**Developing Expanded Practice EPP Form 2**

1. **Expanded Practice Title**
2. **Rationale for change**

*Describe clearly how the service is currently delivered and what changes are proposed. This might be easier using a diagram to describe the patient’s journey.*

1. **The Patient**

**3.1. Define the patient group and their condition**

*Please include gender, diagnosis and age range. Identify any exclusion criteria.*

**3.2. Are children involved?**

|  |  |
| --- | --- |
| **Yes** | **🞎** |
| **No** | **🞎** |

If **yes** please forward the completed document to the lead for Safeguarding Children for comment.

**3.3. Patient consent to treatment**

|  |  |
| --- | --- |
| **Verbal** | **🞎** |
| **Written** | **🞎** |

**3.4. If written consent is required, what are the training requirements?**

*Refer to the ICID policy and guidance on gaining consent*

**3.5 State what the patient will be consenting to**

1. **Professional Preparation**

**4.1. What are the minimum qualifications required to undertake this role?**

*E.g. registered physiotherapist, nurse etc*

**4.2. What is the minimum experience required to undertake this role?**

*E.g. 2 years post registration, 18 months working in the clinical specialty. Please include information on existing professional regulations and guidance.*

**4.3. Is there a recognised training course or training programme?**

|  |  |
| --- | --- |
| **Yes** | **🞎** |
| **No** | **🞎** |

**If yes:**

|  |  |
| --- | --- |
| **Name of course:** |  |
| **Where is it delivered?** |  |
| **What is the academic level of study?** |  |
| **What are the course outcomes?** (Please include any course documentation with your submission) |  |

**If no:**

Please ask the clinical assessor to complete the “Clinical Competency Framework” document and **submit the form with this document**.

**Has a competency document been submitted?**

|  |  |
| --- | --- |
| **Yes** | **🞎** |
| **No** | **🞎** |

**4.4: What is the proposed time frame for completing the training/education?**

1. **Accountability**

**5.1: How will you ensure the practitioner remains up to date?**

**5.2: What processes are in place to ensure that the practitioner remains competent to practice at this level?**

**5.3: What are the formalised processes in place when the practitioner anticipates that he/she may be working outside of their sphere of competency, knowledge, skills or experience?**

1. **Audit**

Once your expanded practice has been approved, the audit information you provide below will need to be submitted through the Online System for Clinical Audit (OSCA). Should you need any help please contact the Clinical Audit Department on Ext: 4354

* 1. **What is the title of the audit you plan to undertake?**
	2. **How will you be auditing? (portfolio review, observation, assessment etc)**
	3. **When do you plan to audit?**
	4. **Please list the audit standards that you will be using:**

Standards are explicit statements that define what is being measured. Their purpose is to enable you to compare current practice with expected practice for the purposes of improving the quality of care.

| **Audit standard** | **Percentage** | **Exceptions** | **Evidence** |
| --- | --- | --- | --- |
| 1. All competencies relevant to this expanded practice should have been completed within the specified time-frame
 | 100 | None | Completion of expanded practice competency. |
| 1. The individual should have an IPR within a year of starting their expanded practice role
 | 100 | None | Spida/personnel records  |
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| --- | --- |
| **Submitted by:** |  |
| **Directorate** |  |
| **Contact number:** |  |
| **Email address** |  |
| **Date:**  |  |

**Please submit the completed form electronically to:**

**The chair of the *Expanded Practice Validation Group***