



WA Radiology Training Program

Department
of
Health

CONFIDENTIAL REFEREE REPORT

A response by the closing date is greatly appreciated.

Once completed, this signed report should be emailed directly to RPH.WARTAdmin@health.wa.gov.au or posted directly to WA Radiology Training Program - Radiology Department, Royal Perth Hospital, GPO Box X2213, Perth WA 6847.

POSITION APPLYING FOR: RADIOLOGY TRAINEE REGISTRAR (WA INTER-HOSPITAL TRAINING SCHEME)

NAME OF APPLICANT: _____ **CURRENT POST:** _____

NAME OF REFEREE: _____

ADDRESS OF REFEREE: _____

POST CODE: _____

TELEPHONE NO: (Work) _____ (Mobile) _____

EMAIL:

INSTRUCTIONS FOR REFEREES:

This doctor has applied for a position at Royal Perth Hospital. Please respond to questions 1 to 2 below as well as providing an assessment rating and comments against the questions on page 2 of this form.

1. Are you aware of any complaints regarding this doctor, either from patients or other doctors? Yes No
2. Are you aware of any ethical problems this doctor has which relate to medical practice? Yes No

If you answered "Yes" to any of the previous questions, please provide details below:

PLEASE PROVIDE WRITTEN COMMENTS ON THE FOLLOWING:

1. The doctors appropriate clinical experience to undertake the position applied for:

2. When (please give dates) and for how long have you observed this doctor working?

Please provide an assessment of the doctor against the questions below. You must provide comments where you have given a rating of Poor (1), Fair (2) or Unable to comment (6). Please provide any other information that you feel the employing organisation should know about in the public interest.

ASSESSMENT RATING:

Poor – 1 Fair – 2 Average – 3 Good – 4 Very Good – 5 Unable to comment - 6

ASSESSMENT	1	2	3	4	5	6
1. Interpersonal & Professional Communications Skills						
2. The adequacy of this doctor's skill and knowledge required for the specialty or general practice						
3. The application to which this doctor puts his or hers skills into practice (ie does the doctor have the ability but decline to use it)						
4. The doctor's communication and consultation skills with both patients and other doctors						
5. The doctor's attitude and behavior to patients, other medical practitioners, hospital and office staff						
6. Professional Judgement & Conduct						
7. The doctor's character and reliability						
8. Commitment to improvement of patient outcomes						

COMMENTS:

3. Please provide written comments if your assessment rating was Poor (1), Fair (2) or Unable to comment (6). Use additional pages as required.

4. Please feel free to provide any additional comments on the applicant's suitability for the position:

This report is provided to the employing Hospital on a confidential basis for the purpose of the process of assessing suitability for employment. The referee understands that this report may be provided to consultant assisting in this process. The East Metropolitan Health Service is subject to the provisions of the Freedom of Information Act 1992 and subject to the Legislative obligations flowing from this Act, the Hospital will endeavor to keep this report confidential.

Signature of Referee: _____

Date: _____