

# BCCNM professional development plan

The purpose of the BCCNM QA Program is to promote high practice standards. Your participation through completing your professional development plan annually supports our shared goals; that the public receive safe, competent, and ethical care, and thereby maintain their trust in nursing professionals.

This professional development plan template is a tool to help you to plan and document your quality assurance activities as a record of your continuous professional development. You should incorporate information from your BCCNM self-assessment questionnaire and peer feedback to help you establish your goals, activities, and measures of success. Goals and activities should be linked to BCCNM Standards of Practice, which include the Practice Standards, Professional Standards and Scope of Practice Standards.

By using the template, you can easily document and track your activities throughout the year and evaluate your progress as you go. We encourage you to save this document to your computer before you begin to enter information into the plan.

## Quality assurance requirements

### REGISTRANTS ARE EXPECTED TO:

- complete a self-assessment using BCCNM Standards of Practice
- seek and receive peer feedback
- create and implement a professional development plan based on their self-assessment and peer feedback
- evaluate the impact of this professional development on their practice

The requirements vary under certain circumstances such as certified practice, and for various designations, including registered nurses, nurse practitioners, licensed practical nurses, registered psychiatric nurses and registered midwives. See the BCCNM website for more details.

### HELPFUL LINKS

[LPN QA](#)[NP QA](#)[RN QA](#)[RPN QA](#)[RM QA](#)

## Self-assessment

In this section, enter relevant information from your self-assessment questionnaire responses: sign into your account to review your QA Profile

| Areas of practice that I identified I need to focus on | Action |
|--|--------|
|  |        |

## Peer feedback

In this section you can enter information from the feedback you have obtained.

| Areas of practice that my peers identified I need to focus on | Action |
|---|--------|
|   |        |

## Professional development plan

What should my plan include? Your plan should include two or more learning goals/activities.

In this section, you should enter the following information as it applies to your situation:

- If you were working in the year prior to renewal you should submit the professional development plan you implemented for that year.
- If you were on leave (medical/parental/compassionate) in the year prior to renewal, submit a plan for this year.

When developing a Professional Development Plan, you should always reflect on the BCCNM Standards of Practice (Professional Standards, Practice Standards, Scope of Practice Standards). For example, if you assess the need to improve your communication skills, you could review the BCCNM Professional Standards relevant to your designation and identify the specific standards that relate to respecting and communicating effectively with colleagues, students, and patients.

| <b>Goals/Activity</b> <ul style="list-style-type: none"> <li>• What I did</li> <li>• What I am going to do</li> <li>• How do my goals relate to BCCNM Standards of Practice?</li> </ul> | <b>Resources and Strategies</b> <ul style="list-style-type: none"> <li>• How did I/will I meet these goals?</li> </ul> | <b>Time Frame</b> <ul style="list-style-type: none"> <li>• By when?</li> </ul> | <b>Measures of Success</b> <ul style="list-style-type: none"> <li>• How did I/will know when I have succeeded?</li> </ul> | <b>Evaluate</b> <ul style="list-style-type: none"> <li>• My progress to meet high practice standards</li> <li>• The impact on my practice</li> </ul> |
|---|--|--|---|--|
|   |  |  |   |  |

## Keeping track of your professional development activities

In this section, enter professional development activities you participated in last year and/or plan to participate in next year.

| Date | Activity | Impact on Practice – Evaluation |
|------|----------|---------------------------------|
|      |          |                                 |

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