



Oversight Peer Practice Assessment Form for Provisional Family Physicians

Name: _____ Licence #: _____
(of physician requiring oversight)

Practice location: _____

Assessment period: _____

MEDICAL RECORD KEEPING

Having completed a review of the medical records, please tick the appropriate box to record your general opinion of the information in the medical records.

| Required Medical Record Components | Appropriate | Appropriate with Suggestions | Deficient | N/A |
|---|-------------|------------------------------|-----------|-----|
| Patient demographics are documented | | | | |
| Legibility is | | | | |
| The date of each encounter is | | | | |
| Patient histories are | | | | |
| Diagnosis and/or differential diagnosis are | | | | |
| Investigations are | | | | |
| A treatment plan and prescriptions are | | | | |
| Referral requests are | | | | |
| Retention of consultation, operative and pathology reports is | | | | |
| Chart organization is | | | | |

| Record Keeping and Patient Management Tools | Appropriate | Appropriate with Suggestions | Deficient | N/A |
|---|-------------|------------------------------|-----------|-----|
| Access and retrieval of the medical record is | | | | |
| In the event that more than one physician is making entries in the patient chart, physician identification is | | | | |
| The cumulative patient profile (CPP) is | | | | |
| Allergy identification is | | | | |
| Review and management of lab and/or consultation reports are | | | | |

CLINICAL PRACTICE

Having completed a review of the medical records, please tick the appropriate box to record your general opinion of the physician's clinical practice.

| Medical Office Components | Appropriate | Appropriate with Suggestions | Deficient | N/A |
|--|-------------|------------------------------|-----------|-----|
| Family and past history (including significant negative observations, psychiatric illnesses, etc.) are | | | | |
| The chief complaint is clearly stated, the duration of symptoms noted and a functional inquiry is performed and are | | | | |
| The investigation of the complaint/condition is | | | | |
| Physical examinations performed with positive/negative physical findings are | | | | |
| Requested lab tests, x-rays and other diagnostic investigations are clinically indicated and are | | | | |
| The chief complaint, history, physical findings and investigations that lead to an appropriate diagnosis or provisional diagnosis is | | | | |
| The treatment plan including medication dose, duration and cautions for significant side-effects are | | | | |
| Follow-up of acute conditions are | | | | |
| Follow-up of abnormal test results are | | | | |
| Requests for referrals are | | | | |
| Management of urgent problems is | | | | |
| Telephone advice given to patients is | | | | |
| Communication with consulting physician is | | | | |

| Management of Patients with Ongoing/Chronic Conditions | Appropriate | Appropriate with Suggestions | Deficient | N/A |
|--|-------------|------------------------------|-----------|-----|
| The patient history is | | | | |
| Regional and complete physical examinations performed with positive/negative physical findings are | | | | |
| Requested lab tests, x-rays and other investigations are | | | | |
| Long-term medications, dose, duration and relevant side-effects are | | | | |
| The monitoring and periodic reviews of medications are | | | | |
| Management/treatment plans are periodically reviewed and are | | | | |
| Narcotic prescribing and addiction management is | | | | |
| Complex care/CDM management is | | | | |

| Health Maintenance | Appropriate | Appropriate with Suggestions | Deficient | N/A |
|--|-------------|------------------------------|-----------|-----|
| Periodic discussions of health maintenance (e.g. smoking, alcohol consumption, obesity, lifestyle, etc.) are | | | | |
| Appropriate disease screening (e.g. mammography, PAP, prostate, colon, etc.) when indicated is | | | | |
| Pediatric care (e.g. immunizations, growth monitoring, developmental milestones, etc.) is | | | | |
| Completion of antenatal forms are | | | | |
| The maintenance of adult immunizations currently is | | | | |

| Psychosocial Care | Appropriate | Appropriate with Suggestions | Deficient | N/A |
|--|-------------|------------------------------|-----------|-----|
| Documentation of counseling sessions are | | | | |
| Management of psychosocial care is | | | | |

| Assessment Summary | Excellent | Satisfactory | Deficient |
|--|-----------|--------------|-----------|
| Is it possible to determine why the patient came to the doctor, what was found out and what was done about it? | | | |
| Adequacy of treatment including follow-up care of acute and chronic conditions | | | |

| COMMENTS |
|----------|
| |

Supervising Physician (Please print)

Supervised Physician (Please print)

Supervising Physician (Signature)

Supervised Physician (Signature)

Date

Date

Copy of completed report sent to NLHS (please tick)