Frequently asked questions

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
- maintain trainee satisfaction of achieving professional development that is separate to clinical work duties
- improve recruitment and retention of medical registrars.

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 centredness. FPT aims to help develop trainees’ interpersonal and non-clinical skills by protecting time for generic professional capability training.

We hope that it will produce well-rounded clinicians who think beyond the confines of the ward and clinical work. This will facilitate trainees to be more adaptable to changing circumstances and agile in their approach to their future needs and delivery responsibilities.

What are the vertical themes of FPT?

- To facilitate the trainee to be autonomous, manage change and excel in their career.
- To expose the trainee to new ways of working, teamwork and leadership.
- To provide protected time for non-clinical professional development.
- To empower trainees to adopt the knowledge, skills and behaviours of medical professionals.

Will flexible portfolio training increase the length of training?

FPT is just one approach to working as a higher specialty trainee and has protected non-clinical time. At 20%, this is not expected to impact on the length of training. Progression through clinical competencies and the parent specialty will be reviewed as normal. The internal medicine (IM) curriculum is competency based rather than time based. There is the opportunity to move through training quicker, or to take more time if required to achieve all competencies.

Time management and organisational skills will be key to ensure that trainees are keeping up with their clinical progression at the expected rate. If trainees are struggling, we would recommend they discuss this with their local teams. It may be necessary to pause FPT time for a while and focus on clinical medicine. If there are significant concerns, it may be necessary to demit from their FPT post.

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). We suggest that FPT should be available to LTFT trainees working 0.7 FTE or more, who would thus devote at least 0.5 FTE to clinical work and training.

What happens during maternity/paternity leave?
As with specialty training, FPT will be paused during a period of maternity/paternity leave. When returning to training, we recommend that trainees reconnect with their FPT lead and TPDs to discuss FPT plans.

**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 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. The aims are 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 more quickly, more easily, more safely 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 remains responsible for quality assurance for all postgraduate curricula; however, FPT pathways are outside the IM curriculum, 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.

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 the context of stage progression, with formative feedback facilitating reflective learning in ePortfolio.

The FPT supervisor completes a report (similar to the clinical supervisor’s report) which is submitted for the Educational Supervisor to review before writing the end of year report. This is to ensure that the ARCP panel can review all aspects of a trainee’s annual development. The ARCP panel need to ensure engagement and progress along the chosen FPT pathway. If there are concerns with progression they may recommend that the trainee demits from FPT.

How is FPT time recognised?

There is not anything official to show for the year in terms of a qualification or an accreditation from the RCP. The idea is to build on the trainee’s non-clinical professional development and gain experience in other areas. FPT provides time to work within different networks and be involved in meaningful projects, perhaps submitting your work to journals or conferences. There should be a supervisor report in the ePortfolio and library uploads of progress made to evidence work. Some deaneries are linked with universities and have developed local qualifications that make up some FPT time. If a trainee engages well, there are multiple opportunities for CV building.

What happens if a portfolio trainee does not engage adequately with their chosen pathway?

This should be flagged by the FPT supervisor 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?

FPT 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:

- Clinical informatics – lead on digitising a new, or improve an existing, treatment 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.

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. This is preferable to having a rota and ward gap. Protecting time for professional development along one of the pathways is also likely to lead to happier trainees, an important example for internal medical trainees (IMTs) and foundation doctors within the trust. Trainees are likely to engage in project work that will benefit the trust itself with service improvement, innovation, expanding digital capabilities, research and education delivery (see case studies).

**Why is this not open to all medical specialties?**

One of the aims of FPT is to increase recruitment to specialties in regions that are finding it difficult to fill their posts. The pilot phase will focus on specialties and regions where impact is likely to be felt the most. The evaluation of the pilot will inform expansion to other specialties.

**I am already doing a masters/research project, can I use the FPT scheme to get a day a week to do it?**

The aim of FPT is to give you time to engage with the pathways, not to give you free time to complete pre-existing projects or a day off a week. It is an opportunity to participate with local teams, networks and projects. Of course, you are welcome to bring pre-existing ideas and discuss your vision for your FPT time with your FPT supervisor.

**Why does FPT look different depending on the region?**

The aim is for the programme to be flexible and experiences will differ across the country. We give general advice and support, but the regions are meant to really develop locally what they want FPT to look like in their area. They should feel empowered to be creative and design a bespoke programme centred around their local resources.

**Why are all pathways not available everywhere?**

We are still in the pilot phase and currently most regions only offer one pathway, but some regions are starting to expand to include other pathways. Setting up a pathway in a region requires a lot of work and so the focus has been on establishing a successful pathway before widening out to others.