The Personal Development Planning Cycle

This Learning and CPD sheet is designed to pull together into a framework many of the activities that have already been published. It should also help anyone planning to go for audit of their CPD or who have been requested to submit for audit. There are a number of different ways of viewing the Personal Development Planning (PDP) or CPD cycle the one covered here is just one example and shouldn’t be seen as the only way of looking at PDP. For a greater range of activities do look at the book “Skills for Success: The Personal Development Planning Handbook” by Cottrell and the companion website.

The link between PDP and CPD

PDP is a requirement for most staff involved in Medical Illustration whether employed by the NHS, Universities or self-employed and should be an integral part of our everyday activities whether students, educators or practitioners. Simplistically the key difference between PDP and CPD is the focus; PDP is about how we plan our personal learning in support of our careers and professional development and helps you to plan your CPD, CPD is about our learning but also about the relationship between what we learn, the needs of clinical teams and the impact on patient care. So the two are very much linked. When we are involved in undertaking our CPD this is part of our PDP i.e. part of our planned learning and development and when we are following through the PDP cycle and doing our planned learning activities then we are doing our CPD.

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<th>Personal Development Planning</th>
<th>Continuing Professional Development</th>
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<td>The primary objective for PDP is to improve the capacity of individuals to understand what and how they are learning, and to review, plan and take responsibility for their own learning, helping students: • become more effective, independent and confident self-directed learners; • understand how they are learning and relate their learning to a wider context; • improve their general skills for study and career management; • articulate personal goals and evaluate progress towards their achievement; • and encourage a positive attitude to learning throughout life.</td>
<td>For all health organisations, the core principles are that CPD should be: • purposeful and patient centred; • participative, i.e. fully involving the individual and other relevant stakeholders; targeted at identified educational need; educationally effective; • part of a wider organisational development plan in support of local and national service objectives. • focused on the development needs of clinical teams, across traditional professional and service boundaries; • designed to build on previous knowledge, skills and experience; • designed to enhance the skills of interpreting and applying knowledge based on research and development.</td>
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Table 1 Comparison between the features of Personal Development Planning from the Quality Assurance Agency for Higher Education and Continuing Professional Development from the Department for Health.
The PDP Cycle

The process of PDP is cyclical in nature as illustrated below and has 4 phases: Review, Preparing for Action, Action and Outcomes, see Figure 1.

Figure 1 The PDP Cycle

Review – Where am I and what are my learning needs for the future?

This is the best starting point as the aim of the review is not just to look back at what you have achieved but also to look forward. So it is both about where you are at present and also about where you want to get to in the future, your personal career plans or goals. The review consists of asking and answering a number of questions about yourself and what you want for the future.

- Where have I been? retrospective reflection
- Where am I now? reflection on current situation
- Where do I want to get to? review of opportunities and identification of personal goals or objectives

A number of tools can be used to help you with the review for example:

- Looking at your scope of practice
- SWOT analysis Strengths, Weaknesses, Opportunities and Threats
- Knowledge and skills audit using the information from the Key Skills Framework
- Identifying personal goals and objectives
- Establishing your learning needs for the future, in the light of your review
When it comes to the CPD audit^{8} this review section very much answers Question 2 the Summary of recent work/practice and is part of what is covered as suggested in the IMI CPD Handbook^{9}, Review of future needs- “Identify areas of your work that may or will change in the future?” and “What additional knowledge or skills will you require to meet these changes?” The Health Professions Council website suggests that you use the information from your Personal Development Plan to help you:

“. . . if you do have a personal development plan, you may find it useful to use this as a starting point for writing your statement. If you do not already have a personal development plan, you may find it useful to develop one and to use this approach.”^{10}

The review could be on an annual or bi-annual basis or your review can be as frequent as you want. The review might not be a complete overhaul but could be a regular update on an existing Personal Development Plan. An annual review even if all your actions haven’t been completed is important as it helps to see what you have already achieved which gives you more impetus to go forward with your other plans and activities.

**Review activity - What is the scope of my practice and is it evolving?**

This activity should be done in three steps;

**Step 1 – Past practice**
Sit down somewhere quiet and make a list of the kind of work you have done over the last one to two years also making a note, perhaps a plus mark, of anything memorable that you did or particularly enjoyed and a minus next to those things you didn’t really enjoy but did anyway.

**Step 2 – Current practice**
This will take slightly longer. Forget about your other list! Keep a note of what you do each day in a small notebook over a period of two weeks to a month.

**Step 3 – Is your practice evolving?**
You’ve guessed it, take out the list you made earlier and compare it with your notebook of what you are doing now. Are you doing different things or the same? Are you on reflection finding the things you put a minus or plus against more or less enjoyable now? Do these lists match what is in your job description? Is your practice evolving? Are you doing something now that you haven’t done before? A new consultant with new needs, new equipment and new skills that need to be acquired?

The idea of this and other tools is to help you plan for your future learning needs, this might also involve the team you are working in and your line manager. Your PDP is personal, but also has professional and work related facets.

See the following Learning and CPD articles to support ‘Review’:
Sharing Good Practice^{11}, Team Based Review and Reflection^{12} and other papers from the Journal for example “What does the future hold for Healthcare Scientists?”^{13}.

**Preparing for action – Working out what to do to meet your learning needs**
This stage is critical to making sense of PDP and it is often the stage that is missed out or neglected. In the review you have worked out in simple terms where you are and where you want to get to so you should know what your learning needs are. Now you need to work out how to achieve your personal goals and objectives and meet your learning needs.

You could just dive in to action but it is worthwhile planning how to meet your learning needs. A learning need could be met by a wide range of activities. Which activities you choose will depend on your personal environment, where you work, access to the internet at home or work, whether you are able to go to a conference or other meetings and your personal learning style. As we all learn in different ways it is important to look for learning activities and opportunities that best support how we learn as individuals. One key aspect of preparing for action is making sure that you have a mix of learning activities as this is one of the CPD audit requirements \(^\text{14}\).

Don’t worry if you have a learning need that is unfulfilled, remember that it is there and watch out for a learning opportunity to match to it or ask someone to organise a workshop or write something for the Learning and CPD or Fundamentals sections of this journal. If you need it you can almost guarantee someone else will want the same thing or something similar locally or nationally.

See the following Learning and CPD articles for activities to support ‘Preparing for action’:
Adding variety to your learning activities \(^\text{15}\) and Personalising your learning \(^\text{16}\).

**Action – Undertaking a range of learning activities**

This is actually a difficult section to fill up with material and perhaps should really be left blank with only the words “Doing it!!”. If you have successfully worked out which learning activities from ‘Preparing for Action’ then you can literally go out and learn i.e. ‘do it’.

However, a key aspect of action is not just undertaking learning activities but recording and writing about these activities. As you can see from the references in the last section many learning opportunities are work-based, professional activities or self-directed study which are more difficult to pin down when you need to demonstrate what you have learnt. Formal learning is fine as a module or course of study usually has a structure to support your learning with certification but others need to be evidenced in a different way. The way to evidence these is through our thinking about the impact of our learning on our personal and professional development, through reflection and recording what we have been doing in our personal portfolio, using PDP tools like PebblePad \(^\text{17}\) or through the members section of the Institute of Medical Illustrators website’s online CPD Record, see Figure 2 \(^\text{18}\).
See the following Learning and CPD articles for activities to support ‘Action’: Aspects of ethical practice - Informed patient consent and Confidentiality, and Patient privacy. Research and Practice - Diabetic Retinopathy Screening, Electronic Image Databases, Supporting patients, Sharing Good Practice, Maintaining evidence based practice and Google scholar and e-journals. Support for reflection - The reflection bookshelf and Ethical dimensions to reflection. Design - Accessible Web Design and Patient Information Design.

Outcome – Showing how what you have achieved benefits you and others

What do we mean by an ‘Outcome’? From the ‘Action’ section you might expect that the outcome is the portfolio with its evidence of the activities you have undertaken and your reflection. However, although it includes these, the outcome we are looking for is the change in you and your professional development. This is about how your practice has developed and how this change has led to improved patient care.

This is a change from “What have I done” and the idea of quantity to “What I have learnt?” and “What I have achieved?” looking for quality. In the past you could have gone to a meeting or conference but gained nothing yet it would still have been counted as CPD. Now we are looking to see what benefit you gained from the meeting and how it supported your professional practice in fulfilling your learning needs and helped to improve patient care. One of the ways of looking at outcomes is to assess who has benefited from your continuing professional development. This approach is one usually seen in marketing or sales when to encourage someone to buy a product or service you have to convince them of the benefits.
The Health Professional Council has developed a number of standards relating to CPD, which have been adopted by the Institute of Medical Illustrators, and help you to review what you have achieved or review how you have developed to date;

1. Maintain a continuous, up-to-date and accurate record of their CPD activities;
2. Demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice;
3. Seek to ensure that their CPD has contributed to the quality of their practice and service delivery;
4. Seek to ensure that their CPD benefits the service user; and
5. Present a written profile containing evidence of their CPD upon request.’

Our learning activities benefit our personal development but through dissemination of our practice they can also benefit, our colleagues at work and the wider community of medical illustrators and healthcare professionals. This kind of outcome is evidenced not just through our learning but how we pass on this learning to others through talking to our peers, managers supporting the team, educators and placement supervisors working with students, through presenting at local meetings or national conferences to writing articles or case presentations for this or other journals.

See the following Learning and CPD articles for activities to support ‘Outcomes’:
Giving a presentation\(^\text{31}\) and Writing up a case presentation\(^\text{32}\).

While you are working your way through the stages of the PDP cycle, and recording the outcomes to show what you have achieved you are in effect ‘doing your CPD’. It is a continuous process and should not be seen as a sudden scrabbling together of material to try and show you have done it when asked to submit for audit. The PDP cycle needs to be integrated into your everyday practice so as you go through the cycle and come around again to review, you are continually developing as a professional.

References

2 http://www.palgrave.com/studyskills/pdp/


8 http://www.imi.org.uk/cpd/audit


10 http://www.hpc-uk.org/registrants/cpd/profile/


14 http://www.hpc-uk.org/registrants/cpd/


17 http://www.pebblepad.co.uk/

18 http://www.imi.org.uk/members/cpd


