**What makes a good PDP?**

 **Some topics you might like to think about...**

1. Many Dr’s PDPs contain “Keeping up to date” as one of the Learning/Development needs. How do you make the **outcome** of this activity SMART? For instance, many Drs go on a Hot Topics or GP Update day. What do you want to see in their appraisal documentation to ensure they have not just slept on the back row?

Just a certificate of attendance not satisfactory.

Good practice is to document 3 learning points shared with colleagues.

1. Is it reasonable to put into a PDP a topic that is going to be done anyway. For instance, every year a practice has a session on BLS. Should a partner in the practice include this in his/her PDP as one of say 4 items?

Yes as long as there are not too many of these in any one year’s PDP

1. If a Dr has a tried and tested method of learning, which works for him/her, how challenging should we be to make him/her think of new ways to learn? Depends on individual case. Is it acceptable to have very similar PDP’s year on year?

If the quality is high, and reflection appropriate, and the learning differs year on year, this is OK

1. How much should we encourage our Drs to build on peaks of their knowledge, or should we really be looking for them to fill in some troughs? How do we establish the correct balance?

Again depends on individual cases, but ideally a mixture of both.

1. Is it reasonable to include “Lifestyle” or non-clinical topics as a PDP item? For instance is ..“I will decrease my stress levels by learning to meditate” a reasonable topic, and should we allocate a proportion of the 50 learning credits for this activity?

Yes, provided there is a balance of clinical activity in other items of PDP

1. How do we ensure that non-clinical topics such as “Improving my Management skills”, can be documented, supported, and made SMART, rather than just discussed at the appraisal

This is not easy, but best practice to decide at the appraisal in what ways the skills are to improve, and discuss ways of evidencing this for next year at the time of writing the PDP

1. To what extent can we reasonably expect PDP objectives to arise as a direct result of the supporting information and the appraisal discussion? Or should Drs be coming to the appraisal with a plan of the PDP in mind?

Can vary widely. Usually a mixture of pre-conceived ideas, coupled with some that arise as a result of the discussion. Important to establish that our appraisee buys into the mix, and is happy with the final document.

1. Should we expect a rough assignment of credits or hours to each goal to concentrate the mind (and reveal the shortfall for many?!) This is not something we do at present, but might this be a useful tool in some situations?

Something to bear in mind, particularly if our appraisee has been barely making the 50 hours CPD a year, but not something that we normally do at present.

1. Excellence template for QAing appraisers asks us to assess against
"Explain the reasons of the choice of PDP items. Are the items based on the doctors own suggestions and continue themes developed over more than one year?"  Few appraisers or appraisees actually do this well.  Is this building on a theme of improvement, something that as appraisers we should be encouraging, or looking for, or is it not really something that happens much in the real world?

Developing themes, often found in relation to women’s health/contraception issues, as our appraisees increase their skill levels and competence in areas like fitting IUD’s and LARCs. But basically, encourage ,yes. Insist on, no.

1. For a number of legitimate reasons, the PDP tends to be added on at the end of the appraisal discussion, when tiredness has often set in, and time is running short. Is this acceptable? Is it reasonable? Is it best practice?

The fact that 2 of the 5 sign off statements are to do with the PDP demonstrates its importance. We need to be aware of this both during the appraisal discussion, and in the post appraisal documentation, and ensure that PDP issues are given their appropriate prominence in both.