Royal College of Obstetricians & Gynaecologists

Portfolio Pathway in O&G – Virtual learning session

Tuesday 9 September 2025

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Summary – what is the Portfolio Pathway?

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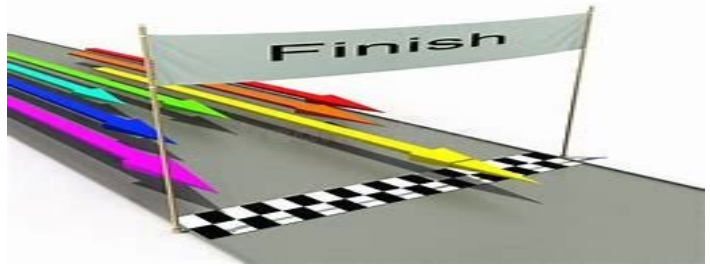
- Route to specialist registration for doctors who have not completed a GMC-approved training programme.
- Overall final outcome not changed – once awarded the Portfolio Pathway, entry to the Specialist Register is granted with eligibility for substantive consultant posts in the UK
- Portfolio Pathway now governed by own set of standards; **Knowledge, Skills and Experience.**
- Not equivalent to the training programme (and does not mirror the RCOG Training Matrix)
- Focuses on the higher-level learning outcomes (some procedures in earlier stages of training have been removed)
- Now includes tools and assessments for doctors that have trained overseas to help embed them in UK practice



Change of mindset - CESR vs Portfolio Pathway

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CESR

- The route was historically prescriptive. The guidance stated exact evidence requirements.
- Did not encourage applicants to utilise evidence from individualised experience.
- No flexibility to personalise application
- Doctors with vast experience in an area, were still required to demonstrate up to date courses
- Numbers driven (in terms of numbers of each evidence e.g. 3 x audits, 5 x letters to patients)
- More of a ‘tick-box’ exercise
- Whilst ‘equivalent’ to the training programme/training matrix, no emphasis on the individual key skills were present.

- *Prescriptive nature of the previous guidance was likely easier for applicants to interpret, understand and follow (at least in the early stages)*

Change of mindset - CESR vs Portfolio Pathway

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Portfolio Pathway

- Encourages and embraces differences in background, training and experiences to be utilised
- Focusses on the high-level learning outcomes (HLLOs) of the curriculum.
- No longer numbers driven. The focus is on quality rather than quantity!
- Key skills can be fulfilled in different ways. The guidance includes suggestions of evidence ***(but it is not prescriptive or exhaustive)***

- *More onus on applicant to determine how they might meet the key skills (no longer able to rely on an indicative list)*
- *May require some 'thinking outside the box' (and may seem daunting at first), but ultimately this allows flexibility to personalise the application*

Key Skills

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- To develop your application around the key skills is….**KEY**
- Fulfilling the key skills is the **KEY** to success
- **Mandatory evidence in bold – without this evidence, an application would not be successful**
- Rest of the evidence are suggestions – based on what we usually receive, but by no means limited to that.
- Do not just follow the guidance suggestions – **not exhaustive to cover all key skills**
- First step! Look at key skill and draw upon your own knowledge, skills and experience. If you have small gap in recent experience, e.g. you don't attend fertility clinics, you can always back this up with knowledge in that area e.g. courses extending across reproductive medicine
- However, unlikely to fulfil a CiP with just knowledge alone – a mixture of evidence with primary practical examples most likely to be successful.
- Primary evidence is required. e.g. a reflection on an audit without providing the primary evidence will not suffice

Cover sheet

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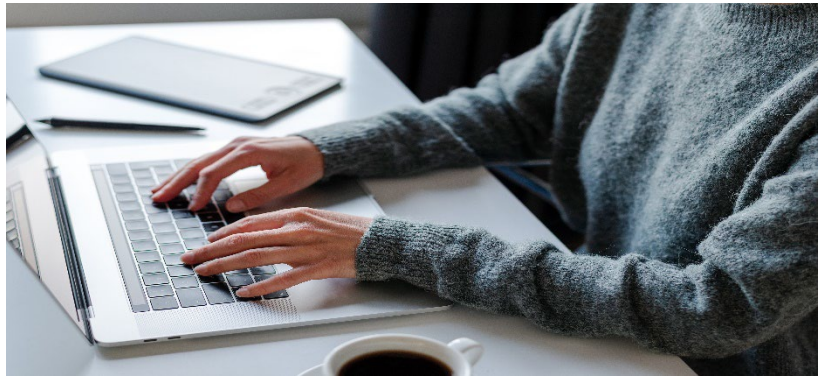
Applicants

- Great way for you to personally track and map the evidence you have against each key skill
- Allows you to easily identify your gaps
- Allows you to cross-reference to other areas of the application



Assessor

- Allows assessors to understand how the evidence is presented and what evidence meets each key skill
- If evidence is not in the CiP, the panel can check the cover sheet to see if evidence has been cross-referenced from another CiP. **Without this, the panel will not go searching for evidence**
- Ensures panel does not overlook any evidence or information

Cover sheet example 1

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(These are simply examples and alternative similar activities will be considered)

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

1. Knowledge - Conflict Resolution course certificate (file xx)

2. Skill – A reflective practice regarding managing a particular conflict and my personal management of negative staff behaviours in the workplace (file 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 (cross reference to CiP 1 – file XXX)

Cover sheet example 2

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(These are simply examples and alternative similar activities will be considered

Key Skill: Manages suspected gynaecological cancer symptoms

1. Knowledge - Early Pregnancy and Gynaecological Ultrasound Course RCOG 2020

and Facilitator certificate at the GYN Education Simulation Day (cross reference to CiP 8)

2. Skill - CBD demonstrating management of a patient with suspected endometrial cancer

3. Experience - Reflection on performing a 2-week rule hysteroscopy list independently, Letter from medical staffing coordinator evidencing clinics attendance, Relevant MDT minutes participation and attendance (cross reference to CiP 1)

Meeting specific clinical competencies

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- OSATS to provide sufficient detail on what the procedure entailed e.g. clinical steps and techniques confirmed
- OSATS for emergency gynaecology should not be duplicated for elective operative laparoscopy

- **Complex** caesarean section must be….**complex!** e.g. non-lower segment caesarean, preterm less than 28 weeks/grade 4 placenta praevia and fibroids in lower uterine segment *(previous section or high BMI is not sufficiently complex)*
- Ultrasound of late pregnancy must include assessment **(and documented clinical findings)** for placental localisation; liquor volume; fetal lie, cardiac activity and presentation
- Retained products of conception must be after 16 weeks gestation
- Surgical management of PPH must demonstrate surgical techniques e.g. bakri balloons, brace sutures etc)
- Appropriate triangulation

Meeting specific clinical competencies

Part 2

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- Mini-CEX (where specifically stated) are not interchangeable with CbDs
- NOTSS must be from a situation with more than three patients at one time. Details and order of prioritisation is key
- Don't forget the smaller key skills e.g. **'Manages the abnormal cervical smear'.** Training Matrix asks for three summative OSATS for cervical smear. This is not mandatory for the Portfolio Pathway BUT we still need evidence of experience in this in some form!
- The descriptors (in green) should be seen as your learning objectives and you will need to check that overall, your CiP evidence covers these. An example – CiP 11 – **'Manages sexual wellbeing'** – should cover psychosexual problems.

Administrative considerations

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- Appropriate grouping of evidence!
- Validation/verification of evidence – managed by GMC (not RCOG)
- Patients and **colleagues whom you have assessed** must be redacted.

  (Please pay particular attention to your WPBAs submitted as an assessor (CiP 8))
- Transferring from ePortfolio to GMC portal can often mean sections are cut off. Please do alert GMC or RCOG do not submit if important parts are not visible
- AI or external sources/information should not replace critical thinking, clinical judgment, or personal reflections, which are key components in demonstrating the capabilities required for independent practice in the UK. Applicants should ensure that all clinical examples, reflections, and learning outcomes are authentically their own.

Royal College of Obstetricians & Gynaecologists

Next workshop scheduled for Tuesday 11th November 2025

Both the GMC and RCOG will be there to support you through your journey

Find out more at rcog.org.uk/portfolio-pathway

Up to date guidance document available via the GMC