PORTFOLIO PATHWAY & SPECIALIST REGISTRATION | MODULE 03

Curriculum gap analysis and an individual development plan

Turn a large curriculum into a controlled evidence map that identifies what is demonstrated, what is weak and what requires new experience.

✓ 18 min reading

✓ Full teaching, practical next steps and reflection

✓ Six practice questions with answers and explanations

✓ Complete source list and jurisdiction notes

Prepared for SAS, locally employed and other UK doctors

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Using this module

Independent education

This is general professional information, not individual clinical, legal, employment, immigration, regulatory, tax or pensions advice. Current official instructions and the circumstances of the individual case remain controlling. Practice scores do not establish professional competence or accreditation.

The short answer

A useful gap analysis maps every required outcome to evidence quality, currency and verification—not just to a filename. It should distinguish evidence already strong enough, evidence needing better assessment, and experience that has not yet occurred. The development plan then converts genuine gaps into agreed opportunities and review dates.

Three next actions

- Create one row for every curriculum outcome and required specialty capability.
- Rate each row for scope, direct observation, currency, triangulation and verification readiness.
- Convert red and amber rows into an agreed development plan with opportunity, assessor, evidence product and review date.

Learning objectives

- Build an outcome-level curriculum map.
- Distinguish an evidence gap from an experience gap.
- Translate weaknesses into specific, assessable development activity.

Map every outcome

Start with the highest-level curriculum outcomes and specialty-specific requirements, then create a row for each. Record what the outcome means in practical work, the level expected, current evidence, date, context, verifier and remaining weakness. Page references should eventually point to the exact place that supports the claim.

Do not map one generic certificate to many unrelated outcomes. A course may show attendance or knowledge; it rarely proves sustained workplace performance. Where one item genuinely supports several outcomes, explain its different relevance to each.

- Use one controlled master map.
- Map exact page or section references.
- State what each item demonstrates and does not demonstrate.

Three different gap types

An experience gap means the doctor has not practised a required area or at the necessary level. An assessment gap means the experience occurred but was not observed or evaluated robustly. A documentation gap means valid evidence exists but is inaccessible, poorly indexed, unverified or unclear.

The solution depends on the gap. Experience requires supervised access or rotation; assessment requires an appropriate assessor and method; documentation requires retrieval, authentication, translation, redaction or better explanation. Collecting more of the wrong evidence does not close the right gap.

- Name the gap type.
- Match the intervention to the gap.
- Do not substitute quantity for relevance.

Use ratings that mean something

A red-amber-green system is useful only if definitions are explicit. Green could mean current, directly relevant, independently supported and ready for verification. Amber may mean partial scope, older evidence, weak assessment or missing corroboration. Red should identify absent experience or evidence.

Add a confidence note and the next action. A portfolio with many green labels but no rationale is false reassurance. Review ratings with someone who understands the specialty standard and is willing to challenge assumptions.

- Define the rating rules.
- Record the reason for each rating.
- Invite constructive challenge.

Turn gaps into a development plan

Each plan item should specify the outcome, required experience, location, duration, supervision, assessment method, evidence expected and completion review. ‘Gain more acute experience’ is not actionable; ‘complete a six-month agreed acute attachment with observed assessments, case mix review and supervisor report’ is.

The plan should be proportionate and compatible with patient safety, employment arrangements and workload. Some gaps can be addressed within the job plan; others require a secondment, cross-site work, project, course plus application, or a future post.

- Define opportunity, assessor and output.
- Agree protected time and governance.
- Review whether the activity actually closed the gap.

Sequence by dependency and lead time

Prioritise opportunities that take longest or depend on external access: rotations, on-call breadth, examinations, research governance, teaching cycles and quality-improvement measurement. Shorter documentation tasks can run alongside them. Avoid opening the application merely to create a deadline before these dependencies are secure.

Use realistic buffers for leave, rota changes, assessor availability, document verification and employer approval. Recheck the curriculum at defined intervals, especially before paying and before final submission.

- Start long-lead gaps early.
- Build contingency time.
- Set formal review points.

Govern the project

Treat the application as a multi-year quality project. Use one evidence register, a version convention, a decision log and regular review meeting. Record who has agreed access, what has changed and which risks could delay submission.

A supporter can help coordinate, but the applicant remains responsible for accuracy and completeness. Avoid delegating the whole map to an administrator or assuming the GMC will reorganise poorly presented evidence.

- Maintain one source of truth.
- Document decisions and changes.
- The applicant owns the final submission.

Common mistake

Avoid this	Calling every weak row an ‘evidence gap’ can lead to better paperwork for experience that has never actually been gained or assessed.

Pause and reflect

Which of your red or amber rows needs a new clinical opportunity rather than another document?

Takeaways

- Map every outcome to quality, currency and verification—not only to a file.
- Experience, assessment and documentation gaps require different solutions.
- A governed development plan protects time and prevents late surprises.

Knowledge check

Choose one best answer. These practice questions support reflection; they do not assess a real case or confer accreditation. Answer positions match the browser edition.

1. A mandatory course certificate is mapped as proof of leadership, team performance and patient outcomes. What is the problem?

A. One item may only map once

B. Attendance alone rarely demonstrates those different workplace outcomes

C. The title is too short

D. Exclude all course evidence instead of identifying the limited claim it supports

2. A doctor regularly performs a procedure but has only an unaudited personal list. What is the primary weakness?

A. The curriculum no longer matters

B. A referee can invent the missing data

C. The procedure must stop

D. Assessment and evidence quality, not necessarily lack of experience

3. Who should validate a self-rated green curriculum row?

A. Only the applicant

B. A knowledgeable supervisor or specialty adviser using the current standard

C. No one if the evidence file is large

D. Any colleague regardless of specialty

4. Which plan is more useful?

A. Collect extra certificates

B. A defined placement linked to outcomes, assessment and review

C. Get more experience sometime

D. Ask for a supportive reference

5. An examination result and six-month attachment are both missing. What should shape sequencing?

A. Booking windows, placement access and evidence lead time

B. Alphabetical order

C. File size

D. Which task looks easier

6. What is the safest way to manage evidence versions?

A. Email attachments as the only archive

B. Renaming files on submission day

C. Multiple unnamed desktop folders

D. A controlled index with stable names, dates and status

Answers and explanations

1. B — Attendance alone rarely demonstrates those different workplace outcomes

Attendance alone rarely demonstrates those different workplace outcomes This follows the principle explained in “Map every outcome”.

Re-read “Map every outcome” and write down the evidence or decision you would need before acting.

2. D — Assessment and evidence quality, not necessarily lack of experience

Assessment and evidence quality, not necessarily lack of experience This follows the principle explained in “Three different gap types”.

Re-read “Three different gap types” and write down the evidence or decision you would need before acting.

3. B — A knowledgeable supervisor or specialty adviser using the current standard

A knowledgeable supervisor or specialty adviser using the current standard This follows the principle explained in “Use ratings that mean something”.

Re-read “Use ratings that mean something” and write down the evidence or decision you would need before acting.

4. B — A defined placement linked to outcomes, assessment and review

A defined placement linked to outcomes, assessment and review This follows the principle explained in “Turn gaps into a development plan”.

Re-read “Turn gaps into a development plan” and write down the evidence or decision you would need before acting.

5. A — Booking windows, placement access and evidence lead time

Booking windows, placement access and evidence lead time This follows the principle explained in “Sequence by dependency and lead time”.

Re-read “Sequence by dependency and lead time” and write down the evidence or decision you would need before acting.

6. D — A controlled index with stable names, dates and status

A controlled index with stable names, dates and status This follows the principle explained in “Govern the project”.

Re-read “Govern the project” and write down the evidence or decision you would need before acting.

Official and professional sources

Confirm the current source version and applicable nation, contract, scheme or specialty. A source list is not a statement that every rule applies to every reader.

GMC: specialist/GP registration overview and application route finder
UK · https://www.gmc-uk.org/registration-and-licensing/join-our-registers/applying-for-specialist-or-gp-registration

GMC: Information for Responsible Officers and supporters
UK · https://www.gmc-uk.org/cdn/documents/portfolio-pathway-applications---information-for-responsible-officers---dc21350_pdf-104695809.pdf

NHS Employers: SAS development guidance
England · https://www.nhsemployers.org/publications/sas-development-guidance

Scotland Deanery: Portfolio Pathway for SAS grades
Scotland · https://www.scotlanddeanery.nhs.scot/your-development/specialist-and-associate-specialist-doctors-and-dentists/portfolio-pathway-for-sas-grades-formerly-cesr/

HEIW: Portfolio Pathway support for SAS doctors
Wales · https://heiw.nhs.wales/education-training/a-z/sas-doctors/how-to-apply-for-certificate-of-eligibility-for-specialist-registration-cesr/

Edition and verification

Editorial edition: 9 September 2026. The page source-review date is 2026-09-07. A publication date, editorial edit and substantive source check have different meanings. See sasdoctors.com/corrections for material corrections and the scope of review.

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