

## Reference / Feedback Report

Referee's Name:	....
Referee's Position ( <i>SMO or above</i> ):	
Location:	....
Locum Doctor's Name:	....
Locum Doctor's Position:	....

### 1. Background

How long have you known the Doctor?	....
When was your last professional contact with the Doctor?	....
Can you comment on the nature of the practice and patient population (e.g. gender, age, range of presentations) encountered in the applicant's professional practice?	.

### 2. Currency of Practice

History-Taking, Physical Examination and Presentation of Findings	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed
Clinical judgement & decision-making	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed
Medical record-keeping	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed
Procedural skills (bearing in mind applicant's level of experience)	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed
Additional general comments on clinical skills and knowledge base:	....				
Please comment of the doctor's participation in relevant CPD activities	....				

### 3. Work Ethic / Reliability / Punctuality

Punctuality & reliability (completion of set tasks on time)	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed
Organisational skills	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed
Initiative	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed
Ability to handle pressure / busy workload + ask for assistance if needed	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed
Additional comments on work ethic, reliability & punctuality:	....				

4. Communication & Interpersonal Skills	
Promptness & clarity of discharge summaries and letters	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Not Observed
Communication & rapport with patients and families	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Not Observed
Relationships with other health professionals	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Not Observed
Additional comments on interpersonal skills:	....
5. Employability	
Are you aware of any medical condition, mental or physical (including substance abuse or dependence) which might adversely affect this Doctor's ability to competently and safely practise medicine?	<input type="checkbox"/> <b>Yes</b> ( <i>Please note the action taken to address the concerns</i> ) <input type="checkbox"/> <b>No</b> ----- ....
Are you aware of any formal complaints, disciplinary or legal action against this doctor?	<input type="checkbox"/> <b>Yes</b> ( <i>please describe</i> ) <input type="checkbox"/> <b>No</b> ----- ....
Would you offer this Doctor another post in your unit, for instance as a locum?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> ( <i>please explain</i> ) ----- ....
Would you entrust the care of a member of your family to a Doctor of this calibre?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> ( <i>please explain</i> ) ----- ....
6. Conflict of Interest & Other Comments	
Do you have a personal relationship with the Doctor, or any conflict of interest in providing this reference?	<input type="checkbox"/> <b>Yes</b> ( <i>please explain</i> ) <input type="checkbox"/> <b>No</b> ----- ....
Other comments you may wish to make (optional):	....
7. Signature	
<b>Contact Phone #</b> ....	<b>Signature</b>
<b>Date</b>	

Please email the completed & **SIGNED** form to [info@xigent.com.au](mailto:info@xigent.com.au) or fax +61 7 3112 4322.  
Please call +61 7 3200 0509 if you have any queries. Thank you!