

Scholarly Project proposal form – QA or clinical audit

*To be completed by trainees submitting a Scholarly Project proposal under the Fellowship Regulations 2012.*

Please submit this form to your local Branch Training Committee (BTC). Contact details for BTCs can be found on the [Training contacts](https://www.ranzcp.org/Pre-Fellowship/Training-contacts.aspx) webpage.

The BTC will notify you when your proposal has been approved and will forward this form to the College on your behalf. BTCs may conditionally approve a proposal pending ethics committee approval. The final approved form should only be forwarded to the College after ethics committee approval has been granted. **Email:** scholarly@ranzcp.org

**Please ensure you are familiar with the Scholarly Project Policy and Procedure.**

|  |  |  |
| --- | --- | --- |
| RANZCP ID |  |  |
| Trainee name | enter name |  |
| Contact address\* *(please indicate)* | [ ]  Personal |  [ ]  Business |  |
|  | enter address line 1 |
|  | enter address line 2 |
|  | enter address line 3 |
|  | enter address line 4 |
| Mobile phone\* | enter mobile |  |
| Email address\* | enter email |  |
| \*Your details will be updated on the College database if they don’t match the existing records. |
| **Co-author details *(if applicable)*** |
| RANZCP ID | enter co-author RANZCP ID |  |
| Trainee name | enter co-author name |  |
| Contact address\* *(please indicate)* | [ ]  Personal |  [ ]  Business |  |
|  | enter address line 1 |
|  | enter address line 2 |
|  | enter address line 3 |
|  | enter address line 4 |
| Mobile phone\* | enter mobile |  |
| Email address\* | enter email |  |
| Trainees must apply to the Scholarly Project Subcommittee for approval to collaborate on a shared project with more than one other trainee. (This approval cannot be granted by the BTC.) |

|  |
| --- |
| **Co-researcher details *(if applicable)*** |
| Name | enter co-researcher name |  |
| Position/title, organisation | enter position/title, organisation |
| Mobile phone | enter mobile |  |
| Email address | enter email |  |
| Trainees may co-research a Scholarly Project with a person from another discipline; however the trainee must substantially contribute to all areas of the project and the trainee’s role must be clearly articulated and detailed in this proposal. |

SCHOLARLY PROJECT SUPERVISOR INFORMATION

|  |  |  |
| --- | --- | --- |
| Principal supervisor name (print) | enter principal supervisor name |  |
| RANZCP ID | Enter RANZCP ID |  |
| Signature |  | Date  | select date |
| Position/title, organisation | enter position/title, organisation |
| Mobile phone | enter mobile |  |
| Email address | enter email |  |
| **Co-supervisor name*(if applicable)*** |  |  |
| Enter co-supervisor name |  |
| RANZCP ID *(if applicable)* | enter RANZCP ID |  |
| Signature |  | Date  | select date |
| Position/title, organisation | enter position/title, organisation |
| Mobile phone | enter mobile |  |
| Email address | enter email |  |

ETHICS INFORMATION

|  |  |
| --- | --- |
| Local research ethics approval required?*(select one)* | [ ]  Yes, attached |
| [ ]  Yes, requested; application attached |
| [ ]  Not required; letter/statement attached |

PROJECT DETAILS

Please complete all sections below.

**Proposed project title**

**Aims of the project**

**Project question and/or hypothesis**

**Practice to be audited**

**How will the literature base be appraised?**

**Policy/guideline/standard or practice against which the audit is to be made**

**Proposed audit cycle. Describe using an accepted clinical audit cycle, e.g. PDSA (Plan, Do, Study, Act)**

**Data management: Where and how will the data be securely stored?**

**Analysis process: what techniques will be used to assess the data?**

**Change management: plan for implementation of changes and the impact of change**

**Project findings dissemination/publication expectations**

TRAINEE DECLARATION

I/We have read and understood the Scholarly Project Policy and Procedure and believe my/our project will comply with the Scholarly Project requirements.

*Please select applicable:*

[ ]  This project is my/our own independent undertaking.

[ ]  This project is part of a major research project. (Further information has been provided to ensure the trainee contribution will fulfil the criteria.)

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee signature |  | Date |  |
| **Co-author *(if applicable)*** |
| Trainee signature |  | Date |  |

|  |  |
| --- | --- |
| *BTC use only* |  |
| Date proposal received | .................................................................... |  |
|  |
| *The BTC has reviewed the above Scholarly Project proposal and reached the following decision:*(BTCs may conditionally approve a proposal pending ethics committee approval.) |
| [ ]  Approved | [ ]  Conditionally approved | [ ]  Not approved |
| Local research ethics approval |
| [ ]  Granted | [ ]  Pending | Date ………………. | [ ]  Not required |
|  |  |  |
| BTC zone | ................................................................. |  |
| BTC representative name (print) | ................................................................. |  |
| Signature | ................................................................. | Date ................................... |
|  |  |  |