certification)
    - Minimum standards for CME attendance (also included in ABR certification)
- Patient Care
    - Communication:
        - Compliance with critical value reporting expectations or other communication standards
    - Reporting:
        - Use of expected standardized reporting methodologies (like PI-RADS, LI-RADS or rectal cancer staging templates)
        - Application of guideline-based recommendations for follow-up (like Fleischner criteria)
    - For interventional subspecialties:
        - Non-diagnostic biopsy rates
        - Complication rates for particular common procedures
- Professionalism:
    - Results of section head and/or 360 reviews
- Practice-based learning and improvement
    - Peer learning program participation
- Systems-based Practice
    - Attendance at daily huddles

Resources

- ACR Accreditation Toolkit for Validation Site Surveys: https://www.acraccreditation.org/-/media/ACRAccreditation/Documents/Site-Survey-Toolkit/Toolkit-for-Validation-Site-Surveys-Final.pdf

- Validation Site Survey Webpage: Validation Site Survey (acraccreditation.org)
- ACR Accreditation Webpage: Accreditation - American College of Radiology (acraccreditation.org)
- Accreditation Support Page: Solutions : Accreditation Support (acr.org)
- Physician QA Requirements: CT, MRI, Nuclear Medicine/PET, Ultrasound Accreditation Solutions Article: Physician QA Requirements: CT, MRI, Nuclear Medicine/PET, Ultrasound (Revised 9-7-2021) : Accreditation Support (acr.org)
- Peer Learning Resources webpage: Peer Learning Resources | American College of Radiology (acr.org)
- ACR's Minimum Requirements for Peer Learning Physician Quality Assurance Pathway for Accreditation: Requirements-for-PL-program-accreditation.pdf (acr.org)
- Peer Learning Program Checklist for ACR Accredited Facilities: Peer-Learning-Program-Checklist-for-ACR-accredited-facilities.pdf
- American College of Surgeons: Resources for Optimal Care of the Injured Patient 2014 Standards
- American Board of Radiology: Participatory Quality Improvement Activity
- Questions: Peerlearning@acr.org

Revision History

10-19-2022 Updated Resources for Optimal Care of the Inured Patient 2014 Standards link

10-3-2023 Added OPPE FAQ