Referee report for oral health practitioner registration

Dental Council
Te Kaunihera Tiaki Niho

Purpose

The purpose of this reference is to obtain current information about an oral health practitioner's fitness for registration and competence to practice. It is used to help inform decisions on applications for registration and annual practising certificates under sections 15 and 26 of the Health Practitioners Competence Assurance Act 2003.

Reference requirements for registration

Three professional references are required when submitting applications for registration. Referees must be professional colleagues/managers who can attest to the clinical and technical skills of the applicant. At least one referee must be the applicant's current or most recent employer/clinical supervisor at the time of application.

References must be current, i.e. they must be dated within six months immediately prior to application for registration, and the referee must have worked with the applicant within the last 3 years.

All questions need to be answered, alternatively a referee may record N/A or a brief explanation as to why they are unable to answer a question.

Confidentiality of this reference

Under the Privacy Act 2020, any information provided in this reference must be disclosed to the applicant on request. The Dental Council may also share the content of the reference with the applicant, if further information is required from the applicant.

Submitting the reference to the Dental Council

To satisfy direct source verification requirements, the referee is required to send the reference directly to the Dental Council, by emailing it to inquiries@dcnz.org.nz

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Applicant details	
Name	
Profession/scope of practice	
Additional scope(s) of practice	

Referee details			
Name			
Email address			
Phone number			
Qualification(s)			
Profession/scope of practice			
Additional scope(s) of practice			
Workplace where you worked with applicant			
Your position/role at this workplace			
Relationship to applicant	☐ Peer ☐ Supervisor/Manager/Clinical Director ☐ Other (please specify):		
How long have you known the applicant	Professionally Reputationally Personally	From: From: From:	To: To: To:
Please indicate below the basis on which you are making your assessment of the applicant	☐ First-hand knowledge/direct observation ☐ Information from colleagues ☐ Other (please advise):		

1. Please comment on the applicant's training, experience, clinical knowledge and skills and interpersonal skills
Training:
Experience:
Clinical/Technical skills:
Personal qualities:

2. Please rate the applicant's skills by placing ticks in the appropriate boxes. Please do not leave any lines blank.

Ability:	Poor	Satisfactory	Good	Excellent
Theoretical knowledge				
Clinical judgment				
Comments:				

Capacity:	Poor	Satisfactory	Good	Excellent
Objective assessment & evaluation skills				
General ability				
Willingness to learn				
Ethical standards & attitudes				
Referral procedures & skills				
Communication skills				
Comments:				

Motivation:	Poor	Satisfactory	Good	Excellent
Industry/productivity				
Work organisation				
Record keeping				
Continuing professional development involvement				
Comments:				

Professional relationships:	Poor	Satisfactory	Good	Excellent
Patients/Relatives				
Colleagues/Staff				
Comments:				

3. Adapting to change
a) 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?

4. Strengths and weaknesses
a) What would you describe as the applicant's main strengths?
b) What would you describe as the applicant's weaknesses/limitations?
c) How would you rate the applicant's ability to recognise their own limitations?

5. Fitness to practise
a) To the best of your knowledge, does the applicant have any mental or physical condition (including substance abuse or dependency) that may affect their ability to perform the functions required as an oral health practitioner?
b) To the best of your knowledge, is there any current or past disciplinary action or legal proceedings against the applicant?
c) Are there any other issues you think the Council should be aware of?

6. Optional – English language attestation for applicable applicants

This section is for applicants who don't speak English as their first language but have recent practice experience in the UK, Ireland, Australia, USA or Canada.

Please complete this section if the applicant has asked you to attest to their English language ability for the purposes of meeting the experienced based option in the Dental Council English language and tests policy.

a) Please indicate your answer by ticking the appropriate box

Yes	No	
☐	☐	Do you speak English as your first language?
☐	☐	Have you worked with the applicant for at least six months within the last 5 years?
☐	☐	Is English the primary language of communication with patients and colleagues in the workplace where you and the applicant worked together?

b) Please comment on the applicant's ability to comprehend and communicate[1] effectively in English in an oral health setting with patients.

c) Please comment on the applicant's ability to comprehend and communicate[1] effectively in English in an oral health setting with professional colleagues.

7. 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 Dental Council for the purposes of considering the applicant's application for registration and/or a practising certificate in New Zealand.
- 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:

[1] Comprehension and communication encompass speaking, reading, writing and listening abilities.