PERSONAL DEVELOPMENT PLANNING AND REVIEW POLICY
Including Guidance for Staff

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<tr>
<th>Author:</th>
<th>Organisational Development Programme Manager</th>
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<td>Responsible Lead Executive Director:</td>
<td>Director of Human Resources</td>
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<td>Endorsing Body:</td>
<td>Human Resources Forum</td>
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<td>Governance or Assurance Committee</td>
<td>Learning Strategy Group</td>
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<tr>
<td>Implementation Date:</td>
<td>December 2019</td>
</tr>
<tr>
<td>Issue Number:</td>
<td>5</td>
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<tr>
<td>Review Date</td>
<td>December 2022</td>
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<td>Responsible Person</td>
<td>Head of Organisational Development</td>
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i) CONSULTATION AND DISTRIBUTION RECORD

| Contributing Author / Authors | • Organisational Development Programme Manager – author  
|                              | • Head of Organisational Development |
| Consultation Process / Stakeholders: | • Head of Organisational Development  
|                              | • Learning & Development Advisor  
|                              | • Director of NMAHP Practice Development Centre  
|                              | • Learning Strategy Group  
|                              | • Unison Partnership Representative  
|                              | • Operational Support Manager, Public Dental Service  
|                              | • Medical Education Manager  
|                              | • Joint Policy Forum |

| Distribution: | • NHSL Intranet: Firstport, Staff Brief |

ii) CHANGE RECORD

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1. **INTRODUCTION**

NHS Lanarkshire recognises the importance of a Personal Development Planning & Review (PDP/R) policy that is clear, concise and free from all forms of discrimination.

Personal Development Planning and Review (PDP & R) is part of a continual process of planning, monitoring, assessment and support to help staff develop their capabilities and potential to fulfil their job role and purpose. This increases the effectiveness of the organisation’s performance through ongoing, constructive dialogue.

Through personal development planning and review everyone can expect:

- Support to help keep up to date, and acquire new skills as relevant to job role and purpose;
- Knows what is expected of them
- The opportunity to meet their manager/reviewer at regular intervals to discuss their development needs and associated learning opportunities;
- Support to participate in personal development planning and review;
- Gets feedback on performance
- Transparent decision-making about NHS Lanarkshire’s investment in learning activities that will be based on a reasoned assessment of personal learning needs and the development objectives of NHS Lanarkshire.

This is an important element of the organisation’s commitment to equal opportunities and the following procedures will ensure fairness and equity in relation to all staff groups.

The basis of this policy is NHS Lanarkshire’s commitment to the ‘Personal Development Planning and Review’ guideline issued by the Partnership Information Network (3rd edition 2011).

2. **AIM, PURPOSE AND OUTCOMES**

- PDP/R aims to be realistic, achievable and reflective of NHS Lanarkshire’s commitment to the Staff Governance Standard.
- PDP/R is relevant to support job performance, career development and provide evidence of commitment to lifelong learning.
- PDP/R provides an opportunity for staff and manager or delegated reviewer to meet on a one to one basis, share ideas and talk openly about the job, agreeing work objectives whilst raising any concerns or issues.
- PDP/R mainstreams the equality and diversity agenda at every level within the NHS in Lanarkshire.
Annual review / appraisal is also an important component of NHS Lanarkshire’s efforts to deliver against the Healthcare Quality Strategy and to ensure continuous quality improvement.

3. **SCOPE**

3.1 **Who is the policy intended to benefit**

NHS Lanarkshire views personal development planning and review as part of a continuous process. This process helps everyone develop capabilities and potential to fulfil job role and purpose contributing to the effectiveness of organisational performance.

- This policy therefore applies to all members of staff and includes temporary and agency staff working for longer than six months continuously within NHS Lanarkshire. Appendix A provides more information for staff groups.

- This policy provides the basis for “good practice” in PDP/R

NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at www.nhslanarkshire.scot.nhs.uk or ask a member of staff for a copy of our Data Protection Notice.

3.2 **Who are the stakeholders**

All staff employed by NHS Lanarkshire

4. **PRINCIPAL CONTENT**

PDP/R is an approach to ensure that everyone knows what is expected of them, understands their role in the organisation, gets feedback on performance and is able to identify and progress towards satisfying their own and organisational development needs.

- A responsibility to link individual, local and organisational development.

- PDP/R for substantive medical staff occurs within the medical appraisal process and for doctors in training this should be managed by NES through annual reviews of progress. Consistency of electronic systems, proformas or paperwork for PDP/R relevant to the staff group that complies with confidentiality and data protection guidelines

- Use of the KSF post outline to match individual development needs to the requirements of a post (for agenda for change staff)
Where appropriate discuss succession planning and future career aspirations to fit with individuals development

A separation of personal development planning and review from disciplinary process. Should any issues related to capability / performance be of concern, these must be addressed by Managers / reviewers separately from the PDP/R process. However if, as a result of any capability / performance issues, a development plan is required this should be incorporated into the PDP/R process.

Retention periods apply in line with Organisational policy.

5. ROLES AND RESPONSIBILITIES

5.1 Roles

PDP/R will take place (as a minimum) annually with a manager / reviewer. More frequent reviews (formal or informal) should be carried out where manager / reviewer and reviewee feel this would assist in driving the development plan. Where an individual takes up a new role a Personal Development Plan should be discussed and agreed within the 12 week induction period. For Doctors a job plan and objectives should be agreed within this timeframe.

PDP/R is based on self-assessment, supported and facilitated by a manager / reviewer, formalised through the annual review meeting. The manager / reviewer should ensure that the reviewee has a copy of and fully understands the documentation or electronic system used within the local area.

It is the responsibility of the manager / reviewer and reviewee to fully prepare for the review meeting to ensure that meaningful and focused two-way dialogue relating to the reviewee’s development ensues. There should be a minimum of two week’s notice of a review meeting, the location and timing of which must be mutually convenient for the manager/reviewer and reviewee.

The reviewee and manager / reviewer will document the PDP/R. Copies of the development plan to emerge from the process should be signed by both manager / reviewer and reviewee and each should retain a copy or have access to the electronic system if used to view. This document will be required for future review of progress and will inform local learning plans.

Whilst PDP/R focuses upon identifying individual potential and development needs, a summary document will be completed by the manager / reviewer and reviewee.
The PDP/R process includes the availability of a third party for support or resolution of any issues encountered that cannot be dealt with by the manager / reviewer and reviewee together

5.2 Responsibilities

All members of staff have a responsibility for their own development and should take an active part in the PDP/R process.

The member of staff is responsible for:

- ensuring they understand the principles and practice of PDP/R to be able to participate fully in the process
- discussing and agreeing a Personal Development Plan with their reviewer within 12 weeks of taking up a new role. (Doctors should agree a job plan and objectives within this timeframe)
- fulfilling their role within the organisation including the allocation of adequate time for preparation, conduct and follow up of the personal development planning and review process
- taking an active interest in their own learning and development and accepting responsibility to fulfil the agreed resourced learning identified through the process
- ensuring their reviewer is aware of any contributing factors that may impact their contribution to the process

The manager / reviewer is responsible for:

- ensuring they are fully competent in all aspects of PDP/R relating to their staff group
- ensuring that every member of staff has a PDP/R at least annually
- ensuring a Personal Development Plan is discussed and agreed with the member of staff within 12 weeks of taking up a new role (For doctors this will be an agreed job plan and objectives )
- ensuring that the PDP/R process is commenced on completion of the induction phase
- assisting members of staff to understand what is expected of them as part of the personal development planning and review process
- providing constructive feedback on the individual's work and related development
• providing prompt formal notification of any performance concerns to the member of staff in advance of the PDP/R

• identifying, allocating and accounting for resources, including time, for learning and development to be undertaken effectively

• making reasonable adjustments which take into account any declared or identified issues the member of staff may have in relation with the process in accordance with the Equality act 2010

The Learning Strategy

Group is responsible for:
• supporting the PDP/R process within all areas of the organisation

• continued review of policy and process

• supporting the implementation of this policy throughout the organisation

Trade unions /Professional Organisations are responsible for:
• raising awareness, in partnership with the organisation, of the agreed approach to PDP/R and its benefits

• Agreeing this policy and, in partnership with NHS Lanarkshire, ensure it is implemented throughout the organisation

6. RESOURCE IMPLICATIONS

The PDP/R process is resourced at local level through local budget holders. It is supported by access to learning opportunities available through the organisation and externally.

7. COMMUNICATION PLAN

• This policy will be launched using the weekly staff briefing and will be available via https://www.nhslanarkshire.scot.nhs.uk/corporate-policies/

• This policy will also be discussed at the appropriate management team meetings and local partnership fora.

• Staff within Human Resources and Organisational Development will be briefed on the content of the policy.
8. QUALITY IMPROVEMENT – Monitoring and Review

NHS Lanarkshire undertakes to monitor and review the operation of this policy on an ongoing basis to ensure that the aims of the policy are actually being achieved. Monitoring and review will be undertaken in partnership and will focus on both quantitative and qualitative data.

This policy will be reviewed every three years via the Joint Policy Forum.

9. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

This policy meets NHS Lanarkshire’s SIA.

REFERENCES

A supplementary guidance document is attached at Appendix A.

This Policy should be read in conjunction with other supporting Policies and documents such as:

- Induction Policy
- Grievance Disputes Policy
- Employee Capability Policy
- Resolution of Disciplinary Matters for Medical & Dental Staff
- Recruitment & Selection Policy
- Secondment Policy
- Knowledge Services Borrowing Policy
- Learning, Education and Training Policy
- Equal Diversity and Human Rights Policy
- Equality Act 2010
- PDP/R PIN Guideline (3rd Edition 2011)

Whilst a number of policies have been listed for reference it should be noted that this list is not exhaustive.
Appendix A

PERSONAL DEVELOPMENT PLANNING AND REVIEW

Supplementary Guidance Document for all staff groups
Staff Employed Under Agenda for Change

The NHS Knowledge and Skills Framework (KSF) is based on good human resource management and development – it is about treating all individuals fairly and equitably. In turn, individual members of staff are expected to make a commitment to develop and apply their knowledge and skills to meet the demands of their post and to work flexibly in the interests of the public.

KSF and its personal development planning and review process lie at the heart of the career and pay progression strand of Agenda for Change, by providing a single, consistent, and comprehensive framework for staff review and development.

In common with other systems for PDP & R, the purpose of KSF and the development planning and review process is to

• Facilitate the development of services so that they better meet the needs of users and the public through investing in the development of all staff
• Support the effective learning and development of individuals and teams – with all staff being supported to learn throughout their careers and develop in a variety of ways, and being given the resources to do so
• Support the development of individuals in the post in which they are employed so that they can be effective at work – with managers and staff being clear about what is required within a post and managers enabling staff to develop within their post
• Promote equality for and diversity of all staff with all staff covered by Agenda for Change using the same framework, having the same opportunities for learning and development and having the same structured approach to learning, development and review.


https://www.msg.scot.nhs.uk/pay/agenda-for-change/knowledge-skills-framework-ksf

Staff covered by Agenda for Change should use the Turas Appraisal online system to record their PDP/R. https://turasdashboard.nes.nhs.scot/

Medical Appraisal & Revalidation

Annual appraisal is a contractual obligation for ALL doctors employed by, or contracted with, the NHS Board. ALL doctors are required to have an annual appraisal if they hold and wish to retain a License to Practice. Non-participation will be referred to the Health Board’s Medical Director.

Medical Appraisal in Scotland is managed at Board level by Medical Directors and Local Appraisal Advisers (Primary Care) and Appraisal Leads (Secondary Care), and supported centrally by NHS Education for Scotland (NES).

There is a central Medical Appraisal team at NES made up of the Project Team Manager, Appraisal Scheme Manager, Information Manager, Information Technician and an Administrator. There is also a NES National Appraisal Adviser.
In each Health Board, Local Appraisal Advisers / Leads oversee the appraisal process in Primary and Secondary Care respectively, and are supported by separate Local Administration staff.

Appraisal provides an opportunity for doctors to speak with another doctor who has been trained in appraisal skills. Here you can discuss your achievements, identify some of your development needs and form your own personal development plan. It is a continual process and part of a learning culture. Participation in appraisal should be a positive and supportive process.

Further information can be found at [http://www.appraisal.nes.scot.nhs.uk/help-me-with/appraisal.aspx](http://www.appraisal.nes.scot.nhs.uk/help-me-with/appraisal.aspx)

**Doctors in Training Posts**

Newly qualified doctors leave university and compete to enter a 2-year structured foundation programme, with regular review of progress across the 2 years. At the end of the first year (FY1) they become eligible for full registration with the General Medical Council (GMC), and at the end of the second year achieve a certificate (Foundation Achievement of Competence Document) which allows them to apply for specialist training programmes. Thereafter they become subject to highly structured assessment of their progress in training through an Annual Review of Competence Progression (ARCP), coordinated and overseen by the Postgraduate Medical Deaneries.

The ARCP process will continue to be the main mechanism to assess and ensure that the development needs of a doctor in training are being met.

ARCP information will be enhanced with local NHS Board data relevant to an individual doctor’s ongoing development, ensuring an accurate and robust methodology that will inform the Postgraduate Medical Dean’s recommendation to the GMC on the fitness to practise of each doctor in training.

Further information can be found at [http://www.medednhsl.com/meded/start/welcome.asp](http://www.medednhsl.com/meded/start/welcome.asp)

**Primary Medical Services**

As specified in the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018, independent General Practitioners (GPs) are under a contractual requirement to participate in the appraisal system provided by their local NHS Board and, through the GP Appraisal Scheme, there are well-established local arrangements that assist GPs to critically review their practice on an annual basis, and to identify and act upon identified educational and developmental needs.

The GP Appraisal Scheme is supported and quality assured by NHS Education for Scotland, and contributes to individuals’ Continuing Professional Development (CPD), and therefore continuous quality improvement in patient care.

Further information can be found at [http://www.medednhsl.com/meded/gp/welcome.asp](http://www.medednhsl.com/meded/gp/welcome.asp)
Dentists Appraisal

For dentists employed within NHSScotland Dentists appraisals should be in line with the requirements of the General Dental Council. GDC registrants must complete the Annual Renewal (AR) process each year. Annual Renewal for Dental Care Professionals takes place in the weeks leading up to 31 July and for dentists during the weeks leading up to 31 December. Registrants will receive a letter ahead of the deadline with information about how they can make their Annual Renewal. This process ensures that all dentists are fit to remain registered and therefore fit to practise. It contains elements of Continuing Professional Development (CPD) and monitoring of educational activity within the defined period. Further information can be found at https://www.gdc-uk.org/

Executive & Senior Management Cohort

PCS2019 (ESM)01 sets out the requirements of the performance management system and the Personal Development Plan process.

https://www.sehd.scot.nhs.uk/pcs/PCS2019(ESM)01.pdf

The strategic objectives of the revised system are:

• To ensure robust linkages between individuals’ pay and performance;
• To ensure robust linkages between individual and organisational performance;
• To demonstrate fairness and equity.

Executive and Senior manager cohort are able to record their appraisal on the Turas Executive system https://turasdashboard.nes.nhs.scot/