
RCGP Revalidation Toolkit: Personal Development Plan (PDP) guidance



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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.

¹ General Medical Council. *Continuing Professional Development: guidance for all doctors*. Manchester: GMC, 2012, www.gmc-uk.org/Continuing_professional_development___guidance_for_all_doctors_0612.pdf_56438625.pdf.

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:

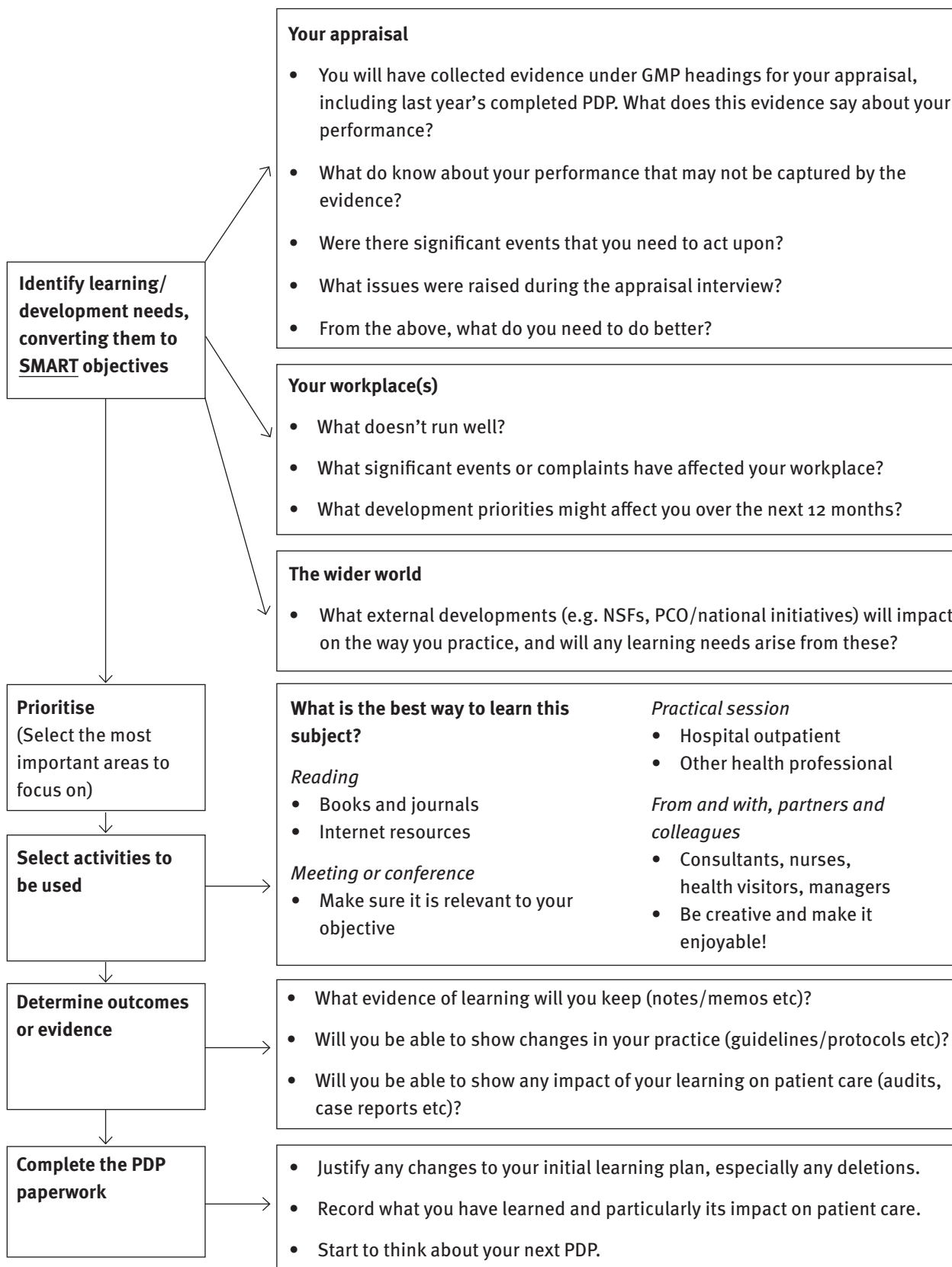
- *a statement of the development need*
- *an explanation of how the development need will be addressed (the action to be taken and the resources required); objectives are more likely to be achieved if consideration is given to several ways of meeting them*
- *the date by which the objective will be 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

² Overview of learning styles, www.learning-styles-online.com/overview/.

³ Mind Tools. Understanding learning styles, www.mindtools.com/mnemlsty.html.

⁴ RCGP Revalidation Guidance for GPs, www.rcgp.org.uk/revalidation-and-cpd/new-revalidation-guidance-for-gps.aspx.

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