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| Date of CPD: |  | Date of reflection: |  |
| CPD title: |  | | |
| **Describe the CPD you have completed**   * What was the format of the CPD? Did you complete this on your own or with others? | | | |
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| **Why did you complete this CPD?**   * CPD should be linked to your personal development plan | | | |
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| **What were the learning outcomes?**   * What knowledge, skills or insights did you gain? * Did the CPD allow you to achieve the anticipated learning outcomes? If so, how? If not, why not? | | | |
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| **How will this CPD impact your professional practice?**   * Will you change the way you practice? * What benefits will this bring for your patients, peers, practice, or organisation? | | | |
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| **Has this CPD highlighted any further learning or development needs?**   * Consider if learning needs have been highlighted for yourself and for others * How will you address these needs? | | | |
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| **Any further reflections?** | | | |
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