Podiatrists Board of New Zealand

PODIATRISTS BOARD OF NZ

Guidance for establishing a formal peer group and recording formal peer group activities

April 2017

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1. Introduction

The following is for guidance only. It is intended to assist participants to establish formal peer groups. Peer groups that are already operating effectively may wish to consider the guidance provided in this document to ensure that systems are in place to document (and claim CPD hours for) participation in peer group activities.

2. Principles

Formal and properly structured interaction with peers is a valuable learning tool. In a formal peer group session, peer(s) systematically review aspects of a colleague's work, for example, the first six cases seen, or a presentation on a given topic.

The aims of formal peer groups are, generally, to:

- Provide an opportunity for participants to review and clarify clinical issues, within a safe and challenging environment
- Promote reflective practice and improve patient care through participant education and system improvements
- Explore the management of clinical risk
- Provide a mechanism for identifying gaps in service and to assist in the development of action plans to address those gaps
- Establish relationships with colleagues and reduce the risk of professional isolation, which increases risk of poor performance.

3. Establishment of a formal peer group

For a formal peer group to work effectively, all participants must engage in the process in good faith, and treat each other as equals, regardless of qualifications and experience level. All participants must also be willing to challenge - and be challenged by - each other. In this regard, caution is advised when considering establishing a peer group between parties where an employment relationship exists, as there is an inherent power imbalance between such parties that can make uninhibited engagement difficult.

Before beginning formal peer group activities, members of the peer group should set group guidelines which cover:

- an overarching purpose statement that reflects what the group hopes to achieve (perhaps drawing on the aims outlined above)
- the frequency, timing and location of the sessions
- admission criteria to the group; a cross-section of experience provides greater opportunity for learning – groups are strongly encouraged not to limit formal peer group membership to personal friendships
- timing of reviews and evaluation of the effectiveness of the group
- preparation for sessions and the responsibility for bringing agenda items, including agreement on how case presentations should be delivered
- the key tasks and general role of the facilitator
- how any conflict between members might be dealt with

- lines of communication in relation to arranging group meetings
- how records will be maintained sufficient to be of value to the group and meet documentation requirements for CPD credit
- the occasions when confidentiality may need to be broken. In order to maintain the trust of the group, this should only be considered in relation to anything that appears to endanger patient safety, break the law, or breach professional codes of conduct. Such decisions should not generally be taken by a sole member without first discussing the matter with at least one other group member. Peer groups should note obligations in relation to section 44 of the HPCAA, as referenced in the Board's CPD Recertification Programme policy.

All members should sign the guidelines to indicate agreement to abide by them. New members should also be asked to read the guidelines and sign them before participating in a formal peer group session.

4. Remote attendance at formal peer group meetings

When some or all group members live in rural or isolated areas, or are unable to physically attend a formal peer group session or sessions, remote attendance can be facilitated via Skype, Google Hangouts, FaceTime or some other internet based video call application. By using a conference call the group members can speak at little or no cost. It is strongly recommended that remote attendees aim to physically attend at least two sessions per year.

5. Rights and responsibilities of group members

Group members should expect to have the right to:

- be treated as equal partners
- challenge any behaviour or values that a participant displays which raises concerns about their practice
- refuse requests which make inappropriate demands on participants
- set personal and professional boundaries on issues to be discussed.

To minimise workload burden associated with administration of the peer group, responsibilities for operation of the peer group should be shared, unless a member expresses a particular desire to take on the role. All peer group members should undertake the following responsibilities within the process:

- be registered with the Board, ideally with at least one member with a minimum of 3 years post registration practice experience
- maintain confidentiality except in relation to anything that endangers patient safety, breaks the law, or breaches professional codes of conduct (s 44 HPCAA)
- maintain an appropriate number of participants (a minimum of three participants and, as active engagement of all members is a necessary part of peer group activities, ideally no more than ten participants)
- prepare for the session, including identifying case reviews to present and submitting them to the facilitator for inclusion in the agenda
- share responsibility for facilitating meetings (includes arranging the meeting, chairing the meeting and documenting the meeting)

- ensure that management issues are not part of the sessions
- challenge any behaviour that a participant displays which raises concerns about their practice.

6. Role of the facilitator

Each group should decide for itself the extent of the facilitator's role and responsibilities. General

responsibilities are likely to include:

- contacting participants to arrange the next meeting
- calling for agenda items for the meeting
- running the meeting, including keeping the group to time, encouraging participation from any member who is not engaging, and reminding group members of the group's guidelines, if necessary.

7. Running a formal peer group session

Introduction

The facilitator welcomes participants, outlines the agenda and invites the first presenter to begin.

Content

Example 1 (1.5-2 hours):

Four participants present a 20-30 minute clinical issue to the group in order to reflect upon and explore ways of addressing the issue. The first person on the agenda presents their issue. Their peers ask probing and/or reflective questions, give feedback or share knowledge if requested until the participant has been able to reflect on the issue, explore options and come up with some actions – whether this be to call the patient back for further review, or to apply the knowledge to future patients in similar circumstances, or some other action. The facilitator ensures that the first person takes no more than 20 minutes (or whatever time frame is agreed amongst the group for such presentations) in total. The next person on the roster then gets a chance to reflect on their issue and the same process is used as before. The group members act as supporters - listening, observing, commenting and questioning the presenter, with the aim of assisting in the exploration of the issue and in forming suggestions on management of the issue.

Example 2 (1.5 hours):

Participants take it in turns to be the sole presenter at each session, pulling together approximately one hour of issues (or a single complex issue) to be presented for discussion and analysis. After the presentation (or during, if the presenter is comfortable with this), peers ask probing and/or reflective questions, give feedback or share knowledge until the participant has been able to reflect on the issue, explore options, and come up with some actions – whether this be to call the patient back for further review, or to apply the knowledge to future patients in similar circumstances, or some other action. The facilitator should mark time and ensure that the discussion keeps moving.

Facilitator

The facilitator for the session is responsible for keeping the group on task, keeping to the agenda and agreed guidelines, and time keeping. The facilitator should take responsibility for drawing out comments from any participant who is not contributing. The facilitator is responsible for co-signing the attendance sheet and circulating it to participants for their records, for providing the group with minutes of the meeting (see below).

Wrap up

At the end of the session, the group should conduct a brief review: what was useful, any changes they want to suggest or anything else they need to do. The facilitator ensures the next person on the facilitation plan/roster knows it's their turn and the time, date and venue for the next session is confirmed. If the group has already set a calendar for the year identifying which participants will present, those participants will be reminded to prepare for the next session. If no calendar has been set, the group will decide who will present at the next session.

All participants must sign the group's formal peer group record in order to claim CPD hours for attendance. The presenters can also claim two hours of preparation for each hour of presenting and receiving peer feedback. Hours can be claimed in ¼ hour chunks.

8. Documenting a formal peer group session

Each session should be recorded on a formal peer group record sheet. Examples are provided, however peer groups are welcome to develop their own record sheet, provided it contains the necessary information to support a claim for CPD hours, including:

- Date of session
- Start and finish times
- Names, registration numbers and signatures of attendees
- Duration of each presentation
- Names of each presenter (so that preparation time can be claimed)
- A brief summary of the issues presented, discussion and action points.

Copies of the record sheet should be circulated by the facilitator to each attendee within one week of the session, for CPD recording and audit purposes.

Example 1: Formal Peer Group Record - four presentations per session (20 minutes per presentation, plus discussion)

Date of session	
Facilitator	
Start time	
Finish time	

List of attendees		
Name	Board registration number	Signature

Cases and Issues:

Please copy this table and complete for each case presentation where multiple cases are presented.

Case presenter (name):
Brief description of the case history or practice issue and the reasons it is being presented. Any patient identifying information should not be disclosed in this record.
Main issues identified by the group
Summary of group discussion
Any action points for presenter

This is a true record of our discussion on this case.

Facilitator (signature): Case presenter (signature):

EXAMPLE 2 - FORMAL PEER GROUP RECORD –ONE PRESENTER (1 HOUR PRESENTATION, PLUS DISCUSSION)

Date of session	
Facilitator	
Start time	
Finish time	

List of attendees		
Name	Board registration number	Signature

Case presenter (name):
Brief description of the case history or practice issue and the reasons it is being presented. Any patient identifying information should not be disclosed in this record.
Main issues identified by the group
Summary of group discussion
Any action points for presenter

This is a true record of our discussion on this case.

Facilitator (signature): Case presenter (signature):