Portfolios are used to demonstrate the process of progression, to assess achievement, to collect private documents for review and to provide evidence for public scrutiny. Therefore portfolios can be used informally for personal and professional development and formally to show competence in relation to a relevant framework or demonstrate that specific learning outcomes have been achieved.

Portfolios are widely used in the early years of a pharmacist’s training. Preregistration trainees use portfolios to collect evidence to demonstrate that they are meeting preregistration performance standards. The Joint Programmes Board has specified essential components to be included in portfolios for pharmacists studying for its postgraduate diploma in general pharmacy practice. These include assignments, appraisals, CPD entries and evidence to demonstrate the pharmacist meets competences within the general level framework (GLF).

However, after completion of this initial training many pharmacists stop keeping a portfolio unless it is a requirement for a further postgraduate qualification.

Why build a portfolio?
A professional portfolio enables you to assemble, in one place, many or all of the important details of your career — past, present and future — and any special achievements that you have made over the course of your working life.

The portfolio provides evidence of learning, experiences and achievements and demonstrates your current knowledge, skills and competency. The portfolio also encourages reflection and self-directed learning, based on real experiences.

Within the NHS, you can use a portfolio to gather evidence for appraisals and to demonstrate that you meet the requirements of the NHS Knowledge and Skills Framework specified in the KSF outline for your job.

The portfolio can be used for your professional development and to plan your future career. The Royal Pharmaceutical Society in partnership with pharmacy specialist groups has set out a vision for developing advanced level practice and professional recognition. Professional curricula are being developed that describe and define the knowledge, skills and relevant experiences that an individual could provide as evidence of advancing one’s practice.

These professional curricula are mapped to the advanced and consultant level framework (ACLF). Pharmacists wishing to gain professional recognition of advanced practice gather evidence to
demonstrate that they meet the requirements of the specialist curriculum and competences within a professional portfolio. Some specialist groups (e.g., the United Kingdom Clinical Pharmacy Association critical care group) already have mechanisms in place for recognising advanced practice that include the assessment of a portfolio.

The General Pharmaceutical Council (GPhC) recommends that, in addition to the statutory CPD requirements, pharmacists maintain a learning portfolio with records of attendance at, and key learning points from, continuing education events and notes of other learning (e.g., through their work).

The learning portfolio can provide supporting evidence for the CPD record and is a useful resource for reference. The GPhC will be developing a model for revalidation this year and it is likely that a portfolio of evidence will become a component of the revalidation model.

The following recommendations were among the outputs of a 2010 review into revalidation within pharmacy:10

- Portfolios of evidence are the most appropriate means of collecting and retaining the evidence and records that would be required to satisfy revalidation standards
- Multiple sources of evidence should be accepted so that the evidence is broad enough to accommodate the many and various fields in which pharmacists work
- CPD should be the primary source of evidence for revalidation and therefore CPD entries should be mandatory evidence

What should it contain?

Deciding what to include in a portfolio depends on its purpose. Some portfolios are related to academic study and therefore their contents and structure may be determined by the university. Box 1 contains a list of suggested material to include.

Tips for building a portfolio

Four stages of portfolio building have been described, which have been likened to a shopping trolley, a toast rack, the spinal column and a cake mix (the analogies are described below).11 They allow a stepwise approach to portfolio development — increasing in detail and complexity from shopping trolley to cake mix.12 Following these four steps will help you to create a professional portfolio that you can be proud of.

Step 1 Gather your evidence — this is the “shopping trolley” stage of portfolio development, where documents are collected into a folder but there is no structure.

Box 1: What to put in a portfolio

The following are examples of items that could be included in a portfolio.

Scope of practice Your portfolio should include documentation to support the scope of your current practice, for example:

- Job description
- Relevant competency frameworks (e.g., GLF, ACLF)
- KSF outline for post
- Curriculum vitae

Achievements Include evidence of achievements such as:

- Publications
- Conference presentations or posters
- Projects and audits
- Appraisals

Evidence of competence Any evidence to demonstrate that you meet competences within a relevant framework, such as:

- Teaching sessions
- Queries that you have answered for patients or other healthcare professionals
- Records of interventions and contributions to patient care

If you are using an e-portfolio you can include audio and video files as well as written evidence.

Formal learning Any formal learning that you have completed (e.g., courses and workshops attended, qualifications, e-learning, reading, etc) should be documented, including course certificates if possible.

Development Evidence of, and plans for, future development should be in your portfolio (e.g., personal development plan, CPD entries).
Step 2 Organise your evidence — divide your folder into clearly defined sections. For example, you could file your evidence according to different sections of a competency framework (e.g., the GLF, ACLF or KSF), different modules of a qualification or different areas of your practice. This is the “toast rack” stage of portfolio development, whereby each discrete element (the toast) is a different element of practice or competence.

Step 3 Reflect on your evidence — in this step you need to reflect on how the evidence within your portfolio connects to specific competences. In many cases a single piece of evidence will link to more than one competency or area of practice (and vice versa). In these situations it is useful to create a system of signposting within your portfolio to ensure that you, and any external reader, can easily see how you have demonstrated any competences.

This is the “spinal column” stage of portfolio development, in which different elements of the toast rack are linked through reflection on practice.

Step 4 Link it all together — this involves looking at your portfolio as a whole to identify what it tells you about your practice. Ask yourself the following questions:

- **What? (the past)** What have I collected about my work, learning, knowledge, skills and competence?
- **So what? (the present)** What does this show about my practice and what I have learnt?
- **Now what? (the future)** In what direction do I want or need to go in the future?

This is the “cake mix” stage of portfolio development, in which your portfolio becomes more than the sum of its parts and you make clear what you have achieved, how your evidence supports this and what you have learnt.

**Take your time**

Give yourself plenty of time to develop your portfolio and make sure you have excellent signposting throughout, including a concise introduction and a clear index. Once you have built your portfolio do not forget that it should not remain static — your portfolio is a live document that you will need to review and update on a regular basis.

**References**