Q&A: Personal Development Plans (PDP)

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How many learning goals are required in my PDP. Is there a recommended number?

There is no minimum or maximum number of goals. For example, a doctor setting the goal of achieving recognition as a vocational trainer might regard that as a sufficient single goal for a year; most GPs will set themselves between three and five goals that reflect the breadth of their practice, responsiveness to the health needs of their local population, and their own development needs. All goals need to be ‘SMART’ (Specific, Measurable, Achievable, Realistic and Time-bound) although some may, of necessity, be less measurable and time-bound than others. “

I am the type of person who reads up on topics as soon as I identify a need. Do I still need to submit a PDP or is it sufficient to submit evidence of learning throughout the year?

Most of a doctor's learning occurs continually in the workplace and the PDP should not be thought of as a learning log, but as a tool that encourages reflection and provides evidence of this. It should not be assumed that learning derived from the PDP is in some way superior to that which occurs on an ad hoc basis, as the two approaches to learning are often complementary.

From: Personal Development Plan (PDP) Guidance for Appraisers- Dr Nick Field and Dr Amar Rughani With contribution from Dr John C Howard- February 2008

Reactive (ad hoc) learning is based on clinical experience, whereas the PDP should incorporate proactive learning which we need to do to keep up our awareness of new developments in clinical management. It will be likely that as GPs we change our roles and need to have training to ensure that we are able to provide a good service, a common example of this is the training needed for diabetes practice leads who need to train to do insulin conversions.

For further information see the PDP toolkit on the RCGP Revalidation: Guidance for GPs page.

I always find it difficult to compose a PDP for my appraisal. Are there any suggestions on how to choose an appropriate plan?

The Personal Development Plan (PDP) is the key output of appraisal. It represents a formal agreement, between the appraisee and appraiser, on the learning and development needs of the appraisee, identified at the appraisal interview, with an outcome based learning plan for the subsequent year.

Learning and development needs can be identified through:

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? (e.g. developing leadership skills following feedback from MSF)
• What do you know about your performance that may not be captured by the evidence? (e.g. audit on quality of joint injections following attending an update course)

• Were there significant events that you need to act upon? (e.g. identifying needs in palliative care following a significant event analysis)

• What issues were raised during the appraisal interview? (e.g. time management)

• From the above, what do you need to do better?

Your workplace(s)
• What doesn’t run well (e.g. repeat prescribing system)

• What significant events or complaints have affected your workplace? (e.g. out of date emergency medication after a significant event highlighting a need to address the current arrangements for updating emergency medication)

• What development priorities might affect you over the next 12 months? (e.g. becoming a training practice, introducing family planning services)

The wider world
• What external developments (e.g. NSFs, PCT/national initiatives) will impact on the way you practice, and will any learning needs arise from these? (e.g. new QOF requirements, implementing anticipatory care planning)

Learning needs can also be identified after CPD activities (e.g. attending a meeting on gout which highlighted a need to perform a practice audit on measuring urate levels and optimising medication)

Once you have identified your needs you will need to prioritise them, turn them into SMART objectives, and plan how to achieve them and think about what evidence you can submit to demonstrate achievement.

Remember your appraiser should be able to advise you on developing your PDP. Many GPs find that reflecting on their pre appraisal data before the appraisal meeting often triggers realisation of future learning needs. Most GPs now come to their appraisal meeting with a “proposed PDP” which can then be edited at the end of the meeting.
I have not managed to complete my PDP for this year due to time constraints and other priorities. Will this have an impact on my future revalidation? My appraiser says that I ought to carry these forward to this year’s PDP. Is this true and if so do I have to add on more new learning objectives for this year as well?

Reviewing the outcome of agreed goals are likely to reflect the following:

- The fact that the goal has been completed and the extent to which the intended outcome from that goal has been achieved, or
- The fact that the goal has not been completed and an explanation such as:
  - The goal became irrelevant due to changing circumstances in the year
  - The goal became unachievable as the implications became clearer
  - The time for achieving the goal was agreed to be longer than the time to the next appraisal.

It is very important that you reflect on the goal, the development achieved and any reasons for not achieving the goal. This reflection is an important attribute of your fitness to practise.

Not completing a PDP should not impact on the decision to be revalidated if you reflect on the reasons for this. If however the pattern is repeated annually, your appraiser may discuss this issue with you and perhaps plan more SMART objectives for future years.

You may carry uncompleted learning plans to the next year’s PDP if this is still relevant and practical to do. If you decide that this need is no longer relevant, you may wish to justify this at the appraisal interview.
My PDP has been very similar over the last few years as my job has not changed and as a trainer and lead clinician for diabetes, I need to attend annual updates. Is this acceptable?

It is important to recognise the difference between “learning wants”, where you have a special interest, and “learning needs” where there is need to develop. Attending compulsory training maybe important in your role however may not cover your learning needs. Attending such activities can attract credit points, but unless there is a personal developmental need (e.g. delivering a workshop on communication skills for trainees), or practice development need (e.g. introducing insulin initiation in the practice), then it is advisable not to include these in your PDP.

A good PDP should reflect the generalist nature of your job.

“Our doctor should be participating in CPD activities that cover the whole scope of his/her professional practice. This includes NHS work, independent practice, voluntary work that involves patients and non-clinical professional activities such as education, management and research. It is not expected that CPD will be undertaken in every area of professional work every year, but you should ensure all aspects are supported adequately over the 5 year cycle.”

From the Academy of Medical Royal Colleges’ CPD Guidance Framework for Appraisers and Appraisees

I work as a portfolio GP with four separate roles. Do I have to include a PDP learning objective for each of these roles will every year?

The GMC states “You must consider your CPD needs across the whole of your professional practice. This includes both the clinical and the non-clinical aspects of your practice, and any management, research, and teaching or training responsibilities you have”

From the GMC’s Continuing professional development: Guidance for all doctors, June 2012