Peer Assessment Committee
College of Physicians and Surgeons of New Brunswick

TERMS OF REFERENCE

The Peer Assessment Committee (PAC) is appointed by Council under Section 62.1 of the *Medical Act* to continue the role and mission of the now dissolved Atlantic Provinces Medical Peer Review (APMPR), effective January 1st, 2020.

PURPOSE

The Peer Assessment Committee contributes to quality patient care and public protection through the ongoing assessment of physicians.

GUIDING PRINCIPLES

The Peer Assessment Committee shall be:

1. *Innovative*, in its assessment and administrative processes
2. *Collaborative*, with all relevant parties
3. *Evidence informed*, on research into advances in assessment programs
4. *Transparent* to physicians regarding all policies and practices
5. *Supportive*, in offering a positive educational experience to physicians

OBLIGATION OF MEMBERS TO PARTICIPATE

The *Code of Ethics* states:

> Be willing to participate in peer review of other physicians and to undergo review by your peers…Peer review is an essential element of self-regulation as well as a learning opportunity for both reviewers and those being reviewed.

THE COMMITTEE

The Committee shall essentially perform the task of the previous APMPR Board and Assessment Review Committee. These activities will remain subject to the provisions of Section 62.1 and 62.2 of the *Medical Act*, modified accordingly

A minimum of five physicians or other persons shall be appointed by Council. One physician member shall be designated by Council to serve as Chair, who will only vote in case of a tie. On its own initiative the Committee may appoint additional *ad hoc* members. The Committee may also create subcommittees, on a standing or *ad hoc* basis, and delegate to them such tasks as it feels necessary to perform its mission.

The Committee shall develop its own governance and administrative policies subject to the *Medical Act* and any direction from Council. Among these shall be policies governing conflict of interest, and the retention and destruction of assessment records.

Committee members and assessors shall be compensated according to the prevailing Council policy on expenses, as well as honoraria for meeting and travel time.

Subject to the approval of Council, the Committee may employ an Executive Director and other personnel as required. The Committee may also rent, lease, or purchase office space and equipment as necessary to perform its function.

On an annual basis, the Committee shall submit an operating budget for the following year, as well as a report of its activities for the preceding year.

SCOPE OF ASSESSMENTS

There will be a presumption that all physicians, both family physicians and specialists, will remain within the scope of possible assessment by the Peer Assessment Committee

The Committee shall determine its priorities for assessment with the goal of providing for the review of in-scope physicians on a regular basis. Risk factors established by the Committee may be used to determine the frequency of assessment for individual physicians.

Additionally, the Committee may determine that physicians practising in certain environments are subject to a sufficiently comparable quality assurance process, such that formal assessment under this program for those physicians may not be necessary.

METHOD OF ASSESSMENT

The method of assessment shall follow the process previously used by APMPR based on onsite and offsite reviews. The Committee is expected to monitor innovation in quality assurance for physicians, and to consider appropriate augmentation or modification to the assessment process as is feasible.

In performing or reviewing an assessment, assessors and the Committee shall have the same right of access to personal health information as the College under s. 40(1) of the *Personal Health Information Privacy and Access Act*.

EXCLUSION AND DEFERRAL OF ASSESSMENT

Physicians may request exclusion or deferral of an assessment for a number of reasons. The Committee shall develop a policy outlining the circumstances under which such request may be granted or denied.

FREQUENCY AND TARGETING OF ASSESSMENT

The Committee shall aspire to assess physicians such as to achieve a mean frequency of every five years, to a maximum of ten years. As previously noted, risk factors established by the Committee should be used to determine the frequency of assessment for individual physicians. Physicians with higher risk factors will be assessed more frequently.

The Committee is expected to explore and interact with available sources of information to ultimately establish and maintain a database to assist in identifying physicians for potential assessment.

A physician who is reassessed and is found to have failed to make a reasonable effort to improve or to implement the recommendations made by the Committee at a previous assessment may be charged by the Committee for the cost of the reassessment, either at a fixed rate or on a cost recovery basis. Such a charge becomes an account due and payable to the College and enforceable as such.

ASSESSORS

The Committee shall recruit such assessors as necessary as to reasonably meet its goals for assessment during any particular time period and may establish specific expectations and guidelines for the assessor's role.

The Committee shall define the expected contents of any assessment report, and expect assessors to determine an appropriate score for the practice. The Committee, or a designated sub-committee thereof, will only review those assessment reports which have not been scored as "satisfactory."

The Committee will develop educational processes for assessors. These may include, but not be limited to workshops, other sessions, and online learning modalities.

CONTRACTS WITH OTHER AGENCIES

The Committee may, subject to the approval of Council, contract with the College of Physicians and Surgeons of Prince Edward Island to provide for peer assessments in that province. Such assessments shall be done on a complete cost-recovery basis including actual assessment or reassessment costs plus an administrative charge determined in advance. Disclosure of information pertinent to the assessment process or results shall be subject to the same provisions as those for New Brunswick.

DISCLOSURE TO THE COLLEGE

The *Medical Act* places strict limits on the information which can be shared with the College. This applies to both the Committee and Assessors:

> 62.1(11) Where an Assessor or a member of the Peer Assessment Committee learns, in the course of an assessment, that a member of the College may be guilty of professional misconduct, or may be incapacitated or unfit to practise, the Assessment shall be terminated, the member shall be advised, and the matter shall be referred to the College the be dealt with as a complaint. The Assessor or a member of the Peer Assessment Committee shall not provide any information to the College except the information necessary to identify the nature of the complaint.

In addition s. 62.2(5) generally precludes a member of the Committee or an Assessor testifying at any disciplinary hearing against a physician following an assessment.

Furthermore, s. 62.2(2) excuses a member of the Committee or an Assessor from any obligation to testify in any other legal proceeding.