



## **ANZCA and FPM CPD Program**

### **Peer support groups guideline**

Group activity

Category 1  
Practice evaluation  
Reviewing  
performance

#### **Purpose**

This guideline assists CPD participants complete the peer support groups activity.

#### **Activity description**

A peer support group (PSG) consists of self-selected peers who meet regularly to discuss and reflect upon professional matters related to their practice in a supportive setting.<sup>1-3</sup> The key to PSG discussions is group members sharing professional experiences in an interactive format that allows active member participation and promotes continuous improvement, learning and professional support.

#### **Related documents**

- [Peer support groups CPD verification form](#)

#### **How to complete this activity**

##### Establishing and running a peer support group

<b>Size</b>	Minimum 3 required, maximum 12 suggested (large enough for diverse views, small enough for active contribution by all).
<b>Membership</b>	Can be multidisciplinary (different specialties and health disciplines).  May focus on a particular practice area (e.g., a clinical subspecialty, an ANZCA or FPM role in practice like teaching/supervision or research, a particular career stage like recently becoming a specialist or nearing retirement).  There are advantages to having members from a range of practice environments and contexts.
<b>Meetings</b>	Face-to-face or virtual.  Suggest at least 10 hours per year, monthly to 3-monthly (to establish continuity and camaraderie).  Limit each meeting to 1 to 2 hours.  Ensure a private and confidential setting.
<b>Supportive and non-judgemental environment</b>	All members must feel comfortable to raise and discuss issues.  The group must adopt ground rules, including how new members will be invited, confidentiality of matters discussed, managing confidential material, record keeping and agreement about conduct (as per RANZCP this should include 'how difficulties arising in the group will be managed') <sup>2</sup> .

## Roles

Each group requires two members to take on the following roles (which may be rotated amongst members):

<b>PSG coordinator</b>	<p>Maintains a member contact list.</p> <p>Organises meeting logistics (time, venue, notification of topics that members identify beforehand, circulating pre-reading as relevant).</p> <p>Leads discussion at initial PSG meeting on ground rules and keeps a record of these for future reference by the group.</p> <p>Maintains a record of participants present and issues discussed at each meeting (for CPD verification).</p>
<b>PSG facilitator</b>	Facilitates the running of each meeting.

## Steps

Time period	Steps	Complete
<b>Before the meeting</b>	One or more participants select a professional matter (or matters) relevant to the group.	
	The PSG coordinator notifies members of the topics.	
	Participants may suggest relevant background reading, which is also circulated beforehand.	
<b>During the meeting</b>	<p>The PSG facilitator facilitates the discussion, including identifying any additional professional matters to be discussed.</p> <p>Participants discuss the professional matters with the objective of providing support and guidance to support improved practice, better patient care and/or improved self-care.</p> <p>See examples of topics for peer support groups below.</p>	
	<p>Participants consider how to action the ideas discussed and how to measure the impact of the actions taken.</p> <p>Peer support groups are encouraged to use the critical reflection model and questions in the <i>Critical reflection guideline</i> to enhance their discussions, promote learning and encourage necessary practice changes.</p>	
<b>After the meeting</b>	The PSG coordinator maintains a record of participants present and issues discussed at each meeting and forwards this to all members soon after each meeting for them to upload to the CPD portfolio in the <a href="#">Peer support groups CPD verification form</a> .	

## Topics for peer support groups

During the intervals between meetings, participants should note any professional matters they could contribute to their peer support group.

The following are examples of topics that PSGs may address. These lists are not exhaustive and groups can develop their own professional practice topics.

## *Direct patient care*

Groups may address direct patient care issues. However, it is important that cases are discussed in a de-identified manner (noting this activity does not have qualified privilege in Australia or New Zealand). Members should also consider local jurisdictional requirements in relation to sharing patient information and protecting confidentiality. The PSG does not have clinical or operational oversight of the work of its members and is thus not responsible for the conduct of individual members in acting on patient care issues discussed.

Many clinical case-related discussions will conform to other CPD activities (e.g., M and M meetings, case discussions/conferencing) and should be recorded as such in the CPD portfolio. Activities like case discussions/conferencing may have varying membership, whereas a peer support group is an established, ongoing forum with stable membership for discussion and peer feedback on professional practice issues (e.g., dealing with difficult cases, complex professional interactions or responses to critical incidents). The [CPD team](#) is happy to provide guidance on how to differentiate and claim these activities.

## *Clinical support roles (including those who practice without direct patient care)*

Examples of topics that might be considered include:

- Managing complaints and critical incidents, or being the subject of same
- Supporting own or others' health and wellbeing
- Responding to major professional events
- Planning career transitions
- Professionalism such as practising ethically, behaving appropriately, maintaining confidentiality and privacy, fulfilling regulatory and legal obligations of practice, recognising and managing conflicts of interest
- Research (own research and supporting others)
- Using emerging technologies (e.g. generative AI, social media) appropriately and effectively in your professional practice
- Using specialist knowledge to address public interest (e.g., on a medical board/council, providing expert opinions)
- Leading and managing a department, private group, hospital or health service.

## **ANZCA and FPM CPD portfolio recording**

Participants record this activity under

Category 1 Practice evaluation – reviewing performance: *Peer support groups activity*, with the *Peer support groups CPD verification form* uploaded as evidence.

For participants to claim this activity they should have actively participated in the PSG discussion.

## **Optional related activities**

1. **Critical reflection:** individual participants may choose to undertake a *Critical reflection* activity on the matters discussed at the peer support group.

## **References**

1. Anaesthesia Continuing Education (ACE): ANZCA ASA NZSA. Wellbeing of Anaesthetists Special Interest Group. Peer groups. 2017.
2. The Royal Australian and New Zealand College of Psychiatrists. Policy and Procedure. CPD Peer Review Activities. 2022.

3. Royal Australasian College of Medical Administrators (RACMA). Terms of reference. RACMA Peer Support Group Pilot Program. 2021.

**Change control register**

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