

APPENDIX A3C – Referee Check – Professional Behaviour

	Document ID: Form 05C
	Version: V4
	Modified Date: November 2010

### 3 Locum Medical Officer Referee Check- Professional Behaviour

This document must be completed by the Medical Locum Agency and forwarded to the Local Health District

<b>Locum name</b>		<b>Date</b>	
<b>Locum contact</b>			
<b>Agency</b>			
<b>Agency signature</b>		<b>Print name</b>	

REFEREE (3 of 3)			
<b>Referee Name</b>			
<b>Present position (must be current supervisor or Department Head of a recent employer)</b>			
<b>Phone</b>			
<b>Mobile</b>			
<b>Fax</b>			
<b>Email</b>			
<b>Referee Signature</b>			
<b>Responses are based upon</b>	Direct Observation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Review of accumulated information & reports about the practitioner performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Time Period (d/m/y)</b>	<b>From</b>	<b>To</b>	
<b>Setting/Facility</b>	<input type="checkbox"/> Ward <input type="checkbox"/> ED <input type="checkbox"/> Community <input type="checkbox"/> Other		
<b>Would you use this medical officer again?</b>	<input type="checkbox"/> On preferred list		
	<input type="checkbox"/> Yes <input type="checkbox"/> With hesitation		
	Why? <input type="checkbox"/> No		
<b>What are his/her strengths?</b>			
<b>Does he/she ask for assistance if needed? i.e. knows their own limitations</b>			
<b>How well does he/she handle pressure or a busy workload?</b>			
<b>How would describe his/her communication and interpersonal skills? With patients and staff?</b>			

Is he/she a strong team player, and works well in team situations?	
Are the clinical responsibilities specified in the clinical skills assessment and self assessment forms confirmed?	
How flexible is he/she? How would you see them adapting in a new work place?	
Are you aware of any disciplinary action or legal proceedings against the Medical Officer?	
Are there any issues which may impact on their work that we should be aware of?	
<b>DMS/JMO Manager Report from Primary position</b>	
Reliability <input type="checkbox"/> Yes <input type="checkbox"/> No	Punctuality <input type="checkbox"/> Yes <input type="checkbox"/> No            Complaints <input type="checkbox"/> Yes <input type="checkbox"/> No
Disciplinary <input type="checkbox"/> Yes <input type="checkbox"/> No	General Performance <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Other issues of relevance:	

For Locum Agency Use Only			
<b>Verbal Reference</b>			
<b>Resume Verified</b>			
<b>Details Taken By</b> <i>(print name)</i>			
<b>Signed</b>		<b>Date</b>	
<b>Position</b>			

**Submit this completed form to the Health District for the placement of Locum Medical Officer**