

Portfolio Pathway MSF 8-week planner

Use this before running Multi-Source Feedback. The aim is to create credible, recent and reflective colleague feedback evidence without rushing the rater mix or packaging.

Page 1 - Week-by-week MSF workflow

Week	Job to do	Output
1	Confirm SSG, tool, local appraisal rules and who will oversee/release the report.	Tool + governance agreed
2	Build rater list across senior doctors, SAS/specialist doctors, nurses, AHPs, managers/admin and MDT colleagues.	Balanced rater list
3	Send MSF requests with deadline, confidentiality wording and a short explanation of scope.	Requests sent
4	Monitor response spread. Do not only chase senior doctors if the MDT view is missing.	Response gaps identified
5	Chase fairly and add raters if the group is too narrow or too friendly.	Credible response mix
6	Review summary for themes. Note strengths, surprises and development points.	Theme notes
7	Discuss report with supervisor, appraiser or educational lead and agree actions.	Discussion note
8	Package anonymised summary, method note, rater mix, reflection and action plan.	Portfolio upload pack

Rater mix planner

Rater group	Names / roles to invite	Why this group matters
Consultants / clinical leads		Judgement, independence, governance, escalation.
SAS / Specialist / senior doctors		Day-to-day senior clinical work and reliability.
Nursing colleagues		Communication, handover, ward/clinic/team behaviours.
AHPs / MDT colleagues		MDT contribution and cross-professional working.
Managers / admin / coordinators		Responsiveness, service contribution, professionalism.

Page 2 - Evidence packaging and reflection prompts

An MSF report alone is rarely enough. Package it so an evaluator can understand the method, the scope, the discussion and what changed because of the feedback.

Evidence pack checklist

- Anonymised MSF summary or report generated by the tool.
- Short method note: tool used, dates, scope covered and confidentiality approach.
- Rater mix note by role category, not necessarily named individuals.
- Supervisor, appraiser or educational lead discussion note.
- Reflection: strengths, development themes, surprises and action plan.
- Follow-up evidence if feedback identified a development area.

Reflection prompts

Prompt	Your notes
What themes came through most strongly?	
What confirmed what you already thought about your practice?	
What challenged or surprised you?	
Which Good Medical Practice domains does this feedback support?	
What specific action will you take in the next 3 months?	
What evidence will show you closed the loop?	

Final safety checks

- I have checked my specialty SSG before relying on this MSF.
- The feedback is recent enough for my application strategy.
- The rater mix is not only friendly colleagues or same-grade peers.
- The process protects confidentiality and avoids cherry picking.
- The reflection shows insight and action, not just satisfaction with good scores.

Rule of thumb: if the MSF could be read as a popularity exercise, it is not strong enough. If it shows recent, honest, multi-role feedback plus reflection and action, it becomes useful professional evidence.