

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance on preserving anonymity in Guidance sheet 1 in *How to revalidate with the NMC*.

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| --- |
| **Reflective account:** |
| **What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?** |
|  |
| **What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?** |
|  |
| **How did you change or improve your practice as a result?**  . |
|  |
| **How is this relevant to the Code?**  Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust |
|  |





You must use this form to record your reflective discussion with another NMC-registered nurse or midwife about your five written reflective accounts. During your discussion you should not discuss patients, service users or colleagues in a way that could identify them unless they expressly agree, and in the discussion summary section below make sure you do not include any information that might identify a specific patient or service user.

Please refer to Guidance sheet 1 in How to revalidate with the NMC for further information.

**To be completed by the nurse or midwife:**

|  |  |
| --- | --- |
| **Name:** |  |
| **NMC Pin:** |  |

**To be completed by the nurse or midwife with whom you had the discussion:**

|  |  |
| --- | --- |
| **Name:** |  |
| **NMC Pin:** |  |
| **Email address:** |  |
| **Professional address including postcode:** |  |
| **Contact number:** |  |
| **Date of discussion:** |  |
| **Short summary of discussion:** |  |
| **I have discussed five written reflective accounts with the named nurse or midwife as part of a reflective discussion.**  **I agree to be contacted by the NMC to provide further information if necessary for verification purposes.** | **Signature:** |
| **Date:** |