

2016 Portfolio Guidance for Applicants

Each applicant's portfolio will be reviewed by 2 panelists for 10 minutes, to inform the interview discussion. Panelists will mark each key skill on the scoresheet, having reviewed evidence provided in the portfolio. The applicant's portfolio checklist on the front of their portfolio is a guide for the panelists to the evidence provided.

The portfolio scoresheet and content is used to inform the 10 minute discussion and to provide an opportunity for the applicant to produce relevant evidence for other areas of the scoresheet. Applicants are strongly advised to ensure their portfolio includes relevant evidence of academic achievement, attainment of Foundation Competences and of key activities undertaken in the workplace or within the community which will demonstrate strengths as a doctor, manager of people and commitment to surgery.

Applicants will be questioned if the evidence provided is unclear. No marks will be given if evidence is lacking in the portfolio – refer to the *Probity section* for further details. Marks will be awarded for organisation of portfolio. It is recommended applicants follow the guidance in the 'Preparing your Portfolio' section.

Applicants will be asked to refer to items in their portfolio at the interview, therefore the evidence must be easily accessible: for example audits or service improvements and research examples.

Each applicant **must** complete the Portfolio Checklist and place at the front of the folder, prior to attending the interview.

Application evidence

All claims made on your application form must be supported by verifiable evidence in your portfolio. Any claim made, such as a published article, a prize awarded, etc. must be backed up by documentary evidence. Please refer to the section below for examples of acceptable evidence.

Claims made on your application form, not supported by evidence in your portfolio, will be raised in the interview. Any claim found to be false, may result in rejection or further action.

Probity

Unsubstantiated claims will be treated very seriously. Misleading or incorrect answers raising concerns about probity may be reported to the GMC for Fitness to Practise referral. Please bear in mind the GMC's Good Medical Practice guidelines on probity (point 64), as below:

"You must always be honest about your experience, qualifications and position, particularly when applying for posts." ([GMC Good Practice](#))

Patient Identifiable Data

Information governance regulations preclude doctors from moving Patient Identifiable Data (PID) from the designated (usually clinical) area. The GMC defines 'identifiable information/data' as 'information from which a patient can be identified. Their name, address and full postcode will identify a patient; combinations of information may also do so, even if their name and address are not included. Information consisting of small numbers and rare conditions might also lead to the identification of an individual.'

No documentation at interview should identify patients. Instances where Patient Identifiable Data is found in an applicant's portfolio may be reported to the GMC and further action may be taken. For more information on PID, please refer to the GMC's confidentiality guidance pages ([GMC Confidentiality Disclosing](#) and [GMC Confidentiality Info](#))

Preparing Your Portfolio

The Portfolio station is designed to assess past achievements, commitment to surgery and career progression to date. It is also an opportunity to display your presentation, teaching and organisational skills.

For guidance regarding the kind of evidence expected and how it should be presented in your portfolio:

- Use one lever arch file for all your documents
- Include your CV
- Place the portfolio checklist at the front of your folder so panelists can easily locate evidence relating to the Person Specification
- Place an index in the front of the folder areas of your Portfolio that you would like to highlight. This should be clearly numbered to match the Portfolio checklist. Use marker tabs so that sections can be found quickly
- Use bullet points to list each item of evidence under each section of the portfolio checklist. The checklist should be completed electronically and printed
- Include a printed copy of your application form (excluding the sections relating to equal opportunities and references)
- If you use plastic wallets make sure documents can be easily removed and examined by panel members
- Don't include any patient identifiable data or items/information that are not yours (e.g. someone else's work or hospital guidelines)
- Although many trainees are now using e-Portfolio, hard copy portfolios are required for interview. Print relevant documents only, not your whole electronic portfolio. Use a Proforma to provide an executive summary of publications, presentations and teaching undertaken.
- Bring foundation training portfolios or evidence of completion of educationally approved Senior House Officer, specialty training or fixed term specialty training (FTSTA) post(s) in the UK.

Scoring guidance and suggested supporting evidence

Whilst it is not possible to provide an exhaustive list of acceptable evidence, the table below will give you an idea of acceptable examples.

Portfolio Station Scoring Guide

Key Skill	Range	Scoring Guide	Examples of Acceptable Evidence. Evidence not listed may acceptable if it can be validated
BSc Hons / MSc / MD / MPhil / BDS / PhD	1-2	Submitted =1 Awarded =2	Original degree certificate
CPD courses	0-3	Maximum 1 mark per course relevant to surgery, [e.g. BSS, START Surgery, ATLS, Surgical Skills for Surgeons, RCS Summer School in Anatomy, Practical Skills for Medical Students, So you want to be an Orthopaedic Surgeon, Clinical Skills for Examining Orthopaedic Patients or equivalent surgically orientated courses]	<p>Completed and passed courses only</p> <ul style="list-style-type: none"> - Certificate of completion - Letter confirming results
Exceptional performance in undergraduate / foundation years or equivalent (not specific to surgery)	0-4	SSM's or Medical School projects prizes or distinctions. Undergraduate or Foundation distinctions, prizes or awards.	<ul style="list-style-type: none"> - Original letter from medical school / Departments/ Foundation School - Original certificate
		Role as Trainee Reps. Role within Drs Mess. Additional Departmental responsibilities (rota co-ordinator)	
Clinical / procedural experience in both surgical and non-surgical posts	0	No evidence of clinical / procedural experience in either surgical or non-surgical posts	<ul style="list-style-type: none"> - Letter from educational supervisor confirming experience - Letter from Medical Staffing confirming length of appointment - Written evidence of completion of undergraduate surgical module - Copy of essay, publication, project work completed as an undergraduate - Evidence of reflection
	1	Limited evidence of learning practical skills during foundation training or equivalent or exposure to surgery or surgical outside of foundation	
	2	Has satisfactory evidence of learning practical skills during foundation training or equivalent or exposure to surgery or surgical outside of foundation	
	3	Demonstrates experience in practical procedures gained during training - ahead of expected competences - either surgical or non-surgical Or if non-surgical posts, practical procedures gained from that speciality.	
Clinical Audit / Service Improvement	0	Has not taken part in an audit or service improvement project	<ul style="list-style-type: none"> - Copy of audit project - Presentation hand-outs for project
	1	Collected data for a local audit or SI	
	2	Collected data for a National Audit	
	3	Participation in an on-going project	
	3	Completed a project started personally or by	

		others	<ul style="list-style-type: none"> - Letter from consultant or supervisor stating level of involvement - Evidence of exceptional commitment
	4	Led and completed a project (excluding re-audit)	
	5	Led a clinical audit or service improvement project and closed the audit cycle (incl. re-audit)	
Teaching	0	No evidence of teaching	<ul style="list-style-type: none"> - Original certificate for teaching qualification - Letter confirming attainment of teaching qualification - Letter confirming involvement in a teaching programme - Copy or copies of teaching completed and feedback received
	1	Delivered teaching locally with evidence of feedback	
	2	Led local teaching, with evidence of positive feedback	
	3	Designed and led local teaching, with positive feedback and evidence of reflection.	
	4	Contributed to regional teaching, as evidenced in my Portfolio and/or short teaching course	
	5	Designed, organised and delivered a teaching programme and/or extensive formal training in teaching methodology	
Presentations / abstracts / publications (full papers only) (max 5 for this section)	0 - 3	Up to three regional/national/international presentations (1 mark for each) and /or up to three abstracts or publications (1 mark for each)	<ul style="list-style-type: none"> - Copy of presentation (hard copy) and copy of event programme - Copy of publication including PubMed number or link to publication - If accepted proof of acceptance
	1	Add 1 mark for any first author paper (MAX 1) include PUB MED number evidence in Portfolio or for a first author paper in a major surgical journal (MAX 1) include PUB MED number evidence in Portfolio	
	1	Contributing to a research project	
Commitment to surgery (surgery specific or transferable skills relevant to surgery)	0-5	<p>Gives clear examples of commitment to surgery in portfolio evidenced by examples shown to the right</p> <ul style="list-style-type: none"> - Surgical audit or research project - Membership of Surgical Society - Surgical elective - MRCS Part A - Surgical Experience evidenced by an operative logbook - Attendance at surgical conferences - Evidence of a Surgical Taster within Portfolio, with reflection 	<ul style="list-style-type: none"> - Any specific specialty level skills e.g. practical skills - Any specific surgical or related experience or training (e.g. posts, specialist clinics, taster sessions, work abroad, etc.) - Surgical research commenced or grants applied for that have not yet resulted in presentations or publications - Presentations, papers etc. in preparation or submitted, awaiting review
Organisation of Portfolio	0-3	<p>Index as per marking criteria</p> <p>Well presented Portfolio</p> <p>Concise and appropriate content</p>	<ul style="list-style-type: none"> - Organisation of Portfolio folder

Glossary of terms

Presentations

- **International Level Presentations** - For a presentation to qualify as ‘international’ it needs to have been delivered in a country other than your country of residence/education at time of delivery **or** a recognised international meeting that rotates to different countries, e.g. Ottawa, AMEE etc.
- **National Level Presentations** - Presentations delivered on a national level refer to when an applicant has delivered a presentation in the country where their undergraduate education took place, or at their time of residence, e.g. if an applicant delivered a presentation in Sweden whilst undertaking their undergraduate education in Sweden, this cannot be classified as ‘International’ just because it is outside of the UK: it would be national. This is the case unless it was a recognised international meeting as defined above.

United Kingdom The UK comprises the four nations, therefore presentations within these countries by someone who is residing in the UK is considered national, regardless of the country of residence, e.g. if the presentation is delivered in Wales by an applicant based in Northern Ireland, this is classified as ‘national’.

- **Regional** - refers to presentations confined to, for example, the county, LETB/deanery, health authority, or a recognised cluster of hospitals, extending beyond a city.
- **Local Level Presentations** - Local level presentations are those delivered as part of an institutional process, e.g. at a local trust/ hospital where you have been working, or at an educational institution setting.

Publications

- **In press** - this means that your piece has been fully accepted for publication; no further alterations are required; and it is just waiting to be published. The PubMed ID or hyperlink must be included in the relevant field.
- **PubMed** - virtually all published articles relevant to medicine will have a unique PubMed ID number (PMID) assigned to it. If a published article does not have a PMID, it is unlikely to be relevant here. The PubMed ID or hyperlink must be included in the relevant field.
- **Peer-reviewed** - this means that your piece has been sent to one or more independent reviewers prior to acceptance for publication. The PubMed ID or hyperlink must be included in the relevant field.
- **Submitted article** - this cannot gain any marks through the questionnaire section because it is not known if it will be published. You **cannot** select an option from the drop down menu that states you have an article published if it has only been submitted. However, you may wish to mention it in the white space section relating to publications.
- **First author** - this means first on the list of authors. The PubMed ID or hyperlink must be included in the relevant field.
- **Joint first author** - this is a specific definition and will be specified in the publication. The PubMed ID or hyperlink must be included in the relevant field.
- **Co-author** - this means that you are on the list of authors, but are not first or joint-first author. The PubMed ID or hyperlink must be included in the relevant field.

Teaching

- **Regional** - this means the teaching participation extends beyond a local hospital or university setting; for example, the county, or a recognised cluster of hospitals, extending beyond a city.
- **Local** - this means the programme is confined to a local hospital, trust or university setting.
- **Designing and organising** - this means you have identified a gap in the teaching provided and have worked with local tutors to design and organise a teaching programme and arrange teachers. You have delivered at least one of the sessions yourself.
- **Extensive training in teaching** - this means you have undergone formal training, lasting between five and 20 days (whole time equivalent) and also includes a formal postgraduate diploma/certificate lasting over a month. Extensive training is defined as **more** than the usual short (one or two day) course which is mandatory for most trainee doctors, and more than the usual online modules completed in a few hours.
- **Feedback** - this means you have either evidence of senior observation/feedback (eg teaching observation tool, developing the clinical teacher form, etc.) or that there has been **independent** collection and analysis of participants' feedback forms, supported by a letter or certificate from the course organiser or deputy.
- **Formal Teaching methods** – this needs to be outside of the standard programmes offered by training bodies (foundation schools, LETBs, deaneries, etc.) This is because most trainees applying to CT1 posts will likely have undergone some training in teaching 'automatically' as part of their training to date. Formal training refers to experience of teaching training beyond this; this does not have to be an external course necessarily, but a substantial course that would not have been provided to a trainee as a normal part of their training to date. In general formal training would last between five and 20 days.
- **Led a teaching programme** – this means that you were responsible for the overall delivery of the teaching programme and also delivered part or the entire programme yourself.
- **Contributed to a teaching programme** – this means that you have had a key role in organising and designing the teaching programme and/or may have been involved in the delivery of the programme but did not lead.