



## CONFIDENTIAL REFERENCE REPORT

Rural Health West is currently screening the application of Dr \_\_\_\_\_, whom has applied for a position in rural Western Australia as a non-procedural General Practitioner.

Dr \_\_\_\_\_ has nominated you as a referee who is able to comment on his current medical skills. We would appreciate your feedback on the below reference questions in order to determine his/her suitability to the position applied for. Dr \_\_\_\_\_ will be required to perform the duties of a General Practitioner at an unsupervised level.

Your time and prompt attention to this request is greatly appreciated.

### Referee Details

Your position at the time:

Length of professional association with applicant:

Last professional contact:

### Medical Knowledge

Medical Knowledge	<input type="checkbox"/> Below satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Above satisfactory
Clinical Skills	<input type="checkbox"/> Below satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Above satisfactory
Clinical Planning Ability	<input type="checkbox"/> Below satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Above satisfactory
Trauma Management	<input type="checkbox"/> Below satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Above satisfactory
Professional Conduct	<input type="checkbox"/> Below satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Above satisfactory
Ability to use initiative	<input type="checkbox"/> Below satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Above satisfactory
Communication Skills	<input type="checkbox"/> Below satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Above satisfactory
Relationships with patients & colleagues	<input type="checkbox"/> Below satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Above satisfactory
Punctuality and reliability	<input type="checkbox"/> Below satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Above satisfactory

**Background**

Are you aware of any past complaints regarding this doctors medical or ethical practice?

Yes       No

If yes, please provide further information.

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Does this doctor take part in Continuing Medical Education? Please give examples.

Yes       No

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**Disclaimer**

I \_\_\_\_\_, declare that I have I answered the above questions to the best of my knowledge and have provided additional information where necessary.

I consent to this document being used by Rural Health West to assist with the screening process for the above named doctor. I accept that this document may also be shared with third parties as deemed appropriate to the recruitment and assessment process.

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Signature

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Date