Royal College of Physicians

Flexible portfolio training
Frequently asked questions

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Why is flexible portfolio training being introduced?
Flexible portfolio training (FPT) aims to:
- improve the morale and wellbeing of medical registrars by responding to their desire to train flexibly and prepare for portfolio careers
- improve recruitment and retention of medical registrars in dual-accrediting specialties.

To meet the future population and workforce needs there is a clear need to focus on professional development to avoid erosion of quality, prevent burnout and develop a workforce committed to patient-centeredness. FPT aims to help develop trainees' interpersonal and non-clinical skills by protecting time for generic professional capability training.

What are the vertical themes of FPT?
- to facilitate the trainee to manage their career, be autonomous and manage change
- to empower trainees to adopt the knowledge, skills and behaviours of medical professionals, providing time to pause and think, with regulations that support, not stifle, professional development.

Will portfolio training increase the length of training?
FPT is just one approach to working as a higher specialty trainee, and whilst new, does have similarities to the chief registrar scheme and academic training posts, in that there is protected non-clinical time. At 20%, this is not expected to impact on the length of training, and progression through clinical competencies and the parent specialty will be reviewed like usual national training numbers.

In light of the fact that the internal medicine (IM) curriculum is competency rather than time-based, there is the opportunity to move through training more quickly, or to take more time if required to achieve all competencies. We are working with the specialist advisory committees to issue guidance on the process for recommending a certificate of completion of training (CCT) date for portfolio trainees in line with non-portfolio trainees, particularly if they are acquiring competencies at the expected speed (or more rapidly than anticipated). This guidance should apply to all general and acute internal medical specialties supervised by the Joint Royal Colleges of Physicians Training Board (JRCPTB) but may be subject to variation.

How would this work for less than full-time trainees?
FPT will be accessible to less than full-time (LTFT) trainees. The complementary pathway will still require 0.2 full-time equivalent (FTE) and trusts can decide the lowest feasible LTFT FTE in this context. We suggest FPT should be available to LTFT trainees working 0.7FTE or more, who would thus devote at least 0.5FTE to clinical work and training. We recommend considering allowing trainees working 0.5FTE or 0.6FTE to join FPT with half a day per week protected for their complementary pathway. We strongly recommend a flexible approach based on the needs of the trust, and the previous annual review of competence progression (ARCP) outcomes and training needs of the trainee.

What is the significance of the generic professional capability framework?
Generic professional capabilities (GPCs) are the broader human skills needed by doctors to help provide safe and effective patient care and according to the General Medical Council (GMC), should be embedded throughout training. The GMC describe GPCs within a nine domain framework which is not a standalone curriculum (nor a check list) but should be integrated into all curricula by 2020 in a way that is relevant to specific specialties.

Generic skills can be difficult to evidence and are being assessed in very different ways. FPT provides an overarching approach for development and attainment of each domain. The four pathways were chosen as they map to the generic capabilities in practice (CiPs) of the new IM curriculum and the pathways are also underpinned by the GPC framework.

Why is clinical informatics one of the pathways?
Clinical informatics, or digital health, seeks to transform healthcare by analysing, designing, implementing, and evaluating information and communication systems to improve patient care, enhance access to care, advance individual and population health outcomes, and strengthen the clinician–patient relationship. This is an emerging and rapidly progressive field which can help to promote preventative medicine.

The clinical informatics pathway encourages the development of excellent digital capabilities including a positive attitude towards technology and innovation and its potential to improve care and outcomes. With improved overall digital literacy capabilities, trainees can maximise that potential.

This pathway links to 'Building a digital ready workforce', a Health Education England (HEE) programme of work that aims to bring people together in a culture that recognises the need to innovate. The mission is to help everyone in the health and care sector in England to become comfortable enough with digital tools that they can contribute to that transformation and deliver the outcomes of their role quicker, easier, safer and at a higher level of quality.

How is FPT quality managed, controlled and assured?
- The local HEE Office / postgraduate deaneries are responsible for the effective quality management of education and training programmes including FPT.
- The GMC remain responsible for quality assurance for all postgraduate curricula, however FPT pathways are outwith the IM curricula, ie the pathway content is recommended, not mandated.

How will FPT be assessed?
- The portfolio trainee carries out an initial needs assessment at the start of each rotation/year and this is discussed with their portfolio supervisor to make a realistic personal development plan based on (parts of) the relevant pathway.
- Resources will be available from the RCP to facilitate e-learning, self-directed and peer-learning in addition to experiential learning, agreed with their pathway supervisor.
- The portfolio trainee is expected to reflect on their learning and development, upload relevant documents/reports/presentations to their personal library and use ePortfolio tools such as appraisals and 360 feedback.
- Interim meetings with supervisors should be documented in the trainee's ePortfolio to provide global judgement by the supervisor in context of stage progression with formative feedback facilitating reflective learning in ePortfolio.
- The portfolio supervisor completes a report (similar to the clinical supervisor's report) which is submitted at the ARCP to ensure engagement and progress along the chosen FPT pathway.

What happens if a portfolio trainee does not engage adequately with their chosen pathway?
This should be flagged by the portfolio supervisor, raised at ARCP, and the trainee will be asked to resume standard training, ie to demit from their FPT post.

How long can an individual train like this?
All FPT trainees will have the opportunity to work within their pathway, for a minimum of 1 year. Dependent on satisfactory ARCP outcomes, each trainee can choose to remain on their pathway for the duration of their higher specialty training.

What is expected of an FPT trainee?
Flexible portfolio training is designed to provide opportunities for professional development, in line with the GPCs.

The pathways that have been produced act as a guide to demonstrate what areas can complement development. They are not mandatory, nor exhaustive. Trainees are expected to engage in project work that allows them to meet these capabilities.

Examples of project work in each pathway;
- Medical education – plan, develop and deliver educational resources for trainees.
- Quality improvement – design, manage and facilitate quality improvement projects.
- Research – generate preliminary data for a proposal, or perform a systematic review.
- Clinical informatics – lead on digitising a new or improve an existing treatment pathway.

An early needs analysis of the trainee with their supervisor will help determine what project(s) is(are) suitable.

What are the benefits to the trust?
By offering an FPT post, a trust medical registrar job may be more attractive, thus guaranteeing a trainee 80% clinical time, with full on-call commitments, as opposed to possibly having to rely on expensive locum cover, for rota gaps. Protecting time for professional development along one of the pathways is also likely to lead to happier trainees, an important example for core medical trainees (CMTs) and foundation doctors within the trust. There is scope for trainees to engage in project work that will benefit the trust itself.

Why is this not open to all medical specialties?
One of the aims of FPT is to increase recruitment to dual-accrediting medical specialties in general IM. Therefore the pilot year will focus on specialties and regions where impact is likely to be felt the most. The evaluation of the pilot year will inform expansion to other specialties.

Why is this only available at ST3 level?
The core medical training programme is already undergoing change to the new IM curriculum in 2019, so is not suitable for another scheme as yet.

The pilot year will target those individuals, new to the medical registrar role, but may open up to all grades of higher specialty trainees in later years.

What is the difference between FPT and the chief registrar scheme?

	Chief registrar scheme	Flexible portfolio training
Sponsor(s)	RCP	HEE and RCP
Aims	Flagship leadership programme to develop future leaders for improvement	Increase flexibility in training to aid recruitment and retention
Drivers	Future Hospital Programme in response to the Future Hospital Commission report	Low morale amongst doctors in training *cf Enhancing junior doctors' working lives*
Target and duration	Senior trainee for 1 year–18 months	ST3 +/- duration of higher specialty training
Protected time from clinical duties	40% protected time	20% protected time
Focus	Leadership training to respond to key local challenges such as - Education and training - Engagement and morale - Service improvement - Workforce issues	Generic professional capabilities through one of four key pathways: - Clinical informatics - Medical education - Quality improvement - Research
Numbers	Aim of one per acute trust	No limit to trusts. Aim for 60–65 in total for 2019
National support	RCP bespoke leadership development programme	Training and learning resources for both trainee and supervisor; peer network
Local support	Senior clinical leader who acts as a mentor	Local portfolio supervisor with expertise in chosen pathway +/- local external party, eg university
Specialties	Potentially all	Dual-accrediting medical specialties
Pilot	2016/17: external evaluation available at www.rcplondon.ac.uk/ projects/outputs/independent-evaluation-chief-registrar-scheme	Starting August 2019

HEE = Health Education England; RCP = Royal College of Physicians.