

# REFLECTIVE ACCOUNTS FORM

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, colleague or other individuals. Please refer to our guidance on preserving anonymity in the section on non-identifiable information in *How to revalidate with the NMC*.

## 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