

DOCUMENT 2.5

Referee Check – Professional Behaviour (3 of 3)

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

Note: This reference must be obtained from a current supervisor or the Department Head of a recent employer. Recent is defined as being within the **past 12 months**.

Name of Locum Medical Officer:			
Agency:		Date:	
Agency signature:			

Referee 3			
Name:			
Present position:			
Phone:		Mobile:	
Fax:			
Email:			
Responses are based upon:	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
Time period:	From:	To:	
Setting:	<input type="checkbox"/> Ward	<input type="checkbox"/> Community	
	<input type="checkbox"/> Emergency Department	<input type="checkbox"/> Other	

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

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:	