



# Handling Information Related to Peer Review in Diagnostic Facilities

Position statements from the College provide background information and express or clarify the College's intent on a particular matter. They are intended as guidance for stakeholders in areas where events are evolving or changing rapidly, the implementation of processes and procedures may be premature, or it is timely to communicate the College's broad intent before or as policies and procedures are developed.

This document addresses the Diagnostic Accreditation Program's (DAP) response to inquiries about how best to handle information collected as part of the medical peer review process.

Medical peer review contributes to improving processes and outcomes by providing performance feedback to individual physicians. It is performed by selecting a defined number of random cases for each interpreting physician to review.

During the review process, confidentiality for the collection, use and storage of information must be protected. There is guidance under Section 26.2 of the [Access to Information Act](#), which speaks to quality assurance done by the College; however, the College Bylaws do not currently address records for the purpose of peer review.

Until this is addressed, the DAP suggests that facilities only keep a record of the occurrence of the reviews (e.g. the number of reviews per physicians, the type of review) and not specific performance or patient information. By doing so, this should limit the information that is accessible while providing sufficient evidence to ensure that the DAP standards for peer review are met.

Section 26.2 of the [Access to Information Act](#), RSBC 1996, c.183.

For further information, please contact [diagnosticimaging@cpsbc.ca](mailto:diagnosticimaging@cpsbc.ca).