



# General Referee Report

Referee Report for Credentialing and Scope of Clinical Practice Applications.

<b>Applicant's name</b>	
<b>Scope of Clinical Practice requested</b>	
<b>Referee's name</b>	
<b>Referee's title and organisation</b>	
<b>Referee's AHPRA #</b>	
<b>Professional relationship</b>	
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 <span style="float: right;">Year</span>
Briefly describe the nature of the practice and patient population (gender, age, range of presentations) encountered in the professional practice of the applicant.	

<b>Clinical Skills and Knowledge Base (please rate the applicant's skills, as listed below)</b>	
History-taking, physical examination and presentation of findings	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Not observed
Clinical judgment and decision-making skills	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Not observed
Medical record-keeping skills	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Not observed
Procedural skills (bearing in mind applicant's level of experience)	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> 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?	

<b>Work Ethic / Reliability / Punctuality (please rate the applicant's skills, as listed below)</b>	
Punctuality and reliability (completion of set tasks on time)	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Not observed
Organisational skills	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Not observed
Initiative	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Not observed
Additional comments on work ethic, reliability and punctuality:	

Communication and Interpersonal Skills (please rate the applicant's skills, as listed below)	
Promptness and clarity of discharge summaries and letters	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Not observed
Communication and rapport with patients and families	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Not observed
Relationships with other health professionals	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Not observed
Additional comments on interpersonal skills:	

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?	<input type="checkbox"/> <b>Yes</b> (if yes, please note the actions taken to address concerns e.g. referral to AHPRA) <input type="checkbox"/> <b>No</b>
Are you aware of any formal complaints, disciplinary or legal action against the applicant?	<input type="checkbox"/> <b>Yes</b> (please describe) <input type="checkbox"/> <b>No</b>
Would you offer this practitioner another clinical position in your unit, either as a locum or medical/dental practitioner?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (please explain)
Would you entrust the clinical care of a family member to the applicant?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (please explain)

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

**Signature and Declaration**

- 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.

<b>Name:</b>	
<b>Position:</b>	
<b>Signature:</b>	
<b>Date:</b>	