

## COLLEGE OF ANAESTHESIOLOGISTS OF IRELAND

## PCS Clinical Audit — Submission and Verification Form

Version 2.0 | To be submitted with all PCS Clinical Audit Practice Review credit claims

**How to Complete This Form**

- Complete all sections in full. Incomplete submissions will be returned without credit.
- Attach all supporting documentation listed in Section 7 before submitting.
- The Verifier Declaration (Section 8) must be signed by an acceptable verifier as defined in the PCS Audit Standards Guidance (Section 5).
- Refer to the PCS Clinical Audit Standards Guidance document v2.0 for definitions, criteria, and worked examples.
- The quality scoring rubric in Section 6 of the Standards Guidance may be used for self-assessment prior to submission.

**Section 1 Doctor Details**

<b>Full Name of Doctor</b>	
<b>Medical Council Registration No.</b>	
<b>Hospital / Institution</b>	
<b>Department / Specialty</b>	
<b>Email Address</b>	
<b>PCS Cycle Year</b>	e.g. 2024–2025

**Section 2 Audit Project Details**

① **Guidance:** Provide the full audit title — not just a topic area. A good title contains: the subject, the standard being measured, and the setting. Example: 'Audit of Pre-operative Fasting Documentation Against AAGBI 2010 Guidelines in Elective Adult Surgical Patients.'

<b>Full Audit Title</b>				
<b>Audit Type</b>	<input type="checkbox"/> Local	<input type="checkbox"/> Departmental	<input type="checkbox"/> Regional	<input type="checkbox"/> National
<b>Is this a Re-Audit?</b>	<input type="checkbox"/> Yes — first re-audit	<input type="checkbox"/> Yes — subsequent cycle	<input type="checkbox"/> No	<input type="checkbox"/>
<b>Governance Approval Obtained?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No — state reason below	<input type="checkbox"/>	<input type="checkbox"/>
<b>Audit Start Date</b>	DD/MM/YYYY			

<b>Audit Completion Date</b>	DD/MM/YYYY
<b>Audit Registration No. (if applicable)</b>	As issued by hospital or departmental audit committee
<b>Supervisor / Audit Lead (if applicable)</b>	
<b>Governance Approval Body</b>	e.g. Departmental Audit Committee, Hospital QI Committee

### Section 3 Audit Category

**① Guidance:** Select the single category that best describes this audit. If your audit spans multiple categories, select the primary one and describe the others in the methodology section. Refer to Section 4 of the PCS Audit Standards Guidance for definitions and conditions of acceptance for each category.

<p><b>Standard Audit Categories</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Personal Clinical Audit</li> <li><input type="checkbox"/> Departmental Audit</li> <li><input type="checkbox"/> Quality Improvement Project (PDSA / Lean / Six Sigma)</li> <li><input type="checkbox"/> Audit Against National Standards or Guidelines</li> <li><input type="checkbox"/> Audit of Departmental Outcomes Against Benchmarks</li> </ul>	<p><b>Structured Review / Programme Categories</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Critical Incident / Significant Event Review</li> <li><input type="checkbox"/> Mortality and Morbidity Review</li> <li><input type="checkbox"/> National / International Audit Programme</li> <li><input type="checkbox"/> Conditionally Accepted Activity (see Guidance Section 4.2)</li> <li><input type="checkbox"/> Other — specify in methodology below</li> </ul>
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### Section 4 Audit Standards and Methodology

**① Guidance:** Standards must be specific and measurable — not general principles. State the exact guideline, paragraph number, and the compliance threshold (e.g. '100%' or 'at least 95%'). Methodology must include: the number of cases reviewed; how cases were selected; how data were collected; and the audit period. Minimum recommended sample: n=20 for local audits.

*Standards / Guidelines Used — state full title, issuing body, year, and relevant section/paragraph. List each standard and the corresponding compliance threshold.*

*Audit Aim and Objectives — state the primary aim and 2–4 specific, measurable objectives.*

*Methodology — describe: (1) sample size and selection method; (2) data collection instrument or source; (3) audit period (start and end dates); (4) any exclusion criteria; (5) who collected the data.*

### Section 5 Results and Quality Improvement

① **Guidance:** Present results for each standard separately. Calculate compliance rates (number meeting criterion / total cases × 100%). Identify root causes of non-compliance. The action plan must be SMART: each action should specify what will change, who is responsible, and by when. If re-audit has been completed, provide before/after comparison.

Summary of Findings — for each standard, state the compliance rate achieved and the gap from the target. Include data in tabular form where possible.

Root Cause Analysis — describe the identified reasons for any non-compliance. This may be based on team discussion, process mapping, or data analysis.

① **Guidance:** Action Plan: complete the table below for each action arising from the audit findings. Additional rows may be added on a separate sheet if required.

Action / Change Required	Person Responsible	Target Date	Status / Outcome

Re-Audit Findings (if completed) — state: (1) re-audit date; (2) sample size; (3) compliance rate for each standard; (4) comparison with original findings; (5) conclusions on improvement achieved.

## Section 6 Dissemination

① **Guidance:** Dissemination is a required component of an acceptable audit submission. Evidence must accompany this form. Acceptable evidence includes: a meeting programme or agenda showing the audit presentation; a signed letter from the department or meeting chair; presentation slides with the date and venue noted on the title slide; or an abstract or publication reference.

Dissemination Activity	Yes	No
Presented at Departmental Audit or Clinical Meeting	<input type="checkbox"/>	<input type="checkbox"/>
Presented at Hospital / Trust-wide Meeting	<input type="checkbox"/>	<input type="checkbox"/>
Presented at Regional Meeting or Specialty Day	<input type="checkbox"/>	<input type="checkbox"/>

Dissemination Activity	Yes	No
Presented at National Meeting or Conference	<input type="checkbox"/>	<input type="checkbox"/>
Presented at International Meeting or Conference	<input type="checkbox"/>	<input type="checkbox"/>
Published as Abstract in Meeting Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
Published as Full Article or Report	<input type="checkbox"/>	<input type="checkbox"/>

<b>Date of Primary Presentation</b>	DD/MM/YYYY
<b>Venue / Meeting Name</b>	
<b>Publication Reference (if applicable)</b>	Journal name, year, volume, pages, or DOI

## Section 7 Supporting Documentation Checklist

① **Guidance:** Tick each item to confirm it is attached. All required items must be included. Submissions missing required documents will be returned. The College may request additional evidence during a PCS verification process.

#	Document / Evidence	Attached	N/A
1	Audit summary or formal audit report (covering background, standards, methodology, results, action plan) <i>Required</i>	<input type="checkbox"/>	<input type="checkbox"/>
2	Evidence of the standards or guidelines used (full citation or relevant section appended) <i>Required</i>	<input type="checkbox"/>	<input type="checkbox"/>
3	Data collection instrument or proforma (or database / spreadsheet extract) <i>Recommended</i>	<input type="checkbox"/>	<input type="checkbox"/>
4	Governance / audit committee approval documentation (letter, email, or registration number) <i>Required where available</i>	<input type="checkbox"/>	<input type="checkbox"/>
5	Presentation evidence (meeting programme with date, or signed confirmation from chair) <i>Required</i>	<input type="checkbox"/>	<input type="checkbox"/>
6	SMART action plan with named responsibility and timeline <i>Required</i>	<input type="checkbox"/>	<input type="checkbox"/>
7	Re-audit data and before/after comparative analysis <i>Required if completed</i>	<input type="checkbox"/>	<input type="checkbox"/>
8	Completed and signed PCS Audit Submission and Verification Form (this document) <i>Required</i>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 8 Verifier Declaration

① **Guidance:** The verifier must be a senior clinician or governance lead as defined in Section 5.1 of the PCS Audit Standards Guidance. By signing this form, the verifier makes the declarations set out below. Unsigned forms will not be accepted. The College may contact the verifier directly during PCS processes.

### Verifier Declaration

By signing this form, I confirm all of the following:

1. The named doctor actively participated in the audit process described in this submission.
2. The audit was conducted within an appropriate clinical governance framework.
3. The activity described represents a genuine practice review and quality improvement exercise consistent with the requirements of the PCS.
4. The supporting documentation submitted is authentic and accurately represents the work described.
5. I have no conflict of interest that would compromise the independence of my verification.
6. I understand that the College of Anaesthesiologists of Ireland may contact me to confirm the details of this verification.

<b>Verifier Full Name</b>	
<b>Position / Role</b>	<i>e.g. Department Chair, College Tutor, Clinical Director, Audit Lead</i>
<b>Institution / Hospital</b>	
<b>Contact Email</b>	
<b>Date of Signing</b>	<i>DD/MM/YYYY</i>

<b>Signature:</b>  _____	<b>Official Department / Hospital Stamp:</b>
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## Section 9 Doctor Self-Assessment (Optional but Recommended)

① **Guidance:** Complete this section before submitting to assess whether your audit is likely to meet PCS standards. Score each domain 1–3 using the rubric in Section 6 of the PCS Audit Standards Guidance. A total of 14/21 or above generally indicates an acceptable submission.

Domain	Self-Score (1–3)	Notes / Comments
Topic and Rationale		
Standards Used		
Methodology		

Domain	Self-Score (1–3)	Notes / Comments
Analysis and Comparison		
Quality Improvement Plan		
Dissemination		
Re-Audit		
<b>TOTAL SCORE (out of 21)</b>	<b>/21</b>	$\geq 14$ = Likely acceptable   10–13 = Review required   $< 10$ = Revise before submitting

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