# Flexible Portfolio Training (FPT)**Guidance for Local Offices**

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## Overview

FPT is a flexibility initiative that allows postgraduate doctors in training in England the ability to have one day per week (or 20% time equivalent) protected for personal and professional development in one of four pathways. The availability of FPT may vary by HEE local office and specialty.

## Background

FPT was developed as part of HEE’s Enhancing Doctors Working Lives (EDWL) Programme. It was originally launched as a pilot initiative in higher physicianly specialty training, offered jointly by HEE and the Royal College of Physicians (RCP), with the College running the programme throughout the pilot stage. The management of the scheme transferred fully to HEE in April 2022 following the end of the successful pilot. HEE is now expanding the FPT initiative across all specialties, where the Postgraduate Dean deems appropriate and feasible in their locality.

**Rationale**

FPT is one approach to meet the demand for flexible working and is an opportunity for doctors in training to engage in meaningful project work that will benefit their non-clinical professional development and the wider NHS. FPT aims to:

* Improve patient care;
* Improve morale and wellbeing;
* Protect against burnout;
* Respond to the desire to train flexibly;
* Promote non-clinical professional development and portfolio careers for doctors in training;
* Improve recruitment and retention of medical registrars;
* Develop well-rounded clinicians; and
* Benefit trusts with service improvement and innovation.

## Guiding Principles for FPT

The following national guiding principles for FPT have been agreed:

* 20% time of trainee time (one day a week or the WTE equivalent) is protected for FPT work on a pathway, to be agreed between the HEE local office and the host Trust.
* Outputs for the FPT year for the trainee will be agreed at the start of the year.
* Each FPT trainee must have an FPT supervisor.
* **Each FPT trainee and FPT supervisor must produce a yearly report for their ARCP (please see Appendix B for example forms).**
* The four key pathways will be clinical informatics, medical education, research, and clinical service improvement (formally known as quality improvement).
* The FPT trainee should be progressing educationally at the same rate at ARCP and be able to gain their capabilities in four days a week (no need to extend training time). If trainees are not progressing satisfactorily in either their clinical work or their portfolio work, FPT may be withdrawn by the Postgraduate Dean on the recommendation of the TPD and/or ARCP panel.
* There will be a fair, open and transparent process surrounding selection for FPT, based on local office processes. There should be a basic assessment of suitability of the trainee for FPT prior to recruitment to the FPT post.
* Recruitment to FPT can be organised pre or post recruitment, depending on the discretion of each training programme.
* If trainees wish to leave the FPT programme, appropriate notice must be given to the HEE local office and TPD. This is suggested as 12 weeks.

## Recruitment Guidance for Local Offices

The following narrative has been produced to support local offices understand what method of recruitment to FPT works for them:

1. **Allocation at time of offer of Specialty Training post**: this means having FPT as a specific programme option that candidates can preference if they are interested. Whether they rank FPT above or below non-FPT options is up to them, and the offer will be made to the highest ranked person who included it in their preferences and could not be offered a more highly ranked programme. In the description you would need to make it clear what is entailed, for example:
* This programme offers the opportunity to undertake Flexible Portfolio Training (FPT), alongside specialty training. This programme can be offered as either medical education, clinical informatics, service improvement or research pathways and this will be agreed with the successful candidate. Trainees will spend a minimum of one year on their pathway and may have the option to continue for the duration of their specialty training programme. Please see the HEE website for information about the scheme: <https://www.hee.nhs.uk/our-work/doctors-training/flexible-portfolio-training>. Placement for the first year will be in hospital X, with rotation round the region in subsequent years. Please only include this programme in your preferences if you are prepared to undertake the flexible portfolio training element as the offer may be withdrawn if you subsequently wish to pull out.
1. **Allocation after offer of Specialty Training post:** at time of compiling programme preferences, you do not have a separate option for FPT and just need to note in the description that this option is available, number of opportunities, pathways available and any other details which may attract people to choose your region. You will need to note that successful candidates will be given opportunity after offers to register their interest and any details about how opportunities will be allocated.
2. **Existing Trainees:** outside of the formal recruitment process local offices may wish to offer FPT to existing doctors in training, for example at ST5. This is to be managed by the local office as required.

## Pathways & Projects

To date, the initiative has been offered under four pathways:

* [Clinical Informatics Pathway](https://healtheducationengland.sharepoint.com/%3Ab%3A/g/Comms/Digital/ETAV9qs3YgBOuX_ciaRiPOUBcRY-eLo8232cEd3CNn0-Eg?e=ODT3SD)
* [Medical Education Pathway](https://healtheducationengland.sharepoint.com/%3Ab%3A/g/Comms/Digital/EZi6wmGDo4FDotDm-Mc-MeoBeaEZ4m8Ec5ZfWGTYykg3Aw?e=4NKdPc)
* [Quality Improvement Pathway](https://healtheducationengland.sharepoint.com/%3Ab%3A/g/Comms/Digital/EQQhNzSszopNj0hdxZadUjkBnYB8Sc7P56FqcxkKTbeK2w?e=kDJhZQ) (Now termed clinical service Improvement)
* [Research Pathway](https://healtheducationengland.sharepoint.com/%3Ab%3A/g/Comms/Digital/EQDhFQVlsBNCvSJURSiRKtEB7vC5I4DTsYb1gWpIxoxPxA?e=8R2fRS)

These pathways describe a structured framework of activities a trainee might sample and undertake developing a range of experiences and are not intended to be exhaustive in their implementation. Each pathway is mapped to the General Medical Council (GMC) *Generic professional capabilities framework* required of every doctor. The pathways accommodate doctors in training entering with a wide range of prior experience.

Doctors in training will spend a minimum of one year on their pathway and may have the option to continue for the duration of their specialty training (subject to satisfactory progress and Annual Review of Competence Progression outcome).

The project undertaken as part of FPT is to be agreed with HEE, employers and the doctor in training to align with these pathways. Examples of FPT projects from the pilot phase can be found in **Appendix A.**

## Additional Details

### Duration

FPT can be offered for the duration of the programme and is at the discretion of the local office.

### Progression

As per the guiding principles, a report must be completed for the ARCP by the FPT supervisor and the doctor in training. Example forms can be found in **Appendix B**.It is important to note that FPT does not mean the doctor is training less than full time.

At the discretion of the Dean, the FPT scheme may be curtailed if the doctor in training is deemed to not be meeting the requirements of the training programme or the FPT is deemed to be having a material impact on their development within the programme.

### Working arrangements

As per the Code of Practice, employers should give 12 weeks’ notice for a change in working arrangements. This relates both to the doctor starting to train FPT, but also if they cease to.

It is important that the FPT doctor discussed their working arrangements with the employer directly. It is the expectation of HEE that the doctor in training should continue to meet the rota requirements (i.e. on-call) as if they are training full-time. This supports service delivery and ensures the FPT doctor in training does not suffer financially. Discussions on this need to be taken up with the employer.

### Funding

There is no additional national funding coupled to FPT. Any use of funds to support FPT is at the discretion of the local office/Dean. During FPT the employer/Trust will continue to receive tariff for 1 WTE, and will pay the doctor in training 1WTE salary, even though the doctor in training will be 0.8 clinically.

### Appeal

Should any doctor in training be dissatisfied with the selection process or management of the FPT scheme, they should be directed to their Postgraduate Dean.

### Supervisors

Doctors in training undertaking FPT will have a portfolio/FPT supervisor as well as their educational supervisor. It is essential that relevant FPT supervisors with adequate capacity are identified prior to any offer of FPT. They need to understand the premise of FPT and the relevant pathway and have the support of the Dean to supervise. During the pilot phase, the RCP produced supporting guidance for FPT supervisors and a summary of this can be found below:

The role of an FPT supervisor is predominately advisory. It is there to support doctors in training by providing feedback, guidance and suggestions regarding professional development relevant to their pathway. The role is not intended to replicate that of either their clinical supervisor or their educational supervisor.

The supervisor is not expected to provide the only basis of professional development for the doctor in training nor take on the role of any other professional. There may be variation in the role requirements across the offices. Key elements:

* Engage with the doctor in training to establish what they want from FPT and agree the scope for the project and the measurable outputs. The doctor in training should add the supervisor to their portfolio where possible.
* The supervisor should encourage development of personal development plans relevant to the project and pathway.
* The supervisor should encourage the trainee to identify areas of strength and areas for future development, being cognisant of their professional capabilities and career development. Ensure development and progress is reflected on their portfolio.
* Produce a report for the ACRP (example in Appendix B); and
* Respond to specific requests for assistance and guidance relating to FPT.

### e-Portfolio

During the pilot phase, the RCP modified the e-portfolio to allow trainees/supervisors to upload documentation. It is expected that each e-portfolio is different and the minimum requirement for FPT is that documentation can be uploaded to the training record for future review.

### Further information

A checklist has been produced to support local offices in the creation and requirements of any new FPT posts and can be found in Appendix C. Further information including an FAQ and supporting materials can be found on the national webpage: <https://www.hee.nhs.uk/our-work/doctors-training/flexible-portfolio-training>.

If you have any queries, please email: flexibleportfoliotraining@hee.nhs.uk.

## Appendix A – Project Examples

The project of a doctor in training will be bespoke to them, the pathway and the opportunities available through the supervisor and employer so will vary by doctor. However, during the pilot phase of this work the RCP provided examples of possible projects which have been summarised below:

|  |  |
| --- | --- |
| Pathway  | Example projects |
| Medical Education | Plan, deliver and facilitate grand rounds; Reform the doctor in training induction programme; Develop and deliver alternative training such as simulation; Develop a local mentoring programme; Research, design and facilitate interdisciplinary learning opportunities locally; Design and develop a PACES teaching programme; Design and deliver sessions on ethics, professionalism and wellbeing; Review types of work-place based assessments in terms of reliability, validity and educational impact; Identify learning needs of staff and students and gaps in provision to develop new resources/opportunities; Evaluation the impact of new curriculum such as IMT; Develop educational resources for clinicians in training or patients to be used remotely; or Contribute to the bank of educational content and scenarios for undergraduate exams. |
| Quality Improvement (Service Improvement | Benchmark current service performance in the speciality against best practice such as NICE guidance; Participate in national audits/QI programmes; Improve weekend discharge; Improve hospital at-night handover or similar processes; Establish ambulatory care and acute hospital at home pathways; Redesign care pathways; Reform induction processes; Improve ward round standards; Reduce wastage in testing; Scope and facilitate single doctor clerking; Improving on call working patterns for doctors in training; or Prepare a business case to improve or expand a service. |
| Clinical Informatics | Write and present a policy around procuring new clinical systems; Develop analysis and reports of data held in electronic health records for personal or department use; Survey clinicians’ use of messaging services in clinical contexts and lead on implementing an acceptable alternative; Investigate outpatient DNA rates and implement text reminders or other interactive solution; Redesign a referral system or discharge letter record if current process ineffective; Lead on digitising or improving a treatment pathway on existing electronic patient record system; Implement an electronic weekend handover system; Design a new intelligence dashboard e.g. for service performance and patient flow; Survey patients acceptability of apps, wearables and telemedieine; Creating information leaflets or consent forms; Create a patient information video or similar to improve digital literacy; or Scope the need for and implementation of video consultation in an outpatient service.In the North East, HEE has worked with Newcastle University to offer a CPD programme in health informatics to form the protected development time. |
| Research | Write an appraisal of a research paper or topic; Write an evidence-based review of a clinical subject; Design a consent form, participant sheet and study protocol; Write a scientific abstract or paper for presentation or publication; Perform a clinical audit; Perform a thematic analysis of qualitative data from either a focus group or interviews; or Participate in or help develop doctor in training research collaboratives regionally/nationally. |

The project scope is to be agreed between the trainee and supervisor.

## Appendix B – Report Templates (example)

1. An example of an **FPT supervisor ARCP form** to be completed by the FPT Lead/Supervisor can be found below from the RCP pilot (North West):

**This form supports the annual review outcome and should form part of the trainee’s permanent record.**

|  |  |
| --- | --- |
| Trainee’s Name: |  |
| GMC Number: |  |
| Deanery: |  |
| Training Programme: |  |
| Date of Report: |  |
| Level of training being assessed: |  |

**Please report on the trainee’s progress on the following areas:**

|  |  |
| --- | --- |
| Generic professional capabilities: |  |
| Development specific to their pathway: |  |

**Progress report on project work:**

|  |  |
| --- | --- |
| What is going well? |  |
| What areas require development? |  |
| Action plan? |  |
| Recommendation to ARCP panel (final meeting) |  |

1. An example **Interim Assessment Form** to be completed by the trainee and FPT Lead/Supervisor and uploaded to the portfolio (North West):

|  |  |
| --- | --- |
| Trainee’s Name: |  |
| GMC Number: |  |
| Deanery: |  |
| Specialty |  |
| FPT Lead/Supervisor Name:  |  |
| FPT Lead/Supervisor Email: |  |
| Period covered (From/To): |  |

**Brief summary of the FPT work/project including work pattern:**

|  |  |
| --- | --- |
| Comment on impact on clinical training/progress (if any): |  |
| Do you have any concerns about the trainee continuing with the FPT scheme? Y/N  |  |
| Additional comments: |  |

## Appendix C – Outline Checklist for Local Offices

|  |  |
| --- | --- |
| Item | Completed Y/N  |
| Hold discussions with relevant HoS/TPDs and Trusts/Employers to identify feasibility of FPT.  |  |
| Identify which pathways may be offered (this may be based upon which supervisors are available) |  |
| Identify appropriate FPT supervisors for the relevant pathways and ensure they are available prior to any offer. |  |
| Agree recruitment approach of how doctors in training may be able to apply/hear about FPT i.e advertised pre or post recruitment.  |  |
| Ensure that FPT is recorded on the training record.  |  |