

# MDRAP PLAN FOR PROFESSIONAL DEVELOPMENT

## WITH GP EXPERIENCE CATEGORY

This form is to be completed by the participant to assess the suitability for the participant to continue in/join MDRAP.

### This form is to be completed:

- + All new QLD member applications for a placement on MDRAP in the With GP Experience Category
- + At any other time if requested or considered necessary by Clinical Advisor or Health Workforce Queensland

### COMPLETING THIS FORM

- Read and complete all required questions
- Read the *Privacy Notice* on the last page
- Type or print clearly in **BLOCK LETTERS**
- Place **X** in all applicable boxes
- Ensure that all pages and required attachments (if applicable) are returned to [mdrap@healthworkforce.com.au](mailto:mdrap@healthworkforce.com.au)

### INSTRUCTIONS FOR THE PARTICIPANT DOCTOR

- You should complete this form first. This enables you to identify your strengths and areas for further improvement.
- Once completed. sign the form before sending it to Health Workforce Queensland
- Health Workforce Queensland Clinical Advisor may discuss this Plan with you once submitted in full with either an application or as part of internal reviews.

## SECTION A

### APPLICANT DETAILS

**Full Name** :

### DETAILS OF PROPOSED EMPLOYER (IF APPLICABLE)

**Name of Employer** :

**Name of Practice** :

**Address** :

**Contact Number** :

**Proposed Role** :

### DESCRIPTION OF EMPLOYMENT

Include hours of work, on-call commitment, employee/contractor etc.:

## SECTION B

### DETAILS OF YOUR PROFESSIONAL DEVELOPMENT PLAN

#### Learning needs analysis

You should consider the knowledge and skills that are required for the proposed position in order to determine any gaps in your knowledge and skills. You should then develop a program to address your learning needs.

List any gaps in knowledge and skills and provide the measures to address these. For example, list any professional development, training or programs to be completed. Include goals to be achieved and expected outcomes and timeframes for achievement of goals.

Learning needs	How you will address these learning needs

### PROFESSIONAL DEVELOPMENT ACTIVITIES

List any professional development activities you have undertaken in the 12 months prior to the submission of your plan

List the professional development courses that you will undertake in the next 12 months

Course Category	Course Name	Course Provider	Cost \$

## SECTION C

### PRACTITIONER AGREEMENT

#### Practitioner Statement

I agree to abide by plan for professional development that has been approved by Health Workforce Queensland under the MDRAP.

I agree that I am responsible for my own professional development and learning needs. I will work within my level of competence and will seek assistance when necessary. I will undertake professional development activities to enable me to overcome any deficiencies in my professional knowledge or skills.

I give permission for Health Workforce Queensland to contact the Medical Board if they have concerns about my professional performance.

**Applicant Name** : \_\_\_\_\_

**Applicant Signature** : \_\_\_\_\_ **Date:** \_\_\_\_\_

## PRIVACY NOTICE

Health Workforce Queensland and the network of Rural Workforce Agencies are committed to protecting your personal information in accordance with the *Privacy Act 1988 (Cth)*. The personal information (that is, information that identifies you) collected in this form is required so that Health Workforce Queensland can confirm that the MDRAP participant's performance is satisfactory. If you do not provide the required information, it may not be possible for the proposed plan to proceed.

**By signing this form, you confirm that:**

- You have read and understand the Privacy Notice above
- All information provided is true and correct.

**Name of MDRAP Member :** \_\_\_\_\_

**Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_