**BALLARAT HEALTH SERVICES**

## CONFIDENTIAL REFEREE REPORT FORM

## for credentialing and defining Scope of PRACTICE

## fOR GENERAL PRACTITIONERS

**Please return this form to the Office of the Chief Medical Officer:** [**credentialSoP@bhs.org.au**](mailto:credentialSoP@bhs.org.au)

|  |
| --- |
| **Applicant details** |
| Name of Applicant |
| Position applied for |
| **Referee details** |
| Name |
| Contact Number.      Contact Email |
| Current Position |

**In the following table please check the relevant box to indicate your assessment of the applicant and provide comments if applicable.**

| **ATTRIBUTES** | **Major Concern** |  |  | **Minor Concern** |  |  | **Satisfactory** |  |  | **Excellent** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **Clinical & Professional Attributes** |  |  |  |  |  |  |  |  |  |  |
| Clinical judgment (Comment) |  |  |  |  |  |  |  |  |  |  |
| Accurate and detailed physical examination skills (Comment) |  |  |  |  |  |  |  |  |  |  |
| Clinical competence and efficiency (Comment) |  |  |  |  |  |  |  |  |  |  |
| Procedural competence and efficiency (Comment) |  |  |  |  |  |  |  |  |  |  |
| Clinical decision making (Comment) |  |  |  |  |  |  |  |  |  |  |
| Ability to source and apply information (Comment) |  |  |  |  |  |  |  |  |  |  |
| Accurate and detailed history taking and record keeping (Comment) |  |  |  |  |  |  |  |  |  |  |
| Commitment to continuing medical education (Comment) |  |  |  |  |  |  |  |  |  |  |
| **Interpersonal Skills & Ethical Behavior** |  |  |  |  |  |  |  |  |  |  |
| Communication with patients (Comment) |  |  |  |  |  |  |  |  |  |  |
| Dealing with complaints / difficult or challenging patients or relatives (Comment) |  |  |  |  |  |  |  |  |  |  |
| Interaction with colleagues (Comment) |  |  |  |  |  |  |  |  |  |  |
| Confidentiality, professional ethics and workplace behaviour (Comment) |  |  |  |  |  |  |  |  |  |  |
| Effectiveness as a team member (Comment) |  |  |  |  |  |  |  |  |  |  |
| Reliability and punctuality (Comment) |  |  |  |  |  |  |  |  |  |  |
| Honesty (Comment) |  |  |  |  |  |  |  |  |  |  |

| **ATTRIBUTES** | **Major Concern** |  |  | **Minor Concern** |  |  | **Satisfactory** |  |  | **Excellent** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **OVERALL COMPETENCE RATING** (Comment) |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **DECLARATIONS** | **Yes** | **No** |
| Have you worked directly with the applicant?  In what capacity did you work with the applicant?  For what period of time did you work with the applicant in this capacity? Years:       Months:  At which organization / health service? |  |  |
| Are you aware of any ongoing medical condition, mental or physical (including substance abuse or dependence), suffered by the applicant which would affect the role which they are applying? |  |  |
| Are you aware of any complaints, or disciplinary or legal action against the applicant? |  |  |
| Would you feel comfortable having the applicant treat a member of your family? |  |  |
| Are you aware of any incident which required the applicant to be counseled about any aspect of their work performance? |  |  |
| Given the opportunity, would you reemploy the applicant? |  |  |
| Do you have any personal or professional conflict of interest to declare in providing this reference? |  |  |

**I declare that this report has been completed to the best of my knowledge and observation.**

Signature Date      …………………………..

For Office Use Only

Satisfactory Reference

Verbally Verified with Referee

Reference Verified by: (Name):     ………………………………Signed:      ……………………………………… Date:      …………….