

BC & COLUMBIA

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Peer review may be retrospective or prospective and may involve the selection of special topics for in-depth study. It may also be contemporaneous with surveillance of actual clinical/diagnostic interpretations, which can be built into the daily work routine. In short, effective medical peer review generally involves all the above. It is best performed within the context of research-driven evidence, using clinical management tools to enable consistent evidence-based practice.

## DAP medical peer review requirements

Number of DAP medical peer review standards



12 are mandatory. This document will only address the 12 mandatory standards where facilities will be expected to provide evidence of compliance. Within the 12 mandatory standards for medical peer review, eight of them revolve around medical leader oversight, and four of them relate to the elements of medical peer review. Although the best practice standards are non-mandatory, it is recommended that facilities strive to meet them.

## Mandatory DAP medical peer review standards

The tables below show the eight mandatory standards on medical leader oversight and the four mandatory standards on the criteria for the medical peer review program. The tables provide guidance on the how the facility will be assessed and the types of evidence they should anticipate providing to the DAP assessor.

### Medical leader responsibilities

The eight standards for medical leadership responsibilities are shown below:

Category	Medical Staff	
Standard	DMS1.1.8	The medical leader continuously monitors the professional performance of medical staff practicing in the diagnostic service through a peer review process.
Evidence	<p>There is a written policy and procedure that describes the peer review process in place at the facility.</p> <p>This policy must explicitly state that the medical leader is responsible for the peer review process, though elements of it may be delegated to others.</p> <p>The medical leader should know this policy and procedure and be able to describe and produce it for assessors if asked.</p>	
Guidance	It is recommended the peer review policy and procedure address the rest of the standards related to medical leadership responsibilities, as well as describe the tool used for the peer review process (i.e. RQIS, paper or electronic records) to meet multiple standards.	

Category	Quality Improvement	
Standard	DQI.3.1.1	Medical leadership for the medical peer review program is assigned.
Evidence	<p>The policy and procedure should state whom (person or position) is tasked with the medical peer review program implementation, and monitoring.</p> <p>The medical leader will know who is responsible for peer review, themselves or to whom it is assigned, if asked by the assessor.</p>	
Guidance	The peer review program must be overseen by a physician, but this person	













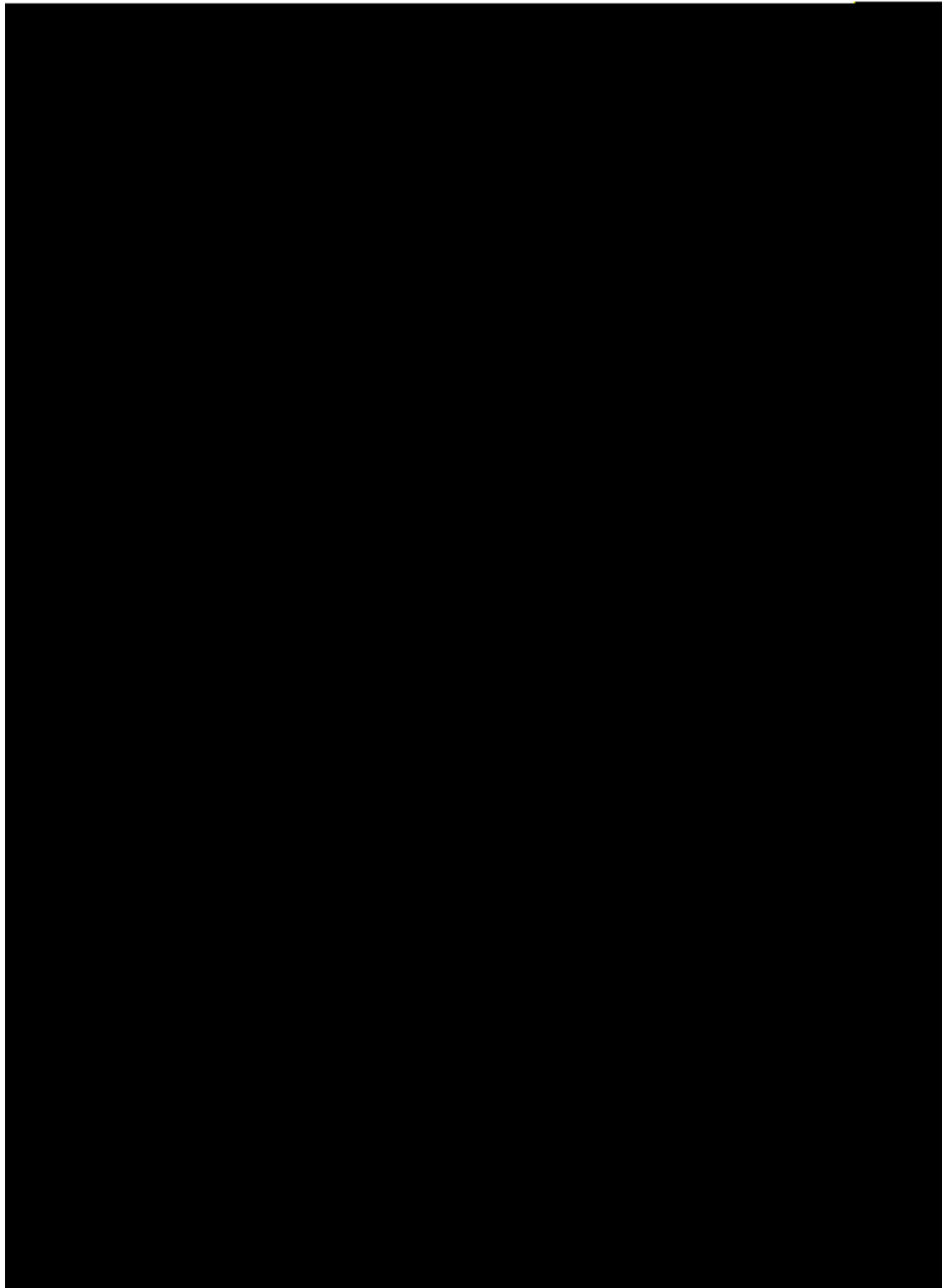
## Samples of medical peer review record templates

The following are examples of records that facilities can use to meet medical peer review standards.

Example: RADPEER scale

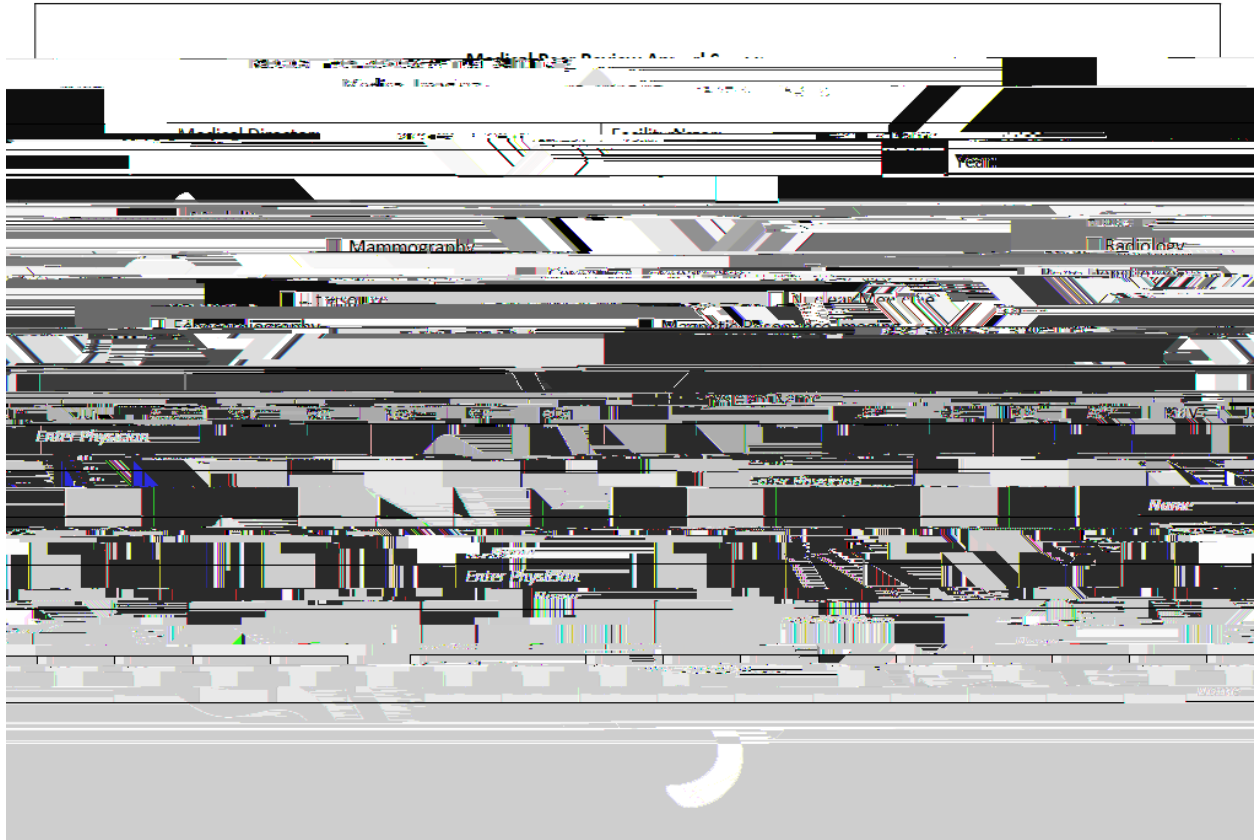
Grade	<a href="#">RADPEER Scoring System Effective May 2016</a>
1	Concur with interpretation
2a	Discrepancy in interpretation/not ordinarily expected to be made (understandable miss) Unlikely to be clinically significant
2b	Discrepancy in interpretation/ not ordinarily expected to be made (understandable miss) Likely to be clinically significant

Example: Sample medical peer review assessment form





Example: Sample annual medical peer review assessment summary



If you have questions about items in the standards, please email [diagnosticimaging@cpsbc.ca](mailto:diagnosticimaging@cpsbc.ca).