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| --- | --- |
| **Describe areas of QOF responsibility** |  |
| **Describe other areas to which you contribute** |  |
| **Describe the impact of QOF on the way you practice** |  |
| **Describe the impact of QOF on the way your practice functions** |  |
| **Describe the impact of QOF on your patients** |  |
| **Do any learning needs fall out of your roles in QOF?** |  |