

Self-development time (SDT) - frequently asked questions

Q1. What is self-development time?

Self-development time (SDT) has been introduced as an outcome of Health Education England's (HEE) [Postgraduate Medical Foundation Programme Review](#). The review identified that foundation doctors could find it difficult to find time to carry out essential non-clinical or educational activities and to have time to consider future career pathways. The lack of time was reported to be contributing to the high levels of burnout in foundation year two doctors and to some delay in foundation doctors applying for specialty training.

SDT allows for time to be included in the work schedule for non-clinical activities in order for foundation doctors to successfully develop as a doctor and complete foundation training, both of which are not best suited to completion during day-to-day clinical working.

SDT might include; formal meetings with educational and named clinical supervisors, reflecting on clinical practice and development needs, working on their ePortfolio, or preparing teaching and quality improvement activity. Further details of how SDT should be applied can be found in the Intended uses of self-development resource.

Q2. How much SDT will foundation doctors get?

Foundation year one (FY1) and foundation year two (FY2) should have two hours per week of non-clinical professional self-development time.

The Foundation Programme Review gathered evidence on the time needed for these essential non-clinical activities from doctors who are currently, or have recently been, in foundation year one or two.

Q3. When will SDT take effect from?

All trusts with foundation doctors will need to include two hours per week SDT in the work schedules of FY2 doctors from August 2020 and two hours per week SDT in the work schedules of FY1 doctors from August 2021.

Q4. What happens if employers/organisations do not/are not able to implement the number of hours for SDT?

It is recognised that in some providers and departments it will be challenging to provide the recommended SDT. Most of the activities which are intended to be carried out within SDT are either requirements of the Foundation Programme Curriculum or required for ARCP (annual review of competency progression), they also map to the HEE Quality Framework.

HEE will therefore gather information on whether trainees are being rostered for SDT. Where there are challenges, it is expected the trust will work with the foundation school towards resolving these, and that the provision of SDT will form part of the regular Quality Framework discussions between the provider and HEE.

Q5. What about SDT for other doctors in training?

SDT has been designed particularly for doctors undertaking the foundation programme. It aims to ensure that there is parity among the provision of non-clinical time across all foundation posts. It also recognises the move for foundation doctors from full-time study, to their first role as a junior doctor, and ensures that the NHS does all it can to adequately support foundation doctors.

Some specialty training programmes already have rostered time for non-clinical activities but use alternative names for this, for example, in GP training, trainees receive a half day for private study.

Q6. How does SDT link with the exception reporting mechanism added to the junior doctor contract to allow for trainees to exception report if they are not given enough time to complete their ePortfolio?

There is no direct link. The recommendation is emphasising what should already be practice. The junior doctor contract allows for trainees to exception report if activities to be undertaken are required by the employer or agreed with the educational supervisor. It does not allow for exception reporting for educational activities for personal development or career enhancing purposes which are outside of the contractual requirements.

Q7. Is the SDT in addition to the time employers already allocate?

Some hospitals already roster time for foundation doctors to carry out the self-directed professional activities which will be done in SDT, this time can contribute to delivering the recommended SDT.

Self-development time is not intended to replace time already available in work schedules for foundation doctors to carry out other routine non-clinical activities such as:

- attending departmental or trust-delivered teaching programmes
- attending trust or departmental meetings, such as audit, quality improvement, morbidity & mortality or governance meetings
- taking study leave
- doing taster days / sessions to gain insights into potential career options
- attending induction programmes for trusts or departments
- completing trust mandatory training, for example fire safety or information governance.

Q8. How will SDT be allocated?

SDT will be allocated through the personalised work schedules process between the trainee and their educational supervisor. It is intended that the foundation doctor will, with support from their educational supervisor, identify their needs and how to prioritise the use of SDT to meet these. Decisions on how the time is allocated within the work schedule will need to balance the development needs of the doctors with the needs of the clinical service and patients. It is acceptable, and at times may be more appropriate, for several weeks of SDT to be amalgamated, for example to allow a FY1 to have four hours of SDT once every four weeks.

Q9. Do trainees need to evidence their activity for SDT and if so, how?

The activities carried out in self-development time should all be recorded in the trainee's ePortfolio and these records should form part of the regular discussions between the trainee and their educational and named clinical supervisors.

Q10. What support is there to help employers develop rotas reflective of SDT?

Please refer to NHS Employer's and the BMA's joint [good rostering guidance](#) which sets out ways in which good rostering practice can be utilised to develop rotas. It aims to support and create an effective training environment that also meets the needs of the service, while enabling flexibility for doctors and employers.

Q11. What happens if clinical demand peaks again?

If clinical demand peaks again due to exceptional circumstances (such as another wave of Covid-19) then we would not expect trainees to continue with SDT time during that period. It would be a local decision as to if it was appropriate to continue with SDT time.

If you have further questions, not answered in these FAQs, please contact medicalworkforce@nhsemployers.org.