ANZCA and FPM CPD Program

Peer review of practice (pain medicine) - guideline

Paired activity

Category 1
Practice evaluation
Reviewing performance

Purpose

This guideline assists pain medicine physicians and feedback providers complete the peer review of practice activity.

Activity description

The purpose of peer review of practice is to consider how you (the participant) may improve your pain medicine practice by inviting a colleague to observe you assessing a new patient and formulating a management plan, plus observing you consulting in the outpatient clinic/practice. This reviewer uses a structured form as the basis for a feedback discussion regarding approaches to practice. It anticipated that this will be a mutually beneficial learning experience that considers the advantages and disadvantages for various techniques.

Related documents

1. Peer review of practice (pain medicine) - observation form
2. Peer review of practice agreement and CPD verification form

How to complete this activity

Steps

Time period	Steps	Complete
Prior to the observation period	Invite a trusted colleague who is also a registered specialist (the reviewer) to conduct a peer review of your practice. Organise a mutually convenient date and time (minimum of half a day) for your colleague to observe you assessing both new and review cases that are representative of your everyday practice. It is recommended that you select a session that includes a variety of cases.	
	Complete the relevant sections of the *peer review of practice agreement and CPD verification form* and provide it to the reviewer to sign. The reviewer should complete the remainder of the form, sign and return to you. This agreement includes responsibilities of the participant and the reviewer and issues regarding liability.	
	Provide your reviewer with a copy of *Practical guidance for CPD feedback conversations*.	
	With the reviewer, go over the observation form and determine the focus areas of the peer review.	

Time period	Steps	Complete
	The observation form includes four categories aligned to the FPM roles in practice: • Patient management (C*linician, Scholar*). • Communication (*Communicator*). • Teamwork/collaboration (*Collaborator*). • Management (*Leader and Manager, Health Advocate, Professional*). Keep in mind the purpose of this activity is professional development; focus areas should be aspects of practice for which feedback would be most valuable. While you can highlight particular aspects of practice within the four categories, a minimum of one item in each category should be identified and discussed. The reviewer may wish to explore other issues that arise during their observation and is encouraged to make notes accordingly.	
	Inform your team and other relevant staff that a second pain medicine specialist will be present for CPD purposes. Request consent from the patient(s).	
Observation and feedback	The reviewer uses the observation form to document observed examples of the participant's practice. • Using an electronic version is recommended, as the cells expand to incorporate detailed notes. • There is no scale to make a judgement on the participant's performance. Rather, each item is a prompt for the reviewer to initiate a conversation with the participant about an aspect of practice and their underlying reasoning for the method they have chosen to adopt.	
	During the observation the role of the reviewer is only to observe the participant. They should not intervene, unless requested to do so or in the interest of patient safety.	
	Immediately after finishing their observation, the reviewer should take some time to consider their notes and how they will approach the discussion with the participant. • The reviewer may volunteer examples from their own practice and engage the participant in a discussion of the advantages and disadvantages of each. • A discussion of the management of unexpected events or emergencies that may occur in relation to the cases observed, and what the participant may have done in the event of alternate scenarios, may also be useful.	
	The discussion should occur on the same day as the observation period, ideally within an hour of completion of the review. The participant and reviewer should meet in a private space for a minimum of 30 minutes.	

Time period	Steps	Complete
	It is suggested that the reviewer uses the approach outlined in *Practical guidance for CPD feedback conversations*. The FPM roles in practice section of the *Pain medicine training program curriculum* provides practical guidance on competencies within the various roles of the specialist pain medicine physician – clinician, professional, communicator, collaborator, leader and manager and health advocate.	
	At the end of the feedback discussion, the reviewer should: • prompt the participant to consider two or three elements they might change or improve as a result of reflecting on their practice. • ask the participant what CPD activities they plan to participate in over the next 12 months • suggest additional or alternate activities which support any learning needs highlighted in the peer review.	

Receiving feedback: for the participant

CPD activities are intended to promote supportive conversations that assist you to reflect and advance your practice. Engaging in a feedback conversation may on occasions challenge you and raise uncomfortable thoughts and feelings. If this occurs consider seeking out a trusted colleague or friend for support. Confidential wellbeing support is freely available through the college, details can be found on the website.

Notifiable conduct and fitness to practice: responsibilities of the reviewer

In Australia, a registered health practitioner is required to report another registered health practitioner if the first person forms a reasonable belief, in the course of his or her practice, that notifiable conduct has occurred. For more information on what constitutes notifiable conduct, refer to the Australian Health Practitioner Regulation Agency (AHPRA).

Participants in New Zealand should be aware that, under the Health Practitioners Competence Assurance Act 2003, it is mandatory for any doctor who has reason to believe a registered doctor is unfit to practice medicine because of a mental or physical condition, to notify the Medical Council of New Zealand. Such conditions include alcohol or drug dependence, other psychiatric disorders, a temporary stress reaction, an infection with a transmissible disease, declining competence due to age-related loss or motor skills or to the early stages of dementia, and certain illnesses and injuries.

Using a different tool

If you choose to use a different tool for the peer review of practice, ensure it was developed to for the purposes of peer review of a medical practitioner and is relevant to your scope of practice.

ANZCA and FPM CPD portfolio recording

Participants record this activity under

> Category 1 P*ractice evaluation – Reviewing performance: Peer review of practice*, with the completed *Peer review of practice agreement and CPD verification form* uploaded as evidence.

Reviewers record this activity under

> Category 1 *Practice evaluation – Reviewing performance: Peer review of practice*, with the completed *Peer review of practice agreement and CPD verification form*uploaded as evidence.

Optional related activities

1. **Critical reflection**
   You may choose to undertake a *Critical reflection* activity on the Peer review of practice and develop a plan for practice change.

Change control register

Version	Author/s	Reviewed by	Approved by	Approval date	Sections modified
1	Advancing CPD 2013 Working Group	CPD team	CPD Committee	2013	Created
2		CPD team DPA education		2023	• Updated branding and formatting • Incorporated change control register
3	CPD team	CPD Committee	CPD Committee	Aug 2026	• Updated terminology

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