



Application for registration: Referees report - Instructions

RP6/RP9 – April 2017
For office use only
Registration No:

PO Box 10 509, The Terrace, Wellington, 6143, New Zealand
Level 6, 80 The Terrace, Wellington, 6011, New Zealand (for packages)
Contact: +64 4 384 7635 – 0800 286 801 – registration@mcnz.org.nz

PLEASE READ THE FOLLOWING, IT CONTAINS IMPORTANT INFORMATION.

All referees:

- Referees are asked to comment on the applicant's abilities as a medical practitioner and therefore need to be familiar with his or her current professional practice.
- Sections 1-6 must be completed by all referees. Section 7 will only need to be completed if the applicant is applying for registration in a vocational or special purpose locum tenens scope of practice.
- In the event of an appeal against Council's decision, all information including referees reports must be made available to the applicant, pursuant to provisions contained in the Privacy Act 1993. If you are **unable** or **unwilling** to answer any questions please indicate this in your response.

Referees for vocational or special purpose locum tenens scope applications:

- Where an applicant is applying for registration within a vocational or special purpose locum tenens scope, the referees must be a consultant/specialist in the same branch of medicine as the applicant, and must be familiar with the applicant's practice at a consultant/specialist level.
- This referee report will assist the Medical Council in making an assessment of the applicant's clinical, professional and ethical abilities. The areas addressed in this referee report are similar to those which are completed by supervisors during, and at the end of, postgraduate training in New Zealand. The report will allow the Medical Council and its branch advisory bodies (where applicable) to compare the applicant's abilities to those of a New Zealand trained consultant in the same vocational scope of practice.



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SECTION ONE – Applicant’s details	
Family name	
Given name(s)	
Date of birth	
Scope of practice applied for	<input type="checkbox"/> General <input type="checkbox"/> Vocational <input type="checkbox"/> Special purpose _____

SECTION TWO – Referee’s details			
Family name			
Given name(s)			
Phone		Fax	
Email			
Medical qualifications			
Position / title			
Place of work where you worked with the applicant			
Relationship to applicant	<input type="checkbox"/> Peer <input type="checkbox"/> Supervisor <input type="checkbox"/> Other (please specify) _____	Is English your native language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you known the applicant?			
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:			
<input type="checkbox"/> First hand knowledge/direct observation	<input type="checkbox"/> Information from colleagues		
<input type="checkbox"/> Information from other medical staff	<input type="checkbox"/> Other (please explain): _____		

SECTION THREE – Declaration	
<ul style="list-style-type: none"> 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

SECTION FOUR – To be completed by the referee for all applications

1. Medical/clinical knowledge and application

1.1 How would you rate the applicant's knowledge, skills and ability in a clinical context?

Comments:

1.2 How would you describe the applicant's ability to integrate cognitive and clinical skills, and to consider alternatives in making diagnostic and therapeutic decisions and provide comprehensive high quality care? Please give examples where appropriate.

Comments:

1.3 How would you describe the applicant's ability to critically assess information, identify major issues, make timely decisions and act upon them? Please give examples where appropriate.

Comments:

1.4 How would you rate the applicant's ability to accept responsibility in a clinical context?

Comments:

2. Record keeping/organisational skills	
2.1 How would you describe the applicant's ability to plan, co-ordinate and complete administrative tasks associated with medical care?	
Comments:	
2.2 How would you rate the applicant's ability to handle pressure and/or a busy workload?	
Comments:	

3. Communication and relationship skills	
3.1 How would you rate the applicant's ability to communicate in, and comprehend, English in a clinical environment?	
Comments:	
3.2 How well does the applicant demonstrate interpersonal skills with patients and staff?	
Comments:	

4. Professional attitudes	
4.1 How would you describe the applicant's moral and ethical behaviour towards patients, families and colleagues?	
Comments:	
4.2 When the applicant encounters an unusual or difficult situation, how would you describe his or her willingness to seek assistance from, or consult with, a colleague?	
Comments:	
4.3 How would you rate the applicant's ability to adapt to new situations? The practice environment in New Zealand can sometimes be very different to that encountered in other countries. How would you see the applicant adapting to a new practice and cultural environment?	
Comments:	

5. Fitness to practise	
5.1 To the best of your knowledge, does the applicant have any mental or physical condition (including substance abuse) which may affect the applicant's performance as a medical practitioner?	
Comments:	

5.2 To the best of your knowledge, is there any current or past disciplinary action or legal proceeding against the applicant?

Comments:

5.3 Are there any other issues you think Council should be aware of?

Comments:

6. Strengths and weaknesses

6.1 What would you describe as the applicant's main strengths?

Comments:

6.2 What would you describe as the applicant's weaknesses/limitations?

Comments:

6.3 How would you rate the applicant's ability to recognise his or her own limitations?

Comments:

Please complete the remaining questions only if the applicant is applying for registration in a vocational or special purpose locum tenens scope of practice (in other words specialist registration).

7. Training, qualifications and competence	
7.1 Please comment on the extent and quality of the applicant's supervised training and experience?	
Comments:	
7.2 How would you describe the quality and range of the applicant's current professional work? Is the applicant recognised by his or her colleagues as being of consultant/specialist standard?	
Comments:	
7.3 To the best of your knowledge, to what extent does the applicant participate in continuing professional development/continuing medical education?	
Comments:	
7.4 In your opinion, does the applicant have the skills and knowledge to safely practise independently as a specialist/consultant? (ie without supervision/oversight)	
Comments:	