

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



**Physicians Evaluation of Peer Review**

Note: Please rate as: 1 – very poor to 5 - very favourable

1. Do you believe the assessment report(s) adequately reflect the care you provide to your patients? Yes: \_\_\_ No: \_\_\_

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

2. Please rate the educational value of the assessment process: 1 2 3 4 5

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

3. (If you met personally with the Assessment Review Committee) How would you rate the interview process? 1 2 3 4 5

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

4. Would you be willing to act as an assessor if invited? Yes \_\_\_ No \_\_\_

5. Do you have any additional comments or suggestions to improve the process?

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