

A quick guide to developing peer group learning: a resource for GP providers of FPS

Peer group learning (PGL) provides the ideal educational setting for GP providers of FPS to reflect on what works best in their practice, providing opportunities to improve clinical outcomes and assist patients with their mental health and well-being.

GP providers of FPS and CPD requirements

This quick reference guide is designed to assist Medicare-registered GP providers who are eligible to provide FPS under the Medicare Benefit Scheme (MBS). In order to maintain registration with Medicare Australia and continue to claim MBS items under the provision of FPS (2721–2727), GP providers of FPS have a mandatory requirement to complete at least six hours of a FPS Continuing Professional Development (CPD) course per triennium. GP providers of FPS may elect to fulfil this requirement by completing PGL in FPS.

When choosing FPS CPD, you should consider CPD categories as defined by the Medical Board of Australia.

For example, PGL may fit into Reviewing Performance or Measuring Outcomes. For more information, visit the Medical Board of Australia Registration Standards www.medicalboard.gov.au/Registration-Standards.aspx.

Why participate in PGL?

Advantages of participating in PGL in mental health¹ include:

- increasing education and networking opportunities
- encouraging a multi-disciplinary approach in primary mental health care
- fostering skills in leadership, deliberation and consensus
- promoting self-directed learning that is structured and based on best practice principles
- developing skills in teamwork, interpersonal relations, communication and problem solving
- engaging with a range of perspectives and ideas on the assessment and treatment of complex mental health conditions.

Planning PGL in FPS

Self-recording processes for PGL in FPS including planning, delivery and reflection vary between the RACGP CPD Program and the ACRRM PD program. GPs interested in receiving CPD hours for PGL are advised to contact their relevant College for further advice.

The GPMHSC recommends the following when planning PGL:

- Identify interested participants, including a minimum of 2 and a maximum of 12 GPs
- Nominate a PGL facilitator who will act as the main contact responsible for record keeping for the group
- Identify and reflect on personal learning needs
- Schedule a planning meeting where all participants should attend.
- The following should be discussed during the planning meeting:
- Review a selection of topics that could be discussed during the PGL cycle
- Agree on session topics or program of activities that will enhance skills in applying FPS
- Develop the PGL program by considering meeting dates and presenters. Presenters at each meeting can include a degree of input from contributors with skills in FPS. This provides the opportunity to enhance the group's existing skill level
- Develop learning outcomes that are predominantly and specifically related to improving skills in providing FPS
- A reflection of the learning outcomes achieved as a group.

Developing group learning outcomes for PGL

Examples of learning outcomes for the participants include:

- Identify the best available evidence base for the use of cognitive behavioural therapy (CBT) in adolescents experiencing eating disorders
- Recognise and review models of collaborative care with local service providers, including the roles of different professionals in providing a range of FPS (for example, psychologists, psychiatrists and allied health providers)
- Implement a patient safety system of referral for suicidal individuals.

Developing PGL in FPS

Many GPs find that a simple series of de-identified case discussions productive and simple to coordinate. Other groups may choose a more varied program that may include:

- Rotating semiformal de-identified case presentations by group members which include the case history, management (particularly FPS) and outcomes followed by discussion
- Balint groups are popular with GP providers of FPS. These involves small groups of GPs meeting regularly with a trained leader to discuss clinical material from their practices, with a focus on the doctor-patient relationship.
- Inviting guest presenters to briefly discuss psychological treatments for the management of a particular problem. For example, inviting an Aboriginal health worker to discuss how narrative therapy can assist with patients experiencing drug and alcohol abuse.
- Defining a problematic case study (e.g. bipolar personality disorder) and undertaking evidence review to identify a best practice response.

Contacting the GPMHSC

For further information on the work of the GPMHSC, please contact the GPMHSC Secretariat at: 100 Wellington Parade, East Melbourne VIC 3002

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Delivering PGL activities in FPS

Choosing a suitable delivery model for the learning group will depend on factors including participant preference and time constraints. Some important points to consider will be:

- whether a face-to-face meeting or teleconference is appropriate to the learning needs and outcomes of the group and;
- whether the group prefers to meet regularly for shorter periods or elect to meet less frequently but spend a longer time at each meeting.

Most learning groups who prefer to meet face-to-face consider rotating through different general practices to share the travel load. Groups who are comfortable with internet-based technology may opt to use online meeting platforms. It is recommended GPs contact their relevant College to discuss specific requirements regarding the selected delivery model, to ensure CPD hours can be claimed.

Reflecting PGL in FPS

At the end of the PGL cycle, participants are encouraged to attend a review meeting. The following points can be discussed:

- Summary of key FPS topics discussed
- Review of group learning outcomes
- Discussion of future improvements to the PGL cycle

Self-recording PGL activities for CPD / PDP hours with your relevant College

RACGP members can self-record the PGL activity by completing an online notification. This usually involves only one participating GP or the PGL facilitator submitting the online notification on behalf of the learning group. For more information on the self-directing process for PGL, RACGP

members can contact their relevant CPD state faculty. ACRRM members can contact their PDP team.

Resources

- RACGP CPD Program 2020–22: a handbook for GPs <https://portal.racgp.org.au/getmedia/830d939a-cd86-4cef-bfb0-286828e658de/2023-25-CPD-Provider-Handbook.pdf.aspx>
- RACGP: A quick guide to developing a SGL activity www.racgp.org.au/download/Documents/QICPD/A-quick-guide-to-developing-a-Small-Group-Learning-SGL-activity.pdf
- ACRRM PDP Triennium information: www.acrrm.org.au/pdp

References

1. Zaher E, Ratnapalan S. Practice-based small group learning programs. *Can Fam Physician* [Internet]. June 2012 [cited 2018 Jan 10];58:637-42. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3374683/pdf/0580637.pdf>