

# 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. It is an essential part of public assurance of the ongoing professionalism of members and the quality of their practice.

CPD is a mandatory, annual activity undertaken by RANZCP Fellows and Affiliates. 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).

Effective January 2023, the MBA registration standard requires all doctors registered with the AHPRA to meet the CPD program requirements of their accredited CPD "Home". The RANZCP will continue to work with participants in Australia to meet current requirements of the MBA's Professional Performance Framework (PPF) and, participants in New Zealand, to meet the recertification requirements of the MCNZ.

Participants in the RANZCP CPD Program are expected to adhere to the [RANZCP Code of Conduct](#) and the [RANZCP Code of Ethics](#).

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 RANZCP'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

- 2.1 Participants in the RANZCP's CPD Program are expected to undertake at least 10 hours of Peer Review Activities as a component of their annual CPD program.
- 2.2 A peer for the purpose of the peer review component of the RANZCP CPD Program (including peer review groups, practice peer reviews, supervision and formal second opinions) is a practising specialist psychiatrist. This does not preclude non-psychiatrists from participating in Peer Review Groups (see section 4.0).
- 2.3 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 RANZCP's CPD Program, the recognised activities are:
  - 2.3.1 Peer Review Groups
  - 2.3.2 Practice Peer Review
  - 2.3.3 Personal Supervision (individual/group)
  - 2.3.4 Formal Second Opinions
- 2.4 Participants in RANZCP Formal Peer Review activities are expected to adhere to the [RANZCP Code of Conduct](#) and the [RANZCP Code of Ethics](#).

### 3 Qualified Privilege

- 3.1 The RANZCP 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 and are relevant in relation to protected activities, are met.
- 3.5 Qualified Privilege prevents disclosure of the discussion that occurs 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-registered PRGs 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.
  - 4.2.1 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 RANZCP CPD Program for a maximum period of three years.
- 4.3 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.
- 4.4 Discussing a case in a PRG is not a substitute for a formal second opinion.
  - 4.4.1 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.
- 4.5 The Requirements of the Peer Review Groups are:
  - 4.5.1 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.
  - 4.5.2 To conduct regular meetings of peers interacting as a group in real-time of at least one hour's duration.
  - 4.5.3 To meet ideally for a minimum of 10 hours per annum. Groups often meet fortnightly or monthly but may meet less frequently for longer periods.
- 4.6 A note taker may be appointed for each meeting to record brief notes of the meetings. Such notes:
  - 4.6.1 Must be kept in confidence for the use of the group only.
  - 4.6.2 May indicate which members presented during the meeting (initials only).
  - 4.6.3 Must have no identifying information regarding specific patients.
  - 4.6.4 May include records of decisions taken or the subject of any discussion such as planning the goals and processes of the group.
  - 4.6.5 Must be disposed of appropriately.
- 4.7 A Group Coordinator must be appointed as the primary contact person who shall:
  - 4.7.1 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 as soon as possible.
  - 4.7.2 Maintain PRG Records of Attendance on My CPD, the online RANZCP portal, to verify members' participation in the PRG.
  - 4.7.3 Complete the annual update and review activity which usually occurs via survey during February/March.

- 4.7.4 Be the primary contact person for prospective new Group members.
- 4.8 A member of the group can be appointed as a record keeper and this person, in addition to the Group Coordinator, has access to the PRG in My CPD for the purposes of updating the records of the PRG.
- 4.9 Fellows of the RANZCP who are registered as overseas Fellows may participate in Peer Review Groups by:
  - 4.9.1 Attending a registered PRG by teleconference, video conference or technology such as Skype which allows real-time discussion between participants.
  - 4.9.2 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 peers and practitioners as members.
  - 4.9.3 Where the Fellow Overseas does not have peer RANZCP Fellows locally, the Fellow may discuss with the CPD office convening a group of overseas psychiatrists with 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.
- 4.10 Stage Three trainees may apply to join a PRG. 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.
- 4.11 The results of the annual review (completed by surveying coordinators) will be published, in a deidentified format, annually to the RANZCP website [RANZCP: Education and Training Reports | RANZCP](#).
- 4.12 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.
- 4.13 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.
- 4.14 The details of all PRGs 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 suitable to their needs.
- 4.15 PRGs are encouraged to meet via the mode/s most convenient to members. This includes in-person, teleconference, videoconference and other online options that allow real-time video/audio discussion such as, for example, Zoom.

## 5 Practice Peer Review<sup>1</sup>

- 5.1 Practice Peer Review (PPR) provides a series of structured discussion meetings between peer psychiatrists with the support of an appointed (psychiatrist) facilitator. These discussions are held either in person or virtually over a period of up to three months.
- 5.1 The review allows psychiatrists to explore their own practice in detail with a peer, reflect and consider practice improvement strategies.
- 5.2 PPRs are conducted according to the principles, guidelines and procedures published on the RANZCP website: [Practice Peer Review | RANZCP](#).
  - 5.2.1 Psychiatrists participating in the program must abide by the principles, guidelines and procedures of the published Practice Visit Program.
- 5.3 A CPD participant may participate in this activity as either one of the peer pair and/or, upon successful applications, as a PPR facilitator.
  - 5.3.1 To become a RANZCP PPR facilitator, the applicant 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.
- 5.4 PPR may occur annually, but a PPR cannot occur more than once with the same peer pairing.

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<sup>1</sup> Previously Section 2.2 was "Practice Visits". Should such an activity be undertaken, as opposed to formal PPR participation, time spent should be claimed in Section 4.5 "Team-based Learning".

5.4.1 should a peer pair wish to continue their professional learning relationship following the conclusion of the PPR period they may register as a peer dyad, noting the limitation on the duration of a peer dyad relationship.

5.5 All PPR participants must be in good standing with the relevant regulatory authorities with no notifications or restrictions on their registration.

## **6 Personal Supervision Individual/Group**

6.1 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.

6.2 Providing supervision is also included in this category.

6.3 Supervision can either be given to or received by a specialist psychiatrist.

6.4 Supervision of registrars is not a peer review activity but may be claimed under Teaching Activities (Section 4).

6.5 Supervision of a Fellow in Training is peer review activity.

6.6 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.

## **7 Formal Second Opinions**

7.1 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.

7.1.1 CPD participants should document deidentified verification, signed by the peer involved, of formal second opinions contributing to formal peer review activities for upload to the My CPD online system.

## **8 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):

8.1 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.

8.2 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.

8.3 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.

8.4 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).

8.5 Associate: a trainee currently completing the RANZCP training program in psychiatry. Associates are not required to complete the CPD program.

8.6 Member: a member of the RANZCP including Fellows, Affiliates and Associates.

8.7 Participants: Fellows, Affiliates, and Individuals who are enrolled in the RANZCP CPD program.

8.8 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.

8.9 CME: continuing medical education. This term is used to refer to educational activities that focus on medical knowledge.

8.10 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.

8.11 CCPD: Committee for Continuing Professional Development, which is the Committee of the RANZCP that oversees the CPD program.

8.12 MBA: Medical Board of Australia – the registration board for medical doctors.

- 8.13 AHPRA: Australian Health Practitioner Regulation Agency – the body supporting the 15 national health practitioner registration boards, including the MBA.
- 8.14 AMC: Australian Medical Council – the independent national standards body in Australia for medical education and training.
- 8.15 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.
- 8.16 PPF: Professional Performance Framework – the framework being introduced by the MBA outlining the requirements for maintaining registration in Australia.
- 8.17 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:**

[CPD Policy \(ranzcp.org\)](#)

[POL and PRC CPD Claims \(ranzcp.org\)](#)

[POL and PRC Auditing of CPD Records \(ranzcp.org\)](#)

[Policy and Procedure for CPD Exemptions \(ranzcp.org\)](#)

[CPD Program Guide 2023 \(ranzcp.org\)](#)

[cpd-program\\_section-3\\_faq.aspx \(ranzcp.org\)](#)

[Medical Board of Australia - New Professional Performance Framework for patient safety](#)

[Recertification and professional development | Medical Council \(mcnz.org.nz\)](#)

[Committee for Continuing Professional Development Regulations \(ranzcp.org\)](#)

[Peer Review Guidelines \(ranzcp.org\)Practice Peer Review | RANZCP Options for virtual Peer Review Groups \(ranzcp.org\)Professional Development Planning Tool for Peer Review Groups \(ranzcp.org\)](#)

[RANZCP Code of Conduct](#)

[RANZCP Code of Ethics](#)

**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>09/12/22</b>	1.5	EC Chair	Regular review and update to include Practice Peer Review
<b>Next Review: 2024</b>			

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