

Peer Discussion Form

(This mirrors the General Pharmaceutical Council’s form)

1. Please give the name, contact details and role of your peer on this occasion (if you took part in a group peer discussion, please only provide details for one person from the group).

|  |  |
| --- | --- |
| Name of peer |  |
| Role |  |
| Organisation |  |
| Telephone |  |
| Email |  |

2. Describe how this peer discussion changed your practice for the benefit of people using your services

*Discuss why you chose this peer.*

*Describe how this peer discussion has helped you to reflect on and make improvements to your practice.*

*Give a real example of any beneficial outcomes for the people using your services as a result of making changes to your practice.*

*Do include any feedback about your practice that you have had from other people*.

You do not have to include information on the subject(s) discussed if you feel the contents are confidential.