Audit Preparation and Planning Form

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| --- | --- |
| **Name:** | Enter activity title |
| **Organisation** | Enter Organisation Name |
| **Date of Audit:** | Select date |
| **For internal use only: Date Application received** |
| **Date application received:** |  |

**Please provide the following information**

|  |  |
| --- | --- |
| **Question** | **Answer**  |
| 1. **Audit description**
 |
| **Describe the audit and summarise the steps required for the Fellow.** | Click or tap here to enter text. |
| **How many hours do you anticipate it will take for Fellows to gather the necessary data?** | Click or tap here to enter text. |
| 1. **Patient/participation selection and number**
 |
| **Describe the patient/participant selection process.**  | Click or tap here to enter text. |
| **How many patients/participants each Fellow will be required to audit?** | Click or tap here to enter text. |
| 1. **Privacy, confidentiality, and consent**
 |
| **Who will collect the data?** | Click or tap here to enter text. |
| * **Who will have access to the data?**
 | Click or tap here to enter text. |
| * **How will you address patient informed consent forms?**
 | Click or tap here to enter text. |
| **List all intended uses of the aggregated data other than those listed above.** | Click or tap here to enter text. |
| **List all intended users, third parties or organisations that will access the data.** | Click or tap here to enter text. |
| 1. **Clinical audit timeline**
 |
| **Outline proposed audit timeline.** | **Audit start date:** | Click or tap to enter a date. |
| **Data collection close date:** | Click or tap to enter a date. |
| **Data analysis end date:** | Click or tap to enter a date. |
| **Audit end date:** | Click or tap to enter a date. |
| 1. **Identify standards**
 |
| **List each best practice guideline that will be compared to the audit data and list the references.** | **Best Practice Guideline** | **Reference** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| 1. **Data collection and analysis**
 |
| **Who will collate and compare the data?** | Click or tap here to enter text. |
| 1. **Feedback**
 |
| **This question will help us to align this activity to CPD requirements.**1. **Will you be returning the analysed data back to the participants for self-reflection?**
2. **Will you be holding a workshop to review the outcome data for all participants?**

**If yes, what will that day look like?**  | [ ]  **Yes** [ ]  **No**[ ]  **Yes** [ ]  **No**Click or tap here to enter text. |