

Competences Logbook
For
General Practitioner with Extended Role in Allergy
Level 1

Version 1

September 2026

Name of Candidate	
GMC Number	
Candidate Number	
Commencement Date:	

	Print name	Job title	Main place of work	GMC no.	Signature
Clinical Supervisor 1	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	
Clinical Supervisor 2	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	
Clinical Supervisor 3	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	

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Introduction

The General Practitioner with an Extended Role (GPwER) in Allergy is a GP who has developed additional knowledge, skills, and experience in the assessment and management of allergic disease beyond those expected of a general practitioner. Working within a defined scope of practice, GPwERs help improve access to high-quality allergy care and support integrated working across healthcare settings.

This accreditation framework provides a nationally recognised process for demonstrating competence in allergy practice. Its aim is to ensure that GPwERs have the knowledge, clinical skills, and professional behaviours required to deliver safe, effective, and patient-centred care in allergic disease.

The logbook is designed to demonstrate achievement of the required competencies within the candidate's own clinical environment and scope of practice. It should be completed throughout the accreditation process, ***as evidence is generated***. Successful submission of a completed logbook will trigger formal assessment and subsequent successful completion of the accreditation process, thus provides assurance that the GP with extended role has met the standards expected for extended practice in allergy.

Summary Statement

Candidates undertaking this competency framework will do so across a diverse range of clinical settings and scopes of practice. It is recognised that opportunities to demonstrate specific competencies may vary according to factors such as whether a clinician's practice is focused on adult or paediatric patients. The balance between NHS and independent practice, the complexity of cases managed, and the resources and services available within their organisation is clearly outlined in the BSACI Public Private Charter Guiding Principles for Supporting NHS and Private Allergy Care Referral Pathway (2026).

The purpose of the logbook is to provide assurance that candidates are practising safely and effectively within their own clinical environment and defined scope of practice, while meeting the minimum programme requirements. Assessors should therefore evaluate the evidence submitted in the context of the candidate's declared scope of practice, focusing on whether the required standards have been achieved rather than expecting identical experiences or evidence from all candidates.

Notes for Clinical Supervisors:

Notes for clinical supervisors:

- Mark each subject S for Satisfactory and U for Unsatisfactory, or NA (not applicable)
- For any given competency satisfactory infers the candidate can provide safe and effective care and understands when to seek advice
- Use the comment box to highlight areas of excellence, and to discuss any subjects marked as unsatisfactory including the actions being taken to address the matter.

Please refer to the GPwER section of the BSACI website [here](#) for further guidance on assessment.

Scoring System

S	Satisfactory	Tick Box
U	Unsatisfactory	Tick Box
NA	Not Applicable	Mark in comments

**Clinical supervisor - a pre-accreditation supervising peer, may be a specialist in the relevant extended role or another health professional supervising within their sphere of competence in relation to what is being assessed.*

Competences

It is not intended that GPwERs in allergy care have all the competences listed in this document, rather that commissioners can be reassured that the practitioner has the specific competence, drawn from the overall list, to meet the requirements of the service specification. This same principle applies to the differing clinical roles of GPwERs.

Diagnosis and Management of Eczema

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	S	U	Clinical Supervisor Comments/Observations	Date
To diagnose and manage eczema.	The pathophysiology of atopic dermatitis, skin barrier dysfunction, and the role of the skin microbiome (including <i>S. Aureus</i>).	Take a full allergy focused history and perform a full dermatological examination, including the assessment of lesion distribution, morphology, and severity.	☐	☐		
Appropriately uses Topical Corticosteroid Therapy.	Potency, appropriate duration of use, side effect profile, and the application of fingertip units.	Prescribe and titrate topical corticosteroids at appropriate doses and durations.	☐	☐		
Appropriately uses Topical Calcineurin Inhibitor (TCA) Therapy.	Indications, mechanism of action, contraindications, and appropriate use of TCAs in sensitive areas.	Initiate and supervise the use of TCAs, ensuring correct application and monitoring for potential adverse reactions, and sun protection advice.	☐	☐		
To safely and effectively manage chronic, lichenified, or localized resistant eczema.	The clinical rationale for using fludroxycortide tape in lichenified or localized resistant eczema.	Initiate and supervise the application of fludroxycortide tape for resistant disease.	☐	☐		
To recognise, assess, and manage secondary bacterial infections in patients with eczema.	Clinical features of secondary bacterial infection, including identification of <i>S. aureus</i> , MRSA, and PVL-producing strains.	Perform appropriate skin swabbing and interpret microbiology results to guide topical or oral antibiotic or decolonisation treatment.	☐	☐		
Intensive eczema care: Wet wraps.	Indications for wet wrap therapy, barrier principles, and contraindications (e.g., infected skin).	Initiate and supervise the application of wet wraps for patients with severe/recalcitrant eczema.	☐	☐		

To manage food allergy In the context of atopic eczema.	The relationship between atopic eczema and food sensitisation; evidence-based criteria for food exclusion and the potential risks of unnecessary dietary restriction.	Manage eczema concurrently with food exclusion; supervise safe, structured food reintroductions and recognize clinical signs of reaction.	☐	☐		
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Summary of Comments

Diagnosis and Management of Management of Allergies – Foods

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	S	U	Clinical Supervisor Comments/Observations	Date
To take a detailed allergy focused history and conduct appropriate examinations.	Presentation of different types of food allergy. An awareness of the clinical history, prevalence, morbidity, mortality, and economic effects of allergy.	Take an accurate allergy focused history and carry out competent examination.	☐	☐		
		Blood tests, recombinants.	☐	☐		
		To discuss here re whether SPT or not with foods, preparations available etc, and which ones depending on clinical history or severity of reaction or not do etc.	☐	☐		
		To discuss awareness of available blood tests (Immunocap and component resolved diagnostic) and skin prick tests.	☐	☐		
		To have knowledge of centres with nurse supported skin prick testing.	☐	☐		
To successfully diagnose food allergy in the individual.	The diagnosis techniques: interpretation and basic secondary care diagnostic knowledge such as symptoms and risk factor identification, consideration of differential diagnosis. Anaphylaxis, recognition, treatment, referral to specialist care, awareness of guidelines. Difference in adults and children treatment plans and dosages. Demonstration of advanced resuscitation skills.	Carry out appropriate examination and investigations if required.	☐	☐		
		Interpret blood tests, know limitations of tests, interpretation of SPTs if done and the availability for further MDT (multidisciplinary team) or supervisor advice.	☐	☐		
		Awareness of cross reactions	☐	☐		
To manage food allergy and support the individual with treatment pack including the appropriate management of	Management techniques, outcome measures.	Discuss with patient, with referral to charities and signpost to relevant resources (patient information leaflets).	☐	☐		
	Dietary advice.	Understanding of common problems in avoidance and refer dietitian if possibility of nutritional deficiency, for nut avoidance detailed advice etc.	☐	☐		
	Offer appropriate support.	Assessment of impact of allergy.	☐	☐		

comorbidities available.	The indications for appropriate referral to other disciplines and/or secondary care.	Refer as necessary and effectively facilitate the interface between primary and secondary care.	☐	☐		
Recognition of serious allergy and know when to refer.	Basic knowledge of secondary care, assessment, and management (including care pathways, models of care, and support groups and challenge procedures.	Refer as necessary. Awareness of referral thresholds and participation in triage when necessary.	☐	☐		
Recognition of Quality-of-Life issues, psychological issues.	A working knowledge of national/international guidelines e.g., NICE, BSACI, RCGP, RCP, RCPCH, EAACI. **		☐	☐		
	Have a working sound knowledge of the common co-morbidities especially asthma, associated with food allergy and anaphylaxis.	Able to assess and manage appropriately common comorbidities as well as empower patient to seek further help when appropriate.	☐	☐		
			☐	☐		

** National Institute of Health and Care Excellence, British Society of Allergy and Clinical Immunology, Royal College of General Practitioners, Royal College of Physicians, Royal College of Paediatrics and Child Health, European Academy of Allergy and Clinical Immunology

Summary of Comments

Diagnosis and Management of Allergic Disease of the Respiratory Tract

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	S	U	Clinical Supervisor Comments/Observations	Date
To take a detailed allergy focused history at initial presentation and conduct appropriate examinations.	The timeliness and indications for taking an allergy focused history. Awareness of occupational causes.	Take an accurate allergy focused history and carry out a competent examination, to include the respiratory tract and ENT examination.	☐	☐		
To diagnose and manage the individual with allergic disease of the respiratory tract and be conversant with the range of treatment therapies available. (United airway)	Knowledge of diagnostic techniques such as skin prick testing, blood testing, their indications and limitations.	Discuss with the patient/carer the incidence, prevalence (including comorbidity with asthma), risk factors, allergies, intolerances, and natural history associated with the condition.	☐	☐		
	The various management types, allergen avoidance measures, immunotherapy, drug therapies, and complimentary therapies.	Use and teach the use of inhaler devices and nasal sprays.	☐	☐		
		On shared care protocols immunotherapy.	☐	☐		
		Support of patients with immunotherapy.	☐	☐		
		Ensure that the patient understands their therapy regime and so promote adherence and foster concordance.	☐	☐		
	The indications for appropriate referral to other disciplines and / or secondary care.	Refer as necessary and effectively facilitate the interface between primary and secondary care.	☐	☐		
	A working knowledge of national/international guidelines of the united airway. NICE, BSACI, e.g., Allergic Rhinitis and its Impact on Asthma (ARIA), European Academy of Allergology and Clinical Immunology (EAACI).	Act confidently in the organisation of care (setting up allergy services, immunotherapy service).	☐	☐		
Anaphylaxis To contribute to education initiatives for children and adults.	Theory and management of anaphylaxis. Working knowledge of guidelines e.g., RCUK, BSACI, EAACI, NICE, MHRA.	Teach the use of adrenaline device. Educate school staff and pupils on appropriate management of allergic disease and anaphylaxis.	☐	☐		

	Educational resources on asthma and anaphylaxis.					
Types of anaphylaxes	Aware of presentations of different forms of anaphylaxis: food, aero allergen, idiopathic, perioperative, and drug.	To be confluent in NICE guidance on the diagnosis, presentation, investigation and management of anaphylaxis. To be confluent in NICE guidance on the diagnosis, presentation and outcome of drug allergy anaphylaxis.	☐	☐		
Department of Health guidance in schools.	To be aware of Spare Pens in Schools Campaign and Benedict Blythe Law 2026.		☐	☐		

Summary of Comments

Diagnosis and Management of Allergic Rhinitis and Asthma

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	S	U	Clinical Supervisor Comments/Observations	Date
To successfully diagnose allergic rhinitis and/or asthma in the different age range groups.	The various diagnostic methods and criteria for all age groups and trigger types, to include occupational factors.	Take a targeted allergy focused history with an awareness of allergic triggers.	☐	☐		
		Examine the respiratory system (including nose).	☐	☐		
		Order and understand the correct tests.	☐	☐		
		Perform and interpret skin prick testing.	☐	☐		
		Carry out and interpret spirometry and nitric oxide tests where available and or appropriate.	☐	☐		
To manage allergic rhinitis and/or asthma in the individual and be conversant with the range of treatment therapies available.	The various treatment / management options (cost, efficacy, safety), and the variances that can occur (pregnancy, children, occupational sufferers) Factors influencing concordance with treatment.	Take and teach peak flow measurements.	☐	☐		
		Use and teach the use of inhaler and nasal devices.	☐	☐		
		Manage routine asthma and rhinitis care in practice to promote adherence and foster concordance.	☐	☐		
		Support personalised asthma action plans (PAAPs): for all ages 2-5, 6-12, 13-18, 19+.	☐	☐		
To manage allergic rhinitis and/or asthma in the individual and be conversant with the range of treatment therapies available.	The pertinent trigger factors and role of allergen avoidance.	Identify and discuss trigger factors and their impact with the individual as appropriate.	☐	☐		
	The indications for appropriate referral to other disciplines and/or secondary care.	Refer as necessary and effectively facilitate the interface between primary and secondary care.	☐	☐		
	Consider this in the context of wider allergic disease (consider emergency actions plans for asthma and anaphylaxis if necessary).	Signpost resources and effectively communicate national guidance to peers and patients/carers as appropriate e.g., NICE, SIGN, BTS, ARIA.	☐	☐		

Summary of Comments



Diagnosis and Management of Drug Therapy for Allergic Disease

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	Attitudes	S	U	Clinical Supervisor Comments/Observations	Date
To manage drug treatment for patients with allergic disease.	Drug therapy in allergic respiratory disease.	Assess, prescribe, or supply and monitor response to treatment.	Facilitate shared holistic and nonjudgemental decision-making with patients with allergy.	☐	☐		
		Interpretation of blood tests and different phenotypes of allergic disease.		☐	☐		
	Specialist pharmaceutical knowledge of care of patients with allergic disease.	Be accountable for the pharmaceutical care of a group of patients with allergic disease.		☐	☐		
	How to achieve shared decision-making with patients with allergic disease.	Personalise treatment goals based upon national therapeutic targets whilst recognising the individual patients' circumstances.		☐	☐		
	Drug treatment for common co-morbidities in allergic diseases. Awareness of new biological treatments.	Monitor, review and adjust drug treatments effectively including for complex medication regimens.		☐	☐		
	Adverse reactions to drug treatments.	Manage and understand the importance of reporting and de-labelling adverse drug reactions.		☐	☐		
To manage drug treatment for the allergic patient.	Drug therapy in allergic disease.	Assess, prescribe and monitor response to treatment in adults and children, awareness of drug dosages for age ranges and weight.		☐	☐		
	Specialist knowledge of drugs, awareness, special circumstances, pregnancy etc.	Be accountable for pharmacy care.		☐	☐		
	Antihistamines, drug dosages, nasal sprays techniques.	Show the patient what to do.		☐	☐		
	Shared decision making and awareness of tertiary referral guidelines.	Personalised treatment plans and individualised care, e.g., adrenaline devices.		☐	☐		
	Adverse drug reactions.	Manage and report adverse drug reactions.		☐	☐		

Summary of Comments

Diagnosis and Management of Allergies – Venoms

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	S	U	Clinical Supervisor Comments/Observations	Date
Diagnosis of venom allergy.	The clinical presentations, common differential diagnosis, treatment plan with adrenaline device, referral for venom immunotherapy.	Take an accurate history and carry out blood tests, IgE, tryptase.	☐	☐		
		Refer to specialist centre for confirmation of venom allergy and consideration for desensitisation.	☐	☐		
	Shared decision making and awareness of tertiary referral guidelines.	Personalised treatment plans and individualised care, e.g., adrenaline devices.	☐	☐		
	Adverse drug reactions.	Manage and report adverse drug reactions.	☐	☐		

Summary of Comments

Diagnosis and Management of Allergies – Angioedema/Urticarias

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	S	U	Clinical Supervisor Comments/Observations	Date
Diagnosis of angioedema and urticaria.	Allergy focused history with understanding of presentations and diagnosis.	Management to include assessment of airway involvement and appropriate treatment regular and emergency.	☐	☐		
Spontaneous Inducible urticaria.	Thermal, Cold, Aquagenic, Exercise, Dermatographism.	Advise and refer as necessary (awareness of occupational issues). Titration of antihistamines and triage in the community.	☐	☐		
	Exclude other triggers including IgE food allergy, viral/bacterial infection, iron or vitamin D deficiency, immune/autoimmune disorders.	Throat swab, blood pressure, urine dipstick, blood test for ESR, FBC, CRP.	☐	☐		
Latex allergy.	Presentation, diagnosis, and awareness of latex fruit syndrome.	Advise and refer as necessary (awareness of occupational issues).	☐	☐		
Common drug allergies.	Allergy focused history, blood tests, advise, awareness of challenge procedures in secondary care.	Refer as necessary and effectively facilitate the interface between primary and secondary care.	☐	☐		
	Clear documentation for specialist review of type of drug, timing and dosages.	Advise and refer as necessary.	☐	☐		
Other problems food intolerances, coeliac, lactose intolerance, phobias, eating disorders.	Recognition and appropriate referral and support for differential diagnosis to include vasculitic lesions, eczema, contact dermatitis, mastocytosis, awareness of hereditary angioedema.	Refer as necessary.	☐	☐		
Targeted therapies.	Clear documentation of specialist review of Treatment (Anti-IgE Therapy)/Biologics/Immunotherapies, timing and dosages. Awareness of Home Delivery Service and administration in the Community.	Inform Specialist Centre of compliance, non-compliance etc.	☐	☐		

Summary of Comments

Diagnosis and Management of Drug Allergies

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	S	U	Clinical Supervisor Comments/Observations	Date
Diagnosis of drug allergy.	Allergy focused history with understanding of presentations and diagnosis of the types of drug allergies (classifications).	Management to include assessment of drug allergy.	☐	☐		
Diagnosis of Beta-Lactam Penicillin drug allergies.	Allergy focused history of penicillin drug allergy.	Advise and refer as necessary (awareness of occupational issues).	☐	☐		
	Exclude other differential diagnosis including IgE food allergy, viral/bacterial infection, nutritional deficiencies, immune/autoimmune disorders.	Comprehensive review of drug allergy history, clinical presentation and outcome.	☐	☐		
Latex allergy.	Presentation, diagnosis, and awareness of latex fruit syndrome.	Advise and refer as necessary (awareness of occupational issues).	☐	☐		
Common drug allergies (other than penicillins.	Allergy focused history, blood tests, advise, awareness of challenge procedures in secondary care.	Refer as necessary and effectively facilitate the interface between primary and secondary care.	☐	☐		
	Clear documentation for specialist review of type of drug, timing and dosages.	Advise and refer as necessary.	☐	☐		
Targeted therapies.	Clear documentation of specialist review of drug allergy, including treatment (Anti-IgE Therapy)/Biologics/Immunotherapies, timing and dosages.	Inform Specialist Centre of drug allergic reactions.	☐	☐		

Diagnosis and Management of – Mast Cell Disorders

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	S	U	Clinical Supervisor Comments/Observations	Date
Diagnosis of cutaneous or systemic mastocytosis.	Presentations, diagnosis, differential diagnosis to include vasculitic lesions, eczema, contact dermatitis, urticaria, angioedema, with awareness of hereditary angioedema.	Management to include assessment of airway involvement and appropriate treatment regular and emergency.	☐	☐		
Cutaneous mastocytosis.	Awareness and understanding of the disorder and differentiate from eczema and urticaria.	Advise and refer as necessary to dermatology or allergy (complex mast cell clinic).	☐	☐		
Systemic mastocytosis.	Awareness and understanding of the disorder.	Advise and refer as necessary to allergy (complex mast cell clinic).	☐	☐		
Mast cell activation disorder.	Awareness and understanding of the disorder and taking allergy focused history.	Refer as necessary and effectively facilitate the interface between primary and secondary care.	☐	☐		
Awareness of differential diagnosis, food intolerances, coeliac, lactose intolerance, phobias, eating disorders.	Recognition and appropriate referral and support.	Refer as necessary.	☐	☐		

Management and Delivery of Allergy Care

Objectives	Knowledge (The practitioner can...)	Skills (The practitioner is able to)	Attitudes	S	U	Clinical Supervisor Comments/Observations	Date
To understand different models of delivery of allergy care.	Describe different settings in which allergy care can be delivered.	Discuss different models of allergy care delivery, e.g. in primary care and secondary care.	Recognise the importance of (MDTs) working and the value of working care and primary/secondary/tertiary care interface in allergy management.	☐	☐		
	Understand the factors which influence commissioning allergy care within the NHS.	Describe the commissioning process for allergy care and its relationship to other NHS initiatives.		☐	☐		
	Describe which aspects of clinical allergy care can be delivered in different clinical settings.	Identify appropriate patient groups for management in different settings, e.g. primary, secondary care and subspecialty clinics.		☐	☐		
	Understand the role of local initiatives in delivering integrated allergy care - Are they aware of local pathways - Part of a local network - Placement of candidates in the service pathway and active participation in MDTs	Describe the processes required to develop local initiatives, e.g. allergy databases, managed clinical networks and allergy advisory groups.		☐	☐		
To provide care planning for patients with allergy.	Offer patients active involvement in deciding, agreeing, and owning how their allergy will be managed.	Implement a care plan as the heart of a partnership approach to care and as a central part of effective care management.	Ensure that patients are comfortable with what is proposed and that they do not have to bear more responsibility than they wish.	☐	☐		
Summary of the services that the GP with Extended Role can provide: (i.e. adult, paediatric and areas of most common practice)							

Summary of Comments

Local Service Delivery

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	S	U	Clinical Supervisor Comments/Observations	Date
To work in partnership with others e.g. public health physicians to develop the skills and knowledge of primary (and secondary) care to manage patients with allergic conditions.	Effective interventions to prevent and treat allergic disease.	Communicate effectively with healthcare professionals and patients, especially those from minority and vulnerable groups such as teenagers.	☐	☐		
	The needs of patients with respiratory care, dermatology, Allergic Rhinitis, Allergic Polyposis Allergic eye disease, allergic Gastrointestinal disease and occupational causes.	Understanding of population health.				
	The role of patient support organisations.	Able to teach and train other trainee doctors/GPs, and nurses within the clinics.	☐	☐		
		Provide information about support organisations.	☐	☐		
		Conduct an educational meeting with referring practices to maximise their potential.	☐	☐		
		Close working with pharmacists on eczema, rhinitis, asthma, anaphylaxis, medications and training with autoinjectors.	☐	☐		

Summary of Comments

Clinical Leadership and Coordinated Care

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	S	U	Clinical Supervisor Comments/Observations	Date
To identify the need, and lead on the development, for shared care and other and other allergy care services across the locality. This may be in partnership with public health teams.	The principles of service and clinical leadership.	Promote primary and secondary prevention of respiratory and allergic disease in primary care; work for prevention in high-risk groups.	☐	☐		
	Service configuration and the role of local providers and government organisations such as NHSE and primary care networks and neighbourhoods.	Act as a champion, advocate, and leader for respiratory and allergy health in primary care to raise understanding of causes, preventions and treatment of respiratory disease and allergic disease depending on established practice. *	☐	☐		
	The structure of the role of Primary Care Networks and the wider integrated care systems.	Develop and maintain links with providers, Primary Care Networks and the integrated care systems.	☐	☐		
Drug delivery in integrated care.	Knowledge and understanding of the use, treatment, doses and side effects of home delivered targeted therapies for atopic dermatitis, asthma, allergic rhinitis/conjunctivitis, chronic idiopathic urticaria and food allergy.	Close working with pharmacists on Anti-IgE, Biologics, Immune suppressants, Aeroallergen and sublingual immunotherapy.	☐	☐		
Drug allergy de-labelling (Penicillin and other antibiotics).	Understand the importance in de-labelling a drug allergy: prevention of anti-biotic resistance.	To actively de-label a patient with refuted drug allergy on the primary care and wider integrated care system.	☐	☐		

Summary of Comments

Evidence Checklist

Section 1. Programme Introduction

Task	Knowledge Demonstrated	Skill Demonstrated	Evidence Reference	Date	Signature
Programme Introduction reviewed	Understands programme purpose and scope	Able to explain GPwER standards	Portfolio declaration		
Background rationale reviewed	Understands burden of allergic disease and service need	Applies learning to practice	Reflection		
Curriculum overview reviewed	Understands curriculum outcomes	Maps evidence to curriculum	Curriculum map		
Accredited courses	Understands curriculum outcomes	Maps evidence to curriculum	Curriculum map		
Accredited Postgraduate Courses	Understands curriculum outcomes	Maps evidence to curriculum	Curriculum map		

Section 2. Clinical Supervisors

Task	Knowledge Demonstrated	Skill Demonstrated	Evidence Reference	Date	Signature
Clinical supervisor appointed	Understands supervision arrangements	Engagement with training process	Supervisor agreement		
Initial meeting completed	Training requirements understood	Learning objectives agreed	Initial meeting record		
Progress review completed	Demonstrates progression	Action planning	Mid-point review		
Final review completed	Ready for summative review	Portfolio discussion	Final review form		

Section 3. Competency Assessment Framework

Task	Knowledge Demonstrated	Skill Demonstrated	Evidence Reference	Date	Signature
Asthma	Diagnosis and management	Clinical assessment and treatment	Work Based Assessment (WBA)/mini-Clinical Evaluation Exercise (CEX)		
Allergic rhinitis	Diagnosis and management	Management planning	WBA/clinic log		
Food allergy	Investigation and management	Allergy consultation skills	WBA/mini-CEX		
Anaphylaxis	Recognition and emergency management	Acute management	WBA/reflection		
Urticaria & angioedema	Diagnosis and treatment	Clinical management	WBA		
Drug Allergy	Investigation pathways	Assessment and referral	WBA/clinic log		
Venom allergy	Diagnosis and treatment	Patient management	WBA		
Latex Allergy	Occupational and peri-operative relevance	Management planning	Case evidence		
Eczema	Diagnosis and treatment	Eczema management	WBA/clinic log		
Gastro-Allergy, Food Protein Induced Enterocolitis Syndrome (FPIES), Eosinophilic Eosophagitis (EoE), Alpha-gal, Wheat-Dependant Exercise-Induced Anaphylaxis (WEIDA)	Specialist conditions recognised	Clinical management	Case log		
Immunotherapy	Indications and safety	Monitoring and delivery	Procedure log		
Peri-operative anaphylaxis	Investigation pathways	Referral and management	WBA		
Respiratory allergy	Respiratory allergic disease	Clinical assessment	Clinic log		
Service delivery	NHS pathways and governance	Service development	Quality Improvement/audit evidence		

Leadership	Leadership principles	Leading teams and change	Reflection/QI project		
Psychology awareness	Recognition of the role of anxiety and low mood/depression may have in chronic allergic disease	Acute and long-term support BSACI Resources	WBA/clinic log		
Nutrition and dietetics	Recognition and management of nutritional deficiencies, faltering growth and Food Avoidance restrictive Intake Disorder (ARFID)	Acute and long-term support	WBA/clinic log		
Safeguarding and safety netting	Recognition of Factitious Illness, diet manipulation and neglect in children with allergic disease	Referral and management	WBA		

Section 4. Clinical Activity Logs

Task	Knowledge Demonstrated	Skill Demonstrated	Evidence Reference	Date	Signature
General allergy clinics attended	Broad allergy knowledge	Independent assessment	Clinic log		
Asthma clinics attended	Asthma management	Clinical decision making	Clinic log		
Food allergy clinics attended	Food allergy management	Allergy consultation	Clinic log		
Drug allergy clinics attended	Drug allergy pathways	Assessment skills	Clinic log		
Venom allergy clinics attended	Venom allergy management	Clinical review	Clinic log		
Rhinitis clinics attended	Rhinitis management	Clinical review	Clinic log		
Eczema clinics attended	Eczema diagnosis and therapy	Dermatology assessment	Clinic log		
Gastro-allergy clinics attended	FPIES/EoE/Alpha-gal	Specialty assessment	Clinic log		
Nutrition and dietetics clinics	Nutrition and faltering growth	MDT discussions	Clinic log		
Immunotherapy clinics attended	Immunotherapy service delivery	Patient monitoring	Clinic log		
Respiratory clinics attended	Respiratory allergy	Clinical assessment	Clinic log		
Psychology	Allergy as a chronic disease	Clinic review	MDT discussion		
Patient numbers recorded	Breadth of clinical exposure	Independent practice	Activity summary		

Section 5. Procedural Competencies

Task	Knowledge Demonstrated	Skill Demonstrated	Evidence Reference	Date	Signature
Skin prick testing observed	Test principles understood	Observation completed	Procedure log		
Skin prick testing supervised	Interpretation understood	Supervised performance	DOPS		
Skin prick testing independent	Full competence demonstrated	Independent performance	DOPS		
Specific IgE and Component Resolved Diagnostics	Indications and interpretation	Diagnostic application	Procedure log		
Spirometry/FeNO (Fractional Exhaled Nitric Oxide)	Respiratory physiology	Performing and interpreting test/asthma action plans	DOPS		
Food challenge (Adult)/Feed challenge observation (Paediatric)	Protocols and safety	Clinical observation	Logbook		
Adrenaline device teaching	Anaphylaxis management	Patient education and allergy action plans	Mini-CEX		
Immunotherapy administration	Monitoring and governance	Safe administration	DOPS		
Oral Drug Provocation Test	Indications and interpretation	Diagnostic application, especially for penicillin de-labelling	Procedure log		
Complex Drug Provocation Test	Indications and interpretation	Diagnostic application, especially for implications for confirmed peri-operative anaphylaxis	Procedure log		

Section 6. Workplace Based Assessments

Task	Knowledge Demonstrated	Skill Demonstrated	Evidence Reference	Date	Signature
WBA 1 completed	Clinical reasoning	Case management	WBA 1		
WBA 2 completed	Clinical reasoning	Case management	WBA 2		
WBA 3 completed	Clinical reasoning	Case management	WBA 3		
Mini-CEX 1 completed	Applied knowledge	Consultation skills	Mini-CEX 1		
Mini-CEX 2 completed	Applied knowledge	Consultation skills	Mini-CEX 2		
DOPS completed	Procedural knowledge	Procedural competence	DOPS		
Reflective case completed	Reflection on practice	Self-assessment	Reflection		
MDT review completed	Integrated care pathways	MDT patient discussions	MDT attendance record		

Section 7. CPD & Teaching Portfolio

Task	Knowledge Demonstrated	Skill Demonstrated	Evidence Reference	Date	Signature
CPD log maintained	Lifelong learning	Incorporation into practice	CPD log		
Allergy course attendance	Updated specialist knowledge	Knowledge translation	Attendance certificate		
Webinar attendance	Contemporary practice update	Reflective learning	Certificate		
Conference attendance	Emerging evidence awareness	Dissemination of learning	Programme/certificate		
Teaching delivered	Educational principles	Teaching skills	Teaching log		
Teaching feedback reviewed	Educational evaluation	Educational improvement	Feedback forms		
Faculty role undertaken	Educational leadership	Programme contribution	Faculty evidence		

Section 8. Audit, Quality Improvement & Research

Task	Knowledge Demonstrated	Skill Demonstrated	Evidence Reference	Date	Signature
Clinical audit completed	Clinical governance	Audit methodology	Audit report		
QI project completed	Improvement science	Service improvement	QI report		
Research activity completed	Research principles	Research participation	Research summary		
Publication submitted/published	Academic contribution	Scientific writing	Publication		
Poster presented	Knowledge dissemination	Poster presentation	Poster abstract		
Oral presentation delivered	Subject expertise	Presentation skills	Presentation slides		

Section 9. Supervisor Summative Assessment

Task	Knowledge Demonstrated	Skill Demonstrated	Evidence Reference	Date	Signature
Portfolio evidence reviewed	Curriculum requirements achieved	Competency requirements achieved	Full portfolio		
Competency summary completed	Knowledge outcomes achieved	Clinical competence achieved	Supervisor report		
Quality and form of triage, consultation, referral and actions/outcomes in letters	Attendance at MDTs for case-based discussions	Complete case-based discussions and safeguarding	Review of letters		
Final recommendation completed	Ready for independent GPwER practice	Safe and effective practitioner	Final assessment		
Supervisor sign-off completed	GPwER requirements met	Independent practice supported	Summative report		
Candidate declaration signed	Portfolio complete	Professional declaration	Candidate signature page		

For Completion by the Supervisors

Comments from Clinical Supervisor	Date: [please enter the date here]	Sign: [please sign here]
[insert answer here]		
Comments and Observations from Senior Clinical Supervisor	Date: [please enter the date here]	Sign: [please sign here]
[insert answer here]		

Acronyms

ARIA - Allergic Rhinitis and its Impact on Asthma	MDTs – Multidisciplinary Teams
BSACI – British Society for Allergy and Clinical Immunology	MHRA - Medicines and Healthcare products Regulatory Agency
BTS – British Thoracic Scale	NICE - National Institute for Health and Care
CEX - Mini-Clinical Evaluation Exercise	PAAPs - Personalised Asthma Action Plans
CRP - C-reactive protein	RCGP - Royal College of General Practitioners
DOPS – Direct Observation of Procedural Skills	RCP - Royal College of Physicians
EAACI - European Academy of Allergy and Clinical Immunology.	RCPCH - Royal College of Paediatrics and Child Health
EoE - Eosinophilic Eosophagitis	RCUK - Resuscitation Council UK
ESR - Erythrocyte Sedimentation Rate	SIGN - Scottish Intercollegiate Guidelines Network
FeNo - Fractional Exhaled Nitric Oxide	SPTs – Skin Prick Testing
FPIES - Food Protein Induced Enterocolitis Syndrome	TCA - Topical Calcineurin Inhibitor
FBC – Full Blood Count	WBAs – Work Based Assessments
GPwER – GP with an Extended Role in Allergy	WEIDA - Wheat-Dependant Exercise-Induced Anaphylaxis
IgE - Immunoglobulin E	

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Document prepared by Tamara Reid