



The Royal
Australian &
New Zealand
College of
Psychiatrists



Guidance for Professional Development Plans

Continuing Professional Development

working
with the
community

What is a Professional Development Plan (PDP)?

A Professional Development Plan (PDP) is a method of describing:

- what you need to learn
- why you need to learn it
- how you are going to learn it
- how you will know when you have learned it
- in what time frame you are going to learn it
- how your intentions link to past and future learning

They may also be known as a Personal Learning Plan or a Personal Development Plan; in this guide the term Professional Development Plan or PDP will be used throughout.

A PDP is a core component of the College's CPD Program, and you must develop a PDP every year in your My CPD record as part of your annual CPD requirements. A key feature of the PDP is that it is cyclic in nature and involves a process of self-reflection, planning, doing, and reviewing.

The PDP is an active, "living" document; it can, and should, change during the CPD year as your learning needs change.

While your PDP is a very personal statement of your learning needs, it can also reflect the development needs of your workplace, multi-disciplinary team or broader organisational goals. Professional development should always be connected with your work and your scope of practice rather than a solitary pursuit that has little or no relevance to your day-to-day practice.

Why should I have a PDP?

Having a plan means that you will make the most of opportunities. Targeted CPD activities should assist in enhancing strengths, addressing issues and to take advantage of opportunities for improvements in all aspects of practice.

If you are employed in the public sector you may already be required to have a PDP, and the College encourages you to use this for your CPD program if appropriate.

Literature supports the use of PDPs as a tool for adult learning across a multitude of sectors, including post graduate medical practitioners, noting them to be "consistent with approaches which develop 'deep' learning and with assumptions made about adult learning."¹²³

¹ Holloway K, Arcus K, Orsborn G. Training needs analysis – the essential first step for continuing professional development design. *Nurse Educ Pract* 2018 Jan 28:7 – 12.

² Challis, M. 2000, AMEE Medical Education Guide Number 19: Personal Learning Plans

³ Lockspeiser TM, Kaul P. Using individualised learning plans to facilitate learner centred teaching. *Journal of Paediatric and Adolescent gynaecology* 2016. 29(3):214-217

There are rapid changes in mental health knowledge, and the public expects psychiatrists to keep abreast of advances in treatment. Developing a PDP is evidence to the public of a thoughtful approach to ongoing learning that will improve the care they receive.

From a regulatory perspective it is evident that there is an increasing expectation that medical practitioners will have a PDP, and many registration authorities require a PDP as part of their standards for CPD. The Medical Board of Australia (MBA) has clearly stated its intention to revise the CPD registration standard to include a requirement for an annual PDP that is related to your current scope of practice, or an intended scope of practice.⁴

How do I make a PDP?

The PDP process is generally considered to be a four-stage cycle (Figure 1 on page 5): Think – Plan – Do - Review. The steps are described below for an annual cycle, which is in line with the College's annual CPD program.

However, your needs may change during the year if you change employment, start work in a new area of practice, or begin other professional activities such as teaching or administration. In these circumstances you may need to start the cycle again. The College encourages a flexible approach to PDPs to accommodate the changes in practice and circumstances unique to each psychiatrist, and you are able to add as many PDPs as you need during the CPD year.

Think

During this phase you should consider your strengths and experiences as a practitioner, your concerns, shortfalls and any input from feedback such as peer review groups and practice audits. If you have undertaken a 360° feedback or multisource feedback in a previous CPD year, the qualitative feedback might indicate areas that you could improve on through your CPD.

It is important to note that your learning goals do not need to be confined strictly to clinical practice and expertise – you may have goals relating to scholarship or leadership and these can be included in your PDP. For example, consider models of excellence in practice and resources such as the CanMEDS Roles, which are described in detail on page 8 of this guide. You may identify additional roles which you could develop further, and this can inform your learning outcomes. You should consider your current scope of practice, and any plans you may have to expand or change your scope of practice.

The RANZCP Fellowship Competency Statements may also provide you with insights into areas for improvement, for example in the area of the application of information and communication technology or teaching skills.

Consider information gained from learning activities undertaken previously – is there more that you need to do so that learning may be incorporated into your practice?

⁴ Medical Board of Australia, 2017, Building a Professional Performance Framework.

Plan

Formulate learning outcomes which describe what you want to learn and consider how these outcomes align with CanMEDS roles. Learning outcomes are succinct, objective statements that are often most effective if they are developed in the “SMART” format:

- Specific
- Measurable
- Achievable
- Relevant
- Time bound

More information on writing learning outcomes and the SMART format is on page 6 of this guide.

Consider how these learning outcomes will be achieved, what activities may be useful, when and where they will be undertaken and who will be involved. Learning activities are not restricted to attendance at conferences, reading of journals, or formal education. Evidence suggests that learning is most effective when it is interactive and relates closely to your everyday work. It is likely that there are activities you undertake at work with others which can form part of your CPD program, for example working on treatment protocols, or preparing an orientation manual for locum psychiatrists new to your service.

Plan a program for the activities with a timeline for completion over the year, noting when relevant conferences or workshops are scheduled so that you can make arrangements for any necessary leave well in advance.

Document your plan and upload it to My CPD, the College’s online system for managing your CPD. Remember that PDPs are flexible and if you need to modify or change your PDP you can upload another to My CPD.

Do

Participate in the activities as planned. Record the time spent on My CPD, the College’s online system for managing your CPD.

Upload any supporting documents and certificates for each activity on My CPD, along with a reflection on how the activity has contributed to your learning outcomes. These records of activities, events and attendance will be used if you are selected as part of the annual audit of CPD records conducted by the College, or for New Zealand members, if you are selected for audit as part of the Medical Council of New Zealand’s recertification audits.

Evaluate each activity and note any application of new learning toward practice improvement.

Review

At the end of each calendar year, review your progress toward achievement of the learning outcomes you identified in your PDP. It can be helpful to document what was effective learning for you and what didn’t work well.

Consider your current training needs – begin the THINK, PLAN, DO, REVIEW cycle for the following year.

Figure 1: The 4-step planning cycle

Reflect on Current Practice – Reflect on Gaps in Practice – Reflect on Models of Excellence

Identify possible areas for practice improvement

Review the PDP
***Reformulate the PDP for the following year,
expanding or contracting learning outcomes
and planning new CPD experiences***



Choose a manageable number of priority areas for an annual program

Identify specific learning outcomes for the PDP and a develop a program for activities

Implement the PDP
Participate, evaluate, record and apply learnings

What are Learning Outcomes?

Learning outcomes are succinct statements of what you want to learn. There is no set requirement for the number of learning outcomes that you have in your PDP, nor are you required to have a learning outcome for every CanMEDS role. Too many learning outcomes will become a “wish list” rather than a plan for your learning.

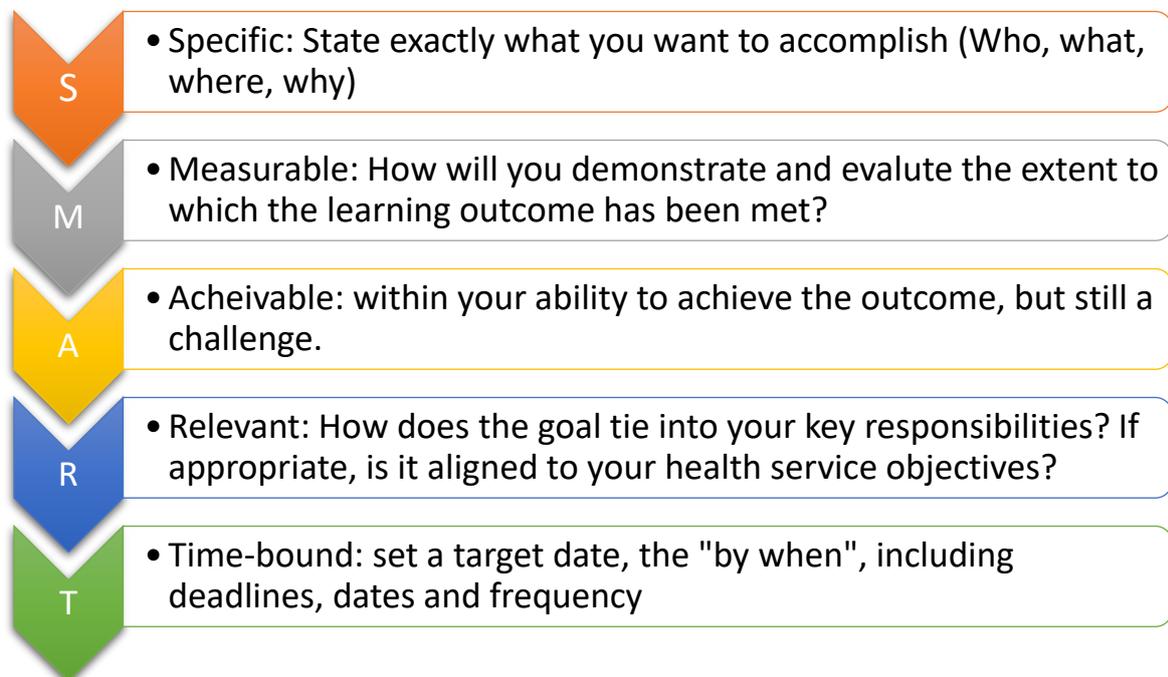
Writing these is in itself a skill, as the natural inclination is to move to describing the process or activities you will use to achieve the outcome. “Attending the RANZCP Congress in 2020” is not a learning outcome – but it may well be one of the activities you use to achieve your learning outcome of “Developing a treatment protocol for xyz by the end of 2020” or “by the end of 2020 demonstrate understanding and expertise of rTMS as a treatment modality.”

A SMART objective is specific, measurable, achievable, relevant and time bound.

With a very broad and general objective such as “Improve my computer skills” it is very difficult to demonstrate whether you have achieved it. What do “improved computer skills” look like? This objective isn’t specific, nor is it measurable. There is no timeline to the outcome, so little incentive to complete the learning. Learning how to play online games may be improving computer skills, but may not be relevant to your work, and becoming an expert computer programmer may not be attainable for a psychiatrist working full time in a very busy private practice.

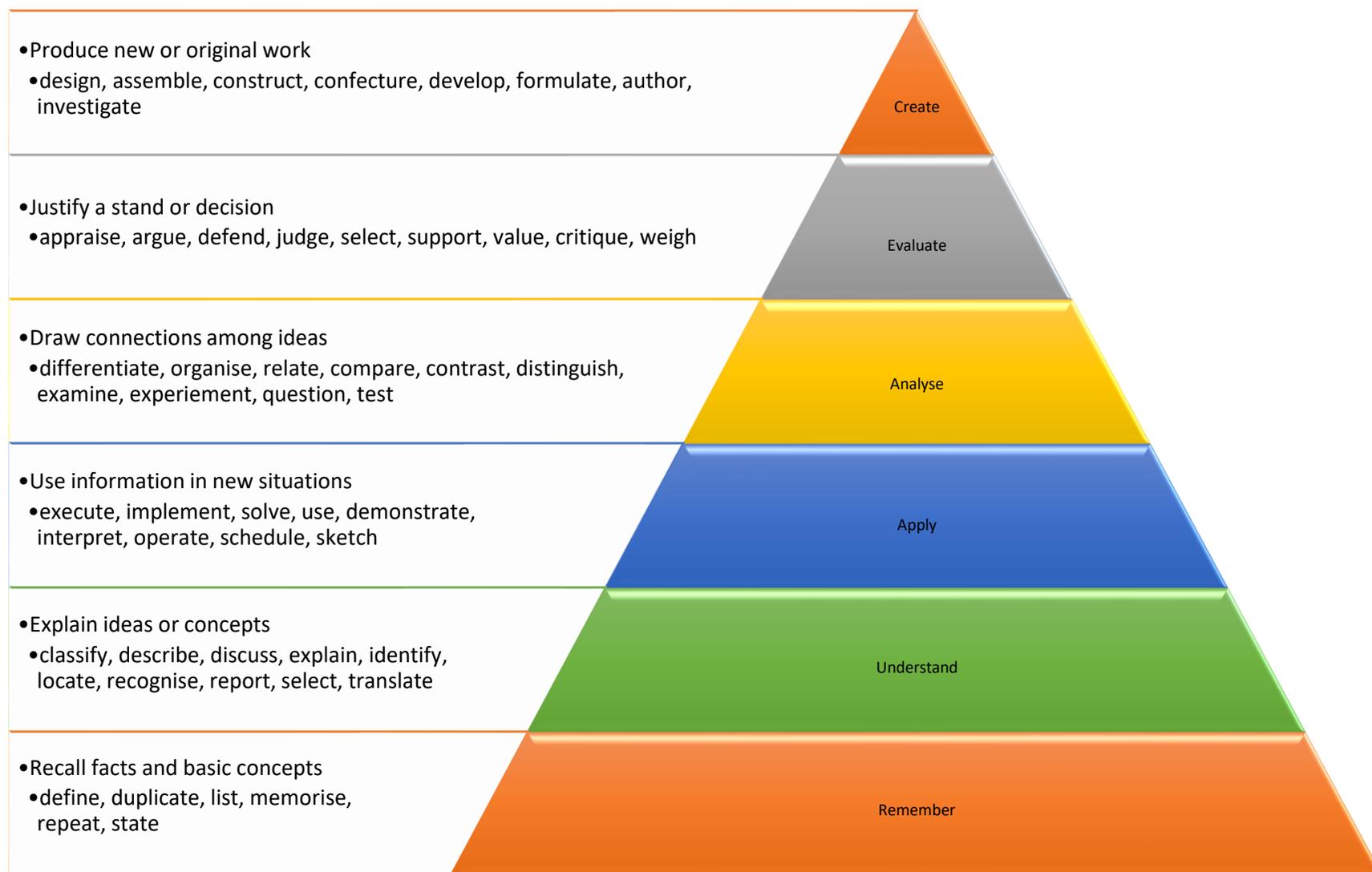
A better SMART objective relating to the use of computers would be “by the end of this CPD year I will demonstrate basic proficiency, including making graphs, in the use of spreadsheets to manage patient data for a clinical audit”.

Figure 2: SMART objectives



The use of the SMART approach to writing your learning outcomes can utilise Blooms’ taxonomy and associated verbs described in Figure 3 on page 7. Higher order learning is encouraged in the CPD program, so it would be appropriate for learning outcomes to align with the ‘analyse’, ‘evaluate’ and ‘create’ levels of the hierarchy.

Figure 3: Bloom's taxonomy



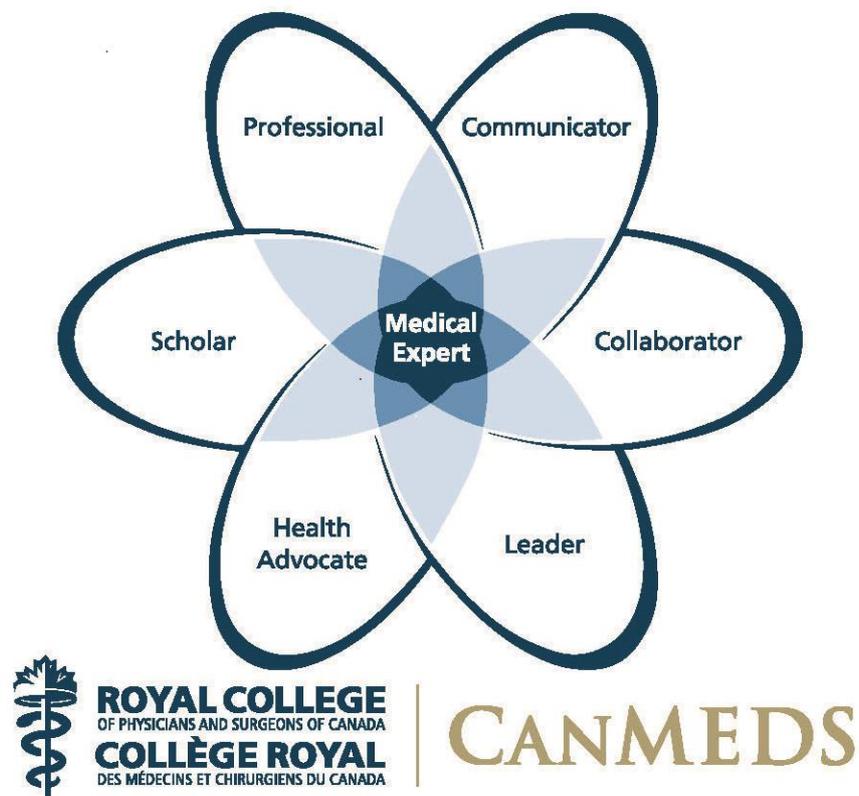
What are the CanMEDS roles and how do I use them for my PDP?

The CanMEDS roles are described in the CanMEDS framework, which outlines the competencies required for medical practitioners to meet the health care needs of the community. They were developed by the Royal College of Physicians and Surgeons of Canada and formally adopted in 1996.

The RANZCP 2012 Fellowship program is based on the competencies described in the CanMEDS framework, and the CPD program encourages the use of the CanMEDS framework by participants.

There are six core roles – Professional, Communicator, Collaborator, Leader, Health Advocate, and Scholar – that are integrated into the role of the Medical Expert.

Figure 4: CanMEDS framework



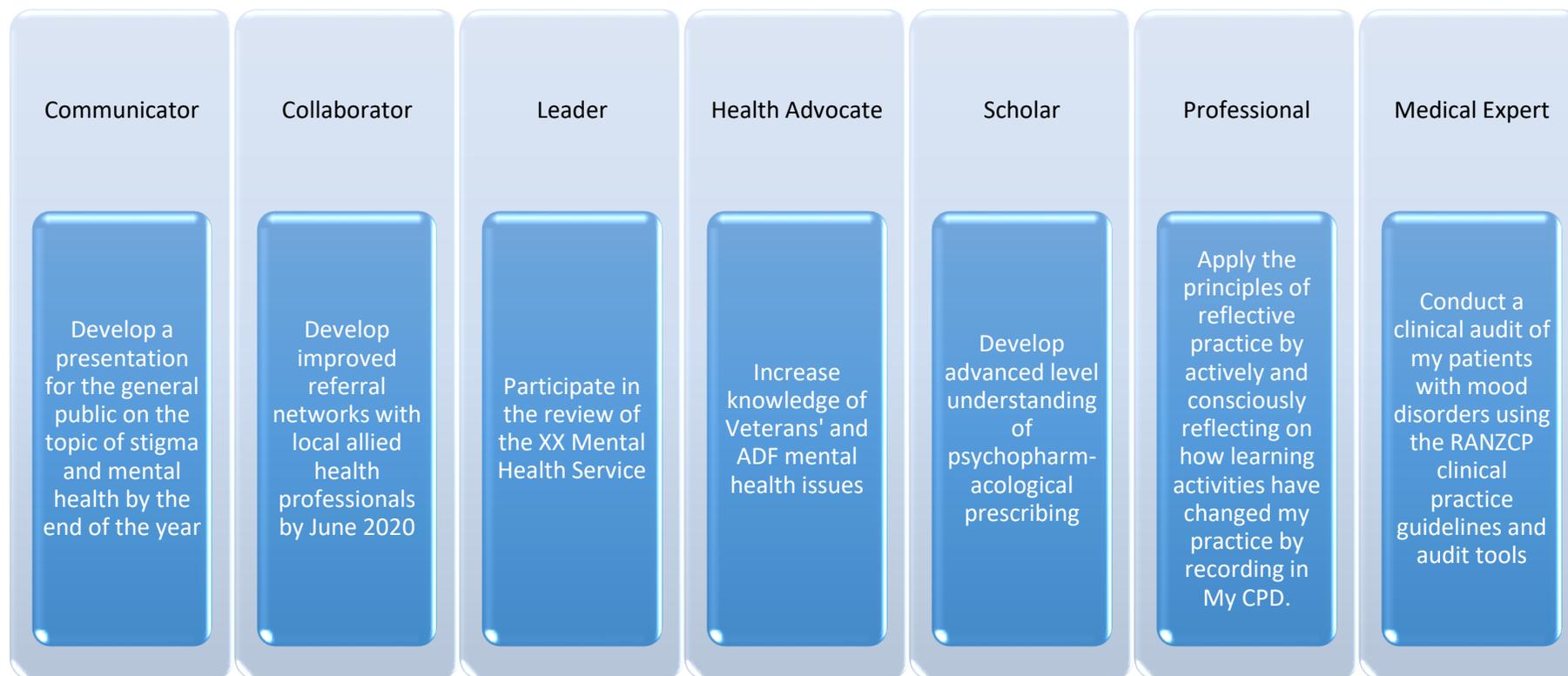
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<http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e>. Reproduced with permission

A description of how the RANZCP applies the CanMEDS roles to the competencies expected of Fellows can be found at on the College website in the [training pages](#).

Your learning outcomes are very likely to relate to one or more of the CanMEDS roles. It is not mandatory for you to link your PDP to the CanMEDS framework, but you may find it helpful to structure your learning.

Examples of learning outcomes for each of the roles are shown in Figure 5 on page 9.

Figure 5: Examples of Learning Outcomes



How do I record my PDP?

There is no set format for a PDP – you should choose a method that suits you. Psychiatrists employed in the public sector may have a PDP that is developed as part of their employment. This can be used as your PDP for the College CPD program, and a copy can be uploaded to your My CPD record.

A range of templates is included as appendices to this guide – you can choose to use, or adapt one of these to suit your needs.

Further reading and references

Challis, M. 2000. AMEE Education Guide No 19: Personal Learning Plans

RANZCP, 2012 Fellowship Competency Statements, available at <https://www.ranzcp.org/pre-fellowship/about-the-training-program/fellowship-competencies>

Royal College of Physicians and Surgeons of Canada CanMEDS Framework, available at <http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e>

Medical Board of Australia 2017 Building a Professional Performance Framework, available at <https://www.medicalboard.gov.au/Registration/Professional-Performance-Framework.aspx>

Tasker, F 2015 “How to prepare a personal development plan” BMJ 2018: 351:h4603

Holloway K, Arcus K, Orsborn G. Training needs analysis – the essential first step for continuing professional development design. Nurse Educ Pract 2018 Jan 28:7 – 12.

Lockspeiser TM, Kaul P. Using individualised learning plans to facilitate learner centred teaching. Journal of Paediatric and Adolescent gynaecology 2016. 29(3):214-217

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Appendix 1

Continuing Professional Development: Professional Development Plan

CPD YEAR:

Name: _____ **Signature:** _____ **Date:** _____

The PDP form summarises the learning outcomes, enabling the planning, recording and reporting of your activities completed across all CanMEDS Roles and the application to practice and quality improvement for easy reference throughout your CPD year.

My scope of practice:					
Learning Outcome	CanMEDS Role	Activity	Completion Date	Total Hours	Application to practice and quality improvement

A completed copy of this form should be uploaded to My CPD for audit purposes.

Name: _____ Signature: _____ Date: _____

Learning Outcomes and activities to support them

My scope of practice:	
1	Learning Outcome: <hr/> CPD activities
2	Learning Outcome: <hr/> CPD activities

Timeline

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
1												
2												
3												
4												

Name: _____ Signature: _____ Date: _____

My scope of practice:			
Learning Outcomes What do I want to be able to do or do better?	Success criteria How will I review and measure my improvement?	Actions What methods will I use to achieve my learning outcomes?	Implementation How will I practise and apply what I learn?

Appendix 4

Name: _____ Signature: _____ Date: _____

My scope of practice: _____

CanMEDS Role	Learning Outcome	Action Steps	Activities	Target Date	Completion Date
Scholar	Demonstrate research skills by writing a literature review for publication on gender dysphoria	Research	Professional reading		
		Writing	Attend sessions at Congress in May		
			Attend gender dysphoria conference in April		
			Drafting of paper		
Medical Expert					
Communicator					
Collaborator					
Leader					
Health Advocate					
Professional					