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| --- | --- |
| **Date of Application** | Click or tap here to enter text. |
| **Name of Applicant for Review** | Click or tap here to enter text. |
| **Name of Specialist/Reviewer** | Click or tap here to enter text. |
| **Field of Specialty/ Discipline**  | Click or tap here to enter text. |
| **Medical Registration Number of Reviewer** | Click or tap here to enter text. |
| **Name of Registering Body of Reviewer** | Click or tap here to enter text. |

**Review Dimensions:**

**Please provide a score between 1-5 for each item.**

**(1=unsatisfactory; 2=needs improvement; 3=satisfactory; 4=good; 5=excellent)**

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| --- | --- | --- | --- |
| **No.** | **Field** | **Score** | **Comments** |
| 1. | Theoretical knowledge and learning experience. | 0 | Click or tap here to enter text. |
| 2. | Core clinical skills, expertise and competencies for the discipline have been achieved. | 0 | Click or tap here to enter text. |
| 3. | Leadership skills. | 0 | Click or tap here to enter text. |
| 4. | Work ethic and conduct. | 0 | Click or tap here to enter text. |
| 5.  | Professionalism. | 0 | Click or tap here to enter text. |
| 6. | Critical thinking.  | 0 | Click or tap here to enter text. |
| 7. | Compassion. | 0 | Click or tap here to enter text. |

**Evaluation Report**

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| **No.** | **Field** | **Comments** |
| 1. | Describe the context, dates, duration that you worked with the applicant. | Click or tap here to enter text. |
| 2. | Describe aspects of work done well by the applicant and their particular strengths. | Click or tap here to enter text. |
| 3. | Describe aspects of work done by the applicant that require improvement and any perceived weaknesses. | Click or tap here to enter text. |
| 4. | Provide at least one key example demonstrating capability/ expertise on the specific vocational category being sought. | Click or tap here to enter text. |
| 5.  | Overall recommendation and comments. | Click or tap here to enter text. |

**NB.**

The Council at its meeting of 24 December 2020 ***agreed*** that the Peer Reviewer for **Public Health** shall put a **star** (\*) for **theoretical knowledge** under subheading **Review Dimensions** above and assess the Practitioner based on the following scope of practice:

**Fiji Scope of Practice in Public Health**

*1. Surveillance and assessment of the population’s health and well-being*

*2. Assess community health programmes (needs, effectiveness)*

*3. Advocates of Good Health (Wellness) and Health Related Policy*

*4. Strategic leadership, Planning and Collaboration*

*5. Health Promotion*

*6. Health Legislation*

*7. Epidemiology*

*8. Public Health Research*

*9. General Practice (Clinical)*

*10. Health Management*

The assessment on the scope of practice shall be attached to this peer review form / template.

**Signature of Specialist/Reviewer: Date:**

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| --- |
| **For Official use:****□ Date application received****□** Reviewer’s Details verified**□** Supporting documents of applicant provided**□** Application approved **□** Application NOT approvedOther remarks if any. |