

Portfolio Pathway in O&G

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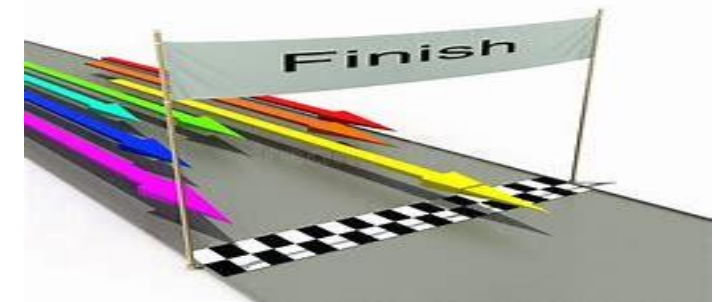
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Summary – what is the Portfolio Pathway?

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- A route to specialist registration for doctors who have not completed a GMC-approved training programme. Overall final outcome has not changed – once awarded the Portfolio Pathway, entry to the Specialist Register will be granted with eligibility for substantive consultant posts in the UK
- Since November, ‘equivalence to the CCT’ is no longer the standard of assessment. The Portfolio Pathway is now governed by its own set of standards; which are **Knowledge, Skills and Experience**
- **New standards provide a greater scope to meet the curriculum’s key skills, be that through knowledge, skill or experience**, utilising your own existing skill-set and experience. Those who did certain courses/training outside the current timeframe can now often demonstrate maintenance of skill/knowledge in other ways (not all courses are mandatory as they were before!)





Currency of evidence



- In general, evidence of Knowledge, Skills or Experience drawn from longer than five (WTE) years of clinical practise ago should not be submitted, as typically it does not demonstrate that the competences have been recently maintained
- Competent summative OSATS should be submitted from the last three years of practise to confirm current maintenance of skill and independent clinical practice.
- If applicants are less than full time (LTFT) or they have had a break in practise in the last five years, evidence can be provided from additional years or whole time equivalence (WTE). In this situation, an applicant must clearly explain any gaps, such as a career break/maternity leave/long-term sick leave.
- If the last three years of practise is not consecutive due to a break in practise, OSATS can be drawn from the last five years; **however, in all cases clinical assessments (OSATS) that are over five years old will not be accepted, even if an applicant has had a break in WTE practise.**

Please contact the college to discuss your individual circumstances if you are LTFT or had a significant break.



Meeting the key skills

- The framework for assessing KSE's will reflect the high-level learning outcomes (HLLOs) of the curriculum.
- The **overall aim** is to address the individual key skills via either knowledge, skills or experience
- Mandatory evidence is listed in bold
- Most evidence listed are suggestions, not mandatory. We understand this is a huge change for applicants and a mind-set change, one that will take time to embed. In the past, applicants were given a list of evidence to provide. Now the applicant can determine how they individually wish to meet the key skill. There is more flexibility built in, but may require some 'thinking outside the box' for applicants.
- The evidence suggestions are not exhaustive and do not cover all key skills – they are there as examples at your own discretion, or use your own examples to fulfil each key skill.
- **Focus is on quality rather than quantity!**

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You can use these



Mandatory requirements



- Mandatory evidence is listed in bold. This includes:
- MRCOG or equivalent and 2 x RCOG ATSMS or equivalent (*SITMS will replace ATSMs from August 2024. ATSMs will be accepted through to July 2026 if already started before August 2024*)
- 3 x summative OSATS per procedure – reduced down to only the higher level surgical procedures
- Mini-CEX, CBDs, NOTSS, reflective practice (at a lower number than expected before) and clinical logbooks must be provided to confirm independent clinical competence and skill.
- 360 degree feedback required as part of ongoing appraisal and review
- CPD evidence and *some* courses (normally undertaken as routine in the hospitals i.e. information governance, E&D)
- Some specific key skills now require formalised assessments *i.e. Mini-CEX evidencing communication skills in difficult circumstances*
- Some Skills and Experience have been highlighted as mandatory (Knowledge on its own would not suffice), although there are several ways an applicant may be able to demonstrate this particular area. Such as: evidence of formalised writing – which can be achieved in different ways



How should applicants approach this?

Under each CiP there are different examples of how key skills can be evidenced and personalised e.g.

- a) some may be covered by knowledge, skills and experience i.e. perineal repair course, 3 x summative OSATS in 3rd and 4th degree tear and 1 reflective practice on a difficult case
- b) some may be covered by skills and experience alone (if your clinical experience outweighs the need for demonstrating your knowledge via a course/teaching session)
- c) you may be able to combine two key skills with one piece of good evidence
- d) Occasionally you can use evidence from another CiP.

This is all fine but

Please cross-reference appropriately

Please do not submit duplicates of evidence. Any cross-referencing can simply be confirmed in an applicant's content page.

Please do not also provide masses of evidence. It will not strengthen the application.

Please provide quality evidence, not quantity. Quality over quantity is key!





Mapping evidence to key skills

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It is really important that the panel receive an indication regarding what evidence has been provided to meet which key skill. Can be done in a variety of ways such as:

** via an excel spreadsheet, via the GMC online 'evidence summary' section or as a separate cover sheet.

A suggestion may be to provide the evidence pertaining to each key skill in a separate file. A file may be entitled '*Understanding human behaviour when leading a team and managing conflict*' and in that file will be evidence demonstrating how that particular key skill has been met. You would then preface this evidence with a summary such as:

Key Skill: Understands human behaviour when leading a team and manages conflict

- 1. Knowledge** - Conflict Resolution course certificate (page xx)
- 2. Skill** – A reflective practice regarding managing a particular conflict and my personal management of negative staff behaviours in the workplace (page xx)
- 3. Experience** – Evidence of chairing a meeting, via a set of minutes from a challenging MDT meeting where I was required to mediate formal discussions and consolidate outcomes (page xx)



Let's put this into practice.

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Let's take a key skill from CiP 1 together....

Ability to facilitate women's decision making



Ability to facilitate women's decision making

First, look at the learning descriptors/objectives to help guide you i.e. *Uses empathy, respect and compassion when communicating with a patient to build trust and independence and establish patient-centred management plan*

Knowledge: Consent course AND/OR Breaking Bad News course

Skill: A Mini-CEX evidencing breaking bad news to a patient, such as informing the patient of either a miscarriage or unexpected intrauterine fetal death. The discussion should demonstrate appropriate language and delivery with different management options (this is mandatory in this CiP)

Experience: If you have any additional evidence you want to provide you can i.e. reflective practice regarding difficult discussion with patient to gain consent OR reflecting on a particularly challenging time you had to break bad news

It is all flexible – just check you have covered the learning objectives in the CiP overall. Lets do another.....



Facilitates discussion

Remember, look at the learning descriptors/objectives to help guide you i.e. *Works effectively within a multiprofessional team to meet the needs of the individual*

Knowledge: Communication Skills course

Skill: Reflective practice to demonstrate your multidisciplinary approach and contribution in determining a specific patient management plan

Experience: Minutes or summaries from MDT meetings you have attended, specifically discussion ongoing, current patient management plans

It is all flexible – just remember each CiP should have a good mix of knowledge and practical evidence

Applicant feedback so far

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- 1) Held an in-person applicant workshop in February 2024 which gave us an insight into how the guidance is being received
- 2) As a direct result, we have made some further changes to the guidance which were published on **10th May**, no longer requiring applicants to list the descriptors their evidence was covering (in addition to the key skills) which was found to be burdensome, time-consuming and unnecessary.
- 3) The most up to date guidance document (located on the GMC website) is also aligned with the 2024 O&G curriculum
- 4) **View the descriptors as your learning objectives to help guide and direct you to meet the key skills. Before submitting, please ensure you feel confident that all key skills (and learning descriptors) have been met by the evidence you have provided**





Take-away messages

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**Take
home message*

- 1) **The overall aim is to fulfil all key skills**, but how you do that generally is up to the applicant, unless the evidence is listed in bold, in which case it is mandatory
- 2) Please use the descriptors as your objectives to help direct you to meet key skills.
- 3) You can combine key skills where appropriate and you can cross-reference to evidence more than once
- 4) You should ensure each CiP overall has a good mix of knowledge and practical skill/experience. Knowledge on it's own would not suffice
- 5) Please consider quality over quantity. We do not need masses of the same evidence to fulfil a key skill. If you evidence is detailed and of good quality, that is the ideal.
- 6) Most important thing is to provide an indication of what evidence meets which key skill by providing some kind of contents description. Please do not dump lots of evidence into a CiP and expect the panel to work out what goes with what. That is going to make the assessment longer and we may miss some key information, if we don't have any direction to follow.
- 7) Gemma Mordecai on hand to help and support applicants through the process, as is the GMC 😊😊

**Both the GMC and RCOG will be there to
support you through this transition**

**Find out more at [rcog.org.uk/portfolio-
pathway](https://rcog.org.uk/portfolio-pathway)**



Royal College of
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