



The College of Psychiatry of Ireland
Coldiste Siciatrachta na hÉireann

Peer Review Structure for Consultant Psychiatrists in Ireland

Authors: Dr Consilia Walsh, Dr Alan Moore

Introduction

Peer review has become a core component of Continuing Professional Development following the publication of *“Performance in Practice: Maintenance of Professional Standards”* - a consensus statement by the Medical Council in June 2006. It is however not a mandatory component of the Medical Council’s requirements.

Having proposed a peer review structure, piloted it for one year and analysed feedback from the participating groups, the Professional Competence Committee of the College of Psychiatry of Ireland has now prepared this document ***Guidelines for Peer Review for Consultant Psychiatrists on the Specialist Register in Ireland***. Review of International Best Practice informed our proposals. We have drawn particularly on the Royal Australian and New Zealand CPD programme for our recommendations.

It is recommended by the College of Psychiatry of Ireland that Professional Competence Scheme participants are members of a peer review group registered with the College.

Peer Review comes under the CPD structure that you are already familiar with and participating in. The requirements of 250 CPD credits over 5 years remains unchanged, as do the categories under which credits can be claimed. Peer Review is an additional way to acquire Internal CPD credits.

Peer Review has been a positive experience for those who participated in the pilot, providing a valuable educational opportunity which promotes *Reflective Practice* in a safe educationally grounded setting.

Practical Guidelines

What is a Peer Review Group?

Peer Review groups should be small self selected groups of peers who meet to promote reflective practice in an educational environment. The setting should be organised to be supportive enough for individuals to present and learn from complex cases, work issues and current challenges.

Work here refers to any work done as a psychiatrist: clinical, administrative or academic.



The College of Psychiatry of Ireland
Coldáiste Siciatrachta na hÉireann

An atmosphere of openness, frankness and mutual support is vital to the functioning of the group. The group should be non-judgmental and constructive in their ethos.

The definition of a “Peer” in this context is “someone who is a peer in relation to the work under review”. An aspect of the term “peer” is that power relationships remain flat and careful consideration by Groups should be given to situations where this is varied. A Group might include for example Consultant Psychiatrists, Clinical Directors and Specialist Registrars who have administrative relationships with each other. The ability to openly present work difficulties, on which the Group’s functioning depends, may be constrained for both parties if this issue is not addressed from the outset.

Groups should be of a size that allows individuals to present their work frequently enough for the activity to be educationally meaningful. A minimum of four and a maximum of eight members is suggested. Members may include Consultants and Specialist Registrars and will be open to members of other sub-specialities. The Group may be open geographically but may be composed of doctors from the same service. The members should be people with whom individual members “do not feel uncomfortable”.

Meetings – how often and what to discuss?

Groups should meet often enough to provide a sense of group continuity for the members. Research by the RANZCP has found that for clinical material, frequent meetings of at least one hour’s duration were associated with frank and open discussion of members’ concerns about their work. The College of Psychiatry of Ireland recommends monthly meetings averaging ten meetings per annum, with meetings of one hour’s duration. However it is recognised that local factors may dictate different arrangements.

Groups should think through their goals both for the Group, and also as individuals, and how they are going to attain these. Towards the end of each year, each member should be given the opportunity to reflect on how these learning goals have been met. Consideration needs to be given as to how confidential material is handled, such as de-identification of clinical data, what documentation is kept, if any, and how it will be disposed of.

Groups should meet within working hours. We recommend a minimum of ten hours peer review activity for individual members, which would include peer review group meetings and related activities. Peer review group activities may include regular peer review meetings, and directed activities that facilitate the individual and the group in achieving educational goals. A minimum of three group meetings per annum of one hour’s duration is required.

Groups should be non-judgemental, constructive and solution focused.



The College of Psychiatry of Ireland
Coldiste Siciatrachta na hÉireann

Topics explored may be clinical and non-clinical, but any focus on resource/service issues should be avoided. The focus on education, the improvement of personal practice and patient care should be reflected in the discussion and topic.

Registration: The group co-ordinator, whose role should ideally rotate every 1-2 years, should complete and submit the group registration form (Appendix 1) so that the Group is registered with the Professional Competence Administrator of the CPsychI.

Documentation: The Peer Review Group Co-ordinator should document the date of the meeting, the general detail of the topic discussed and record the names of the members present on that day. At the end of the year, the Group Co-ordinator should give each group member a summary of the number of meetings attended and the number of CPD hours/credits awarded.

One hour of Peer Review Activity will be awarded one Internal CPD credit.

Please contact Dr Alan Moore or Dr Consilia Walsh in the College of Psychiatry of Ireland for any queries or advice about your Peer Review Group. Email pcs@irishpsychiatry.ie

Appendix 1: Peer Review Group Registration Form

Appendix 2: Peer Review Group Participation Record



The College of Psychiatry of Ireland
Coláiste Síciatrachta na hÉireann

PEER REVIEW GROUP REGISTRATION FORM

Name of Group: _____

Group Chair / Co-ordinator: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Full names of members (please indicate with * those members who are not psychiatrists)

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

The group agrees to develop and document goals, aims and objectives for each year and to submit a brief report, at the end of each year, on how well the group has functioned and any plans they have for the future year.

Signed: _____ **Date:** _____

Variation to the rules: If this group does not meet the guidelines, please provide information about how and why it should still be regarded as a peer review group.

As this group will be contacted through its Chair/Co-ordinator, please notify the PCS office if this person changes.

PLEASE RETURN THIS FORM TO:
Professional Competence Office,
The College of Psychiatry of Ireland,
5 Herbert Street, Dublin 2
Fax (01) 662 9677

Queries to pcs@irishpsychiatry.ie / tel. (01) 661 8450

Date:
Logged:
A.L.:



The College of Psychiatry of Ireland
Coláiste Síciatrachta na hÉireann

PEER REVIEW GROUP - PARTICIPATION RECORD

Name: _____ CPsychl Membership No: _____

Peer Review Group Name: _____

Form to be retained in Manual (and available for audit)

Year: _____

This psychiatrist has met the requirements for attendance and presentation in the above group.

Signature of Co-ordinator: _____ Date: _____

Year: _____

This psychiatrist has met the requirements for attendance and presentation in the above group.

Signature of Co-ordinator: _____ Date: _____

Year: _____

This psychiatrist has met the requirements for attendance and presentation in the above group.

Signature of Co-ordinator: _____ Date: _____

Year: _____

This psychiatrist has met the requirements for attendance and presentation in the above group.

Signature of Co-ordinator: _____ Date: _____

Year: _____

This psychiatrist has met the requirements for attendance and presentation in the above group.

Signature of Co-ordinator: _____ Date: _____

Fax (01) 662 9677.

Queries to pcs@irishpsychiatry.ie / tel. (01) 661 8450

Peer Revw Grp Participation Form / LOC/ V7 May 11