

Reporting Completed Audit Project - Form 2B

British Orthodontic Society
Clinical Standards Committee
Annual Regional Audit Coordinator's Report
Form 2B - Completed Projects

Please complete the form below for online submission (or [click here](#) to download the form as a Word document for postal submission to Gavin Barry.)

* denotes mandatory field.

Year of audit report *	<input type="text"/>
How many projects were completed in your region this calendar year (Please complete this page for each project undertaken) *	<input type="text"/>
For each project please give the following	
Name of Region *	<input type="text"/>
Title of project *	<input type="text"/>
Aims and standards *	<input type="text"/>
Start date *	<input type="text"/>
Completion date *	<input type="text"/>
Conclusions (brief summaries) *	<input type="text"/>
Action points *	<input type="text"/>
Multidisciplinary *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plan to re-audit (with dates) *	<input type="text"/>
With different care providers *	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many regional orthodontic units involved *	<input type="text"/>
From the following list, how would the project best be described (please tick one) *	<input type="checkbox"/> Waiting list and access <input type="checkbox"/> NHS target <input type="checkbox"/> Procedural (eg dealing with broken appliances within the day's routine) <input type="checkbox"/> Clinical technique <input type="checkbox"/> Outcome audit <input type="checkbox"/> Clinical guidelines and pathways <input type="checkbox"/> Educational <input type="checkbox"/> Patient satisfaction <input type="checkbox"/> Other (please specify)
Which stage of the audit cycle does this project represent (please tick one) *	<input type="checkbox"/> Initial data collection <input type="checkbox"/> Make change in practice <input type="checkbox"/> Completing the cycle <input type="checkbox"/> Not applicable
Comments or additional information	<input type="text"/>
Your email address *	<input type="text"/>
	<input type="submit" value="Submit"/>