
The Atlantic Provinces Medical Peer Review



PEER ASSESSMENT REPORT PATHOLOGY

Please write legibly and forward completed form to the Peer Review office as quickly as possible.

(PLEASE USE BLACK INK)

APMPR# _____

Date of Assessment: _____

Assessor Name: _____

Assessor Signature: _____

1. Clinical Practice – Case Review

Please assess, based on the cases, and through your interview with the physician, whether the physician's actions in dealing with each case are appropriate.

Case Review	Appropriate	Appropriate with Suggestions	Concerns	N/A
1. All clinically significant data is included in the report and is...				
2. The diagnosis and/or microscopic data is accurate and includes sufficient information for clinical management (i.e., follows standard reporting guidelines, e.g., Canadian Association of Pathologists or College of American Pathologists Cancer Protocols or provides complete information for cancer staging by TNM 6 th edition criteria).				
3. For Frozen Sections ,				
a) The diagnosis is...				
b) The concordance with the permanent section is...				
c) Any discordance between the frozen section and permanent section is explained.				
4. For special stains and immunostains ,				
a) Stains appropriate to the case are selected.				
b) Interpretations are ..				
c) The quality of the stain is ..				
5. For autopsies ,				
a) The report includes findings that support the cause of death.				
b) The report includes enough negative findings to conclude that an alternative cause of death is unlikely.				
c) Evidence shows that all the common organ systems have been examined.				
6. Complex and complicated cases are reviewed and if appropriate, referred for internal or external second opinion/consultation.				
7. Cases are reported in a reasonable and timely manner.				
8. The usage of standard and current diagnostic terminology (WHO, AJCC, CAP) is ..				
9. The report is organized.				

Section Recommendation	Appropriate	Appropriate with Suggestions	Concerns	N/A
Case Review				
10. Quality management activities are planned and assessed (either independently or as part of a department)...				

No concerns/suggestions:

Comments:

2. Clinical Practice – Departmental/Facility Request and Report Mechanisms

Please assess, based on the evidence found in the reports and through the interview with the physician, whether the request and report mechanisms of the department or facility are appropriate. (Note: these may be in electronic or non-electronic format). Please provide comments that may help improve the physician's practice and/or the facility.

Departmental/Facility Request and Report Mechanisms	Appropriate	Appropriate with Suggestions	Concerns	N/A
1. The record system that allows for ready retrieval of an individual patient file is...				
2. The system for tracking and identifying overdue pathology/cytology reports and lost specimens is...				
3. The policies and procedures in place to ensure appropriate handling and documentation of cases, original slides and blocks sent to consultants are...				
4. The system for tracking specimens sent out for external consultation, to prevent loss of material and ensure timely reporting is...				
5. Consultant opinions/reports become part of the permanent health record and are reported or copied to the original clinicians in the case...				
6. The comparison of the pathologist's diagnosis with the consultant's diagnosis for accuracy and completeness is...				
7. Each cytology report contains a clearly stated diagnosis representing the highest degree of the abnormality present in the smear...				
8. The laboratory's defined turnaround times (i.e., the interval between specimen receipt by laboratory personnel and results reporting) for pathology and cytology...				
9. The mechanism established to identify pathology/cytology cases in which the surgeon or clinical physician has requested an urgent report is...				

Departmental/Facility Request and Report Mechanisms (continued)	Appropriate	Appropriate with Suggestions	Concerns	N/A
10. There is a policy that defines critical results for pathology or cytology cases and the mechanism established for immediate notifications of a physician (or other clinical personnel responsible for patient care) when results of certain pathology or cytology findings are critical/unusual is...				
11. If screening Pap tests are done in the laboratory, the database is searched at set intervals to determine if the management recommendation pertaining to a repeat smear or colposcopy was followed.				
12. Frozen sections are stored (i.e., permanently mounted, labeled and stored with the permanent slides for the case).				
13. The tissue block used for frozen sections is processed and permanent slides prepared for final sign-out and stored with all permanent blocks and slides for the case is...				
14. Sufficient demographic information, history or clinical findings to support the pathologic diagnosis on the report is provided.				
15. Reports document the names of the cytotechnologist(s) and the pathologist involved in the cases, and contains the signature (which can be electronic) of the pathologist who finalized the report and are..				
16. If the specimen is limited or unsatisfactory and limits interpretation, it is stated along with recommendations for the submission of an adequate specimen.				
17. Reports that indicate that specimens are non-representative of the stated tissue site are...				
18. The microscope is functional, modern and...				
19. The range of stains available to the physician's practice is...				
20. The facility and equipment of the physician's practice is...				
21. The quality of the technical work that supports the diagnosis is...				
22. A QA policy for the pathologist's professional activities is...				

Section Recommendation	Appropriate	Appropriate with Suggestions	Concerns	N/A
Departmental/Facility Request and Report Mechanisms				

No concerns/suggestions:

Comments:

3. Case Record Summary

Following, please record the cases reviewed. Each note should include a case number (**please – no full names**); the tissue type, the presenting problem and your comments. Include each case, whether or not there are concerns or suggestions. If care is appropriate or exemplary, please ensure this is indicated in the “comments” section.

Between 15 and 25 cases should be reviewed. If this is **not possible**, please comment below:

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Case Number	Tissue Type (i.e. Breast)	Presenting Problem Or Clinical issue	Comments or Suggestions
Case Number	Tissue Type (i.e. Breast)	Presenting Problem Or Clinical issue	Comments or Suggestions

4. Facilities Comments

Please list any comments that you have regarding the facility.

No concerns/suggestions:

Comments:

5. General Comments about this Assessment

No concerns/suggestions:

Comments: