

A quick guide to developing Small group learning (SGL) activities: a resource for GP providers of FPS

Small group learning (SGL) activities are a popular way for GPs to identify and address specific learning needs, discuss cases and share clinical knowledge in an open, interactive and supportive environment. In particular, the SGL format offers GP providers of focussed psychological strategies (FPS) the opportunity to connect with peers with a similar interest in mental health and general practice. The SGL format also provides the ideal educational setting for GP providers of FPS to reflect on what works best in their practice, providing opportunities for GPs to improve clinical outcomes and assist patients with their mental health well-being and recovery.

Medicare-registered 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 one FPS Continuing Professional Development (CPD) activity per triennium. GP providers of FPS may elect to fulfil this requirement by completing a SGL activity in FPS.

GPs who participate in either the Royal Australian College of General Practitioners (RACGP) Quality Improvement and Continuing Professional Development (QI&CPD) or the Australian College of Rural and Remote Medicine (ACRRM) Professional Development (PD) Program may also be entitled to claim professional development points toward the triennial program requirements.

Why participate in SGL activities?

Advantages of participating in SGL activities 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 SGL activities in FPS

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

The GPMHSC recommends the following when planning the SGL activities:

- Identify interested participants, including a minimum of 2 and a maximum of 12 GPs
- Nominate a SGL 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 points should be discussed during the planning meeting:
 - Review a selection of topics that could be discussed during the SGL cycle
 - Agree on session topics or program of activities that will enhance skills in applying FPS
 - Develop the SGL 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 SGL activities

The learning group should have a clear understanding of what they want to achieve. Learning outcomes should state what participants would learn by participating in the SGL activity. It is recommended that learning outcomes should start with a verb such as identify, recognise, implement or select. Additionally, GPs who participate in the RACGP QI&CPD program also need to include a learning outcome that includes a systems based patient safety activity. For further information, refer to the RACGP QI&CPD Program: a handbook for general practitioners 2017–19.

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 SGL activities in FPS

Learning groups have the freedom to design their own program of activities to meet their personal learning outcomes.

GPs will need to ensure that their program of activities relates to one or more interventions under the FPS framework. More information on this can be found on the GPMHSC website <https://www.racgp.org.au/education/gps/gpmhsc/gp-provider-of-focussed-psychological-strategies>

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

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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- 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.
- Arranging site visits to external service providers, such as local mental health services, drug and alcohol services and private psychology clinics
- 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.
- Undertaking resource reviews (e.g. take turns to present a journal article or resource on FPS) and discuss relevance to general practice
- Consider contacting carer and/or consumer support organisations to discuss patient and family issues in a nonclinical environment – are their perspectives about what is important the same as yours?
- Defining a problematic case study (e.g. bipolar personality disorder) and undertaking evidence review to identify a best practice response.

Delivering SGL 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 (e.g. Zoom or Skype) 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 points can be claimed.

Reflecting SGL activities in FPS

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

- Summary of key FPS topics discussed during the SGL cycle
- Review of group learning outcomes
- Discussion of future improvements to the SGL cycle
- Complete the group Quality Improvement Reflection questions (applicable to RACGP members only).

Self-recording SGL activities for QI&CPD / PDP points with your relevant College

RACGP members can self-record the SGL activity by completing an online notification. This usually involves only one participating GP or the SGL facilitator submitting the online notification on behalf of the learning group. For more information on the self-directing process for SGL activities, please contact your relevant QI&CPD state faculty.

ACRRM members can contact their PDP team and inquire on the specific requirements for submitting Peer Review activities. More information on resources and materials are available through ACRRM.

Resources

- RACGP QI&CPD Program: a handbook for general practitioners 2017–19 <https://www.racgp.org.au/download/Documents/QI&CPD/QI&CPD-Handbook-2017-19-triennium.pdf>
- RACGP: A quick guide to developing a SGL activity <https://www.racgp.org.au/download/Documents/QI&CPD/A-quick-guide-to-developing-a-Small-Group-Learning-SGL-activity.pdf>
- ACRRM PDP Triennium Handbook <http://www.acrrm.org.au/pdp-handbook-17-19/>

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>

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