

The professional portfolio

Portfolio purpose before platform

Ravi, a composite senior Specialty Doctor working in England, had completed annual appraisals conscientiously for many years. His electronic portfolio contained course certificates, reflections, appraisal summaries and personal development plans. When a Specialist vacancy appeared, he expected this material to provide most of his application evidence. The person specification asked for examples of independent clinical judgement, improvement, education and leadership. Ravi could describe considerable experience in each area. Finding documents that demonstrated his contribution was much harder. His portfolio recorded what he had discussed, but often not the work on which the discussion rested.

Nothing in this situation establishes that his appraisals were deficient. An appraisal conversation and a competitive appointment answer different questions. A useful reflection may explain learning without documenting every activity that a recruitment panel wants to assess. Equally, an impressive application example may cover only a small part of the doctor's whole practice. The mistake is expecting material prepared for one decision to satisfy another decision automatically. The portfolio needs a common evidence base, with a separate selection and explanation for each purpose.

Begin by naming the decisions you expect to face. These might include next year's appraisal, a contractual pay progression review, a job plan discussion, a Specialist application, an educational appointment or preparation for specialist registration. Put the actual decision beside its decision-maker, timetable and governing requirements. This creates a practical brief for the portfolio. A folder called career development is less useful than knowing that an application will require evidence of supervising colleagues and that your current records demonstrate teaching delivery but not educational supervision.

The GMC's Portfolio Pathway is a distinct application route to registration. Its guidance directs applicants to the curriculum and specialty specific guidance for the relevant specialty. Applicants should therefore use those requirements to design a dedicated application map; an ordinary professional portfolio is only a possible source of material for it. The employment title Specialist has a different meaning and decision process.

Keeping these purposes separate at the beginning prevents a large amount of later reconstruction.^[8]

The platform comes after this analysis. An employer may require a particular appraisal system, and a regulator or recruiting organisation may specify how material must be submitted. Those requirements govern the relevant submission. They do not require every element of your professional history to be stored in the same place. A maintained index can connect authorised evidence held in different systems without creating uncontrolled copies. Think of the index as a finding aid with a brief explanation of relevance, rather than as a warehouse containing everything you have encountered.

Ravi therefore starts with two immediate purposes: preparing his next appraisal and assessing readiness for the advertised Specialist role. He retains the person specification with its publication date, separates essential from desirable requirements and identifies the evidence requested at application and interview. He does not label himself eligible merely because every row contains a file. He asks whether each item supports the particular requirement and whether he can explain its limits. Several rows remain incomplete; that is useful information rather than an administrative failure.

A workable portfolio should answer three everyday questions quickly. What have I done? What evidence may I lawfully use to demonstrate it? What does that evidence justify saying? These questions remain useful when software changes or a career moves between nations. They also make the portfolio proportionate. A doctor preparing no immediate application does not need to organise every working day as if an assessor were about to examine it. The aim is reliable professional memory, with enough structure to support foreseeable decisions and enough restraint to remain maintainable alongside the work itself.

There is a useful stopping rule: if you cannot name a foreseeable professional use for an item, pause before collecting it. This does not mean discarding required records. It means resisting the habit of expanding a personal portfolio merely because storage space is available and the document looks impressive.

The core evidence index

The core index brings your evidence into a consistent view. It can be a simple document or spreadsheet in an approved location. Begin with a scope record showing each professional role, its dates, organisation, responsibilities and working pattern. Distinguish the substantive post from additional appointments, occasional work and external responsibilities. This

gives later readers the context needed to understand individual items. A teaching record means something different when it concerns one invited session, a recurring departmental commitment or leadership of an entire programme.

For each evidence item, record a short identifier, descriptive title, activity dates, your role, the source location and the purpose it may support. Add the document's status, such as draft, approved or superseded, and whether an appropriately prepared copy is available for sharing. Include a brief note of any restriction: organisational permission needed, identifiers requiring removal, verification outstanding, or available only through a named department. These fields prevent the common discovery, days before submission, that an impressive document cannot actually be used in its present form.

Use identifiers that survive changes in folder names. QI2026A might identify a specific improvement project, with separate linked records for the proposal, baseline summary, approved change and follow-up report. The identifier need not reveal patients, sites or confidential project details. A file title such as QI2026A approved summary September is more informative than final version new. Keep the original date and the date of any permitted derivative copy clear. Do not make an older activity appear current by giving its summary today's date without also recording when the work occurred.

Organise the index around the work you need to describe. Useful areas include scope and appointments; clinical practice; learning; improvement and governance; feedback; education; leadership; research; and professional recognition. These are practical navigation headings, not a new regulatory framework. Some doctors will have little research activity; others will need detailed research governance records. A section should reflect actual work and future requirements, rather than pressure the reader into collecting evidence for a role they do not hold. Empty categories can simply be marked not applicable with a reason.

Within clinical practice, an approved summary of scope, appropriate activity information, assessments and peer discussion may collectively explain what you do. Within education, distinguish planning, delivery, supervision, assessment and evaluation. Within leadership, keep the appointment or agreed remit separate from evidence of decisions and results. A role description shows intended responsibility; it cannot establish that all intended outcomes occurred. Recognition, such as an appointment or award, belongs in the record but should not replace the evidence of capability it is being used to support.

For appraisal, the GMC identifies six categories of supporting information: continuing professional development, quality improvement activity, significant events, patient or service-user feedback, colleague feedback, and complaints and compliments. Their collection and discussion sit within consideration of the whole scope of practice. Your personal headings should allow relevant information to be selected into that framework without forcing every document into only one category. The fuller appraisal method is in Chapter 10; the present task is making its underlying material retrievable.^[76]

Ravi's first useful index entry concerns a teaching programme he coordinated. It records the period, intended learners, his agreed role, the programme timetable, an authorised aggregate feedback summary and the location of the educational lead's confirmation. It also records what is missing: no follow-up evaluation of whether the revised sessions addressed the original learning need. The entry supports an account of programme coordination and responsive teaching. It does not yet support a claim that the programme improved clinical outcomes or that Ravi supervised every participating learner.

Give each item a short explanation of its relevance. Two sentences are normally more useful than several tags without interpretation. For example: this approved report records my analysis of the baseline problem and the team's decision to test a revised process; the subsequent evaluation is a separate item and remains incomplete. A future reader, including your future self, can then understand why the document was retained. This is particularly valuable when one project spans several appraisal years or changes leadership halfway through.

Finally, test retrieval rather than admiring the structure. Choose an actual question, such as finding evidence of how feedback changed your teaching, and time how long it takes to assemble a coherent answer. If you repeatedly open irrelevant files, improve the titles or explanations. If the answer depends on a colleague remembering an event, record the need for contemporaneous confirmation. The index is working when it makes an honest answer easier to produce, not when every possible column has been completed.

Keep a short guide to your own abbreviations. A code that seems obvious now may be meaningless after a change of specialty or employer. A reader should be able to understand the index without knowing your department's informal names for meetings, pathways or responsibilities.

Primary and secondary evidence

Evidence is stronger when it brings the reader close to the work being claimed. In this chapter, primary evidence means material that directly records or demonstrates the relevant activity: an approved report you helped produce, a documented assessment, an authorised activity summary or a teaching programme with evidence of your contribution. Secondary evidence describes, interprets or reports that activity: a CV statement, reflective account or appraisal summary. These are practical distinctions for evaluating a claim, not a substitute for any definitions used by a particular application scheme.

Secondary evidence has an important purpose. It explains context, brings separate records together and shows your understanding of experience. A reflection may be the best evidence of how you interpreted feedback, although it is not independent proof that the underlying activity occurred as described. Similarly, an appraisal summary can establish what was discussed and agreed at that appraisal. Its authority is narrower when used to prove a clinical capability that the appraiser did not assess directly. The question is always what the document actually demonstrates.

Ravi's appraisal summary says that he contributed substantially to an improvement project. That supports the fact that the project featured in his appraisal, but leaves several recruitment questions unanswered. What was the problem? What did Ravi do? Who else contributed? What changed? The primary records may include the approved proposal, minutes assigning responsibilities, an anonymised aggregate analysis and the report of the tested intervention. An explanation connecting these documents is then more persuasive than repeating the appraisal's favourable description in larger type.

No document is primary evidence for every claim made about it. An attendance certificate directly supports attendance under the issuing body's arrangements. It is weaker support for application of learning and may say little about competence. A course assessment records performance in that assessment, within its scope. A letter from a service lead may directly confirm an appointment and describe observed practice; a generic endorsement of excellence does not establish every element of a detailed person specification. Specificity matters more than the prestige of the heading.

Independent confirmation should identify what the confirmer knows and how they know it. A colleague who observed you leading an improvement meeting can describe that observation. They should not be asked to certify data they have never examined or practice from years before they joined the

service. Drafting factual details for checking can assist a busy colleague, but the final account must remain theirs to correct and approve. The portfolio should never convert a courteous signature into apparent validation of unsupported claims.

For a Portfolio Pathway application, verification is a formal part of the GMC process. Its verification guidance specifies who may verify different records and requires an accurate account of the work at the institution concerned. Employment records have particular provisions, so one generic signature is not a universal solution. Ordinary managerial endorsement should not be assumed to satisfy the application requirements. Identify the correct roles before collecting signatures, and use the dedicated application guidance when that route becomes an active objective.^[80]

Where original evidence is unavailable, say so and examine what can legitimately be reconstructed. An authorised retrospective confirmation may explain a former role, its dates and the basis for the statement. It should be labelled as retrospective, with uncertainty acknowledged. Do not create minutes for a meeting that was never minuted, reproduce a lost assessment as if it were the original, or turn recollection into an apparently contemporaneous record. An evidence gap is inconvenient; a misleading reconstruction creates a much more serious problem.

The practical rule is to pair assertion with support and interpretation. State the claim narrowly, identify the best available underlying record, and explain your contribution and learning. Where support is partial, qualify the claim or obtain additional evidence. This approach allows a portfolio to remain confident without becoming inflated. It also helps the reader recognise when the missing element is a document, when it is independent observation and when the required experience has not yet been obtained.

When reviewing your own draft, underline each strong verb. Led, designed, assessed and implemented make different claims. Ask which underlying record supports each verb and whether a colleague involved in the work would recognise your description as fair.

One item several uses

One well-documented piece of work can support several professional conversations, provided each conversation receives the evidence appropriate to its purpose. The efficiency lies in maintaining a reliable underlying record, not in sending the same large bundle everywhere. Begin with the activity and the claim it supports. Then ask what each decision-maker needs to know, what standard applies and what information should

remain outside that submission. The resulting selections may overlap, but their explanations will differ because the questions being answered differ.

Consider a composite project in Ravi's service concerning the communication of outstanding investigation results after discharge. The project is illustrative, not a clinical protocol. Ravi helped define the problem, worked with nursing and administrative colleagues on a revised communication process and presented an aggregate evaluation to the governance group. His evidence includes an agreed remit, approved project summary, contribution record and follow-up discussion. The underlying patient information remains in the organisation's authorised systems; the portfolio holds only material approved for the relevant professional use.

For appraisal, Ravi might select a short account of why he became involved, what he learnt about responsibility at transitions of care and how his practice changed. He can discuss uncertainty in the findings and the next development objective. The appraisal selection needs to remain proportionate to the whole scope of his work. It should not occupy the entire submission merely because the project generated many documents. The same year may also require meaningful attention to clinical learning, feedback, additional roles and other supporting information.

For job planning, the most relevant evidence may be different. Ravi can identify the work required for data review, meetings, process design and evaluation, together with the recurring duties that remain after the project. This supports a discussion about time, responsibility and service expectations. An encouraging outcome does not itself determine the number of programmed activities to allocate. The job planning conversation needs evidence of the work and its resource requirements, using the contractual approach explained in Chapters 6 and 7.

For a pay progression review, the project may help demonstrate progress against a specifically agreed objective. Ravi should show the objective's wording, the contribution expected of him, relevant dependencies and what was achieved within the review period. If the objective was only partly completed because an agreed data extract arrived late, the evidence should preserve that sequence. A later successful result should not erase the earlier constraint. Whether the material satisfies progression requirements remains a question for the applicable contract and process discussed in Chapter 8.

For a Specialist application, Ravi could use the project to illustrate leadership, collaborative working or improvement capability where these appear in the actual person specification. His account should make clear whether he initiated, led, coordinated or contributed to each stage. An interview answer may need a concise description of a difficult decision and

what he would do differently. The application is stronger when the panel can distinguish his personal judgement from the team's overall achievement. It is weaker when every verb implies that one doctor delivered the entire change.

For a Portfolio Pathway application, the first question is whether and how the project addresses the relevant specialty outcome. The GMC advises applicants to group and label evidence clearly, follow specialty naming conventions and cross-reference rather than submit the same item repeatedly. A project that is useful evidence for one outcome may need complementary material for another. Its inclusion should arise from the specialty map, rather than an assumption that evidence accepted in a recruitment exercise will satisfy a regulatory assessment.^[8]

The multi-purpose mapper can therefore be brief. Record the item's identifier, the proposed use, the precise claim, the requirement being addressed and any additional evidence or permission needed. Keep a record of the version actually submitted for each purpose. That prevents later confusion when a short appraisal reflection and a longer application explanation draw on the same work. Neither should contradict the other, although their emphasis legitimately differs. Reuse is successful when it reduces duplication while preserving the integrity of each decision.

It is also acceptable not to reuse an item. A sensitive reflection may belong in the appraisal process without helping a recruitment application. A detailed organisational report may be unnecessary when an authorised summary answers the question. Selection is a professional judgement, not an obligation to extract maximum promotional value from every experience.

An item can also change status. A draft that was adequate for discussing an idea may need replacement by an approved report before it supports a formal claim.

Evidence quality and impact

Evidence quality depends on the relationship between the claim, the material and the conclusion. Six questions provide a useful test. What am I claiming? What supports it? What was my contribution? What happened? What did I learn? What should happen next? These questions are an authoring method, not an official scoring system. They help the reader move beyond accumulating activities towards explaining professional judgement. They also expose unsupported leaps, especially between participating in work and claiming responsibility for an outcome.

Start with the claim. Coordinated a departmental teaching programme is more precise than transformed education. Reviewed a communication process and tested a change is more defensible than eliminated clinical risk.

Ambitious language often hides information that would make the work more persuasive: the difficulty of agreeing the problem, the judgement involved in choosing a measure, or the decision to abandon an intervention that created new burdens. Accuracy does not require modesty about genuine responsibility. It requires words that correspond to what the evidence can demonstrate.

Next examine the measure. In an illustrative evaluation, suppose a defined documentation field was completed in 24 of 40 records before an intervention and 34 of 40 afterwards. Completion increased from 60 per cent to 85 per cent, a rise of 25 percentage points. It would be incorrect to describe this simply as a 25 per cent relative improvement. More importantly, the finding concerns completion of that field in those samples. It does not establish a reduction in harm, improved patient understanding or sustained performance throughout the service.

The interpretation needs the sampling method, period and limitations. Were the same inclusion criteria used? Were missing records excluded? Did the case mix or staffing change? Did the team measure work transferred to another group? Small improvement projects often cannot isolate causation confidently, but they can still provide useful learning. A candid account might conclude that documentation improved in the sampled records after the change, while acknowledging that another operational change occurred during the same period. This is stronger reasoning than presenting temporal association as proof.

Ravi's contribution also needs to be visible within the team. He might have designed the initial measure, facilitated agreement across professions and presented the findings, while another colleague organised data collection and the ward team implemented the change. His portfolio should credit those contributions. If he later led the follow-up after the original coordinator left, explain the change in responsibility and dates. Shared achievement does not diminish his evidence of leadership; fair attribution demonstrates that he understands how the work was actually delivered.

Negative or mixed findings can produce strong evidence of judgement. Suppose the new process improved documentation but added an unmanageable task at a busy handover. The team's decision to simplify the process, test a smaller change or pause implementation may demonstrate more professional maturity than continuing to chase the original target. Ravi should retain the reasons for the decision and the subsequent review. A portfolio that contains only successes can become less credible if it gives no indication of uncertainty, trade-offs or changes of mind.

Triangulation means using different kinds of relevant evidence to examine the same claim. For teaching, a programme and attendance record show delivery; learner feedback offers one perspective on experience; observation by an educator can address teaching practice; and later evaluation may examine a defined learning outcome. These sources should not be treated as interchangeable or automatically independent. Ten enthusiastic comments copied into three documents remain the same comments. The aim is to understand the activity from complementary perspectives rather than increase the apparent volume of support.

Recency also has meaning rather than one universal expiry date. An older qualification may remain an important credential, while a claim about current procedural practice needs current support appropriate to the role. A historic leadership project can demonstrate experience but may not show how you now manage a changed service. Use the relevant application requirements where they prescribe evidence periods. Otherwise ask whether the document still answers the question being asked and whether later developments should accompany it. Never discard valuable career history merely because it is not recent enough for one particular submission.

End each important evidence account with the next step. It may be repeating a measure, arranging peer observation, revising a development objective or handing responsibility to a successor. This turns the portfolio into a record of continuing practice. It also gives the next review something concrete to revisit beyond the fact that an activity took place.

Confidentiality anonymisation and security

A professional portfolio is not an alternative clinical record. Its purpose is to support professional review and development, usually without retaining identifiable details about patients or colleagues. Start with the least sensitive material capable of answering the professional question. An authorised aggregate summary may establish your contribution to a project more effectively than copies of patient records. Where an application legitimately requires more detailed evidence, use its instructions and the organisation's information governance arrangements before extracting or sharing anything. Access for clinical work is not unrestricted permission for later personal use.

Removing a name is only the beginning of considering identification. A rare condition, an exact date, a small service, an unusual family event and a clinician's role can together make a person recognisable. The ICO distinguishes anonymisation from pseudonymisation: replacing identifiers with a code does not necessarily take information outside data protection law when a person can still be identified using additional information. Its

guidance requires consideration of identifiability in context. A label such as anonymous or Patient A does not settle the issue.^[77]

Consider a reflection about communication with a family. The learning may depend on uncertainty, conflicting expectations and the timing of a senior discussion. It may not depend on the patient's age to the year, named hospital, exact admission date or unusual occupation. Removing unnecessary details can preserve the professional reasoning while reducing recognition risk. Do not silently change factual details in material presented as a real evidential record. Instead, omit or generalise what is unnecessary in the reflective account, and describe any illustrative teaching case explicitly as composite.

The joint reflective practitioner guidance advises focusing reflective notes on learning and future plans, with anonymisation of those involved. Reflection should not be confused with the clinical record or the formal documentation of an incident. An appropriate reflective account can therefore be concise about events while explaining your reasoning in depth. When a complaint or investigation is active, obtain relevant professional advice about the required response and records; do not use the portfolio as a private substitute for the formal process.^[65]

Digital redaction requires particular care. A black rectangle placed over text in a document may leave the underlying text recoverable. Comments, tracked changes, filenames, embedded spreadsheets, photographs and document properties can disclose information outside the visible paragraph. Use the organisation's approved method for producing a shareable derivative, then inspect the actual exported file. If a document cannot be made suitable without destroying the evidence it is intended to provide, seek an authorised alternative, such as an aggregate report or a properly scoped verification statement.

Security includes keeping information accurate and available as well as preventing unauthorised access. ICO guidance takes a risk-based approach to technical and organisational measures, including access controls, recovery and appropriate encryption. For a doctor maintaining a portfolio, the practical implication is to use approved systems and follow their rules for devices, sharing and backups. A familiar personal cloud account is not automatically an approved destination for organisational information. Password protection alone does not establish that sharing is authorised or that the recipient needs every document.^[78]

Before using a digital writing assistant, online converter or browser tool, establish what information the service receives and whether its use is permitted for that material. Do not paste patient-identifiable, confidential

employment or investigation material into an unapproved service to obtain a better summary. A safer writing task uses an abstract question or a genuinely non-identifying draft. Whatever assistance is used, you remain responsible for the accuracy of the account, the validity of its evidence and the appropriateness of its disclosure. Fluent wording cannot supply missing experience.

Retention should be deliberate. The ICO's storage limitation guidance does not set a single retention period for every kind of personal data; retention depends on a justified purpose and should be reviewed. Consequently, neither keeping everything forever nor deleting everything after an appraisal cycle is a sound universal portfolio rule. Follow applicable organisational schedules and any legal or professional advice concerning particular records. Separate enduring personal credentials from sensitive operational material, and record a review date where the continuing need is uncertain.^[79]

Where a complaint, investigation or legal matter requires records to be preserved, obtain advice before routine disposal. Portfolio housekeeping must respect any applicable preservation requirement.

If information is sent to the wrong person or an unsafe copy is discovered, act promptly through the employer's reporting process. Preserve the facts needed to explain what happened and follow advice on containment; do not assume that recalling an email removes the disclosure. The aim is to reduce harm and permit a proper assessment. Everyday portfolio housekeeping should make such incidents less likely by limiting copies, checking recipients and keeping a clear distinction between the working source and the version authorised for submission.

Gaps and opportunity requests

An evidence gap can mean several different things. The work may have been done but not documented. It may have been documented in a form that cannot be shared. The evidence may be available but too narrow for the proposed claim. Or the experience itself may be missing. These situations require different responses. Sending the doctor on another generic course is unlikely to solve a missing opportunity to supervise, just as requesting a stronger reference cannot replace a capability that has not yet been demonstrated.

Ravi's comparison with the Specialist person specification reveals all four kinds of gap. His clinical role is substantial but its current scope is poorly described. The improvement project has useful organisational records needing an authorised summary. His teaching evidence shows

coordination but little observed feedback on his own teaching practice. A requirement concerning educational supervision cannot be met by relabelling teaching sessions. The gap analysis therefore produces a mixed plan: clarify scope, retrieve and prepare evidence, arrange observation and seek a suitable supervised development opportunity.

The first request should state the requirement and what is currently missing. Ravi might write that he is assessing readiness for a named role, that his teaching record demonstrates programme coordination, and that he needs an opportunity to develop and demonstrate a specified supervisory responsibility. He should then propose an appropriate activity, supervisor, time commitment and review point. The request becomes discussable because it identifies what the organisation would need to provide and how progress could be evaluated. It is more useful than asking for unspecified career support.

Make the organisational dependencies explicit. Development may require access to a clinic, an assessor, a suitable learner, study leave, data support or a change in workload. The doctor may control preparation and engagement while the employer controls access and time. Record each dependency beside the proposed action. If agreement is obtained, carry the relevant duties and resource implications into the job planning process. A development objective should not silently become an additional permanent commitment simply because the doctor is motivated to progress.

Use proportionate milestones. For an observed teaching objective, an initial discussion might agree the session and learning outcomes, followed by observation, feedback and a later session demonstrating response. For an improvement objective, milestones might cover agreement of a problem, approval of a measure, a small test and evaluation. Milestones should expose whether the opportunity actually occurred. Completing an application form for study leave is not equivalent to attending the activity, and attending the activity is not equivalent to demonstrating the intended capability.

If the requested opportunity is unavailable, ask what alternative would address the same requirement. An alternative must be educationally and evidentially credible, not merely easier to arrange. There may be a different service, an external collaboration or a longer timetable. Where no alternative exists, record the constraint honestly and reconsider readiness for the immediate application. This may be disappointing, but it is preferable to a portfolio built on ambiguous claims. Chapters 14 to 18 examine the different progression routes and the opportunities each may require.

Evidence of fair effort is still worth retaining when an objective is delayed. Keep the agreed plan, requests, responses and revised dates in the appropriate employment or development record. This supports a clear account at review and can identify a repeated access problem. It does not automatically prove entitlement to a particular post or outcome. If opportunities appear to be distributed unfairly, use the relevant local process and representation rather than turning the portfolio into a running accusation. Specific records support a better conversation than inferred motives.

Set a date to revisit the opportunity request. Without one, an apparently supportive response can leave both parties waiting for the other to act. Identify who will arrange the next discussion and what information should be available by then.

At the end of the gap review, Ravi has fewer claims ready for immediate use but a more credible application strategy. He can distinguish evidence already available, evidence awaiting preparation and capability still requiring development. That distinction allows him to decide whether to apply now, seek advice about the vacancy or prepare for a later opportunity. The portfolio has done its job by improving the decision, even before it produces another document.

Annual maintenance

Portfolio maintenance works best as a modest routine connected to existing reviews. It should not depend on remembering an entire year during the week before appraisal. Nor should it require recording every conversation. Identify the activities likely to matter, capture a short index entry while their purpose remains clear and retrieve suitable evidence at an appropriate point. This approach reduces reconstruction and makes it easier to obtain confirmation from colleagues who still remember the work. The frequency suggested here is a practical routine, not a regulatory requirement.

At the start of a working year or appraisal period, review your scope, forthcoming decisions and previous development objectives. Note changes in role, clinical setting, working pattern or external responsibility. Identify projects and learning activities that may produce useful evidence, together with their approval and confidentiality arrangements. Where a future application is likely, refresh the relevant requirements rather than relying on a previous vacancy's person specification. Preserve the version used for planning so that a later change can be recognised rather than mistaken for personal inconsistency.

Every quarter, review what has actually happened. Add significant completed work, update ongoing items and close abandoned plans with a short explanation. Ask whether outcomes have become available since an earlier entry and whether a promised observation or confirmation remains outstanding. A short regular review can also reveal imbalance: plentiful course certificates but little evidence of applying learning, or extensive clinical activity with the educational role almost absent. The response should be better selection and appropriate development, not a race to fill every category numerically.

Before appraisal, use the index to select material addressing the whole scope of practice and the applicable supporting-information requirements. Keep the submission coherent enough for an appraiser to read and discuss. A large archive can support a concise submission; it need not be uploaded wholesale. Review the previous personal development plan and explain completed, changed and outstanding objectives. Check that statements about activity are supported and that a proposed new objective has the necessary opportunity, time or advice identified. Chapter 10 provides the fuller preparation sequence.

After appraisal, preserve the agreed outputs in the authorised system and update the index to show where they can be found. Record the new development objectives and their review points. Do not rewrite the underlying history to make the outcome look inevitable. If a factual correction is needed, use the relevant amendment process and retain a clear account of the change. Where a separate job plan or pay progression decision follows, record that outcome separately so that later readers do not mistake an appraisal discussion for an employment determination.

At the annual archive review, separate active evidence from historical material, remove unnecessary duplicates through the proper process and check access to important records. Review retention and sharing restrictions, especially for material carried forward from a former role. Confirm that the authorised backup or export arrangements work and that a future loss of an employer account would not remove every copy of documents you are entitled to retain. Do not test recovery by moving sensitive information into a new, unapproved location simply for convenience.

The maintenance checklist is therefore a sequence of questions: is scope current; are important activities indexed; are claims supported; are permissions and restrictions clear; are gaps linked to actions; are agreed outputs preserved; and can the relevant evidence be retrieved? Ravi uses these questions at each review rather than rebuilding his folders. Over time,

his portfolio becomes smaller in its active view and more useful in its explanations. The measure of success is readiness for the next professional conversation, not the number of files stored.

An occasional review with a trusted colleague can expose assumptions that self-review misses. Ask the colleague to identify what an example demonstrates before explaining what you intended it to show. A mismatch often reveals a missing contribution statement or an outcome asserted more broadly than the evidence supports.

Portability through career change

Career change tests whether a portfolio is genuinely maintainable. An employer account may close, an appraisal platform may change, a verifier may retire and an organisational report may become difficult to retrieve. Planning before departure is therefore much easier than trying to reconstruct evidence afterwards. Begin by distinguishing material you are entitled to retain personally from records held for the organisation's purposes. Employment in a service, authorship of a document or previous access to a system does not automatically settle every question about future copying or use.

Prepare a departure evidence plan with the relevant administrative and information governance teams. Identify personal appointment and qualification records, agreed appraisal outputs, authorised summaries of activity and confirmations of roles or contributions that may legitimately be retained. For sensitive organisational material, seek an appropriate summary or a documented route for later access rather than forwarding whole folders to personal email. The purpose is continuity of professional evidence with a clear lawful basis, not acquisition of a private archive of the former service.

Obtain confirmations while colleagues can still check the facts. A role statement should give dates, responsibilities and the basis of the confirmer's knowledge. An improvement summary should identify your contribution and the status of outcomes at the point you left. If a project continues under another lead, record that boundary. Do not claim results achieved after your departure as if you personally delivered them. Equally, a later completion does not erase your earlier contribution; it can be described accurately when suitable evidence becomes available.

For a prospective Portfolio Pathway application, discuss evidence verification before key colleagues leave or access arrangements change. Use the GMC's current verification requirements and specialty guidance to identify what preparation is appropriate. A general farewell letter may be welcome but may not perform the required verification function. Keep

professional contact details through appropriate channels and avoid assuming that someone who once supervised you will indefinitely be available or able to verify later material. Early planning protects both the applicant and the colleague asked to confirm the record.^[80]

Moving between nations requires a new operational map as well as preservation of evidence. The professional history remains yours to describe, but the appraisal system, employer processes and progression opportunities may change. Carry forward the relevant outputs and explain which role and period each covers. Do not make a previous platform's categories the governing structure for the new employer. Similarly, distinguish evidence that supports a continuing professional capability from proof of appointment to a particular local role. A former leadership title does not itself confer authority in the new service.

Reduction in hours or partial retirement can also change the portfolio's emphasis. Record duties relinquished, responsibilities retained and any new limits or support arrangements. An earlier broad scope should not remain the apparent current scope after substantial work has ended. Conversely, a smaller number of working sessions does not make ongoing educational, leadership or clinical responsibilities disappear. The evidence plan should follow the work that continues, including any separate professional role outside the main employment. Chapter 22 returns to these transitions and their practical handover requirements.

When an approved export is available, inspect it before the old account closes. Check that attachments, dates and agreed outputs are readable and that links do not simply return to a system you will no longer be able to enter. Record any missing element while the support team can still assist. This practical check distinguishes having downloaded a file from having preserved usable evidence. It also prevents a future application deadline from becoming the first test of an export made months earlier.

Ravi produces an application with fewer attachments than expected. Each item has a defined purpose, an account of his contribution and an appropriate source. He records development needs, permissions and a method for maintaining evidence. Appointment remains a separate competitive decision, but he can now describe his practice without relying on volume or memory. This is the portfolio's durable value: reliable evidence that travels through a career while respecting the people and organisations whose work it represents.