GP training: Writing a PDP in your e-portfolio

By Dr Prashini Naidoo on the 4 April 2017

A good personal development plan (PDP) will set out how a trainee assessed their learning needs, how they plan to address these needs and the evidence they will provide to demonstrate their learning.

- Discuss on Doctors.net.uk

The personal development plan (PDP) is a documented decision in the trainee's e-portfolio of their learning and development needs (and wants).

Good trainees inform their educational supervisor (ES) about how they assessed their learning needs, how they plan to address these needs, and what evidence they intend to provide to demonstrate completion of the learning loop.

Assessment of needs and wants

A good PDP will inform the ES that the trainee has self awareness regarding the boundaries of their current competence and what further learning they intend to undertake to meet the needs of their patients, practice or hospital rotation, the GMC and their own interests. In simple terms, it is a statement of 'this I can do, but this I can't do yet'.

What is important to the ES, is how the trainee came to an understanding of what they can't do yet. For example, did the learning need arise from a significant event or informal complaint?

Were any developmental issues discussed at the trainee's placement meeting with their clinical supervisor (CS) or specific educational priorities identified in their ES review?

Or, having reflected within their learning logs, has something caught their interest and motivated them to deepen their understanding of a particular subject? For example, having reflected on a tutorial or VTS session, the trainee may have become aware of new NICE guidance on, for example, low back pain and may plan further learning to explore how this national guidance will impact on the way they practice.

As an ES, I like to see learning needs that are identified from a variety of sources, not just the learning logs and the ES review. For example, if the trainee has done practice applied knowledge tests (AKTs) and scored less well in endocrinology, this should be recorded in the PDP.

Learning needs can be identified from self study, random/problem case analysis, case-based discussions (CbDs), clinical observation tools (COTs), patient satisfaction questionnaires (PSQs), multisource feedback (MSF), audit or team meetings.

Having identified the learning need, the trainee needs to convert this into aims and objectives.

In the NICE low back pain example, the trainee already stated that their aim is to compare their current low back pain management with new guidance. Their objectives may be to highlight the differences between current practice and new recommendations at a clinical meeting in order to explore if the practice's referral templates or prescribing formulary need to change.

Plans to address learning needs

The plan is the way trainees go about meeting their objectives.

To know the new NICE low back pain recommendations, the trainee has to read the guidance. He or she then has to organise a slot at the clinical meeting to discuss the new recommendations.

If the practice decides to change its referral templates or amend its prescribing formulary, someone has to be tasked with this job. Alternatively, if the practice decides that this is not a priority for them, the trainee could make it his or her personal goal and refine personal referral letters and personal prescribing activity. So the plan here is personal reading, professional conversations and a referral/prescribing review.

Some learning needs may need to be addressed by attending meetings or study days, participating in practical sessions, interacting with the multidisciplinary team or reading books, journals or internet resources.

Evidence of learning

Most people keep notes when they read or attend educational meetings, which they upload into reflective learning logs. Just a brief summary of 'key new recommendations' is adequate evidence.

Some trainees document their ideas on what is good or not so good about the new recommendations. For example, a trainee could write: 'paracetamol is out, but NSAIDs are in for low back pain. Several experienced GPs, based on their experience, disagreed with discarding paracetamol as an option and reaching for codeine instead.'

ESs prefer to see some evidence of the conclusions the trainee drew, rather than a simple bland list of learning points. Trainees score even more highly if they discuss whether the new knowledge made them question their values and beliefs.

For example: 'NICE no longer recommends acupuncture for low back pain. Having had good pain relief myself with acupuncture, I'm not sure how to discuss this professionally with patients. Do I discuss acupuncture the way I do private referrals, to those who can afford it, or do I, as I do with religion, try to avoid the subject if possible?' A learning log that ends with the trainee's final decision on what they would do differently next time, makes for interesting reading.

If the trainee (or practice) amended any in-house protocols or guidelines, this work should also be uploaded as evidence. An audit would show impact of the learning on patient care.

Example learning log

Read the learning log below and consider what feedback you would give to this trainee. What has she done well? What suggestions would you make to help her improve?

Learning objectives: My ES commented that my audit could be improved by presenting my findings as a graph rather than a table. How do I present my audit results as a graph? I need to find out what type of graph (pie/bar) to use; how to use Excel to create the graph and how to import the graph into my word document and Powerpoint presentation.
Target date: 3 months from now (after my 2nd data collection)
Action plan: I will Google my query and try it on the work computer (it may be more difficult on my Mac). If I don't succeed, I'll email the practice manager (who has good IT skills) and schedule a brief training session with her. Alternatively, I could ask my VTS study group. We have to do a 'Dragon's Den' presentation so learning about IT and PowerPoint may be a shared learning need for the whole group.
How will I know when it's achieved? I will produce a graph to represent my audit findings and upload this onto my e-portfolio.
Is achieved? Yes
Outcome (after PDP is achieved): Please see audit learning log (date). I am happy with the graph and, compared to a table, it does make the audit results easier to follow. My PowerPoint slides looked more professional. I feel that my presentation was understandable and credible, and will hopefully motivate the practice to take the audit suggestions seriously, which will contribute to improving patient care.
Feedback
This concise PDP ticks the boxes. The trainee informed me of how she identified her learning need (from ES comment); what specific learning objectives she has (three are listed); the target date seems reasonable; and the learning method was either self study or professional conversation/meeting.

The evidence (new graph reflecting audit results) was uploaded into a learning log. The trainee even reflected on how her learning improved her presentation.

- Dr Naidoo is a GP trainer in Oxford. She has written three books on how to pass the CSA. The latest book CSA Practice Cases for the MRCGP Paperback was published in January 2016.

Useful resources

- RCGP guidance on PDPs in the e-portfolio