

North West School of Medicine

Flexible Portfolio Training (FPT) – Frequently Asked Questions

What is Flexible Portfolio Training (FPT)?

Flexible Portfolio Training provides resident doctors with protected time equivalent to one day per week (20% WTE) for non-clinical professional development while remaining in training. The recognised pathways include:

- Medical Education
- Research
- Clinical Informatics
- Clinical Service Improvement.

The doctor continues their training programme while undertaking an agreed FPT project.

Is FPT the same as Less Than Full Time (LTFT) training?

No. FPT and LTFT training are separate initiatives.

Doctors undertaking FPT remain in training but spend 20% of their time on an approved FPT project.

Does a doctor undertaking FPT still participate in the on-call rota?

The expectation is that doctors undertaking FPT continue to participate in on-call duties at the same frequency as their colleagues, although local arrangements can be discussed.

In a scenario where a doctor was undertaking FPT alongside LTFT training, the on-call commitment would reflect the LTFT percentage.

A doctor undertaking standard FPT would normally continue with the full on-call commitment.

Can FPT be combined with LTFT training?

This is possible.

Where a doctor wishes to undertake FPT alongside LTFT training, the potential impact on clinical training opportunities and progression should be considered.

The arrangements should be discussed with the doctor to ensure they understand how the combination of FPT and LTFT training may affect their overall training experience and progression.

Does FPT affect a doctor's CCT date?

A doctor undertaking standard FPT continues within their training programme without a change to CCT date solely because they are undertaking FPT.

Is there an application form or formal application process?

There is no standard formal application form for FPT within the Northwest.

Where more doctors wish to undertake FPT than there are available opportunities, Training Programme Directors may decide to run a local competitive selection process. Where there is only one suitable applicant, the TPD may approve participation locally.

There is no formal paperwork to complete. Programmes can decide how many FPT trainees they are able to accommodate and run an internal competitive process where necessary.

Who approves FPT?

Approval is largely managed locally through the Training Programme Director and Head of School arrangements.

Where there is capacity within the programme, approval can be given within the specialty. Training Programme Directors may determine whether a selection process is required.

Who supervises the FPT component?

The doctor undertaking FPT should have an FPT supervisor overseeing the project work.

The supervisor is expected to review progress and provide information that can contribute to annual review processes. Evidence of progress should be documented within the portfolio.

Doctors should have an annual meeting with their FPT supervisor and maintain documentation demonstrating progress within their portfolio.

What evidence is required at ARCP?

Doctors undertaking FPT should provide evidence of progression within their FPT project.

The FPT supervisor should provide a report or statement regarding progress. This information should feed into the Educational Supervisor report and form part of the evidence reviewed at ARCP.

Doctors formally undertaking FPT must have the FPT curriculum added to their e-portfolio by the JRCPTB.

What happens if a doctor is undertaking research or education activity informally rather than through FPT?

If a doctor is undertaking research, education, or similar activities in their own time and is not formally enrolled on the FPT pathway, they are not regarded as an FPT trainee.

In these circumstances there is typically no requirement for FPT curriculum addition, supervisor reporting, or additional ARCP requirements associated specifically with FPT.

Can a doctor start FPT at the beginning of higher specialty training?

The usual expectation is that doctors undertaking FPT would normally be ST5 or above and have demonstrated satisfactory progression.

However, exceptions can be considered. Where the doctor is progressing well and this has been confirmed by their current Training Programme Director, FPT may be permitted from the start of specialty training. If progression became a concern, the FPT arrangement could be discontinued.

Can a doctor start FPT at any point in training, or only at a rotation change?

Doctors must provide appropriate notice where there is a change in working pattern and that commencing at a rotation boundary may be administratively cleaner, but specialties can determine how FPT is implemented locally.

What administrative actions are required when a doctor starts FPT?

- The resident doctor and/or TPD must inform the host placement that the doctor will spend 20% of their time undertaking FPT activity.
- The deanery will update the resident doctor's TIS record / rotation information to identify that they are undertaking FPT.
- The deanery will arrange for the FPT curriculum to be added to the doctor's e-portfolio.
- The resident doctor should ensure evidence of FPT progression is provided for each ARCP.
- The TPD should ensure FPT progression is reviewed at each ARCP.

When is FPT most appropriate?

FPT is a good opportunity for motivated doctors who are progressing well. Satisfactory training progression should be established before participation is approved.

Further information on Flexible Portfolio Training can be found at:

- [NHS England Flexible Portfolio Training webpage](#)
- [Flexible Portfolio Training Handbook \(PDF\)](#)