**Advanced Practice Development Proposal**

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| --- | --- |
| Name of proposer |  |
| Job title |  |
| Email |  |
| Contact number/ extension |  |
| Division |  |
| Directorate |  |

**Details of proposal:**

|  |  |
| --- | --- |
| What procedure / skill will be taught? |  |
| Which staff group(s) will be taught? |  |
| What is the need? |  |
| How often is it envisaged that the skill will be used? |  |
| Are there any local or national guidelines? (Please provide a copy or the link)  If not, please provide the standards that are being taught/teaching package |  |
| How will the theory (consent, indications, contraindications, complications etc.) be taught? |  |
| Who will be doing the teaching? |  |

**Assessment:**

|  |  |
| --- | --- |
| How will the practical skill be assessed? |  |
| What is the minimum number of successful observed procedures required?  (The actual number may vary depending on the needs of the individual) |  |
| How will the understanding of the theory be assessed? |  |

Please send a copy of this form to Dr Chris Clark, Head of Advanced Practice Development [Christine.clark3@elht.nhs.uk](mailto:Christine.clark3@elht.nhs.uk)