

STANDARD BST CANDIDATE APPRAISAL FORM

Section One - General Information

Name of candidate: SYED MUSTAFA ALI Medical Council Number: 416558

This person worked under my supervision from: 11/07/2017 To: 12/07/2020

Clinical Site: LETTERKENNY Country: IRELAND

Specialty: EMERGENCY MEDICINE Grade (e.g. Intern, SHO): SHO

Are you in anyway related to the applicant? Yes ☐ No ☒

Relationship: SUPERVISOR

Please complete the following sections based on the following marking system:

1 = poor 2 = inadequate 3 = satisfactory 4 = above average 5 = excellent

It is expected that most candidates will score "3". Only exceptional candidates should score "4" or "5".

Section Two - Professional Attitude

Please tick one number per line

Professionalism	1	2	3	4	<u>5</u>
Diagnostic skills	1	2	<u>3</u>	4	5
Diligence in record taking	1	2	3	<u>4</u>	5
Emergency management	1	2	<u>3</u>	4	5
Clinical judgement	1	2	<u>3</u>	4	5
Punctuality	1	2	3	<u>4</u>	5
Relationship with other medical colleagues	1	2	3	<u>4</u>	5
Relationship with nursing, paramedical & allied health staff	1	2	3	<u>4</u>	5
Relationship with patients and relatives	1	2	3	<u>4</u>	5

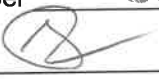
Section Three - Personal Attributes

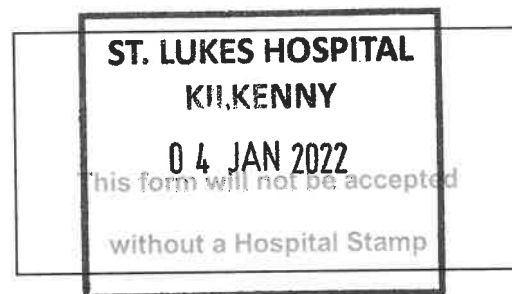
Please tick one number per line

Time management	1	2	3	<u>4</u>	5
Management of stress & workload	1	2	3	<u>4</u>	5
Commitment & motivation	1	2	3	<u>4</u>	5
Communication skills	1	2	3	<u>4</u>	5
Disposition & appearance	1	2	3	<u>4</u>	5
Reliability	1	2	3	<u>4</u>	5
Teamwork	1	2	3	<u>4</u>	5
Attendance & performance at conferences	1	2	3	<u>4</u>	5

Section Four - Additional Questions

Did this doctor perform well in this post?	<input checked="" type="radio"/> Very well	Acceptable	Not Acceptable
Would you be happy to work again with this doctor?	<input checked="" type="radio"/> Yes	No	
To your knowledge has this candidate ever been the subject of a complaints process/ investigation relating to a patient incident? If yes, please provide more details under the comment section.	Yes	<input checked="" type="radio"/> No	
Do you think this doctor is suitable for a career in [specialty]?	<input checked="" type="radio"/> Yes	Unsure	No
Has this doctor any outstanding characteristics?	RELIABLE, PUNCTUAL AND ICGP TO EXPAND KNOWLEDGE BASE.		
If you have any further comments/concerns regarding the candidate that have not been covered above, please use the space below or attach further correspondence. NONE			

Your Full Name Bronwen William Roman
Job Title Consultant in Emergency Medicine
Telephone Number +353 56 7717032
Signed  Date 4-1-2022



Notes for referees and candidates

- Referees please note that after submission a copy of this reference may be made available to the candidate upon request.
- Candidates please note that as set out in the application form for the basic specialist training programme, that for the purposes of employment, and in accordance with the Data Protection Acts 1988 and 2003, this form will be made available to the relevant employers/ training sites if you are successful in your application to the basic specialist training programme.
- Candidates who completed a rotation in general practice as part of internship can include a reference (on the standard HSE form) from that general practitioner in their application for GP trainee recruitment.
- Please note: The ICGP reserve the right to use references to preclude offers being made if the reference submitted is deemed to be unsatisfactory