**Structured reflective template for doctors undertaking a low volume of clinical work**

The aim of the tool is to allow you to demonstrate with confidence to your appraiser and responsible officer that you are safe, up to date and fit to practise at what you do particularly if you have an unusual or restricted scope of practice, or do a low volume of a particular scope of work. The tool highlights areas of risk and areas of mitigation for those risks.

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|  | **Factors affecting the perception of potential risk to patients for each scope of practice** | | **Appraisee comments/narrative** |
| Volume | How many sessions of clinical work have you done over the last 12 consecutive months of clinical practice. Exclude any significant breaks like maternity or sick leave. | |  |
| Spread | Is your clinical work evenly spread throughout the year or do you regularly have significant breaks (e.g. > 6 weeks)? Please describe your arrangements. | |  |
| Experience | How long have you been working as a qualified specialist/GP? | |  |
| Overlap with other roles | Please describe any non-specialist medical roles you currently have and to what extent they overlap with your current role (Offer experience which helps maintain your clinical skills)? Please indicate whether they include clinical work and if so what kind. | |  |
| Duration of low volume work | How long have you been working at the current volume of work and what are your plans to continue to work at this volume for work. | |  |
| Scope of practice | Nature of main specialist/GP role clinical work: Do you carry out the full scope of specialist/general practice work or is your GP role in any way restricted? The full scope of general practice would include acute and chronic cases, palliative care, chronic disease management, visiting, contraception, etc. | |  |
| Benchmarking, integration and support | Are you able to compare your own practice with that of your peers? For example:  Do you receive organisationally generated data on your activity which compares you to your peers?  Do you meet regularly with your peers to discuss your work?  Do you have easy access to support and advice from your peers (either through work or through networks outside work e.g. learning groups, etc.)? | |  |
| Personal approach to risk | How do you limit the impact of your professional working arrangements on clinical risk to your patients?  For example:  If you work a restricted scope of practice what arrangements do you have in place to stay within the boundaries of your competence?  If you move around what actions to you take to ensure you have access to adequate induction and systems information?  How do you ensure you are informed promptly of complaints and SEAs and how to you report these to the organisations you work in? | |  |
| CPD | CPD - please describe how your approach to CPD helps to ensure you are up to date.  Does your CPD give you an ongoing exposure to the breadth of your potential caseload such as to mitigate any reduction in experience?  Do you access any vicarious clinical exposure through learning groups or social media discussion forums?  Do you rely predominantly on advice from peers on site or are you able to confidently access up to date, authoritative factual information about clinical issues most of the time? | |  |
|  | Going forward what actions do you feel may be necessary to ensure you retain your competencies across your scope of work and support your development? | |  |
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| **To be complete after the appraisal discussion** | | | |
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| Appraiser’s comments | |  | |
| Actions agreed by Doctor in appraisal | |  | |
| Comments/Recommendations by Appraisal Lead or Responsible Officer | |  | |