

PRACTICE HOURS LOG TEMPLATE

Guide to completing practice hours log

To record your hours of practice as a registered nurse and/or midwife, please fill in a page for each of your periods of practice. Please enter your most recent practice first and then any other practice until you reach 450 hours. You do not necessarily need to record individual practice hours. You can describe your practice hours in terms of standard working days or weeks. For example if you work full time, please just make one entry of hours. If you have worked in a range of settings please set these out individually. You may need to print additional pages to add more periods of practice. If you are both a nurse and midwife you will need to provide information to cover 450 hours of practice for each of these registrations.

Work setting

- Ambulance service
- Care home sector
- Community setting (including district nursing and community psychiatric nursing)
- Consultancy
- Cosmetic or aesthetic sector
- Governing body or other leadership
- GP practice or other primary care
- Hospital or other secondary care
- Inspectorate or regulator
- Insurance or legal
- Maternity unit or birth centre
- Military
- Occupational health
- Police
- Policy organisation
- Prison
- Private domestic setting
- Public health organisation
- School
- Specialist or other tertiary care including hospice
- Telephone or e-health advice
- Trade union or professional body
- University or other research facility
- Voluntary or charity sector
- Other

Scope of practice

- Commissioning
- Consultancy
- Education
- Management
- Policy
- Direct patient care
- Quality assurance or inspection

Registration

- Nurse
- Midwife
- Nurse/SCPHN
- Midwife/SCPHN
- Nurse and Midwife (including Nurse/SCHPN and Midwife/SCPHN)

Dates:	Name and address of organisation:	Your work setting (choose from list above):	Your scope of practice (choose from list above):	Number of hours:	Your registration (choose from list above):	Brief description of your work:

(Please add rows as necessary)

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

LOG TEMPLATE

Guide to completing CPD record log

Examples of learning method

- Online learning
- Course attendance
- Independent learning

What was the topic?

Please give a brief outline of the key points of the learning activity, how it is linked to your scope of practice, what you learnt, and how you have applied what you learnt to your practice.

Link to Code

Please identify the part or parts of the Code relevant to the CPD.

- Prioritise people
- Practise effectively
- Preserve safety
- Promote professionalism and trust

Please provide the following information for each learning activity, until you reach 35 hours of CPD (of which 20 hours must be participatory). For examples of the types of CPD activities you could undertake, and the types of evidence you could retain, please refer to Guidance sheet 3 in *How to revalidate with the NMC*.

Dates:	Method Please describe the methods you used for the activity:	Topic(s):	Link to Code:	Number of hours:	Number of participatory hours:
				Total:	Total:

(Please add rows as necessary)

FEEDBACK LOG TEMPLATE

Guide to completing a feedback log

Examples of sources of feedback

- Patients or service users
- Colleagues – nurses midwives, other healthcare professionals
- Students
- Annual appraisal
- Team performance reports
- Serious event reviews

Examples of types of feedback

- Verbal
- Letter or card
- Survey
- Report

Please provide the following information for each of your five pieces of feedback. You should not record any information that might identify an individual, whether that individual is alive or deceased. Guidance Sheet 1 in *How to revalidate with the NMC* provides guidance on how to make sure that your notes do not contain any information that might identify an individual.

You might want to think about how your feedback relates to the Code, and how it could be used in your reflective accounts.

Date	Source of feedback Where did this feedback come from?	Type of feedback How was the feedback received?	Content of feedback What was the feedback about and how has it influenced your practice?

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 or colleague. Please refer to our guidance on preserving anonymity in Guidance sheet 1 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

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REFLECTIVE DISCUSSION FORM

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:	
<p>I have discussed five written reflective accounts with the named nurse or midwife as part of a reflective discussion.</p> <p>I agree to be contacted by the NMC to provide further information if necessary for verification purposes.</p>	Signature:
	Date:

CONFIRMATION FORM

You must use this form to record your confirmation.

To be completed by the nurse or midwife:

Name:	
NMC Pin:	
Date of last renewal of registration or joined the register:	

I have received confirmation from (select applicable):

<input type="checkbox"/>	A line manager who is also an NMC-registered nurse or midwife
<input type="checkbox"/>	A line manager who is not an NMC-registered nurse or midwife
<input type="checkbox"/>	Another NMC-registered nurse or midwife
<input type="checkbox"/>	A regulated healthcare professional
<input type="checkbox"/>	An overseas regulated healthcare professional
<input type="checkbox"/>	Other professional in accordance with the NMC's online confirmation tool

To be completed by the confirmer:

Name:	
Job title:	
Email address:	
Professional address including postcode:	
Contact number:	
Date of confirmation discussion:	

If you are an NMC-registered nurse or midwife please provide:

NMC Pin:

If you are a regulated healthcare professional please provide:

Profession:
Registration number for regulatory body:

If you are an overseas regulated healthcare professional please provide:

Country:
Profession:
Registration number for regulatory body:

If you are another professional please provide:

Profession:
Registration number for regulatory body (if relevant):

Confirmation checklist of revalidation requirements

Practice hours

- You have seen written evidence that satisfies you that the nurse or midwife has practised the minimum number of hours required for their registration.

Continuing professional development

- You have seen written evidence that satisfies you that the nurse or midwife has undertaken 35 hours of CPD relevant to their practice as a nurse or midwife
- You have seen evidence that at least 20 of the 35 hours include participatory learning relevant to their practice as a nurse or midwife.
- You have seen accurate records of the CPD undertaken.

Practice-related feedback

You are satisfied that the nurse or midwife has obtained five pieces of practice-related feedback.

Written reflective accounts

You have seen five written reflective accounts on the nurse or midwife’s CPD and/or practice-related feedback and/or an event or experience in their practice and how this relates to the Code, recorded on the NMC form.

Reflective discussion

You have seen a completed and signed form showing that the nurse or midwife has discussed their reflective accounts with another NMC-registered nurse or midwife (or you are an NMC-registered nurse or midwife who has discussed these with the nurse or midwife yourself).

<p>I confirm that I have read <i>Information for confirmers</i>, and that the above named NMC-registered nurse or midwife has demonstrated to me that they have complied with all of the NMC revalidation requirements listed above over the three years since their registration was last renewed or they joined the register as set out in <i>Information for confirmers</i>.</p> <p>I agree to be contacted by the NMC to provide further information if necessary for verification purposes. I am aware that if I do not respond to a request for verification information I may put the nurse or midwife’s revalidation application at risk.</p>
<p>Signature:</p>
<p>Date:</p>