

## Peer Review Program - Summary

### A. What Is A Peer Review?

- it is an opportunity for reflection on the quality of service you provide
- it is an educational process
- it is based on observations by a colleague with similar experiences and responsibilities
- it is a sampling of your day-by-day performance in practice
- it is a measurement of your performance against a variety of hard and soft standards of practice
- it is an exercise to identify priorities for improvement in practice
- it is an important step in planning a professional development strategy

### B. When Is A Peer Review Recommended?

A peer review may be recommended in the following situations:

- In response to a complaint (usually by a patient or a patient's family, or by a colleague or by the Medical Examiner's office)
- In response to a pattern of prescribing (e.g. narcotics which are monitored by the College). In these cases, a registrar handling the case file believes the physician needs help to identify deficiencies or to respond to deficiencies which create remediable risks to patient care.
- When ordered by Council in response to a finding of deficient practice after a formal investigation.

### C. Most Common Type of Peer Review – the Office Visit

Office visits apply most often to primary care practitioners, but any physician's office practice can be reviewed with an office visit.

**The following components of medical practice are covered during an office review:**

- administrative aspects of running an office (scheduling, paper flow, staffing, etc)
- technical aspects of providing a medical service (taking a history, performing a physical examination, arranging investigations and consultations, prescribing treatments)
- professional responsibilities (availability, reporting to third parties, maintaining competence through continuous professional development)

**The following components of medical practice are not covered during an office review:**

- breadth of medical knowledge
- communication with patients
- surgical skills

**Peer reviews are conducted by physicians who:**

- have similar practices and responsibilities to the physician being reviewed
- receive special training on how to conduct an office review
- observe, listen and report their finding
- are not there to teach, give opinion or try to change beliefs or behavior

The components of an office review are:

- the initial interview to acquaint the reviewer with the practice
- an inspection of the physical office
- an audit of medical records
- a discussion of cases in the physician's own practice (**chart stimulated recall**)

**(a) Introductory Interview**

- patient population served (age, morbidities, whether episodic or continuous care, etc.)
- system in which the practitioner works (solo/partners; availability of support services, specialists, trained staff, public health and other health services)
- professional development activities
- managing responsibilities (notifying patients of test results; availability of chaperones; arrangements for after-hours care, etc)

**(b) Office Facility Inspection**

- drugs
- sterilizers
- washing facilities
- equipment (rooms, tables, tools)
- privacy needs

**(c) Chart Audit**

General requirements

- identification of the patient
- identification of the person entering information in the record
- legibility
- organization of the charts
- allergies, medication lists, problem lists
- test results
- consultants letters

Specific requirements

- histories and findings on physical examinations are present and support the diagnoses made
- diagnoses are present
- investigations and consultations are used to support the diagnosis or treatments
- treatments are recorded (prescriptions - dosage and instructions and quantity)
- treatments are appropriate to the diagnoses
- follow-up plans are recorded

**(d) Case-based discussion (Chart stimulated recall)**

This discussion provides an opportunity to:

- 1) fill in gaps in the recorded information
- 2) describe the clinical reasoning that led to the diagnostic, investigative and treatment choices made

Language used by the reviewer in this discussion is in the **spirit of inquiry** and every effort will be made to avoid debate.

## D. Reports

The reviewer sends the College a **report** of his or her findings with their opinion as to whether the practice meets or exceeds expected standards of practice.

One of the registrars **meets** with the physician to discuss the report; its accuracy, its interpretations, and the feasibility and the value of its recommendations.

The registrar looks for **insight** shown by the physician into the quality of their practice. The physician may not agree with all of the findings but should have plausible explanations where they do not. The registrar will generally look for the following:

- An ability to acknowledge imperfections.
- Motivation to improve.
- Sincere effort to change those things that are important to patient safety or the quality of care.

## E. Follow-Up

The goal of peer reviews coordinated by the College is education...as evidenced by changes in practice or behavior. The College will **follow-up** with the physician as necessary to evaluate improvements to practice.

## F. Special Peer Reviews (or Assessments)

1. **Prescribing** of substances of potential abuse (primarily codeine, morphine, meperidine, and the benzodiazepines)

When auditing the clinical records of patients receiving these drugs, the College looks for:

- clear diagnosis
- screening for addictions
- trials of adjuvants and less addictive medications
- evidence of the benefits of these prescriptions for this patients
- the use of corroborative evidence of the benefits claimed
- use of appropriate consultants and agencies
- knowledge of pain behaviors and addiction behaviors
- attendance at appropriate medical education
- contracts with patients
- rigorous documentation of assessments and treatments

2. **Communication assessments** require direct and repeated observations of the physician with patients, ideally over several weeks or months by experts in communication. The College has relied on experts at the medical schools and in out-of-province assessment programs.

3. **Broad-based knowledge assessments** may require:

- pencil-and-paper examinations
- structured oral interviews
- observed encounters with standardized patients

These are available through two centres in Western Canada:

- Clinician Assessment and Enhancement Program (University of Manitoba)
- Physician Enhancement Program (University of British Columbia)

4. **Technical-skills assessments** require special arrangements, often through a local university department.