



The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa



Peer Review Activities

CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMME

Need help completing your peer review activities?



04 496 5999



cpd@rnzcgp.org.nz

A photograph showing three people in a meeting. A man with dark hair and a beard, wearing a dark blue V-neck sweater, is in the center, looking towards the right. To his left, another man with dark hair, wearing a light blue button-down shirt, is looking towards the center. To the right, a woman with blonde hair, wearing a red patterned sweater, is looking towards the center. They appear to be in a professional setting with a lamp and a screen in the background.

About peer review

Photo: iStock.com/Ridofranz

What is peer review?

Peer review is an “evaluation and/or constructive discussion about a doctor’s clinical performance. It can include any time when a doctor is learning about their practice with colleagues”¹. It may be formal or informal. Formal peer review is an activity where peers systematically review aspects of a doctor’s work. It would normally include guidance, feedback and a critique of the doctor’s performance.

What are peer review groups?

Peer review groups consist of health professionals who meet on a regular basis to review clinical practice. These groups may plan for and identify different priorities for each review session (eg clinical practice skills or clinical research).

What activities does the College recognise as peer review?

Individual

- › PDP review (this activity may also be appropriate in a peer group setting)
- › One-on-one/mentoring sessions*
- › Locum hand-over meetings*
- › 360° feedback
- › Collegial relationships (GPEP2/3 only)
- › Collegial review (optional).

Group

- › Peer group meetings
- › Hospital morbidity and mortality meetings
- › GPEP2 group meetings.

If you are unsure whether your activity qualifies as a peer review activity, please contact the Fellowship team.

PLEASE NOTE: Sessions marked with * should not be conducted with a close partner or spouse.

¹ Medical Council of New Zealand (MCNZ)

Log in to the website to see the interactive resource in the CPD section of your dashboard for further information.

www.rnzcgp.org.nz



Why is peer review important to me as a GP?

Peer review is an important part of your CPD activities. The Medical Council of New Zealand (MCNZ) requires that for recertification all medical practitioners must be engaged in peer review. Previous research shows that “peer review can achieve both educational value and pastoral value”.²

The value of peer review

Educational value

Peer review:

- offers an opportunity to identify and understand personal learning needs, trends and patterns of practice
- offers an opportunity for social learning and sharing experience
- provides a method of self-reflection on variability in practice and a means to assess where an individual sits within the range of expected practice.

Pastoral value

Peer review:

- provides collegial support and enhances self-care (eg when under pressure)
- represents an opportunity to disrupt the isolation inherent in day-to-day practice, especially for rural practitioners
- helps to maintain a community of practice.

Peer review offers an opportunity to identify and understand personal learning needs, trends and patterns of practice

² Lillis S. The educational value of peer groups from a general practitioner perspective. J Prim Health Care. 2011;3(3):218–221.



Photo: iStock.com/Bowdenimages

How to join or set up a peer review group

As a Fellow, you can either join one or more existing peer review groups, or set up a new peer review group. Doctors practising in remote regions can also consider joining a virtual, online or teleconference group.

How to join an existing peer review group

Contact details for existing groups can be obtained from [the College](#), but it is up to the groups themselves to determine if they are in the position to accept new members.

How to set up a peer review group

Each group requires one administrator. This person registers the group with the College and provides the names and addresses of group members. An application can be obtained by ringing the College (04 496 5999) or downloading the [Registration form for peer groups](#). The administrator can also log the peer review sessions on behalf of attendees in the CPD programmes via the [Peer Group Coordinator Activity Upload](#) functionality.

We recommend:

- a confirmed administrator be appointed
- groups not exceed 12 members and virtual groups not exceed eight members
- groups establish a regular meeting cycle
- facilitation of the group be shared amongst members
- learning goals be established for your group sessions
- the time and date for the next meeting be set before the group disperses
- a strict time limit be adhered to – around one to two hours
- a self-evaluation be completed at least annually to see if the goals of the group are being met
- doctors from different practices be included
- other health professionals be invited to be part of your group, especially if you are in a rural area.

We recommend
learning goals
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sessions



Photo: iStock.com/freemixer

Working with your peer group

How to run peer review discussions

Ground rules

- Peer review discussions should be clinically focused.
- Maintain confidentiality of patient information. For example, never mention patients' names – describe them as 'Mrs X, a 45-year old woman teacher with three children' etc.
- Keep meetings constructive and supportive.
- Establish the principle of no direct criticism of a colleague.
- Agree to encourage all participants to contribute at each meeting.

It is important to acknowledge that all the group members need to be treated with respect and understanding, even if viewpoints differ.

How to make peer group discussions productive and effective

Suggestions for having productive discussions:³

- **Identify difficult situations.** Identifying that there is a difficult situation (emotionally, not biomedically) is the first step.
- **Structure discussions,** eg case presentation followed by discussion.
- **Have group discussion.** It's important that participants are generous, supportive of the doctor and willingly contribute their thoughts and ideas; everyone stands to learn from the discussion.
- **Stand in someone else's shoes,** eg consider: what is it like for the patient to be seeing this doctor? What is it like for the doctor to be seeing this patient?
- **Aim to explore different possibilities and perspectives;** there's no 'right' or 'wrong' answer.

It is important to acknowledge that all the group members need to be treated with respect and understanding, even if viewpoints differ

³ Wilson H. Challenges in the doctor–patient relationship: 12 tips for more effective peer group discussion. J Prim Health Care. 2015;7(3):260–263.

Recommended structure for peer review meetings⁴

STEP 1	Greet the group and introduce any new members. Keeping a record of attendance is required.
STEP 2	Confirm the agenda and the purpose of the meeting – this is to make sure everyone is clear on what learning topics or cases are to be discussed.
STEP 3	State the desired learning objectives and outcomes of the meeting.
STEP 4	A member of the group presents their case. The presenter should set out the facts of the case and then explain why it was selected for presentation to help stimulate discussion – what made the case interesting, unusual or puzzling?
STEP 5	The facilitator asks if anyone has any factual questions about the case that they need answered to obtain a full picture.
STEP 6	Members of the group discuss the case, drawing on their own experience. The facilitator should: <ul style="list-style-type: none">➤ ensure that the group members refocus their discussions on the case if they start to drift into more general territory.➤ ask the group to consider issues from the point of view of the patient and initiate a discussion about the records that should be kept for the case or the way a referral should be drafted, if appropriate.➤ leave time at the end for the group to identify any areas of good practice or risks associated with the case and summarise what has been learnt.➤ ask everyone to state briefly what they have learned individually and how they might put it into practice.
STEP 7	Participants spend time reflecting in writing on what they have learnt, how they will put it into practice and whether they need to follow up with further learning. Participants have a chance to comment on whether they found the session helpful and whether it fulfilled their objectives, so that it can be adapted for next time if necessary. This is an opportunity for doctors to add meaningful reflections to their CPD records.
STEP 8	Agree on the topic or presenter, time and date for the next meeting.

⁴ Adapted from Guidance for peer discussion groups. The College of Optometrists; 2012.

For more tips on running effective peer groups, read the *Journal of Primary Health Care* article 'Challenges in the doctor–patient relationship: 12 tips for more effective peer group discussion':

www.publish.csiro.au

Suggested case selection rules

Cases should allow plenty of scope for discussion and should be amenable to change or improvement, so that all participants can learn from the discussion and reflect on how they could apply what they have learned to their own practice.⁵

Examples might include:⁶

- › a patient who presented with unexplained symptoms
- › a patient with whom communication was a challenge
- › a patient you were unsure whether to refer or not
- › a patient with unusual pathology
- › unexpected progression in conditions – eg rapid or unexpected progression of headache, and possible causes for it
- › non-tolerance cases
- › a 12-year-old who wants to see you on their own.

Suggested additional activities

- › Invite a resource person (eg physiotherapist, cultural advisor) to the group to discuss relevant problems. Use such help on a 'question and answer', learner-driven basis rather than as a lecture
- › Review of significant events in your practice
- › Journal review, linked with case examples
- › Audit activity, such as prescribing
- › Critical appraisal.

NOTE: The group's primary activity needs to involve review of clinical practice to meet the MCNZ requirements.

Review your peer group

Questions to reflect on within your peer group:

- › Is the group meeting its goals?
- › Does the group have 'review' and 'feedback' as its main focus?
- › Is the group well organised and facilitated?
- › Does the group meet regularly?
- › Are all group members participating?
- › Are group members able to talk openly and frankly?
- › Is feedback constructive and supportive?
- › Have attendance levels enabled effective discussion?

⁵ Medical Council of New Zealand (MCNZ)

⁶ Wilson H. Challenges in the doctor–patient relationship: 12 tips for more effective peer group discussion. *J Prim Health Care*. 2015;7(3):260–263.

Potential problems and solutions

Potential problems in the group

Potential problems you may encounter in peer review groups include:

- maintaining commitment
- boredom
- interpersonal conflict
- lack of leadership
- overload.

Possible solutions

- End each meeting with a brief feedback session.
- Rotate the facilitation role as well as other roles.
- To avoid boredom, define the learning goals of the group regularly and evaluate whether these are meeting participant needs.
- If potential interpersonal problems start to appear, try to define some rules about interpersonal conduct so that conflict may be avoided.
- If interpersonal conflict remains a problem, a solution may be to split into two groups and enrol new members to build up to working size.
- If your expectations are different, the College can help you to relocate to a new group.



Photo: iStock.com/JohnnyGreig

Requirements

- › Doctors are required to attend a minimum 10 hours of peer review activities per year – 30 hours over a triennium.
- › Participants need to keep a log of attendance, including the name of the activity and/or group (or peer group number), the date, and a description of what was discussed/learnt (for peer group meetings a summary of meeting topics and/or what was learnt may be appropriate).
- › Peer review groups are required to re-register each year to confirm their continuation. This includes updating names and addresses of members if any of these have changed and confirming that a self-evaluation of the group has taken place.
- › Peer review discussions should be clinically focused.
- › Peer review discussions should take place in an environment conducive to the confidentiality of the patients being discussed.

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