

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



**Peer Assessment Committee**  
**Post-Visit Questionnaire for Physicians**

1. Was the information provided with your original notification adequate to ensure that you understood the process and expectations of peer review? Yes \_\_\_ No \_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

2. Was the visit conducted in an acceptable manner? Yes \_\_\_ No \_\_\_  
Why?

\_\_\_\_\_  
\_\_\_\_\_

3. Do you believe the assessment visit was of value to you?

Yes \_\_\_ No \_\_\_  
Why?

\_\_\_\_\_  
\_\_\_\_\_

4. What, if any, changes will you make as a result of this assessment visit?

\_\_\_\_\_  
\_\_\_\_\_

5. Can you offer any suggestions which might improve the office visit process?

\_\_\_\_\_  
\_\_\_\_\_