

Scholarly Project proposal form – Quality Assurance: Full Cycle 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](mailto:scholarly@ranzcp.org)

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RANZCP ID | enter 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 another person who is not a trainee; 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.  **If not the sole author**, please complete page 4-6 of the proposal form to clearly specify the contribution of each author. | | |

SCHOLARLY PROJECT SUPERVISOR INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Principal supervisor name (print) | enter principal supervisor name |  | |
| RANZCP ID | enter RANZCP ID |  | |
| Signature | enter 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 | enter 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**

**Click here to type**

**Aims of the project**

**Click here to type**

**Project question and/or hypothesis**

**Click here to type**

**Practice to be a full cycle clinical audit**

**Click here to type**

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

**Click here to type**

**Policy/guideline/standard or practice against which the full-cycle clinical audit is to be made**

**Click here to type**

**Proposed audit cycle. Using an accepted full cycle audit methodology, describe how each stage of the project will be carried out**

**Click here to type**

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

**Click here to type**

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

**Click here to type**

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

**Click here to type**

**Project findings dissemination/publication expectations**

**Click here to type**

Proposed contribution details (if not the sole author)

|  |  |
| --- | --- |
| *Please complete all sections below, as relevant to each contributor (300-word limit in each section)*  **Author 1** | |
| Trainee name | enter name |

**Project design**

**Click here to type**

**Data collection (original/new data set or pre-existing data set)**

**Click here to type**

**Analysis and interpretation of data**

**Click here to type**

**Literature Review**

**Click here to type**

**Writing of the manuscript**

**Click here to type**

**Any other (specify)**

**Click here to type**

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee signature | enter signature | Date | select date |

|  |  |
| --- | --- |
| **Author 2 (Co-author)** | |
| Trainee name | enter name |

**Project design**

**Click here to type**

**Data collection (original/new data set or pre-existing data set)**

**Click here to type**

**Analysis and interpretation of data**

**Click here to type**

**Literature Review**

**Click here to type**

**Writing of the manuscript**

**Click here to type**

**Any other (specify)**

**Click here to type**

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee signature | enter signature | Date | select date |

|  |  |
| --- | --- |
| **Co-researcher (if applicable)** | |
| Name | enter name |

**Project design**

**Click here to type**

**Data collection (original/new data set or pre-existing data set)**

**Click here to type**

**Analysis and interpretation of data**

**Click here to type**

**Literature Review**

**Click here to type**

**Writing of the manuscript**

**Click here to type**

**Any other (specify)**

**Click here to type**

|  |  |  |  |
| --- | --- | --- | --- |
| Co-researcher signature | enter signature | Date | select date |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *BTC use only* |  | | | |
| Date proposal received | .........date 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 .…date.... | Not required | |
|  |  | |  | |
| BTC zone | ..........BTC zone................................. | |  | |
| BTC representative name (print) | ..........name........................................ | |  | |
| Signature | ..........signature.................................. | | Date ....date.... | |
|  |  | |  | |