

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 _____

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	
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First Names	
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Practice Address	

Post Code	
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Telephone No	
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GDC & DS Number	
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email	
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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			
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Name of recognised facilitator your audit has been discussed with	
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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.	
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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.

CA No.

1 Subject to be Audited

(Should be common, important, definable and amenable to change)

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Sample Size	
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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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(Rev 05/11)

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	