

Annex C to Supporting information for appraisal and revalidation: specialty guidance for the leadership and management aspects of a doctor's scope of practice

Quality improvement activity and reflection

(Based on the 2007 Leicester Statement)

Name			
GMC Registration No			
Period covered		Date completed	

Area of practice:			
Date	Place	Activity	Outcome
Reflection			

Area of practice:			
Date	Place	Activity	Outcome
Reflection			

How will this experience change my practice?
What development needs have I identified for my PDP?