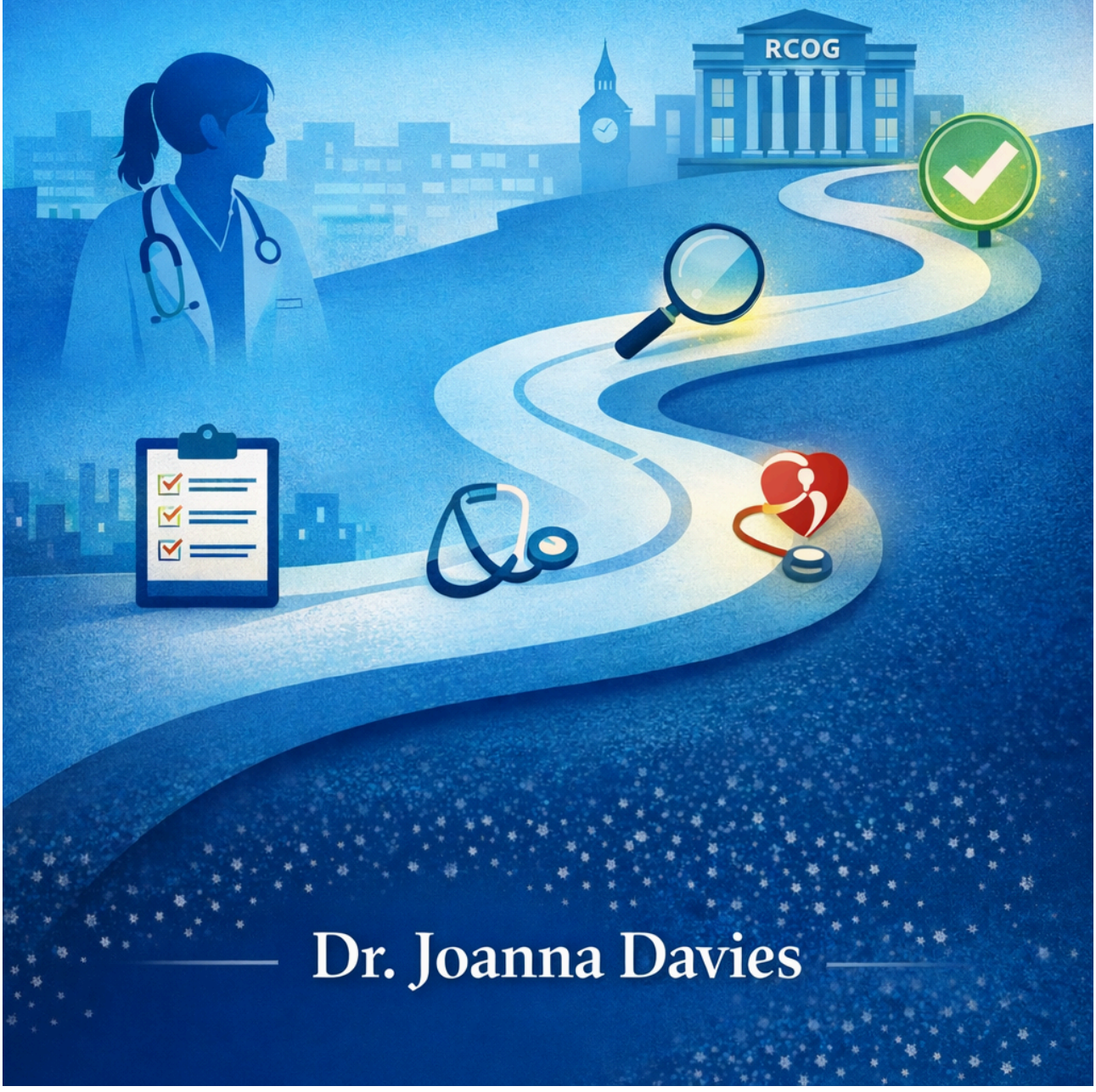
# *The* Portfolio Pathway

## *to* Specialist Registration *in* O&G

*A Practical Guide to Success on the CESR Route*




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# Section 1 — Understanding the Pathway

## Introduction

Specialist registration in Obstetrics and Gynaecology (O&G) with the General Medical Council (GMC) in the UK can be achieved via two routes: the National Training Programme (NTP) or the Portfolio Pathway.

Historically known as the Certificate of Eligibility for Specialist Registration (CESR), the Portfolio Pathway was designed to allow doctors—particularly those trained internationally—to demonstrate equivalence to UK training. Since November 2023, applicants are assessed against the required standards of Knowledge, Skills and Experience (KSE) needed to practise as a specialist in the UK.

Completing the Portfolio Pathway is a significant undertaking. It requires perseverance, organisation, and a considerable investment of time. It is not the right option for everyone, and your individual circumstances and level of experience should guide your decision. For those earlier in their careers (approximately 1–3 years of speciality experience), pursuing a National Training Number is definitely more advisable. Despite the challenges of securing a training post, completion of training (CCT) remains the most straightforward route to specialist registration. However, for “mid-career” clinicians with several years of O&G experience who have been unable to obtain an National Training Number, the Portfolio Pathway can be an excellent alternative. It offers greater flexibility and may be more compatible with personal commitments, such as family responsibilities or geographical stability.

Getting started can feel overwhelming. The volume of evidence required, the level of detail expected, and the uncertainty of the outcome can all be challenging. Maintaining motivation over a prolonged period is not easy.

I wrote this guide after obtaining my Specialist Registration in O&G (November 2025) via the Portfolio Pathway. My aim is to break the process down into manageable steps, share practical strategies, and highlight things I wish I had known from the start.

## Who This Guide Is For

This guide is aimed at:

- Doctors pursuing specialist registration in O&G via the Portfolio Pathway
- SAS doctors, Clinical Fellows, and internationally trained clinicians
- Those who have been unable to obtain an NTN but wish to progress to consultant level

This guide reflects my personal experience of completing the Portfolio Pathway in Obstetrics & Gynaecology and should be used alongside—not instead of—the official GMC and RCOG guidance.

## A Change in Approach

One of the most important shifts I had to make was in my mindset.

To be successful in the Portfolio Pathway, you need to think more like a trainee approaching their CCT. This means actively prioritising your training and development, rather than defaulting to service provision. In non-training roles, it is very easy to become the department's "reliable workhorse." We step in to fill gaps, take on extra clinics, and support the service—but often at the expense of our own progression. Trainees, in contrast, tend to be more focused on the curriculum requirements. They actively seek opportunities that align with their goals and are selective with how they spend their time.

Before agreeing to do extra tasks (e.g., guideline review or audit), get into the habit of asking yourself:

- Do I actually have the time for this?
- Will this contribute to my Portfolio application?

Learning to say "no" is an important life skill.

Support from your Educational Supervisor is key. Be open about your goals, and where possible, agree on a structured job plan to help you achieve the required competencies. Ask them to champion your cause within the department. They can support you by liaising with the rota coordinator to assign you to roles that help with your progression, or requesting timely senior sign off for assessment.

## Don’t Aim for Perfection

Another important mindset shift: don’t aim for perfection. What you’re trying to demonstrate is that you have the required knowledge, skills, and experience to practise as a UK consultant — nothing more, nothing less. You do not need a flawless, “above and beyond” application.

One of my (legendary) consultant colleagues, who completed CESR, put it perfectly:
“You just need to pass. There’s no gold star or A+ for CESR—it’s pass or fail.”

If you constantly aim for perfection, you risk overworking your evidence, wasting time, and ultimately delaying your application. In many cases, “good and complete” is exactly what you need.

## Using the Timeline to Your Advantage

Once you submit your application to the GMC, there is typically a waiting period of around three to four months before it is allocated to a reviewer. The review itself then takes approximately 6–8 weeks. That waiting period is valuable time—use it.

If you feel certain areas of your application are weaker, or you are concerned about evidence (OSATs) approaching expiry, continue building and strengthening your portfolio during this time. You are allowed to submit additional evidence after the initial GMC review, so this approach can significantly improve your chances while keeping your overall timeline efficient.

In short: submit when you are ready—not when everything feels perfect—and keep improving your application while it’s being processed.

# Section 2 — The Process

## Key Steps in the Portfolio Pathway

1. **Start with the guidance**

   Read the GMC Speciality Specific Guidance (SSG) for O&G carefully—this is your blueprint for the entire application: https://www.gmc-uk.org/cdn/documents/sat---ssg---obstetrics-and-gynaecology---dc2315_pdf-48454812.pdf

   It's important to remember that the SSG is updated regularly by the RCOG, sometimes several times a year. Applicants should therefore revisit the guidance periodically throughout the Portfolio Pathway process to ensure they remain up to date with any changes to the requirements, descriptors, or suggested evidence.

2. **Set up your ePortfolio**

   Register for the RCOG Training ePortfolio and CPD ePortfolio and start using it consistently.

3. **Begin gathering evidence**

   Build your portfolio as you go. This should include:

   - Work-based assessments: OSATS, CBDs, Mini-CEX, NOTSS, reflective practice
   - Appraisals: Annual appraisals and MSF from the last five years (including your most recent)
   - Logbooks: Obstetric and gynaecological procedures
   - Supporting evidence: Courses (e.g. communication skills), MDT involvement, audits, QI projects, clinic letters

4. **Set up your GMC application early**

   Register on the GMC online application portal and start migrating your evidence across as you collect it—don't leave this until the end.

5. **Request key documents early**

   - Contact your HR/Medical Workforce team for a Letter of Experience
   - Contact your data management team for relevant hospital activity data

6. **Complete the verification proforma**

   This is a crucial step. Make sure it is accurate and matches your evidence exactly—I'll go through how to do this properly later.

7. **Submit your application**

   Once ready, submit your application and pay the GMC fee.

8. **Structured reports (requested after submission)**

   The GMC will then ask for three structured reports:

   - One from your Clinical Director/Head of Department
   - Two from Consultants or Senior SAS doctors who have worked with you for at least six months

9. **Respond to feedback and refine**

   After the initial GMC review, you may be asked to provide additional evidence or clarification. Use this as an opportunity to strengthen your application before it is sent to the RCOG for final evaluation. There may be several back-and-forth reviews.

# Section 3 — How to Do It Well

## How to Gather Evidence Effectively

Collecting evidence is not about volume—it's about quality.

For every piece of evidence, ask yourself:

- Which KSE descriptors does this meet?
- Is this obvious to the reviewer?

If it's not immediately clear, it probably won't count as strongly as you think.

Use the language of the descriptors and be explicit about what you are demonstrating. Don't assume the reviewer will "read between the lines"—spell it out clearly.

Mini-CEX and CBDs are particularly valuable because a single well-written assessment can often cover multiple Capabilities in Practice (CiPs). These should form the backbone of your evidence.

## Using Reflective Practice Effectively

Reflective practice is often underused, but it can be one of the most powerful tools in your application if done well.

It is particularly useful for demonstrating:

- Insight and self-awareness
- Learning from complex or challenging situations
- Professional behaviours, leadership, and human factors

One key advantage is that reflective entries do not require formal sign-off, so you can revisit and improve them over time as your insight develops. However, the quality of reflection matters. It is not enough to simply describe what happened.

As outlined by the RCOG:
"*The emphasis should be on the learning, not just a description of what happened. Good reflection will show evidence of insight, critical analysis and evaluation of the experience from a personal perspective and the outcome of the learning. Reflection may be triggered by some sort of internal discord, and focus on the individual at the centre of the experience*."

In practical terms, a strong reflective piece should:

- Go beyond description
- Demonstrate insight into your decision-making and actions
- Show what you learned and how it will influence your future practice

This is an opportunity to add depth to your application and cover areas that may be difficult to evidence through assessments alone.

Focus on depth, clarity, and relevance.

A smaller number of well-written, clearly mapped pieces of evidence will always be more effective than a large volume of superficial or repetitive entries.

## Using AI Tools Responsibly

A note on the use of generative Artificial Intelligence (AI) tools when preparing Portfolio applications.

Used appropriately, AI can be genuinely helpful for things such as:

- Organising documents
- Improving structure and readability
- Checking grammar and spelling
- Helping you reflect more clearly in writing

However, it's very important that all submitted content still reflects **your own knowledge, clinical judgement, insight, and professional experience**.

AI should support your application, not write it for you.

This is particularly important for reflective practice. The GMC and RCOG are looking for evidence of your own thinking, learning, and development as a clinician. Personal reflections, decision-making, and insight cannot be meaningfully replaced by AI-generated text, and this will be obvious to the RCOG reviewers.

Use AI as an editing and organisational tool, not as a substitute for critical thinking or authentic reflection.

Ultimately, your application needs to demonstrate that *you* have the capabilities required for independent consultant practice in the UK.

## Be Targeted and Strategic

It took me 15 years to complete the CESR pathway. I started long before the RCOG ePortfolio existed, collecting paper-based evidence and gradually transferring everything online.

Over that time, I accumulated 268 pieces of evidence—but only 79 were used in my final application.

That means roughly 70% of what I collected was unnecessary. In real terms, that's about 120+ hours of work that didn't contribute to the final outcome.

At first glance, that might not sound like much. But when you're already balancing clinical work, exams, and life outside medicine, that is a significant amount of wasted time and energy.

The key takeaway is simple:
Be targeted and be specific.

More evidence does not make a stronger application. The College is looking for clear demonstration of competencies, not volume. Once you have good-quality evidence for a requirement, move on.

## How To Organise Your Evidence

Organisation is absolutely key—and the earlier you set up a system, the better.
In addition to the ePortfolio, I found it very helpful to maintain a separate, structured digital folder (e.g. Google Drive). My setup included:

- Folders for each CiP (1–14)
- Separate folders for appraisals, CPD certificates, and supporting documents
- Logbooks (for CiP 9-12) collected using Excel or Google Sheets of all procedures and emergency cases. Remember to anonymise at the end. Collect the following:
    - Date of procedure/case
    - Patient demographics (age, sex)
    - Exact diagnosis or indication
    - Procedure performed and your specific role (e.g., performed, assisted, or supervised)
    - Outcomes, complications, and your reflection on any unexpected outcomes
    - Hospital name and location

I made it a habit to download from the ePortfolio into the Google drive folders and store as I went along. Then when I started to upload to the GMC website I had a really good selection of evidence to choose from for each CiP.

Storing your evidence in this way makes your documents easily accessible across devices, which is useful when you are working in different locations, at home, at work, or on the bus to work! If I was doing an operating or scanning list I would have my Google sheets folder open on the work desktop PC to record the cases.

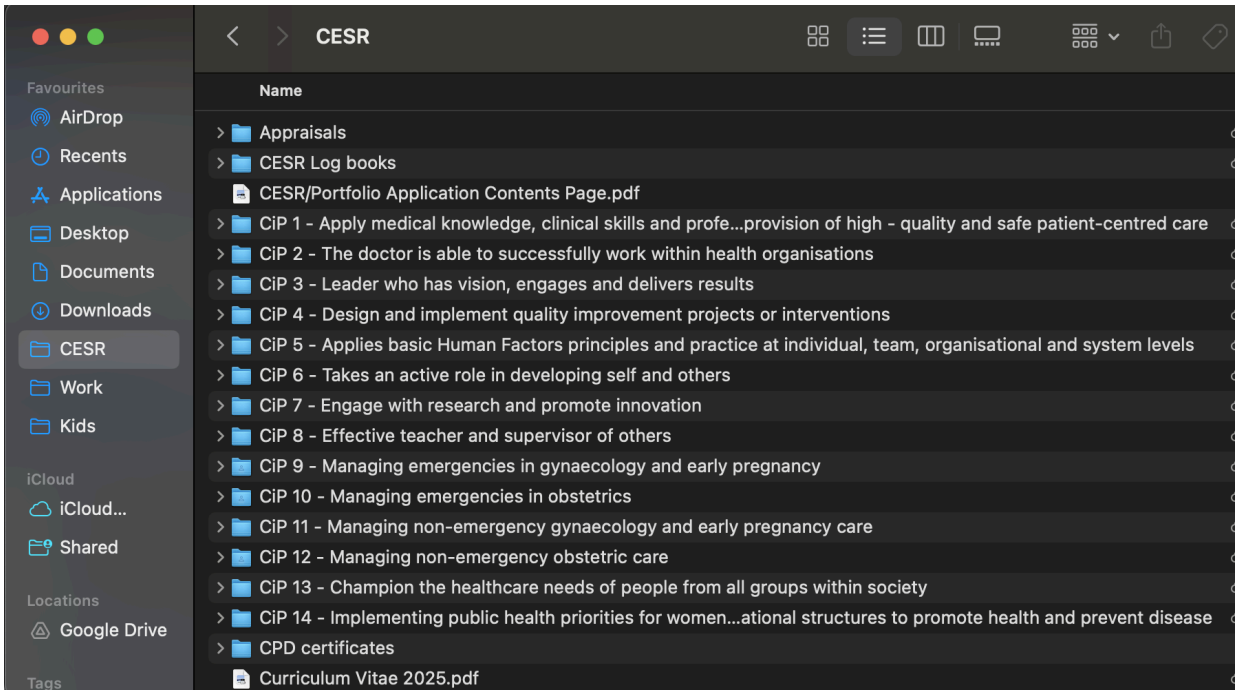



**Fig.1** Example of the folders I created on Google Drive and could access on a hospital desktop PC, home laptop or smartphone.

## Formatting Evidence

This is an area where small details can make a big difference, and where I lost a lot of time having to go back and reformat everything.

When downloading evidence from the ePortfolio:

1. Open the assessment
2. Select “Print” and save as PDF

3. Adjust the view so that all content (including signatures) is clearly visible—ideally on one page. Adjust the scale to fit one page.

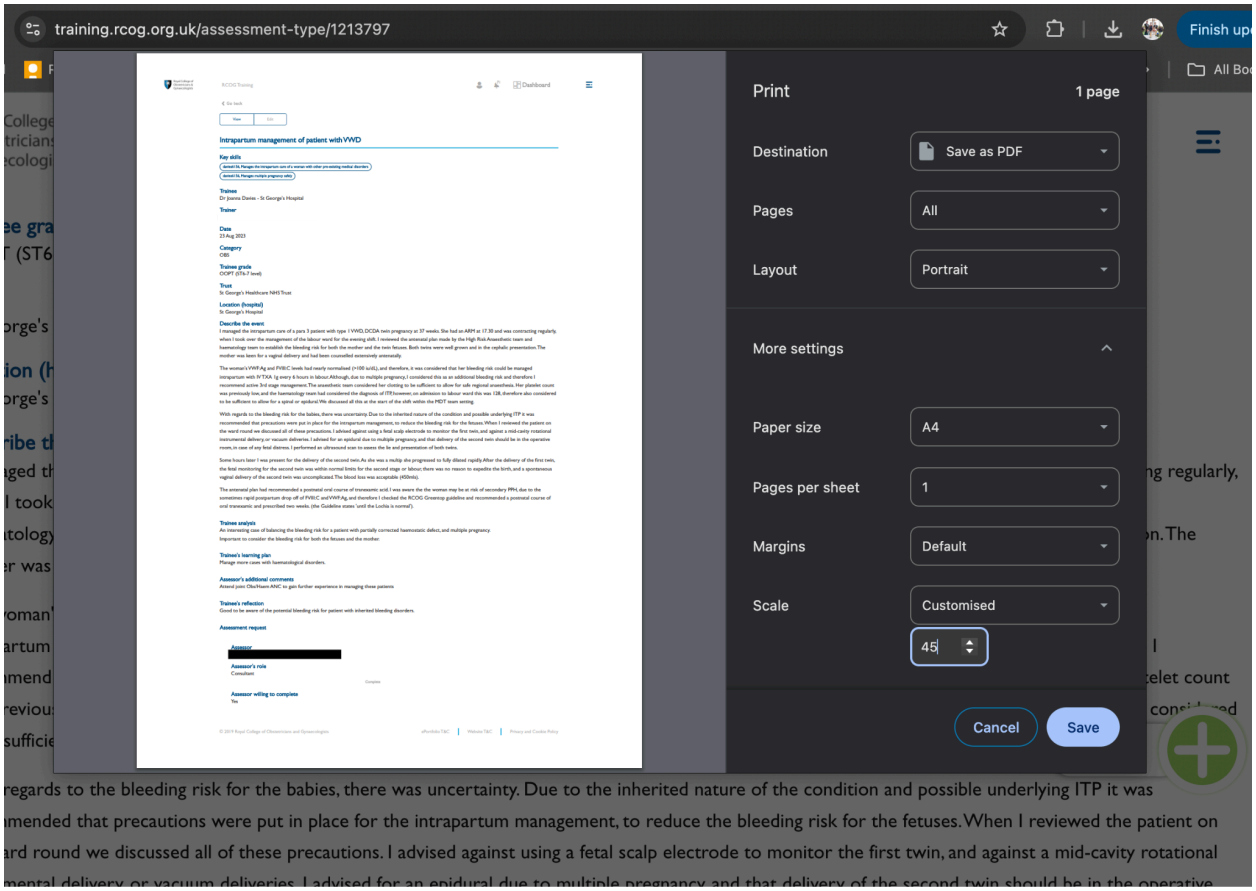



**Fig 2.** How to save and download evidence from the RCOG ePortfolio

Save using a clear and consistent naming format. For example:

- Mini-CEX 2025 Breaking Bad News – Miscarriage
- OSAT 2024 Rotational Instrumental Delivery
- Reflective Practice 2024 Complex Obstetric Case

Keep titles simple but specific. You will need to use exactly the same titles later in your verification documents.

Remember to redact all patient-identifiable information and other trainees' names from the evidence. You need to use an official ‘redaction’ function in Adobe or Preview.

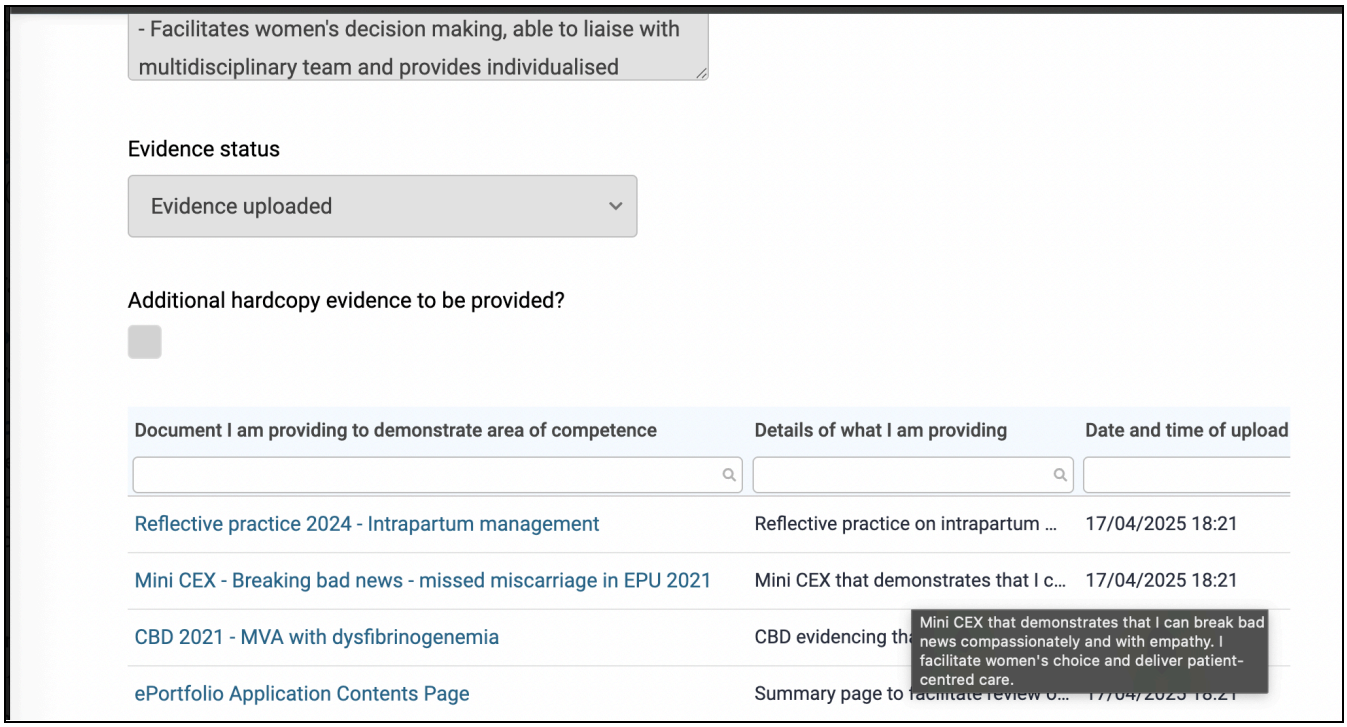



**Fig 3.** Upload to the GMC online portal

When uploading to the GMC portal, carefully map each piece of evidence to the relevant CiP and explicitly describe the competencies it demonstrates using the KSE language.

## Grouping and Uploading Evidence

How you organise and present your evidence is almost as important as the evidence itself.

Remember that your application will be reviewed by assessors who need to navigate a large volume of documentation. A well-organised application makes it much easier for them to identify the evidence relevant to each CiP.

As a general rule, upload evidence into the specific CiP to which it relates. Avoid creating large PDF files containing evidence from across multiple CiPs. For example, uploading all Mini-CEX assessments for the entire application into a single PDF file is

not good practice. This makes assessment more difficult and can make it harder for reviewers to identify how your evidence maps to the required competencies.

Instead, split your evidence across the relevant CiPs and upload it where it is most applicable.

Within each CiP, it can be helpful to combine similar pieces of evidence into a single PDF document. For example, I used Preview (Mac) to merge related documents together before uploading them to the GMC portal.

Examples might include:

- Five patient letters combined into a single PDF
- Several MDT meeting minutes combined into a single PDF
- Multiple OSATS relevant to the same CiP combined into a single PDF

I would generally recommend keeping Mini-CEXs, CBDs, and reflective practice entries as separate documents, as these often demonstrate different competencies and are easier for assessors to review individually. However, grouping together multiple examples of the same type of evidence—particularly OSATS—can help keep the application organised and easier to navigate.

The overall aim should be to make your application clear, logical, and easy to assess. If a reviewer can quickly find the evidence they need, it becomes much easier for them to identify how you meet the required Knowledge, Skills and Experience.

## Using a CiP Cover Sheet

One of the most useful organisational tools you can create is a **CiP cover sheet** for each Capability in Practice (CiP).

I uploaded each cover sheet directly into the relevant CiP section on the GMC portal for the RCOG assessors, and also copied a summary into the “Description of evidence provided” box to help guide the GMC reviewer through the evidence.

This is essentially a simple summary document (I found a Word/Google document worked best) listing:

- The evidence included for that CiP
- Which key skills/descriptors the evidence demonstrates
- Any cross-referenced evidence used elsewhere in the application

Although not formally mandatory, a CiP cover sheet makes a huge difference for both:

- **The applicant**, because it helps identify gaps early
- **The assessors**, because it allows them to navigate the application more easily

In practice, applications without clear CiP cover sheets often have more obvious gaps in evidence.

CiP 11 is a particularly good example of this. Because the guidance intentionally keeps the evidence flexible, applicants can sometimes overlook important areas such as:

- Uro-gynaecology
- Abnormal smear management
- Non-emergency outpatient management

Having a structured cover sheet for each CiP makes these gaps much easier to identify before submission.

I would strongly recommend reviewing each CiP individually and asking yourself:

> “If I were the assessor, would it be obvious how this evidence demonstrates the required capabilities?” And “Is there enough evidence to fully cover the CiP?”

If the answer is unclear, your cover sheet probably needs more detail—or you may need additional evidence.

## The Verification Proforma – Don’t Underestimate This!

The GMC does provide guidance on verifying your evidence. However, in practice, many applicants find that the process itself is not explained in sufficient detail, particularly regarding how evidence should be organised and mapped within the current Portfolio Pathway format.

In addition, the example template currently available on the GMC website reflects the previous CESR-style application structure and may not fully align with the way evidence is now submitted under the Portfolio Pathway/KSE system.

This can make the verification stage confusing initially and is an area where applicants may lose time.

For this reason, I adapted the GMC example template to better reflect the structure, organisation, and evidence mapping required for the current Portfolio Pathway application process. I have included an example below to demonstrate.

In reality, almost everything in your application needs to be verified. This includes:

- Workplace-based assessments
- Logbooks
- Audit and quality improvement work
- Presentations and teaching
- Supporting documents

It’s easier to list the evidence that does not require verification.

- Letters of Experience and hospital data
- CPD certificates
- Published articles

One of the most important details—and an easy place to go wrong—is consistency.

The file name of every single piece of evidence you upload must match exactly what you write in the verification proforma. Even small differences can create confusion and delay the process.

It’s important to understand that this document is used by the GMC to check the organisation and authenticity of your application. It is not seen or assessed by the RCOG. This is why the College also require a summary contents page and CiP cover sheets.

Getting this step right will save you a lot of time later—so take it seriously and be meticulous.

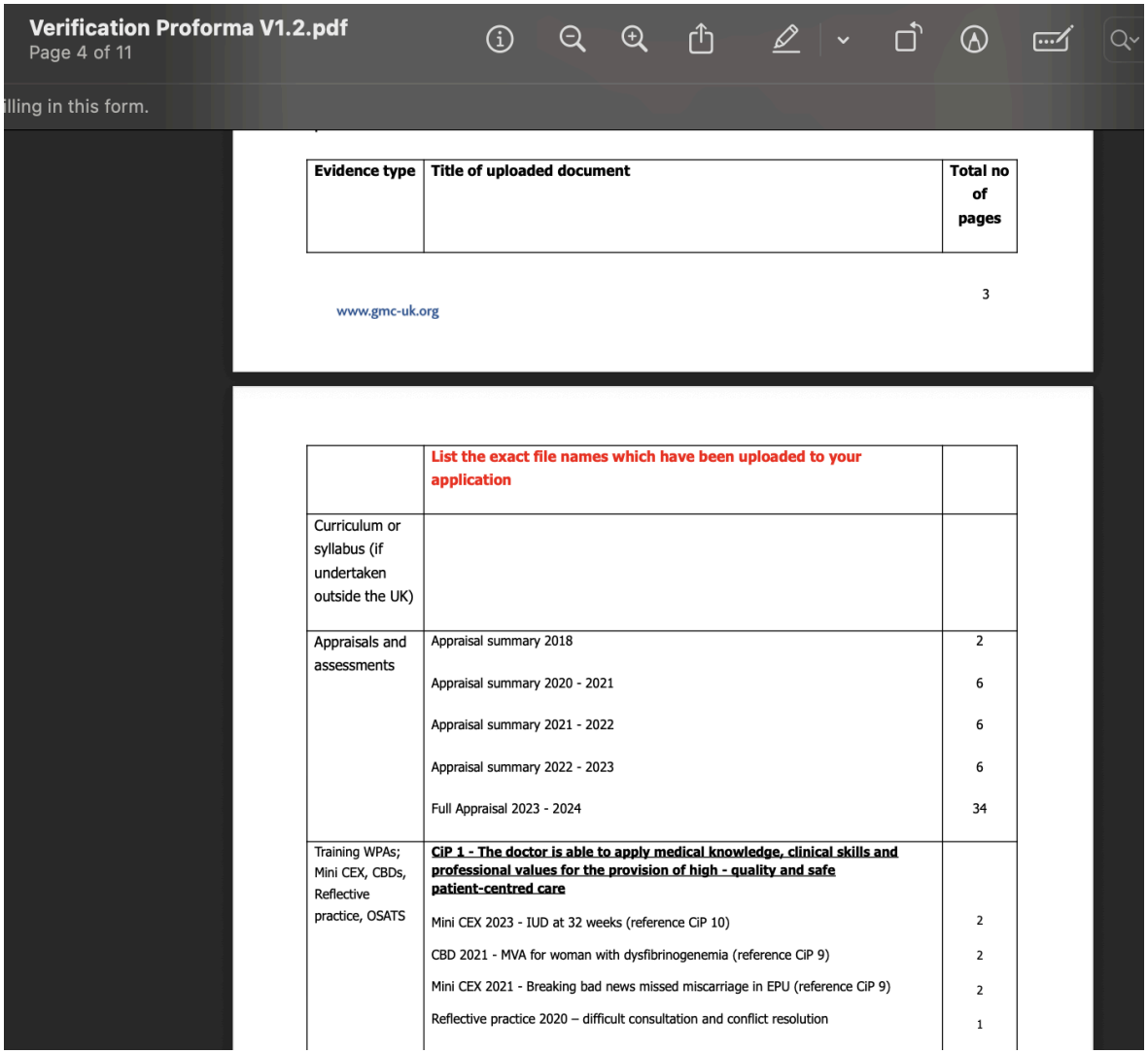



**Fig 4.** Example of my Verification Proforma. Note the file name matches exactly the name of the file uploaded to the GMC portal.

## Writing Your CV

The GMC provides clear guidance on structuring your CV for specialist registration, and it is important to follow it closely.

https://www.gmc-uk.org/registration-and-licensing/join-our-registers/registration-applications/specialist-application-guides/specialist-registration-portfolio/cv-and-professional-experience

Pay particular attention to:

- Including all required sections
- Providing a complete and accurate employment history
- Using consistent date formatting (e.g. DD-MM-YYYY)

# Section 4 — How to Stay Motivated

Staying motivated over a long period is one of the biggest challenges of the Portfolio Pathway.
A few things that helped me:

- **Find your people**

  Join a WhatsApp group within your department if one exists. Connect with others going through the same process. You can also use online communities (e.g. Facebook groups) to share progress and keep each other accountable.

- **Track your progress visually**

  Use an evidence summary or checklist and tick things off as you go. Seeing progress—even small wins—makes a big difference. I have included my summary checklist at the end of this guideline.

- **Recreate the trainee structure**

  Pair up with a colleague and do a mock RCOG Annual Review of Competence Progression (ARCP) for each other. Alternatively, ask your Educational Supervisor or a supportive Consultant colleague to formally review your progress. Trainees are required to pass ARCP each year to progress—that structure is what keeps them focused. If you're on the Portfolio Pathway, you need to create that structure for yourself.

- **Work in curriculum order**

  Try to approach your evidence collection in a similar sequence to the RCOG curriculum. It gives you direction and helps prevent gaps later on.

## Pacing Yourself

This is not a sprint—it's a long-term project.

One of the biggest risks is burnout, especially if you try to do everything at once. It's far more effective to build momentum gradually:

- Aim for consistent, small steps (e.g. one good Mini-CEX per week)
- Use quieter rotations or periods strategically
- Accept that progress will not always be linear

Some weeks, you will do a lot. Other weeks, very little. That's normal.
The important thing is not to stop completely.

## Measuring Progress (and Avoiding Drift)

It's very easy to feel like you're "working hard" without actually moving closer to completion.

To avoid this:

- Regularly review your evidence against the KSE-SSG
- Identify gaps early and address them directly
- Avoid repeatedly collecting similar evidence out of habit

A useful question to ask yourself every few weeks is:
"What am I missing—and what am I doing about it?"

This keeps your efforts focused and prevents you from drifting into low-yield work.
I included a **Mandatory Evidence Checklist** at the end of this guide as a practical tool to help you track your progress, identify gaps in your evidence, and maintain motivation throughout the Portfolio Pathway process.

# Section 5 — Common Pitfalls to Avoid

Completing the Portfolio Pathway over many years taught me a lot about the process and the common pitfalls that applicants can encounter—largely because I made many of these mistakes myself.

Looking back, very few delays in my application were due to a lack of clinical experience or knowledge. Most were caused by issues relating to organisation, presentation, or strategy.

The good news is that these are all avoidable. By recognising the common pitfalls early, you can save yourself a significant amount of time and frustration.

The following are some of the most common mistakes I see applicants make, along with practical advice on how to avoid them.

## Over-collecting Evidence

This is probably the most common mistake.

Many applicants assume that more evidence will result in a stronger application. In reality, assessors are looking for evidence that clearly demonstrates the required Knowledge, Skills and Experience—not the largest portfolio.

As discussed earlier, I collected 268 pieces of evidence over 15 years and ultimately used only 79 in my final submission.

Be targeted. Once you have strong evidence for a particular requirement, move on.

## Focusing on Quantity Instead of Quality

A single well-written Mini-CEX or CBD can often demonstrate multiple CiPs and descriptors.

By contrast, several superficial assessments may add very little value.

Spend time making your evidence meaningful. The quality of your write-up is often just as important as the clinical scenario itself.

## Not Mapping Evidence Clearly to the KSE Descriptors

One of the biggest traps is assuming that the reviewer will automatically understand what your evidence demonstrates.

They may not.

Always ask yourself:

> "If somebody reviewed this evidence without knowing me, would it be obvious what competency I am demonstrating?"

Use the language of the descriptors and make the link explicit.

## Leaving Verification Until the End

The verification stage is far more time-consuming than many applicants expect.

Tracking down supervisors, matching evidence, and completing the verification proforma can take weeks.

Start thinking about verification early and maintain accurate records as you go.

## Poor Organisation and Presentation

A strong application should be easy to navigate.

Common mistakes include:

- Uploading evidence into the wrong CiP
- Using inconsistent file names
- Uploading large pdf files of mixed evidence
- Failing to provide CiP cover sheets

Remember that assessors are reviewing a large amount of information. Good organisation helps them identify your strengths quickly.

## Working in Isolation

The Portfolio Pathway can be a lonely process.

Many applicants try to complete everything independently and miss out on valuable advice from colleagues who are going through the same experience.

Peer groups, WhatsApp networks, Educational Supervisors, and the RCOG Portfolio Pathway team can all be valuable sources of support.

Often, a simple conversation can save hours of unnecessary work.

## Waiting Too Long to Submit

Many applicants delay submission because they feel their application is not quite ready.

Perfection is rarely achievable.

Provided you have addressed the key requirements and can demonstrate the required capabilities, it is often better to submit and continue strengthening the application during the review process.

Remember:

> There is no gold star for the perfect application. The aim is to meet the standard.

# Final Thoughts

The Portfolio Pathway is not a quick route and not an easy one. It requires persistence, organisation, and a level of self-direction that can feel unfamiliar—particularly outside of formal training.

There will be times when progress feels slow, when motivation dips, or when the process feels uncertain. This is entirely normal.

What matters is not constant momentum—but consistency over time.

If there is one key message, it is this:
Be deliberate with your time.

Not all effort is equal. Focusing on the right evidence will save you months, if not years.

Approach this like a trainee:

- Be clear on requirements
- Review progress regularly
- Actively target gaps

And don’t wait for perfection.
There is no perfect application—only one that meets the standard.

If you are starting, begin.
If you are midway, keep going.
If you are near the end, trust the process.

This pathway is demanding—but it is absolutely achievable.

## Important Note About the Guidance and Checklist

This guide was written in **2025**, based on the GMC and RCOG SSG available at that time.

Applicants should be aware that the SSG is reviewed and updated regularly by the RCOG, sometimes several times a year. Requirements, descriptors, mandatory evidence, and suggested evidence examples may therefore change over time. It is essential that applicants revisit the most recent version of the SSG regularly throughout the Portfolio Pathway process to ensure their application remains aligned with current guidance.

The following checklist is intended as a practical organisational tool to help applicants track **commonly used and mandatory evidence** within a Portfolio Pathway application. It is not an exhaustive list and should not be viewed as sufficient evidence on its own to demonstrate all required Knowledge, Skills and Experience.

Ultimately, applicants are responsible for providing sufficient high-quality evidence to demonstrate all relevant CiPs, key skills, and descriptors outlined in the current SSG.

The SSG also contains additional suggested evidence examples. These should be viewed as “food for thought” rather than a prescriptive checklist, and applicants should use their own judgement when selecting evidence that best reflects their individual clinical practice and experience.

Peer groups, WhatsApp networks, and Portfolio Pathway communities can also be extremely useful for helping applicants stay informed about important updates or changes to the process.

The purpose of this appendix is therefore not to provide a “tick-box” route to success, but to offer a practical framework to help organise and structure your application.

# Appendix — Mandatory Evidence Checklist

[ ] Appraisal summary year 1
[ ] Appraisal summary year 2
[ ] Appraisal summary year 3
[ ] Appraisal summary year 4
[ ] Full Appraisal year 5
[ ] ATSM/ SITM
[ ] ATSM/ SITM
[ ] MRCOG
[ ] Contract letters
[ ] Job descriptions
[ ] CV (GMC style)

[ ] 16 - 24 CBD/Mini CEX
[ ] 10 - 20 Reflective practice
[ ] 4-6 NOTSS
[ ] 45 OSATS

**CiP 1 - The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high - quality and safe patient-centred care**

[ ] MiniCEX - breaking bad news (IUD/miscarriage)
[ ] CBD - providing individualised care
[ ] MiniCEX - facilitates women's choice
[ ] Two formal referral letters (GMC style) evidencing two-way communication between patients/ colleagues
[ ] Two MDT minutes demonstrating involvement in MDT management
[ ] RCOG Course Completion - Advanced Communication and Breaking Bad News
[ ] RCOG Course Completion - Consent

**CiP 2 - The doctor is able to successfully work within health organisations**

[ ] CBD - consent and ethics
[ ] RP - critical incident/ethical
[ ] RP - escalation or raising awareness of a service issue

[ ] Evidence of contributing to an SI investigation with a recommendation that leads to quality improvement
[ ] Letter to patient in response to a complaint
[ ] Information governance/data protection (see MAST Compliance Record)
[ ] Equality, diversity and Human Rights (see MAST Compliance Record)
[ ] Presentation at risk meeting

**CiP 3 - The doctor is a leader who has vision, engages and delivers results**

[ ] NOTSS - acute gynae ward round
[ ] RP - helping a trainee in difficulty
[ ] RP - Roles and Responsibility of a Consultant RCOG - Workforce Report
[ ] Positive letter/email from colleague re rota management
[ ] e-LfH Management and Leadership Skills (MLS) Certificate

**CiP 4 - The doctor is able to design and implement quality improvement projects or interventions**

[ ] Audit and evidence of re-audit (loop closed) or QIPP
[ ] Quality Improvement Project - Wrote protocol
[ ] Quality Improvement Project - Wrote patient information sheet
[ ] Audit
[ ] RP - restructuring the rota

**CiP 5 - The doctor understands and applies basic Human Factors principles and practice at individual, team, organisational and system levels**

[ ] 360 colleague feedback/ two sets of TO2s
[ ] RP - training on human factors
[ ] RP - RCOG Workplace behaviours toolkit
[ ] RP - helping a trainee in difficulty (reference CiP 3)
[ ] NOTTS - night shift ward round
[ ] NOTTS - team brief for DSU list
[ ] RP - escalation or raising awareness of a service issue (reference CiP 2)

**CiP 6 - The doctor takes an active role in helping self and others to develop**

[ ] RCOG CPD diary
[ ] Conference attendance certificate year 1
[ ] Conference attendance certificate year 2
[ ] RCOG Management of Labour Ward Course certificate
[ ] RCOG ATSM course certificate
[ ] RP - attendance at fetal monitoring training day
[ ] RP - RCOG Webinar
[ ] RP - helping a trainee/colleague through an SI/adverse outcome (reference CiP 3)

**CiP 7 - The doctor is able to engage with research and promote innovation**

[ ] Publication of original research article
[ ] Publication of book chapter
[ ] Oral presentation at international conference
[ ] UCL Statistics course/Good medical practice

**CiP 8 - The doctor is effective as a teacher and supervisor of healthcare professionals**

[ ] OSAT - supervising trainee
[ ] OSAT - supervising trainee
[ ] OSAT - supervising trainee
[ ] MiniCEX/CBD/NOTTS - supervising trainee
[ ] MiniCEX/CBD/NOTTS - supervising trainee
[ ] MiniCEX/CBD/NOTTS - supervising trainee
[ ] Teaching feedback (at least 3) and presentation
[ ] Teaching feedback (at least 3) and presentation
[ ] Teaching feedback (at least 3) and presentation
[ ] PROMPT facilitator certificate

**CiP 9 - The doctor is competent in recognising, assessing and managing emergencies in gynaecology and early pregnancy**

[ ] CBD managing acute gynae case (eg tubo-ovarian abscess)
[ ] MiniCEX managing acute gynae (eg acute HMB)
[ ] MiniCEX managing acute gynae (eg breaking bad news in EPU), reference CiP 1
[ ] CBD managing acute gynae case (individualised care for MVA), reference CiP 1
[ ] NOTTS acute gynae ward round, reference CiP 3
[ ] RP - complex gynae case, (raising awareness re service issue), reference CiP 2
[ ] OSAT Ovarian cystectomy
[ ] OSAT Ovarian cystectomy
[ ] OSAT Ovarian cystectomy
[ ] OSAT Ectopic
[ ] OSAT Ectopic
[ ] OSAT Ectopic
[ ] OSAT SMM/STOP
[ ] OSAT SMM/STOP
[ ] OSAT SMM/STOP
[ ] TVUS early pregnancy
[ ] TVUS early pregnancy
[ ] TVUS early pregnancy
[ ] Emergency Gynae logbook

**CiP 10 - The doctor is competent in recognising, assessing and managing emergencies in obstetrics**

[ ] MiniCEX breaking bad news IUD (reference CiP 1)
[ ] MiniCEX Manages extreme PTL
[ ] CBD Manages severe PET/ MOH/ infection
[ ] CBD Manages severe PET/ MOH/ infection
[ ] MiniCEX Manages maternal collapse
[ ] RP - intrapartum complication
[ ] NOTTS SR labour ward night shift
[ ] ALWP Management of the labour ward course certificate
[ ] Intrapartum fetal monitoring course certificate
[ ] OASIS repair course certificate

[ ] OSAT for 3rd/4th degree tear
[ ] OSAT for 3rd/4th degree tear
[ ] OSAT for 3rd/4th degree tear
[ ] OSAT Rotational instrumental delivery
[ ] OSAT Rotational instrumental delivery
[ ] OSAT Rotational instrumental delivery
[ ] OSAT Complex CS
[ ] OSAT Complex CS
[ ] OSAT Complex CS
[ ] OSAT Surgical management of PPH
[ ] OSAT Surgical management of PPH
[ ] OSAT Surgical management of PPH
[ ] OSAT ERPC retained placenta > 16 weeks
[ ] OSAT ERPC retained placenta > 16 weeks
[ ] OSAT ERPC retained placenta > 16 weeks
[ ] OSAT Vaginal breech (simulation)
[ ] OSAT Vaginal breech twins
[ ] OSAT Intrapartum presentation scan twins
[ ] Emergency Obs logbook

**CiP 11 - The doctor is competent in recognising, assessing and managing non-emergency gynaecology and early pregnancy care**

[ ] MiniCEX on non acute gynae (eg PMDD, menopause)
[ ] MiniCEX on non acute gynae (eg PMDD, menopause)
[ ] CBD on non acute gynae (eg RMC/endometriosis)
[ ] CBD on non acute gynae (eg RMC/endometriosis)
[ ] NOTTS - team brief for DSU list
[ ] RCOG Course Completion - Paediatric and adolescent gynaecology
[ ] RCOG Course Completion - Psychosexual disorders
[ ] Teaching/presentation on non emergency gynaecology (eg PMB), reference CiP 8
[ ] Book Chapter/publication on non emergency gynaecology, reference CiP 7
[. ] Evidence that you can manage abnormal smear - referral letter
[ ] OSAT Non-emergency Laparoscopic surgery

[ ] OSAT Non-emergency Laparoscopic surgery
[ ] OSAT Non-emergency Laparoscopic surgery
[ ] OSAT hysteroscopy/ Mirena insertion / endometrial biopsy
[ ] OSAT hysteroscopy/ Mirena insertion / endometrial biopsy
[ ] OSAT hysteroscopy/ Mirena insertion / endometrial biopsy
[ ] Non-emergency Gynae logbook

**CiP 12 - The doctor is competent in recognising, assessing and managing non-emergency obstetric care**

[ ] CBD on managing complex/medical obstetric patient
[ ] CBD on managing fetal wellbeing (eg FMU case)
[ ] MiniCEX sensitively debrief after significant event
[ ] MiniCEX managing diabetes/ pre-existing medical condition in ANC
[ ] Teaching/ presentation on cardiac condition in pregnancy
[ ] Teaching/ presentation on breast cancer in pregnancy
[ ] RCOG Course Completion - Perinatal Mental Health, reference CiP 13
[ ] OSAT Growth scan
[ ] OSAT Growth scan
[ ] OSAT Growth scan
[ ] Non-emergency Obs logbook

**CiP 13 - The doctor is able to champion the healthcare needs of people from all groups within society**

[ ] CBD complex medical case with social factors
[ ] CBD obstetric patient with mental health issue, reference CiP 12
[ ] RCOG Course Completion - Perinatal Mental Health, reference CiP 12
[ ] Equality, Diversity and Human Rights (see MAST Compliance Record)
[ ] RP - Study of the UKOSS National Cohort of study of Covid 19 in Pregnancy and online lecture (reference CiP 14)
[ ] e-LfH FGM Training eLearning certificate
[ ] e-LfH Safeguarding Children Level 3 (or see MAST Compliance Record)

[ ] e-LfH Safeguarding Adult Level 2 (or see MAST Compliance Record)

**CiP 14 - The doctor takes an active role in implementing public health priorities for women and works within local, national and international structures to promote health and prevent disease**

[ ] CBD complex medical patient, health prevention, reference CiP 12
[ ] Infection Control (see MAST Compliance Record)
[ ] Health and Safety (see MAST Compliance Record)
[ ] Presentation at patient forum
[ ] RP - Study of the UKOSS National Cohort of study of Covid 19 in Pregnancy and online lecture (reference CiP 13)