

National Urology ST3

Audit/quality improvement project supervisor form

Guidance:

This form is designed for use as part of the Urology ST3 National Selection process to enable applicants to provide substantiated evidence of the audits/quality improvement projects they have conducted.

Applicants are required to have a completed this form for every Audit/quality improvement project they wish to be scored as part of the self-assessment / Portfolio station.

Thank you for your help in completing this form.

Declaration by supervisor

I certify that was the primary auditor (ie initiated, designed and completed) of an audit/quality improvement project (QIP) entitled

.....
.....

The audit/QIP was completed in (month and year)

Supervisor to complete the appropriate box below indicating whether this was a single cycle audit or closed loop audit/2 cycle audit/QIP

This was a single cycle audit	This was a closed loop / 2 cycle audit/ quality improvement project
Supervisor name:	Supervisor name:
Supervisor GMC no:.....	Supervisor GMC no:.....
Supervisor hospital:	Supervisor hospital:
Signed by supervisor:	Signed by supervisor:
Date:	Date: