

Terms of Reference RACMA Peer Support Group Pilot Program

1. Background

Professional isolation in the workplace is a well-recognised risk factor to professional well-being. This can occur irrespective of workplace location and size of the organization. This is similarly recognised by the Medical Board of Australia (MBA) in the second pillar 'Active Assurance of Safe Practice' of the MBA Professional Performance Framework.¹

The Peer Support Group (PSG), proposed by the Medical Workforce Planning Working Group (MWPWG) under the sponsorship of the Policy and Advisory Committee (PAC), is approved by the RACMA Board as a six-month pilot within each jurisdiction to facilitate support for RACMA Members who are professionally isolated. Extension of the program beyond the pilot phase will be considered pending evaluation of the pilot program.

The Hong Kong College of Community Medicine – Administrative Medicine (HKCCM) will be invited to jointly participate in the PSG.

2. Objective

The objective of the PSG is to provide structured peer support to RACMA colleagues in all jurisdictions who are professionally isolated.

3. Meetings

- Meetings will be conducted monthly for approximately an hour over the six months of the pilot.
- Meetings will be held via the Zoom platform for each jurisdiction at a convenient day and time as determined between the facilitator and assigned participants.
- Support for scheduling will be provided by the Secretariat at the initial stages. Following which this would be the responsibility of the facilitators and participants.

4. Meeting Format

- Meetings will be conducted as a forum which would include but is not limited to:
 - Problem solving and brainstorming.
 - Confidential collegiate discussions.
 - Peer support, collaboration, and consultation.
 - Reflective practice.
 - Networking opportunities.
- The objective of the meetings is to provide a forum in which its participants can discuss topics with their peers but due to their professional isolation are not able to do via other means.

¹ <https://www.medicalboard.gov.au/Professional-Performance-Framework.aspx>

- Topics for discussion would be brought to each meeting by the participants or shared with facilitator prior to the meeting. It is anticipated that topics would cover matters that participants would like to have a broader discussion about with their peers.
- The PSG is not designed to:
 - provide advice on issues of a legal nature,
 - replace other teaching and learning programs, but to complement these programs as a reflective, real-time problem-solving avenue.

5. Peer Support Group Facilitators

- a) Role
 - The PSG facilitator will lead PSG meetings for their respective jurisdiction.
 - The PSG facilitator roles and expectations for facilitators has been developed by MWPWG.
- b) Recruitment
 - PSG facilitators will be recruited via an Expression of Interest process.
 - The MWPWG will be responsible for coordinating this process and will be supported by the Secretariat.
- c) Eligibility criteria:
 - RACMA Fellows with greater than five years' experience post Fellowship would be preferred.
 - Prepared and motivated to undertake facilitator training if the pilot program identifies a requirement for training.
 - Core competencies include strong facilitation and collaborative communication style.
- d) Responsibilities:
 - The PSG facilitator is expected to chair and manage the virtual meeting requirements.
 - The PSG facilitator is tasked with monitoring and reducing any potential conflicts of interest that may arise throughout the group.
 - The PSG facilitator is responsible for coordinating any evaluation activity within the group as required.
- e) Alignment:
 - If required by volume, alignments may be made to match facilitators and participants based on jurisdiction, regions (e.g. metropolitans, rural and regional), and Medical Administration portfolios (e.g. Australian Defence Health System and Private Hospitals).

6. Peer Support Group Participants

- All RACMA Fellows, Associate Fellows and Candidates are eligible to be participants of the PSG in their respective jurisdiction, irrespective of the remoteness or otherwise of their workplace.
- The Secretariat will support communications with RACMA members with respect to the PSG.
- The MWPWG will support communications with HKCCM members with respect to the PSG.

7. CPD

- PSG activities shall be recognised as a formal CPD activity by RACMA, as it aligns with the Medical Board of Australia and Medical Council of New Zealand CPD category, 'Reviewing Performance/Reviewing and reflecting on practice'.
- Documentation of PSG activities as CPD, and the required reflections, is the responsibility of individual facilitators and participants.
- The MWPWG will seek recognition of PSG activities as a formal CPD activity by HKCCM with the HKCCM Administrative Medicine Board.

8. Professional Indemnity Insurance

- All participants are expected to have their own professional indemnity insurance.
- PSG facilitators will be covered by RAMCAs professional indemnity insurance for the activities undertaken within the PSG.

9. Evaluation

- Evaluations will be conducted at the end of the PSG pilot program.
- Attendance records will be taken at all sessions as part of this evaluation.
- Purpose of the evaluation is to:
 - Assess the value of the PSG at reducing professional isolation;
 - make recommendations for continuation of the PSG.
- The MWPWG is responsible for the designing, facilitation, analysis of the evaluation, and to make recommendations to PAC to outline the sustainability of the program.

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Date of Approval: August 2021