Personal Development Plans
that improve patient care

Health Education Wessex

Medical appraisers can facilitate Personal Development Plans (PDPs) that make a difference to quality of care by being more aware of the virtuous cycle of ownership, engagement, including patients and writing SMARTER objectives

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Background

The review of the progress made with the Personal Development Plan (PDP) goals from the previous year and the production of an agreed PDP arising from the appraisal documentation and discussion are essential elements of each medical appraisal for revalidation. NHS England's National Medical Director has expressed concern about whether the Personal Development Plan objectives agreed during appraisals are relevant and well-constructed, such that progress against them will be meaningful (Keogh, 2014). Nayar (2003, p.206) found that 50% of general practitioners have viewed PDPs as 'hoops to be jumped'. Jennings (2007, p.521) argues that 'PDPs are founded on a misconception, the practice of promoting reflective learning via PDPs is not evidence based, a PDP is probably more useful to the facilitator than the learner and a PDP is not essential for successful self-directed learning'. Yet there is some evidence that Personal Education Plans 'are an effective method of CPD in that they frequently lead to reported changes in patient care, and personal and professional development of the learner' (Evans et al, 2002). Rughani (2001 p.27) asserts: 'those who use [PDPs] wouldn't go back'.

Aim

To explore how to create Personal Development Plan (PDP) objectives that drive quality improvements in patient care

- Doctors will have PDP objectives that are patient focused and explicitly seek to support the delivery of better care by encouraging excellence and quality improvements in practice
- Appraisers will be able to facilitate a process of continuing professional improvement and motivate doctors to spend time in appraisal on developing meaningful and effective PDP objectives

Method

Given that doctors must: 'identify ways in which…CPD activities could help to improve the quality of care provided' (GMC (2012), p18), as part of the appraisal process, the PDP can be seen as the missing link in helping to support doctors in achieving that goal. The problem is that, in our experience, and that of Lakhani (2013), the quality of PDPs varies widely: 'Some are too detailed, others too brief, often vague and written to a poor educational standard' even though 'a revalidation-ready PDP is an essential step towards improving practice.'

In Wessex, we set ourselves the challenge of identifying what factors we could influence, as appraisers and appaisal leads, to encourage doctors to engage with their appraiser in producing together PDP objectives that are about reflective practice and making positive differences to patient care. In other words, we set out to manipulate the process of deriving the PDP, 'that is both mandatory - the appraisal is not complete without it - and summative - progress must be made with its objectives - …in a positive way to achieve desired outcomes that are formative and developmental' (Caesar, 2015).

Smarter PDP… Better Patient Care

S – Specific	Arising from this particular appraisal and not just generic e.g. "keep up to date"
M – Measurable	With clearly defined outcomes enabling progress to be demonstrated
A – Achievable	Goals should be within a personal 'sphere of influence'
R – Relevant	Important and meaningful at this point in time
T – Time bound	Have a reasonably defined time-frame
E – Economic	Only demand a proportionate use of time and resources
R – Reflect impact	Emphasise and reflect the impact on patients / colleagues and/or personal resilience

Having patients in the PDP can bring it to life.

This can be stimulated by the appraiser:

"somewhere in the mix of all that I like to talk about patients." and could have profound results: *"It was the use of the word "patient", I think that lit up some doctors… and therefore the PDP. … it stopped being dry and 'I must do this'."* (Caesar, 2015)

"that's where I'd like to see patient mentioned in particular … it should be about an impact on quality of practice almost no matter what the developmental need is." (Caesar, 2015)

Results: Ownership = Engagement

A PDP that results from a combination of high stake goals and positive engagement factors is the most likely to be internalised and achieved (table 1). **Engagement factors** - such as attraction to the learning need/work, determination and visible delight in outcomes (Schlecty 1994). **Goals** - which are of either high or low stakes depending on importance. **Barriers** - such as mismatched transactions (Berne 1961).

Gregory (2015) recognised the importance of engagement with the PDP, which is influenced in a number of ways: (table 2)

Table 1: Diagram showing the different elements which are linked and promote engagement.

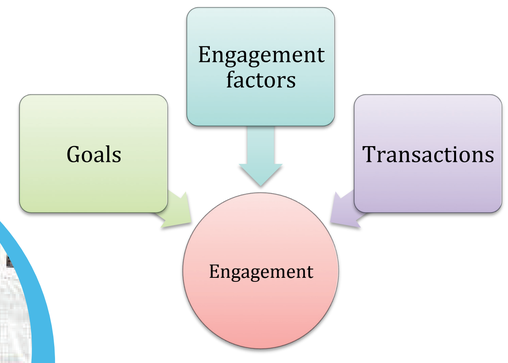

Table 2: Gregory's Window of Engagement *(based on Johari's window, 1955)*

Low stake goals Positive Engagement factors Engagement may occur	High stake Goals Positive Engagement Factors Engagement most Likely to occur
Engagement least likely to occur Low stake goals Negative Engagement factors	Engagement may occur High stake Goals Negative Engagement Factors

Appraiser:	Quality Assured by:	Date:
PROGRESS QA 2015 **Quality assurance and development of post appraisal outputs**		
Appraisal identifier (Dr initials)		
PROFESSIONAL (2) – is typewritten, objective, free from bias or prejudice, describes a profession-al appraisal: venue, time taken, good information governance, and confirms no identifiable third party information is included.		
REFLECTS A GOOD APPRAISAL DISCUSSION (4) –demonstrates support, challenge and focus on the reflection and needs of the doctor.		
OVERVIEW (2) – includes a description of the whole scope of work and context for the doctor, the appraisal and the revalidation cycle		
GAPS (1) – identifies any gaps in requirements for revalidation, mandatory training or scope of work and specifies how they will be addressed (or states if no gaps).		
REVIEWS SUPPORTING INFORMATION (SI) AND LESSONS LEARNED (4) – reviews SI in relation to Good Medical Practice; comments on SI not sup-plied electronically and any information the doctor was asked to bring. Reflects on lessons learned, changes made and actions agreed.		
ENCOURAGES EXCELLENCE (2) – affirms good practice, celebrates achievements and actions ac-complished, gives examples		
SMARTER PDP (4) – The previous PDP objectives have all been reviewed and commented on. New PDP objectives clearly arise from the appraisal and *Good Medical Practice*. They are SMARTER (Specific, Measurable, Achievable, Relevant, Time-bound, Economic and Reflect Impact). The demonstration of impact on quality and safety of practice is explicit.	Increasing the score available for the PDP to 4/20, demonstrates to the appraisers the increased interest in, and emphasis on, the QA of this element of the appraisal outputs and the tool allows formative comments to be added.	
TOTAL:	**/ 20**	
Overall comments:		

Rewarding the desired behaviour increases compliance

- Appraisers need prior training that the QA tool is changing in order to have fair warning to adapt their behaviour
- By ensuring that the PROGRESS 2015 QA tool is used in a formative way, the Locality Leads can highlight examples of good practice or make suggestions where practice could be improved
- There is likely to be an initial dip in the scores achieved whenever the tool is adjusted and expectations need to be managed in order to avoid having disgruntled appraisers

Discussion

A well-constructed PDP can be a powerful tool in driving quality improvements in practice, but, too often, there may be a feeling that it is completed at the end of a long and tiring discussion and given less weight and thought than it deserves. Exploring the factors that make the PDP more patient focused allows us to consider how to support doctors and appraisers in developing PDP objectives that help to drive quality improvements in patient care.

Conclusions

- Well written PDP objectives are the missing link between where doctors are now and where they want to be but many doctors do not have any training in how to express their goals in the most effective way
- Appraisers can be trained to weave the planning of the PDP throughout the appraisal preparation and discussion and support the writing of 'SMARTER' objectives
- For doctors to fully engage with their PDPs, the ideal is a combination of high stake goals and positive engagement factors. When this has been explored during the appraisal, and delivered in the outputs, doctors will 'own' their PDP objectives and internalise them
- Putting the word "patient" explicitly in the PDP can 'light it up' and make the link to improvements in patient care obvious

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