

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



Physician PAC # \_\_\_\_\_ Type of Practice: \_\_\_\_\_ Y.O.B.: \_\_\_\_\_ Y.O.G.: \_\_\_\_\_

Hrs. of CME: \_\_\_\_\_ # of Patients/Wk: \_\_\_\_\_ Medical School: \_\_\_\_\_

<b>Risk Assessment - Demographics</b>		
Is the physician's age <b>less</b> than 70?	Yes = 2	No = 0
Does this physician see <b>less</b> than 200 patients per week?	Yes = 2	No = 0
Has the physician attended <b>more</b> than 50 hours of CME in the last 2 years?	Yes = 1	No = 0
Is the physician in a group practice?	Yes = 1	No = 0
Does the physician have hospital in-patients?	Yes = 1	No = 0
Are the facilities and emergency procedures appropriate?	Yes = 1	No = 0
Is the handwriting from the autobiography and PVQ legible?	Yes = 1	No = 0
Does the autobiography provide for a favourable opinion of the physician?	Yes = 1	No = 0
<b>Total Scores:</b>	Yes =	No =
<b>A total of 6/10 is required as a "pass" for this portion</b>		
<b>"No" answers to both questions 1 &amp; 2 will automatically generate an onsite visit</b>		

Comments:

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Recommendation from Demographics:                      Offsite: \_\_\_\_\_                      Onsite: \_\_\_\_\_  
 Recommendation from Chart Review (attached):                      Offsite: \_\_\_\_\_                      Onsite: \_\_\_\_\_  
 Final Recommendation:                      Offsite: \_\_\_\_\_                      Onsite: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_