

## UK Allergy GPwER Accreditation Programme

The aim of this tool is to help the GPwER accreditation assessors whether you are maintaining the generalist aspects of your work.

Name:	
Email Address:	
Candidate Number:	
GMC Number:	

	Factors determining whether you are maintaining the generalist aspects of your work.	GP comments/narrative
Full scope of Practice	Detail the <b>full scope</b> of your work practice including clinical and non-clinical roles (examples of clinical work include General Practice and specialist roles).  Please state on average how many sessions you perform <b>per month</b> in each role.	
Experience	How long have you been working as a qualified GP?	
Quantity of <b>low volume of general practice</b>	How many sessions of general practice have you done over the <b>last 12 months?</b>	
Reason for <b>low volume of general practice</b>	Please state why you are undertaking a low volume of general practice.	

Spread of <b>low volume</b> of general practice	Are your general practice sessions evenly spread throughout the year or do you regularly have significant breaks (> 6 weeks)? Please describe your arrangements.	
Duration of <b>low volume</b> of general practice	How long have you been undertaking this level of general practice?	
Overlap with other roles	Please describe any other roles you currently have where you apply generalist skills. Please indicate whether they include clinical work and, if so, what kind.	
Maintaining generalist competencies	How do you maintain your generalist skills?	
Actions	Going forward what actions do you feel may be necessary to ensure you retain your generalist competencies?	

**To be completed by the GPwER accreditation team:**

<b>Comments:</b>	
<b>Actions agreed:</b>	
<b>Recommendations:</b>	<p>Is the GP able to proceed with GPwER accreditation?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

**GPwER Accreditation Team:**

Name	Title	Signature

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