

# Policy and Procedure

## CPD Peer Review Activities

<b>Authorising Body:</b>	Board
<b>Responsible Committee:</b>	Education Committee
<b>Responsible Department</b>	Education and Training
<b>Document Code:</b>	<b>POL and PRC for CPD Peer Review Activities</b>

### 1.0 Introduction

The RANZCP Continuing Professional Development (CPD) Program provides a pathway for participants to appraise and further develop professional practice, maintain knowledge, skills, and performance standards, and provide high quality, safe psychiatric care.

The RANZCP sets the recognised standard for CPD for psychiatrists in Australia and New Zealand as delegated by the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ). CPD is a mandatory, annual activity undertaken by RANZCP Fellows or Affiliates. The RANZCP CPD program is an essential part of public assurance of the ongoing professionalism of Fellows and the quality of their practice.

The RANZCP CPD Program assists members to meet the requirements of the relevant regulatory bodies in Australia and New Zealand. The RANZCP will continue to work with participants in Australia to meet the requirements of the MBA's Professional Performance Framework (PPF) and, participants in New Zealand, to meet the recertification requirements of the MCNZ.

A long history of psychiatrists meeting with peers to review their practice, and to obtain support and assistance with issues experienced as practitioners, has led to the current formal structure for the Peer Review Activities component of the College's CPD Program.

The requirements for Peer Review Activities are based on the current understanding that adult learning needs to be experience-based and self-directed and that professional learning occurs in part through involvement in learning activities within the context of the broader professional community.

### 2.0 Peer Review Activities

- 2.0 Participants in the College's CPD program are expected to undertake at least 10 hours of Peer Review Activities as a component of their annual CPD program.
- 2.1 A peer for the purpose of the peer review component of the CPD Program (including peer review groups, practice visits and supervision) is a practising specialist psychiatrist. This does not preclude non-psychiatrists from participating in Peer Review Groups (see section 4.0).
- 2.2 Recognised Peer Review Activities are activities undertaken by and with peers with the aim of updating knowledge and improving practice through the presentation of one's own work, in the practice of psychiatry, to one's peers with the expectation of open and frank review. For the purpose of the College's CPD program, the recognised activities are:
  - 2.2.1 Peer Review Groups
  - 2.2.2 Personal Supervision (individual/group)
  - 2.2.3 Practice Visits<sup>1</sup>

### 3.0 Qualified Privilege

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<sup>1</sup> Section 2.2 "Practice Visits" is currently under review and will be redeveloped in 2021 to be "Practice Peer Reviews". More details in the 2021 RANZCP CPD Program Guide.

- 3.1 The College seeks to maintain Qualified Privilege for Peer Review Groups under the relevant legislation in Australia and New Zealand. This privilege is time limited and at the discretion of the Minister or Government Officer with the delegated authority.
- 3.2 In New Zealand Peer Review Groups are considered a protected quality assurance activity under the Health Practitioners Competence Assurance Act 2003 which ensures Qualified Privilege for confidential peer discussions.
- 3.3 In Australia Peer Review Groups are covered by the Commonwealth Qualified Privilege Scheme under the Health Insurance Act 1973. Fellows are encouraged to clarify what arrangements exist for Privilege in their respective jurisdictions.
- 3.4 Members should ensure that local jurisdictional requirements, where they exist, are met.
- 3.5 Qualified Privilege prevents disclosure of the discussion within the protected activity outside of the Peer Review Group, where that discussion identifies individuals.

#### **4 Peer Review Groups**

- 4.1 Peer Review Groups (PRGs) are small, self-selected groups of peers who meet to review their practice in a supportive setting. The objectives of RANZCP-credentialed peer review groups are to provide a setting for psychiatrists and other members to present work conducted in a professional capacity and to undertake continuing learning and professional development through the exploration of issues raised by the presentation amongst peers.
- 4.2 A group must comprise at least three practising specialist psychiatrist RANZCP Fellows or Affiliates meeting regularly.
- 4.3 In certain circumstances where this is too difficult to achieve for practical or logistical reasons, groups of two practising specialist psychiatrist RANZCP Fellows or Affiliates, known as Peer Dyads, may be registered with the CPD program for a maximum period of three years.
- 4.4 The PRG does not provide clinical or operational oversight to the professional work being undertaken by the peer and should not be considered to have any responsibility for the quality or ethical conduct of individual members, except when this is mandated by legislation or the Codes of Ethics of the RANZCP.
- 4.5 Discussing a case in a PRG is not a substitute for a formal second opinion.
  - 4.5.1 A psychiatrist may, especially in circumstances of controversy or complaint, identify a need for documented evidence of independent assessment and advice on appropriate management. In these situations, the psychiatrist should seek a formal second opinion from an independent practitioner who then conducts a personal assessment of the patient.
- 4.6 The Requirements of the Peer Review Groups are:
  - 4.6.1 To establish and document goals and group understandings on matters such as the management of confidential material, record keeping if required, and how difficulties arising within the Group are to be managed.
  - 4.6.2 To conduct regular meetings of peers interacting as a group in real time of at least one hour's duration.
  - 4.6.3 To meet for a minimum of 10 hours per annum. Groups often meet fortnightly or monthly but may meet less frequently for longer periods, on the proviso that the minimum requirement of 10 hours per annum is met.
- 4.7 A note taker may be appointed for each meeting to record brief notes of the meetings. Such notes shall:
  - 4.7.1 Be kept in confidence for the use of the group only.
  - 4.7.2 Indicate which members presented during the meeting (initials only).
  - 4.7.3 Have no identifying information regarding specific patients.
  - 4.7.4 Include records of decisions taken or the subject of any discussion such as planning the goals and processes of the group.

- 4.7.5 Be disposed of appropriately when the group ceases to exist.
- 4.8 A Group Coordinator must be appointed as the primary contact person who shall:
  - 4.8.1 Ensure the Group is registered with the RANZCP through My CPD and any changes to the Group membership, or to the Group details, are recorded without delay.
  - 4.8.2 Maintain PRG Records of Attendance on My CPD, the online portal, to verify members' participation in the PRG.
  - 4.8.3 Complete an annual update and review on behalf of the Group at the end of each year, for submission to the College CPD Office. This may be via survey during February/March.
  - 4.8.4 Be the primary contact person, for prospective new group members.
- 4.9 A member of the group can be appointed as record keeper and this person, in addition to the Group coordinator, has access to My CPD for the purposes of updating the records of the PRG.
- 4.10 Fellows of the RANZCP who are registered as overseas Fellows may participate in Peer Review Groups by:
  - 4.10.1 Attending a registered PRG by teleconference, video conference or technology such as Skype which allows real time discussion between participants.
  - 4.10.2 Where there is more than one RANZCP Fellow peer locally (to the Fellow overseas), registering a Peer Review Dyad or Group with My CPD and including other local peer psychiatrists as members.
  - 4.10.3 Where the Fellow Overseas does not have peer RANZCP Fellows locally, a group of overseas psychiatrists may be formed, and their meetings reported annually through the CPD office to meet the required 10 hours of peer review. The CPD office may ask for evidence of meetings and attendance.
- 4.11 Stage Three trainees may apply to join a Peer Review Group. Where there is an administrative relationship between members of the group (such as supervisor and registrar) careful consideration should be given to whether this may constrain the open and frank discussion that is necessary for the group's functioning. Such applications should be discussed by the PRG members in order to make a decision that is informed in terms of boundaries and any supervisory relationship implications.
- 4.12 The results of the annual review (completed by surveying coordinators) will be published, in a deidentified format, annually. PRG coordinators will be provided with a copy of the final report.
- 4.13 A PRG may be open or closed to new members. This may be influenced, for example, by the capacity of the group to accommodate additional members, or by the special interest of the group. This function is managed through My CPD by the PRG coordinator.
- 4.14 Peer Dyads must be open to new members, as this arrangement is granted as a temporary measure under special circumstances and is not considered to be a permanent arrangement.
- 4.15 The details of all Peer Review Groups are listed in My CPD, along with their status of open or closed. This list can be used by CPD participants to find a PRG that meets their needs.
- 4.16 Peer Review Groups are encouraged to meet via the mode/s most convenient to members. This includes in-person, teleconference, videoconference and online options.

## **5 Personal Supervision Individual/Group**

- 5.1 Personal supervision, either individually or in a group, provides the opportunity for the supervisee to present their work in practice to scrutiny with the aim of improving clinical knowledge, skills and competence.
- 5.2 Providing supervision is also included in this category.
- 5.3 Providing a formal second opinion to, or receiving a formal second opinion from, a peer is also considered to be a peer review activity in this category.
- 5.4 CPD participants should record all hours engaged in personal supervision and have those records signed by the supervisor/supervisee as verification for participation in this aspect of peer review. This document should be uploaded to the My CPD online system.

- 5.5 Supervision can either be given to or received by a Specialist Psychiatrist.
- 5.6 Supervision of registrars is not a peer review activity but may be claimed under Teaching Activities (Section 4).
- 5.7 Supervision of a Fellow in Training is considered to be peer review activity.

## **6 Practice Visits**

- 6.1 A Practice Visit is a peer to peer educational activity where one psychiatrist visits the practice of another for the purpose of peer review.
- 6.2 The visit is a Peer Review Activity designed to allow the host psychiatrist, and the visiting psychiatrist, to reflect on their practice and to review the way in which they work.
- 6.3 Practice Visits are conducted according to the principles and guidelines of the published RANZCP Practice Visit Program.
- 6.4 A CPD participant may participate in this activity either as a host psychiatrist only, a visiting psychiatrist only, or both as a host and a visiting psychiatrist.
- 6.5 Practice visits may occur annually, but a practice visitor may repeat a visit to the same host psychiatrist only once every three years for the purpose of this activity.
- 6.6 There are no requirements to become a host psychiatrist for a Practice Visit.
- 6.7 To become a visiting psychiatrist a Fellow or Affiliate of the RANZCP must satisfy any published selection criteria, be in good standing with the College and meet any training requirements set by the College for the role.
- 6.8 Psychiatrists participating in the program must abide by the principles, guidelines and procedures of the published Practice Visit Program.
- 6.9 Both the visiting psychiatrist and the visited psychiatrist must be in good standing with the relevant regulatory authorities with no notifications or restrictions on their registration.

## **7 Definitions:**

Classes of membership are defined in the RANZCP Constitution but for the purposes of this policy are interpreted in the following way (7.1-7.8):

- 7.1 Peer: for the purposes of the peer review component of the CPD Program (including peer review groups, practice visits and supervision), a peer is a specialist psychiatrist in practice.
- 7.2 Fellows: qualified psychiatrists who have successfully completed the RANZCP training program or otherwise have met the requirements for Fellowship of the RANZCP and who have maintained membership of the RANZCP by payment of the appropriate annual membership fee.
- 7.3 Affiliates: overseas-trained psychiatrists (OTPs) currently working in psychiatry in Australia or New Zealand and who have maintained membership of the RANZCP by payment of the appropriate annual membership fee.
- 7.4 Individuals: registered medical practitioners who are neither Fellows nor Affiliates who choose to participate in the RANZCP CPD program and who have paid the appropriate fee. These medical practitioners may have specialist psychiatry training but are not a Fellow or Affiliate of the RANZCP. (Individual participation in CPD does not indicate membership of the RANZCP).
- 7.5 Associate: a trainee currently completing the RANZCP training program in psychiatry. Associates are not required to complete the CPD program.
- 7.6 Member: a member of the RANZCP including Fellows, Affiliates and Associates.
- 7.7 Participants: Fellows, Affiliates, and Individuals who are enrolled in the RANZCP CPD program.

- 7.8 Fellow Exempt: any Fellow who has completed 30 years of membership and has reached the age of 65 who has been granted by the Board an exemption from further fees.
- 7.9 CME: continuing medical education. This term is used to refer to educational activities that focus on medical knowledge.
- 7.10 CPD: Continuing professional development. This term is used to refer to a process of lifelong learning that enables psychiatrists to maintain their ability to practice. It is broader than the acquisition of medical knowledge and recognises that health care is delivered in the context of a system involving many parts, including patients.
- 7.11 CCPD: Committee for Continuing Professional Development, which is the Committee of the RANZCP that oversees the CPD program.
- 7.12 MBA: Medical Board of Australia – the registration board for medical doctors.
- 7.13 AHPRA: Australian Health Practitioner Regulation Agency – the body supporting the 15 national health practitioner registration boards, including the MBA.
- 7.14 AMC: Australian Medical Council – the independent national standards body in Australia for medical education and training.
- 7.15 MCNZ: Medical Council of New Zealand –the registration authority for New Zealand and the independent standards body for New Zealand for medical education and training.
- 7.16 PPF: Professional Performance Framework – the framework being introduced by the MBA outlining the requirements for maintaining registration in Australia.
- 7.17 Bpac NZ Best practice Advocacy Centre New Zealand – an independent organisation with the role of delivering educational and continuing professional development programmes to medical and other health practitioners in New Zealand.

#### Associated Documents:

Policy and Procedure: Continuing Professional Development  
 Policy and Procedure: CPD Claims  
 Policy and Procedure: Auditing of CPD records  
 Policy and Procedure: CPD Exemption  
 CPD Program Guide  
 CPD Frequently Asked Questions  
 Medical Board of Australia Building a Professional Performance Framework November 2017  
 Medical Council of New Zealand Recertification and continuing professional development November 2017  
 Regulation Committee for Continuing Professional Development  
 Peer Review Group Operation Guidelines  
 RANZCP Practice Visit Program guidelines (under development)  
 Meeting as a virtual PRG: Guide

#### Revision Record Footer

<b>Contact: Manager, Accreditation, CPD and reporting</b>			
<b>Date</b>	<b>Version</b>	<b>Approver</b>	<b>Description</b>
2011	1.0	GC2011/2 R42	New Document
13/02/16	1.1	RANZCP Board	Amended to reflect new changes to CPD Program following review
14/07/20	1.2	B2020/10 R6	Amended to reflect changes arising from the introduction of MyCPD and online processes
06/01/21	1.3	EC Chair	Biannual review ensuring consistency with other CPD Policies and to include virtual meeting options.
<b>13/12/21</b>	1.4	EC Chair	Edited to clarify minimum membership requirements
<b>Next Review: 2022</b>			