# GP Scot 2: Personal Development Plan

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| Name of Appraisee: |  | Appraisal Period (e.g. 2007/08): | 2010/11 |

This document is designed to help you review and collate all of the evidence that you need to show that you are involved in Continuing Professional Development (CPD). Your appraiser will discuss the contents of this form with you during your appraisal interview.

\*\* Please note this form is no longer in use, this is only a generic guidance to go with supporting info example \*\*

# GP Scot 2A: Review of Last Year’s Planned Learning Activities

### PLEASE ATTACH A COPY OF LAST YEAR’S PERSONAL DEVELOPMENT PLAN

It is appreciated that you may not have fulfilled all the objectives in your Personal Development Plan during the last year. You should consider why you have not met an objective and whether you still have a need in this area that should be carried forward into this year's plan. You may wish to discuss with your appraiser how you might achieve these objectives in the forthcoming year.

**If you have no formal development plan from last year to review, you should move directly to GP Scot 2B.**

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| **Reviewing last year’s PDP, what activities have you undertaken since your last appraisal?**  **(Please include evidence, where applicable)** |
| 1. Contraceptive implant-partial; carried out patient survey, investigated training opportunities at our local Family Planning Clinic, Practice and our ‘co practice’ with whom we share staff made the decision for a nurse to be trained as she was now keen, and the practice manager felt that this was a better use of nurse time who had less pressure on appointments 2. In addition I decided to carry out a quick patient survey before we progressed to training |
| **What have you learnt from this?** |
| 1. Compromise-getting the service in place is more important than who does it. 2. We didn’t get as many responses from the survey as I would have liked (16 over 2 weeks) although I gave copies to our practice nurses, my GP colleagues and the health visitors. However, half stated that they would be more likely to consider LARC if the practice provided it, despite most not feeling that travelling to the FPC 10 miles away was an issue. Just over half were also not aware that we provide the contraceptive injection. |
| **What has changed? What have you done differently as a result?** |
| 1. Practice nurse now trained and inserting Nexplanon. GP or nurse counsels patient regarding LARC and gives them written information. The GP issues (or the nurse requests) a prescription for nexplanon and local anaesthetic which is covered by a nursing directive. The patient has a 5 minute telephone appt with the nurse (if not initially counselled by the nurse) and the nurse then arranges an appointment for insertion. 2. The nurse also removes contraceptive implants |
| **Which learning needs have you not met?** |
| 1. Decided not to take personal responsibility to fit contraceptive implant but established implant service through trained practice nurse. |
| **What obstacles did you encounter?** |
| 1. Personal-letting go of idea that I should be the one to fit contraceptive implant! 2. Getting the questionnaire back |
| **Were there any additional learning points?** |
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