Policy and Procedure

CPD Peer Review Activities

Authorising Body:	Board
Responsible Committee:	Education Committee
Responsible Department	Education and Training
Document Code:	**POL-PRC CPD Peer Review Activities Policy and Procedure**

1.0 Introduction

Overview

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.

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'.

Purpose and Scope

- The purpose of this policy is to outline the Royal Australian and New Zealand College of Psychiatrists (RANZCP) policy and procedures for Fellows, Members/ Affiliates and Certificants to meet their Peer Review Activities as part of the CPD requirements.
- Participants in the RANZCP Peer Review CPD Program may include Fellows of the RANZCP, Associates (Trainees) Affiliates, Certificants and, on payment of the CPD fee set annually by the RANZCP, other practising psychiatrists and medical practitioners.

Policy and Procedures

CPD and its Peer Review Activities component 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).

The RANZCP will continue to work with participants in Australia to meet current requirements of the MBA's 2023 Registration Standard Continuous Professional Development and with 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.

CPD Program

Peer Review Activities CPD Program

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 and at least 5 hours of Formal Peer Review for Certificants

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.

3.0 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 currently exist for Privilege in their respective jurisdictions, here- Peer review groups | RANZCP

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 RANZCP Fellows, Affiliates, Certificants, Advanced Trainees 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 Code 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 for a minimum of 10 hours per year. 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 confidential, 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 **Peer Review 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 Coordinate the meetings.

4.7.3 Maintain PRG Records of Attendance on My CPD, the online RANZCP portal, to verify members' participation in the PRG.

4.7.4 Complete the annual update and review activity which usually occurs via survey during February/March.

4.7.5 Be the primary contact person for prospective new Group members.

4.7.6 PRG Coordinators cannot charge members a fee for joining PRGs or for any administrative tasks related to PRGs (such as updating records).

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 purpose 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 Teams or Zoom 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 in a way most convenient for members. This includes in-person, teleconference, videoconference and other online options that allow real-time video/audio discussion such as Teams or Zoom.

5 Practice Peer Review

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.

5.2 The review allows psychiatrists to explore their own practice in detail with a peer, reflect and consider practice improvement strategies.

5.3 PPRs are conducted according to the principles, guidelines and procedures published on the RANZCP website: Practice Peer Review | RANZCP.

5.3.1 Psychiatrists participating in the program must abide by the principles, guidelines and procedures of the published Practice Visit Program.

5.4 A CPD participant may participate in this activity as either one of the peer pair and/or, upon successful applications, as a PPR facilitator.

5.4.1 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.

5.5 PPR may occur annually, but a PPR cannot occur more than once with the same peer pairing.

5.5.1 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.

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

6 Incubator Peer Review Groups

6.1 Incubator Peer Review Groups are established to enable the formation of stable, long term Peer Review Groups (PRGs) consistent with the requirements of the RANZCP Continuing Professional Development (CPD) program.

6.2 Incubator PRGs are open to RANZCP Fellows, Affiliates, Certificants and Advanced Trainees.

6.3 An incubator PRG is a fully registered PRG and subject to all requirements of Section 4 (above). The founding coordinator is an experienced College appointed facilitator.

6.4 Once a consistent cohort of 5 –10 members is attending the Incubator Peer Review Group sessions, one or more of the members will assume the coordinator role (and other roles if needed), and the facilitator will drop out of the Peer Review Group.

6.5 Once the facilitator leaves the group, it is no longer an “incubator’ group and continues as a regular PRG.

6.6 The facilitator will maintain an attendance record for each session (Section 4.7).

6.7 Members must act in accordance with the professional standards expected of RANZCP members, including:

6.7.1 Constructive: Focused on clinical improvement and professional growth.

6.7.2 Respectful: Acknowledging the diversity of sub-specialties and cultural perspectives.

6.7.3 Ethical: Adhere to the RANZCP Code of Ethics, RANZCP Code of Conduct and relevant professional obligations.

6.8 If the incubator PRG decides not to continue, the group disbands and is terminated in MyCPD by either the facilitator or College staff.

7 Personal Supervision - Individual/ Group

7.1 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.

7.2 Providing supervision is also included in this category.

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

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

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

7.6 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.

8 Formal Second Opinions

8.1 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.

8.1.1 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.

9 Definitions

Classes of membership are defined in the RANZCP Constitution but for the purposes of this policy are interpreted in the following way (9.1 - 9.10):

9.1 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.

9.2 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.

9.3 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.

9.4 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).

9.5 Certificants: a new category of CPD participants, introduced in 2026. They are graduates of the Certificate of Postgraduate Training in Clinical Psychiatry.

9.6 Associate: a trainee currently completing the RANZCP training program in psychiatry.

- Associates (Trainees) who are actively training meet the requirements of the registration standard through their participation in the Fellowship program implicitly and therefore are not required to undertake CPD activities.
- Australian Associates (Trainees) who are not actively training and who are on a prolonged Break in Training (BiT), are required to complete a modified CPD Program for Australian Trainees on a prolonged Break in Training to meet the MBA's registration standard. The College will automatically enrol them in the RANZCP modified CPD program, however, they may choose to complete CPD with a different CPD Home, at their own cost.
- New Zealand Associates (Trainees) not in active training roles must meet their CPD requirements through Best Practice Advocacy Centre New Zealand (BPAC NZ) as outlined by the Medical Council of New Zealand.

9.7 Active Training: - this is defined as three months of training plus the submission of an InTraining Assessment (ITA). Note that passing the ITA is not required.

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

9.9 Participants: Fellows, Affiliates, Individuals, Associates on a prolonged Break in Training and Certificants who are enrolled in the RANZCP CPD program.

9.10 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.

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

9.12 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.

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

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

9.15 AHPRA: Australian Health Practitioner Regulation Agency – the body supporting the 15 national health practitioner registration boards, including the MBA.

9.16 AMC: Australian Medical Council – the independent national standards body in Australia for medical education and training.

9.17 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.

9.18 BPAC NZ: Best Practice Advocacy Centre New Zealand – an independent organisation with the role of delivering educational and continuing professional development programs to medical and other health practitioners in New Zealand.

10 Review of Decisions

Participants who aren't satisfied with the outcome of any decision made by RANZCP or its Committees under this Policy, may apply for reconsideration or review in accordance with the RANZCP Review, Reconsideration and Appeal Policy and Procedure, available on the RANZCP Appeals and Complaints webpage.

Early resolution

The College also implements an Early Resolution Policy, which Trainees and SIMGs or CPD participants are advised to try and use first, before starting the formal Review, Reconsideration and Appeals proceedings. More information about the Early Resolution process and how to apply can be found on Disputing a training and assessment decision (Early Resolution) | RANZCP webpage.

11 Monitoring, Evaluation and Review

- The Education Committee shall oversee the implementation, monitoring and reviewing of this policy.
- This policy will be reviewed every three years or as necessary and updated as required.

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 & requirements | RANZCP (2026)
cpd-program_section-3_faq.aspx (ranzcp.org)
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
RANZCP Code of Conduct
RANZCP Code of Ethics

Revision Record

Document owner:	Education and Training Department		
Contact:	**Manager, CPD and Projects**		
Date of approval:	**Version**	**Approver**	**Description**
12/08/2026	1.7	EC Executive	Addition of Section 6. Peer Review Incubator Group, as agreed by the EC in April 2026 and approved by the CCPD on 7 Aug 2026.
18/03/2026	1.6	EC Chair	Minor amendments: - Section 1 – reorganized existing information under new headings; - 2.1- added peer review activities time commitment for Certificants; - added new paragraph 4.7.6. that limits any PRG coordinators to charge members a fee for joining PRGs or for any related administrative tasks; - new 8.5 and 8.9 - added and defined Certificants and added associates on a prolonged Break in Training; - 8.6 – added, updated and clarified CPD requirements for Australian and NZ associates on a prolonged break in training; - 8.7- added active training; - removed references to Professional Performance Framework (PPF) as redundant and replaced, where necessary with the MBA's 2023 Registration Standard CPD; - and minor editing updates to align with College Education documents.
09/12/22	1.5	EC Chair	Regular review and update to include Practice Peer Review
13/12/21	1.4	EC Chair	Edited to clarify minimum membership requirements
06/01/21	1.3	EC Chair	Biannual review ensuring consistency with other CPD Policies and to include virtual meeting options.
14/07/20	1.2	B2020/10 R6	Amended to reflect changes arising from the introduction of MyCPD and online processes
13/02/16	1.1	RANZCP Board	Amended to reflect new changes to CPD Program following review
2011	1.0	GC2011/2 R42	New Document
Next Review: Aug2029			