

## Wider Scope of Practice Form

### Part 1 – For registered medical practitioner

Please enter the role you undertake outside of your Pharmaceutical Medicine Specialty Training (PMST). Please complete a new form for each role you undertake.

Job title:	
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?	
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Your name: .....

Your signature: .....

Date: .....

## Part 2 – For the employer or supervisor

Part 2 must be completed by either the employer of or person supervising the registered medical practitioner in the role described above. If you do not have a medical supervisor for this role, an administrator/manager can sign this form.

I confirm that I have <b>no concerns</b> about the fitness to practise of this trainee <input type="checkbox"/>	
If there is an <b>unresolved</b> concern or conduct, capability/SUI investigation or a complaint for this registered medical practitioner, please state the details of the unresolved concern or conduct, and send it to <a href="mailto:deanery@fpm.org.uk">deanery@fpm.org.uk</a> .	
<b>Signature:</b>	<b>Date:</b>
<b>Name:</b>	<b>GMC No (if applicable):</b>
<b>Job Title:</b>	<b>Organisation:</b>
<b>Email:</b>	<b>Telephone:</b>