Examining the rationale and evidence behind the PLAN quality improvement activity in the RACGP’s QI&CPD Program.

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 help Australian GPs self-direct their own continuing professional development (CPD).

A mandatory online activity, PLAN is an evidence-based approach that enables GPs to review their current knowledge and skills, and identify areas of focus for their general practice learning necessary to meet the evolving needs of their patients, their community and themselves.

At the heart of PLAN lies the belief that GPs can learn from their unique experiences, and each individual GP is in the best position to tailor their professional development towards particular needs, aspirations and contexts.

PLAN uses reflective learning so each GP can acknowledge their unique experiences in influencing learning requirements as a GP in the Australian community.

What is reflective learning and why introduce it now?
Reflective learning requires the critical review of GPs’ own experiences and thought processes in order to gain understanding of themselves, their behaviour and the world around them.1,2

The RACGP’s introduction of the PLAN activity coincides with an increasing literature base of international best practice illustrating that reflective learning better ensures CPD is a planned, rational choice.3

This mandatory incorporation of reflective learning practices into CPD is a requirement of countries that have revalidation and relicensing processes, including the United Kingdom, Canada and the United States.4–6

The limited number of opportunities for Australian doctors to undertake reflective learning has also been highlighted in a report commissioned by the Medical Board of Australia, ‘The evidence and options for medical revalidation in the Australian context’.7

Learning plans are now required by the boards of some Australian health professions, including pharmacy and nursing.

In response to this changing educational and regulatory environment, the PLAN activity incorporates reflexive practice in order to facilitate the developmental aspect of reflective learning within the CPD of Australian GPs.

The development of reflective learning plans has long been a recognised optional QI&CPD activity, and the PLAN activity builds on the RACGP’s expertise and experience in tailoring sound educational principles to lifelong GP learning.

Why is PLAN designed this way?
The PLAN activity is an enhanced online version of the paper-based learning needs assessment tool the RACGP has used for several years.

Until now, GPs returning to clinical practice after time away from the profession have traditionally been the primary users of the RACGP learning plan. These clinicians have welcomed the opportunity to reflect on any possible areas of diminished knowledge and skill, but also to reassure their maintenance of skills so they can return to practice in a safe and appropriate manner.

The educational basis and design of learning plans to facilitate broadening this experience to better suit all GPs is a complex process, and one that is an ongoing area of research for the RACGP.

The PLAN activity has been in development for the past seven years as a result of the RACGP’s ongoing robust examination of contemporary educational principles and practice.
Why is reflective practice important for CPD?
Reflective practices developed from a recognition that formal theoretical knowledge acquired in the course of professional learning must be critically applied to solve the complex problems of real-life daily practice.

Reflective practitioners incorporate these processes into lifelong learning in order to relate knowledge and learning to practical competence and professional activity.8

What is the evidence for reflection in learning?
Much has been written about reflection in learning across several different disciplines and models since its formation, but research on reflective medical practice is still relatively early in its development.

It is clear, however, that reflective learning abilities are complex, can be developed, and appear to be linked to deeper levels of learning and development of professional identity (refer to breakout, below).

How does PLAN support GPs’ reflective activity?
Reflection does not only describe GPs’ experience, but analyses it.
Reflection is not a natural and intuitive ability, and must be developed through a systematic approach to its application.9

Evidence summary of reflective learning in various healthcare professions9

- Reflective thinking is seen in practising professionals and in students across a variety of healthcare professions.
- While reflection appears to be used most naturally in response to new and complex problems, it is also used when anticipating challenging situations.2,10,11
- Not all reflective practice is identical, with differing aspects and components having been demonstrated.
- Reflective tendencies and abilities vary across individuals and situations.
- Research into measuring and classifying reflective thinking has resulted in validated instruments to demonstrate that there are measurable differences between reflective and non-reflective learning,12 and deeper levels of reflection are generally achieved less often and are more difficult to attain.
- Reflective ability can be developed; strategies associated with reported changes in reflective ability used small group resources and activities such as portfolios and journal-keeping.
- Factors influencing reflection include environment, time, maturity, effective guidance and supervision, and organisational culture.
- Reflective practice appears to be linked to learning, particularly deeper levels of learning, the development of self-regulated learning and the development of professional identity.13
The PLAN activity supports such a systematic approach to reflective learning in line with international practices of learning plans, which include a cycle of:

- self-diagnosis of learning needs
- development of learning plans and activities
- self-evaluation of learning.

PLAN then promotes reflective practices by:

- focusing and committing professional development through documenting goals
- examining professional experiences to avoid repeating past errors
- facilitating reflection and identification of learning needs
- collecting evidence of new knowledge and learning.

How can the results of PLAN be incorporated into professional practice?

While reflective practice has been linked to deeper levels of learning, professional identity and self-directed learning, its most important benefit may be as a strategy to enhance learning.

The development of reflective skills can help integrate new knowledge and real-life professional experience throughout lifelong learning. However, learners may require a structure to support them when acquiring these skills, as well as feedback relating to content and the process of the reflection.

Learning plans can be complex and overwhelming for those who have never had to complete them. For this reason, the PLAN activity was developed to provide a tailored, efficient and educationally-sound solution that was developed by and for GPs to meet the increasingly complex and changing educational and regulatory requirements for modern Australian general practice.

What happens to information if a GP revises learning in a specific area?

The ability to identify and address learning and skill-development needs through CPD is a core skill of general practice. Competent GPs are self-aware and likely to practise safely, as they understand their current skill levels and how to manage a patient in a safe and appropriate manner.

It is important for GPs to understand what they know and what they do not know. In this way, reflective learning supports patient safety.

Many GPs discover that a learning plan can provide reassurance as to the extent of their skill maintenance. For many of these GPs, a learning plan can include aspirational educational plans, such as developing specialised skills. Other GPs find that learning plans help identify emerging issues in their patient population that may require the development of new skills.

All of the information in a PLAN activity remains protected and is subject to all necessary privacy and confidentiality laws.

References