Personal Development Plans

Synonyms: personal learning plans, continuing professional development

Personal development plans (PDPs) and personal learning plans (PLPs) are part of the concept of continuing professional development (CPD) and GP appraisals. Appraisal can have a significant impact on all aspects of a GP's professional life, and those who value the process report continuing benefit in how they manage their education and professional development.[1]

PDPs are a means to identify educational need and to document and hence demonstrate that need has been addressed. Providing and reviewing PDPs at each annual appraisal are a requirement of GP revalidation.

See also the separate articles on GP Appraisals and Revalidation - Current State of Play.

Good medical practice and continuing professional development

The General Medical Council (GMC) states that:[2]

- You must keep your knowledge and skills up to date throughout your working life.
- You should be familiar with relevant guidelines and developments that affect your work.
- You should regularly take part in educational activities that maintain and further develop your competence and performance.
- You must keep up to date with, and adhere to, the laws and codes of practice relevant to your work.

The principle of CPD is that it should be relevant to the doctor's practice, so should:[3]

- Take into account the context and environment of their practice.
- Explore the benefits of learning across professional disciplines and boundaries.

Doctors need to keep themselves up to date in all areas of Good Medical Practice. These are:[3]

- Good professional practice.
- Maintaining good medical practice.
- Relationships with patients.
- Working with colleagues.
- Teaching and training.
- Probity.
- Health.

There are many ways in which doctors learn:[3]

- Formally, through:
  - Annual appraisal.
  - Shadowing others; visiting centres of excellence.
  - Being involved in supervision; being a mentor.
  - Multidisciplinary team meetings.
  - Learning from patients.

- Informally, through colleagues and patients - more difficult to measure.
Aims of a personal development plan

To produce a comprehensive structured 'snapshot' of 'where we are now', enabling:

- The setting of realistic goals for personal development within a stated timescale.
- Helping the individual recognise areas of educational need, and to plan actions to address these needs.
- Producing documentary evidence of education and reflection - a 'Portfolio of Educational Activity' - to meet requirements of reaccreditation.
- PDPs, when gathered together, form part of the PPDP, identifying common goals and needs, and facilitating group approaches to meeting them.

Setting up the personal development plan

For UK GPs, agreeing a PDP is part of their annual appraisal.

- Last year's agreed PDP can be updated to mark development tasks as completed.
- Any needs requiring further thought or action can then be 'brought forward' into the proposed PDP to be considered for further discussion in the next appraisal meeting.
- The proposed PDP and agreed PDP should be completed by the appraisee. The agreed PDP should be signed off by the appraiser.
- Feedback is always essential and answers three questions:
  - Where am I going?
  - How am I getting on?
  - Where to next?

Personal development plan goals, follow-up and reflection

These should fit with the SMART objectives, meaning that the tasks should be:

- **Specific** - specified learning activities, not general statements.
- **Measurable** - possible to assess whether they have been achieved.
- **Attainable** - possible to achieve.
- **Realistic** - within the doctor’s capability.
- **Timed** - agreed time for achieving and reviewing.

The following guidance is provided by the Royal College of General Practitioners (RCGP):

- An annual PDP should be derived from participation in each annual appraisal. It should be signed off by you and your appraiser, and should represent the agreed plan for the forthcoming year. The portfolio should contain one PDP for each year in the period of revalidation.
- APDP consists of a number of objectives. There is no minimum or maximum number of objectives. Most GPs are expected to set themselves between three and five objectives that reflect the breadth of their practice, responsiveness to the health needs of their local population, and their own development needs.
- 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. The entries in this column should be agreed between the appraiser and the GP at the appraisal following the one in which the PDP was agreed.

The entries reviewing the outcome of agreed objectives are likely to reflect the fact that the objective has been completed and the extent to which the intended outcome from that objective has been achieved, or the fact that the objective has not been completed and an explanation such as:

- The objective became irrelevant due to changing circumstances in the year.
• The objective became unachievable as the implications became clearer.
  The time for achieving the objective was agreed to be longer than the time to the next appraisal.

• It is very important to reflect on the objective, the development achieved and any reasons for not achieving the objective. This reflection is an important attribute of a GP's fitness to practise.

Leadership and management: The RCGP advises that, over a five-year period, the GP should not only consider clinical development but also leadership and management skills. These skills are part of a doctor's roles in providing safe healthcare systems.

Continuing personal development needs and therefore the PDP should include the whole of your professional practice. This includes both the clinical and non-clinical aspects of your practice, and any management, research, and teaching or training responsibilities you have. \(^3\)

What might go into the personal development plan portfolio?

The PDP portfolio contains information about the doctor's current practice, educational activities and any available feedback on their performance. This is then used to prioritise and direct the next PDP, and to provide evidence that the PDP is being addressed. The PDP portfolio may contain:

• Personal developmental goals (medical and non-medical).
• Evidence of personal self-analysis - eg, reflective diary (can include planned educational activities in the future).
• Documentary evidence of methods used to demonstrate a learning need: with summaries of meetings or notes from personal study to demonstrate how the need was met:
  • Significant event audit or analysis.
  • Random case analysis, or clinical diary of interesting cases.
  • 'Patient's Unmet Needs' (PUNs) identified in a consultation, translated into a 'Doctor's Educational Need' (DEN).
  • Personal and practice audits.
  • Video consultation analysis.
  • Prescribing analysis and cost tabulation (PACT) - review of prescribing habits.
  • Details of any 'Risk Assessments' carried out.

• List of educational meetings attended in the last 3-5 years, with minutes, summaries and learning points. These could vary from 'in-house' meetings with partners or interaction with peers to distance learning courses. Try to demonstrate that a previously identified learning need has been met (perhaps by a subsequent audit, or just a paragraph indicating how your practice has changed following the educational activity).
• A retrospective evaluation of last year's PDP: good and bad points; lessons learnt; which ways of addressing learning needs worked and which failed, and why.

Advice for appraisers\(^5\)

• Recognise that not all goals can be met. As a rule of thumb, at least two thirds of agreed PDP goals should be successfully achieved.
• Low achievement of goals may relate to poor quality of PDP writing.
• There should be supporting information to show reflection on what has been achieved, or reasons for non-achievement. If there is doubt about this, the portfolio can be referred to the RCGP's National Advisory Panel, where consistent national standards can be applied.

Further reading & references

• Resources for Continuing Professional Development (CPD); Royal College of General Practitioners (RCGP)
• TARGET Antibiotics Toolkit; Royal College of General Practitioners (RCGP)
• Continuing medical education; gp-training.net
2. Good Medical Practice (2013); General Medical Council
3. Guidance on Continuing Professional Development; General Medical Council (GMC)
5. Revalidation Guidance for GPs; Royal College of General Practitioners (RCGP)

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