

DOCUMENT 2.4

# Referee Check – Professional Behaviour (2 of 3)

This document must be completed by a Medical Locum Agency for submission to a Local Health District Medical Workforce Unit.

<b>Name of Locum Medical Officer:</b>		
<b>Agency:</b>		<b>Date:</b>
<b>Agency signature:</b>		

Referee 2			
<b>Name:</b>			
<b>Present position:</b>			
<b>Phone:</b>		<b>Mobile:</b>	
<b>Fax:</b>			
<b>Email:</b>			
<b>Responses are based upon:</b>	Direct observation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Review of accumulated information and reports about the practitioner's performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Time period:</b>	<b>From:</b>	<b>To:</b>	
<b>Setting:</b>	<input type="checkbox"/> Ward	<input type="checkbox"/> Community	<input type="checkbox"/> Other
	<input type="checkbox"/> Emergency Department		

<b>Would you employ this medical officer again?</b>	<input type="checkbox"/> Yes	
	<input type="checkbox"/> With hesitation	Why?
	<input type="checkbox"/> No	Why?
<b>What are his/her strengths?</b>		
<b>Does he/she ask for assistance if needed? I.e. knows own limitations.</b>		

How well does he/she handle pressure or a busy workload?	
How would you describe his/her communication and interpersonal skills with patients and staff?	
Does he/she work well and safely in team situations?	
Are the clinical skill levels set out in <i>Appendix 2.1: Clinical Skills Self-Assessment</i> form verified by the referee?	
Is he/she adequately able to adapt to a new workplace?	
Are you aware of any disciplinary action or legal proceedings (pending, ongoing or past) against the Medical Officer?	
Are there any issues that may impact on his/her performance that we should be aware of?	

Other observations		
Reliable <input type="checkbox"/> Yes <input type="checkbox"/> No	Punctual <input type="checkbox"/> Yes <input type="checkbox"/> No	Complaints <input type="checkbox"/> Yes <input type="checkbox"/> No
Disciplinary action taken <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 Medical Locum Agency use only	
Verbal reference:	
Resume verified:	
Details taken by: (print name)	
Signed:	Date:
Position:	