

RP6: Referee report

Purpose of this referee report

The Medical Council of New Zealand's (Council's) principal purpose is to protect the health and safety of members of the public through ensuring that doctors are competent and fit to practise medicine.

Authentic, authoritative and comprehensive references are an essential element in achieving that purpose, by informing Council's decisions on competence to practise and fitness for registration.

Completing this reference - guidance for referees

Thank you for completing this reference. Please read the following notes before doing so.

Criteria to be a referee

To be eligible to provide a reference, you must be:

- a registered medical practitioner, practising in the same area of medicine as the applicant is applying for and have worked closely with, and
- familiar with, the applicant's practice in the area of medicine the applicant is applying for.

It is important that you are able to comment objectively about the applicant. If you are aware of a possible conflict of interest, you must declare it.

There are additional requirements, depending on the applicant's intended level of appointment:

Senior medical officer (SMO), specialist, consultant level (including general practitioner) roles

You must:

- be a consultant/specialist practising in the same area of medicine as the applicant is applying for, and (if applicable) hold vocational/specialist registration in the relevant jurisdiction
- have worked closely with, and be familiar with, the applicant's practice at consultant/specialist level (or fellow/senior registrar level, if the applicant has recently completed their specialist training), in the area of medicine the applicant is applying for.
- have worked with the applicant for at least 6 months in the last 3 years.

Fellow or medical officer roles

You must:

- be a consultant/specialist practising in the same area of medicine as the applicant is applying for, and (if applicable) hold vocational/specialist registration in the relevant jurisdiction.
- have worked with the applicant for at least 6 months in the last 3 years.

Registrar roles

- You must be a consultant/specialist practising in the same area of medicine as the applicant is applying for, and (if applicable) hold vocational/specialist registration in the relevant jurisdiction.
- You must either:
 - \circ have worked with the applicant for at least 6 months in the last 3 years; or
 - for applicants currently participating in a vocational training programme or in a residency program and rotating every 4-6 months, have worked with them for the entirety of the rotation, which must have been taken place entirely within the last 3 years

House officer roles

- You must be a senior medical colleague to the applicant.
- You must either:
 - \circ have worked with the applicant for at least 6 months in the last 3 years; or
 - for applicants currently working as house officers and rotating across different areas of medicine every 3-4 months, have worked with them for the entirety of the rotation, which must have been taken place entirely within the last 3 years.

Completing the referee report form

- Please complete sections 1 to 4.
- If the applicant is applying for a specialist-level role (including general practitioner), also complete section 5.
- If you are not able to complete a question, please include a brief explanation.
- References must be completed personally by you, as referee.

Confidentiality of this reference

Under the Privacy Act 2020, any information provided in this reference must be disclosed to the applicant on request. Council may also share the content of the reference with the applicant, if further information is required from the applicant. If you are **unable** or **unwilling** to answer any questions please indicate this in your response and provide a brief explanation.

Council's policy on reference requirements

Council's <u>policy on reference requirements</u> is available on our website. For further information, please contact <u>registration@mcnz.org.nz</u>.



Te Kaunihera Rata o Aotearoa

Medical Council of New Zealand

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SECTION ONE – Applicant's details							
Family name							
Given name(s)							
Date of birth	DD/MM/YYYY						
Level of appointment (if known)	House officer /	[/] Registrar	/ Fellow / Medical Off	icer / S	Specialist/consultant		
SECTION TWO – Referee's details							
Full name (as on your medical register)							
Registration/Licence number							
Email							
Phone							
Medical qualifications (including specialist qualifications/certification)							
Workplace where you worked with the applicant							
Position/title at this organisation							
Relationship to applicant	PeerOther (please)	Super Super Se specify		direc	tor/head of department		
Is English your first language?		🗖 Yes	s 🗖 No				
How long have you worked with the applicant?		From:	DD/MM/YYYY	To:	DD/MM/YYYY		
Please indicate below the basis on which you are primarily making your assessment of the applicant:							
First hand knowledge/direct observation Information from colleagues							
Information from other medical s	taff	🗖 Othe	er (please explain):		Information from other medical staff Other (please explain):		

SECTION THREE – Declaration

- 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 understand that the information I have provided is to be used by the Medical Council and its agents for the purposes of considering the applicant's application for registration in New Zealand, and may be disclosed to agents of the Council for these purposes.
- I understand that the information I have provided may be disclosed to the applicant as part of the process of considering the applicant's application for registration in New Zealand.

Referee's signature		Date	DD/MM/YYYY
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SECTION FOUR – To be completed by the referee for all applications		
1.	Medical/cli	nical knowledge and application
1.1	How would	you rate the applicant's knowledge, skills and ability in a clinical context?
Con	nments:	
1.2	alternatives	you describe the applicant's ability to integrate cognitive and clinical skills, and to consider s in making diagnostic and therapeutic decisions and provide comprehensive high quality care? examples where appropriate.
Con	nments:	
1.3		you describe the applicant's ability to critically assess information, identify major issues, make sions and act upon them? Please give examples where appropriate.
Con	nments:	
1.4	How would	you rate the applicant's ability to accept responsibility in a clinical context?
Con	nments:	

2.	Record-keeping
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2.1 Does the applicant maintain an acceptable standard of clinical note-keeping and other record-keeping tasks (such as managing laboratory information, imaging information, and referral/recall management)?

Comments:

3.	Organisatio	nal skills	
3.1	How would you describe the applicant's ability to plan, co-ordinate and complete administrative tasks associated with medical care (for example, liaising with theatre staff, clinic staff or allied health professionals, or completing discharge summaries in a timely fashion)?		
Con	nments:		
3.2 How would you rate the applicant's ability to handle pressure and/or a busy workload?			
Со	mments:		

4.	Communication and relationship skills			
4.1	How would you rate the applicant's ability to communicate in, and comprehend, English in a clinical environment?			
Con	nments:			
4.2 How well does the applicant demonstrate interpersonal skills with patients and colleagues?				
Con	nments:			

5. Profession	al attitudes
5.1 How would	l you describe the applicant's ethical and professional behaviour towards patients and families?
Comments:	
5.2 How would members?	l you describe the applicant's ethical and professional behaviour towards colleagues and team
Comments:	
	e applicant's approach when encountering an unusual or difficult situation, including their to seek assistance?
Comments:	
countries.	e environment in New Zealand can sometimes be very different to that encountered in other How would you rate the applicant's ability to adapt to new situations? How would you see the dapting to a new practice and cultural environment?
Comments:	

6.	Fitness to pra	actise		
6.1	To the best of your knowledge, does the applicant have any mental or physical condition (including substance abuse or dependency) that may affect the applicant's performance as a medical practitioner?			
Co	mments:			
6.2	6.2 To the best of your knowledge, is there any current or past disciplinary action or legal proceeding against the applicant?			
Co	mments:			
6.3 Are there any other issues you think Council should be aware of?				
Col	mments:			

7.	Strengths and weaknesses		
7.1	What would	you describe as the applicant's main strengths?	
Со	mments:		
7.2	7.2 What would you describe as the applicant's weaknesses/limitations?		
Со	mments:		
7.3 How would you rate the applicant's ability to recognise their own limitations?			
Со	mments:		

SECTION FIVE – To be completed by the referee for applicants applying for roles at senior medical officer (SMO), specialist, consultant or general practitioner level		
8. Training, qu	alifications and competence	
8.1 Please comn	nent on the extent and quality of the applicant's supervised training and experience.	
Comments:		
	you describe the quality and range of the applicant's current professional work? Is the cognised by their colleagues as being of consultant/specialist standard?	
Comments:		
	of your knowledge, to what extent does the applicant participate in continuing professional t/continuing medical education?	
Comments:		
	on, does the applicant have the skills and knowledge to safely practise independently as a nsultant (that is, without supervision/oversight)?	
Comments:		