

CA No.

Audit Evaluation Form Part 1

The Facilitator will complete an evaluation form to feed back to CAPRAP on the quality of Audits and to identify further educational needs.

Audit Subject _____

GDC Development Outcome _____

Part 1 (to be completed by the facilitator along with submission of CA1)

Suitability of topic not very suitable suitable very suitable

Please comment if the subject was not suitable.

| | | |
|---------------------------------|-----|----|
| Is a suitable standard set? | Yes | no |
| Is the sample size appropriate? | Yes | no |
| Were problems identified? | Yes | no |

List main issues, explaining the reason for the audit.

CA No.

Facilitator's Declaration

Having facilitated this project application I am happy for it to be considered by the Panel for funding.

| | |
|--------------------------------|--|
| Facilitator's Signature | |
| Date | |

CA No.

Clinical Audit in General Dental Practice

PLEASE TYPE

| | | | |
|----------------|--|--------------|--|
| Surname | | Title | |
|----------------|--|--------------|--|

| | |
|--------------------|--|
| First Names | |
|--------------------|--|

| | |
|-------------------------|--|
| Practice Address | |
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| | |
|------------------|--|
| Post Code | |
|------------------|--|

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|---------------------|--|
| Telephone No | |
|---------------------|--|

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|----------------------------|--|
| GDC & DS Number | |
|----------------------------|--|

| | |
|--------------|--|
| email | |
|--------------|--|

If Collaborative Audit:

| | |
|---|--|
| Please state the number of dentists in the group | |
| How many are claiming funding? (Give details of those claiming on the attached form) | |

List the other dentists who will be involved

| Name | Position | GDC & DS Number |
|-------------|-----------------|----------------------------|
| | | |
| | | |
| | | |

| | | | |
|----------------------------|--|--|--|
| Proposed Start Date | | | |
|----------------------------|--|--|--|

| | |
|--|--|
| Name of recognised facilitator your audit has been discussed with | |
|--|--|

CA No.

Have you previously participated in a Clinical Audit?

Yes / No

If so, please state topics and dates

| | |
|--|--|
| A secretarial fee is available for collaborative audit. Please provide an estimate of the likely amount. | |
|--|--|

To fill in the remainder of this form you will find essential knowledge in:

1. *Clinical Audit in and Peer Review in General Dental Practice* (Department of Health, Social Services and Public Safety), September 2001
2. *Clinical Audit a Workbook* (BDA)

Please ensure the facilitator completes Part 1 of the Audit Evaluation Form. This is to be submitted with the CA1 form.

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1 Subject to be Audited including aims and objectives
(Should be common, important, definable and amenable to change)

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|---|
| <p>GDC Development Outcome: (https://www.gdc-uk.org/professionals/cpd/enhanced-cpd)</p> |
|---|

| | |
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| Sample Size | |
|--------------------|--|

2 What standard will be set to compare your results with?

| |
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3 Please identify source material of standard

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CA No.

4 How will present performance be measured and recorded?

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5 What problems have you identified that has led you to doing this audit?

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| Number of hours proposed (maximum 15) | |
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6 Any other comments:

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CA No.

I declare that:

- I apply for funding for clinical audit.
- I agree to provide a report on completion of the audit.
- If undertaking collaborative audit, I apply for secretarial support.
- I agree to refund any overpayment.
- The information provided is correct.
- I am not claiming funding for any other audit or peer review projects under this scheme.

| | |
|--------------------------------|--|
| Dentist's Signature | |
| Date | |