A logo with a fingerprint

Description automatically generated

# Personal Development Plan (PDP) Self-Assessment Questionnaire/PDP Template

**(for practitioners returning after 3 or more years out of practice who have not met recency of practice requirements as per the Recency of Practice policy)**

This self-assessment questionnaire/PDP template is designed for practitioners who have been out of practice for three years or more years and are seeking to return as Certified Practicing Nutritionists. The goal is to help you identify any gaps in your knowledge, skills, and competencies so that you can your Personal Development Plan (PDP) to support your transition back into practice. Each section corresponds to the core competencies required for Certified Practicing Nutritionists. Please provide your responses in the spaces provided. For clarification of what performance indicators relate to each core competency, please refer to the *Certified Practicing Nutritionist Professional Competency* document and the *Certified Practicing Nutritionist Professional Standards* document which are both available on the AARPN website [www.aarpn.com](http://www.aarpn.com).

## Practitioner Information:

* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Practitioner Certification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Time Out of Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 1. Professional Relationships and Workplace Contribution (C1)

### 1.1 Seeking and Communicating Information:

* How confident am I in collecting, interpreting, and communicating updated information to clients and colleagues?
* What strategies will I use to ensure effective communication with diverse audiences in my practice?

### 1.2 Building Trust and Encouraging Collaboration:

* How can I rebuild trust and effective relationships after being out of practice for 3 years?
* What adjustments will I make to adapt my communication style to different cultural and social environments?

### 1.3 Using Workplace Networks:

* Am I able to identify and utilise professional networks to help me reintegrate into the profession?

### 1.4 Contributing to Positive Workplace Outcomes:

* How do I plan to address any difficulties or conflicts in the workplace upon my return to practice?
* What steps will I take to ensure I contribute positively to the professional environment?

## 2. Reflective Practice and Self-Improvement (C2)

### 2.1 Self-Reflection:

* How will I regularly reflect on my practice and seek constructive feedback from peers or mentors?
* What actions will I take to incorporate feedback and improve my practice?

### 2.2 Enhancing My Practice:

* What areas of my professional knowledge and skills need updating after 3 years away?
* Have I identified potential support networks or further training opportunities to help enhance my practice?

### 2.3 Ongoing Professional Development:

* Am I actively engaging in CPD activities to stay current with industry trends?
* Do I have a self-care plan in place to manage stress and maintain well-being as I transition back into practice?

## 3. Client Health and Assessment (C3, C4, C5, C20)

### 3.1 Client Health Assessments:

* How confident am I in conducting client health assessments after 3 years out of practice?
* What steps will I take to refresh my skills in interpreting health data and identifying client health conditions?

### 3.2 Client Relationships:

* How will I re-establish strong, trusting relationships with clients after being out of practice?
* What adjustments will I make to ensure I am responsive to client needs and concerns?

### 3.3 Planning and Reviewing Treatment Strategies:

* Am I confident in developing and managing treatment plans that align with current best practices?
* How will I review and adjust treatment plans to ensure they remain effective and client-centred?

## 4. Business Ethics and Professional Practice (C7, C12, C17)

### 4.1 Ethical Work Practices:

* Am I familiar with current ethical guidelines and legal responsibilities in the nutrition profession?
* What actions will I take to ensure my practice aligns with ethical standards?

### 4.2 Reflecting on Business Ethics:

* How will I regularly assess the ethical aspects of my practice and business operations?
* Do I have a strategy for maintaining professional integrity and fitness to practice?

## 5. Collaboration and Engagement with Health Professionals (C6, C7)

### 5.1 Collaboration with Other Health Professionals:

* How will I rebuild my professional relationships with other health professionals after 3 years out of practice?
* What steps will I take to ensure effective communication and collaboration in interdisciplinary care?

### 5.2 Referrals and Interdisciplinary Work:

* Am I confident in making appropriate referrals to other health professionals when needed?
* How will I ensure that I work within my scope of practice when collaborating with other professionals?

## 6. Continuous Professional Development and Research (C7, C15)

### 6.1 Ongoing Learning:

* Am I committed to engaging in ongoing CPD activities to stay updated on new industry developments?
* What specific areas of my practice require further training or CPD to ensure I meet current professional standards?

### 6.2 Applying Research to Practice:

* How will I incorporate the latest scientific literature and research into my practice?
* Am I confident in my ability to critically evaluate and apply research findings to client care?

# 7. Practice Management (C8, C21)

### 7.1 Business Planning and Financial Management:

* Do I need to update my business plan to reflect any changes in practice standards or regulations over the last 3 years?
* How will I manage the financial aspects of my practice, including budgeting, record-keeping, and compliance with regulatory requirements?

### 7.2 Managing Practice Resources:

* How will I ensure that my practice is well-organised and equipped to meet the needs of clients upon my return?
* Have I considered how to effectively manage time, resources, and personnel (if applicable) in my practice?

## 8. Client-Centred Approach and Scope of Practice (C5, C16, C17)

### 8.1 Providing Client-Centred Care:

* How will I ensure that my approach remains client-centred, particularly when addressing the individual needs and preferences of each client?
* What steps will I take to ensure that I communicate effectively and consider cultural factors in my client interactions?

### 8.2 Operating Within Scope of Practice:

* Do I understand the limits of my scope of practice after 3 years out of the field?
* How will I ensure that I stay within my professional boundaries and refer clients when necessary?

## 9. Infection Control and Safety (C13, C14)

### 9.1 Infection Prevention and Control:

* Have I reviewed and updated my knowledge of infection control measures, especially given any changes in protocols over the past 3 years?
* How will I ensure that I consistently apply infection prevention protocols in my practice?

## 10. First Aid and Emergency Response (C9)

### 10.1 First Aid Skills:

* Have I maintained my first aid certification, and am I confident in my ability to provide emergency care when needed?
* What steps will I take to refresh my first aid skills and ensure I am prepared to respond to emergencies in my practice?

## Final Reflections:

* **What are the most critical areas I need to focus on as I prepare to return to practice?**
* **What specific actions will I take to close any identified gaps in my knowledge, skills, or practice?**
* **What resources, training, or mentorship will I need to successfully implement my Personal Development Plan?**

**Practitioner’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please scan or pdf your completed template and email to*** [***admin@aarpn.com***](mailto:admin@aarpn.com)***.***

Template review date: September 2027.