**Appendix E – Procedure Checklist**

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

|  | **Title of document being reviewed:** | **Yes/No/Unsure** | **Comments** |
| --- | --- | --- | --- |
| **1.** | **Title** |  |  |
|  | Is the title clear and unambiguous? |  |  |
| **2.** | **Purpose** |  |  |
|  | Are reasons for development of the document stated? |  |  |
| **3.** | **Development Process** |  |  |
|  | Are people involved in the development identified? |  |  |
|  | Do you feel a reasonable attempt has been made to ensure relevant expertise has been used? |  |  |
|  | Is there evidence of consultation with stakeholders and users? |  |  |
| **4.** | **Style/format** |  |  |
|  | Is the document in the correct structure/format |  |  |
|  | Is the document clear and concise? |  |  |
|  | Are key terms defined? |  |  |
| **5.** | **Content** |  |  |
|  | Is the objective of the document clear? |  |  |
|  | Is the target population clear and unambiguous? |  |  |
|  | Are the intended outcomes described?  |  |  |
|  | Are the statements clear and unambiguous? |  |  |
| **6.** | **Evidence Base** |  |  |
|  | Is the type of evidence to support the document identified explicitly? |  |  |
|  | Are key references cited? |  |  |
|  | Are the references cited in full? |  |  |
|  | Are supporting documents referenced? |  |  |
| **7.** | **Approval** |  |  |
|  | Does the document identify which committee/group will approve it?  |  |  |
|  | If appropriate have the joint Human Resources/staff side committee (or equivalent) reviewed the document? |  |  |
| **8.** | **Implementation Plan** |  |  |
|  | Is there an Implementation Plan? |  |  |
|  | Does the plan clearly state how the procedure will be disseminated? |  |  |
|  | Does the plan include the necessary training/support to ensure compliance? |  |  |
| **9.** | **Document Control** |  |  |
|  | Does the document identify where it will be held? |  |  |
|  | Have archiving arrangements for superseded documents been addressed? |  |  |
| **10.** | **Impact Assessment** |  |  |
|  | Is the Impact Assessment completed? |  |  |
| **11.** | **Review Date** |  |  |
|  | Is the review date identified? |  |  |
|  | Is the frequency of review identified? If so is it acceptable? |  |  |
| **12.** | **Overall Responsibility for the Document** |  |  |
|  | Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document? |  |  |

|  |
| --- |
| **Individual Approval** |
| If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval. |
| Name |  | Date |  |
| Signature |  |
| **Committee Approval** |
| If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation’s database of approved documents. |
| Name |  | Date |  |
| Signature |  |