**Wider Scope of Practice Form  
  
Full name: GMC number:**

Role undertaken outside of your medical training post(s):\_..............................................................................................................

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| --- | --- |
| Please provide evidence of how you are qualified for this role? |  |
| Please provide evidence of how you are keeping up to date in this clinical area? |  |
| Please provide evidence about, or feedback you have had on, your performance? |  |
| Please describe how you audit/quality control work undertaken in this clinical area? |  |
| Indemnity – are you covered for your full scope of practice? |  |