

Palliative Record of Reflective Practice (RRP)

Trainee name	NTN
GMC number	Year of training
Assessor's name	Role
GMC number (if applicable)	Base
Short summary of dilemma to be discussed	
Learning points 1. 2. 3.	
Action plan 1. 2. 3.	
Assessor's comments	
Signed by Assessor Date	Signed by Trainee Date