**Review by Supervising Clinician for GP Appraisal - Scope of Practice template (this can be completed without a face to face review)**

**For completion by appraisee**

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| Name of Appraisee |  |
| GMC Number |  |
| Name of Supervising Clinician |  |
| GMC number |  |
| Date |  |

**Declarations by GP Appraisee**

1. I confirm that all my clinical activity in the independent sector and elsewhere, including the numbers and nature of any procedures/investigations performed, has been included as part of my appraisal.
2. I confirm that I have performed only activities that are within my scope of practice as reviewed at my last appraisal.
3. I confirm that I will perform techniques new to me only after appropriate training and governance approval.

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| All aspects of practice the doctor undertakes within your organisation, and the frequency of such practice | |
| **Scope of Practice** | **Frequency** |
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**For completion by Supervising Clinician**

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| Please comment briefly on the doctor’s competence in this role.  Are there any limitations on the doctor’s practice? If yes, please give details (including is these limitations are voluntary or imposed) |
| Are you able to comment on whether the doctor is keeping up to date in this role? |
| Are you aware of any complaints/compliments? |
| Have there been any clinical incidents or other significant events? |
| Have there been any concerns? |