

Continuing Professional Development Program

Clinical Audit Template



The Royal
Australian &
New Zealand
College of
Psychiatrists



Name of Author (s)		RANZCP membership number	
Commencement date of Clinical Audit		Data Evaluation Date	
Total hours spent		Total number of data collected	
Title of Audit		Review Date	

Background and Aim

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Standard

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Methodology

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Results

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Conclusion

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Recommendations and Quality Improvement Plan

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Has a literature search or online module been undertaken for this audit?

Yes ☐

No ☐

Has this clinical audit been discussed with a peer?

Yes ☐

No ☐

Author's signature: _____ RANZCP ID number: _____

Author's signature: _____ RANZCP ID number: _____

Author's signature: _____ RANZCP ID number: _____

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Peer's signature: _____ RANZCP ID number: _____

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