PDP Example-not enough detail

<table>
<thead>
<tr>
<th>Learning Need</th>
<th>Agreed Action</th>
<th>Date achieved</th>
<th>How will appraisee demonstrate need has been met</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is learning need and why has it arisen?</td>
<td>How might need be met?</td>
<td>Be realistic</td>
<td>Try to include the impact on patient. Consider effect on patient safety and quality of care.</td>
</tr>
<tr>
<td>Update in diabetes.</td>
<td>Do a course.</td>
<td>Next appraisal.</td>
<td>I will be up to date in diabetes.</td>
</tr>
</tbody>
</table>

How will appraisee demonstrate need has been met:

- Try to include the impact on patient.
- Consider effect on patient safety and quality of care.
- I will be up to date in diabetes.
## PDP example-detailed

<table>
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<th>Learning Need</th>
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| I am taking on Lead role for diabetes. Previously medication changes and insulin conversion have been lead by our very experienced diabetes nurse who is about to retire. Need to up skill in these areas. | 1. Identify local training resources ? MERIT course.  
2. Join diabetic interest group.  
3. Look for online training.  
2. Data collection – medication changes, insulin conversion.  
3. Case reviews with reflection and examples of improved patient care or safety. |
PDPs: all doctors need an agreed PDP

- Links to summary of discussion and is driven by the doctor but facilitated by the appraiser
- Needs SMARTER objectives
- Reflects the doctor’s approach to learning (not the appraiser’s)
- Quality not quantity of entries
- Not everything needs to go on the PDP – indeed, ‘agreed actions’ should be captured for each doctor in the summary
- Doctors need to focus on real needs, identified in a structured and objective way, rather than perceived needs.
Personal Development Planning

- Proportionate
- Covers all areas of work
- Not all agreed actions need to go on the PDP
- Doctors need to focus on real needs, identified in a structured and objective way
- Gather likely items during the appraisal
- Can be difficult to do well at end of appraisal when doctor and appraiser are fatigued
- Try to include how impact on quality of care, relationships or resilience will be demonstrated.
PDPs...getting it right

- Driven by the doctor but facilitated by the appraiser
- Needs SMARTER objectives
- Avoid ‘continue’
- Don’t add mandatory tasks eg PSQ/360/BLS
- No non-work goals unless major impact on work/life balance
- Break large goals into manageable pieces
- Include the patient if possible / appropriate.