

Portfolio of Evidence Submission

UK Allergy GPwER Accreditation Program

Office Use Only: Candidate number:

1. Personal Information

Name

Home Address

Telephone Number

Email Address

2. Medical Probity

GMC Registration

Number:

***Please provide evidence of up-to-date GMC registration**

Are you currently under any GMC investigation?

YES

NO

If yes, please provide details:

Date of next revalidation

3. General Medical Background

GP training scheme

Year of CCT (certificate of completion of training)

Primary place(s) of work

3. General Medical Background, cont.

What best describes your General Practice work?	Full time GP partner
	Part time GP partner
	Full time salaried GP
	Part time salaried GP
	Locum GP
	Other
	If other, please provide more details:
	Please state how many sessions of core undifferentiated general practice you average per week (if less than one, please give number in last 12 months):
Date of most recent scope of practice annual appraisal:	
Name and address of local Clinical Commissioning Group and Responsible Officer	Clinical Commissioning Group or other equivalent body:
	Local Responsible Officer:

4. Premises used by GPwER Service (if applicable)

Location (e.g. purpose-built community building, GP practice)	
Please provide a brief description of the facilities (e.g. number of consulting rooms, minor surgery facilities)	

5. Theoretical Training

Candidates are expected to demonstrate that they have completed recognised training. While a relevant postgraduate qualification is strongly recommended, training can be acquired in different ways, many of which are complimentary and should not be considered mutually exclusive. Examples include:

- Successful completion of an appropriate postgraduate qualification in allergy (e.g. certificate, diploma or masters)
- Attendance at a structured course of lectures/tutorials designed to cover basic allergy self-directed learning (e.g. the internet) with evidence of completion of individual tasks

Do you have any postgraduate qualifications in allergy, such as a diploma?

Yes

No

If yes, please provide details below (you will also need to attach evidence of qualification):

Other evidence of theoretical training (additional documentation can be attached separately):

If you have not undertaken a diploma, please detail how you have structured your theoretical training.

6. Clinical Training in the Specialist Area

This should be tailored and appropriate to the training needs of the candidate. The candidate will need to attend sufficient clinics to be able to obtain the necessary experience. The assessors consider relevant clinical training to be within the last five years. Examples of clinical work experience include:

- *As a trainee or other post under the supervision of a specialist or consultant in allergy care in the secondary care service*
- *A specialist training programme*
- *A clinical placement agreed locally*
- *Attachment to an allergy care unit or under the supervision of a specialist practitioner which may not necessarily be a consultant in allergy care (some will be other practitioners e.g., GPwER in allergy care)*
- *Attendance at recognised accredited meetings / lectures / tutorials on specific relevant topics*

Please provide details of relevant current or past clinical allergy practice

Please include the frequency of the clinics and whether they were allergy and/or immunology

7. Clinical Training in the Specialist Area, cont.

Please provide a list of procedures you use (e.g. skin prick tests, oral tests)

8. Integrated Care

Please provide an overview of how you integrate with relevant Secondary Care colleagues/other senior colleagues

Please state if you do combined clinics with a clinical supervisor and how frequently. If you do not have combined clinics, please state how you interact with your clinical supervisor.

Please describe referral pathways, including any triage, and describe how pathways form part of integrated care

9. Maintaining Good Medical Practice

Do you do a combined clinic with your clinical supervisor/clinical guide?

Yes

No

If yes, how often?

If no, please explain other ways in which you work with your clinical supervisor/ clinical guide (e.g. case discussions through regular meetings, email advice and telemedicine)

CPD – New Candidates

CPD – Transition Candidates

Please outline the last 12 months of CPD in your speciality scope of practice with evidence of reflection (you may use information in your most recent whole scope of annual appraisal);

CPD – All Candidates	Please outline how you propose to keep up to date in your allergy skills, including your specific personal development plans for the forth coming appraisal year.
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10. Education and Research

Do you provide any allergy education for primary care health professionals?		
Do you plan to do any allergy research?	Yes	No
	If yes, please provide details.	

11. Funding

How is your accreditation being funded (check all that apply)?	Practice/Federation	
	ICB/Health Board	
	Other	
	If other, please state source of funding:	

12. Candidate Declaration

I confirm that the work submitted in this application is my own and the information which I have provided is accurate to the best of my knowledge.	
I confirm that I have read and agreed to the GP with Extended Role Accreditation Terms and Conditions and that the information submitted herewith is correct.	
I confirm that I am fully registered with the GMC and have declared any warnings, undertakings, or restrictions on my licence.	

I confirm that I am practising in a primary care role and undertaking undifferentiated primary care.	
I confirm that I have read and understood the privacy notice which explains how my personal data will be processed by or on behalf of the BSACI. Click here for BSACI Privacy Policy.	
I confirm that my portfolio submission does not include any patient identifiable information.	
I confirm that I have obtained consent to include the images submitted in this portfolio.	
Please tick this box if you are willing to be contacted through the BSACI by GP colleagues who are asking for advice/support towards GPwER accreditation.	

Signed	
Name (in capitals)	
Date	

To enroll for the **GPwER** kindly make your payment on the following **link** or use the **QR code**:

https://paypal.me/GPWER?country.x=GB&locale.x=en_GB

