

Report on Protected Quality Assurance Activities

Organisation Name:	Royal Australian and New Zealand College of Psychiatrists
Reporting Period:	March 2020 – January 2021
Name of Quality Assurance Activity	Peer Review Group Activity

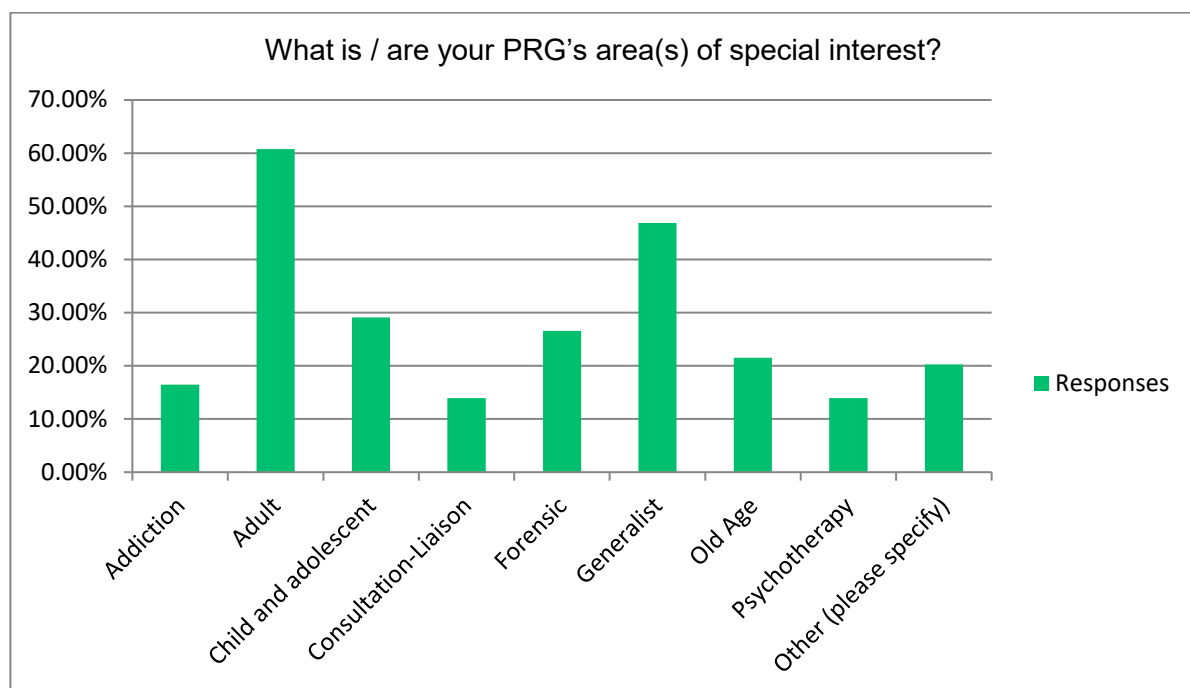
Introduction

RANZCP Peer Review Groups and Practice Visits have been operating since 1996 and were originally included in the declaration of the Maintenance of Professional Standards Program on 18 September 1996.

Some 1333 Peer Review Groups (PRGs) are currently registered with the College's CPD program and 147 of these are operating within New Zealand. There were 81 respondents (being the New Zealand RPG coordinators) to the survey for the 2020 reporting period, and their de-identified responses were collated and analysed to inform this report. It was found that members of the PRGs meet on a regular basis, normally monthly or fortnightly, and most groups meet for one to two hours.

Prior to 2020 and the COVID-19 pandemic, groups mostly (93.59%) met in person. During 2020, 71.19% of groups met online. Nearly 65% of these groups intend to continue to meet online in some capacity, while nearly 30% intend to resume solely "in person" meetings as soon as possible.

Most groups comprise between 4 and 11 psychiatrists, with approximately 20% including other health professionals. The special interests of the groups are as follows:



"Other" group interests include ECT, career stage, specific diagnosis, reporting, and areas of clinical practice such as perinatal/infant.

Responses to the survey questions are provided in the following pages. It is worth noting that respondents were able to provide multiple responses, therefore the number of responses can be greater than the number of respondents. For the final two questions in the survey, relating to the impact of COVID-19 and general commentary on the PRGs, representative quotes are provided.

1. What do you think makes your group a success?

THEME	RESPONSES	
	Number	%
Confidential nature of discussions	64	83.12%
Mutual respect	64	83.12%
Diversity of the experience of members	63	81.82%
Focus on clinical issues	58	75.32%
Shared commitment to high standards of patient care	54	70.13%
Trust and safety	52	67.53%
Longstanding relationships	49	63.64%
Friendship and compatibility	41	53.25%
Education opportunity	40	51.95%
Venue and timing	32	41.56%
Shared interests	23	29.87%
Other: "Support from management"	1	1.30%

2. Have there been any difficulties in the way the group has functioned in the past year?

THEME	RESPONSES	
	Number	%
No	63	82.89%
Yes - Group dynamics (n=2) - Logistics / timing (n=7) - Resources / Infrastructure, incl technology (n=1) - Membership / Attendance (n=3) - Other, eg COVID-19 impact (n=6)	19	17.11%

3. What problems or issues in the provision of health care have been identified in the course of the PRG activity:

THEME	RESPONSES	
	Number	%
Resources of mental health services	67	88.16%
Clinical issues	47	61.84%
Management of risk	42	55.26%
Liaison with other services / health care professionals	40	52.63%
Health service processes	39	51.32%
Access to services	38	50.00%
Workplace culture	36	47.37%
Political / social issues	30	39.47%
Other, e.g., Burnout; Legalities; PD opportunities.	10	13.16%

4. What actions have been taken, as a result of the PRG activity, to resolve the identified problems / issues:

THEME	RESPONSES	
	Number	%
Discussions within the PRG	69	90.79%
Peer support with clinical management of difficult cases	66	86.84%
Escalation, ie. to management / agencies / unions as appropriate	42	55.26%
Review of, or change in, practice	34	44.74%
Lobbying / Ongoing advocacy	26	34.21%
Liaison with other parties	23	30.26%
Development of tools / resources – and/or research / education to inform such developments	19	25.00%
Not applicable	5	6.58%

5. What recommendations have been (or are to be) made as a result of the PRG activity:

THEME	RESPONSES	
	Number	%
Individual case recommendations	60	78.95%
Ongoing or increased professional supports, being for peers, management or through networking or liaison	47	61.84%
Feedback on / reconsideration of treatment and/or case management protocols	47	61.84%
Feedback on / reconsideration of specific health service processes	40	52.63%
Resource / education improvements	23	30.26%
Other, e.g., "No recommendations made" and "Service Management Intervention recommended".	5	6.58%

6. Describe how implementation of these recommendations will be monitored:

THEME	RESPONSES	
	Number	%
Regular review / ongoing discussion	61	80.26%
Feedback on individual cases following implementation of advice from peers	52	68.42%
Monitoring of stress levels	25	32.89%
Service / system feedback / liaison	18	23.68%
Not possible / outside of the scope of the PRG	13	17.11%
Planned re-audit or collection of data	8	10.53%
Not applicable	4	5.26%

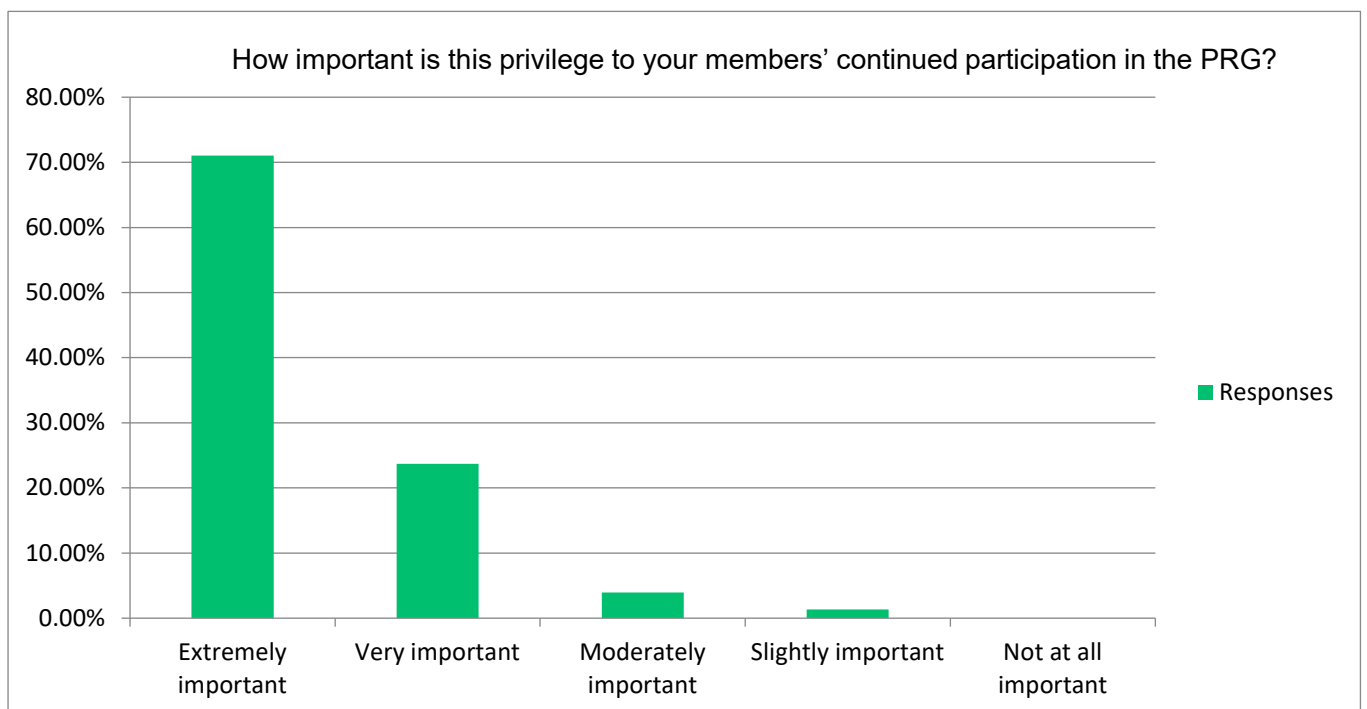
7. Describe how any improvements to the practice or competence of organisations or personnel are to be managed:

THEME	RESPONSES	
	Number	%
Outside of PRG scope, ie. Responsibility of individual clinicians or Health Services	31	40.79%
PRG involvement with identified issues	29	38.16%
Advocacy for resources	28	36.84%
Quality / Practice Improvement, ie. Assurance of system / process improvements	28	36.84%
Liaison with appropriate supervision authorities	20	26.32%
Other, e.g., "Reserve the right to escalate".	5	6.58%

8. Summarise the benefits to the health and disability consumers resulting from the PRG activity:

THEME	RESPONSES	
	Number	%
Capacity for confidential peer discussions provide collaborative opportunities and peer support for treating clinicians	73	96.05%
Capacity for confidential clinical discussions lead to professional growth and benefit clinical competence of treating clinicians	71	93.42%
Improvement (or opportunity for improvement) of clinical practice and/or quality of care (and life)	69	90.79%
Improved workplace culture of treating clinicians	40	52.63%
Improvement (or opportunity for improvement) to service access	31	40.79%
Not applicable	3	3.95%

9. PRGs are Protected Quality Assurance Activities under the HPCA 2003. This means that discussions are confidential to the PRG. How important is this privilege to your members' continued participation in the PRG?



Answer Choices	Responses	
Extremely important	71.05%	54
Very important	23.68%	18
Moderately important	3.95%	3
Slightly important	1.32%	1
Not at all important	0.00%	0
Comment if you wish		0
	Answered	76

10. Do you have any comments about how the COVID-19 pandemic has impacted your PRG and/or any function your PRG has provided for its members during the pandemic?

- “It was a wonderful opportunity to get rapid update on matters of MH in times of COVID-19. We were all walking on uncharted territory and having a group to share with (and learn from) was extremely useful and timely.”
- “We were meeting on Zoom and there were no F2F meetings for a number of months. It really hindered discussion and participation, though was better than not meeting at all.”
- “Challenging logistically and overall probably decreased quality of the experience when unable to meet in person. Important activity that needed to continue however to maintain professional supports during a challenging time.”
- “We were unable to meet for the most of 2020. However, we kept in touch via confidential online closed-group chat forum to ensure there was always an open avenue for support and discussion as needed.”
- “The Group has been a significant support for members in coping with and reflecting on impact of pandemic. The need to provide a Zoom option has posed some difficulties, and probably lessened the value of meetings overall - however this has also been a major boon to those members needing to use this facility.”

11. Please note any further comments about the PRG below:

- “We are privileged and grateful to have such a longstanding and trusted group of peers, who value our meeting highly. We would not be without this group.”
- “Stimulates discussion and thinking. Very helpful to have various opinions from colleagues with different outlooks and varied experience. This can help to determine best practice for clients and is discussed in a confidential environment.”
- “It is a great source of support and solidarity for the level of intense and demanding work done. Without this support avenue, isolation and despair can easily overwhelm the most hardened of us.”
- “As a junior SMO, I cannot emphasise the value of this group to me; senior colleagues, previous mentors, diverse scopes of practice - all in safe and trusted setting.”
- “All the members are committed to attend the group and support each other to enhance professional growth and safe practice.”

Conclusion

These survey results give an overview of the function and organisation of New Zealand PRGs and illustrate the importance of PRGs to their members, and their influence on clinical practice and patient outcomes. The responses are consistent with the responses from previous years except where new challenges have been identified because of the COVID-19 pandemic, such as logistics under restrictions and patient care in the remote environment. Implications of the pandemic have also highlighted the importance to members of this well-established program of quality assurance. The confidentiality afforded to discussions, the camaraderie of members, the resulting practice improvement and patient care benefits are of particular note.