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| <b>DISTRICT HEALTH BOARDS OF NEW ZEALAND</b><br><b>Request for Reference: Resident Medical Officer Position</b> |
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Dear Referee: Thank you for taking the time to complete this form. Please ensure all the sections of this form are filled out for District Health Boards (DHBs) and Medical Council of New Zealand (MCNZ) purposes.

You may wish to save your report for this applicant in your files, as this form can be used for all District Health Boards in New Zealand.

**SECTION ONE – Applicant's details**

|   |             |      |           |
|---|-------------|------|-----------|
| <b>Family name</b>  |             |      |           |
| <b>Given name(s)</b>  |             |      |           |
| <b>How long have you been supervised by this referee<br/>(specific months required)</b> | from: Month | Year | Comments: |
|   | to: Month   | Year |           |

**SECTION TWO – Referee's details**

|   |   |     |  |
|---|---|-----|--|
| <b>Family name</b>  |   |     |  |
| <b>Given name(s)</b>  |   |     |  |
| <b>Phone</b>  |   | Fax |  |
| <b>E-Mail</b>   |   |     |  |
| <b>Position / Title</b>   |   |     |  |
| <b>Place of work where you worked with the applicant</b>                    |   |     |  |
| <b>Medical Qualifications e.g. MBChB, FRACS</b>                             |   |     |  |
| <b>Supervision</b>  | <input type="checkbox"/> I hold full vocational registration as a Specialist<br><input type="checkbox"/> I confirm I have supervised this applicant clinically on a day to day basis  |     |  |
| <b>Relationship to applicant</b>  | <p><i>Are you related to/in a relationship with the applicant?</i></p> <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><p><i>If you are related to/in a relationship with the applicant please declare the nature of the relationship: _____</i></p> |     |  |
| <b>Please confirm the dates of supervision given by the applicant above</b> | <input type="checkbox"/> Confirmed                      Please comment:<br><input type="checkbox"/> Not confirmed   |     |  |

|  |  |                                 |   |
|--|--|---------------------------------|---|
| How long have you known the applicant?                             |  | Is English your first language? | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
| The basis on which I am making my assessment of this applicant is: | <input type="checkbox"/> First-hand knowledge/direct observation<br><input type="checkbox"/> Information from colleagues<br><input type="checkbox"/> Information from other medical staff<br><input type="checkbox"/> Other (please describe): |                                 |   |

### SECTION THREE – Declaration – to be completed by the referee

- I declare that I am the person named as the applicant's referee, that I hold the above qualifications, and that the information I have given regarding the applicant is true and correct.
- I am authorised by the applicant to provide the information in this form to any one of the twenty New Zealand DHBs of New Zealand.
- I understand that the information in this form is to be used by any one of the twenty DHBs of New Zealand for the purposes of considering the applicant's current application for employment.
- I understand that the information in this form may be provided to the Medical Council of New Zealand for the purpose of considering the applicant's application for registration in New Zealand.
- I agree that the information in this form, including my identity, is evaluative material and is provided subject to an express promise of confidentiality. Pursuant to section 29(1)(b) of the Privacy Act 1993, unless I otherwise consent in writing, the information in this form will be held in confidence and will not be disclosed to the applicant.

|                     |   |      |  |
|---------------------|---|------|--|
| Referee's signature | (Please type your name or add your electronic signature here) | Date |  |
|---------------------|---|------|--|

If you would like to include any additional narrative information, please do so at the end of this form.

### SECTION FOUR – To be completed by the referee

#### 1. Medical/clinical knowledge and application

1.1 How would you describe the applicant's knowledge, skills and ability within a clinical context?

- 1 Poor. Fails to apply basic science knowledge to clinical problems.
- 2 Marginal. Some areas are marginal; however applicant recognises these and is taking appropriate action to remedy them.
- 3 Satisfactory. Expected fund of knowledge and relates this satisfactorily to clinical care.
- 4 Good. Knowledge and application somewhat above expectations for level of experience.
- 5 Excellent. Knowledge and application well above expectations for level of experience.
- 6 Not observed.

1.2 How would you describe the applicant's ability to integrate cognitive and clinical skills, consider alternatives in making diagnostic and therapeutic decisions and provide comprehensive high quality care?

- 1 Poor. Significant gaps in the integration of skills and consideration of alternatives.
- 2 Marginal. Below expected integration of skills and consideration of alternatives.
- 3 Satisfactory. Expected integration of skills and consideration of alternatives.
- 4 Good. Above expected integration of skills and consideration of alternatives.
- 5 Excellent. Excels in integration of skills and consideration of alternatives.
- 6 Not observed

1.3 How would you describe the applicant's ability to accept responsibilities associated with their clinical role?

- 1 Poor. Fails to accept responsibility and avoids any discussion surrounding this.
- 2 Marginal. Acceptance of responsibility only with encouragement. At times, tries to pass on responsibility of decisions to others.
- 3 Satisfactory. Acceptance of responsibility expected for level of experience.
- 4 Good. Acceptance of responsibility and well able to discuss reasoning of decisions made.
- 5 Excellent. Accepts responsibility for all clinical decisions made. Able to discuss, and is self-reflective about, clinical matters.
- 6 Not observed

1.4 How would you describe the applicant's ability to critically assess information?

- 1 Poor. Does not routinely assess information
- 2 Marginal. Below expected level for critically assessing information,
- 3 Satisfactory. Expected level for critically assessing information
- 4 Good. Above expected level for critically assessing information
- 5 Excellent. Excels in critically assessing information
- 6 Not observed

1.5 How would you describe the applicant's ability to identify major issues?

- 1 Poor. Does not easily identify major issues
- 2 Marginal. Below expected level for identifying major issues and requires prompting. Is working on remedying this.
- 3 Satisfactory. Expected level for identifying major issues
- 4 Good. Above expected level for identifying major issues
- 5 Excellent. Excels in identifying major issues
- 6 Not observed

### 1.6 How would you describe the applicant's ability to make timely decisions and act upon them?

- 1 Poor. Has been noted to delay on making timely decisions and act upon them. Concerning clinical implications.
- 2 Marginal. Below expected level for making timely decisions and acting upon them. Is working on remedying this.
- 3 Satisfactory. Expected level for making timely decisions and acting upon them
- 4 Good. Above expected level for making timely decisions and acting upon them
- 5 Excellent. Excels in making timely decisions and acting upon them
- 6 Not observed

## 2. Record keeping/organisational skills

### 2.1 How would you describe the applicant's ability to plan, co-ordinate and complete administrative tasks associated with medical care?

- 1 Poor. Is not able to independently plan, co-ordinate or complete administrative tasks in a timely manner.
- 2 Marginal. Only completes administrative work when directed. Does not plan or manage time for administrative work well.
- 3 Satisfactory. Expected ability for level of experience.
- 4 Good. Administrative work completed in a timely fashion.
- 5 Excellent. Is proactive about completing administrative work
- 6 Not observed

### 2.2 How would you describe the applicant's ability to handle pressure and/or a busy workload?

- 1 Poor. Does not cope well with pressure and frequently struggles to cope with assigned work load. Shows frequent signs of stress / distress.
- 2 Marginal. At times struggles with a busy workload and can become mildly - moderately stressed when under significant pressure.
- 3 Satisfactory. Deals with pressure and busy workloads. Does show signs of transient stress at times.
- 4 Good. Able to handle pressure well and manages time well to deal with a workload demands.
- 5 Excellent. Excels in a high pressured environment.
- 6 Not observed

## 3. Language and Communication Skills

### 3.1 How would you describe the applicant's fluency in English within the clinical environment?

- 1 Poor. Difficulty communicating due to language barrier. Concerning implications for clinical practice.
- 2 Marginal. At times, experiences difficulties due to language barrier.
- 3 Satisfactory. At times experiences some difficulties but has compensatory strategies to communicate clinically.
- 4 Good. Communicates in English, adapting as necessary. No noticeable difficulties.
- 5 Excellent. Fluent / native English language speaker.
- 6 Not observed

3.2 How would you describe the applicant's interpersonal communication and relationship skills with patients and staff?

- 1 Poor. Not easy to communicate with and/is a poor listener. Difficulties in establishing working relationships with patients and/or staff
- 2 Marginal. At times does not communicate well. Some trouble with relating to others.
- 3 Satisfactory. Listens well and explains well. Develops stable working relationships with patient, peers and other health professionals.
- 4 Good. Well respected and relates well to others.
- 5 Excellent. Excellent rapport building skills with patients, peers and other health professionals. Inspires clinical confidence.
- 6 Not observed

#### 4. Professional Attitudes

4.1 How would you describe the applicant's professional and ethical behaviour towards patients, families and colleagues?

- 1 Poor. Does not behave in a professional or ethical manner and will not accept there is a problem.
- 2 Marginal. The line between what is/is not professional and ethical is at times blurred when dealing with patients, families and colleagues.
- 3 Satisfactory. Maintains appropriate level of professional and ethical behaviour to all.
- 4 Good. Clearly demonstrates above average level of professional and ethical behaviour to all.
- 5 Excellent. Without question in professional and ethical behaviour when dealing with all.
- 6 Not observed.

4.2 When the applicant encounters unusual or difficult situations, how readily does he / she seek help from more senior staff?

- 1 Poor judgement. Often fails to seek help when required.
- 2 Marginal judgement. At times, misjudges when help is required.
- 3 Satisfactory judgement. Usually seeks appropriate help when required.
- 4 Good judgement. Mostly seeks appropriate help when required.
- 5 Excellent judgement. Trusted to seek appropriate help when required.
- 6 Not observed.

4.3 How would you describe the applicant's ability to adapt to a new practice and cultural environment?

- 1 Poor. Sees no need to adapt in new situations. Rigid.
- 2 Marginal. Makes some effort to adapt in new situations, with some resistance to change. Few adaptive coping strategies apparent.
- 3 Satisfactory. Adapts appropriately to new situations. Uses some effective coping strategies.
- 4 Good. Adapts with ease and confidence to new situations.
- 5 Excellent. Adapts confidently and enjoys the challenge of new situations and people. Takes account of the subtleties of new situations and people.
- 6 Not observed

**5. Fitness to practise**

5.1 To the best of your knowledge, does the applicant have any mental or physical condition (including substance abuse) which may affect the applicant's performance as a medical practitioner?

- Yes (If yes, please provide details below)  
 No

Details:

5.2 To the best of your knowledge, are there any current or past disciplinary actions or legal proceedings against the applicant?

- Yes (If yes, please provide details below)  
 No

Details:

5.3 Are there any other issues of which you think the District Health Boards / Medical Council of New Zealand should be aware?

- Yes (If yes, please provide details below)  
 No

Details:

**The following questions are required in accordance with the provisions of The Vulnerable Children Act (VCA) 2014**

5.4 Do you consider the applicant suitable to work with children? If not – why not? *(Required)*  
*NB for the VCA a child is aged between 0-16 years.*

- Yes - they are suitable to work with children  
 No - (If no, please provide details below)  
 N/A – in this run I have not had the opportunity to observe the applicant with children up to the age of 16 years

Details:

5.5 The following series of questions is aimed at establishing whether or not the applicant is appropriate to work in a position involving children. Please answer the questions to the best of your knowledge.

- 5.5.1 Has the applicant ever been disciplined for misleading or fraudulent conduct relating to a child?  
 Yes  No
- 5.5.2 Was the applicant ever subject to formal disciplinary action or complaints regarding their disciplinary techniques towards children?  
 Yes  No

**6. Strengths and weaknesses**

6.1 How would you describe the applicant's ability to recognise his or her own limitations?

- 1 Poor. Lacks insight into own poor performances. Fails to take action or advice to improve performance. Denies there is an issue.
- 2 Marginal. Some areas of blindness, however recognises some poor performances and seeks to address these.
- 3 Satisfactory. Demonstrates appropriate insight into own performance. Reflects on and addresses issues when advised.
- 4 Good. Self-aware of performance. Seeks and acts on advice to improve.
- 5 Excellent. Very aware of own performance. Constantly seeks and acts on advice to improve.
- 6 Not observed

6.2 What would you describe as the applicant's main strengths? **(Please do not leave blank)**

Comments:

6.3 What would you describe as the applicant's weaknesses/limitations? **(Please do not leave blank)**

Comments:

**Additional Comments**

I would support this applicant in the position of

I would be happy to work with this applicant again  Yes  No

Is there anything further you would like to add? (Continue on separate sheet, if necessary).

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.....  
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