

Referee Report for Endorsed Midwives Credentialing and Scope of Clinical Practice Application

October 2022



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| Referee's Name: | |
| Position Title: | |
| Applicant's Name: | |
| Profession: | Endorsed Midwife |
| 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? | _____ (Month)_____ (Year) |
| Can you comment on the nature of the practice & patient population (gender, age, range of presentations) encountered in the professional practice of the applicant? | |
| 2. Dynamic practice (please rate the applicant's skills as listed below) | |
| Application of high level knowledge and skills in extended practice across stable, unpredictable and complex situations: | |
| Conducts advanced, comprehensive and holistic health assessments relevant to the clinical context of practice | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A |
| Demonstrates clinical proficiency in carrying out procedures and interventions that are evidence based and informed by specialist nursing knowledge (bearing in mind applicants level of experience) | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A |

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| Is an expert nursing clinician in the use of therapeutic interventions specific to, and based upon, their expert knowledge of specialty practice, including prescribing, use of diagnostics and referral | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A |
| Patient record keeping skills (including clear and concise documentation) | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A |
| Additional general comments on clinical skills & knowledge base in the applicant's requested scope of clinical practice | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A |
| Are you aware of the applicant's participation in CPD activities related to the requested scope of clinical practice? | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A |
| 3. Professional Efficacy (please rate the applicant's skills, as listed below) | |
| Establishes therapeutic links with the client and community that recognises and respects cultural and lifestyle choices | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A |
| Establishes therapeutic links with the client and community that recognises and respects cultural and lifestyle choices | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A |
| Demonstrates ability and confidence to apply extended practice skills competencies within scope of practice | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A |
| Conducts a clinical service that is enhanced by autonomous and accountable practice | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A |
| Time management skills which incorporate all aspects of the role including education, research and clinical workload | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A |
| Additional comments on work ethic, reliability & punctuality: | |
| 4. Clinical Leadership (please rate the applicant's skills, as listed below) | |
| Engages in clinical collaboration that optimises outcomes for patients | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A |

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| Engages in critique and influence at the systems level of health care e.g. development of local model of care, critique of HHS policy | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A |
| Establishes effective relationships with other health professionals | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A |
| Engages in health care policy and practice through active workplace participation and membership of professional organisations | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A |
| Additional comments related to clinical leadership: | |

5. Employability

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| 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 practice safely and competently? | <input type="checkbox"/> Yes (if Yes, please note the actions taken to address concerns e.g. referral to NMBA) | <input type="checkbox"/> No |
| Are you aware of any formal complaints, disciplinary or legal action against the applicant? | <input type="checkbox"/> Yes (please describe) | <input type="checkbox"/> No |
| Would you offer this applicant another clinical position in your unit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (please explain) |

6. Conflict of Interest & Other Comments

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| Do you have a personal relationship with the applicant or any conflict of interest in providing this reference? | <input type="checkbox"/> Yes (please describe) | <input type="checkbox"/> No |
| Other comments you may wish to make (optional): | | |

7. Referee Certification

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| Name: | |
| Signature: | |
| Date: | |

Please return this referee report by email to the HHS Credentialing Officer.