CONTINUING PROFESSIONAL DEVELOPMENT

Illustrating PLAN

Looking at how PLAN works and how to design your QI&CPD.

The RACGP’s Quality Improvement and Continuing Professional Development (QI&CPD) Program introduced the planning learning and need (PLAN) Category 1 quality improvement activity for the 2017–19 triennium in order to support Australian GPs to self-direct their own continuing professional development (CPD).

A mandatory online activity, PLAN is an evidence-based approach that enables GPs to identify areas of their general practice learning needs. This in turn provides the capacity to structure ongoing learning in accordance with GPs’ personal requirements and the services necessary to meet the evolving needs of their patients and community.

**Effective learning plans strengthen CPD**

Ensuring that clinical and non-clinical competencies are up to date and documented requires periodically undertaking a comprehensive review of general practice knowledge and skills through CPD.

Effective continuing education has long been recognised as a core requirement of the healthcare profession and has become a fundamental community expectation. CPD is an Australian Health Practitioner Regulation Agency (AHPRA) requirement for GPs, and discussions around revalidation in Australia have resulted in increasing discussions regarding demonstrating the effectiveness of CPD.

**Does one PLAN activity suit each GP’s unique CPD?**

Successfully planning a GP’s learning is a major undertaking, especially when considering the wide scope of what a GP sees and does in the course of everyday practice.

Given each GP is the expert in planning their own learning, PLAN assists individual GPs to reflect on their unique skill set and practice profile.

The planning of learning can be complex, which is why the QI&CPD Program has developed PLAN as a support to help GPs demonstrate its effectiveness.

**How do I complete PLAN? What are the steps and why?**

PLAN has been designed to assist GPs to map out their learning for the triennium by breaking the process down into practical, evidenced-based steps:

1. Complete a practice profile analysis and a self-reflection to identify your learning needs
2. Review the report that is generated
3. Identify areas where you would like to focus your learning and what you wish to achieve
4. Complete the activities relevant to the areas you identified
5. Reflect on the overall PLAN activity and plan ahead

**1. Complete a practice profile analysis and a self-reflection to identify your learning needs**

While the skills required of GPs as documented in the RACGP Curriculum for Australian general practice1 can be generalised to a wide variety of contexts, each practitioner will have unique learning needs based on their practice profile. Documenting a practice profile provides a point of comparison to the Australian community to help the GP reflect on the implications of their specific patient and community needs.2

PLAN can be completed if the GP is not in clinical practice; however, they are required to consider how their learning requirements meet the needs of the Australian community.

Anecdotally, many GPs have stated that the planning of learning is of particular value when returning to practice after a period of leave. PLAN provides an ideal opportunity to
systematically review skills and knowledge prior to returning to practice.

Comprehensively self-reviewing skills and knowledge

To help document a comprehensive review of skills and knowledge, GPs are asked to self-reflect against four broad areas:

• The five domains of general practice
• Curriculum contextual units of the RACGP Curriculum for Australian general practice
• Common general practice conditions
• Procedural skills relevant to general practice

These four areas provide coverage of Australian GPs’ core skills and competencies relevant to each general practice consultation.

Rating scales rationale

Rating skills allows the identification of areas that are up to date and those that require potential further study. Skills can be rated broadly or in detail according to self-reflection.

As new areas of medicine and treatment emerge, GPs complete educational activities – workshops, active learning modules, etc – in order to be better informed to address the needs of their patients. PLAN provides an opportunity to document this commitment.

Identifying an area for further study is not an admission of a lack of competency. Rather, addressing professional learning and development needs is a core general practice skill (refer to CS4.2.1.1 of the RACGP Curriculum for Australian general practice). This will be especially important for GPs returning to practice who identify a need for re-training, or who believe greater expertise in an area will support better patient outcomes.

A self-reflection rating is best completed early in the QI&CPD triennium in order to provide the basis for reflective learning for the remainder of the triennium. It also allows sufficient time to undertake the learning required to meet identified needs.

2. Review the report that is generated

Once the self-reflection is complete, a report is generated that can highlight what the GP has identified as potential areas for revision.

GPs can select preferred learning areas to customise their PLAN activity, regardless of how they rated the areas (ie low, medium, high).

Documenting learning choices based on self-reflection demonstrates and records that the GP has reflected on their learning needs.

3. Identify areas where you would like to focus your learning and what you wish to achieve

After reviewing the self-reflection report, the GP can select up to five learning areas on which to focus continuing education. This is achieved by stating learning outcomes related to selected areas and strategies, and understanding activities used to meet these outcomes.

There is also an opportunity to fill up to three additional areas of learning. This may be of use for GPs with special interests beyond the core skills of general practice, but which are still relevant to their scope of practice.

Opportunity for peer review

Once learning outcomes and strategies have been identified, PLAN has an option to generate a ‘Peer review report’ in the event the GP wants feedback.

Peer review is effective for obtaining feedback to confirm that learning is on track. A trusted, independent opinion can provide reassurance that learning relates to their self-reflection and scope of practice.

While not compulsory, peer review can help to ensure the GP’s learning takes into account their knowledge and community needs.

4. Complete the activities relevant to the areas you identified

Once learning strategies have been identified, the GP can undertake activities in accordance with their learning plan. They can upload evidence of completion as activities are finished. The GP can link QI&CPD-accredited activities to PLAN, and upload evidence of activities that don’t attract QI&CPD points.

After uploading evidence of completion, the GP can review and reflect on how the learning has contributed to meeting the outcome. This demonstrates the deliberate planning process involved in remaining up to date with professional learning.

This process that will occur throughout the triennium. The GP can return to PLAN at any time to add to evidence and reflections.

5. Reflect on the overall PLAN activity and plan ahead

Once the outcomes are completed, the GP provides an overall reflection on their learning prior to submitting their PLAN for QI&CPD points. This is best done towards the end of the triennium, when the GP has had time to meet their learning outcomes.

Meeting all learning outcomes by the end of the triennium is not mandatory, as the reflection on the outcomes is the key aspect of learning.

References