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Personal Development Plans (in Primary Dental Care) – Getting Started

Abstract: This article reviews how to develop a personal development plan, its benefits and how it may relate to the GDC's proposed revalidation scheme.

Clinical Relevance: Revalidation is an essential part of reassuring the public that the profession delivers care to appropriate standards in safe work environments. A personal development plan is a key element in improving performance and quality of care.

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What is a personal development plan

Personal development plans (PDPs) have been in existence for many years in many guises. The New Year's resolution is, in many respects, an example of a plan. In its simplest form, a PDP is a list of things you wish to learn or learn to do differently over a given period of time. It has long been known that plans which are written down and reviewed are more likely to succeed. The Quality Assurance Agency (QAA) in 2009¹ defined PDP as

A structured and supported process undertaken by an individual to reflect upon their own learning, performance and/or achievement and to plan for their personal, educational and career development.

The key aspect of a PDP is its link to the way the owner learns and the process of developing a PDP and its outcomes involve reflection and are linked to learning theory.² The General Dental

Council has indicated that a PDP will be an essential part of a dentist's revalidation portfolio in its consultation on Revalidation in 2009.³ The NHS salaried dental services have expected staff to have a PDP for a number of years. To the busy practitioner, having a PDP probably seems like yet another bit of bureaucracy that takes one away from treating patients. Certainly, if that view is taken it is unlikely that a PDP will be of value. On the other hand, if one embraces the concept, it brings great benefits to the individual owner of the PDP, his/her patients, staff and colleagues. The benefits of a PDP can include the following:

- Promotes effective learning;
- Sets targets;
- Encourages personal reflection;
- Improves clinical and professional performance;
- Makes personal success more likely;
- The results can be motivational.

How does one start making a PDP?

The starting point of any plan is deciding where one wishes to get to. Some of the questions that may help determine this include:

- What do I want to be doing in my life in 5 years' time?

- What would I like to be doing in my working life then?
- How much do I want to be working?
- What else do I want to be doing in my life?
- What needs to change or to be done differently to achieve this state?
- What are the obstacles to achieving it?

Developing this personal vision, whilst not essential for developing an annual PDP, helps give focus. The five year plan need not be detailed, more a direction of travel which acts as a reference point for each year's PDP. Why choose five years? There are no absolute rules on choosing the timeframe for a plan. The world is a rapidly changing place and few of us could have predicted all the changes in the past decade, so choosing a date which is far enough ahead to allow for a reasonable amount of time to accomplish the goals, but not too distant to be worthwhile, is worthwhile. Whilst developing the plan, one should also consider the practice one works in and its development plans so that the plans synchronize where the goals are similar.

Having determined, ideally, where one wishes to be in five years, the next stage is to identify where one is now. This can be done by asking the following questions:

- What am I good at?

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STRENGTHS	WEAKNESSES
THREATS	OPPORTUNITIES

Figure 1. A SWOT analysis.

- What would I like to be better at?
- What obstacles are there to my achieving my goals?
- What could stop me achieving my goals?
- What opportunities are out there for me?
- What do my patients want now? What do they expect?
- What will they want in 5 years' time?

These questions are the basis of a SWOT analysis (Figure 1). Filling in the boxes of the SWOT matrix can be a quick method of reviewing the current situation. Very often the same item may appear in two boxes. For example, a drop in NHS funding of dentistry may be a threat to an NHS dentist. It may also be an opportunity as it may allow one to develop areas of private practice.

What should a five year plan look like?

A five year plan should be broad brush without too much detail, eg

In 5 years I want to be working less than full-time, I would like to have a prevention-orientated practice but be able to offer quality aesthetic dentistry to patients who wish it.

My own practice sets its long-term goal for its three partners of having a practice that would allow us the

flexibility to allow each partner to pursue his/her interests in a supportive way. We then defined what the practice wished to achieve for its patients:

To provide dental care in a relaxed and friendly way, within available resources.

The resources issue meant what the patients could afford, wish and what the practice could deliver within these constraints.

This then sets the direction of travel and we determined that reducing debt was the key goal to allowing flexibility in the future, and so that became a key goal, with the partners drawing less.

Having determined the long-term direction, the plan can be broken down into annual steps.

Annual plan

What is in the five year plan that needs to be addressed this year? Then again, one needs to determine where one is now. In terms of one's professional practice, a personal SWOT may be helpful in determining what goes in the plan.

The following questions can be helpful in determining areas for development.

- What is the area of my clinical practice I

am least confident in?

- What is the area of my working life I am least confident in?

Dr Richard Eve,⁴ in the 1990s, developed the concepts of Patients' Unmet Needs (PUNS). This was when a patient asked for advice and one gave it but was not certain that it was the latest position on the subject. So it might be what one prescribed as an antibiotic for an infection, but was it the best one for the condition? From this he generated Doctors' Education Need (DEN) which could just as easily be Dentist Learning Need. Having established the learning need it can be incorporated into the PDP.

For me, I felt that my root canal therapy was an area that could be improved upon.

What areas could one include in a PDP?

A PDP is a personal document that defines what you wish to learn over a specified period of time, and as such it can contain any learning goal the owner of the PDP wishes to determine.

Educationalists have defined the three components of learning as:

- Knowledge – the facts;
- Skills – the application of knowledge in a given situation;
- Attitudes – how one views situations.

The synthesis of knowledge with experience allows one to make a judgement, which is a critical skill in deciding how best to deal with situations.

The PDP may need to contain these elements.

Having determined what one wishes to learn, the next stage is to formulate this into a series of objectives:

- What do I wish to learn?
- How will I learn it?
- What resources are required to support the learning?
- How will I know I've learnt it?
- By when do I hope to achieve this?

Taking the objective and trying to make it a SMART objective is a critical stage in developing an effective PDP:

- S – Specific;
- M – Measurable;
- A – Achievable;
- R – Realistic;
- T – Timed.

What do I wish to learn?	How will I learn it?	What resources?	What is my success criteria?	How will I measure /demonstrate success?	Timeframe
To get GP to apex 90% of time	Reading Attend hands-on course	Time to attend course Funds to pay for course More time with each patient	90% canals filled to within 2 mm of the apex	Audit of results based on post-op radiographs	1 year

Table 1. Aim – improved root canal treatment.

Example

Improve root filling – this is a very vague aim, an aim being a statement of intent.

An objective must have a measurable outcome so what is the objective?

Root filling: canals sealed with GP, well condensed within 2 mm of the apex.

This is now an objective:

- Specific? – It states what will be achieved.
- Measurable? – It defines a measurable result – 2 mm of apex.
- Achievable? – It should be.
- Realistic? – Yes.
- Timed? – Not yet so it needs refining.

Objective: *By the end of the year I will be able to fill all root canals with GP, well condensed within 2 mm of the apex, 90% of the time.*

This final version now defines the timeframe, within 1 year. It also adds a level of realism as it accepts that 100% compliance is unlikely.

Having set the objective, how does one go about achieving it?

Determination of goals

- What needs to be learnt? – How to get a better result.
- What is the problem? – Is it a lack of knowledge of techniques? – maybe.
- Is it a lack of skill? – possibly.
- Is it a lack of time? – which may relate more to one’s attitude to what is acceptable?

So, from these questions, one may determine various learning goals which are all part of the PDP. The analysis of what needs to be learnt and how tends to make learning more effective. It may be that one determines that the solution to the problem is not attending courses,

rather tackling the obstacles in practice to obtain the desired result. This may just involve allocating more time to procedures to achieve the desired result, ie achieving the Aim: improved root canal treatment, giving an example of a PDP (Table 1) .

The step of demonstrating success is one which can be challenging. If it is thought that if success is not clearly measured, it is less likely to be achieved, then types of measuring techniques need to be adopted:

- Audit;
- Surveys and 360° feedback;
- Third party feedback – comments;
- Peer observation;
- Validated assessment tools, eg dental foundation assessment.

The GDC has suggested that the domains of revalidation are:

- Clinical;
- Communication;
- Professional;
- Management.

One might chose to set one objective in each domain each year. In the first year it might just be that one undertakes surveys or audits in each area to determine the learning priorities for the future.

If all of the stages have been followed, then the PDP is likely to result in improvements in one’s working life, which hopefully will make it more satisfying. The other factor that may be critical in success relates to the SMART objectives in the PDP.

It pays to be realistic, ie not setting too many goals in a year is very important to the success of the plan. In general, a few well chosen objectives each year is important. If too many

objectives are set which all require a lot of time and effort, then they are less likely to be achieved. So it may be more important to determine which goals will have the greatest benefit and make these the priorities. Having a maximum of six objectives may be wise. One can always cover other objectives the next year, or later in the year, if the main ones are achieved earlier in the year. The plan is personal, so it can contain personal learning goals outside work so as to maintain work/life balance, eg setting goals of attending the gym at least once per week or taking an evening class in a subject that interests you.

Personal development plans and practice development plans.

Whilst a PDP can be something developed in isolation to meet personal goals, there may be benefits if items in it link to practice development plans. The days of practising independently have diminished for most of us. The cost of cross-infection control, technology and patient demands have made it difficult to practise on one’s own. If a clinic or practice is to survive, it needs to try and deliver as many services in house so, having a plan to develop the practice is beneficial and may result in different practice members developing complementary skills, and so the practice plan will define who will develop which skills. The individual’s PDP will define how that will be done and the outcome measures. Having both practice and personal development plans available for annual appraisal aids the process, as it can give a focus to discussions on

successes of the year, obstacles and areas for future development that are agreed by the parties involved.

Summary

A well constructed PDP need not take long to develop. It gives a focus and structure to one's professional development and it should clearly define the outcome, uses and SMART objectives to maximize the chances of success. The result is the sense of achievement which benefits both the individual and his/her

patients, which hopefully makes for a more enjoyable professional life.

References

1. The Quality Assurance Agency for Higher Education 2009. *Personal Development Planning Guidance for Institutional Policy and Practice*. ISBN 978 1 84482 914 9.
2. Kolb, D. *Experiential Learning: Experience as the Source of Learning and Development*. New Jersey: Prentice Hall, 1984.
3. GDC – *Consultation – Developing Revalidation: your chance to get involved*. May 2009. <http://www.pdptoolkit.co.uk/Files/Guide%20to%20the%20PDP/content/thamespuns.htm>
4. Dr Richard Eve. – *PUNs and DENs: Discovering Learning Needs in General Practice*. Oxford: Radcliffe Medical Press, 2003 (ISBN: 1-85775-807-2).

Further reading

1. Rughani A, Franklin C, Dixon S. *Personal Development Plans for Dentists*. Oxford: Radcliffe Medical Press, 2003 (ISBN 1-85775-917-6).

BookReview

Basic Guide to Oral Health Education and Promotion. By Ann Felton, Alison Chapman and Simon Felton. London: Wiley-Blackwell, 2009 (296pp, £20.99). ISBN 978-1-4051-6162-6.

This book aims to provide a basic overview of oral health promotion and is the course companion for UK dental nurses studying for the NEBDN Certificate in oral health promotion. Between them the authors, Simon Felton and Alison Chapman, have run the oral health education course in Bristol and their passion for this field of Dentistry is evident throughout the book.

Oral health promotion and preventive dentistry are becoming more important in everyday practice (highlighted by the government's publication *Delivering Better Oral Health: An Evidence-Based Toolkit for Prevention*). However, there are few texts that deal specifically with this topic. This book is mainly targeted at dental nurses studying oral health promotion, but it is also aimed at dentists, hygienists, therapists and other health professionals who provide advice and information on oral health.

The book is set out into six sections: the first outlines the oral structures, the second gives an overview of oral disease, and the final four sections concentrate on prevention or oral disease and delivering oral health messages. Each section is further divided into shorter chapters, with the aims of the chapter clearly stated at the beginning, and finishing with a selection of self-assessments, which appear to be mainly aimed at the NEBDN students.

This information is laid out very clearly in a logical sequence, with much of the text in short paragraphs or bullet points, making this a good book to use for revision and easy-to-use quick reference.

The strength of this book is the second half, which deals with prevention of oral disease, delivering oral health messages, oral health target groups and oral health and society. It goes into detail on structuring and providing oral hygiene sessions, and contains useful information on structuring oral health promotion and targeting this information at specific groups of patients, for example parents of young children, teenagers or older patients. It gives a synopsis of specific needs and potential problems and then summarizes the specific advice to each group, with tips on communicating with different patients. While it may not be practical to put aside a specific session for oral health education, the advice and practices outlined could easily be adapted to be incorporated into a routine appointment. There are also useful chapters on learning styles, education theory and smoking cessation. Unfortunately, there are some glaring factual errors in the first two sections of the book, dealing with oral disease, which would be picked up by a dental student, and much of the information is perhaps oversimplified. While this may be helpful for readers with no previous dental knowledge, it is at times confused, compounded by the factual errors. Another criticism would be that some of the clinical photographs are of poor quality and out-of-date, depicting ungloved hands.

However, all things considered, this book achieves what it sets out to, and would be useful for those not in the field of dentistry who are called upon to deliver oral health messages, or anyone studying for their NEBDN certificate (as it is the course text). The short sections and clear layout would also make this a good reference for any dental professional to use in conjunction with other documents, such as *Delivering Better Oral Health: An Evidence-Based Toolkit for Prevention*.

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