

**Peer Reviewer Declaration**

I am aware of the role that this doctor performs as an independent doctor. In my capacity as a GMC registered doctor who is a peer in this area, I confirm that they are suitably trained and maintain their skills and knowledge commensurate to the role. They have provided evidence of learning and reflection for the role. They perform to a satisfactory level and there are no unaddressed concerns about their practice.

Name:

Signature:

Date