

### Section 1: Locum Agency

<b>Applicant name:</b>			
<b>Agency:</b>	MedRecruit	<b>Date Completed:</b>	
<b>Agency signature:</b>		<b>Print Name:</b>	
<b>Method of completion</b>	<input type="checkbox"/> Verbal <input type="checkbox"/> Email/DocuSign <input type="checkbox"/> Other (please advise):		

### Section 2: Referee

<b>Referee name:</b>			
<b>Phone/Fax:</b>		<b>AHPRA No:</b>	
<b>Mobile:</b>			
<b>Email:</b>			
<b>Present Position:</b>			
<b>Place worked together with applicant/professional capacity:</b>			
<b>Time Period (MM/YYYY):</b> <i>Length of time you have known the applicant (if different):</i>	From:	To:	
<b>Setting/Facility:</b>	<input type="checkbox"/> Ward <input type="checkbox"/> ED <input type="checkbox"/> Community <input type="checkbox"/> Other (please Specify:)		
<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		

### Section 3: Referee

<b>Would you use this applicant again?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With hesitation:		
<b>What are the applicant's strengths?</b>			
<b>How well does the applicant handle pressure or a busy workload?</b>			
<b>Does the applicant ask for assistance if needed? i.e. knows their own limitations?</b>			
<b>Is the applicant adequately able to adapt to a new workplace?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No            Comments:		
<b>Does the applicant work well and safely in team situations?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No            Comments:		

Are you aware of any complaints, disciplinary action or legal proceedings (pending, ongoing or past) against the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Are there any issues that may impact on the applicant's performance (mental or physical) that we should be aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Would you offer this practitioner another clinical position in your unit, either as a locum or medical/ dental practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Would you entrust the clinical care of a family member to the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Briefly describe the nature of the practice and patient population (gender, age, range of presentations) encountered in the professional practice of the applicant:	
Please comment on the applicant's participation in CPD activities related to the requested scope of clinical practice? <i>(if applicable)</i>	
Do you have a personal relationship with the applicant or any conflict of interest in providing this reference?	<input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No

#### Other Observations:

How would you rate their General Performance:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Observed
History-taking, physical examination and presentation of findings:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Observed
Clinical judgment and decision-making skills:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Observed
Medical record-keeping skills:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Observed
Procedural skills:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Observed
Punctuality and reliability:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Observed
Organisational skills:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Observed
Initiative:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Observed
Promptness and clarity of discharge summaries and letter	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Observed
Communication and rapport with patients and families:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <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"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Observed
Comments / Other issues of relevance: (Optional)	

## Locum Medical Officer Referee Check – Clinical Skills Assessment

Please use the following grading system to grade the applicant's skill set:

SKILLS	Not observed	Capable (referee observations)	Capable (observations of others)	Unsure
<b>General Resident:</b> General medical abilities as a resident/senior resident medical officer to work <i>under supervision</i> . This must include understanding of own limitation and when to ask for assistance, and including (not exhaustive) proficiency in peripheral venous cannulation, arterial blood gas sampling, urethral catheterisation, ECG interpretation, lumbar puncture use of fluids and blood products, simple suturing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>In Charge:</b> Able to prioritise, know own limitations and ask for help where appropriate, can communicate severity appropriately over the phone and can supervise others (particularly the type of skill to be in charge of a department or hospital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Basic Paediatric Skills:</b> Basic paediatric care – general abilities to assess children having completed a paediatric resident term, or seen children in a mixed emergency department. Includes peripheral venous cannulation in children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Emergency Medicine:</b> Able to correlate history, examination and diagnostic tests in order to make provisional diagnosis and initiate management for <i>most</i> presentations to the emergency department. This includes (but is not exclusive to) ability to manage multi-system trauma, management of simple fractures and dislocations, complex suturing, use of slit lamps and ENT instruments for removal of foreign bodies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Intensive Care Unit (ICU) Medicine:</b> Mechanical ventilation. Can generally function at the level of a registrar in intensive care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Internal Medicine Adult:</b> Able to correlate history, examination and diagnostic tests in order to make provisional diagnosis and initiate management for patients admitted or proposed to be admitted under an adult physician. Minimum of 6 months experience as a medical registrar or equivalent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
<b>Psychiatry:</b> Sufficient knowledge about mental health to be able to make independent clinical decisions and in particular current knowledge of the Mental Health Act. Can function in a multi-disciplinary team. Minimum of 6 months experience as a psychiatry registrar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
<b>Surgery:</b> Experience in a relevant surgical subspecialty, working under supervision. Experience as a surgical registrar in a relevant surgical subspecialty, with sufficient knowledge to make independent decisions. Recent experience in Trauma call teams Minimum of 6 months experience as a surgical registrar in a relevant surgical subspecialty:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	

AIRWAY AND BREATHING – SKILLS	Not observed	Capable (referee observations)	Capable (observations of others)	Unsure
<b>Manual Ventilation – Adult:</b> Manual ventilation; e.g. bag and mask ventilation, Guedels airway, laryngeal mask airway – adult.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Uncomplicated Intubation – Adult:</b> Uncomplicated intubation of an unconscious adult patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Difficult Intubation – Adult:</b> Difficult intubation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Continuous Positive Airway Pressure (CPAP)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bilevel Positive Airway Pressure (BiPAP)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Intercostal Catheter Insertion</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CIRCULATION – SKILLS	Not observed	Capable (referee observations)	Capable (observations of others)	Unsure
<b>Central Line Insertion</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Arterial Line Insertion</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vasoactive Drugs:</b> Use of vasoactive drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cardioversion and Defibrillation:</b> Emergency cardioversion and defibrillation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>External Pacing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pericardiocentesis</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAEDIATRIC CARE – SKILLS	Not observed	Capable (referee observations)	Capable (observations of others)	Unsure
<b>Paediatric Manual Ventilation:</b> Includes bag and mask in children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Advanced Paediatric Life Support:</b> Experience in advanced paediatric resuscitation and life support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Paediatric Interosseous Lines:</b> Experience in inserting interosseous lines into acutely unwell children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Paediatric Arterial Blood Gas (ABG):</b> Experience in paediatric blood gas sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NEONATAL CARE – SKILLS	Not observed	Capable (referee observations)	Capable (observations of others)	Unsure
<b>Neonatal Manual Ventilation:</b> e.g. Bag and mask, neopuff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Neonatal Resuscitation:</b> Experience in the acute resuscitation of neonates, including intubation and ventilation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Neonatal Blood Gases</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Neonatal Cannulation:</b> Can place peripheral venous cannulas in neonates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Neonatal Umbilical Lines:</b> Experience in placement of umbilical venous and arterial lines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Neonatal Advanced Skills:</b> included mechanical ventilation and insertion of intercostal catheters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 4: Consent and Declaration

### REFEREE DECLARATION

Do you consent to us releasing the information provided in this reference to **prospective employers** of the applicant?

☐ Yes

☐ No

Do you consent to us releasing the information provided in this reference to the **applicant** if requested?

☐ Yes

☐ No

Do you consent to Medrecruit contacting you regarding upcoming locum or permanent job opportunities?

☐ Yes

☐ No

I \_\_\_\_\_ declare the information I have supplied MedRecruit in my reference for \_\_\_\_\_ is true and correct.

**Signed:**

**Date:**

**Print name:**

**Please ensure you have signed the form before returning it to us.**

*Please note: we may transcribe the results of this reference document to other reference templates to fulfil the needs of the different States throughout Australia. This will be a direct copy and will not change any of the answers you have provided.*

If you wish to speak with someone at Medrecruit please call – **AU:** 1800 633 732 / **NZ:** 0800 633 732.

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### FOR LOCUM AGENCY USE ONLY – Verbal Reference Declaration

I \_\_\_\_\_ declare the information entered into this form is a faithful representation of the conversation I had with the referee.

**Signed:**

**Date:**

**Print Name:**

**Position:**

**Resume Verified:**