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Intended for healthcare professionals



## Careers

# How to prepare a personal development plan

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## Abstract

Setting goals and gathering peer support are essential ingredients of a successful personal development plan, says **Fiona Tasker**

A personal development plan (PDP) will guide all doctors in their career, whatever grade they are at and whether they work in an acute or community setting. **1** PDPs help doctors become more self aware, enabling them to understand how to improve performance and develop new skills. All doctors should engage in this process, as it is now a key component of appraisals and revalidation. **2**

A General Medical Council (GMC) survey found that 79% of respondents thought that their continuing professional development activity—of which PDPs are an essential part—over the past five years had helped them to improve the quality of care given to their patients. **3**

## An overview

When starting a PDP doctors should reflect on their learning and performance so that they can identify their developmental priorities. They should then plan how to deal with these needs for their current role as well as future aspirations. After undertaking a range of planned learning activities doctors must show that they have achieved their goals and reflect on how this benefits them and others. **4**

 Figure 1

Personal development plan (PDP) cycle **4**

Setting specific, measurable, achievable, relevant, and time bound (SMART) **5** goals is essential for your PDP as it is thought that low achievement of goals may relate to poor quality PDP planning. **6**

## Planning goals

When it comes to choosing goals, there are many ways of identifying strengths and development areas:

- Doctors should look at the GMC's *Good Medical Practice* framework, which outlines the four domains that all doctors must demonstrate **7**

- Those in a training programme should refer to the curriculum in their e-portfolio
- Qualitative feedback from colleagues using tools such as 360 degree assessments; feedback from patients, including details of complaints (if applicable); and feedback from consultants at previous appraisals
- Non-clinical aspects of practice, including audit/quality improvement, research, teaching, management, and leadership. For the leadership skill, review the Clinical Leadership Competency Framework.<sup>8</sup>

Doctors should prioritise their goals, starting with essential learning needs. It is important to strike a balance between goals that are easily achievable and high aspirations. The number of goals to set will depend on personal choice and need and the resources available.

**Example of objective one:** To learn how to do a lumbar puncture by going on a clinical procedures course and watching colleagues perform this procedure. To ask colleagues to supervise me performing a lumbar puncture and then do a workplace based assessment. To complete this skill before my next interim review.

**Example of objective two:** To keep up to date with clinical practice by reading relevant journals once a week and reflecting on interesting articles in my e-portfolio. To continue to do this at this frequency up to the date of my job interview.

These objectives are well defined so they meet the specific criterion. They are measurable as they state how one will recognise when the goal has been achieved. They are also achievable. Example one is relevant for a doctor training in medicine, and example two is relevant for a doctor preparing for an interview.

A time scale should be set for completion of each goal, although some goals—such as example two—could be ongoing. A review date is important so that the goal can be adapted if necessary. So, in addition to reading journals, a doctor could perform evidence based reviews on relevant topics to keep up to date with clinical practice.

## Achieving a goal

A PDP helps plan and show the achievement of continuing professional development. The GMC states that continuing professional development activities should maintain and improve the quality of care doctors give patients and the public and the standards of the teams and the services in which you work.<sup>9</sup>

Doing a range of different continuing professional development activities to tackle a particular learning need is likely to be more effective than one-off events.<sup>10</sup> However, study days and study budgets are limited, so doctors should consider what they will gain from attending courses which award continuing professional development points as well as the impact it will have on clinical practice. The royal colleges and faculties provide guidance on the types of activity that would be most appropriate in particular specialties or general practice.<sup>3</sup>

Potential ways of achieving goals include:

- Attending courses
- Attending regional/national/international conferences
- Completing e-learning modules
- Attending meetings—that is, multidisciplinary meetings, grand rounds
- Shadowing others
- Completing assessments—that is, workplace based assessments

- Discussions with seniors and colleagues for support and advice
- Learning from peers
- Collaborating with colleagues—that is, working on an audit project
- Completing a logbook of clinical cases/interesting cases.

## Achieving objectives

Reflection on learning and performance is a powerful learning tool, with the GMC stating that doctors must reflect on all aspects of their professional work. The Academy of Medical Royal Colleges has created a guide to aid the documentation on reflection on a variety of activities and events.<sup>11</sup>

Most doctors in training programmes will have access to an e-portfolio, which can be used to record reflections. Alternatively, organisations including the royal colleges and faculties, specialist associations, and professional trade bodies may have an online portfolio or similar tools.<sup>9</sup> Methods to show that you have achieved your objectives(s) are:

- Reflection
- Certificates from courses or e-learning modules
- A record of the minutes and summary of learning points from a meeting
- Feedback from colleagues—that is, workplace based assessments, 360 degree assessments, peer group discussions
- Feedback from patients
- Winning awards/prizes
- Being able to perform a new skill/task
- Increased patient satisfaction, improved patient care measured via audit.

## Protected time and peer support

A study of 14 general practitioners highlighted the problems in undertaking PDPs. They suggested that while PDPs were valued in principle, protected time is needed to complete them, as well as leadership and facilitation of this process.<sup>12</sup>

Newby showed that peer groups are a practicable mechanism for generating PDPs. Participants at workshops reported that it was refreshing to take time out of their pressured working lives to reflect with colleagues on prioritising objectives and discussing how to achieve these. The author outlines factors for successful peer groups and PDPs. These include regular meetings at least every six months, which last two to three hours and have between three and eight participants, all of whom should have individual space to consider requirements. The meetings must be facilitated and structured with agreed “ground rules,” and there must be tangible outputs from the process.<sup>13</sup>

Another study showed that a peer led approach opened up mutual conversations that also promoted and enhanced reflective learning. The role of the group facilitator was valued in helping to structure the sessions, and the authors have recommended the wider use of peers and mentors to help deaneries with educational planning.<sup>14</sup>

## Conclusion

The PDP is an important aspect of a doctor's professional life and should be planned to meet patients' needs as well as those of doctors. Doctors should choose goals that motivate them as this will provide the energy and drive to achieve them.

Planning and evaluating learning should be a continual process as circumstances change and plans may need to be modified. The final step is to reflect on how effective the PDP has been and whether there are areas that have not been tackled or have not worked. Reflection must drive learning, and a completed PDP should be a building block for future PDPs.

## Footnotes

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