Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand

RP6: Referee report

Purpose of this referee report

Te Kaunihera Rata o Aotearoa | The Medical Council of New Zealand's (Council) principal purpose is to protect the health and safety of members of the public by ensuring that doctors and physician associates (PAs) are competent and fit to practise in New Zealand.

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 doctor, 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 can 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), fellow, and 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 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.

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:
    - 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 3-6 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:
    - 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.

Physician associate roles

- You must be a consultant/specialist doctor, practising in the same or similar area of medicine the applicant is applying for and should hold vocational/specialist registration in the relevant jurisdiction.
- You must have worked with the applicant for at least 6 months in the last 3 years.

Completing the referee report form

- Please complete sections 1 to 4.
- If the applicant is a doctor applying for a specialist-level role (including general practitioner), also complete section 5.
- If you cannot 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 policy on reference requirements is available on our website. For further information, please contact registration@mcnz.org.nz.

All questions must be completed (unless stated otherwise)

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand

RP6: Referee report

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 Officer / Specialist / PA

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	☐ Peer ☐ Supervisor ☐ Clinical director/head of department ☐ Other (please specify) _____			
Is English your first language?	☐ Yes	☐ 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 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

All questions must be completed (unless stated otherwise)

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 Please complete the question relevant to the applicant's professional role.

a. Doctors:
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.

b. Physician associates:
How would you describe the applicant's ability to integrate cognitive and clinical skills, and to 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:	

All questions must be completed (unless stated otherwise)

2. Record-keeping 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. Organisational 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)?	
Comments:	
3.2 How would you rate the applicant's ability to handle pressure and/or a busy workload?	
Comments:	

All questions must be completed (unless stated otherwise)

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?	
Comments:	
4.2 How well does the applicant demonstrate interpersonal skills with patients and colleagues?	
Comments:	

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

6. Fitness to practise 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 health practitioner?	
Comments:	
6.2 To the best of your knowledge, is there any current or past disciplinary action or legal proceeding against the applicant?	
Comments:	
6.3 Are there any other issues you think Council should be aware of?	
Comments:	

All questions must be completed (unless stated otherwise)

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

SECTION FIVE (FOR DOCTORS ONLY) – To be completed by the referee for doctors applying for roles at senior medical officer (SMO), specialist, consultant or general practitioner level ONLY.

This is not applicable to physician associates or doctors applying for roles as house officers, registrars, fellows or medical officers.

8. Training, qualifications and competence

8.1 Please comment on the extent and quality of the applicant's supervised training and experience.

Comments:	

8.2 How would you describe the quality and range of the applicant's current professional work? Is the applicant recognised by their colleagues as being of consultant/specialist standard?

Comments:	

8.3 To the best of your knowledge, to what extent does the applicant participate in continuing professional development/continuing medical education?

Comments:	

8.4 In your opinion, does the applicant have the skills and knowledge to safely practise independently as a specialist/consultant (that is, without supervision/oversight)?

Comments:	

All questions must be completed (unless stated otherwise)

Health New Zealand
Te Whatu Ora

RMO REQUEST FOR REFERENCE

Vulnerable Children Act (VCA) 2014 Questions

The following questions are required in accordance with the provisions of the Vulnerable Children Act (VCA) 2014 and are an addition to the Medical Council of New Zealand request for reference form

Do you consider the applicant suitable to work with children? If not – why not? ***(Required)*** *NB for the VCA a child is aged between 0-16 years*
☐ Yes – they are suitable to work with children ☐ No – if no please provide details below ☐ N/A – in this run I have not had the opportunity to observe the applicant with children up to the age of 16 years. Details:

The following series of questions is aimed at establishing whether or not the applicant is appropriate to work in a position involving children. Please answer the questions to the best of your knowledge.
1. Has the applicant ever been disciplined for misleading or fraudulent conduct relating to a child? ☐ Yes ☐ No 2. Was the applicant ever subject to formal disciplinary action or complaints regarding their disciplinary techniques towards children? ☐ Yes ☐ No

Te Kāwanatanga o Aotearoa
New Zealand Government