Goal-setting for ongoing development is the subject of this month's CPD article, by Haydn Dobby

Setting goals for learning and development

In parts two and three of this series, we looked at the concepts and application of reflective learning in professional development. Reflection is a process that allows us to identify areas of strength in our current practice, and areas where we feel we could develop further. It is important that we take appropriate action based on our reflections in order to develop as primary healthcare practitioners, and that we evidence this action. This is because it is considered good practice in the provision of healthcare, and is a requirement set by the General Optical Council (GOC)[1].

CET requirements for DOs state: "*You must create a scope of practice statement and at least one learning goal in the personal development plan section of your MyCET account*"[2]. The GOC Standards of Practice also set out in section 2.5.4: "Reflect on your practice and seek to improve the quality of your work through activities such as reviews, audits, appraisals or risk assessments. Implement any actions arising from these"[3].

Part of Gibbs' reflective cycle[4] is action planning. If we wanted to consider this as a more formal plan, we could create a personal development plan (PDP) supported by a series of learning goals. A PDP is: "an action plan based on self-awareness, values, reflection, goal-setting and planning for career development"[5], and learning goals are the steps we plan to take to lead us to our desired outcome. PDPs are used across healthcare professions such as nursing and medicine as a resource to promote continued professional development (CPD)[4].

The General Medical Council (GMC) found that 79 per cent of respondents thought that their CPD activity – of which PDPs are an essential part – over the past

Figure 1: Personal development plan cycle

five years had helped them to improve the quality of care given to their patients[6].

Hopefully by now most of us will have logged into MyGOC and started to accrue our CET points for this year. This means that we will have started to create our PDP for this cycle. It is important that we engage in the process of creating this plan and revisit it regularly; it should be a continually evolving 'living document'. If we treat it as a 'tick-box exercise' to simply maintain our registration, then we are not truly developing ourselves as required by the GOC Standards of Practice[3].

The maintenance of a PDP should be treated as a cycle similar to reflection (**Figure 1**).

PLANNING GOALS

Tasker[7] outlines a series of avenues that may be used to develop a plan and identify strengths and weaknesses. Parallels in the ophthalmic professions could include:

1. Reviewing the GOC core competency framework outlining the minimum requirements for ophthalmic professionals as a good place to start. Measuring ourselves against these benchmarks is a quick indicator of

any areas to improve. Is there an area of your sphere of practice that you feel less confident with? Consider making this a priority in your development plan.

2. Qualitative feedback from colleagues; feedback from patients, including details of complaints (if applicable); and feedback from employers at previous appraisals. Depending on your working environment, you may wish to organise a peer discussion with the other professionals in your practice. You could use this time to review the core competencies as a group and suggest how you feel you measure up. Often, an outside view of our capabilities will differ from that of our peers. External input in reflection and development is a key tool.

3. Non-clinical aspects of practice, including audit/quality improvement, research, teaching, management, and leadership. What was raised at your last employment appraisal? Is there something in your working environment or duties that you do not feel confident in, or would like to explore? Saima Begum's previous CPD articles on auditing are worth reviewing if you feel this is an area for development.

Howatson-Jones[8] presents four additional questions to aid in the planning process. These will allow us to narrow down specific areas that we want to address in our practice:

1. What are my learning and development needs?
2. What do I want to gain from this development?
3. What support do I need, and from whom?
4. When will I review this?

Figure 2. Adding learning goal activities

Considering these questions, and these aspects of our practice, will allow us to create appropriate learning goals for our plan.

CREATING LEARNING GOALS

Learning goals do not need to be grand, complicated affairs. They can be something as simple as to carry out 20 rimless replug repairs, or to undertake 3 hours of low vision specific CET.

What is important about our learning goals, is that they are considered, and appropriate to our development. This does not mean that we should ignore aspects of our practice that we are already competent and comfortable with, or aspects that we particularly enjoy. It means that we should link them back to our reflections regarding our current practice and developmental needs.

Prioritising goals, starting with essential learning needs, is necessary. Aim to strike a balance between goals that are easily achievable and high aspirations. The number of goals to set will depend on personal choice, need and the resources available.

Some of us may be familiar with the SMART acronym for learning goals. For those who perhaps have not come across this before, Tidy[9] presents it as a shortlist that will guide us to write appropriate learning goals. Your learning goals should be:
- **S**pecific: specified learning activities, not general statements
- **M**easurable: possible to assess whether they have been achieved
- **A**ttainable: possible to achieve
- **R**ealistic: within your capability
- **T**imed: agreed time for achieving and reviewing

If we keep this acronym firmly in mind when creating learning goals, then we can ensure that what we produce will be fit for purpose.

One of the things that I am looking to improve throughout this year is my practical glazing ability and knowledge. If I were to state my goal as 'to get better at glazing', this would not meet the acronym. It is not a specific activity; it is a general statement.

How is 'getting better at glazing' measured? There is room for interpretation. It is attainable and realistic as I have access to the tools and machinery necessary to practise, and more experienced peers to help me improve. It also fails to meet the last criteria as there is no time limit attached to it.

If I were to change my learning goal to 'to attain the level 4 SMC Tech qualification', it then meets the SMART criteria. It is very specific. It is an assessed qualification, so is measurable. It is attainable as I have the support and resources to undertake the course of study. It is realistic as it is within my sphere of professional practice. It can be timed, as the coursework has set submission deadlines, and the exams are on a set date.

LEARNING ACTIVITIES

Once we have decided on a learning goal within our PDP, we can then begin to add learning activities that will build towards the completion of the goal.

The SMART criteria can also be applied to these activities if we so choose. They can be CET accredited, or non-CET personal learning. In the example of completing the SMC Tech qualification, I have included the coursework, the exams, and practical experience in my learning activities (**Figure 2**).

There may be occurrences in practice that I wish to reflect on, and record towards this learning goal at any point in the future. It is not necessary to plan every activity in advance. Recall that this PDP will be a living document that we can update and review as we continually develop as practitioners.

Once a particular learning outcome has been completed to your satisfaction, it can be archived, and you can return to the beginning of the development cycle. Review your state of practice at that time, and continue your professional development in a structured and considered manner.

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Next month's article will the first of a two-part feature by Maryna Hura, a lecturer in ophthalmic dispensing at Bradford College, looking at evidence-based practice.

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