

A Guide for Implementation of Learning Development Plans for Basic/Advanced Training

Why do we need a Learning Development Plan?

Studies show that individualised learning development plans result in a greatly improved success rate and that they improve underperforming trainees' motivation. The purpose of the plan is to assist the Training Supervisor and the underperforming trainee to effectively manage areas of performance which are causing concern.

This is done by addressing the performance issues in a fair and equitable manner through:

- planning and supporting the development of the trainee's skills and abilities, so they improve their performance to meet the standards required of their current registrar position and responsibilities;
- using appropriate methods and communication skills to develop, motivate and guide the trainee towards achieving the required performance standards and modify behaviours according to the required tasks;
- the trainee working closely with their Training Supervisors and relevant consultants, showing the trainee where they are not meeting the required standards and how they can improve; and
- providing regular honest and direct feedback on where improvement is required.

When do we need a Learning Development Plan?

A trainee who is rated 'BELOW expectation of year level' in two or more competencies by two or more consultants on their Six-monthly Summative Assessment must have a documented Learning Development Plan (LDP), which will help them address the areas for improvement. The LDP must be submitted with the relevant Six-monthly Summative Assessment if the trainee has been referred for review to the State/Territory/New Zealand Training Accreditation Committee (TAC).

Learning Development Plans can also be prepared at other times, when significant deficiencies have been identified or if the Training Supervisor considers this appropriate. However, they are more usually linked to the Three-monthly and/or Six-monthly assessment.

Preparation and implementation of the plan is the responsibility of the current Training Supervisor i.e., the supervisor who prepared the relevant Three-monthly Formative Appraisal or Six-monthly Summative Assessment.

In the event that a trainee with a 'referred for review' Six-monthly Summative Assessment is moving to a new rotation, the current Training Supervisor should still prepare the LDP before the trainee moves to that rotation – as the new Training Supervisor, who will be unfamiliar with the trainee, cannot be expected to do this.

A condition of the RANZCOG Learning Development Plan document is that the trainee must agree to show their plan to their new Training Supervisor at the next rotation, if the agreed learning development period occurs fully or partly during that rotation.

The new Training Supervisor will be responsible for monitoring the plan, in consultation with the relevant ITP Coordinator and/or State/Territory/New Zealand TAC Chair, as appropriate. Monitoring of the plan includes meeting regularly with the trainee (as per the specified times listed on the plan) in order to review progress.

How does the supervisor tell a trainee that they need a Learning Development Plan?

Preparation

- Compile a summary sheet of areas for improvement before you meet the trainee to discuss implementing a Learning Development Plan.
- Areas for improvement can be identified in the course of assessing the trainee at the three-monthly and six-monthly stages, using the competencies listed on the Six-monthly Summative Assessment.
- Speak to those who have worked with the trainee, including consultants, senior registrars, senior midwives, and request specific examples of the trainee's performance shortfalls, as well as their strengths.
- Ask the trainee to show you their entire Training Assessment Record (TAR) to determine if any area for improvement have been long-standing or a recent development.

The trainee should be given the opportunity to have a witness present during the meeting if they wish e.g., a senior registrar who has been mentoring the trainee, a fellow registrar, trainee representative on the RANZCOG Trainees' Committee. This can help to defuse a potentially tense situation if the trainee is resistant to the idea of learning development.

The meeting to discuss learning development should be separate from a three-monthly or six-monthly assessment meeting (when the trainee may be distressed or resistant to negative feedback); it should be held as soon as possible after the relevant Three-monthly Formative Appraisal or Six-monthly Summative Assessment.

Environment

Meet with the trainee in a private room with no interruptions and no distractions. This meeting is best timed when the trainee is not tired or under stress.

Attitude of Training Supervisor

Supportive guidance, confidentiality assured, receptive to trainee input, constructive evaluation with no derogatory comments. The focus should be on facilitating improvement.

Create an atmosphere of trust where the trainee feels safe to discuss their own deficiencies.

Emphasise that the aim of the Learning Development Plan is not to be punitive but rather is intended to support the trainee in making improvements.

Discussions Points

The aim of the discussion at the meeting is to explore reasons for underperformance and to design a learning pathway which will result in improved performance.

- Begin by asking the trainee how they think they are doing. Use open-ended questions which encourage the trainee to reflect e.g. "How do you think you have been doing over the past X months? You mentioned that you get nervous dealing with patients. What do you think would help you communicate more effectively?"

- Demonstrate good listening techniques i.e., listen attentively to both words and feelings, don't evaluate, censor or try to monopolise the discussion, don't interrupt – it's important to listen to the trainee's entire thoughts before you respond.
- Acknowledge areas of good performance. Define the expected standard or standards.
- Ask for the trainee's views/perspective of the issue.
- Cite specific examples of areas of underperformance. Avoid generalities. Very specific examples will be particularly necessary when meeting with trainees who may lack insight and are resistant to suggestions that there are areas for improvement.
- Don't get side-tracked into irrelevancies or lesser issues.
- Commence a draft written plan for learning development (using the [RANZCOG Learning Development Plan template](#) as your guide). Ask the trainee to add to it upon reflection following the meeting.

What do we put in the Learning Development Plan?

Use the recommended RANZCOG Learning Development Plan available on the [website](#).

It is essential that the agreed Learning Development Plan be documented, so there is evidence of what was and was not agreed upon. The plan should cover the following:

- Define the problem(s), with specific examples.
- State the standard to be achieved.
- List the resources available to assist the trainee to improve skills in the problem area(s).
- Identify possible barriers to learning, and ways to overcome these issues.
- Describe what the trainee will produce to document progress with their learning plan.
- Organise appointments for regular feedback and monitoring of progress.

The completed draft plan, based on the learning development agreed on between the Training Supervisor and the trainee, can be written up by the supervisor or the trainee or both.

In writing up the plan, the Training Supervisor may seek advice from their ITP Coordinator or State/Territory/New Zealand TAC Chair or the State/Territory/New Zealand office staff. Such discussion must be confidential.

A short meeting should be arranged within seven (7) days of drafting the plan to sign off on it or make any agreed changes to the document if the trainee has concerns about the content. If the trainee requested a witness be present at the learning development meeting, the witness should also attend the follow-up meeting to co-sign the Learning Development Plan.

It is vital that the finalised plan is signed/dated by both supervisor and trainees. An unsigned/undated plan is invalid and could be challenged later.

The original signed copy of the LDP should be uploaded to the relevant Three-monthly Formative Appraisal or Six-monthly Summative Assessment form on my.RANZCOG or submitted to the State/Territory/New Zealand Office.

The Training Supervisor and trainee should retain copies of the plan.

How long does it take?

Note: Time intervals are suggestions only. TS = Training Supervisor. T = Trainee.

Time	Who	Task
30 min	TS	Collation of summary of areas for improvement.
60 min	TS	Discussion with consultants and other non-assessing colleagues (e.g., senior midwives, senior registrar) for specific examples of performance issues. Reflection on tailored learning goals and required activities.
30 min	TS & T	Initial discussion of need for learning development, including defining the problem and identifying possible resources for learning. Set dates for regular review of progress.
30 min	TS & T	Completion of personal learning plan template.
10 min	TS & T	Review of learning plan and modification if necessary. This should occur one week after the initial learning development plan meeting. Both Training Supervisor and trainee sign/date and keep a copy of the plan.
15 min	TS & T	Regular review of progress e.g., every 2 – 3 weeks.
Variable	T	Learning development & activities in between meetings with Training Supervisor

Resource ideas for learning development activities

More than one strategy is usually necessary for successful learning development. Some strategies are appropriate for more than one area of deficiency.

Motivation and support

- Personal diary or journal to document progress towards learning goals.
- One-on-one discussion.
- Mentors.
- Study groups.
- Regular review sessions, with feedback and modification of learning plan where necessary.

Practical demonstration of expected standards

- Visiting with colleagues to observe their practices.
- Role modelling. The single most effective method of teaching professionalism is modelling of appropriate behaviour by senior staff.
- Attendance at a dedicated clinic for particular skills e.g., sexual health history-taking.
- Observing pre-exam trainees in OSCE practice sessions.

Supervised practice of skills

- Simulation e.g., skills laboratory, supervised practice in handling instruments (away from real patients), practice managing crisis scenarios using mannequins, role plays of patient encounters, OSCE scenarios.
- Increased 'bedside' observation of trainee's work, with immediate feedback from supervisor, including acquisition and processing of clinical information and formulation of management plans.

Modifying behaviour/communication

- Ask for feedback from patients regarding specific factors, such as clarity of communication, phrasing and body language cues. Supervisor to be present during consultation and patient feedback, so that comments can be incorporated into ongoing learning development.
- Counselling about personal presentation and professional interaction style.
- Videotaping of actual or simulated patient encounters, subsequent analysis of video and debriefing with supervisor or consultant.

Problem-based workshops

- Special courses/training e.g., anger management workshop, communication skills course, handwriting course, time management course, basic surgical skills workshop, fetal monitoring course, colposcopy course.

Improving core knowledge

- Colleagues and other professionals, including subject specialists e.g., weekly case discussion with subspecialty Fellow or consultant in person or by phone.
- Syllabus content reviews e.g., systematic RANZCOG online modules review.
- Weekly study sessions targeting areas of deficiency e.g., with the senior registrar.
- Attending hospital meetings and teaching sessions such as Tumour Board, Obstetric Medicine, Maternal Collapse, Grand Rounds, Perinatal Mortality, etc.
- Books/journals, with weekly discussion of reading topics.
- Audio and video materials e.g., Ventouse video by RANZCOG Fellow Dr Aldo Vacca, videos on patient consultation skills, videos on managing specific scenarios.
- Email and online materials e.g., webinars, internet lectures, study groups, websites.
- Professional associations and their resources e.g., Fetal Medicine Foundation, information sheets, ASTD (Australian Society for Infectious Diseases) handbook of algorithms on perinatal infections, etc.
- Seminars and conferences.
- Librarians e.g., tap into their knowledge of good materials, tutorial on improving techniques to access online medical information such as Pubmed, Medline, Cochrane database, etc.

Presentations/teaching

- Teaching e.g., junior medical staff, midwifery staff, patient information sessions.
- Case notes. Presentation and review – one-on-one or to a group (e.g., perinatal mortality).
- Presenting at clinical meetings/Grand Rounds.
- Review of written documentation content, such as medical records, letters to GPs, etc.

Dealing with non-work related barriers to learning

- Professional assessment e.g., referral to a GP or psychologist for clinical depression, sleep clinic for sleep apnoea, staff counsellor for family/self-esteem or personality issues.
- Organising leave of absence (personal or academic).
- Change in work schedule e.g., more non-service time to allow for attendance at defined learning development activities.

Contact Us

Please contact the relevant teams below for help preparing a Learning Development Plan.

Trainees: if you would like additional confidential support, please contact the Training Support Unit at: traineeliasion@ranzcog.edu.au

Contact	Email
FRANZCOG Training Services	training@ranzcog.edu.au
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