The Prevention and Management of Dental Caries in Children - Action Plan

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| Details of QI (Research) Activity Applicant | | | | | | | | |
| Name:- | | | | GDC Number:- | | | | |
| Return date of questionnaire (Day/Month/Year) | | | \_ \_ /\_ \_/\_ \_ | Date of submission to Portal (Day/Month/Year) | | | \_ \_ /\_ \_/\_ \_ | |
| Action Plan | | | | | | | | |
| Please complete an action plan for each of your 3 selected guidance recommendations *(unlimited character fields, text box will expand automatically)* | | | | | | | | |
| Guidance Recommendation | Area for Improvement | Barriers to achieving Recommendation | | | Action Plan  (Who, What, Where, When How) | Monitoring Progress  (How, When) | | Completed  (Yes or No) |
|  |  |  | | |  |  | |  |
| Guidance Recommendation | Area for Improvement | Barriers to achieving Recommendation | | | Action Plan  (Who, What, Where, When How) | Monitoring Progress  (How, When) | | Completed  (Yes or No) |
|  |  |  | | |  |  | |  |
| Guidance Recommendation | 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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