Peer Assessment Committee
College of Physicians and Surgeons of New Brunswick

The Peer Review Process

The Peer Assessment Committee (PAC) is mandated by the College of Physicians and Surgeons of New Brunswick to provide for physician peer review in the province. The program operates at arm's length from the College, and continues the work begun in 1993 by the now-dissolved Atlantic Provinces Medical Peer Review. The PAC will strive to assess physicians on a regular basis to achieve a mean frequency of every five years, to a maximum of ten years. Risk factors established by the Committee will ultimately be used to determine the frequency of assessment for individual physicians; those with higher risk factors will be assessed more frequently.

Confidentiality is a watchword of the program. Physicians licensed in New Brunswick have been assigned a unique identifier number which is the only identifier on assessment reports. As well, legislation provides for the protection of peer assessment results through the Medical Act and the Evidence Act in the province.

It is a fundamental principle of our program that the assessor should be a peer engaged in a field of practice the same as that of the physician being assessed. Most assessors have had their individual practices assessed and have been carefully screened before being invited to participate as members of the assessment pool. They are sensitive to the professional judgement of individual physicians, conscious of the concerns about confidentiality, and committed to making the peer review process a positive and rewarding experience for those involved.

All physicians selected for peer review are requested to complete a "Physician Profile" which provides the PAC with relevant information about the physician and the field of practice. This information is used to determine whether a physician is currently eligible for peer review. Physicians who are determined to be eligible are required to complete a more in-depth "Physician Questionnaire" which provides the PAC and the assessor assigned to that physician with a better understanding of the practice.

Physicians selected for assessment may be asked to participate in either an onsite or offsite review. In an onsite assessment, an assessor is named to visit the practice, a process which usually requires about three hours, and includes a review of patient files selected at random by the assessor. Following the chart review, the assessor will meet with the physician for about an hour to discuss the impressions reached from the review. Although physicians may be present for the entire process if desired, their presence is only actually required for the interview portion. in which the assessor will discuss the strengths and weaknesses of the practice and outline possible areas for improvement. As part of the interview, the assessor will also advise the physician whether he/she will be recommending to the Peer Assessment Committee that the practice is: Category 1: satisfactory – no further action; or Category 2: unsatisfactory – deficiencies identified.

Following the visit, the assessor's written report is submitted to the Peer Assessment Committee, which will review all reports with "unsatisfactory" recommendations to determine next steps. The Committee may determine that a reassessment is required within a specified time frame; that CPD in specific areas is required; or that a personal interview and a second look at the charts is necessary. Physicians normally receive the results of the review about three months or so following the onsite visit.

In an offsite assessment, physicians are asked to submit the Physician Questionnaire, a brief autobiography, and copies of five patient charts, chosen from among patients with specific disease entities relative to the practice. For example, among those submitted by Family Physicians will be Hypertension, Chronic Pain and Type II Diabetes. For Paediatricians, the list includes Autism, Asthma and Seizure Management. An experienced assessor will evaluate the structure and contents of the charts, as well as the management of the disease entities, to determine if the practice appears to be satisfactory, or whether an onsite visit is required.