**EXPANDED PRACTICE PROTOCOL CHECKLIST – Form 2** 

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| Title of Protocol: |  | Practice Protocol No: |  |
| Group Member: |  | Date: |  |

| Section |  | Yes | **No** | N/A | If no please state your reasoning |
| --- | --- | --- | --- | --- | --- |
| 1. | Does the title represent the practice? |  |  |  |  |
| 2. | Is the rationale for change? |  |  |  |  |
| **Section 3: Patient** | | | | | |
| 3.1 | Is the patient group appropriate? |  |  |  |  |
| 3.2 | Are the safeguarding measures in place for use with children? |  |  |  |  |
| 3.3 | Is the method of gaining consent appropriate? |  |  |  |  |
| 3.4 | Is the appropriate consent training in place? |  |  |  |  |
| 3.5 | Is the practitioner clear on issues of informed consent? |  |  |  |  |
| **Section 4: Professional Preparation** | | | | | |
| 4.1 | Do the minimum qualifications match the expanded practice? |  |  |  |  |
| 4.2 | Is the minimum experience appropriate for the expanded role? |  |  |  |  |
| 4.3 | Is the training course valid and appropriate? |  |  |  |  |
| 4.4 | Are the training arrangements realistic and achievable? |  |  |  |  |
| **Section 5: Accountability** | | | | | |
| 5.1 | Are the arrangements for keeping up to date realistic and achievable? Do the proposed arrangements meet contractual, professional and legal requirements? |  |  |  |  |
| 5.2 | Are the arrangements for maintaining clinical competence suitable? |  |  |  |  |
| 5.3 | Is the referral process realistic, achievable and safe? |  |  |  |  |
| **Section 6: Audit** | | | | | |
| 6.1 | Is the audit title appropriate? |  |  |  |  |
| 6.2 | Is the audit methodology fit for purpose? |  |  |  |  |
| 6.3 | Is the time frame timely and achievable? |  |  |  |  |
| 6.4 | Will the audit standards effectively evaluate the expanded practice? |  |  |  |  |

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|  | RECOMMENDATION | | |
| **Approved** | | **Accepted with Revisions** | **Refused** |