

**Peer Assessment Committee**  
**College of Physicians and Surgeons of New Brunswick**



**Peer Assessment Committee - Offsite Assessment**

**Instructions to Family Physicians**

Provide copies of portions of five patient charts from:

- **Type II Diabetes Mellitus**
- **Chronic Pain**
- **Depression/Anxiety/Adjustment Disorders**
- **two of the following three: COPD, Hypertension, or Dyslipidemia**

*(If there is one of those that you do not see, please substitute with another disease entity that you frequently see. Total of five charts only, five different disease entities)*

To allow the assessor to evaluate your management of the specific disease entity, please ensure these charts contain:

- Cumulative Patient Profile or equivalent
- Progress notes from the initial diagnosis with sufficient evolutionary notes that demonstrate care provided over a period of several years.
- Consultants' referrals and responses
- Copies of lab or other investigative reports
- Any other additional information you believe reflects the patient care.

Please highlight entries made by you in the charts if you share files with other physicians and label each chart as to what specific disease entity it represents.

Do not send original patient charts, as they will not be returned to you, and will be shredded. You may, if you wish, remove the name and address of the patient prior to mailing. Important identifiers such as age and gender, however, should not be deleted. If you have any questions, please contact us at: 506-852-4441 (phone); or email: [PACNB@cpsnb.org](mailto:PACNB@cpsnb.org)