The importance of planned learning

Keeping knowledge and skills updated frequently is essential for all working in primary care, so that patients may receive the best possible care. Planning learning, then updating skills and knowledge and finally recording what has been learnt is at the core of continuing professional development (CPD) and is an integral part of revalidation. Planning learning or development is recorded in the PDP, which is an important output of the appraisal discussion. It should include matters discussed in that meeting, as well as those already known beforehand.

Your CPD should keep you up to date and competent in all the work that you do. It should affirm what you do well, address areas requiring improvement and explore new knowledge, skills and behaviours.1

Purpose of the PDP

The PDP is a formal document that sets out the learning and development needs of the appraisee for the subsequent year. It is a key output of the appraisal interview, and must be drawn up and agreed between GP and appraiser every year to meet the requirements of revalidation.

The opportunity to discuss all aspects of the GP role at appraisal will stimulate ideas about what is needed for day-to-day work, in all its different aspects for each individual GP. Potential changes in role should be anticipated and preparation for the role included in the PDP. This might take into account changes in employment status, e.g. from GP retainer or salaried GP to GP partner, changes in a doctor’s role within the practice, changes due to a return to work from maternity or sickness absence, or a doctor’s individual career aspirations. With so many GPs now taking on roles outside the practice (e.g. commissioning) many GPs will find a need to seek new skills in management and leadership. The appraisal discussion should be supported by specific evidence, such as data from audit, complaints and compliments, significant events, information about service improvements, results of workplace-based assessments and feedback from patients and colleagues.

Planned learning should complement unplanned learning. Not all CPD opportunities will be planned.

Opportunities for informal learning and reflection about your performance will arise spontaneously from your day-to-day practice. This can be one of the most fruitful forms of CPD because it links directly to your everyday work.1

Evolution of the PDP

GP appraisers will find assessment of last year’s PDP helpful in allowing a GP to explain how far last year’s plan has been achieved and how other aims have taken over in the face of changing circumstances. PDP objectives achieved can be recognised at appraisal as an affirmation of the GP’s work. It’s useful for appraisers to keep a list of objectives carried forward from last year and identified in discussion so that none are left out when the new PDP is being written.

PDPs evolve in the year between each appraisal meeting and recognition of these also needs to be included. Learning is a continuous process and it is therefore quite possible that learning needs will change over 12 months.

**Signing off last year’s PDP**

It is part of the appraiser's role to review the GP's PDP from the preceding year end and to note in the summary of the appraisal discussion whether the learning and development needs have been satisfactorily completed. This will usually require a review of submitted evidence, which may include entries within a learning log, reflections on a specific activity relating to the learning needs, or a quality improvement activity linked to the learning need. There may be good reasons why some learning needs may not have been addressed and these should be noted. Uncompleted learning needs may be carried forward to the next year, or if the need has changed or the educational activity has become unfeasible, then any additional learning undertaken should also be documented.

**Facilitating a PDP**

The PDP should be written by the GP with their own ideas about exactly what needs to be learned, and how they would like to do it. It may be helpful for the GP to draw up some draft learning needs prior to the appraisal interview. Appraisers can help the process by asking the GP to:

1. Define exactly what it is they wish to achieve, making the learning specific rather than wide and general, e.g. ‘learn how to use a dermatoscope in diagnosing pigmented skin lesions’ is more helpful than ‘learn more about dermatology’.

2. Find several ways to achieve the objective. This is likely to make achievement much more probable. Specifying attending a particular course puts the GP at risk of not being able to achieve the objective. The GP could be prompted to consider other possible methods. If it subsequently becomes impossible to attend the course for some reason, the learning need can then be addressed through these other means. Where a course or study day has been identified, the GP could be encouraged to identify other activities to reinforce this learning. Sharing the learning with others is one way, another might be further reading with reflective notes of what new information has been found that could be used in practice.

3. Envisage what could be measured as a result of the new learning. In the example of use of a dermatoscope there could be a comparison of the appropriateness of secondary care referrals for pigmented lesions to secondary care.

The appraiser should also be mindful of the content of the previous year's PDP, and the need for GPs to cover the full scope of their practice. Thus it would probably be inappropriate for the same learning need to appear year on year, and if a learning need was repeated this would need to be justified. The balance between a GP's different roles needs to be kept over the five-year revalidation cycle, but might vary throughout that time if, for example, a diploma is undertaken and takes up a disproportionate amount of CPD time for one year.

As a general guide, three or four learning needs would be expected in a PDP each year. At least one of these should be related to clinical work, to address the need to keep clinically up to date
and enhance patient safety. In addition to clinical needs, the PDP could also contain learning needs relating to teaching, IT, management etc.

**Taking account of learning styles and the learning method needed for the PDP item**

Most GPs as adult learners are able to learn effectively in different ways. Where a GP has found a problem with a particular PDP item in the past it might be helpful to encourage them to think about whether they are approaching it in the best way for them. Appraisers might like to consider this by learning more about learning styles and methods.\(^2\)\(^,\)\(^3\)

Finding how to achieve a PDP objective is in part determined by the nature of the objective. In general:

1. Knowledge gaps are often well met by reading, lectures and courses (online or not).
2. Skills gaps may be met by practical sessions, by observing others or in simulation workshops.
3. Attitude changes can be met by discussions, mentoring and reading.

**GPs in different circumstances**

In addition to this, GPs have different working arrangements and personal circumstances. For example, remote and rural GPs may find that teleconferences, webinars, and elearning is a more suitable form of learning for them. GPs with young families, those working as out-of-hours GPs or as peripatetic locums need to think how best to meet their learning needs and peer group learning offers opportunities for comparing ideas about best practice as well as sharing new ideas from reading or meetings. This aspect of learning should be built into the PDP.

**In summary**

A valid PDP must contain the following key elements for each objective:

- *a statement of the development need*
- *an explanation of how the development need will be addressed (the action to be taken and the resources required); objectives are more likely to be achieved if consideration is given to several ways of meeting them*
- *the date by which the objective will be achieved*
- *the intended outcome(s) from the objective*
- *for each PDP objective submitted there should be a column recording the outcome of the objective.*\(^4\)

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\(^2\) Overview of learning styles, www.learning-styles-online.com/overview/.


The RCGP wishes to acknowledge Dr Nick Field and Dr Amar Rughani with contribution from Dr John C Howard as the authors of the 2008 PDP guidance, and for permission to use the flow diagram below.

**Your appraisal**
- You will have collected evidence under GMP headings for your appraisal, including last year’s completed PDP. What does this evidence say about your performance?
- What do you know about your performance that may not be captured by the evidence?
- Were there significant events that you need to act upon?
- What issues were raised during the appraisal interview?
- From the above, what do you need to do better?

**Your workplace(s)**
- What doesn’t run well?
- What significant events or complaints have affected your workplace?
- What development priorities might affect you over the next 12 months?

**The wider world**
- What external developments (e.g. NSFs, PCO/national initiatives) will impact on the way you practice, and will any learning needs arise from these?

**What is the best way to learn this subject?**

**Reading**
- Books and journals
- Internet resources

**Meeting or conference**
- Make sure it is relevant to your objective

**Practical session**
- Hospital outpatient
- Other health professional

**From and with, partners and colleagues**
- Consultants, nurses, health visitors, managers
- Be creative and make it enjoyable!

**Determine outcomes or evidence**
- What evidence of learning will you keep (notes/memos etc)?
- Will you be able to show changes in your practice (guidelines/protocols etc)?
- Will you be able to show any impact of your learning on patient care (audits, case reports etc)?

**Complete the PDP paperwork**
- Justify any changes to your initial learning plan, especially any deletions.
- Record what you have learned and particularly its impact on patient care.
- Start to think about your next PDP.
The Royal College of General Practitioners is a network of over 50,000 family doctors working to improve care for patients. We work to encourage and maintain the highest standards of general medical practice and act as the voice of GPs on education, training, research and clinical standards.

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