

**Professional Development Plan**

**Section 1 – Professional Review**

If you have completed a Professional Development Plan previously, summarise below progress that was made towards agreed objectives and those specifically addressing health inequities over the previous 12 months

|  |  |
| --- | --- |
| Objectives | Progress |
|  |  |

**1(i) Medical Practice**

* Mark appropriate activities over the past twelve months and attach any relevant evidence.

|  |  |
| --- | --- |
| *Regular participation in departmental / service meetings* | |
| *Regular participation in journal club* | |
| *Regular attendance at Grand Rounds* | |
| *Regular participation in mortality review meetings* | |
| *Regular participation in audit or quality improvement* | |
| *Participation in cultural safety review or analysis of practice* | |
| *Describe any factors affecting your capacity to undertake your clinical duties? Are there areas of your clinical practice that need development or upskilling?* |  | |
| * *Describe any difficulties you had in completing CME requirements* |  | |
| * *What CME plans do you have for the coming year?* |  | |

**1(ii) Working Relationships**

|  |  |
| --- | --- |
| * *Consider your working relationships with staff (colleagues, those you supervise, nurses, technicians, other health professionals and admin staff) especially* * *Detail how you have applied strategies to redress power imbalances and decrease discrimination in your practice* |  |
| * *Consider your relationships with patients and families especially in the areas of communication, respect and cultural safety* |  |
| * *Detail steps you have taken to address health inequities throughout your practice this year* |  |
| * *Describe the process you use to gather perspectives from patients, whanau and communities and how you implement any recommendations* |  |

**1(iii) Teaching and Training**

|  |  |
| --- | --- |
| *What teaching and training activity are you currently involved with?*   * *Undergraduate teaching?* * *RMO Supervision?* |  |
| *What teaching and training activity would you like to be involved in during the coming year?* |  |

**1(iv) Research**

|  |  |
| --- | --- |
| *Publications* |  |
| *Research involvement* |  |
| *What research activity have you been involved in this year that relates to addressing health inequity in NZ?* |  |
| *What research activity would you like to pursue in the coming year?* |  |

**1(v) Wider professional activity**

*NZOA, RACS, ASMS, Work with Professional Bodies, Committee work, Clinical Governance, Addressing Health Inequity*

|  |  |
| --- | --- |
| *Describe any professional activity* ***within*** *hospital practice not already noted.* |  |
| *Describe any professional activity* ***external*** *to hospital practice not already noted.* |  |
| *Describe any other quality assurance; patient safety or service improvement activity within the hospital you have been involved in during the year.* | |  |
| *Describe any activity that specifically addresses health inequities and cultural safety that you have been involved in this year* | |  |

**1(vi) Health and well-being**

|  |  |
| --- | --- |
| *Note here any significant work-related stressors, or factors that have prevented you taking annual leave that you would like to discuss.* | **nil** |

**Section 2 – Professional Development Plan**

In this section the Reviewer and Senior Medical Staff discuss the direction and priorities for the service / department / practice over the next twelve months including sub-regional and regional development, and identify up to three priority objectives for the senior medical staff’s development - personally and as a member of the service team / practice. These key objectives should be drawn from discussion of the Profession Review and provide for the senior medical staff continuing development in:

* Clinical and academic excellence;
* Delivery of high quality service to patients;
* Contributions to the team(s) in which she/he works.
* Understanding and addressing unconscious bias and its role in health inequity

**Development Objectives**

|  |  |  |
| --- | --- | --- |
| *Objective:* | *Specific actions  Who / What / By When:* | *Follow up date:* |
|  |  |  |
|  |  |  |

**Any other matters**

|  |
| --- |
|  |
|  |

**Section 3 Signoff**

After the performance review conversation and all aspects of this form are completed, both Senior Medical Staff and Reviewer should add any comments they wish and sign below.

**Senior Medical Staff:**

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Signature: |  |  |
| Date: |  |  |

**Reviewer:**

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Position: |  | |
| Signature: |  |  |
| Date: |  |  |

**The completed PDP should be uploaded to Section 2 under Professional Development Plan in your CPD records. Please retain a copy should it need to be provided for audit purposes or if you are selected as a visitee on the Practice Visit Programme.**