**Revalidation & CPD Reflection Template**

**Title and Description of Activity or Event**

* *Date(s) of activity or event*
* **Which category of activity does this match?**
* *General information about your practice*
* *Keeping up to date*
* *Review of your practice, e.g. audit, quality improvement activity, significant events*
* *Feedback on your practice, e.g. patient/ colleague feedback, complaints and compliments.*

**What have you learned as a result of the activity?**

* *Describe how this activity contributed to the development of your knowledge, skills or professional behaviours*

**What has been the short- and long-term impact on your professional practice and patient care?**

* *How have your knowledge, skills and professional behaviours changed?*
* *How will your current practice change as a result?*
* *What aspects of your current practice were reinforced?*
* *What changes in your team/ department/ organisation’s working were identified as a result?*
* *How will this activity lead to improvements in patient care and safety?*

**State any action points to be carried out following this activity**

* *Outline any further learning or development needs identified both for yourself and/or team/ organisation*
* *If learning and development needs have been identified, how do you intend to address these?*
	+ *Set SMART objectives (i.e. Specific, Measurable, Achievable, Relevant and Time-bound)*
* *If changes in professional practice (individual or team/department) have been identified as necessary, how do you plan to address these?*