

Scope of practice update

Name:		
GCM number:		
Specialty:		
Current scope of practice:		
Other procedures and activities:		
Spacer insertion (eg Barrigel, SpaceOAR):		
	Credentialed by:	
Surgery (eg excision, biopsy, drainage):		
SABR/SRS/Gamma Knife:		
	Credentialed by:	
Family planning:		
<ul style="list-style-type: none"> My last appraisal was at this date: / /	
<ul style="list-style-type: none"> My next appraisal is booked on this date: / /	
<ul style="list-style-type: none"> My next revalidation is on this date: / /	

Please ask your designated body to review the activity above and to confirm your current scope of practice.
Your Responsible Officer, Medical Director, Clinical Director or Clinical Lead can sign the form.

Name:			
Role:			
I confirm that the activity submitted by this consultant is reflective of their current scope of practice.			
Signed:		Date: / /

I confirm that all information provided is true and correct:

Name:		Date: / /
-------	--	-------	-----------------------