**Whole Scope of Practice (WSOP) declaration**

All doctors in training who carry out clinical work (paid or voluntary) outside of a training programme must declare this information on their Form R and additionally complete this form (one per activity/organisation worked for). Examples include: locum work carried out in another organisation/specialty; editor of a medical journal; medical cover at sporting events.

**Section 1 - Resident doctor to complete**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME** |  | **GMC NO** |  | **SPECIALTY** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Work** | **Start Date** | **End date** | **Name and address of Employing / Hosting Organisation including name of Responsible Officer (if applicable)** | |
|  |  |  |  | |
| **Reflection on practice noted above** *(e.g., are you up to date with CPD; what have you learnt / experienced which will change your everyday practice. Please include reference to e-portfolio location if applicable)*  Add more rows if needed | | | | |
| Have you been involved in any incidents/complaints/investigations in this role **that are not already declared on the Form R?** | | | | **Yes / No**  *(delete as appropriate)* |
| If Yes, please add further information (*include reference to e-portfolio location if applicable)* | | | | |

**Section 2 - Supervisor to complete**

This should be completed by your immediate supervisor for the NON TRAINING WORK listed above. If you do not have a medical supervisor for this role a Manager can sign this form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you aware of any concerns raised about the fitness to practise of this doctor?** | | | | **Yes / No** *(delete as appropriate)* |
| **IF YOU HAVE ANSWERED YES TO THE ABOVE QUESTION OR THE DOCTOR HAS BEEN INVOLVED IN ANY INCIDENTS, COMPLAINTS OR INVESTIGATIONS EMAIL** [**england.revalidation.tv@nhs.net**](mailto:england.revalidation.tv@nhs.net) | | | | |
| **Signature** |  | **Name** |  | |
| **Job Title** |  | **Date** |  | |
| **GMC Number**  **(if applicable)** |  | **Organisation** |  | |
| **Contact details**  **(phone and email)** |  | | | |

**Section 3 - Educational Supervisor / Resident doctor to complete (following discussion)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ES Comments** | | | | | |
| **ES Signature** |  | **Name** |  | **Date** |  |
| **Resident doctor Signature** |  | **Date** |  | | |