Action Plan

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| Details of Research Audit Applicant |
| Name:- | GDC Number:- |
| Return date of questionnaire (Date/Month) | \_ \_ /\_ \_ | Date of submission (Date/Month) | \_ \_ /\_ \_ |
| Audit Action Plan |
| Please complete an action plan for each of the 3 guidance recommendations selected *(unlimited character fields, text box will expand automatically)* |
| GuidanceRecommendation | Area for Improvement | Barriers to achieving Recommendation | Action Plan(Who, What, Where, When How) | Monitoring Progress(How, When) | Completed (Yes or No) |
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 Please send a copy of this Action Plan to SDPBRN@nes.scot.nhs.uk