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Peer Groups amongst Consultant Psychiatrists in Ireland: Opportunities and Barriers

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A Lynch, L O'Callaghan, G Swanwick, M Kennedy
College of Psychiatrists of Ireland

Background

- Peer groups are used in continuing professional development structures in many countries in Europe and beyond (1)
- Theoretical basis may be best aligned to Social Learning theories, in particular descriptions of 'Communities of Practice' (2)
- Depending on their role and structure, peer groups may be used for many different functions
- However the use of peer groups for professional competence is not universal or without difficulties
- In Ireland, The Medical Council recommends that doctors enrolled in a Professional Competence Scheme (PCS) engage in a peer review process, although this is not mandatory (3)
- The College of Psychiatrists of Ireland (CPsychI) encourages members to join a peer group and has issued guidance to PCS members in this regard (4)
- Although it is not a mandatory PCS requirement, approx. 250 Psychiatrists enrolled in CPsychI PCS claim internal CPD points for peer group activity
- It is not clear how peer groups are operating in practice; why some Psychiatrists are involved in peer groups and why some are not; how useful this activity is to consultants in terms of their CPD

Study Objectives

- For Consultant Psychiatrists who are involved in peer groups, to ascertain what is the structure of their peer group and how does it function
- To gain insight into the perceived role of peer groups to the Consultants who participate in them
- For those Psychiatrists who are not enrolled in a peer group, to elucidate their experience of and attitudes to peer groups
- To consider how or if CPsychI should invest further in supporting or developing peer groups

Methods

- Ethics approval was sought and received from RCPI REC
- A questionnaire was developed, based on previous focus group research, and was piloted with Consultant Psychiatrists who are members of the Professional Competence Committee.
- 2 separate questioning routes were developed based on whether the participant was currently a member of a peer group or not.
- Survey Monkey software was used to develop an online questionnaire.
- All 750 consultant psychiatrists who are members of CPsychI and are enrolled in PCS were invited to participate in an online questionnaire relating to their experience of peer groups, whether they were members of a peer group or not.
- The completed questionnaires were divided into 2 groups; 1 comprising participants who were members of a peer group and 1 comprising participants who were not.
- The participants who were not members of a peer group were also invited to take part in a semi- structured interview to explore their experience of and attitudes to peer groups as a CPD structure.
- The completed online questionnaires were summarised and analysed and thematic analysis of the semi structured interviews was carried out.

Results

- 712 eligible members were invited to participate in the online questionnaire. 175 responses were received (response rate 24.5%). 167 responses were sufficiently complete to include in this analysis.

Characteristics of responders: 40% male and 60% female; 83% graduated from medical school in UK/Ireland; 85% graduated from medical school between 10 and 40 years ago; 75% in full time practice; 88% on the Specialist Register; 70% Public Health Service employees; over 90% in clinical practice but most also specified other scopes of practice including education, research , management, medicolegal. 12% indicated that their work location is primarily rural.

- 121/167 responders indicated that they are currently members of a peer group registered for CPD
- 46/167 responders indicated that they are not currently members of a peer group

Peer Group Members:

- Average numbers of members per peer grp 8.8 (range 3 – 14)
- 85% meet within working hours
- 85% meet in their workplace or other office space
- Most (68%) meet between 5-12 times per year
- The duration of most meetings is between 1 and 2 hours (82% of respondents)
- Only 8% use telephone or videoconferencing (ie members do not meet face to face)
- Most frequent characteristics which peer group members have in common: work in the same service / work in same geographical area / work in same specialty or area of practice
- Most frequently described **Ground Rules** include:
  - organization (eg chair, attendance, venue, timing, communication)
  - confidentiality, mutual respect
  - agreed group membership
- 85% have a chair/convener
- 16% have admin/secretarial support
- 52% plan the content ahead of meeting
- Most common **Content** type includes: Case Presentation; Group Discussion; Presentation of a topic / practice related problem; Journal / literature review.
- Other structures described include: Book reviews; ethical dilemmas; Balint group; clinical audit / research; online courses / lectures
- Most commonly used **Educational Material**: handouts/leaflets; Powerpoint presentations; books; reflective notes.
- Least frequently used educational material: e-learning modules; podcasts/audio material; video / filmed material
- **Potential problems** experienced in peer groups fell into a number of broad categories:
  - Time needed to participate/ travel to group meetings
  - Relationship difficulty / lack of trust / differing levels of seniority or power amongst group members
  - Lack of clarity about the role or function of the group / Content becoming repetitive or 'a tickbox exercise'
  - Time and skills needed to lead or facilitate the group
- **Ways in which they found their peer group useful** included:
  - Keeping up to date with practice developments / evidence
  - Gaining second opinions from colleagues
  - Getting Internal CPD points
  - Peer support
  - Reflecting on practice
  - Identifying gaps in knowledge/skills
  - Developing relationships with colleagues
  - Assessing standard of practice compared to others

Participants who were not members of peer groups

Broad themes from semi structured interviews:

- Need for peer support: some felt well supported without a peer group, others were quite stressed with little peer support, others did not feel in need of peer support
- Sources of work-related stress were discussed, including workload, medico-legal issues, complaints and fitness to practice hearings, work relationships
- Difficulty finding or gaining access to a suitable peer group
- Uncertainty about the role of peer groups; some were positive about the perceived benefits of peer groups; others were unsure if beneficial
- Previous experience of peer groups; some positive, some negative
- Balance of formal PCS structure vs the autonomy to direct their own learning – some are taking part in peer group type activity without claiming this as CPD
- Greater impact of CPD on clinical practice with more reflective, interactive and diverse educational activities
- A spectrum of attitudes to more formal peer review/ assessment of practice; some very open, others are very reluctant

Conclusions

- For consultant psychiatrists who participate in peer groups, this educational activity appears to be useful and valued.
- In particular peer support and reflection on practice seem to be important.
- Peer groups are not mandatory and are self directed. Hence there is variation in how groups operate.
- There are potential pitfalls, in particular peer groups are dependent on good working relationships between members, as well as a clear role and function.
- There is a need to support peer groups, both in terms of time and resources.
- Even as a developmental structure, peer groups may not be attractive or accessible to every consultant.
- There are mixed views of more formal peer assessment of practice.

Possible future developments:

- Developing educational material for peer groups (such as reading lists, films, book clubs)
- Exploring videoconferencing facilities for geographically isolated peer group members or smaller sub-specialty groups
- Enhanced peer support (e.g. for new consultants) and reflective practice (e.g. Balint groups for consultants)
- Development of a peer group mentor to visit and support / train peer groups to make best use of the structure
- ?? Using peer groups for developmental peer appraisal

References

(1) Beyer, M., Gerlach, F., Flies, U., et al. (2003). The development of quality circles/peer review groups as a method of quality improvement in Europe.: Results of a survey in 26 European countries. *Family Practice*, 20**,** 443-451

(2) Lave, J., & Wenger, E. (1998). Communities of practice: Learning, meaning, and identity.

(3) IMC. (2011). Professional Competence: Guidelines for Doctors. Dublin, Ireland: The Medical Council.

(4) College of Psychiatry of Ireland. (2011a). Peer review structure for consultant psychiatrists in Ireland [Online]. Ireland: College of Psychiatry of Ireland. Available:

http://www.irishpsychiatry.ie/Libraries/PCS_Documents/Peer_Review_Group_Guidelines_V7_

_May_11.sflb.ashx.

Acknowledgements

This study was carried out with the support of the INMED/ IMC Research in Medical Education Grant

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