

General Referee Report

Referee Report for Credentialing and Scope of Clinical Practice Applications

Applicant's Name:	
Scope of Clinical Practice Requested:	
Referee's Name:	
Referee's Title:	
1. Professional Relationship	
How long have you known the applicant?	
In what professional capacity have you known the applicant?	
When was your last professional contact with the applicant?	
Briefly describe the nature of the practice and patient population (gender, age, range of presentations) encountered in the professional practice of the applicant.	
2. Clinical Skills and Knowledge Base (please rate the applicant's skills, as listed below)	
History-taking, physical examination and presentation of findings	Excellent Good Adequate Poor Not Observed
Clinical judgment and decision-making skills	Excellent Good Adequate Poor Not Observed
Medical record-keeping skills	Excellent Good Adequate Poor Not Observed
Procedural skills (bearing in mind applicant's level of experience)	Excellent Good Adequate Poor Not Observed
Additional general comments on clinical skills and knowledge base in the applicant's requested scope of clinical practice.	
Please comment on the applicant's participation in CPD activities related to the requested scope of clinical practice?	
3. Work Ethic / Reliability / Punctuality (please rate the applicant's skills, as listed below)	
Punctuality and reliability (completion of set tasks on time)	Excellent Good Adequate Poor Not Observed
Organisational skills	Excellent Good Adequate Poor Not Observed
Initiative	Excellent Good Adequate Poor Not Observed
Additional comments on work ethic, reliability and punctuality:	

4. Communication and Interpersonal Skills (please rate the applicant's skills, as listed below)					
Promptness and clarity of discharge summaries and letters	Excellent	Good	Adequate	Poor	Not Observed
Communication and rapport with patients and families	Excellent	Good	Adequate	Poor	Not Observed
Relationships with other health professionals	Excellent	Good	Adequate	Poor	Not Observed
Additional comments on interpersonal skills:					
5. Employability					
Are you aware of any medical condition, mental or physical, (including substance abuse or dependence) and which might adversely affect the applicant's ability to competently and safely practice medicine or dentistry?	Yes (if yes, please note the actions taken to address concerns e.g. referral to AHPRA)			No	
Are you aware of any formal complaints, disciplinary or legal action against the applicant?	Yes (please describe)			No	
Would you offer this practitioner another clinical position in your unit, either as a locum or medical/dental practitioner?	Yes			No (please explain)	
Would you entrust the clinical care of a family member to the applicant?	Yes			No (please explain)	
6. Conflict of Interest and Other Comments					
Do you have a personal relationship with the applicant or any conflict of interest in providing this reference?	Yes (please explain)			No	
Other comments you may wish to make (optional):					
7. Signature and Declaration					
<ul style="list-style-type: none"> I certify that I am the person named as the Referee and that the above information is true and accurate to the best of my knowledge. I understand that the information I have provided is to be used for the purpose of assessing the suitability of the applicant against positions that they may be offered and for the purposes of considering the applicant for further positions. I understand that this information may be disclosed to employers or external agencies for these purposes. 					
Name:					
Position:					
Signature:					
Date:					