



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



## Continuing Professional Development

Annual Peer Review Group Report – Australia 2021

working  
with the  
community

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## **Introduction**

Peer Review Groups (PRGs) are meetings undertaken by and with peers. The aim of a PRG is to update knowledge and improve practice through the presentation to peers of one's own work in the practice of psychiatry, with the expectation of open and frank review.

The RANZCP's PRGs have been operating since 1996 as small, self-selected groups of psychiatrists. On occasion, the membership includes other health professionals who may be from the same practice setting as the psychiatrist members. Groups meet regularly and are administered by a registered PRG coordinator.

It is a requirement that RANZCP Continuing Professional Development (CPD) participants undertake at least 10 hours of peer review activity each year as part of their CPD program and around 96% of CPD participants regularly report PRG attendance in their annual CPD claims. Even during the COVID-19 pandemic of 2020, when CPD was non-mandatory, only 52 out of 4698 active College members (1.1%) did not formally report any PRG activity by the closing date of reporting. PRGs are an important and integral component of the CPD program for the majority of RANZCP CPD participants, and peer review forms part of regulatory bodies' requirements for specialist registration.

PRG coordinators are required to keep an updated record of their PRG on the RANZCP My CPD system, providing the College with a register of the membership of all current PRGs. Individuals can search for open groups on My CPD; however, some groups exercise their right to remain closed to new members.

The annual PRG review process for 2021 was conducted in March 2021, with the aim of obtaining data on the operation of PRGs to monitor and report on activities undertaken during 2020. Information on the operation of the PRGs was obtained via an online survey link emailed to PRG coordinators. Of the 1169 PRGs operating in Australia during 2020, 445 PRG coordinators accessed and participated in the online survey, at least partially, representing 38.1% of the cohort. The following report provides a summary of the data obtained from the survey.

A copy of the survey is provided in Appendix 1.

## **Information about the PRGs**

Group coordinators were asked to nominate areas of special interest for the groups and to report on practical aspects such as meeting arrangements. Aspects such as issues and themes addressed by the groups, difficulties and problems encountered and the reasons attributed to the success of the groups were also canvassed. The results are reported in the following sections.

It is important to note that responses to questions are not mutually exclusive in that many groups nominated more than one answer (ie. theme or category) and so totals listed can exceed the total number of respondents. Also please note that percentages reported are rounded to the nearest whole number.

## The Special Interests of Groups

Coordinators were asked to nominate the area/s of special interest for their groups. The results are summarised in Tables 1 and 1a and visualized in Figure 1. The categories provided, represented in Table 1, are based on the RANZCP Faculties and Sections and all were represented in the responses to the survey. The data shows that Generalist (61%) was the most frequently reported special interest category, followed by Child and Adolescent psychiatry (44%).

The response 'Other (please specify)' for the question about special interests was chosen by 104 (23%) of PRG coordinators. The responses to this are summarised in Table 1a.

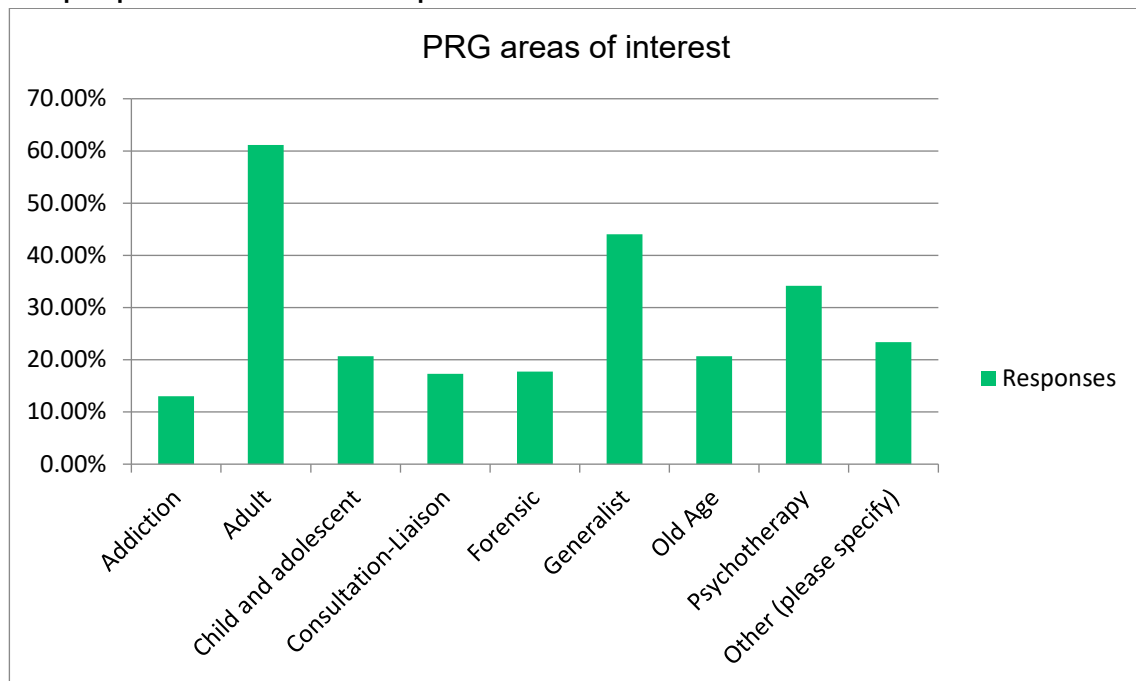
**Table 1: Groups special interests – areas of practice**

Answer Choices	Response Percentage	Response Count
Addiction	13.03%	58
Adult	61.12%	272
Child and adolescent	20.67%	92
Consultation-Liaison	17.30%	77
Forensic	17.75%	79
Generalist	45.17%	201
Old Age	20.67%	92
Psychotherapy	34.16%	152
Other (please specify)	23.37%	104

Answered question 445

Skipped question 0

**Figure 1: Groups' special interests – areas of practice**



**Table 1a: Groups' special interests - Other interests**

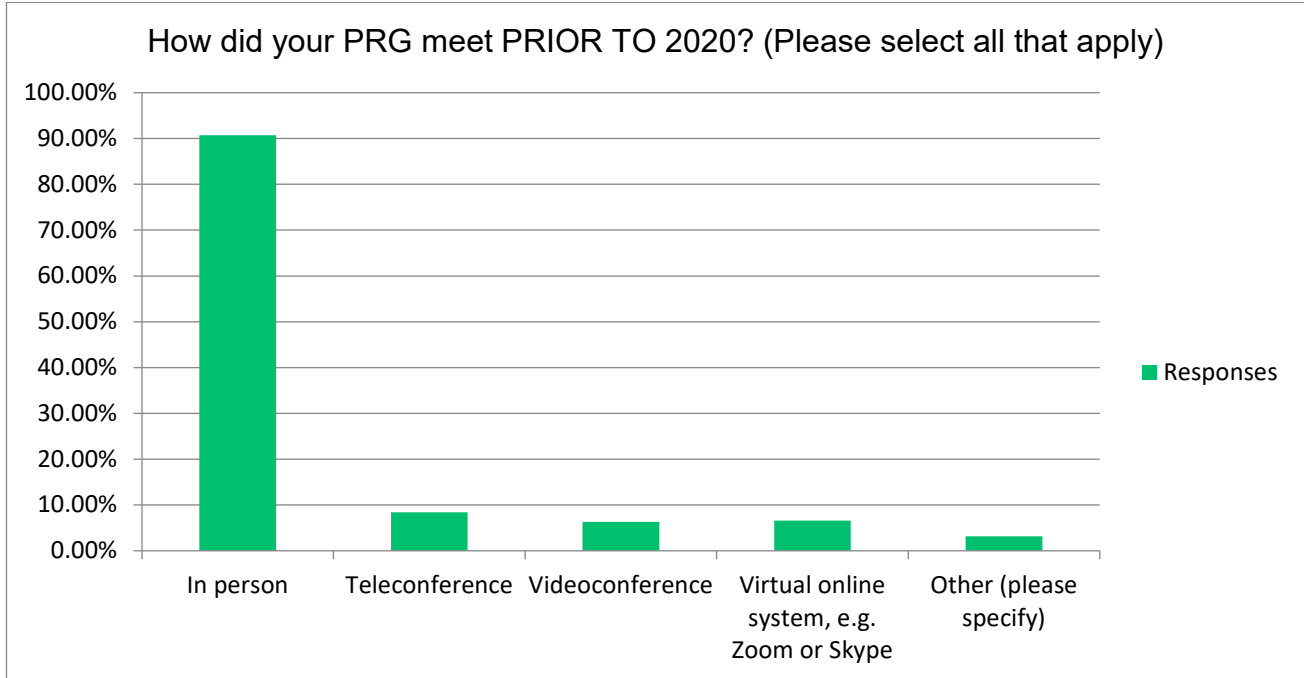
<b>Area of special interest</b>	<b>Number of responses</b>	<b>Area of special interest</b>	<b>Number of responses</b>
Academic / Research	2	Neuropsych / Intellectual disability	11
Acute / Community / Emergency	3	Pain	3
ADHD	3	Palliative care	1
Admin/Management / Legal	19	Personality disorders	2
Eating disorders	9	Private practice	3
ECT	3	Psychoanalysis	2
Education / Training	3	Psychopharmacology	2
Group therapy	1	Rehabilitation	4
History / Philosophy / Ethics	4	Rural	5
Identity disorder	2	Stimulants	1
Indigenous	3	Transcultural psychiatry	3
Infant/Perinatal	5	Trauma / PTSD	7
Integrative medicine	3	Tribunal	5
Military / Veterans	7	Women*	1

\*It was not clear in the response if this area of special interest relates to workforce or to clinical matters.

## Peer Review Groups' Mode of Meeting

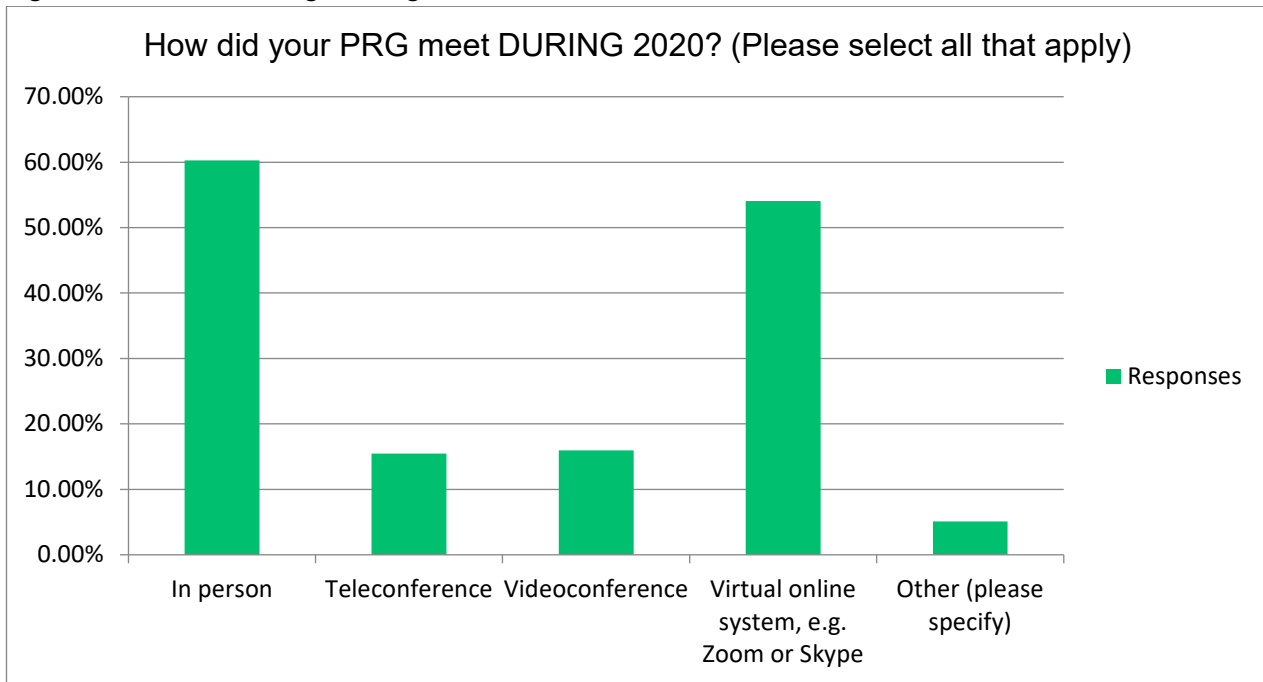
The most common mode of meeting for PRGs prior to the 2020 COVID-19 pandemic was face-to-face (in person).

**Figure 2: Mode of meeting – prior to 2020**



During 2020, while many meetings continued in person where possible, virtual meetings became a lot more popular. Only 14 groups (3%) reported not meeting at all as a result of implications associated with the pandemic.

**Figure 2a: Mode of meeting – during 2020**



PRG coordinators were asked whether their group (given the choice) intends to continue to meet virtually in the future. The majority, in some capacity, do - as demonstrated in Table 2.

**Table 2: Groups' intentions to continue to meet virtually beyond 2020**

	Response	Response Count
Yes, for all meetings	19.46%	67
Yes, for some participants / meetings	42.81%	146
No – we intend to resume Face to Face in person ASAP	32.93%	114
Other (please specify)	4.79%	16
	<b>Answered</b>	<b>334</b>
	<b>Skipped</b>	<b>121</b>

Coordinators were asked if they group had any privacy, security, or confidentiality concerns in relation to virtual meetings, and only 3% of respondents did. Concerns were around general cyber-security and maintenance of confidential patient information and abated during the year.



## Peer Review Groups' Frequency and Duration of Meeting

Group coordinators were asked to indicate meeting frequency and duration of meetings for their groups. The results are illustrated in Figures 3 and 4.

Of the 423 responses to the question, the majority of groups (275) meet monthly for 1.5 - 2 hours. Meeting times varying far outside of this generally relate to relative varied meeting frequencies.

Figure 3: Frequency of meetings

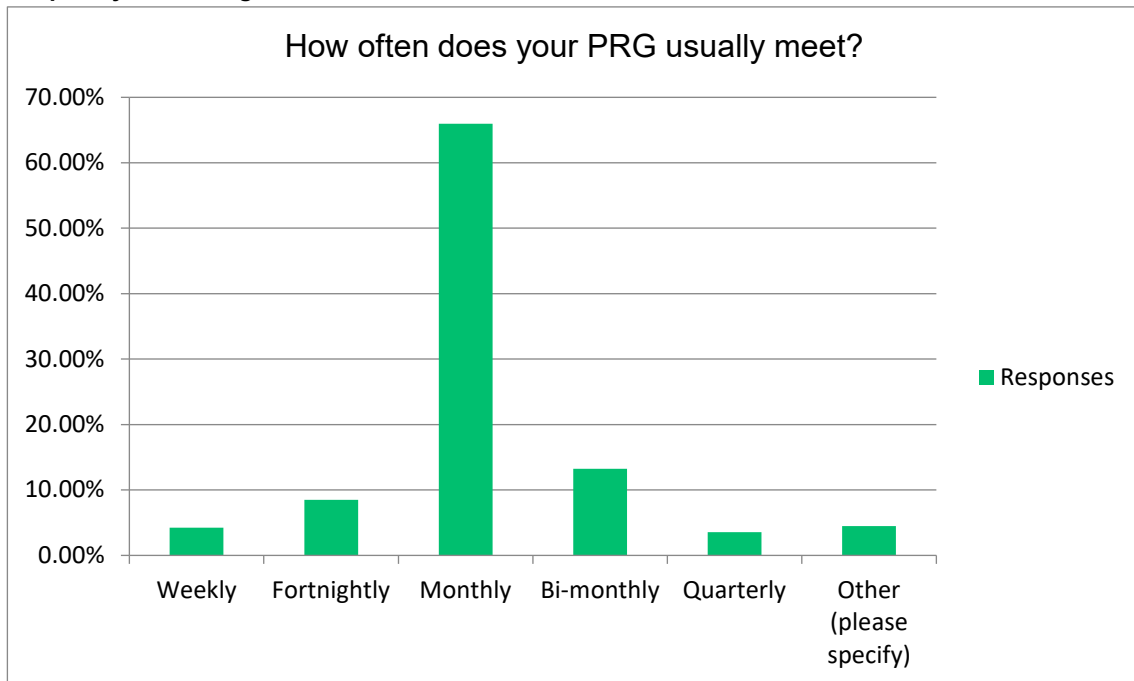
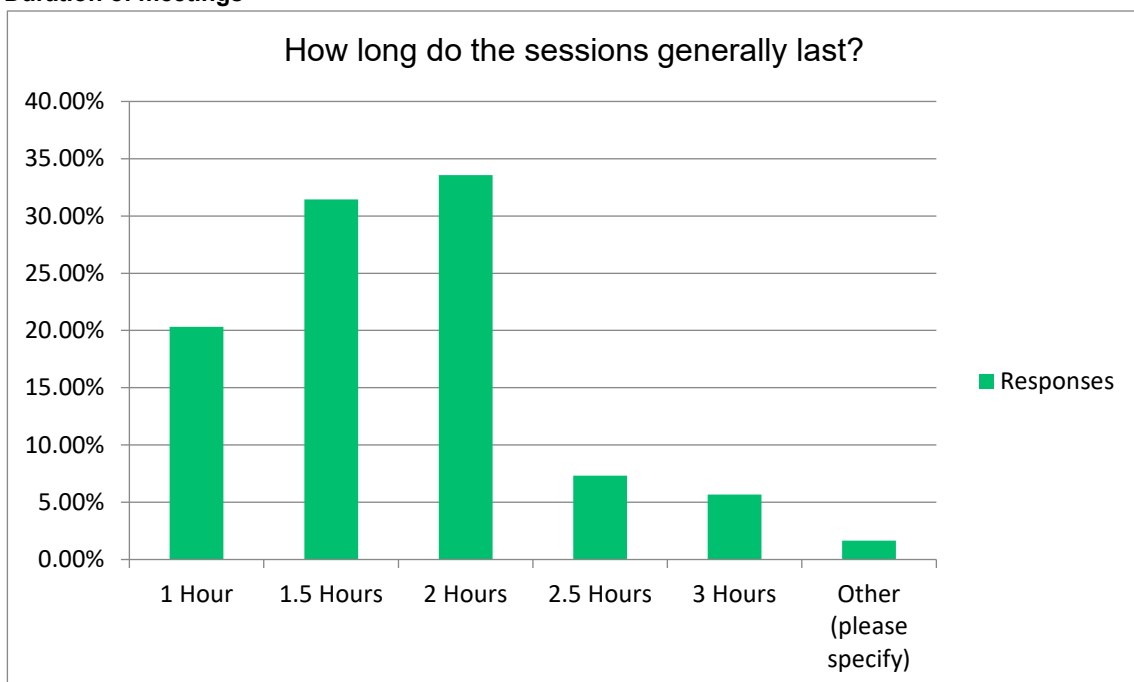


Figure 4: Duration of meetings



## Factors Contributing to the Success of Groups

The coordinators were asked to reflect on what they considered made their group “work”, i.e. attributes that assist in supporting the group’s function and continuation. To assist in the collation of information, the suggested categories in the survey were formed after a review of responses to the same question in past PRG review surveys. The coordinators’ responses are summarised in Table 3 and Figure 5. Many respondents selected more than one response hence the categories are not mutually exclusive.

Most of the response categories were highly rated by the coordinators as contributing to “making the group work”. The factor ‘*Mutual respect*’ (82%) was very highly rated, reflecting the importance of positive relationships and regard between the members of the PRG. The importance of positive relationships within the groups is also underscored by high numbers of responses in other categories such as ‘*Friendship and compatibility*’, ‘*Trust and safety*’ and ‘*Longstanding relationships*’.

“*Focus on clinical issues*” was the second most highly rated factor contributing to the success of the group, reinforcing the role of PRGs in maintaining high standards of psychiatric care. “*Confidential nature of discussions*” is also highly valued at 67%.

**Table 3: Factors contributing to the success of groups**

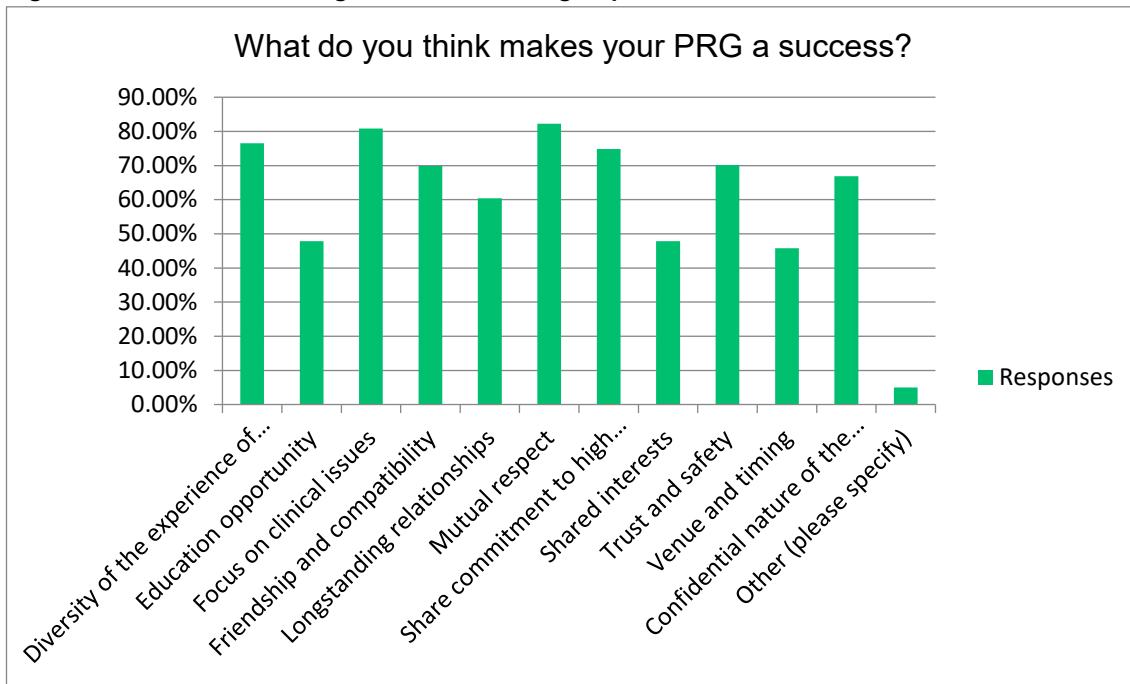
Answer Choices	Response percent	Response count
Mutual respect	82.23%	349
Focus on clinical issues	80.81%	34143
Diversity of the experience of members	76.54%	324
Share commitment to high standards of patient care	74.88%	318
Trust and safety	70.14%	298
Friendship and compatibility	69.91%	297
Confidential nature of the discussions	66.82%	284
Longstanding relationships	60.43%	256
Education opportunity	47.87%	20243
Shared interests	47.87%	205
Venue and timing	45.73%	194
Other (please specify)	4.98%	22

Answered question 422

Skipped question 33

“Other” factors identified include convenience, collegiality, specialty, and support.

**Figure 5: Factors contributing to the success of groups**



**Difficulties Identified in the Function of Groups**

Coordinators were asked to identify any difficulties in the function of the groups. The responses are summarised in Table 4.

From Table 4, 75% of Coordinators reported no difficulties in the way their group functions and 25% reported some difficulties. The opportunity to provide examples of difficulties was taken up by 107 respondents, and the major issues are presented in Table 4a. Problems associated with logistics and infrastructure (including technology) were commonly identified by coordinators during the pandemic, as well as membership and attendance which would have been impacted by COVID-19 restrictions.

**Table 4: Difficulties identified in the function of groups**

Answer Choices	Response Percent	Response Count
Yes	25.36%	107
No	74.64%	315

Answered question 422

Skipped question 33

**Table 4a: Difficulties identified in the function of groups**

Answer Choices	Response percent	Response count
Group dynamics	14.02%	16
Logistics / Timing	37.38%	41
Resources / Infrastructure (including technology)	27.10%	30
Membership / Attendance	32.71%	37
Bureaucracy / Industrial complications	2.80%	3

Answered question 107  
Skipped question 348

## Major Concerns Identified by the Groups

The coordinators were asked to describe major concerns identified by the groups in relation to health-care provision. The responses are summarised in Tables 5. As indicated in Table 5, 59% of respondents reported major concerns. This indicates that the groups are providing valuable support to practitioners facing serious issues within their practices and workplaces. While resources and access issues continue to concern members, a large number now also report concerns relating to the impact of the pandemic, including challenges associated with providing virtual care.

**Table 5: Major concerns identified by the groups in relation to health-care provision**

Answer choices	Response percentage	Response count
Yes	59.19%	248
No	40.81%	171

Answered question 419

Skipped question 36

**Table 5a: Major health care provision concerns shared by groups**

Concern	Number of responses
Virtual care challenges	52
Pandemic impacts – General	42
Under resourcing / Limited access	37
Systematic; Workforce / Culture	34
Standard of MH care (public)	10
Pandemic billing arrangements	8
Escalating demand	7
Post-pandemic planning	3
Reduced treatment / Patient attendance	3
Increased presentation of eating disorders	2
Others' practice	2
Service planning challenges during pandemic	2
Supervision limitations – Trainee welfare	2
Clinical care of offenders in custody	1
Comorbid substance use	1
Lawyers' expectations of forensic psychiatrists	1
Misuse of TMS	1
NDIS experiences	1
Poor communication lines	1

## Issues and Themes Addressed by Peer Review Groups

Coordinators were asked to report on the content of the group meetings in terms of the issues and themes addressed by the group. The responses of the coordinators are summarised in Tables 6 and 6a and Figure 6. Many coordinators nominated more than one theme. The data indicated that clinical management of cases is a major theme for 386 (91%) of the 421 groups whose coordinator responded to the question. Ethical issues and service provision were themes also reported by a majority of groups.

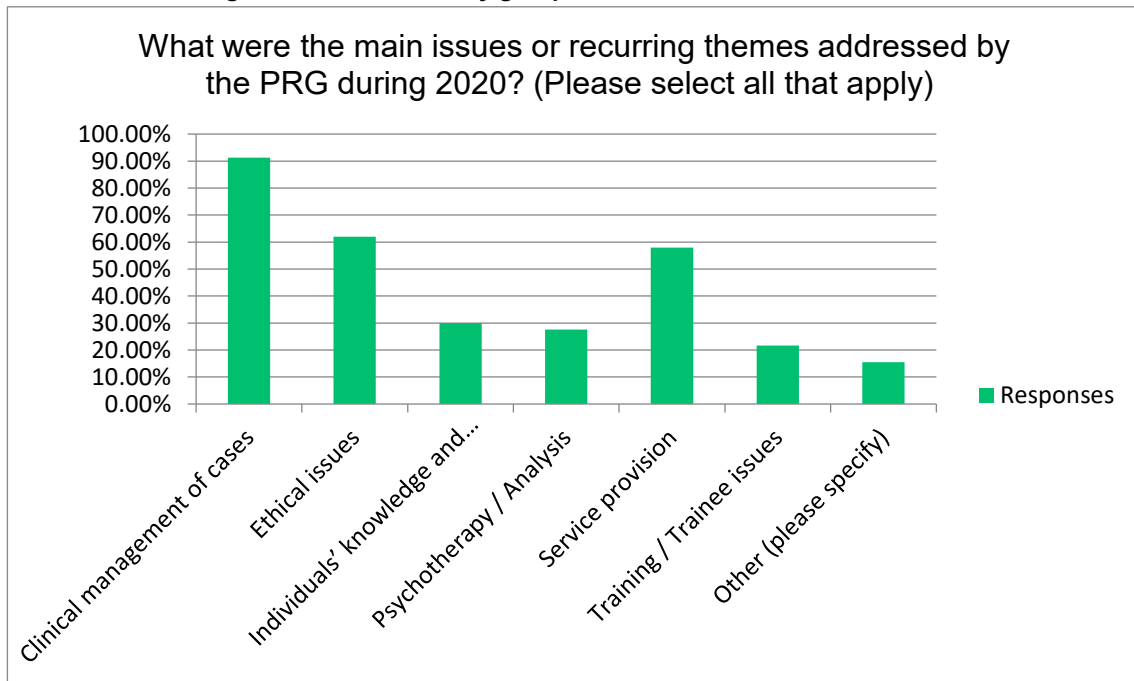
**Table 6: Issues and recurring themes addressed by groups**

Answer Choices	Response Percent	Response Count
Clinical management of cases	91.21%	386
Ethical issues	62.00%	262
Service provision	57.96%	244
Individuals' knowledge and skill	29.93%	126
Psychotherapy / Analysis	27.55%	116
Training / Trainee issues	21.62%	91
Other (please specify)	15.44%	65
<b>Answered question: 421</b>		
<b>Skipped question: 34</b>		

**Table 6a: "Other" issues and recurring themes addressed by groups**

Issues / Recurring themes addressed	Number of responses
Pandemic ramifications	26
Specialty-related	7
Legislation	5
CPD requirements	3
Interface with other services	3
Systems issues	3
Treatments and therapies	3
Management issues	2
Support mechanisms	2
Research progress	2
Retirement	2
Change management	1
Patient care	1
Report writing	1
Work-life balance	1

**Figure 6: Issues and recurring themes addressed by groups**



### Helpfulness of Groups to Clinical Practice

The PRG coordinators reported on the helpfulness of members' participation in a peer review group in terms of the members' clinical practice. As shown in Table 7, 62% of the coordinators who answered this question rated participation in PRGs as very helpful and 36% as helpful.

Table 7a provides an outline of the responses from 28 respondents who gave examples of the specific help received from peer review group participation.

**Table 7: Helpfulness of groups to clinical practice**

Answer Choices	Response percentage	Response count
Very helpful	62.35%	260
Helpful	35.73%	149
Not very helpful	1.92%	8
Unhelpful	0.00%	0
Give examples if you wish.		28

Answered question 417

Skipped question 38

**Table7a: Helpfulness of groups to clinical practice – Examples**

<b>Example</b>	<b>Number of responses</b>
Crucial camaraderie / Reassurance	8
Different perspectives	6
Brainstorming to problem solve	4
Sharing ideas and experiences	3
Support regarding management of difficult cases	3
Upkeep of skills and knowledge	3
Helpful reflection	1

## Effectiveness of Groups in Supporting Practice Improvement

Coordinators were asked to indicate the extent of their agreement with the following statement: “Participation in this peer review group activity has provided demonstrated outcomes for the members’ clinical practice improvement”. The results shown in Table 8 and Figure 7 indicate that 87% of respondents either agreed or strongly agreed that the PRG activity is effective in supporting practice improvement. Given that the question specified demonstrated outcomes, the level of agreement with the statement is particularly high and to validate the stated purpose behind the operation of the groups, enhancing patient outcomes via practice improvement.

**Table 8: Participation in this PRG activity has provided demonstrated outcomes for the members’ clinical practice improvement:**

Answer Choices	Response percentage	Response count
Strongly agree	39.81%	166
Agree	46.52%	194
Neither agree nor disagree	11.99%	50
Disagree	1.68%	7
Strongly disagree	0.00%	0
Give examples if you wish		19

Answered question 417

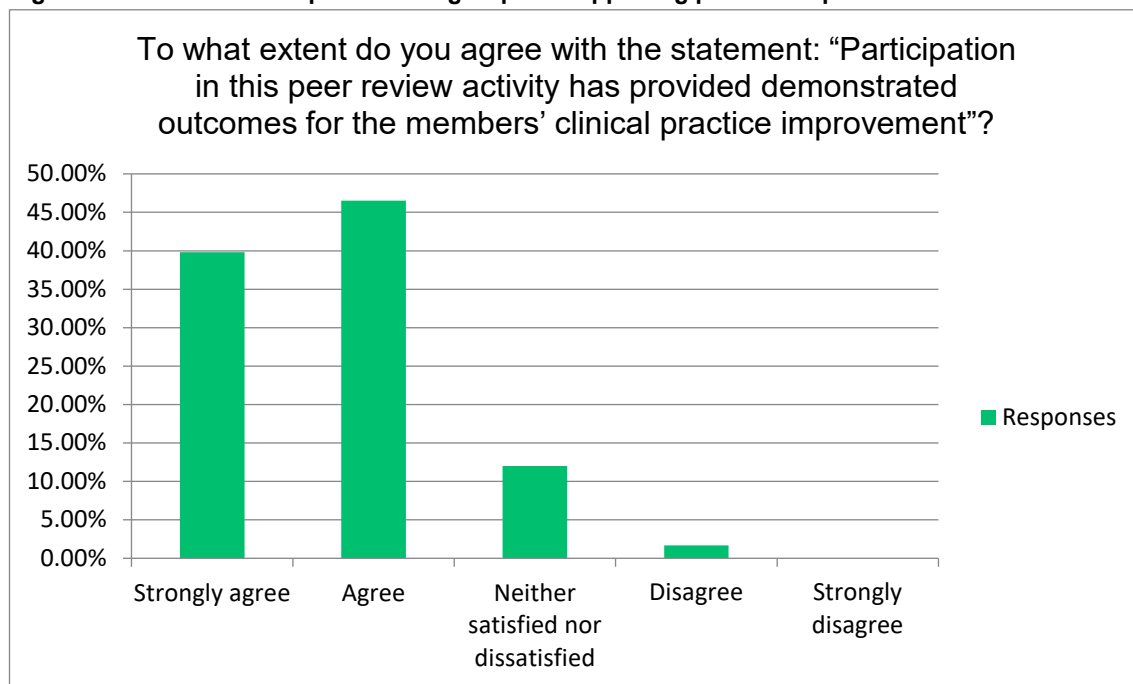
Skipped question 38

**Table 8a: Examples of how participation in this PRG activity has provided demonstrated outcomes for the members’ clinical practice improvement**

Example	Number of responses
Difficult to provide a relevant example	8
Success with cases / treatments	5
Clinician’s wellbeing	2
Increased diversity of knowledge	2
CPI was not a PRG focus	1
Outcome not yet demonstrated	1



**Figure 7: Effectiveness of peer review groups in supporting practice improvement**



## Strategies Used by Groups in Supporting Practice Improvement

Coordinators were asked to nominate the strategies (if any) used to formally monitor quality improvement and practice improvement within the groups. Of the 415 coordinators who answered the question, 61% selected the strategy; *'Reporting back on practice changes made, subsequent to presentation to the group'*. This result, which has been reported consistently since 2014, strongly illustrates the emphasis on practice improvement inherent in PRG activity. Furthermore, it confirms that:

- opportunities exist for members to present issues within the group and receive support and feedback
- that groups are interested in how this input is applied, e.g. in the changes in practice that result from the PRG processes.

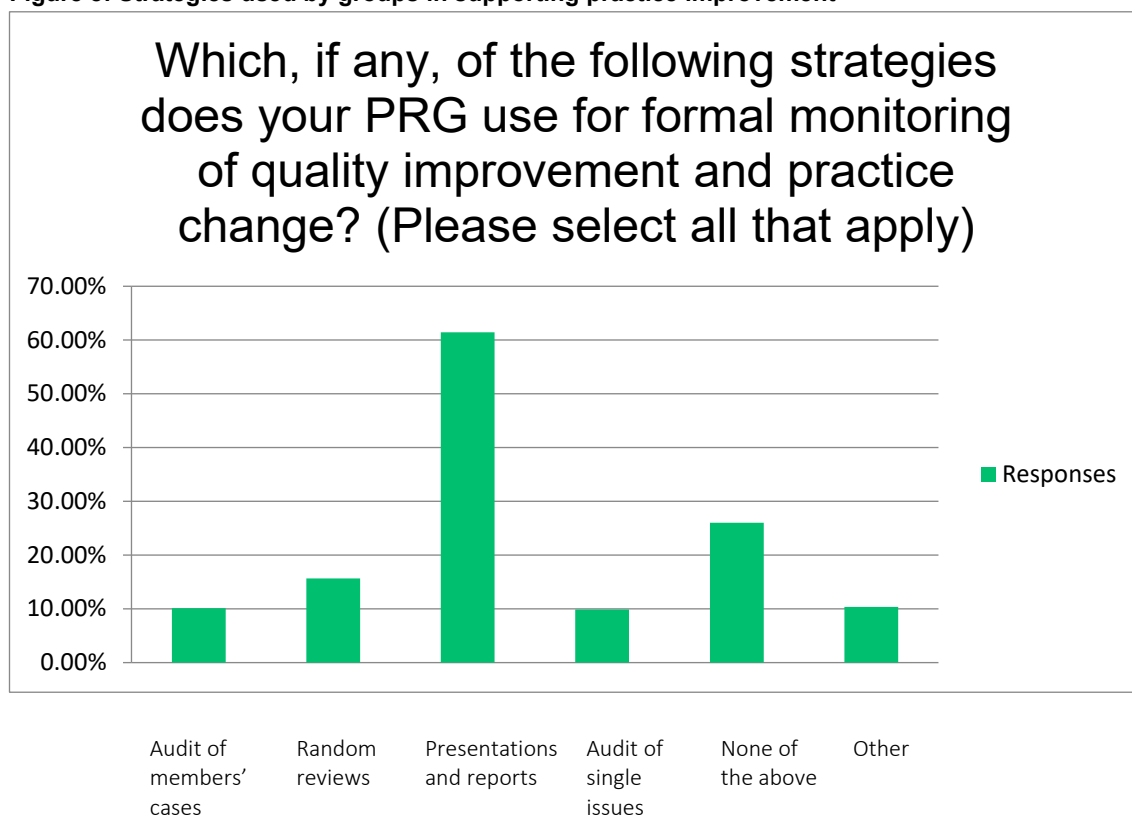
**Table 9: Strategies used by groups in supporting practice improvement**

Answer Choices	Response percentage	Response count
Reporting back on practice changes made, subsequent to presentation to the group	61.45%	260
None of the above	26.02%	110
Random selection of cases from members' practices for review	15.66%	65
Other (please specify)	10.36%	43
Audit of members' cases by other group member/s	10.12%	42
Audit of single issues from different members' practices, eg discharge documentation, metabolic risk monitoring etc	9.88%	41
Answered question 415		
Skipped question 40		

**Table 9a: Strategies (if any) used by groups in supporting practice improvement - Examples**

Example	Number of responses
Review of specific cases	13
General ongoing peer review	6
Formal reporting mechanisms	2
NA – Objection to the question	2
Upkeep of policy etc	2
Formal performance feedback	1
PRG consensus rates	1
Specific per review of members' QPI	1

**Figure 8: Strategies used by groups in supporting practice improvement**



## Practice Improvements Demonstrated

The PRG Coordinators were asked to provide examples of practice improvements which they felt could be objectively demonstrated. While several respondents commented that it is difficult to objectively demonstrate practice improvements resulting from PRG activity, Table 10 provides some examples of practice improvements that others felt can be objectively demonstrated. Table 10a provides examples of practice improvements that are felt to be more subjective in nature. It is evident that benefits of PRGs are far reaching, impacting a variety of elements including management plans, practice improvement, patient care improvements and trainee concerns.

**Table 10: Examples of practice improvement that can be objectively demonstrated**

Example	Number of responses
Management of patients / Improved outcomes	125
None / None possible to objectively demonstrate	61
Documenting / Recording processes (including prescribing)	60
General practice, eg audit processes, COVID-Safety	55
Currency / Breadth of clinicians' knowledge	54
Assessment / Monitoring / Reporting systems	44
Communication and liaison processes	32
Job satisfaction / confidence	22
Booking / Referral systems	19
Escalation	8
Increased resources	1

**Table 10a: Examples of practice improvement that coordinators have noticed, which may be difficult to demonstrate objectively**

Example	Number of responses
Case management / outcomes <i>Increased success with management of cases and patient outcomes.</i>	78
Increased scope, for example treatment options <i>Benefit of shared PRG members' knowledge.</i>	71
Decision making / confidence <i>More confidence in various areas of practice.</i>	57
Standard of clinical care <i>Improvement to clinical skills / knowledge benefiting patients.</i>	57
Support and collegiality <i>Level of support and belonging felt by PRG members, often in turn benefiting clinical practice / care.</i>	55
General professional development <i>General PD noticed such as supervision skills or use of technologies.</i>	52

Standard of clinical practices <i>Improvements for example to filing or audit processes.</i>	38
NA / None / Not sure <i>Coordinator currently finds this question not applicable to the PRG, or inappropriate.</i>	34
Documentation methods including prescribing <i>Clearer comms templates, prescribing processes, report writing.</i>	28
Clinicians' personal wellbeing <i>Work/life balance improvements.</i>	23
Improved professional relations / interface <i>More successful liaison between specialties/professions; with nurses; local resources.</i>	20
Provision of advice to an external body <i>Improvement to clinical skills / knowledge benefiting patients.</i>	6

## Qualified Privilege

PRG coordinators were asked how important the privilege of confidentiality is to their PRG members' continued participation. The following data shows that it is overwhelmingly important to members that the PRGs are a quality assurance activity to which Part VC of the Health Insurance Act 1973 applies.

**Table 11: How important is this privilege to your members' continued participation in the PRG?**

Answer Choices	Response percentage	Response count
Extremely important	72.59%	286
Very important	19.54%	77
Moderately important	6.35%	25
Slightly important	1.27%	5
Not at all important	0.25%	1

Answered question 394

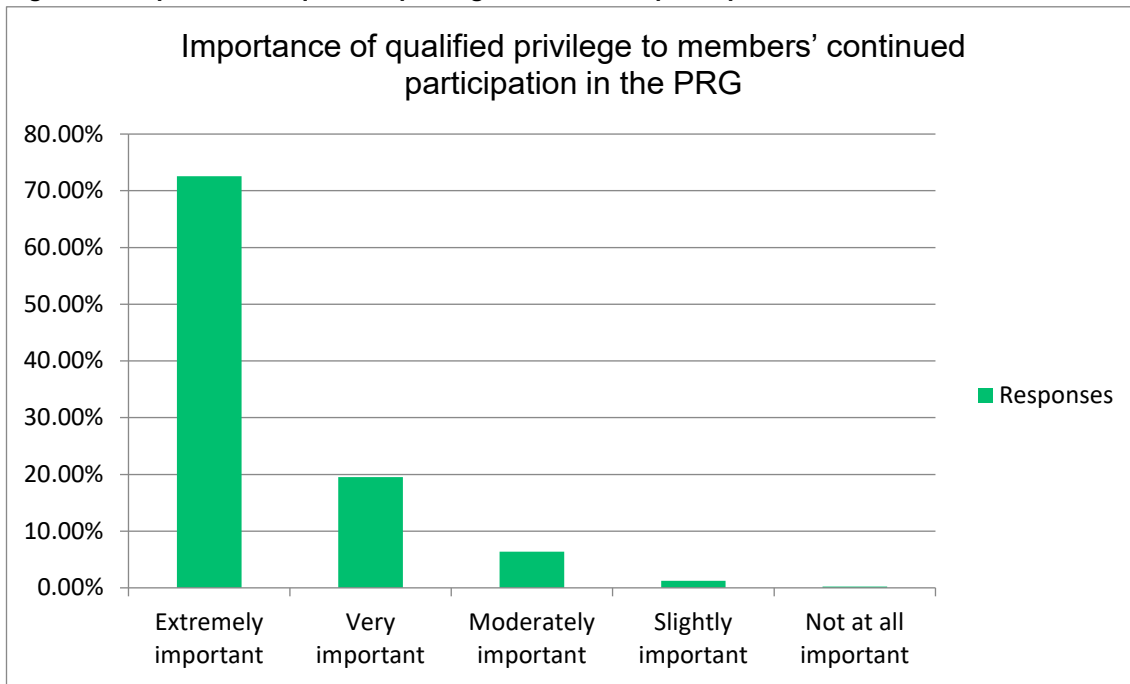
Skipped question 61

Provided comment 23

**Table 11a: Additional comments provided:**

Qualified privilege for PRGs	Number of responses
Qualified privilege is vital to this activity	10
Qualified privilege allows valuable discussion	5
Clearer definition of qualified privilege may be necessary	2
Deidentification is still important	2
Necessary patient notes can be restricted	1
Non-desirable case outcomes can be constructively discussed	1
Sensitive disclosures are often therapeutic	1

**Figure 10: Importance of qualified privilege to continued participation in the PRG?**



## COVID-19 and PRGs

PRG coordinators were asked for any comment regarding how the COVID-19 pandemic impacted their PRG and / or any function the PRG provided for its members during the pandemic. Table 12 shows that many groups reported some impact to group function and responses also support the importance of ongoing PRGs to members.

**Table 12: 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?**

COVID-19 and PRGs	Number of responses
Restrictions / Flow-on effects impacted group function	72
The experience has enhanced the PRG's import	63
In person meetings are preferred / more appreciated	56
Little to no adverse impacts	48
Transition to (increased) virtual platform has been successful	36
The group was impeded by the pandemic	25
PRG focus / topics have shifted to COVID matters	15
Transition to online is taking adjusting (tech issues)	15
Membership / attendance has been impacted negatively	12
Group has become more flexible	9
Membership / attendance has benefited	8
Meetings have become more efficient	6
Remote and vulnerable members benefited	5
Excessive screen time necessary undesirable	4
Non-mandatory CPD requirements were appreciated	4

## Further comments about PRGs

PRG coordinators were offered an opportunity to make additional general comments regarding PRGs. Many members made a point of commenting that PRGs as they currently operate are highly valued.

**Table 13: Do you have any further comments about your PRG?**

Additional comments	Number of responses
This groups works very well / is successful	51
This is a valuable activity and should continue	27
This activity produces useful CPD / CME	16
The function of this group is evolving	11
Logistics continue to prove difficult	5
The continuation of this PRG is TBC	5
Member retirement will impact this group	4
Mandating PRG would not be helpful (would undermine)	2
This PRG was not successful	2
The RANZCP CPD Team support was helpful	1
Social media also contributed to connectivity	1
This group would benefit from more diverse membership	1

## Conclusion

These survey results give an overview of Australian PRG function and organisation and also illustrate the import 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 as a result 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.