



RURAL GP LOCUM PROGRAM
REQUEST FOR CONFIDENTIAL REFERENCE OF APPLICANT

To the applicant: Please provide a minimum of three professional referees, one of whom shall be the Chief of Staff or Senior Medical Administrator of the organization in which the applicant has most recently worked (and/or the Post Graduate Program Director, in the case of an applicant who has recently completed post graduate training).

Name of Applicant
Dr.

To the referee: The above-named doctor has applied to be a resource physician to the Rural General Practitioner Locum Program. The application cannot be processed until all of the written references have been received by the program, therefore an early response would be appreciated. Please complete this form and fax it to the Rural GP Locum Program. If you wish to submit additional information, please feel free to do so in a separate letter. Thank you for your assistance.

Rural GP Locum Program:

Health Match BC, 200 - 1333 W Broadway, Vancouver BC V6H 4C6

ph: 877 357-4757 fax: 877 387-4757

Web: http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/physician-compensation

Name of Referee
Date
Address

REFERENCE SECTION

1. How long have you known the applicant?
2. What was the date you last had contact with the applicant?
3. In what capacity have you known the applicant?
4. Are you aware of any special training, skills or interests of the applicant?
5. Please provide your evaluation of the following:
a. Fundamental knowledge of discipline.
b. Diagnostic ability.
c. Ability to plan and provide treatment (clinical judgment).
d. Ability to establish an effective relationship with patients.
e. Ability to establish and maintain harmonious relationships with peers and other staff.
f. Motivation and capacity for sustained, effective work.
g. Judgment in recognizing his/her own responsibilities and duties in relation to his/her competency.
h. Dependability and reliability to medical staff colleagues and hospital.
i. Participation in teaching programs.
j. Participation in staff and committee activities.
k. Participation in research activities.
l. Compliance with rules and regulations, policies and procedures (e.g. health record completion)

5. *continued:* Please comment on any poor or fair ratings:

6. Are you aware of any circumstances that would cause you to question the applicant's professional competence? Yes No

7. Do you have any cause to question the applicant's professional ethics? Yes No

8. Are you aware of any health problems or impairments that could affect the applicant's ability to carry out the requested medical staff responsibilities and safely care for patients? Yes No

9. Are you aware of any investigations or disciplinary actions taken against the applicant by a hospital, health authority, department head, peer review committee, or licensing authority? Yes No

10. Are you aware of any actual or threatened restriction, suspension or revocation of the applicant's hospital privileges? Yes No

11. Are you aware of any problems with the quality or timely completion of the applicant's health records? Yes No

12. Do you have other information you would prefer to discuss verbally and confidentially with the Rural GP Locum Program interviewer? Yes No

13. Is there any other information about the applicant you feel the Rural GP Locum Program / Health Authorities should know in considering the applicant's appointment or privileges? Yes No

14. Please provide explanation of any "Yes" answers to the above questions:

SUMMARY

<input type="checkbox"/> I would recommend applicant highly and without reservation. <input type="checkbox"/> I would recommend applicant as qualified and competent. <input type="checkbox"/> I would recommend applicant but with some reservation. <input type="checkbox"/> I do not recommend the applicant.	<input type="checkbox"/> I agree to sharing this information with the Health Authority for the purpose of facilitating hospital privileges.
	Signature of Referee
	Date

Please return completed form to FAX number: **877 387-4757**

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The information on this form is collected under s.26(c) of the *Freedom of Information and Protection of Privacy Act* and will be used to place locum physicians as needed and to ensure continuous care for rural communities. If you have any questions about the collection and use of this information, please contact the Rural Practice Programs at 888 952-2754.