

Hail the Portfolio Pathway!

BY ADHAM AHMED AND MEHWASH NADEEM

In the United Kingdom, the pursuit of a surgical career traditionally follows a conventional pathway, primarily through the completion of specialty programmes accredited by the Royal College of Surgeons or the Intercollegiate Surgical Curriculum Programme (ISCP). However, for doctors with overseas training or those who have followed unconventional routes into the field, the Certificate of Eligibility for Specialist Registration (CESR) route offers an alternative means to attain the General Medical Council specialist registration and practice as a substantive consultant in the UK. It has an evidence-based application route that is meticulously assessed against the standards of the UK Certificate of Completion of Training (CCT) curriculum.

Last year, the CESR route underwent significant changes, reflecting broader shifts in medical education and regulatory frameworks. This led to the development of the **portfolio pathway** which was announced at the end of 2023. This article dives into the details of the new portfolio pathway and the evidence required to apply for GMC specialist registration through this route.

Evidence required for the application

Under the new portfolio pathway, evidence will need to be submitted to demonstrate

that the applicant has achieved the Knowledge, Skills, and Experience (KSE) required to practise as a specialist in the UK. The framework for assessing KSE will reflect the high-level learning outcomes (HLLOs) of the '**Capabilities in Practice (CiPs)**' [1] (Figure 1). To be able to demonstrate that an applicant meets them, they must be able to demonstrate that they are performing at the level of a specialist i.e., successfully managing the unselected emergency take, clinics and ward care, operating lists, and multidisciplinary working, while also demonstrating that they hold the '**Generic Professional Capabilities (GPCs)**' [2] required of all doctors (Figure 2).

A doctor applying must demonstrate that they are capable of unsupervised practice in all the generic CiPs (HLLOs) and GPCs. A specialist in urology at the time of application will need to demonstrate that they have:

- Generic professional and specialty-specific capabilities needed to manage patients presenting with the full range of acute and elective urology conditions.
- Competencies in the generality of urology (both acute and elective) such that they are competent to deal with 99% of cases presenting during an unselected emergency 'take' and

are competent to manage the full range of acute and elective conditions in the generality of their chosen special interest, including operative management.

- The ability to recognise conditions that require further subspecialty input and refer on to tertiary centres appropriately, or that require intervention from other areas of medicine and liaise and refer on appropriately [3].

Starting the application

It is crucial that the applicant thoroughly reads through the GMC specialty specific guidance [4] (SSG) in addition to the Urology Curriculum 2021 [1] to understand the eligibility criteria and the requirements for the application. GMC and Joint Committee of Surgical Training (JCST) specialist teams can be contacted via email or phone call, in case of any application-related query.

This is a comprehensive application and a large undertaking, so it is important that applicant plan it well and complete all components as recommended, to receive a positive outcome.

The SAS@BAUS Working group has previously supported the CESR applicants through the 'Mentorship scheme' with remarkable success and now the newly

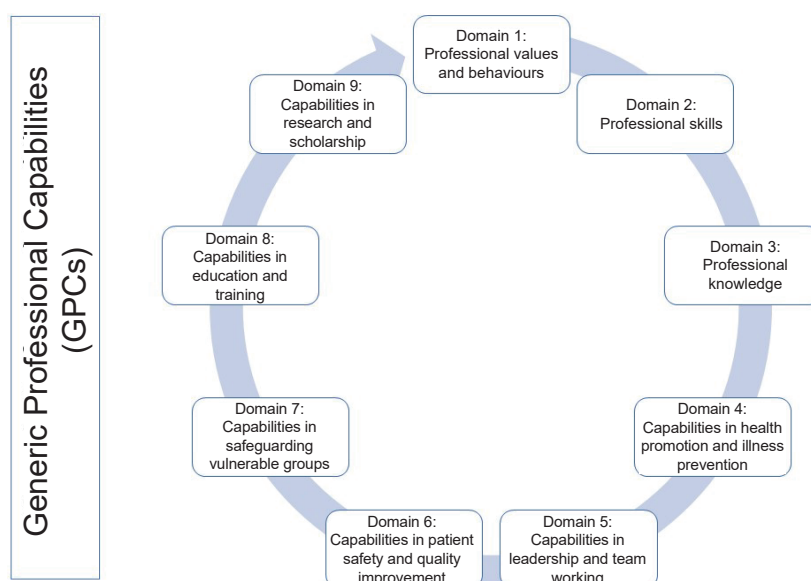


Figure 1: Generic Professional Capabilities.

Capabilities in Practice (CiPs)

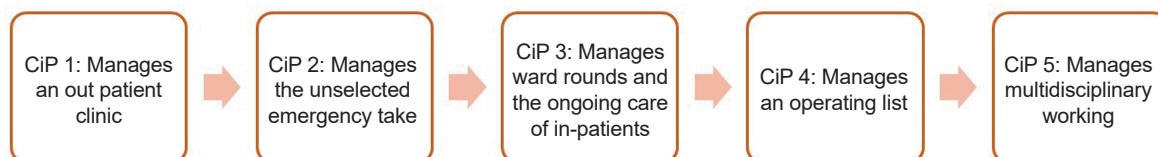


Figure 2: Capabilities in Practice.

developed SAS and Trust Urologists Section (STU) of the British Association of Urological Surgeons (BAUS) is aiming to set up a similar support system for the prospective portfolio pathway applicants. The STU committee members [5] can be contacted via BAUS website.

How to apply?

To apply, you will need to log in to your GMC online account and make a new application under the heading of 'My registration' and then 'My application'. Once the application is open, the applicant will have 24 months to complete and submit it to the GMC. This will allow the applicant to use their GMC online account as a portfolio where they can upload the evidence prospectively.

GMC has created an 'interactive application user guide' [6] that will show the applicant the steps to follow throughout the application process.

The applicant will need to pay the application processing fees at the time of submission. The cost of the application is £1870 from 1 April 2024.

Contents of the application

The GMC specialty specific guidance [4] is a comprehensive document and covers all aspects of the application. The applicant needs to demonstrate currency of protocols and practice, considering most recent evidence. On this basis, evidence drawn from the last six years of clinical practice prior to submission (whole time equivalent, does not need to be consecutive) will be considered. The reviewers will be looking to see how the submitted evidence meets the SSG and HLLO for your specialty [6].

A successful application:

- Groups evidence together
- Contains evidence which meets the requirement of your specialty
- Has clear descriptions of any documents
- Has titles which match what is written on the proforma [6].

Figure 3 shows the list of the items that need to be fulfilled before the application can be submitted.

Qualifications

All specialist postgraduate medical qualifications or other relevant qualifications need to be mentioned separately. If the qualification was awarded outside the UK, an authenticated certificate needs to be provided. The "professional experience" section represents the candidate's CV (must be in GMC format [7]) and should include all work experience dating back to their primary medical qualification. Failure to do so could significantly delay the application.

| | |
|------------------------------|-----------------------|
| Specialty details | <input type="radio"/> |
| Your qualification details | <input type="radio"/> |
| Your professional experience | <input type="radio"/> |
| Referee details | <input type="radio"/> |
| Registration & licensing | <input type="radio"/> |
| Your evidence summary | <input type="radio"/> |
| Verifier details | <input type="radio"/> |
| Final declaration | <input type="radio"/> |
| Payment | <input type="radio"/> |

Figure 3: Contents of the application.

Referees

A minimum of three referees need to be nominated to provide structured reports which are in a format set by the GMC and are structured against the GPCs and CiPs. At least two of those referees should have current significant involvement in training; and knowledge of assessment processes (for example be a clinical supervisor, assigned educational supervisor, training programme director, or equivalent role). One of these reports should be from the head of the department in which the candidate is currently working.

Registration and licensing

This section requires details of all the medical regulatory authorities where the candidate has held registration or a licence to practise in the last five years. This does not include the GMC. A certificate of good standing is needed from each of the medical regulatory authorities bearing in mind that these certificates are only valid for three months from the date they are issued.

Evidence summary

This represents the major section in the application and has subsections that allow separate documents to be uploaded. This includes subsections for:

- CV
- On call rotas
- Qualifications
- Knowledge (i.e., FRCS certificate)
- Logbooks
- Consolidation reports
- Work-based assessments (WBAs) which include procedure-based assessments (PBAs), case-based discussions (CBDs), mini-clinical evaluation exercises (mini-CEXs) and direct observation of procedural skills (DOPS). These should cover the curriculum's 14 critical conditions and six index procedures (Figure 4).
- Continuous professional development (CPDs) and specialist conferences
- Research

| Critical Conditions | | | | |
|---|---------------------------|--|---|-------------------------------------|
| Renal trauma | Iatrogenic bladder injury | Iatrogenic ureteric injury | Septic or shocked patient including infected, obstructed kidney | High pressure chronic retention |
| Penile emergency – priapism or fracture | Acute scrotum / torsion | Fournier's gangrene | Ureteric obstruction | Pelvic fracture and urethral injury |
| TUR syndrome | Post TURP bleeding | Spinal cord compression / injury / cauda equina, including autonomic dysreflexia | | The acute abdomen |

| Index Procedures | | |
|------------------|---|------------------------------------|
| Urodynamics | Transrectal / transperineal prostate biopsy | LUTS procedures including TURP |
| TURBT | Peno-scrotal procedures including orchidopexy for torsion | Ureteroscopy and laser lithotripsy |

Figure 4: Critical conditions and Index procedure as per Urology Curriculum 2021.

- Teaching and training
- Quality improvement
- Management and leadership
- Multidisciplinary team working
- Communication with colleagues
- Communication with patients
- Partnerships with patients and obtaining consent
- Dealing with complaints
- Working in appropriate health and safety legislation
- Evidence of working with inequality and diversity legislation.

Evidence anonymisation

In accordance with the patient confidentiality standards in Good Medical Practice, the applicant must check every page of the evidence for patient or sensitive data. This data must be redacted before submitting the application. The details for redaction can be found on GMC website [8].

Verification

The majority of the submitted evidence needs to be verified. This applies to all documents that relate to the training and experience. The verifier must be someone in a medical supervisory (such as a consultant) position who:

- Works at the hospital where the training or experience took place
- Must be able to confirm truth and accuracy of records.
- Must be available for GMC to contact in three to six months after the evidence is submitted.

The applicant will need to complete one verification proforma per hospital. See details on GMC website [9].

Post-submission process

Once the application is submitted, you will be assigned an adviser who will review your application within 30 days. Your adviser is an expert in this process and will give you advice to ensure you have the best chance of succeeding. It is important that you make your evidence clear and easy to follow. Following feedback from your adviser, you have 60 days to improve your application. Once you and your adviser are happy with your application, you will need to close your application before the adviser prepares it for submission for evaluation.

Following this, your application can take three to six months to process. In case of a successful application, the applicant will be informed of the outcome and their name will be added to the specialist register. Following an unsuccessful application, the applicant can request for a review or an appeal. You can read in detail about this on the GMC website.

Consensus statement on unit rotations

A recent statement that was developed through discussions between Getting It Right First Time (GIRFT) Urology, the Specialist Advisory Committee (SAC) in Urology and the SAS@BAUS Group has been published on the BAUS website [10] mentioning rotation in different units is acceptable under

honorary contracts. Therefore, one to two days per week should be accepted provided that candidates submit 15-20 WBAs from each unit. The document highlighted that the minimum requirement of nine WBAs for each of the six index procedures (total 54) and four WBAs for special interest (a choice of either female, functional and reconstructive urology, andrology, oncology or advanced general urology). At least one WBA is required for each of the 14 critical conditions. This statement helped clarify that honorary contracts are acceptable as long as the minimum number of WBAs is submitted.

Conclusion

The portfolio pathway gives an excellent opportunity to doctors who have not completed a GMC approved programme of training, to attain GMC specialist registration via an alternate route. A comprehensive guidance detailing the application process is available on the GMC website. This is a long and high-stake process and following correct guidance and seeking help from the GMC specialist team, JCST and BAUS STU committee will maximise the chance of getting it right the first time.

Recipe for a successful application

- Gain a thorough understanding of the Urology 2021 curriculum and the latest GMC SSG.
- Complete all compulsory workplace-based assessments (WBAs) achieving level 4 competency in six index

- procedures, one special interest module and fourteen critical conditions.
- Demonstrate competency across the breadth of the urology curriculum including paediatric urology, andrology, female, functional and reconstructive urology, and oncology. Support your evidence with completed WBAs. Arrange rotations across different units to gather evidence, where required.
 - Pay particular attention to involvement in teaching, leadership, management, research, and quality improvement activities and support thorough documentation of these activities.
 - Schedule regular meetings with your supervisors and referees to reflect on your progress and further develop your portfolio.
 - Organise and present your evidence meticulously, ensuring it aligns with both the Specialty Specific Guidance and the urology curriculum throughout the process. (Courtesy Mr Rickaz Raheem, Consultant Urologist Bedford Hospital).

References

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All links accessed March 2024.

AUTHORS



Adham Ahmed,
Locum Consultant, West Suffolk Hospital, Vice-Chair of the BAUS SSTU.
[@AdhamAhmedUro](#)



Mehwash Nadeem,
Consultant Urologist, Trust CESR Lead and Educational Lead for Urology, RCSEd Surgical Specialty Board member (Urology), BAUS FNUU executive committee member.
[@Mehwash_Nadeem](#)

SECTION EDITOR



Kelly Ong,
ST3 in North Central & East London.
kelly.ong@nhs.net