



fom
Faculty of Occupational Medicine
of the Royal College of Physicians

SOM OM Drs Careers Portfolio Pathway

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Portfolio Pathway (PP)

- **The route leading to a Certificate of Eligibility for Specialist Registration (CESR)**
- To be distinguished from the training route -> Certificate of Completion of Training (CCT)
- Alternative and not “back door” route to specialist register
- Also an alternative route to obtain MFOM (“ad eundem”)
- (Known in the past as “Article 14” and the CESR route)

“Equivalence”

- Portfolio Pathway and CCT routes to specialist registration clearly different, but require equivalent evidence of ‘training’, experience, capabilities etc.
- CESR applicants have not completed a CCT programme (or did before 12.1.1996). [Can be from overseas](#)
- CESR normally applied for after at least 4 years (WTE) in OM; thus applicants for CESR may be more (and more broadly) experienced than CCT applicants
- Portfolio Pathway suitable for those who have constructed their own OM career – most have done no formal training (although a few have done some)

Would you go for PP?

(if you are aiming to be a Specialist/Consultant)

- Specialty training is the main/preferred route to becoming a Specialist/Consultant **but**
- Does not suit all and not so many training posts available
- (PP exists for all specialties)
- Advantages and disadvantages

Key differences from specialty training

- No application to NSOH
- No NTN/NTN(I) issued
- No need for GMC approval of your post(s)
- No HEE (NHS) LETB/TPD oversight
- No ARCPs
- No need to complete within four years (WTE)

Other differences. With PP...

- It's down to you to find suitable work
- It's also down to you to find supervision
- You will need to ensure you find (or make) time for educational input and preparation (e.g. for exams, CESR application process)
- You may not have interim progress checks
- How long will it take – largely up to you

The standard to meet

Applicants who apply (for specialist registration) under the Portfolio Pathway route must demonstrate that they have the knowledge, skills and experience required for practising as an eligible specialist or GP in the UK.

Ways of proceeding to CESR

- In 'mid career' – one “designed” by you and followed over a number of years, at which point you decide to apply for a CESR
- From the outset – structured approach, with the intention of working towards applying for CESR from the time you begin your OM career

In either case...

- You must have done suitable work prior to OM
 - 2 years FY, at least 2 in Core Training (any recognised specialty)
- No need to have postgrad diplomas from that time although *must* demonstrate capabilities
- You will need some sort of supervision

In either case

- You have to collect evidence which shows you have covered the whole FOM training curriculum
- You should have worked in OM for at least 4 years (WTE) before applying for CESR (but no upper limit)
- You are expected to pass OM exams and do/have done research

Involvement with FOM

- Register
- Check time 'served' before OM practice
- Is your job/work 'suitable' for PP
- Aim to have supervisor and employer support
- Attend Coaching Day
- Use of e-portfolio
- Exams
- Facility to review certain items of evidence

OM qualifications

- (MFOM Part 1)
- MFOM Part 2
- D Occ Med
- AFOM – old and new (MFOM I)
- Advanced Diploma
- MSc

The evidence

- Some evidence from overseas must be authenticated (solicitor/ETB)
- Most must be verified (local senior colleague) and anonymised (be warned!)
- Relatively recent (“6 year rule”, but exceptions)
- How much? ~ 150 uploads (guidance) (usually more than 1,000 pages)

Types of evidence

- Primary – actual examples of your work or direct indications of it e.g. timetables, your reports, teaching plans, audits
- Secondary e.g. referees' reports, testimonials

Primary evidence

- Evidence of breadth and volume of work
- **Clinical work** – your reports, referrals to others, advice on sources of support
- All need to show clarity, sound OM and clinical advice, case variety
- Also ethics e.g. consent, confidentiality

Primary evidence: other key examples

- Health surveillance – your involvement
- Workplace visits – your own work
- CPD
- Understanding and application of legislation
e.g. H&S, Disability
- Teaching – who was taught, content, evaluation
- Audit – including outcome and repeat

Primary Evidence: a few more items

- Research – FOM curriculum
- Health Promotion
- Teamwork – involvement, Management
- (RITA/ARCP assessments)
- Pre-OM experience (FYs and 'Core' training – *equivalent to ST3 Person Spec*)

WBAs/SLEs (use standard trainee materials)
must be included

Research

- You may have done an MSc (or other degree) or published, **or**
- You can do a dissertation “for purpose” **or**
- Alternatives
- Supervisor/Mentor’s advice
- Other, specialist support
- Guidance on FOM website
- FOM dissertation library

The document you need

- **Specialty Specific Guidance (SSG)**
- Co-authored by GMC and Colleges or Faculties
- Ours is accessible via FOM website
- Provides detailed guidance on evidence for pre-OM and OM experience
- Examples of evidence, and how many needed
- Can help you to organise your evidence
- Subject to revision from time to time

Referees

- Provide secondary evidence
- You'll need to find at least three
- First: “Medical Director” or alternative
- **Two** OM Specialist colleagues (at least)
- If you have been in formal training, should use (most recent) ES/RSA/TPD
- Non-medical referees permitted (“equivalent standing”)

Referees

- Must provide structured report (template)
- Discuss your recent practice
- Should ideally have directly observed it
- In some instances, provide the only evidence under some headings e.g. probity

So, firstly, is OM for you?

Try and find out by:

- Meeting OM Consultants, trainees and/or PP candidates
- Sitting in on OM clinics
- Visiting workplaces
- Reading about it – books and journals
- SOM

If it is, to begin with...

- Consider enrolling for D Occ Med
- Check with FOM re. your past experience
- Try to find OM work where you:
 - ✓ Can gain reasonably broad experience and...
 - ✓ Can get supervision or mentoring and...
 - ✓ Will be allowed some time for CPD and study
 - ✓ Can take all learning opportunities e.g. group visits

Start gathering evidence – do it as you go along

You're also advised to

- Find a mentor/supervisor (specialist) as early as possible – get guidance on work & evidence
- Make a plan and have support
- Create a 'logbook' – paper/electronic (what you've done)
- Look at GMC website – general guidance & **SSG**
- Contact FOM & look at website
- Join SOM support groups
- Ensure there are no gaps in your evidence
- (Lot of information needed, so) Be methodical
- (Later) Identify referees

Pitfalls (and how to avoid)

- Planning (lack of)
- Evidence lost/not obtainable
- Too much of some/not enough of...
- How to keep or store it
- Lack of local senior OPs
- Preparation for exams
- Problems with research
- Gaps in your application

Perceptions/concerns about PP

- It's (terribly) difficult
- It takes so long
- Who can I get help from?
- Brexit!?

PP - summary

- Are you keen to be recognised as a Specialist?
- Consider carefully and read up about process
- Seek advice
- Obtain support
- Take time
- Be thorough
- Quality more important than quantity

Sources of support and information

- FOM website
- GMC website
- FOM – training section (training@fom.ac.uk)
- SOM support groups and services
- FOM Coaching Day
- FOM and SOM PP reps
- **Specialty Specific Guidance**