

# Flexible Portfolio Training: A Novel Approach to Future Physician Training.

## Introduction

The job of the medical registrar has long been described as one of the hardest of all medical posts.<sup>1</sup> Whilst the reasons are numerous, individuals consistently report experiencing stress or burnout, with a significant impact on retention and recruitment within General Internal Medicine as well.<sup>2,3,4</sup> There has been a reduction in the number of Core Medical Trainees moving directly into Registrar training, with personal life including burnout and mental health being one of the 3 main reasons for taking a break.<sup>5</sup> The Royal College of Physicians (RCP) and Health Education England (HEE) have introduced Flexible Portfolio Training (FPT) as an innovative response to preventing this attrition as well as protecting individual wellbeing.<sup>6</sup> The essence of the scheme is quite simple – 20% of ‘training’ time is provided to undertake non-clinical activities such as research, clinical informatics, quality improvement or medical education.

Given the FPT is novel, awareness about it may be lacking, preventing trainees from considering the option as a viable alternative for them after having already invested a significant amount of training to becoming a consultant. This paper describes FPT as a concept, as well as a training programme, and then focusses on the medical education pathway in the East Midlands, to demonstrate the diversity of opportunity available to trainees. The aim is to inform trainees, but also trainers who may be unaware of the scheme, and whom may be supervising individuals that could benefit from the flexibility as part of their training programme.

## Flexible Portfolio Training

Conventional higher specialty training programmes in the UK involve trainees working up to 48 hours per week on average, typically including shift work and night-time working. Since 2019, trainees on a FPT scheme have had up to 20% of total training programme time protected to develop a non-clinical interest of their choice. Training numbers on this pilot remain limited. Currently, there are 4 non-clinical themed pathways available across England and Wales: clinical informatics, medical education, quality improvement and research.<sup>7</sup> Briefly, the clinical informatics pathway encourages digital literacy and innovation by analysing, designing, implementing and evaluating information and communication systems. The quality improvement pathway encourages trainees to design, manage and facilitate QI projects, and the research pathway may inspire a systematic review, or generation of preliminary data for a research proposal. The medical education pathway will be discussed in greater depth later in this article. Themed pathways are paired with a clinical speciality in particular regions, with typically only one FPT placement offered to each participating speciality per year (*See Table 1*). The RCP provides national support for the scheme through a growing library of resources, networking opportunities and themed online lectures.

Enrolment to the FPT scheme occurs at the time of appointment into higher speciality training through the national recruitment programme, where prospective applicants preferentially rank the FPT option during application. The majority of FPT posts are in ‘hard to recruit to’ regions and have had the desired effect of boosting trainee numbers locally.<sup>6</sup> FPT is also only available to trainees pursuing dual accreditation in General Internal Medicine alongside their chosen clinical sub-speciality. Trainees create a Personal Development Plan with their FPT supervisor at the start of each year and upload

43 evidence to their e-portfolio of any presentations, documents or reflections, along with an FPT  
 44 supervisor report and 360° feedback, which is reviewed at their Annual Review of Competency  
 45 Progression (ARCP) to ensure engagement and progress within their FPT pathway. During the year,  
 46 interim meetings should assess progress, and facilitate exchange of formative feedback and  
 47 reflections on learning. Should a trainee voluntarily wish to leave the FPT scheme, they can return to  
 48 full-time standard clinical training in a similar way to a trainee returning from an out of programme  
 49 experience following discussions with their supervisor.

50 In comparison to other non-conventional training routes, there is *no increase* in total training time  
 51 (Figure 1). Therefore, trainees are still expected to achieve all their clinical competencies, but in the  
 52 remaining 80% of the standard training time. Trainees are also expected to provide a full contribution  
 53 to on-call rotas including out-of-hours working. Therefore, potential FPT candidates should be  
 54 organised and prepared to achieve all required competencies in a more limited time-frame.

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 56 Less-Than-Full-Time (LTFT) trainees can apply for FPT if they work 70% full time equivalent (FTE) or  
 57 more. Their complimentary pathway still occupies 20% FTE, therefore their minimum contribution to  
 58 clinical training would be 50% FTE. There are no implications on parental leave, as with speciality  
 59 training, FPT is paused during maternity and paternity leave. The information provided is correct at  
 60 the time of writing, however, as a pilot scheme still in its infancy, subject to change. For the most up  
 61 to date guidance, please see the Frequently Asked Questions (FAQs) section of the RCP website which  
 62 can be found at [www.rcplondon.ac.uk/education-practice/advice/flexible-portfolio-training-faqs](http://www.rcplondon.ac.uk/education-practice/advice/flexible-portfolio-training-faqs).

63 Previously, trainees seeking development opportunities outside clinical training could take 'Time Out  
 64 Of Training' (TOOT) in between different stages of their medical career or would have to gain  
 65 permission for an 'Out Of Programme Experience' (OOPE). Such posts are often advertised as  
 66 fellowships, though a variety of job titles can be used (*See Table 2*). The exact professional  
 67 development opportunities offered by fellowships vary by employing organisation, though often  
 68 involve similar themes to FPT. However, unlike FPT, these standalone posts extend the time needed  
 69 for trainees to achieve a Certificate of Completion of Training (CCT) (*See Figure 1*). FPT also offers  
 70 additional benefits over fellowship posts in that there is the opportunity to work with organisations  
 71 for a longer period, given the duration of FPT in comparison.

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FPT Pathway Theme	Deanery Region	Specialties taking part
<b>Medical Education</b>	<i>East Midlands</i>	Acute Medicine Endocrinology Renal Respiratory
	<i>West Midlands</i>	Acute Medicine Endocrinology
	<i>Kent, Surrey and Sussex</i>	Geriatric Medicine
<b>Quality Improvement</b>	<i>East of England</i>	Acute Medicine Geriatric Medicine Renal
	<i>South West</i>	Acute Medicine Geriatric Medicine Endocrinology Respiratory
	<i>Wales</i>	Endocrinology

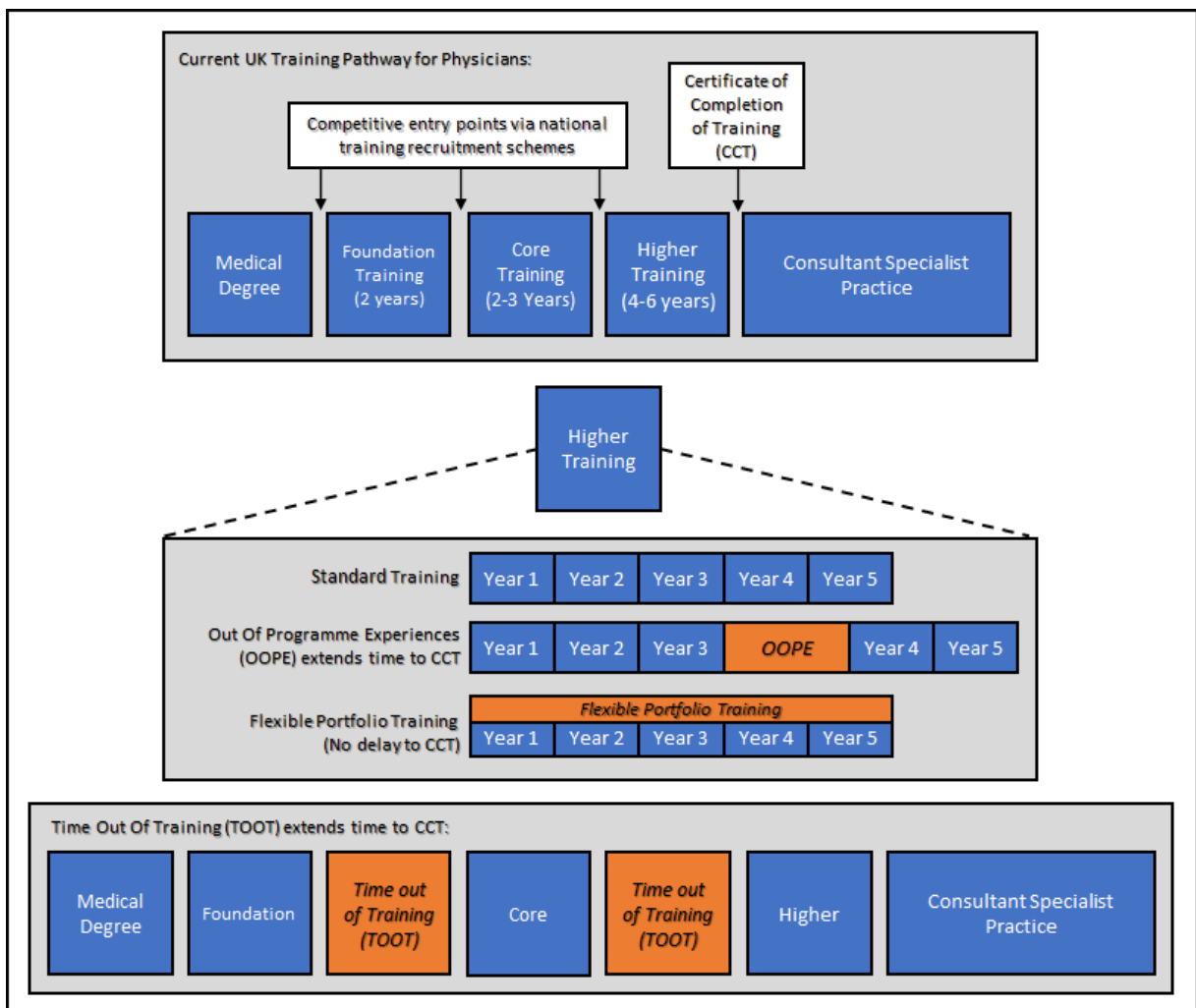
<b>Clinical Informatics</b>	<i>North West</i>	Geriatric Medicine Endocrinology Gastroenterology Renal Respiratory Rheumatology
	<i>Wessex</i>	Acute Medicine Geriatric Medicine Endocrinology Renal Respiratory Haematology
	<i>North East</i>	Acute Medicine Geriatric Medicine Infectious Diseases
<b>Research</b>	<i>Yorkshire &amp; Humber</i>	Acute Medicine Geriatric Medicine Endocrinology

**Table 1 – List of available posts and their coupled specialities.**<sup>8</sup>

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**Figure 1 - Comparison of Medical Career Pathways**

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Common Job Titles of TOOT and OOPE Posts:	
F3 Doctor	Clinical Fellow
Senior House Officer	Teaching Fellow
Trust Grade	Research Fellow
Staff Grade	Chief Registrar
Middle Grade Doctor	Specialty Doctor

Table 2 – Common Job Titles of TOOT and OOPE Posts

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81  
82  
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## Benefits of FPT training

### *Medical scholarship training*

86 Medical scholarship capabilities are increasingly recognised as important for future doctors, and  
87 particularly general physicians.<sup>9,10</sup> However, research has also identified a need for bringing greater  
88 clarity around the development of these capabilities within training programmes.<sup>4,11</sup> The Future  
89 Doctor Report commissioned by HEE identified these key medical scholarship skills as critical appraisal  
90 of evidence, clinical policy development, research, lifelong learning, teaching and education, which all  
91 map onto the themed pathways above.<sup>11</sup> Furthermore, the Covid-19 pandemic has highlighted the  
92 benefits of a workforce equipped with scholarship capabilities, namely individuals with the ability to  
93 continue critical frontline research alongside delivering safe and effective clinical care, and cross-  
94 disciplinary teams able to connect remotely and continue delivering education using a variety of  
95 innovative technologies.<sup>11</sup>

### *To Employers and Trusts*

97 Trusts and Employers may benefit from reduced rota gaps if they can recruit to FPT posts which may  
98 otherwise be vacant, by offering more attractive training opportunities to applicants than the standard  
99 higher speciality training posts. FPT Trainees are also likely to engage in work within their pathway  
100 that can benefit the trust through service improvements, innovative changes and improved patient  
101 care.<sup>12</sup>

### *Flexibility of time*

103 A more flexible approach, in the way time is formally allocated across a training programme, allows  
104 trainees the autonomy to vary their personal time allocation and mitigate acute spikes in other  
105 workloads, such as around the time of professional exams when focusing on personal learning or  
106 during busy periods when working on their FPT project. Up to 20% of total training time can be taken  
107 for FPT work which roughly equates to a day a week across the training programme which offers  
108 trainees a continual dual focus throughout training.<sup>6</sup> Alternatively, the scheme offers trainees the  
109 flexibility to take the equivalent time as less frequent but larger blocks of time throughout the year if  
110 their project required such an arrangement.

### *Flexibility of learning objectives*

112 FPT is also an innovative way of individualising training and gives autonomy to trainees to personalise  
113 their learning for meeting their educational needs. The FPT component of the scheme encourages

114 personal goal-setting, a core skill for being able to engage in lifelong learning, reflective practice and  
115 high performance in general. In this regard, there is no pre-defined learning objectives, rather  
116 individuals are empowered to self-identify potential outputs, use various strategies for achieving  
117 these, and manage personal time accordingly for completing project tasks. Furthermore,  
118 conversations with educational supervisors are also different from traditional ones where there is  
119 more of a monologue from teacher to learner; instead, there is much more of a dialogue between  
120 both parties around a learners' personal and professional development.

### 121 *Flexibility of learning outcomes*

122 As a consequence of flexible learning objectives, the range of acceptable learning outcomes can be  
123 equally broad. Trainees can complete a portfolio of small projects over successive years or develop a  
124 progressive programme of work over time. The existing grouping of themes across HEE regions  
125 enables both the development of a critical mass of local trainees and expertise, but also the  
126 opportunity for individuals to choose to work independently on projects, or within teams. Likewise,  
127 the theming by region, rather than individual training hospital, allows the trainee to experience  
128 opportunities beyond traditional employer or institutional boundaries. For example, quality  
129 improvement projects can be scaled over a region rather than just across a single setting, and medical  
130 education projects can be cross-continuum including both under- and postgraduate training, rather  
131 than either one in isolation.

### 132 *Wellbeing*

133 One of the drivers for developing FPT was the rising number of trainees, in particular medical  
134 registrars, experiencing both stress and burnout, and the benefits described above all come together  
135 in a way that may improve well-being. An in-depth exploration of the experience of medical registrars  
136 revealed multiple challenges for individuals in the role.<sup>13</sup> The benefit of 20% of protected project time  
137 balanced with 80% clinical time was hoped to improve both the way trainees functioned but also  
138 crucially, the way they felt as medical registrars. In particular, a greater sense of self-perception,  
139 meaning and satisfaction was hoped from the programme as a whole, complementing a greater sense  
140 of connection to others, purpose and personal growth for the trainee themselves. Driving most of  
141 these benefits is likely to be the greater autonomy and control over themselves afforded to Flexible  
142 Portfolio Trainees, especially when considering traditional training programmes offer little of these in  
143 comparison when considering factors such as choice of daily tasks, start-finish times and work-life  
144 balance in general.

## 145 **Medical Education and the East Midlands**

146 There are three regions offering Medical Education themed FPT - East and West Midlands both with  
147 two cohorts so far since 2019 and Kent Surrey and Sussex with one cohort since 2020. With each new  
148 intake, the number of new projects has increased, and existing projects have actively benefited from  
149 additional trainees, as well as individuals from near-peer mentoring of each other. Trainees in the East  
150 Midlands have benefitted from a supportive approach from the HEE School of Medicine in the East  
151 Midlands. There is an FTP Lead within the School to provide overall oversight at a programme level  
152 and pastoral support for personal and professional development to trainees at an individual level. In  
153 particular, trainees are given support to develop their own ideas for medical education innovations,  
154 but also deliver them region-wide by leveraging the FTP Lead's professional network. Specifically  
155 related to medical education, FPT trainees are encouraged to go beyond just delivering teaching but  
156 consider first and foremost their development across the various roles of a teacher.<sup>14</sup> With respect to

157 projects, FPT trainees are supported to develop innovations that demonstrate awareness of  
158 curriculum design and technology-enhanced learning (Table 3).

159 FPT trainees may consider obtaining a formal postgraduate medical education qualification, e.g. a  
160 Postgraduate Certificate, Diploma or Masters, however registration is not automatic by virtue of being  
161 on the scheme. More and more trainees within FPT or indeed those trainees in teaching fellow posts  
162 enrol onto such programmes, however pursuing a formal qualification may not be either desirable or  
163 suit the circumstances of the individual. That said, alignment of the FPT project and research  
164 conducted by the trainee as part of a Masters qualification can significantly enhance the both the  
165 quality and quantity of output for the trainee. Furthermore, collaborating with university medical  
166 education departments also provide trainees with further insights into academic medical careers and  
167 opportunities to engage in clinical education research.<sup>15</sup> Finally, partnership with HEE East Midlands  
168 allows FPT trainees to develop themselves as future educational leaders demonstrating the power of  
169 this scheme to provide a complete training experience.

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<b>Examples of East Midlands FPT Education Projects:</b>
Creation of online open access educational resources including reading lists, and curriculum mapped lecturer guides for regional teaching programmes.
'MEMcast' - A rolling educational podcast series including interviews with regional expert physicians.
Assisting the regional Training Programme Director in implementing the new national Internal Medicine Training Stage 1 curriculum, replacing Core Medical Training.
Working with local College Tutors to develop a new simulation programme for general medicine procedural skills.
Engaging with the national director of IMPACT <sup>16</sup> and assisting with a UK-wide curriculum redesign.
COVID-19 Educational and Wellbeing support programmes for redeployed workforce during the pandemic.

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*Table 3 – Examples of East Midlands FPT Educational Projects*

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## 173 **Conclusions**

174 FPT is an innovative way of individualising postgraduate medical education and enabling trainees to  
175 self-direct their personal and professional development. FPT is different from conventional higher  
176 speciality training by protecting up to 20% of the total training programme time to develop a non-  
177 clinical interest. This allows parallel development of clinical and non-clinical interests. The four  
178 established themes include clinical informatics, medical education, quality improvement and  
179 research. FPT is offered alongside higher speciality training in general internal medicine. Arguably  
180 most importantly for the trainee, the scheme provides both autonomy and opportunity for individuals  
181 to self-direct their ongoing personal and professional development prior to obtaining their CCT. FPT is  
182 not just an 'add-on' or mechanism for providing extra-curricular experiences, but more natural  
183 evolution of training programmes for individuals with a strong sense of direction in their careers.

184 Successful FPT programmes are more likely when trainees are able to self-regulate their own learning  
185 underpinned by educational supervisors creating educational environments with sufficient support  
186 and opportunities. The experience of trainees is likely to be further enhanced where there is sufficient  
187 flexibility for the trainee to personalise training time around their individual personal and professional

188 circumstances. The experience of FPT trainees and example projects in the East Midlands suggests  
189 the scheme can address some of the concerns identified in the Future Doctor report, potentially  
190 sustaining trainees through specialty training, preventing stress and burnout as well as propelling  
191 individuals towards lifelong and rewarding careers. There is evaluative research currently ongoing into  
192 the experiences of FPT programme. Further research will be required to demonstrate the long-term  
193 impact on retention and the mental wellbeing of FPT trainees.

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