

Personal Development Plan (PDP) Guidance for Appraisers

Introduction

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. The plan is then reviewed at the next appraisal, together with evidence of completion, reflections on why areas may not have been addressed and any additional learning undertaken. Appraisers need to help their appraisees to construct PDPs that facilitate their professional development and to provide guidance on recording evidence of learning and outcomes achieved. They will also need to make judgements about PDPs as part of the appraisal process.

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. Many appraisers use the term 'general professional update' to cover learning driven by events i.e. recognised during practice and usually directly concerning patient care.

1. PDP construction

1.1 Learning needs

- The PDP serves to demonstrate and encourage reflective practice and the development needs identified in appraisal should be attended to through the PDP process.
- The number of needs does not necessarily correlate with the effort required by the learner, degree of learning or impact on patient care. However, typically at least three needs will be recorded in the PDP following the appraisal interview.
- Needs may be personal, practice-based, local, or national. Some GPs may wish to incorporate their PDP into a Practice Professional Development Plan (PPDP), but this is not mandatory.
- Both "wants" and "needs" should be present. Determining the factors that the appraisee feels have a significant positive and negative influence on motivation is an important part of facilitating appropriate commitment to professional development. Motivation for the agreed needs should be addressed in the appraisal interview.
- The absence of knowledge or skills does not necessarily constitute a need unless it is intended that the acquired learning be applied in practice.
- Doctors may wish to include other needs and activities undertaken after their appraisal in their PDP, but there should be no compulsion to do so. They should, however, keep evidence of other significant learning as part of their CPD portfolio.

1.2 Learning activities

- Choice of learning activities should be made on the basis of the GP's preferred learning styles and the needs identified, and should be "fit for purpose". It is therefore unnecessary to insist on a range of activities. However, the repeated use of a single activity (for example personal study) may indicate a narrow approach to the identification of learning needs (for example focusing on knowledge acquisition rather than skills development) and merits further discussion.

Completion of PDP objectives

- Given the detailed consideration leading to the PDP, the expectation would be that doctors would commit themselves to completing most of the plan in readiness for the following year's appraisal.
- The doctor's working circumstances and needs may change through the year and we might therefore expect and allow for variation of the plan. However, it would very rarely be justifiable for all the identified needs to be changed in any given year.
- Making changes to the PDP after the appraisal interview may indicate appropriate reflection and adjustment of priorities by appraisees, but reasons for variation should be stated.
- When the PDP outcomes are reviewed, appraisers and appraisees may agree to discard uncompleted objectives, or to include them in the following year's PDP. Objectives may need to be revised, or alternative activities utilised.

2. PDP Review

- PDPs vary in content and style, and the assessment issues of validity (does it measure what it purports to measure?) and reliability (would different assessors make the same judgement or would the same assessor make the same judgement on different occasions?) are therefore problematic in PDP review.
- Whilst reliability is difficult to achieve, a criterion-based approach can provide validity and consistency.
- Criteria and standards (table 1, below) have now been agreed by the RCGP Professional Development Board and should be used by appraisers as the basis for reviewing PDPs.
- Standards are more likely to be achieved if adequate discussion has taken place at the outset, and it may be appropriate to involve GP tutors where appraisers and appraisees have difficulty in constructing PDPs following appraisal.
- There is no "pass mark", but where several standards are not achieved and appraisers consider a PDP to be unsatisfactory, there should be a local process for independent review.

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Table 1. Criteria and standards to be used for the PDP

Criterion	Standard
The educational need is identified through appraisal	<p>The needs identified in appraisal and any later substitutions of these, should be addressed through the PDP route.</p> <p>GPs may, should they wish, add other needs during the year in the PDP format, but this is not mandatory.</p>
The learner can show how the needs identified reflect the needs of patients, practice/employment setting, and the expectations of the GMC, as well as their own interests.	Some of the evidence of learning relates to the needs of the practice/PCO, patient views, and key areas of GMP or other GMC documents.
Aims are converted to learning objectives.	Clarification of objectives in relation to each need is necessary, but need not be done at the time of appraisal. However, it should be undertaken at some time during the year in readiness for review at the following year's appraisal interview.
SMART objectives (Specific, Measurable, Achievable, Relevant & Time-bound)	<p>GPs should aim to write their objectives ensuring that they, in particular, are specific and, in their view, achievable.</p> <p>Measurement of objectives should only be encouraged where this appropriate.</p>
The activities proposed for addressing the learning needs are stated.	Where appropriate, e.g. where specific objectives are identified, discussion during the appraisal interview could prospectively identify the first steps that the GP needs to take in order to address their development need.
The reasons for any changes made to the development plan are stated	Any changes, particularly deletions, should be justified.
There is appropriate evidence to demonstrate learning.	This should be stated and should be relevant to the development objective(s)
Reflection on learning outcomes occurs routinely.	Reflection on learning will be facilitated through discussion with the appraiser.
The components of the PDP reflect and are compatible with the RCGP CPD portfolio requirements	The learning outcomes of the PDP will meet the requirements of the RCGP portfolio

