[](https://intranet.rbch.nhs.uk/uploads/communications/images/University_Hospital_Dorst_NHSFT_CMYK_Blue.png)

**Referee Report**

Based on your professional knowledge of the applicant we would appreciate a comprehensive appraisal of him/ her. Please complete the sections below; the space will expand as you write.

**Applicant Name: enter Doctors name**

Please confirm the professional position the applicant held and the length of time they were employed?

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When was your last professional contact with the doctor and what was the nature of the practice and patient population (e.g. gender, age, range of presentations)

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Please comment on the applicant’s ability to meet the criteria detailed in the job description and person specification.

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|  |

How would you rate the applicant’s overall clinical and practical skills and knowledge base?

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| --- |
|  |

How does the applicant stay abreast of new developments in the field? (*e.g.* participates in continuing medical education, research and audit).

|  |
| --- |
|  |

Please describe the applicant’s approach and attitude as a team worker.

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| --- |
|  |

Please comment on the applicant’s ability to get on with patients, colleagues, and other professionals?

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| --- |
|  |

How do you assess the applicant’s potential for making a wider contribution the future?

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| --- |
|  |

Are you aware of any disciplinary action against the applicant (disciplinary action that has been proven through an official process)? If yes please provide details.

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|  |

Would you offer this doctor a post in your unit?

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|  |

Do you have a personal relationship with the applicant or any other conflict of interest in providing this reference?

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|  |

Please describe any reservation or concerns regarding the scope of clinical practice of the applicant.

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**Clinical skills and knowledge base**

**14.** How would you rate the applicant’s?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Excellent** | **Good** | **Adequate** | **Poor** | **Not observed** |
| 14.1 | History-taking, physical examination and presentation of findings |  |  |  |  |  |
| 14.2 | Clinical judgement and decision making |  |  |  |  |  |
| 14.3 | Medical record-keeping |  |  |  |  |  |
| 14.4 | Procedural skills |  |  |  |  |  |

**Work ethics**

15. How would you rate the applicant’s?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Excellent** | **Good** | **Adequate** | **Poor** | **Not observed** |
| 15.1 | Punctuality and reliability |  |  |  |  |  |
| 15.2 | Organisational skills |  |  |  |  |  |
| 15.3 | Initiative |  |  |  |  |  |

**Communication and interpersonal skills**

16. How would you rate the applicant’s?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Excellent** | **Good** | **Adequate** | **Poor** | **Not observed** |
| 16.1 | Promptness and clarity of discharge summaries and letters |  |  |  |  |  |
| 16.2 | Communication/rapport with patients and families |  |  |  |  |  |
| 16.3 | Relationships with other health professionals |  |  |  |  |  |
| 16.4 | Ability to demonstrate compassionate care |  |  |  |  |  |
| 16.5 | Consistency in delivery of patient centred care |  |  |  |  |  |

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| --- | --- |
| **Signature:-** | **Name (Please Print):-** |
| **Position:-** | |
| **Organisation Name:-** | |
| **Telephone:- Date:-** | |
| **Email Address:-** | |