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The Personal Development Plan (PDP) as part of the Development Review Process



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■ The personal development plan (PDP) as part of the development review process

INTRODUCTION

This guidance applies to all CSP members who are required to produce a personal development plan (PDP) or who wish to for their own professional development. A PDP is a formal record of learning objectives, normally derived from the development review or individual performance review (IPR) process. (The term development review is used throughout this document and includes appraisal).

In the NHS knowledge and skills framework (KSF) the PDP is part of the formal development review process - an ongoing cycle of review, planning, development and evaluation for all staff. This is a partnership process undertaken between an individual member of staff and 'a reviewer'. A reviewer will usually be the individual's line manager but the role can also be delegated to someone else. If the reviewer role is delegated, then the individual to whom it is delegated will need to be competent to act in that role and also have sufficient authority to be able to arrange learning and development opportunities¹.

In the NHS the development of a PDP will link in with the requirements to meet the KSF post outline. However the PDP may involve aspects of individual career development as well as the specific requirements of the current post. The drafting of work objectives for the coming period will allow for the appraiser and appraisee to identify learning needs that will need to be met in order that the physiotherapist/physiotherapy assistant can develop in their role to meet those objectives.

The PDP creates a useful space in which systematic career development planning can take place. Those working outside the NHS may wish to establish their own development review process. For the private practitioner the reviewer would take more of a mentorship role. In either case reviewers may need support to develop their own knowledge and skills in this area and will also need to commit sufficient time to undertake the process effectively.



The development of the individual will result in both direct and indirect benefit to the place in which they work. Their personal/professional development needs may not always be directly related to the objectives identified in meeting their post outline, but will nevertheless contribute positively to their work and the delivery of a quality service.

BACKGROUND

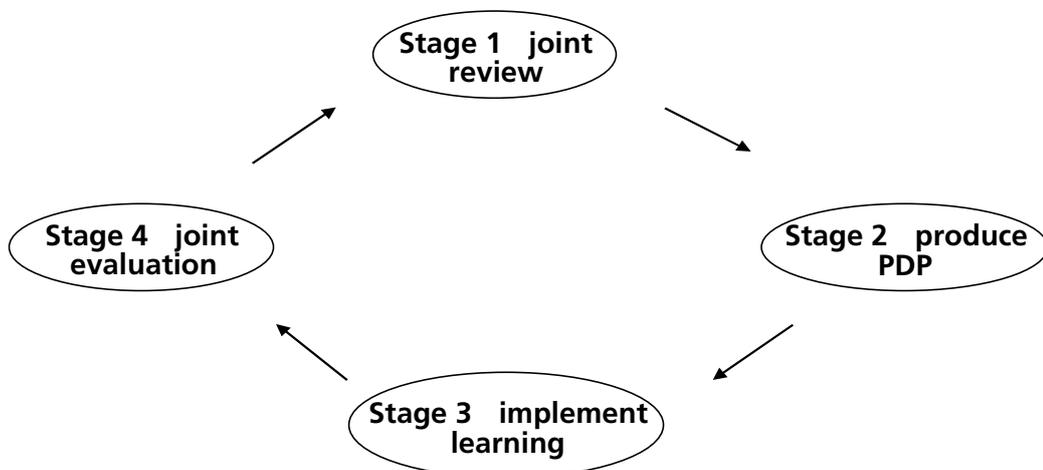
The value and importance of regular updating for both qualified physiotherapists and physiotherapy assistants has long been recognised. The profession has a history of encouraging those who work in physiotherapy to undertake education, training and development in order to ensure competence and to enhance performance.

With the publication of 'The New NHS: Modern, dependable'² the White Paper on the health service, it became evident that government sees a clear relationship between continuing professional development (CPD) and improvements in quality.

The PDP has traditionally been a part of the system of individual performance review (IPR), the appraisal scheme that was widely used across the NHS. It was meant to set out the learning objectives that were identified from the review of past work objectives and the setting of fresh ones for the future.

The government has now expressly stated its expectation that all staff in the NHS should have an annual development review and personal development plan (PDP) related to their KSF post outline¹.

The development review process

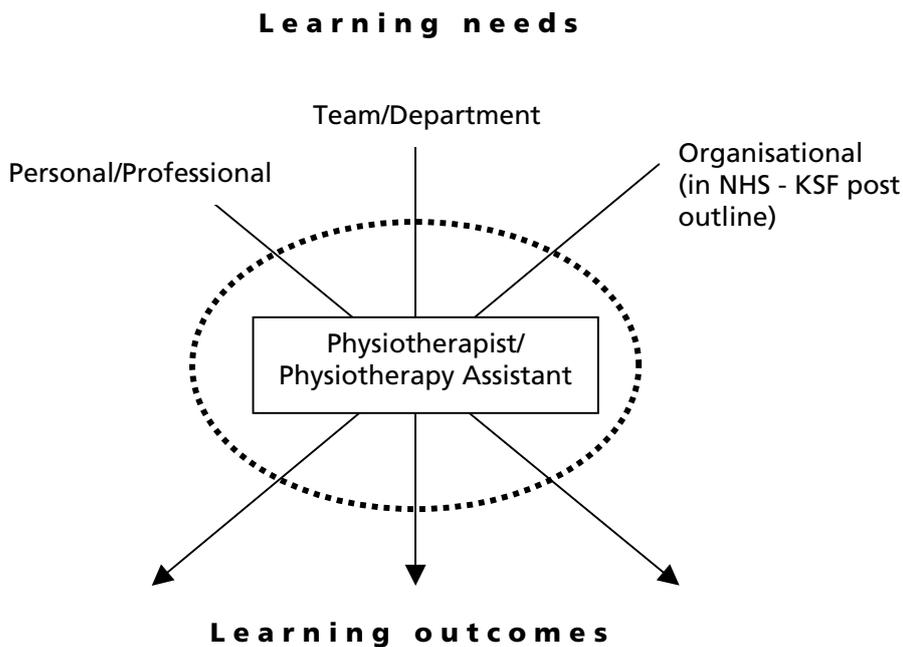


IDENTIFYING CPD NEEDS THROUGH THE DEVELOPMENT OF A PDP

At its most basic, then, a PDP will be a record, compiled with varying degrees of formality, that lists the learning needs and their associated expected outcomes that will have been identified in the development review process.

What is omitted is the personal/professional learning needs that might exist **outside** of day-to-day performance at work. In fact, the approach can be seen to be insensitive to the complex and overlapping pressures that staff (both qualified and support staff) face in regard to their learning. After all, members will wish to learn for a wide variety of reasons, some of which will not have direct application to their current work.

The CSP argues strongly that the picture of the pressures acting on staff in regard to CPD is a good deal more complex. The diagram below indicates the way in which staff will be influenced by a range of drivers.



The member sits at the centre of a range of influences, all of which of which are entirely legitimate in a healthcare context and all of which need to be carefully balanced:



First, the individual will have learning needs that derive from their expectations of development in terms of their own practice or, indeed, of their career;

Second, the team/department in which they work will have a sense of direction and development from which learning needs might derive;

Third, the overall organisation will have clear expectations, particularly in relation to clinical governance, of the learning needs that exist across the whole workforce in order to guarantee and to enhance quality;

Fourth, all of these pressures exist within a service context that may be changing dramatically. For example, at this time, it is asserted that care will be shifting from a secondary/tertiary setting to a primary context and staff will need to adapt to that change. Moreover, the service context also encapsulates the need to satisfy the expectations of clients.

Fifth, in the NHS the individual is required to work towards achieving all the requirements of their KSF post outline, and the employer is committed to supporting them in this.

It is to be hoped that all of these learning needs will coincide. However, it is clear that there may be occasions where the expectations of staff and of their managers in regard to CPD could be at odds. The use of a formal PDP framework will hopefully assist the negotiations necessary to reach appropriate compromise in regard to learning opportunity.

CREATING A PDP IN PRACTICE

The way in which the development review is conducted will vary from employer to employer, manager to manager, but in the NHS there will now be a structured process in line with the KSF. (The self-employed sole practitioner, may not have an appraisal but is still likely to develop their own PDP as part of their business planning process, where possible with a mentor or peer support). In this section, however, an attempt is made to describe the process that will generate a PDP.

The physiotherapist, or physiotherapy assistant should **REVIEW** their CPD constantly. Evaluating previous learning (that is, assessing whether it provided what was actually required) and identifying future learning needs are central to this process.

This highlights the virtue of maintaining a good quality portfolio of CPD. Such a portfolio will record and evaluate prior learning, whether formal (e.g., a short course) or informal (e.g., reflective practice), and thereby allow the member of staff to assess



their learning progress. The CSP portfolio guide³ assists members to develop a quality portfolio of CPD

The **development review** should generate a number of work objectives. From those, it may be that additional learning needs are identified. For example, if a member of staff is expected to move into a new area of activity, they need to agree what learning they need to undertake in order to perform competently and confidently. In the NHS the same will apply to someone working towards their full KSF post outline.

Those skills and knowledge requirements identified in the relevant post outline should be used to identify the learning needs of staff. In the same way as work objectives should be negotiated between manager and staff member in the process, so the learning needs and outcomes that are being discussed in the context of the Development Review need to be negotiated.

The crucial part of the process is the conversion of learning need into learning outcome and then into an agreed learning activity. The need is a broadly outlined gap or deficit, while the outcome is what the staff member expects to achieve in practice through their learning. With an outcome so defined, it is then possible to agree the best possible learning activity to meet that expected outcome. The conversion of need into outcome and then into an activity is dealt with in more detail below.

5. Similarly, in the same way as work objectives need to be...

S pecific
M easurable
A chievable
R esourced
T imebound

...so too do the learning outcomes in the PDP.

At the end of this process, the manager and the staff member should have a sheet that details the learning needs, the proposed learning outcomes, and the planned learning activities that have been agreed in the development review. Within the NHS there is a commitment to meet the needs identified in the staff member's PDP.



THE WIDE-RANGING WAYS OF MEETING LEARNING NEEDS

The exciting thing about the new CPD agenda is the way in which, under its influence, the very definition of learning has changed. There has been a major breakaway from the traditional view of education, where the sole delivery method has been teaching in a formal context, to an approach that recognises and celebrates learning wherever and whenever the opportunity to learn presents itself.

Attending a course is just one of the many stimulating and interesting ways in which learning needs might be met. For example, learners might equally undertake:

- Self-supported learning and **research**,
- **Peer**-supported learning,
- **Journal** keeping and critical **incident** analysis,
- Formalised **reflective practice** and clinical/professional **supervision**,
- Work **shadowing** and **placement**,
- **Higher degrees**

Learning opportunities available to both qualified and support staff utilise a wide range of delivery methods and new educational techniques (e.g., portfolio submission, accreditation of prior [experiential] learning, work-based, computer-based and distance learning). Examples of these learning opportunities can be found in the **national framework for support worker education and development**⁴ available to physiotherapy assistants/support workers e.g. Foundation degree/N/SVQ etc.

In the current climate, learning itself is infinitely more flexible, from what qualifies as true learning, through to the ways in which education is being delivered by providers.

The learner is now firmly at the centre of these arrangements, taking personal responsibility. The goal is that a person will learn when, where and how they choose, at a pace, and by means that best suits the individual learner.

The PDP helps play an important role in encouraging learners to think as creatively as possible about how their learning needs might best be met. It requires learners to identify their own learning needs, to relate them to the workplace, to discuss them in detail with their manager, and to acknowledge the resource limitations (both financial and in terms of time) that exist on CPD in a busy environment, whether it be the NHS, the private or the independent sector.

The PDP provides a vital forum in which the staff member (and manager where applicable) can identify the most appropriate means of meeting those needs.



Additionally in the NHS once learning needs are identified to meet the KSF post outline the PDP becomes a learning contract with the employer committed to support and the employee committed to undertake the learning.

LEARNING NEED, LEARNING OUTCOME, LEARNING ACTIVITY

Above all else, the PDP is a tool by which staff members and their managers can convert the learning needs that have been identified into closely defined and measurable learning outcomes. This is of benefit to the learner – it provides a measure by which they can judge whether the learning opportunity that they identified did genuinely satisfy the learning need. And, for the manager, it gives a way of ensuring that learning is actually taking place (and that it is feeding into practice).

The definitional distinction between learning need, learning outcome and learning activity is an important one. Ideally, one should flow from another.

Through example, the figure below explores this relationship in more detail.

Learning

Need Identified	Outcome Defined	Activity
To improve IT skills, particularly in regard to Excel package	To be able to enter and collate data (specifically, patient records) and to generate summary reports of service activity	<ul style="list-style-type: none">▪ Spend a day with department office manager to gain basic understanding▪ Identify and attend Trust or external course in Excel to enhance knowledge and ability▪ Put into practice
To develop clinical practice in relation to ankle injury	To be able to demonstrate knowledge of current protocols, and to apply that in practice	<ul style="list-style-type: none">▪ Undertake literature search to map current evidence-based practice▪ Prepare teaching/discussion session for the department or student group▪ Arrange peer meetings to assess practice in relation to injuries

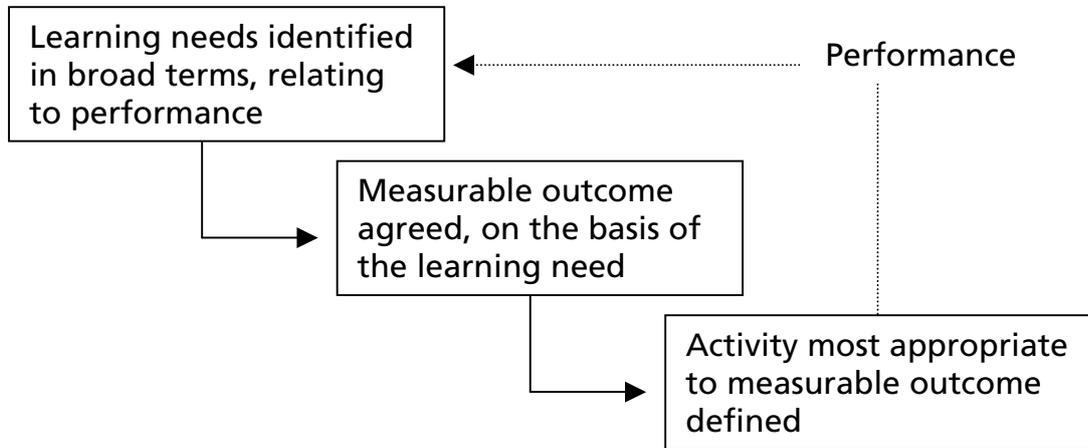


		<ul style="list-style-type: none">▪ Draft departmental and interdisciplinary guideline
Assistant		
To attain a greater understanding of mobility and movement in order to improve participation in rehabilitation programmes of clients with stroke.	To apply theory and practice of rehabilitation, in order to be able to participate more fully, and with competence in the care of clients with problems related to stroke	<ul style="list-style-type: none">▪ Establish learning relationship with qualified member of staff▪ Use library services to undertake private study of mobility and movement in general, and stroke in particular▪ Maintain portfolio of study undertaken▪ Observe qualified staff at work on rehabilitation▪ Agree periods of supervised practice with qualified member of staff▪ Relate to multi-disciplinary team▪ Discuss needs/views with stroke user and carer groups

What these examples hopefully demonstrate is the process that is involved in identifying learning needs, and prescribing learning opportunities that meet them.



Put simply, the process is as follows:



This process underlines the fact that learning activity needs to be defined by the learning outcome. To put it crudely, learning is like any other commodity that one might choose to buy. With the exception of impulse purchases, shopping starts with an idea of what it is that is needed (for example, a warm winter coat), and then moves into the store where the shopper browses and chooses an item that best meets that need, within their budget. CPD encourages a similar approach to the idea of selecting education and training, within the constraints of time and finance.

RESPONSIBILITIES IN THE PDP PROCESS

As noted above, the PDP process, in its simplest form, is very much a workplace-oriented approach. As such, it has a tendency to squeeze out those learning needs that might arise outside of that context, such as those a member might identify in regard to their own career development. Fortunately, physiotherapy managers and staff have the opportunity to address this in their development review arrangements, when the employee fully meets their post outline and is looking towards career development.

The potential for tension can perhaps be best illustrated by reference to two hypothetical situations:

A **physiotherapy assistant** wishes to access the N/SVQ III in allied health profession (AHP) support, level 3, in order to enhance their own work performance and to improve their options for advancement. However, the Trust or organisation in which they work may take a view that support staff do not need to have access to N/SVQ.



A **qualified member** wishes to undertake a number of short courses, in order that, they might develop a specialism within their field. These courses, however, may not relate to the service that the member is currently delivering; equally, the team in which the member works may be intending to develop in an altogether different direction.

In both cases, the learning needs of the member are entirely legitimate within the overall professional/occupational context of healthcare, but may sit uncomfortably with the specific work environment in which the member is currently working.

In the NHS the KSF will support the individual's right to training and expertise required to meet their post outline and should make access to CPD easier. However tension may exist where, the individual wishes to pursue learning for their own career development.

It is to be earnestly hoped that, by and large, major conflicts over learning needs between staff and managers can be avoided. In most instances, the learning needs of the staff member and those of the environment in which they work (at both an organisational and a departmental level) will be closely aligned.

The PDP process, actively and sensitively employed by all parties, can also be used to overcome the tensions that might exist in this regard. However, staff and managers have responsibilities to ensure that smooth working of that process, and these are summarised overleaf:

Staff	Manager
Take responsibility for own CPD by actively maintaining a portfolio that records and evaluates, both formal and informal learning, and thereby assists in the identification of future need.	Ensure that CPD has a vibrant departmental existence outside of the confines of the development review process
Ensure that you prepare for your Development Review by identifying your learning needs in relation to achieving your full post outline. Be aware of the need to maintain a balance between	Be aware of the need for all staff, qualified and support to develop both professionally and occupationally.



<p>organisational, departmental and personal needs.</p> <p>Be able to explain how you will provide evidence of the achievement of the agreed learning outcomes and show their benefit to service quality.</p> <p>Bear in mind the need for learning to reflect the multidisciplinary nature of healthcare</p> <p>Think creatively about how your learning needs might be met, and identify the formal/informal learning opportunities that might best meet those needs.</p>	<p>Make sure that you focus on user needs and individual learning needs to meet post outlines. Use a 'bottom-up' approach to the planning of education and training across your workforce.</p> <p>Bear in mind the need for learning to reflect the multidisciplinary nature of work in the new NHS.</p> <p>Think about ways in which the outcomes of staff development will be evaluated.</p>
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BENEFITS OF THE PDP APPROACH

The process of drafting a PDP provides benefits to both the staff member and their manager, in regard to the CPD agenda:

- It provides the former with the opportunity to identify their own learning needs and to present them formally in a structured context.
- It provides a format in which learning needs can be formally converted into anticipated learning outcomes.
- It gives learning structure and purpose through action planning around the agreed outcomes.
- It acts, for both, as a clear record of expectation in regard to learning opportunities, and a framework within which to plan access to that learning.
- The manager is greatly assisted with the overall planning of training and development across their whole workforce.



Overall, the development review process applied across a whole department or directorate within a Trust will improve equity and access in regard to training and development for all staff working therein. Through the practice of creating a PDP with each staff member, managers will be able to standardise their responses to individual training needs.

RECORDING THE NEW LEARNING

The new view of education, encapsulated by CPD, offers exciting opportunities for learning alongside a range of practical challenges. Foremost of those is to develop ways in which these novel approaches to learning can be adequately recorded. The PDP, given its structured nature, assists learners at the very outset, with the question of recording learning outcomes.

In particular, there is an extremely strong link between developing a PDP and creating and maintaining a portfolio of learning. A portfolio of learning is simply an organised and tangible record of past learning, learning objectives and materials amassed in pursuit of those ends. Some employers provide portfolios for their staff: where this does not happen, staff can quite easily begin to build their own by starting with a simple lever-arch file.

The CSP produces an Information Paper on portfolio keeping⁵ and also a portfolio guide to assist members in the CPD process (CSP, 2001). It is important to note here that:

The PDP provides a planned and formal framework around which to build a learning portfolio.

A copy of the PDP (in the NHS referenced to the KSF post outline) in your portfolio virtually provides a contents page for the folder. The presence of the PDP means that you can use it as a tool to determine whether particular learning opportunities might address your needs: moreover, it is also a way of assessing whether learning that you have undertaken has been adequate in terms of your needs. In this sense, it is an extremely dynamic document when built into an individual's process of personal/professional development.

Determining whether one's learning outcomes have been met now requires that methods of educational measurement extend beyond the accumulation of certificates or the simple sense that a training intervention was of use. A new range of methods have developed that include, yet extend beyond the appraisal system: accreditation processes; formal and informal assessment of learning; audit; changes in person specification; measurable changes and enhancements in practice; greater clinical



effectiveness; educational credit systems; educational records and log-books; learning diaries and portfolios; better team working⁶.

In the NHS KSF there are mandatory requirements to record the development review decisions on a form provided⁷. In the same document an optional form is provided for recording the PDP, which could be adapted to suit individual or organisational needs.

The HPC⁸ requires all registered staff, as part of the HPC Standards for CPD to maintain up to date records of their CPD. They are also required to demonstrate how their CPD has impacted on current and future practice. A portfolio and a PDP will prove invaluable tools for practitioners to use to meet the HPC CPD standards.

CONCLUSION

As with so many initiatives in the field of human resource development, the PDP, embedded as it is in the development review process, represents both threat and opportunity. It is, in fact, merely a tool, and is adjudged to be good or bad solely in its application: after all, a hammer is an undeniably good tool for knocking nails into wood, but assumes a decidedly bad character if it used to hit another person over the head!

Additionally, as noted above, the use of PDP can lead to a very narrow focus on particular types of learning needs, namely those that relate exclusively to performance at work. While these are developmental, such a limited view can lead to broader learning needs, vital to an individual's continuing professional development, being left out.

It is, then, the application of the tool, rather than the tool in itself, that determines how good or bad it might be. The application of PDPs will be the joint responsibility of both managers and their staff, working collaboratively with the intention of negotiated outcomes. For the private sole practitioner it is an individual responsibility but the support of a peer/mentor adds quality assurance. For the NHS employee there is now a statutory requirement to develop in post to meet the full KSF post outline, so providing a structured PDP for continuing professional development.



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