AUDIT PLAN – PRO FORMA

A clinical audit is a structured process to improve patient care by systematically reviewing and evaluating clinical practice against predefined standards. It requires data to be compared against best practice; it is thus different to a survey of practice or a retrospective observational study.

Name of trainee	
Name of specialist sponsoring/supporting this project (if applicable)	
Name of DSRT	
Name of audit collaborators / co-authors (if any)	
Outline the division of tasks between collaborators	
Audit title	
Aim	
What is the specific problem or issue to be addressed?	
How significant is the problem? *Consider what you know [from literature or previous audits] about the frequency of this problem, and the severity of this issue (to clinical care or to the system) when it occurs. A good audit will focus on problems that occur frequently or less frequent problems that are of critical impact when they do occur.*	
What do you hope to achieve? *Consider what your intended improvement is. How might the outcome of this audit influence change? In what environment could change be achieved?*	

Methodology	
What type of audit is this? *Broadly, audits are either compliance / process audits (e.g. do patients get prophylactic antibiotics as per guidelines) or they are audits of outcome (e.g., are patients normothermic in PACU).*	
Against what standard will you be auditing your data? *What are you comparing your data against? It is essential to have a standard.*	
What data points do you intend to collect? *Consider: Is collecting ethnicity data useful for better understanding the issue?* *Is there any additional data that will inform intervention targets?* *Devise a data collection sheet to collate data.* *Data should only be collected if it will enable you to measure current practice against your audit criteria, or if it will inform intervention targets.*	
How are you going to collect the data? *Consider: Who is collecting data? In what environment? How is the data being collected, e.g., direct observation, from medical records, or using questionnaires?*	
What is your intended sample size? *How are you calculating sample size? Your sample size may be informed by the number of cases you need, or by the duration of time you will collect data for.* *For process audits, consider the sample size that would generate evidence to influence future behaviours. Outcome audits require the sample to be representative of the population. If you intend to intervene and reaudit, what sample size will allow you to see meaningful change if it has occurred?*	

What sampling method will you use?  *Examples of sampling methods are: simple random sampling (random number); consecutive sampling (non-probability); systematic sampling (Quasi random); stratified sampling (grouping); cluster sampling (institution).*	
Ethics  *Are there any ethical issues to collecting this information? Has ethical consent been obtained?*	
Data analysis	
Is the data qualitative or quantitative?	
How will data be analysed?  *Is statistical support required? Most audits require simple descriptive statistics only to compare the primary outcome to the gold standard.*	
Dissemination of results	
How will the results be shared with others?	
DSRT approval of plan	