**Scottish Adult Oral Health Survey Pilot - Research Audit Hours Reflective Report**

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| **Dentist Name:** |  |
| **GDC Number:** |  |
| **Date report submitted to SDPBRN:** |  |

**Instructions**

In order to be credited with 3 research audit hours for your participation in the Scottish Adult Oral Health Survey (SAOHS) pilot you must develop at least one Quality Improvement Action Plan and complete an individual reflective report using the template on pages 2 and 3.

Complete this report and your Quality Improvement Action Plan(s) using the returned data for your 20 consecutive Scottish Adult Oral Health Survey patients aged 45+. Submit the report and a copy of your action plans to [sdpbrn.audit@nes.scot.nhs.uk](mailto:sdpbrn.audit@nes.scot.nhs.uk) on completion.

**N.B. All dentists in your practice who wish to claim research audit credit must complete an individual reflective report.**

When completing this report you are asked to summarise:

* your own perceptions of the SAOHS electronic submission process thinking about the positive aspects of the current data collection system and aspects which could be improved
* your own reflections on the barriers to making quality improvements in the equity and effectiveness of dental care delivery in primary care and what steps you will take to overcome them
* your own reflections on the facilitators to making quality improvement in the equity and effectiveness of dental care delivery in primary care
* your own overall learning from making use of SAOHS data to support quality improvement within your own practice.

**All text boxes have an unlimited character field and will expand automatically as required.**

It is the intention of the SAOHS Group to publish the results of the pilot survey. Information which you provide within your reflective report and action plans may feature in this however, all information will anonymised before any analysis takes place and no individual will be identifiable in any publication.

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**Your own perceptions of the Scottish Adult Oral Health Survey electronic submission process:**

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| **Area for reflection** | **Summarise your personal reflections (including recommendations for improvement where appropriate)** |
| Aspects of the current data collection system that you perceived to be positive. Please tell us why.  (Choose a maximum of 3 positive factors) |  |
| Aspects of the current data collection system that you believe could be improved. Please tell us how.  (Choose a maximum of 3 factors for improvement) |  |

**The barriers and facilitators to making quality improvements in the equity and effectiveness of dental care delivery in your practice.**

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| **Areas for reflection** | **Summarise your personal reflections** |
| Your own reflections on the barriers to making quality improvement in the equity and effectiveness of dental care delivery in your practice and how these might be addressed. |  |
| Your own reflections on the facilitators to making quality improvement in the equity and effectiveness of dental care delivery in your practice and how you might build on these facilitators. |  |

**Taking part in the Scottish Adult Oral Health Survey pilot and using data to support quality improvement within primary dental care.**

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| **Area for reflection** | **Your reflection** |
| Your own overall learning from taking part in the survey and using Scottish Adult Oral Health Survey data to support quality improvement within your practice. |  |