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) |
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