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| **Scottish Adult Oral Health Survey 2017-2018****QUALITY IMPROVEMENT (Research) aCTION pLANS** |

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| **Dentist Name:**  |  |
| **GDC Number:**  |  |
| **Date completed action plan uploaded to Portal:**  |  |

To make the most of your participation in the Scottish Adult Oral Health Survey (2017-2018), it is recommended that you reflect on the information provided within your individual data summary and the national data summary and use this to develop action plans to improve or maintain the quality of the dental care that you provide.

**If you wish to claim QI (Research) Hours action plans must be developed and a copy submitted along with your reflective report.**

How to develop your quality improvement action plans:

* Identify three areas on which you wish to reflect from the summary data (your own data and the national data) you have received.
* Make use of current standards, protocols or guidance (e.g. SDCEP) to identify where improvements could be made. It is entirely up to you to decide which areas you wish to reflect on as your individual data is unique to your practice population for this age group.
* Consider where you could make improvements to your practice in these areas or where you wish to maintain high quality practice.
* Identify what the barriers are to improving or maintaining your practice and how they might be overcome.
* Develop action plans using the template provided specifying what needs to change, where, when and how changes can be made.
* Specify how improvements in quality will be measured and monitored.

The information you provide in your action plans will be kept confidential. Anonymised information may be analysed to help inform quality initiatives in NHS primary care dental practice. It will not be possible to identify you or any of your patients in any report or other publication arising from this QI project.

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| **Please complete an action plan for each of the 3 areas selected:****(Unlimited word count, text boxes will expand automatically)** |
| **Guidance/ Standard/ Recommendation** | **Area considered for Quality Improvement****(Does anything need to improve? What is the improvement goal?)** | **Barriers to achieving Improvement / maintaining quality** | **Action Plan** **Specify what needs to change, and where, when and how changes can be made.** | **Monitoring Progress****(Who, when and how will progress be checked?** |
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