



Flexible portfolio training

A handbook for trainees and supervisors

September 2020



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Introduction

Welcome to flexible portfolio training (FPT), a new initiative within higher specialty training offered by Health Education England (HEE) and the Royal College of Physicians (RCP) that protects 1 day a week (or 20 % time equivalent) for professional development.

The concept of the scheme has stemmed from the experiences and feedback of previous medical registrars; 72 % of respondents to one survey said that protected time for professional development would improve the quality of their general medical training.¹ Public Health England (PHE) states ‘we need to look for ways of building greater resilience into our future workforce plans’.² They outline six principles which are reflected in the FPT programme; specifically, the ideas of working flexibly and broader career opportunities to enhance staff retention and protection against burnout.² HEE summarises FPT thus: ‘the aim is to improve the working lives of modern-day medical registrars, to increase the attractiveness of the role, and to increase recruitment’.³

FPT acts as the perfect complement to clinical training, providing protected time away from clinical medicine to pursue other avenues. It encourages accessibility to different individuals, networks and teams, which is not always visible in traditional, daily medical registrar work. Rather than using out-of-hours time for non-clinical professional development, FPT provides the platform not only to meet these important requirements, but to excel in them. A flexible portfolio trainee’s non-clinical day will be focused on one of four pathways:

- ▶ medical education
- ▶ quality improvement
- ▶ research
- ▶ clinical informatics.

Each pathway is mapped to the General Medical Council (GMC)’s *Generic professional capabilities framework*, required of every doctor.⁴ There are three fundamental domains: knowledge, skills, and professional values and behaviours. Six further domains have informed these that are representative of each pathway. There is an interdependence of the domains of the *Generic professional capabilities framework*, and achievement of particular capabilities is not expected to be limited to individual pathways. Trainees engaging with the pathways will achieve these capabilities and develop skills and relationships that will benefit their consultant career.

‘The aim is to improve the working lives of modern-day medical registrars, to increase the attractiveness of the role, and to increase recruitment.’

Health Education England



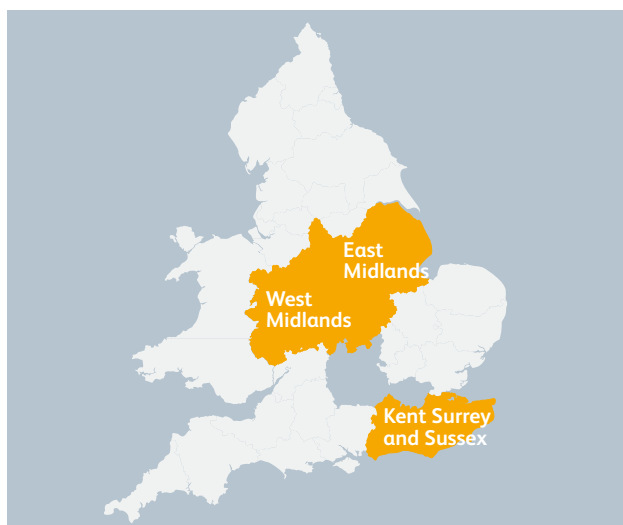
The pathways

Currently each deanery is aligned with one pathway.



Each pathway is made up of six capabilities, each underpinned by descriptors. The pathways describe a structured framework of activities that a trainee might sample and undertake while developing a range of experiences, and are not intended to be exhaustive in their implementation. The full curricula are available at www.rcplondon.ac.uk/projects/outputs/flexible-portfolio-training-pathways.

Medical education pathway



The six medical education capabilities and their descriptors:

1 Professional development as an educator

- ▶ Engage in continual professional development as a learner-focused and reflective educator
- ▶ Develop and demonstrate presenting, critical appraisal and writing skills

2 Facilitator / interactive teacher

- ▶ Demonstrate facilitation skills to aid learning for undergraduates and postgraduates
- ▶ Develop and apply mentoring skills

3 Clinical teacher / role model

- ▶ Plan, deliver and evaluate teaching sessions for less-experienced trainees in their clinical assessment and management of patients
- ▶ Plan, deliver and evaluate teaching sessions for less-experienced trainees in carrying out appropriate practical procedures
- ▶ Explain and demonstrate role modelling (as a doctor and a teacher) on the job and in more formal teaching sessions

4 Assessor

- ▶ Explain the format of, and when to use, appropriate clinical and non-clinical workplace-based assessments
- ▶ Illustrate how to appraise a student and a trainee including provision of feedback
- ▶ Explain the differences and relationship between formative and summative assessment
- ▶ Describe formal and informal assessment
- ▶ Identify and appropriately apply criteria, normative and ipsative assessment

5 Evaluator

- ▶ Formulate effective ways to gather feedback from learners to improve and develop educational programmes and curricula
- ▶ Manage feedback on teaching from learners, peers and self-evaluation to improve and develop own teaching

6 Medical education leader and manager

- ▶ Evaluate the educational strategic management of the organisation
- ▶ Identify and manage the educational needs of patients

‘Overall, I have found the FPT initiative to be rewarding and positive. I have found that it has certainly helped open doors to new training opportunities and experiences.’

Richard Bowman, acute medicine trainee

Medical education project examples

- ▶ Plan, deliver or facilitate grand rounds
- ▶ Reform the junior doctor induction programme
- ▶ Develop and deliver simulation training
- ▶ Develop a local mentoring programme
- ▶ Research, design and facilitate interdisciplinary learning opportunities locally
- ▶ Design and develop a PACES teaching programme, including learning resources such as video, and reading material
- ▶ Design and deliver sessions on ethics, professionalism and wellbeing
- ▶ Review types of workplace-based assessments in terms of their reliability, validity and educational impact
- ▶ Identify learning needs of staff and students and gaps in provision to develop new resources or opportunities
- ▶ Evaluate the impact of the new IMT curriculum on prospective physician trainee career preferences
- ▶ Develop educational resources for clinicians in training or patients to be used remotely, eg podcasts, vodcasts, apps
- ▶ Contribute to the bank of educational content and scenarios for undergraduate exams

Name: Richard Bowman
Specialty: Acute medicine
Pathway: Medical education
Deanery: East Midlands



My deanery and school of medicine have been really supportive from the start when I joined the FPT scheme in 2019. In my region, the FPT theme being piloted is medical education. I was offered some prearranged project ideas, including working with the local medical school on assessment practices or working with the deanery to develop new online educational resources such as an education podcast. However, they have also been very open to bringing in new ideas to their project offerings. I think it is very encouraging that the RCP and HEE nationally are working to find new and innovative ways, like FPT, to reward and enhance general internal medicine (GIM) training.

Despite the disruption that COVID brought, I have still managed to have a productive year working on designing and rolling out new elements of the regional IMT training programme. This has included a new regional weekly template curriculum for teaching, more in line with the IMT national curriculum, as the programme transitions away from CMT. We have also begun to design and roll out a series of regional conferences. In the future, I hope to use my FPT to develop my interest in simulation and human factors education.

Overall, I have found the FPT initiative to be rewarding and positive. I have found that it has certainly helped open doors to new training opportunities and experiences. I have welcomed the chance to work on longer-term projects and the chance to, in part, set my own personal development objectives.

I encourage others to consider applying for FPT status if they enjoy self-directed project work and developing extracurricular skills that complement their general physician clinical training.

Name: Rachel Saville
Specialty:
Respiratory medicine
Pathway: Medical education
Deanery: East Midlands



Project: MEMcast – this year we have launched MEMcast (Medicine East Midlands), which is an educational resource aimed at doctors sitting their MRCP(UK). We are a free, open access online educational resource, producing multiple-choice question sets (MCQs), facts of the week and 10–20 minute revision podcasts via online platforms. We can be found on Instagram @MEMcast and our podcasts are available on Apple Podcasts, Spotify and Podomatic. We also hosted our first webinar, ‘Top tips for the new FY1’, a few weeks ago via Zoom. This has been exceptional timing given the current COVID-19 pandemic, as it allows teaching to be delivered in unique and innovative ways, without face-to-face contact. I have contacted Health Education England East Midlands to explore whether the podcasts can be used locally for IMT teaching days as we move towards virtual teaching this year.

Although they are primarily for MRCP(UK) revision, a lot of the resources are valuable for undergraduates and other junior doctors as well, and we are planning on expanding into the medical student market this year and creating some exam-style revision videos for PACES.

Advantages of FPT

- ▶ As you can expect – flexibility of working! I have one day a week to work towards the project, which can be spent travelling to interview specialty consultants for our podcasts or editing and creating MCQs.
- ▶ I have learnt IT skills – how to record, edit and upload podcasts, manage a social media account and branding using Canva.
- ▶ I am updating my own medical knowledge by talking to experts each week when planning and recording the podcast sessions to cover the GIM curriculum.
- ▶ I have improved my organisational skills and worked as a team leader – through planning the regular schedule for MEMcast posts, and supporting the other members of the project.
- ▶ I would like to enrol to complete a masters in education, and hope to achieve this over the next 3–4 years.

‘[MEMcast] has been exceptional timing given the current COVID-19 pandemic, as it allows teaching to be delivered in unique and innovative ways, without face-to-face contact.’

Rachel Saville, respiratory medicine trainee

Quality improvement pathway



The six quality improvement (QI) capabilities and their descriptors:

1 Understanding the system

- ▶ Knowledge of QI theories and methodologies
- ▶ Knowledge of quantitative and qualitative analysis, and diagnostic tools to understand the system
- ▶ Knowledge of complexity theory and how it applies to healthcare
- ▶ Identify and prioritise improvement needs
- ▶ Apply sustainable healthcare principles taking into account the financial, environmental and social impact of health services
- ▶ Knowledge of when and how to apply QI science to improve services and patient safety

2 Human elements of change

- ▶ Knowledge of human factors theory, the interaction of people, technology and environment
- ▶ Knowledge of factors that influence reliable care
- ▶ Analysis of stakeholders impacted by potential change
- ▶ Knowledge of the psychology of change

- ▶ Identify levers and drivers and the theory of change that can be used to develop a shared purpose and plan improvement project activities

3 Measurement of change

- ▶ Knowledge of / describe different types of measurement for improvement including run charts, statistical process control, and both quantitative and qualitative analysis, including an understanding of how to interpret whether a change has been a success
- ▶ Knowledge of / describe variation: measurement, types of variation, and understanding expected and unwarranted variation
- ▶ Choosing measures that matter to patients, service users and their families and carers
- ▶ Understand the difference between 'data for assurance' and 'data for improvement'

4 Implementing change

- ▶ Knowledge of the interplay between psychology, system, process and technical knowledge to implement change
- ▶ Knowledge of management and governance of projects/programmes
- ▶ Coaching and engagement skills
- ▶ Marketing and communication skills
- ▶ Promote and demonstrate a collaborative approach to delivering QI by engaging with MDTs, patients and carers to deliver improvement of services

5 Sustainability and spread

- ▶ Knowledge of scale-up and spread mechanisms
- ▶ Knowledge of how to sustain improvement including knowing potential barriers
- ▶ Marketing and communication skills
- ▶ Stakeholder management and influencing skills
- ▶ Dissemination

6 Leadership and teamworking

- ▶ Recognise that the leadership styles adopted can lead to different attitudes and behaviours amongst others and can influence the outcomes of improvement work
- ▶ Knowledge of team culture, behaviours and resilience and its impact on improvement work
- ▶ Demonstrate personal flexibility when leading a team in improvement work
- ▶ Demonstrate reflection to increase self-knowledge and to increase personal resilience
- ▶ Knowledge of human factors theory and reliability theory, as applied to teams
- ▶ Features of effective teams and team management, including crisis resource management

Quality improvement project examples

- ▶ Benchmark current service performance in your specialty against best practice guidance such as NICE
- ▶ Participate in national audits and QI programmes
- ▶ Improve weekend discharge
- ▶ Improve hospital-at-night handover
- ▶ Establish ambulatory care and 'acute hospital at home' pathways
- ▶ Redesign care pathways
- ▶ Reform induction processes
- ▶ Improve ward round standards
- ▶ Reduce wastage of unnecessary pathology testing
- ▶ Scope and facilitate single-doctor clerking
- ▶ Improve on-call working patterns of junior doctors
- ▶ Prepare a business case to improve/expand a service

Name: Christian Alcock
Specialty: Geriatrics
Pathway:
Quality improvement
Deanery: East of England



Over the past year I have designed, run and facilitated multiple projects in clinical, managerial and educational spheres. I have been involved in collaborative work from multiple departments and disciplines, both in response to active problems and service improvement.

Of note, a project in statin deprescribing is being converted into a research project, simple changes in discharge letter writing have been modelled to increase financial revenue by over £2.6 million annually, we have developed a local teaching programme and contributed to updating the trust's mental capacity policy. There have been multiple smaller projects, improving practice in areas ranging from the use of PEACE forms and prescribing of intravenous iron to the referral to anticoagulation services.

In the year to come, I am aiming to create a unified electrolyte policy, trial a postoperative pain management clinic and continue researching potential uses of statin drugs.

These projects and outcomes would not have been possible without the time allowed by the FPT programme, and our trust is better for it.

In spite of all of this, I feel my greatest achievement is the involvement of junior doctors in these projects. For too long, junior doctors have been given roles in projects that have been time-consuming and yielded results of little value. Through this programme, I've been able to engage juniors in achievable projects, causing real change in a way that displays the best of quality improvement and sets them up well in their careers.

Research pathway



The six research capabilities and their descriptors:

1 Understanding research methodologies

- ▶ Understand the relevant methodologies and types of study design
- ▶ Interpret statistical methods for summarising data
- ▶ Explain qualitative research methods and interpretation of qualitative data

2 Research governance and ethical approval

- ▶ Knowledge of NHS and university research and data governance
- ▶ Ability to register a project within relevant organisation
- ▶ Understand peer review process
- ▶ Understand ethical approval and procedures

3 Presentation

- ▶ Ability to give well-structured presentations
- ▶ Develop communication, interpersonal and influencing skills

4 Publications

- ▶ Understand principles of research and academic writing
- ▶ Ability to write concise, coherent and cogent discussions for reports and journal articles
- ▶ Ability to interpret and present data effectively to disseminate research findings
- ▶ Develop collaborative and team working skills in publication writing

5 Participation in clinical research

- ▶ Understand study feasibility and study set-up
- ▶ Describe the preparation required to deliver a study including
- ▶ Patient identification, recruitment and retention and their role in good clinical practice
- ▶ Identify potential and realistic funding sources for research
- ▶ Understand the role of concept sheets, protocol development, case report forms and study database
- ▶ Understand how the Clinical Research Network works
- ▶ Understand and describe safety reporting including (serious) adverse events, (serious) adverse reactions and suspected unexpected serious adverse reactions
- ▶ Study closure

6 Data collection, analysis and management

- ▶ Understand and be able to apply quantitative data analysis and evaluation techniques
- ▶ Understand qualitative research analysis techniques

Research pathway project examples

- ▶ Write a critical appraisal of a research paper or topic
- ▶ Write an evidence-based review of a clinical subject
- ▶ Design a consent form, participant information 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 a series of interviews
- ▶ Participate in or help develop trainee research collaboratives either regionally or nationally

‘There is growing evidence that clinical research activity improves patient outcomes ... We also know that research involvement is linked to better staff morale with improved retention and recruitment.’

RCP, Research for all: Developing, delivering and driving better research ⁵

Clinical informatics pathway



The six clinical informatics capabilities and their descriptors:

1 Information governance and security

- ▶ Be aware of updated and clinically relevant governance procedures relating to the increase in digital technologies, eg grey areas such as use of personal mobile devices to communicate patient information
- ▶ Practical cybersecurity knowledge, eg identifying email phishing scams and the implications of security breaches

2 System use and clinician safety

- ▶ Knowledge of the logistics of hardware in practice so that this can be built into clinical practice, eg battery life and how to adapt infection control requirements to hardware
- ▶ Ability to critically appraise new technologies and have an awareness of the effects of 'good' and 'bad' system design, eg error traps and workaround
- ▶ Identify the purposes for which electronic care records are used, and the structuring and standards needed to enable these uses, including coding and classification systems

3 Digital communication assessor

- ▶ Transfer and retrieval of digital patient data including elements of shared care, data protection and security
- ▶ Knowledge of remote data management and hardware use (to ensure safe remote working, eg from home)
- ▶ Understanding the risks:
 - ▶ Under communication – assuming information can be found by others
 - ▶ Over communication – alert fatigue / excessive inbox notifications

4 Information and knowledge management

- ▶ Understand the properties of different media
- ▶ Decision support – finding and recording sources of information digitally
- ▶ Secondary use of data:
 - ▶ Nuances of digital data recording, eg use of terminologies and nomenclatures for high-quality data capture
 - ▶ Accessing and using digitally recorded data for research and audit
 - ▶ Data analysis

‘FPT has been a great opportunity to meet people from a wide range of different professions and specialties, and to share experience and skills.’

Christian Greenstreet, renal medicine / GIM trainee

5 Patient empowerment

- ▶ Be able to empower patients to seek out and appraise informatics resources allowing them to independently manage their health. (Teaching patients and endorsing informatics resources is not sufficient and implies a more paternalistic approach to enforcing patient uptake of informatics resources)
- ▶ Be aware of how patients utilise informatics resources and how this may be impacting their health, eg social media. Ensure that patient choice and involvement is not overlooked with increasing digitisation

6 Emerging technologies

- ▶ Be aware that technology evolves rapidly, requiring frequent updating to remain contemporaneous
- ▶ Be aware of future directions of healthcare technology to encourage forward thinking and integration of these into routine practice

Name: Christian Greenstreet
Specialty: Renal medicine
Pathway: Clinical informatics
Deanery: North West



My name is Christian and I'm a renal/GIM trainee in Manchester. I'm on the clinical informatics pathway and currently working for one day a week on a project developing and implementing a new e-referral and messaging system for hospitals to refer to tertiary specialties.

FPT has been a great opportunity to meet people from a wide range of different professions and specialties, and to share experience and skills. I was quite nervous to begin with and had no knowledge about clinical informatics prior to starting the programme, but over the year I have learnt a lot about what goes on behind the scenes in the clinical systems we use every day.

Clinical informatics pathway project examples

- ▶ 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 is ineffective
- ▶ If there is an existing electronic patient record system, lead on digitising or improving a treatment pathway
- ▶ Implement an electronic weekend handover system
- ▶ Design a new intelligence dashboard, eg for service performance and patient flow
- ▶ Survey patients' acceptability of apps, wearables and telemedicine
- ▶ Create information leaflets or consent forms
- ▶ Create a patient information video, website or education session to improve digital literacy
- ▶ Scope the need for and implementation of video consultation in an outpatient service
- ▶ Survey the appetite of clinicians and patients alike to roll out telemedicine use in the community for chronic conditions

Name: Dr Lin Sanda Hlaing
Specialty: Acute medicine
Pathway: Clinical informatics
Deanery: Wessex



I am enjoying FPT training in clinical informatics so much, as my lifelong passion is leadership and doing these projects with clinicians, technicians and working as a team improve my leadership skills. I also attend monthly digital steering group meetings and it is always exciting to see how we are progressing and reaching our goals.

Moreover, I also love my creative works of designing ward round templates and proformas.

I would highly recommend the FPT clinical informatics experience to my colleagues as it is a great experience to:

- ▶ see how digital technologies are helping and making our clinicians lives easier
- ▶ work with IT technicians and others as a team for leadership and management experiences
- ▶ do audit and quality improvement projects to improve patient care by improving our clinical practice
- ▶ be a link or an ambassador between clinicians and technicians.

Projects I have been involved in:

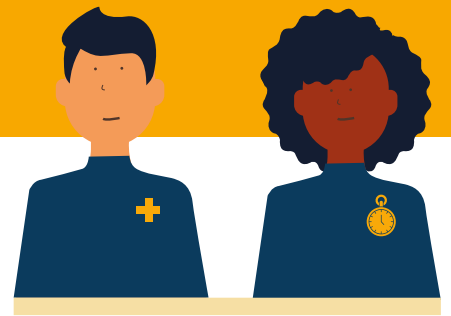
- ▶ Improving electronic patient recording system (EPR) by:
 - ▶ improving electronic discharge summaries format
 - ▶ improving venous thromboembolism risk assessment on EPR and using business intelligence data
 - ▶ confusion and capacity assessment on the EPR system
- ▶ Electronic observation (eObs) rolling out by improving the in-house ThinkVitals application

- ▶ Auditing and improving the care of deteriorating patients by using the eObs system
- ▶ Designing an electronic ward round template
- ▶ Designing a deteriorating patient review proforma
- ▶ Developing an electronic clerking proforma
- ▶ Developing electronic care bundles, including a liver care bundle and a diabetic foot care bundle

Name: Christopher Taylor
Specialty: Acute medicine
Pathway: Clinical informatics
Deanery: North East



In the North East, we have been very well supported with the development of a CPD programme around health informatics in conjunction with Newcastle University, which has enhanced my knowledge base and awareness of the breadth of the field. There have also been opportunities to engage with the Informatics in the Pub group, which is now online, for further learning. In terms of a formal project, my main contribution was supporting a local project around transfer of care, ie discharge letters, for which the trust was 'switching off' paper copies. My contribution was around layout, text and providing context of the junior doctors' contribution and practicalities of training and responsibilities. This led to reduced impact on doctors and a slightly more efficient rollout of the update, with an updated standard operating procedure which I helped to author. I spent time learning a lot about health information exchanges and the development of picture archiving and communication systems (PACS) for pathology services; however, owing to the impact of COVID-19 my potential involvement in projects was cut short.



Information for FPT trainees

This scheme is very trainee centred, with the framework created to benefit you first and foremost. Not only are you frontline clinicians, participating on the acute medical take, but you are also beginning your journey to become specialists and experts in your field of medicine. This is both exciting and challenging, but with your FPT component we anticipate a much broader and rewarding experience.

The deanery will allocate you an FPT supervisor. You will need to add them as your FPT supervisor on your ePortfolio. If you do not add them, they will not be able to see your details. If you are struggling with this, please contact the ePortfolio team for assistance: ePortfolioteam@jrcptb.org.uk.

We recommend that you have an initial, interim and end of placement meeting with your FPT supervisor to ensure that you are progressing at the expected rate. Currently, there is an FPT supervisor form on the ePortfolio system (Appendix 1); this needs to be completed at least once during the year. The form focuses on specific personal development progress and areas to focus on. This record will inform your ARCP panel at the end of the year. Subject to engagement with the scheme, a satisfactory ARCP outcome (including clinical competency attainment as expected), local capability and a personal desire to do so, your FPT component can be taken with you throughout higher specialty training. In the appendices of this handbook, you will find forms for the initial and interim reviews. It is currently up to you how you record these meetings, but something should be uploaded to the ePortfolio library.

‘In the North East, we have been very well supported with the development of a CPD programme around health informatics in conjunction with Newcastle University, which has enhanced my knowledge base and awareness of the breadth of the field.’

Christopher Taylor, acute medicine trainee

There are plenty of assessments to complete on the clinical side of your portfolio and so, to make your requirements simpler, there are no formal assessments for your FPT time. Your activity and any successes can be recorded on your ePortfolio in the normal manner, for example reflections, uploading documents to your library, seeking multi-source feedback and teaching observations. There is no minimum number of ePortfolio entries required at the end of the year, but there should be enough recorded to both satisfy the trainee's personal development plan and to inform their supervisor of engagement. We recommend that you write a personal development plan (see below). You should discuss this with your supervisor and scope what project work you would like to manage in your time. You can also explore what contacts within your local region it would be sensible to communicate with.

More information for trainees can be found in the FAQs.

Personal development plan (PDP)

A PDP helps to identify your educational needs, set objectives, undertake and monitor educational activities and provide evidence of your continuing professional development (CPD). It can be revisited and edited throughout the process.

It will act as the basis for appraisals, serving to demonstrate whether your targets have been met. A well-written PDP should include SMART objectives, to ensure that the outputs of the PDP are relevant and achievable.⁶

Specific	What do you specifically want to achieve?
Measurable	How will you measure whether you have achieved your objectives?
Achievable	Are the objectives you set achievable and attainable?
Realistic	Can you realistically achieve the objectives with the resources you have?
Timebound	By when do you want to achieve your objectives?

An example PDP

What specific development needs do I have?	How will these objectives be addressed?	Timescale	Evaluation and outcome
<p>Short term – develop my teaching skills to juniors and undergraduates.</p>	<p>Deliver both small and large group teaching sessions to undergraduate trainees assigned to our department, and trainees rotating through.</p> <p>I will ask a colleague to observe my teaching in both settings and provide feedback.</p> <p>Seek to attend at least one teaching skills workshop, either locally or nationally.</p>	<p>Deliver both a small and a large group teaching session by December.</p> <p>Attend a teaching workshop by March.</p>	<p>Obtain feedback from all attendees at teaching sessions, to inform areas for improvement.</p> <p>Record self-feedback on all sessions delivered.</p> <p>Feedback from my observer, ideally recorded on a teaching observation ePortfolio form.</p> <p>Certificate of attendance at teaching skills workshop.</p>
<p>Long term – Increase my scholarly activity and output as an educator, as part of my long-term goal of a career within medical education.</p>	<p>Review, evaluate and reflect upon educational literature, relevant to the practice encountered in my experience.</p> <p>Submit a journal article or opinion piece pertinent to this.</p> <p>Design a research question and collect and analyse data to inform its answer. Submit results as a poster to a medical education conference.</p> <p>Expand research proposal to a dissertation at diploma- or masters-level studies.</p>	<p>Submit at least one journal article or poster by the end of July.</p> <p>Discuss research proposal with local university contact or medical education tutor during this year, including exploring ethical considerations, costs and approval.</p> <p>Complete masters-level qualification in medical education by the end of higher-specialty training.</p>	<p>Publish an article in a peer-reviewed journal.</p> <p>Present a poster at a national or international medical education conference.</p> <p>Attain masters-level qualification in medical education or healthcare professional education</p>



Educational supervisor information

As an educational supervisor for an FPT trainee, we would expect you to be familiar with the scheme. Your role will remain mostly unchanged from previous years. However, you should have an overview of both the trainee's clinical and FPT development.

In terms of FPT, we would expect you to be aware of what the trainee is working towards during their FPT time, ie what they do with their 20% non-clinical time, projects they are working on and courses/modules they are taking. There is an interim assessment form that can be completed (Appendix 2) during the year to ensure that they are on track both clinically and with their FPT work. Please be aware that some FPT supervisors are non-clinical and may not be used to supervising a doctor.

Please see the FAQs for information about when we have suggested that the trainee speak to you.

If you have any concerns, you can discuss them with your FPT lead or with the team at the RCP (flexibleportfoliotraining@rcplondon.ac.uk).

'I would highly recommend the FPT clinical informatics experience to my colleagues as it is a great experience to see how digital technologies are helping and making our clinicians lives easier.'

Dr Lin Sanda Hlaing, acute medicine trainee



FPT supervisor information

Thank you for offering your time and support as a supervisor to the flexible portfolio training (FPT) programme. This short briefing is intended to outline your role and expectations, as well as providing insight into the needs and requirements that we envisage FPT trainees to have.

What is my role as supervisor?

The role of the FPT supervisor is predominantly advisory. It is there to support our trainees by providing feedback, guidance and suggestions regarding professional development relevant to their pathway (medical education, quality improvement, research or clinical informatics) and their project work.

The role is not intended to replicate that of either their clinical supervisor or their educational supervisor. You are not expected to provide the only basis of professional development for the trainee, nor take on the role of any other professional.

Much like the purpose of the four pathways that underpin this scheme, there are no elements that are meant to be prescriptive. The RCP does not wish to impose any single model of supervision or guidance; we advocate a light-touch approach to supervising trainees, encouraging them to manage their own learning and development. We also recognise that there may be local variation in implementation – thus no ‘hard and fast’ rules to supervision apply.

How can I make the most of my relationship?

- ▶ Engage in conversation with your trainee to establish what they are looking for from their FPT time and scoping what project work would be suitable for them. Your trainee should add you to their ePortfolio; until this happens, you will be unable to view their profile on the ePortfolio.
- ▶ Encourage the trainee to write their own personal development plan relevant to their pathway and project work.
- ▶ Encourage the trainee to identify areas of strength and areas for further development, focusing on professional capabilities and career development.
- ▶ Record activity and progress of their professional development in the ePortfolio. There is an FPT Supervisor form on the ePortfolio that needs completing pre-ARCP, but can be used to log meetings and activity throughout the year.
- ▶ Respond to specific requests for assistance and guidance from the trainee where appropriate or suggest other supportive avenues, including the RCP (flexibleportfoliotraining@rcplondon.ac.uk).
- ▶ Evaluate the relationship throughout the process in consultation with the trainee. If you have concerns surrounding the communication with your trainee, you should address this with them directly. If it is unresolved, we suggest discussing this with their educational supervisor and then the FPT lead.

What factors are important for my trainee to succeed?

We will have a better understanding of the areas of success after the pilot phase of the FPT scheme is evaluated. However, we anticipate the following issues of importance:²

- ▶ Autonomy to pursue their own ideas (balanced with support and guidance where needed)
- ▶ Flexibility in organising time to balance commitments
- ▶ The maintenance of protected time (20% or 0.2 full-time equivalent (FTE) across the year)
- ▶ Planning of objectives to provide structure and direction
- ▶ Dedicated office space
- ▶ Not being spread too thinly – more effective when able to concentrate on one or two significant projects with the right level of support
- ▶ Constructive feedback on new ideas and dealing with the challenges of implementation
- ▶ Support to procure resources, collaboration and/or funding for projects

What challenges are FPT trainees likely to face?

- ▶ Unclear purpose of the role
- ▶ Resistance to the role from peers and colleagues
- ▶ Feeling overwhelmed and out of their depth at the start
- ▶ Feeling isolated
- ▶ Resistance to change and lack of motivation from colleagues
- ▶ Not knowing which stakeholders to engage
- ▶ Limited time to achieve tangible results from their projects
- ▶ Operational issues putting pressure on protected time

‘I encourage others to consider applying for FPT status if they enjoy self-directed project work and developing extracurricular skills that complement their general physician clinical training.’

Richard Bowman, acute medicine trainee



Mentoring

FPT is still in its infancy and, as with all new initiatives, there is a learning and developmental process. Those who have completed their first year of FPT have learnt a lot and will have a wealth of knowledge, skills and tips for the incoming cohort of trainees. We hope that trainees from cohort 1 will be able to support those in cohort 2.

The Microsoft Teams platform will be a great way to offer support for each other. Alternatively, you may wish to connect with a trainee in your region. While we have used the word ‘mentoring’ in this context, we understand this to mean supporting and offering advice and guidance, rather than creating a formal mentor–mentee relationship in the traditional sense. Literature and guidance are available if you wish to explore mentoring in more detail, but this is not necessary or mandatory.

Suggested reading:

- ▶ Bayley H, Chambers RM, Donovan C. *The good mentoring toolkit for healthcare*. London: Taylor & Francis, 2004.
- ▶ Zachary LJ. *The mentor’s guide: facilitating effective learning relationships*, second edition. San Francisco, CA: Jossey-Bass, 2012.

HEE has an online medical mentoring module on the e-Learning for Healthcare resource hub, which is available for all doctors in training.

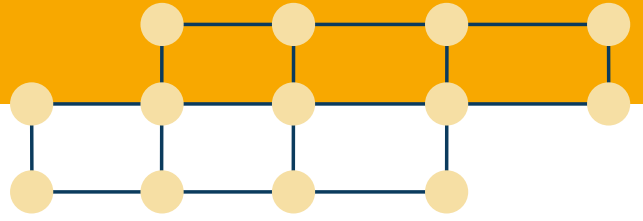
www.e-lfh.org.uk/programmes/medical-mentoring/

If you are interested in supporting the new cohort, please make yourself known on the Microsoft Teams site (see details on next page).

‘Through this programme, I’ve been able to engage juniors in achievable projects, causing real change in a way that displays the best of quality improvement and sets them up well in their careers.’

Christian Alcock, geriatrics trainee

Peer network



We have created a space in Microsoft Teams for FPT trainees. Its aims are to:

- ▶ enable information sharing across deaneries and pathways
- ▶ facilitate supporting the new recruits
- ▶ be a platform to present your projects
- ▶ host guest speakers and learning events
- ▶ post interesting articles or new developments relevant to the pathways.

The RCP team will add you to the Teams site. Feel free to post an initial message to say hello and introduce yourself to the rest of the network.

Individual concerns and queries can be raised directly with the RCP team at flexibleportfoliotraining@rcplondon.ac.uk.

‘I am updating my own medical knowledge by talking to experts each week when planning and recording the podcast sessions to cover the GIM curriculum.’

Rachel Saville, respiratory medicine trainee



FAQs

Q. I am not getting my FPT time – what should I do?

A. If you are not receiving your allocated FPT time, we suggest you first discuss this with your FPT supervisor and educational supervisor to find a solution. As part of the process, you may wish to raise this with the FPT lead in your area.

Some placements may struggle more than others to accommodate the 20% time away from the clinical area, so try being flexible and negotiating the time. For example, a fixed day may be too difficult to accommodate, so maybe one week you have no FPT day but the next week you have two. Perhaps doing split days would work for you and your department.

NB: 20% equates to approximately 44 days spread out over the year.

Q. I am finding it difficult to fit everything in with doing a full on-call rota. Can I drop some of my on calls?

A. The expectation is that you do a full on-call rota. If you are struggling, we suggest you discuss this with your educational supervisor and/or FPT lead. Locally they may be open to reducing your rota obligations, but bear in mind this will affect your pay.

Q. I want to change my specialty. Can I keep my FPT component?

A. This depends on the region and specialties involved. If you stay in the same deanery and you move from one specialty that offers FPT to another, for example from acute medicine to geriatrics, then it may be possible. We would recommend discussing this with your FPT lead and training programme directors (TPDs).

Q. I want to apply for an inter-deanery transfer. Can I keep my FPT component?

A. In principle, yes (if there is local agreement).

Q. Can I do a different pathway every year?

A. Currently only one pathway is offered in each deanery, so logistically this would not be possible. The idea is that a trainee stays on one pathway throughout training, so they become more proficient and their projects become more sophisticated. Changing pathways every year would not allow for this progression.

Q. I am not happy with my chosen pathway. Can I switch to another one?

A. Again, this is logistically not possible at the moment. The pathways are not very prescriptive and that means you can make it your own. We would recommend speaking to your FPT supervisor and exploring ways to make it more enjoyable. Ultimately if it is not for you, then you can always drop the FPT component at any time.

Q. I am struggling to get all my competencies met for my specialty. What should I do?

A. This would be a conversation to have with your educational supervisor to explore ways to ensure that you are developing at the required rate. Perhaps you need to schedule in some extra clinics or procedure time. It may be necessary to pause your FPT time for a while and focus on clinical medicine.

Q. I am moving to a new trust. Who lets my new team know that I am an FPT trainee?

A. We would expect the deanery to alert the departments that you are an FPT trainee and you will be working 80%. If you know who your supervisors will be, then there is no harm getting in touch before you arrive.

Q. I want to dual train in intensive care medicine (ICM). What happens to my FPT?

A. Currently FPT is for medical registrar training. When you do your ICM years, you will not be able to continue FPT during this training period. Once you are back onto your medical placements, you will be able to recommence your FPT. In essence, FPT is paused during your ICM time.

Q. I want to do a masters / out of programme (OOP) / fellowship. What happens to my FPT?

A. If you want to do a masters that is separate to your pathway, an OOP or a fellowship, your FPT component can be paused for the duration. When you have completed this time, you can then pick FPT up again. Some specialties require you to do specialist placements, for example respiratory trainees may rotate through a specialist lung centre. During these placements, if you wish to pause your FPT you can. We would recommend discussing this with your FPT leads and TPDs.

Q. How is my FPT time recognised?

A. 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 your 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 in 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.

Q. I am going on maternity/paternity leave, what happens to my FPT?

A. As with specialty training, your FPT will be paused during this period. When you are discussing your next placement with your TPDs, you should discuss your FPT plans. We would recommend keeping your FPT leads informed.

Q. I want to go less than full time (LTFT). Can I?

A. Yes, FPT will be accessible to LTFT trainees. The complementary pathway will still require 0.2 FTE. We suggest that FPT should be available to LTFT trainees working 0.7 FTE or more, who would devote at least 0.5 FTE to clinical work and training.

Q. I am an acute medical trainee. Do I still get time for my specialist skill?

A. Yes, your FPT day should not compromise your specialist skill development. In a normal week, you should have one day of FPT and half a day for your specialist skill.

Q. I have spoken to other FPT trainees in different regions and their experience is different from mine. Why is that?

A. 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 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.

Q. I am worried about how this will be assessed at ARCP and whether they will allow me to continue.

A. As long as you have shown engagement and are progressing at the required rate clinically, you will 'pass' ARCP and be allowed to continue FPT into the next year. It should be made clear at ARCP that you can continue if you so wish.

Q. I want to continue with FPT beyond my first year, but I am not sure if this will be accommodated.

A. If you have passed your ARCP and there are no concerns with you continuing with FPT, then the deanery should accommodate this.

Q. Is there a timeline for the year?

A. How you structure your year is entirely up to you and your supervisors. Specialty training is new to you, so you may wish to spend the first few weeks settling into your new role, department, hospital and area before organising any FPT work. By the end of September, you should have met up with your educational supervisor and FPT supervisor. In the new year, it would be a good idea to meet up with them again and have an interim meeting to ensure you are on track both clinically and with your FPT work. The North West deanery has kindly provided the forms they use for this interim review (Appendix 2). Before your ARCP, your FPT supervisor should fill in their report (Appendix 1) as this will be reviewed at ARCP.

Your plan for the year may depend on your pathway, for example if you are on the clinical informatics or quality improvement pathways it may be beneficial to complete a project during the year and present it locally. If your deanery is geographically large, it may be difficult to continue a project once you have rotated to another hospital.

Q. I am involved in only one project. Is this a problem?

A. As long as you are showing engagement and getting something out of the process, this is not a problem. It is better to do one project well than spread yourself too thinly.

Q. Is there any funding available for my projects or postgraduate qualifications?

A. Unfortunately there is no funding available from HEE or the RCP for equipment or projects. You can use your study budget towards qualifications or courses.

Should you have any further questions not answered here, please contact flexibleportfoliotraining@rcplondon.ac.uk in the first instance.



References

- 1** Trudgill N. *Focus on physicians: Census of consultant physicians and higher specialty trainees 2017–18*. London: RCP, 2018. www.rcplondon.ac.uk/projects/outputs/focus-physicians-2017-18-census-uk-consultants-and-higher-specialty-trainees [Accessed 29 August 2020].
- 2** Public Health England. *Facing the facts, shaping the future: A draft health and care workforce strategy for England to 2027*. London: PHE, 2017. www.hee.nhs.uk/sites/default/files/documents/Facing%20the%20Facts%2C%20Shaping%20the%20Future%20%E2%80%93%20a%20draft%20health%20and%20care%20workforce%20strategy%20for%20England%20to%202027.pdf [Accessed 1 September 2020].
- 3** Health Education England. *Enhancing junior doctors' working lives: Annual progress report 2020*. Leeds: HEE, 2020. www.hee.nhs.uk/sites/default/files/documents/EJDWL_Report_June%202020FINAL.pdf [Accessed 28 August 2020].
- 4** General Medical Council. *Generic professional capabilities framework*. Manchester: GMC, 2017. www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/generic-professional-capabilities-framework [Accessed 1 September 2020].
- 5** Royal College of Physicians. *Research for all: Developing, delivering and driving better research*. London: RCP, 2020. www.rcplondon.ac.uk/projects/outputs/research-all-developing-delivering-and-driving-better-research [Accessed 25 September 2020].
- 6** Meyer PJ. *Attitude is everything! – If you want to succeed above and beyond!* Waco, TX: Meyer Resource Group, 2003.
- 7** Exworthy M, Snelling I. *Evaluation of the RCP's Chief Registrar programme: Final report*. Health Services Management Centre, University of Birmingham, 2017. www.rcplondon.ac.uk/file/7772/download [Accessed 14 September 2020].



Appendices

Appendix 1. FPT supervisor form, paper version.

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

Trainee's Name:	
Trainee's GMC number:	
Deanery/LETB*:	
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 (education, research, clinical informatics, quality improvement)*:	
Progress report on project work*:	

Overall summary of progress:

What is going well?*	
What areas require development?*	
Action plan?*	
Recommendation to ARCP panel (for final meeting)*:	

Appendix 2: Interim assessment forms developed by the North West Deanery to ensure that trainees are on track both clinically and with FPT work. The North West Deanery has kindly consented to the sharing of these forms.

Flexible Portfolio Training Scheme

FPT Lead/Supervisor – Interim Assessment Form.

To be completed by trainee and FPT Lead/Supervisor, and uploaded to personal library within the portfolio.

Trainee's Name:		
GMC number:		
Specialty:		
FPT Lead/Supervisor:		Email:
Period covered	From:	To:
Brief summary of FPT work/project including work pattern i.e. one full day, two half days, etc:		
Comment on impact on clinical training/progress (if any):		
Do you have any concerns about this trainee continuing with the FPT scheme?	Yes	No
Additional comments:		

Appendix 2: Interim assessment forms developed by the North West Deanery to ensure that trainees are on track both clinically and with FPT work. The North West Deanery has kindly consented to the sharing of these forms.

Flexible Portfolio Training Scheme

Educational Supervisor – Interim Assessment Form.

To be completed by trainee and Educational Supervisor, and uploaded to personal library within the portfolio.

Trainee's Name:		
GMC number:		
Specialty:		
Educational Supervisor:		Email:
Period covered	From:	To:
Comment on clinical progress to date:		
Comment on FPT work/project and impact on clinical training (if any):		
Do you have any concerns about this trainee continuing with the FPT scheme?	Yes	No
Additional comments:		

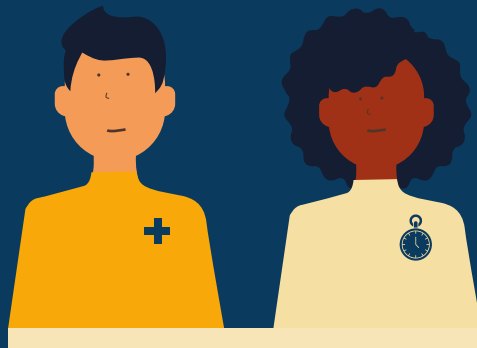
Appendix 3. Supervisor form that can be used in your initial meeting

Flexible Portfolio Training Scheme

FPT Lead/Supervisor – Initial Assessment Form.

To be completed by trainee and FPT Lead/Supervisor, and uploaded to personal library within the portfolio.

Trainee's Name:		
Specialty:		
FPT Lead/Supervisor:		Email:
Period covered	From:	To:
Expectations of FPT time including work pattern, scoping of projects, review of personal development plan and areas of development.		
Additional comments:		



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www.rcplondon.ac.uk/projects/flexible-portfolio-training



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