

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.

Each year, the Peer Assessment Committee (PAC) selects physicians to be assessed through the onsite, virtual or offsite review process. This selection process is random and not based on any complaints or concerns. Some of the information provided in the Profile Update through the College's annual licence renewal process will be examined to determine eligibility. Additional information about the practice may be obtained with the completion of the "Supplemental Information for Assessment" (SIA) form. The SIA will provide the assessor and the Peer Assessment Committee with details about the type and scope of practice, practice volume, and professional activities including continuing professional development.

Physicians selected for assessment may be asked to participate in an onsite, virtual, 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

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Following the visit, the assessor's written report is submitted to the Peer Assessment Committee. The assessor will score the assessment as Satisfactory, meaning that the practice is satisfactory and that no further action is required or Further review by the Committee recommended. 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.

Virtual remote assessment is similar in nature to an onsite review in that an assessor reviews several patients' charts, meets with the physician being assessed, and determines an appropriate "scoring" for the assessment. The difference is that the review is done electronically with the assessor having direct remote access to charts (Read-only), and the physician and the assessor meeting via an electronic chat platform such as Zoom or Facetime. To participate in a virtual remote review, the practice must be EMR-based. Physicians who can access their EMR from a remote location and view all the contents of their patient files, may be eligible for a virtual remote assessment. We believe that virtual-remote review may be a more convenient process, with the review being done at a time which works for both the physician and the assessor – and not necessarily in the middle of a busy office day.

In an offsite assessment, physicians are asked to submit the 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 Chronic Obstructive Pulmonary Disease (COPD), Dyslipidemia, Hypertension, Depression/Anxiety/Adjustment Disorders/ Chronic Pain, Type II Diabetes and Opioid Prescribing in Non-Cancer Chronic Pain. 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.