Twelve tips to mastering the effective elements of peer group supervision:

Practical guidance from a narrative review and expert perspectives

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Abstract: Peer Group Supervision (PGS) is recognised as a valuable approach for supporting professional development, reflective practice, and workforce sustainability across diverse settings. Despite its increasing uptake, challenges remain in ensuring consistent, effective implementation. This paper presents twelve practical, evidence-informed tips to guide the effective implementation of PGS. Organised into foundational, supportive, and enhancing elements, the tips draw on literature and expert perspectives from health and community services. Key enablers such as, structure, trust, reflective practice, feedback, organisational support, and access to training, are addressed alongside common challenges including unclear purpose, group dynamics, and inconsistent attendance. These tips are intended to strengthen the quality and impact of PGS as a collaborative, scalable, and cost-effective supervision model.

Keywords: peer group supervision; professional development; reflective practice; psychological safety; organisational support; training

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Introduction

Health professional supervision is integral to continued professional development and improving patient care (Lassiter et al., 2008: Sargeant & Au-Yong, 2020). It plays a pivotal role in maintaining workforce well-being (Pallikkuth et al., 2024) through emotional support, stress management and building workforce morale (Ravalier et al., 2023). Supervision practices support skill development, reflective practice (Stinchfield et al., 2018) and ethical decision-making (Newman et al., 2013).

Different models of supervision serve unique professional needs. Peer Group supervision (PGS) models are recognised as valuable and effective across diverse healthcare and professional contexts (Doody et al., 2024). Effective group supervision typically involves structured, supportive discussions amongst participants, aimed at reflecting on their practice, developing skills, and providing feedback. Many PGS models emphasise reciprocal learning, mutuality, collaboration and a non-hierarchical structure (Wahesh et al., 2017; Lassiter et al., 2008). However, there is a lack of comprehensive, evidence-based instruction or recommendation on how to establish, maintain and assess PGS models effectively. Most of the literature on supervision covers individual (Alfonsson et al., 2017; Bernard & Goodyear, 2018) and traditional group set ups (Valentino et al., 2016) with limited information on best practices specific to effective PGS elements. As part of a commitment to delivering effective and accessible supervision training to the mental health, alcohol and other drugs workforce, the Queensland Centre for Mental Health Learning, West Moreton Hospital and Health Service, sought to address this gap in the literature by reviewing available literature and synthesizing twelve practical tips for establishing and sustaining effective PGS practices.

This paper reviews available resources related to various PGS models (e.g., Doody et al., 2024; Tulleners et al., 2023; Saab et al., 2021; Stone et al., 2020; Paulson & Casile, 2014). It also reviews existing frameworks in the clinical supervision space (Martin et al. 2012), general group supervision literature (e.g. Reschke et al., 2020; Gardner, 2023; Smith 2022) and peer supervision models (Pallikkuth et al., 2024; Wahesh et al., 2017). This paper

aims to provide actionable guidance for practitioners and organisations, enabling them to implement PGS models that support professional growth, personal resilience, shared learning and improved patient care. This paper not only offers structured guidance but also affirms the value of PGS as practical and adaptable across professional contexts. Although this paper focuses on supervision-specific literature, it is also important to acknowledge that the broader groupwork literature (e.g., Toseland & Rivas, 2022) offers valuable insights into group dynamics, leadership, authority, and group-thinking processes, which align closely with the functioning of peer supervision groups.

This review focuses on literature from the healthcare sector, including nursing (McCarthy et al., 2021); counselling (Wahesh et al., 2017); social work (Lees & Cooper, 2021); psychology (Newman et al., 2013); radiotherapy (Dungey et al., 2020; 2021); medical education (Leung & Peisah, 2023); and allied health more broadly (Pager et al., 2018). Each setting has distinct supervision needs, ranging from building resilience in high-stress situations to developing specialised competencies such as multicultural sensitivity and patient-centred care. The breadth of literature that PGS models fall into, illustrates the relevance and adaptability of these models across varied professional environments.

The twelve tips are categorised into three tiers of importance. The first five tips form the core foundation elements and prerequisites for an operational PGS model. They establish the required structure, safety, and focus needed for successful PGS. Tips six to eight are supportive elements which influence the quality of the interaction amongst participants. They build upon the foundational elements and are essential for facilitating productive engagement that keeps participants motivated and invested in the long term. Tips nine to twelve are the enhancing features, offering additional value to the PGS model by promoting adaptability, strengthening systemic support, and fostering long-term professional development, thus allowing the PGS model to achieve broader outcomes.

Tip 1: Establish a clear purpose and goals

To establish an effective PGS model, a clear and shared purpose must be identified, with defined goals and objectives (Tulleners et al., 2023). This might include, skill enhancement, support, personal growth or broader

organisational objectives. A clear purpose helps guide the group's focus and prevents sessions from side-tracking and ensures all participants share a common understanding of the supervision model's objectives. Pager et al. (2018) through their mixed-methods evaluation of a structured PGS model for allied health professionals, found that shared ground rules and a structured approach enhanced focus during reflective practice and minimised group distractions. Saab et al.'s (2021) interviews and focus groups with nurses, their clinical supervisors and line managers, emphasised the value of *a priori* awareness of supervision goals and expectations in promoting active engagement. Sheperis et al. (2016) highlighted that articulating a clear purpose allowed participants to engage more effectively, even in virtual settings. Catling et al.'s (2024) meta-synthesis on nurses and midwives' experiences of clinical supervision stressed that clarity of purpose and shared understanding enhanced engagement, ensuring productive sessions that foster professional growth. Collectively, these studies demonstrated the significance of establishing clear purpose and goals to ensure alignment, trust, and effectiveness in PGS settings.

In practice, this tip centres on why the group is meeting and what it aims to achieve. A PGS session could begin with a collaborative discussion to define primary objectives — whether that is improving professional skills, reflecting on challenges, or enhancing teamwork. Clear goals provide a shared sense of purpose, keep discussions focused, and make outcomes more measurable. They also help manage expectations by ensuring participants understand the scope and purpose of the sessions. Revisiting these objectives regularly allows the group to adapt as needs evolve. Starting each session with a brief review of these goals helps maintain focus, sustain motivation, encourage responsibility, and maximise the benefits of PGS. Shared knowledge of the "why" and "what" of PGS can also be built through participation in supervision training. Many groups find it useful to document ground rules and objectives in a simple group agreement, which reinforces clarity, alignment, and accountability.

Tip 2: Build trust and psychological safety

Trust is foundational to PGS as it fosters an environment where participants feel psychologically safe to share openly, including discussing vulnerabilities and challenges (Tulleners et al. 2024; also see Tulleners et al. 2021).

Tulleners and colleagues conducted qualitative interviews on a diverse representation of nursing roles, which highlighted trust and confidentiality as essential for creating a "safe place" to express challenges without fear of judgment. Similarly, Catling et al. (2024) found that trust and safety were prerequisites for open and honest discussions in clinical supervision. They emphasised that structured group rules and a supportive environment were essential for promoting psychological safety. Lassiter et al. (2008) focused on the multicultural context of PGS, underlining the critical role of trust and psychological safety in fostering meaningful reflective practices. Using a conceptual framework, they argued that supervisors must model respect, openness, and introspection to create a supportive environment where supervisees feel safe to explore cultural assumptions, engage in dialogue, and enhance their multicultural competence. Smith (2022) revealed how unsafe environments exacerbated anxiety and hindered meaningful group participation. Salomonsson (2023) highlighted the purpose of creating a supportive and psychologically safe environment in reflective group supervision with psychotherapists and child health centre nurses. Finally, Pallikkuth et al. (2024) discussed the importance of trust-building strategies in peer supervision for mental health workers. Their qualitative study found that fostering trust and psychological safety was essential for effective supervision, enabling participants to navigate both emotional and professional challenges.

Practical strategies for achieving trust and safety include establishing confidentiality agreements and clear ground rules for respectful, non-judgmental interactions. Active listening and balanced participation further reinforce trust, while holding regular sessions and showing commitment to attendance (see Tip 3) strengthens group reliability. The use of a peer group supervision agreement, shared training, and structured tools can enhance trust-building, and ensuring groups remain non-hierarchical helps safeguard psychological safety. While this paper focuses on key principles rather than specific facilitation techniques, the broader groupwork literature also offers practical strategies for developing trust within groups—for example, using structured warm-up activities, collaborative goal-setting, and group 'rounds' that encourage members to move from individual reflection to collective understanding (e.g., Toseland & Rivas, 2022).

Tip 3: Dedicate adequate time and resources

Time constraints are a common barrier to effective peer group supervision practices, often stemming from heavy workloads, competing priorities, or a lack of protected scheduling. Dedicating adequate time and resources enables meaningful engagement and reflective practices. Froneman et al. (2022) highlighted that sufficient time allocation, proper resources (e.g., study materials and conducive settings), and structured teaching environments were essential for fostering collaboration and effective learning in large nursing student groups. Literature on reflective practice groups (RPGs) (Sundgren et al., 2020; Salomonsson, 2023), and models such as integrative reflective supervision framework (Strinchfield et al., 2018) supported the need for dedicated time. Logistical and workload-related challenges often hindered participation, with participants suggesting that "protected time" and flexible scheduling were key to overcoming these barriers (Saab et al.,2021). Doody et al.'s (2024) stakeholder interviews identified adequate time and resources as key factors in supporting peer group supervision.

Effective PGS depends on recognising that time and resources are not merely logistical considerations but fundamental components for sessions to run effectively. Participants need regular, protected time during work hours to engage fully without interruptions. Organisational support, including consistent meeting spaces or access to virtual platforms, helps sustain engagement and momentum. Management endorsement, supported by clear organisational guidelines and policy, can further protect time and resources for PGS while enabling practitioners to prioritise participation. By committing time, space, and available resources, organisations signal the value of PGS and create conditions that allow participants to prepare, reflect, and collaborate effectively.

Tip 4: Establish structure and guidelines

Determining transparent guidelines and a structure that remains consistent, helps set expectations for behaviour, builds respect, manages time and conflict effectively, and facilitates effective communication. This may include strategies on confidentiality, punctuality, balancing speaking time, encouraging active listening and constructive feedback, all as a way of encouraging an atmosphere of openness and collaboration. Stone et al. (2020) discussed how a structured approach provided a framework for open yet focused discussions, reduced ambiguity and ensured participants

remained aligned with their developmental goals. Similarly, Pager et al. (2018) highlighted how structured supervision enabled allied health professionals to concentrate on skill-building, improved their practice knowledge, and helped them meet professional requirements. Saab et al. (2021) further reinforced the value of structure, demonstrating that an organised approach to leading peer group clinical supervision sessions ensured that supervisees stayed on track and supported productive engagement. Finally, Tulleners et al. (2021; 2024) stressed the value of transparent ground rules in PGS for creating a safe and supportive environment, fostering trust, building respect, and setting clear expectations. Ground rules and structured sessions were noted to enhance time management and support respectful communication, significantly contributing to the overall effectiveness of PGS. Collectively, these findings suggested that consistent structure and practical, well-defined guidelines enhanced group functionality and promoted mutual respect, focus, and meaningful participation in PGS.

Tip 4 emphasises how the group functions during sessions. Whereas Tip 1 highlights the overall direction and long-term objectives, Tip 4 addresses the day-to-day practical and procedural elements that shape interaction and collaboration. Structured supervision toolkits, such as those developed by the New Zealand Mentoring and Coaching Centre, can provide step-by-step guidance for running PGS effectively. These toolkits support group members in clarifying roles, sharing supervision material, and rotating responsibilities so that all participants have the opportunity to act as both contributors and supervisors.

Tip 5: Commitment and regular attendance

Consistent attendance and commitment from group members are critical to the success of PGS. Regular participation builds rapport and strengthens group cohesion, fosters deeper, trust and collegial relationship, and sustains accountability (Lewis et al., 2017; Tulleners et al., 2021). Paulson and Casile (2014) highlighted that peer supervision programs for rural supervisors helped address logistical challenges, nurtured trust within the group, and provided a sense of continuity. Regular participation in structured follow-up sessions contributed to professional development and reduced feelings of isolation. Similarly, Newman et al. (2013) found that consistent participation in peer-led supervision helped maintain focus

and engagement. Among nursing staff, Rattray et al. (2023) stressed that regular attendance in RPGs fosters team cohesion, strengthened trust, and enhanced professional relationships. Reschke et al. (2020) likewise found that voluntary participation strengthened these same dynamics, reinforcing the value of regular engagement. Colthorpe et al. (2020) emphasised the challenges of attending Balint Groups (structured reflective groups where clinicians discuss cases to explore the emotional and relational aspects of their work) due to ward demands but noted that participation supported reflective learning, teamwork, and peer support. Efforts to create a supportive environment helped mitigate attendance variability and ensured sessions remained beneficial. Similarly, reflective groups for psychotherapists benefited from regular attendance, which fostered trust and deepened reflective practices. Furthermore, consistent attendance ensured that group dynamics remained stable and effective (Salomonsson, 2023). Together, these findings demonstrate that commitment to regular attendance was not merely a logistical consideration, it was a fundamental aspect of building trust, sustaining engagement, and fostering professional growth in group supervision contexts. This challenge has also been well recognised in the broader groupwork literature, which highlighted the practical difficulty of securing a consistent time and venue that accommodated all members (e.g., Toseland & Rivas, 2022; Yalom & Leszcz, 2020; Corey, Corey, & Corey, 2018).

Tip 5 highlights the importance of encouraging all members to commit to regular attendance and active participation. Consistency fosters cohesion, strengthens professional relationships, and builds trust, continuity, and engagement. Regular participation not only enhances the effectiveness of the supervision model but also deepens members' understanding of their roles within the group, contributing to its overall success. To put this into practice, groups can agree on a regular schedule in advance so meetings become predictable, embed sessions into work plans so they are treated as protected time, and include clear expectations for attendance within the group agreement, including how to handle unavoidable absences. Management support, access to training, and clear organisational policy further reinforce this commitment by giving participants the authorisation and encouragement to prioritise supervision as an essential part of their professional practice.

Tip 6: Promote reflective practice

Promoting reflective practice is a cornerstone of effective PGS, as it allows participants to critically examine their professional actions, motivations, and challenges, fostering self-awareness and continuous growth. Multiple studies across various supervision contexts highlighted its importance. Tulleners et al. (2021; 2024) discussed the role of reflective practice in PGS as a valuable tool for nurses to evaluate their strengths and identify areas for growth. Through thematic analysis of interviews, both studies found that reflective discussions enabled participants to enhance their professional skills and confidence, while also addressing workplace challenges in a supportive and collaborative environment. Similarly, Saab et al.'s (2021) study with nurses, managers and clinical supervisors, demonstrated that reflective practice within group clinical supervision allowed participants to manage stress, build self-awareness, and better navigate high-pressure environments. Somerville et al. (2019) explored multicultural competence-focused peer supervision with psychology trainees through a qualitative case study approach. They found that reflecting on cultural dynamics within supervision sessions increased sensitivity to multicultural issues and promoted empathy and awareness in professional practice. Stone et al. (2020), using surveys and feedback from psychology interns, reported that structured reflective exercises in PGS enhanced clinical confidence and competence, showing how guided reflection supported professional development. In the allied health field, Kuipers et al. (2013) highlighted how structured PGS encouraged reflective practice, enabling participants to critically analyse their clinical decisions and professional experiences. Survey data indicated that PGS contributed to professional development, improved clinical practice and fostered reflective learning. Sundgren et al. (2020) discussed how structured reflection contributed to emotional resilience and improved professional quality of life, whilst Ravalier et al. (2023), in their rapid review of reflective supervision in social work, concluded that reflective practices promoted self-examination and personal growth, supporting practitioners' well-being and resilience. By fostering reflexivity and improving professional practice, reflective supervision also enhanced service delivery for clients.

This tip highlights reflective practice as a powerful tool in PGS. Encouraging participants to analyse their experiences, challenges, and decisions — for example through reflective prompts, guided questions, or structured feedback — promotes continuous growth and professional

development. Reflection helps participants build self-awareness, strengthen critical thinking, and process emotional challenges in a supportive space, which in turn fosters resilience and strategies for managing workplace stress. Groups can draw on structured toolkits, incorporate Socratic questioning, and share education or case-based discussions to keep reflection purposeful and engaging. Taken together, these approaches help transform PGS into more than a discussion forum by making it a structured process for learning, resilience, and ongoing improvement in practice.

Tip 7: Share facilitation responsibilities through rotational organisation

Peer group supervision models benefit from structured facilitation to help ensure that sessions remain focused, inclusive and productive. In peer-led settings, this can be achieved through a rotational leadership approach, where members can take turns in coordinating or guiding sessions. This promotes shared responsibility, strengthens group engagement, and provides all members with opportunities to develop facilitation skills. Tulleners et al. (2024) discussed the role of trained facilitators in PGS, highlighting how their guidance ensured sessions remained focused, productive, and aligned with group goals. These findings based on semi-structured interviews with nurses, using the New Zealand Coaching and Mentoring Model demonstrated how facilitation supported productive group functioning. Similarly, Saab et al. (2021) underscored the importance of skilled facilitation to ensure discussions remained meaningful and aligned with group objectives, creating engaging and supportive environments. Lewis and colleagues (2017) described how collaborative facilitation and shared leadership, effectively managed group dynamics, encouraging trust and equitable participation. In a study on multiculturally-focused supervision in counselling psychology, Somerville et al. (2019) found that rotational leadership ensured all voices were heard equally, promoting collaboration and inclusivity. This aligned with the horizontal nature of the peer relationship and the absence of legal or institutional authority of any one member over others. Skilled or trained facilitators can ensure that group discussions remain focused and professionally enriching (Gardner et al., 2023). They also help maintain constructive, goal-oriented discussions and provide the structure necessary for ongoing professional learning (Catling

et al., 2024; Lees & Cooper, 2021). While this paper focused on rotational organisation as a practical mechanism for distributing responsibility, the broader groupwork literature recognises multiple forms of leadership and authority that can arise within groups (e.g., Corey et al., 2018; Toseland & Rivas, 2022). For example, temporary role authority, such as taking the chair, represents one form of leadership; other expressions may emerge through influence, participation or shared ownership. Within peer group supervision specifically, effective facilitation or leadership tends to be shared and non-hierarchical, balancing role structure with collaboration to foster inclusive, reflective and constructive group supervision experiences.

Tip 7 emphasises the value of facilitation and rotational leadership in PGS. Having a skilled facilitator helps ensure sessions remain focused, discussions are productive, and group dynamics are well managed. Even in the absence of a trained facilitator, it is essential to assign someone to guide discussions and maintain focus. Effective facilitation strikes a balance between following a clear agenda and allowing space for open, organic dialogue. Rotating leadership responsibilities fosters shared ownership and encourages members to develop facilitation skills over time. Groups can strengthen this process by creating a clear plan for sharing leadership and periodically reviewing the facilitation approach based on participant feedback, ensuring that the process remains effective and inclusive.

Tip 8: Provide open, constructive and non-judgemental feedback

Feedback is recognised as a critical element in peer group supervision, fostering reflection, professional growth, and collaboration. For instance, Saab et al. (2021) emphasised that feedback allowed supervisees to share experiences, reflect on their practices, and explore issues in a supportive environment alongside experienced clinical supervisors and peers. Similarly, studies such as Catling et al. (2024) and Tulleners et al. (2024) highlighted the reciprocal learning opportunities created through feedback. Sheperis et al. (2016) extended this perspective to online supervision, discussing how technology enhanced feedback opportunities enabling real-time and asynchronous feedback to enhance learning and skill development. Smith (2022) discussed the importance of feedback in group supervision as a tool for fostering reflective practice, reducing anxiety, and

enhancing professional engagement. However, the effectiveness of feedback depended on the psychological safety of the environment, with high-anxiety settings hindering its impact. Similarly, Stone et al. (2020) and Newman et al. (2013), identified feedback as integral to structured group supervision models, where it facilitated problem-solving, enhanced communication and mutual learning, built clinical competence and supported professional development. In allied health settings, Reschke et al. (2020) and Paulson and Casile (2014) viewed feedback as a mechanism for promoting trust, mutual respect, and healthy group dynamics. Lewis et al. (2017) similarly noted that structured peer feedback fostered reflection and maintained group cohesion, with actionable insights driving professional development.

For feedback to be successful in PGS it needs to be open, honest, and constructive, while framed positively and with respect for each member's perspectives and experiences. Feedback should focus on actionable input that supports professional growth rather than criticism. Groups can encourage balanced feedback by combining positive reinforcement with thoughtful suggestions for improvement, helping members feel valued while still identifying areas to develop. Establishing simple feedback guidelines, such as using specific examples, focusing on behaviours rather than personal traits, and inviting reciprocal feedback, can strengthen group cohesion and enhance learning outcomes.

Tip 9: Embrace cultural and contextual sensitivity

Recognising and accommodating cultural, professional, and individual differences within PGS is essential for meaningful and inclusive discussions. Adaptation to specific contexts, including cultural awareness, enhances the group's ability to address diverse perspectives. Somerville et al. (2019) considered the importance of cultural sensitivity in peer supervision, using a longitudinal qualitative case study design to explore its role in developing multicultural competence. They found that cultural awareness helped trainees challenge biases and assumptions, contributing to professional growth. They concluded that multicultural competence–focused peer supervision was a promising approach to addressing gaps in traditional supervision and fostering cultural sensitivity among trainees. Similarly, Chong et al. (2024) highlighted the importance of cultural humility in PGS, which created a supportive environment for exploring cultural dynamics,

reduced cultural concealment, and enhanced sociocultural awareness. Facilitated discussions that addressed cultural biases and differences helped promote critical consciousness, normalised differences, and equipped trainees to navigate sociocultural complexities in practice. Lassiter et al. (2008) proposed integrating a multicultural-intensive role into structured PGS, designating a group member to focus on power, privilege, and cultural identity. This approach increased group awareness of cultural similarities and differences, encouraged dialogue about biases, and promoted culturally responsive practice.

Tip 9 emphasises the importance of recognising and addressing cultural, professional, and individual differences within the group. Creating space for open discussion about diverse experiences not only enhances cohesion and inclusion but also builds mutual understanding and adaptability in professional practice. Groups can support this by encouraging members to share how cultural or contextual factors shape their perspectives. Incorporating simple practices, such as inviting reflections on cultural considerations during case discussions, helps groups remain inclusive and responsive to the diversity of its members.

Tip 10: Ensure organisational commitment

Sustainable and effective PGS depends on strong organisational commitment. This includes the allocation of protected time, leadership support, clear policies, and processes that enable regular participation and ongoing engagement. Without this foundation, even the most well-designed supervision models struggle to achieve consistent implementation or impact. Doody et al. (2024) investigated stakeholder perspectives on effective peer group implementation for nurses and midwives with leadership support identified as a key success factor. Tulleners et al. (2023) stressed the need for protected time, flexibility, and group cohesion to sustain effectiveness, highlighting the need for organisational support in sustaining supervision. They identified challenges related to group turnover and formation, underscoring the importance of institutional processes that maintained cohesive, functional groups. Similarly, Saab et al. (2021) discussed the importance of organisational support, including protected time, management "buy-in", and follow-up sessions to refine supervision practices, which were critical for maintaining momentum and clarifying

the purpose and value of PGS. Paulson and Casile (2014) demonstrated that structured PGS reduced burnout and emotional exhaustion, particularly in rural and resource-limited settings, by providing a collaborative space for reflection and mutual support. Crucially, these benefits were only possible through organisational structures that prioritised supervision, allowing participants to step away from overloaded roles and engage in meaningful professional dialogue. Together, these findings indicated that group supervision models thrived when supported at a systemic level. Commitment from leadership, expressed through protected time, embedded policy, resourcing, and follow-through, signalled to staff that supervision was a valued and integral part of professional development and workforce sustainability. This aligns with the broader groupwork literature, which has consistently shown that organisational commitment is essential to developing and sustaining successful groupwork initiatives— and conversely, that a lack of such commitment can undermine their effectiveness (e.g., Corey et al., 2018).

For PGS to be sustainable, organisational commitment needs to move beyond policy statements and translate into visible support for staff. Groups can advocate for this by working with managers to schedule PGS as protected time within rosters, ensuring it is recognised as part of core duties rather than an optional extra. Formalising PGS within organisational guidelines and professional development frameworks helps safeguard its continuity, even during periods of high workload. Leaders can demonstrate commitment by making practical arrangements such as reserving meeting rooms or setting up online platforms, by monitoring whether sessions are taking place, and by visibly endorsing PGS so that staff see it as a valued and supported part of their role.

Tip 11: Evaluation and continuous improvement of supervision practices

Continuous improvement is essential for ensuring the ongoing effectiveness of PGS. Regular evaluation, through informal feedback sessions, structured questionnaires, or reflective discussions, allows groups to identify successes, address challenges, and adapt processes to meet evolving needs. Saab et al. (2021) emphasised the importance of preparation, including raising awareness of clinical PGS among staff and management to address

misconceptions and improve engagement. Tullners et al. (2023) also highlighted the value of regular evaluation, flexibility in implementation, and fostering both individual and group commitment as key strategies for refining PGS practices over time. Paulson and Casile (2014) underscored the importance of continuous improvement in supervision practices, particularly in rural contexts. Through structured training, peer group supervision, and ongoing evaluation, the program supported the development of supervisory competencies and provided tools for enhancing practice. The authors advocated for integrating participant feedback and fostering inter-agency collaboration to enhance supervision practices. Gardner et al. (2021) and Van Roy et al. (2021) discussed the significance of systematic evaluation and adaptability, with Gardener et al. highlighting the importance of *regular feedback and facilitator training in improving group processes*. Van Roy et al. emphasised the value of ongoing research and practice-based adjustments to ensure BGs remained effective and impactful. Finally, Rattray et al. (2023) demonstrated how ongoing evaluation, skilled facilitation, and participant feedback improved RPGs, enhancing cohesion, supporting professional well-being and reducing stress.

Tip 11 emphasises the importance of regularly evaluating the effectiveness of PGS sessions through feedback and reflection. Groups can do this by inviting short debrief discussions at the end of sessions, using simple evaluation tools or questionnaires, or scheduling periodic reviews to assess progress against agreed goals. The feedback gathered should be used to refine group processes, adapt to participants' evolving needs, and address any barriers to engagement. This ongoing cycle of reflection and adjustment ensures that PGS remains effective, responsive, and impactful over time.

Tip 12: Ensure access to training

Ensuring access to training is critical for the effective implementation and sustainability of PGS. Training builds the foundational skills and confidence needed to participate meaningfully, whether as a facilitator, contributor, or reflective practitioner and ensures consistency across diverse settings. Doody et al. (2024) highlighted that supervisor preparedness though training was a success factor for implementing PGS, based on qualitative insights from nursing stakeholders. Valentino et al. (2016)

noted that while group supervision offered significant opportunities for professional skill development, its effectiveness was often limited by a lack of formal training. A large proportion of supervisors surveyed reported having never received training in how to conduct group supervision, despite holding responsibility for it. The authors advocated for structured supervision design supported by training in planning, feedback, group dynamics, and agenda setting. Paulson and Casile (2014) demonstrated the impact of structured supervision training through a pilot program for rural mental health supervisors. Their findings showed that a one-day workshop combined with follow-up PGS led to significant improvements in supervisory competence, reduced isolation, and increased confidence. Their study highlighted the importance of accessible, ongoing training and organisational support. Structured toolkits, such as those from the New Zealand Mentoring and Coaching Centre, can support PGS delivery, especially when paired with training or orientation (Pager et al., 2018). Together, these findings emphasised that training was not optional; it was a foundational element in building supervisory capability and sustaining long-term engagement in PGS.

This tip emphasises that training is essential for effective and sustainable PGS. Groups can support this by ensuring all members have access to orientation or foundational training that covers core PGS principles, group dynamics, and facilitation techniques. Short workshops, online modules, or structured toolkits can provide a consistent baseline of knowledge, especially for new members. Organisations can further embed PGS by offering ongoing development opportunities, such as advanced training for facilitators, refresher sessions, or access to communities of practice. Making training accessible, practical, and tailored to the group's context helps build confidence, consistency, and long-term engagement.

Conclusion

Peer Group Supervision provides a structured and collaborative forum to support professional development, reflective practice, and team cohesion. It may complement individual supervision or serve as a practical alternative in settings where time, resources, or staffing limit one-to-one models. When supported by organisational commitment and accessible training, PGS can enhance skill development, emotional resilience, and shared

learning among colleagues. With consistent structure and facilitation, PGS fosters confidence, critical thinking, and peer connection, especially in environments that rely on teamwork and collaboration. However, like all models, PGS requires ongoing evaluation and attention to group dynamics to manage challenges such as variable feedback, groupthink, and power imbalances. The twelve tips have been derived from a synthesis of existing evidence, practice experience and expert perspectives, however they have not yet been routinely implemented and evaluated in practice. Future implementation and research initiatives are encouraged in order to explore their applicability and impact across diverse professional contexts. Available evidence synthesised in this review demonstrates that PGS, when implemented thoughtfully, has the potential to offer a scalable, cost-effective, and impactful approach to continuous professional development across diverse practice settings.

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