

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



**Offsite Assessment**  
**Instructions to Family Physicians and Paediatricians**

**Please return by--:**

- .1 Please complete the Supplemental Information for Assessment
- .2 Provide copies of portions of five patient charts from **either a) or b) as noted below:**

**Family Physicians: 1 each from Type II Diabetes Mellitus and Opioid Prescribing in Non-Cancer Chronic Pain, and three of the following four: Heart Failure, COPD, Hypertension, or Dyslipidemia - a total of five charts only, five different disease entities.**

**Paediatricians: 1 each from Diabetes, Asthma, ADHD, Autism and Seizure Management - a total of five charts only, five different disease entities.**

These charts should contain: 1 - 3 pages of progress notes covering **at least one full year**; cumulative patient profile or equivalent if you use one; consultants' referrals and responses; copies of lab or other investigative reports; and any additional information sufficient to illustrate the management of the disease. **Please highlight entries made by you in the charts if you share files with other physicians.**

**Please do not send original patient charts, as they will not be returned to you, and will be shredded by the Moncton office. You may, if you wish, remove any identifying information prior to mailing.**

If you have any questions, please contact the Moncton office at: 506-852-4441 (phone); 506-852-4525 (fax) or e-mail: [info@pac.cpsnb.org](mailto:info@pac.cpsnb.org)