

Revalidation Feedback Form

Feedback Form

As part of the NMC Revalidation requirements, I am required to obtain feedback from people I have worked with in the past 3 years. The purpose of the feedback is to demonstrate that I am continually developing my practice to improve patient safety.

Please complete the following questions and add any comments you feel relevant to highlight my strengths and areas for development. All information will remain confidential.

1. Please indicate whether you are a:

Patient

Colleague

Other

2. How well do you think I have demonstrated the following four themes under the NMC Code (colleagues only):

a. Prioritising People good average poor

b. Practising Effectively good average poor

c. Preserve Safety: good average poor

d. Promote trust & professionalism: good average poor

3. Please rate your overall experience of the care you have received (patient/family only):

a. good average poor

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4. Please give examples of things I do well

5. Please give examples of things I could improve

6. Please add any further comments you feel are relevant

Date:

Name of Nurse / Midwife (to whom feedback relates):

Thank you for your time