



Standardising our approach to self-development time

Academy Resident Doctors' Committee

The Academy Resident Doctors' Committee (ATDC) represents resident doctors in postgraduate training. It has over 60 representatives drawn from the 23 medical royal colleges and faculties in the UK and Ireland, as well as co-opted members from a number of partner organisations. The members are all at different stages of their postgraduate training pathways. By working together to identify issues and challenges that affect resident doctors and suggesting solutions, we strive to implement changes across the whole health service. In particular, we look at ways to improve the support given to resident doctors throughout their postgraduate years to enhance training, recruitment and retention of this crucial component of the workforce.

Background

There is a considerable interest in the experiences and well-being of the NHS and the wider healthcare workforce. Over recent years, the ARDC [formerly the Academy Trainee Doctors Committee – ATDC] has published a series of papers which explore key aspects of this important agenda, including recruitment, training, retention, finances and selection.

In 2023, the then ATDC published [Self-development time \(SDT\) – exploring the benefits and logistics of implementation](#). The 2023 document made the case for SDT, while this paper builds on it's strong foundation to make the case for the standardisation of our approach to self-development time.

SDT is ring fenced time which enables resident doctors to meet curricular essentials, these can be clinical or non-clinical e.g. leadership training, training in supervision and mentorship, as well as other activities. Self-development is crucial to all stages of medical careers, consultants similarly have Supporting Professional Activities (SPA) time. It therefore makes sense that those in training have ring-fenced time for CPD, audit, research and leadership experience e.g. through committee attendance and other activities.

Health Education England [HEE], which is now part of NHS England introduced SDT in 2020.¹

Funding was then agreed by NHS Employers for a minimum of 1 hour per week for FY1 and 3 hours for FY2 trainees.²

Health Education and Improvement Wales [HEIW] introduced all core training doctors to receive 2 hours per full time week and 4 hours a week SDT for full time higher trainees.³ This strategy sought to address the variation in recommendations and implementation based on a resident doctor's speciality and region.

This paper is based on survey feedback from resident doctors which indicates that SDT is being applied differently in different geographies, care settings and specialties. This creates difficulties for both resident doctors and employers. The paper focuses on both core and higher specialist training.

This paper builds on the original SDT paper to explore a number of the key issues. It is also a companion piece of the then ATDC's [REFORM principles](#). The paper sets out the thinking of the ARDC membership on this important issue. The audience for this paper is key decision-makers within government, national educational bodies, medical schools and royal colleges.

Standardising our approach to SDT will be better for resident doctors, but it will also be better for patients, as resident doctors improve their clinical and non-clinical skills which will enable to deliver better patient-centred care.

Core training or equivalent

Some specialties recommend 2 hours of SDT per 40 hour week, others 4 hours per week, while others make no explicit recommendation. For example, the Royal College of General Practitioners stipulates that:

*'The recommended working week in GP training includes a half-day for personal study and independent self-directed learning. Trainees will use this time in a variety of ways, depending on their needs, to ensure that they meet the curriculum outcomes, for example attending clinics, reading, carrying out eLearning, carrying out research projects, exploring the medical humanities literature, preparing for examinations and preparing their portfolio for assessment.'*⁴

Similarly, the Royal College of Ophthalmologists states that:

*'Years 1 and 2 trainees should undertake no more than eight clinical sessions a week. There should be 1 session for Teaching. There should be 1 session for Research / Study / Audit / Quality Improvement.'*⁵

Higher specialist training

For higher specialist training some royal colleges recommend 4 hours per 40 hour week, others 8 hours, while some make no explicit recommendation. For example, the Royal College of Emergency Medicine states:

'The recommendation is 8 hours per week whole time equivalent for Higher Specialty Trainees [320 hours per annum] and 4 hours per week for ST3s [160 hours per annum].' ⁶

Resident doctors also report different experiences of accessing SDT time, with a number reporting an inability to routinely access development time. A core challenge here is likely to be pressures from elsewhere such as service demands and rota gaps which mean that resident doctors are pulled in other directions and miss out on development time as a result.

What might explain these variations?

There may be factors which could explain some of this variation, which are likely to be highly specialty-specific:

- Individual colleges and resident doctors in particular specialties may place different emphases on particular aspects of training.
- There are different interpretations of what constitutes SDT and what are core training activities.
- Some specialties may be more exposed to service pressures, and/or rota gaps.
- Many specialty curricula are very full which creates time pressures in a number of areas.
- Different specialties will have different levels of acute and out of hours commitments.
- There are different training opportunities and access to support across different parts of the UK.
- Limitations on trainer time and input.

Such variation is not good for either resident doctors or employers and ensuring consistency would greatly benefit both. We now set out how this can be achieved.

ARDC Recommendations

1. As a minimum, the current nationally stated recommendations from the statutory education bodies should be adhered to.
2. Building on positive work by a number of royal colleges, further work is needed to flexibly determine what SDT best supports specialty curriculum needs, portfolio requirements and resident doctors' priorities.
3. The shared ambition is for deaneries, employers, resident doctors and colleges to work together to agree a unified national criteria which clearly sets out what resident doctors can expect at different stages of their training. Based on an internal survey of members, as a starting point for discussion, **the ARDC's preference is for 4 hours SDT per full-time working week for those in core training, and 8 hours per full-time working week of self-development time for those in higher specialty training.**
4. Any new minimums should be included in training contracts.
5. Implementation should be monitored via the Annual Review of Competency Progression [ARCP] and other appropriate local governance arrangements.

Conclusion

Standardising SDT for individual specialties would underline the importance of development time for resident doctors and provide greater certainty for both those in training and employers. This together with the dialogue which will be required between deaneries, employers, colleges and their resident doctor committees to achieve this would significantly improve training experiences and strengthen the place of self-development within training. The ARDC and wider Academy are keen to work with partners to facilitate the necessary discussions that would enable this to happen.

References

1. Health Education England (2020) *Self-Development Time [SDT] FAQs for Foundation Trainees [and their Supervisors]*.
2. NHS Employers (2024), *Foundation programme review - self-development time*.
3. Health Education and Improvement Wales (2023) *EDT for Medical Trainees – Key Principles September 2023*.
4. Royal College of General Practitioners (2019) *The RCGP Curriculum: Being a General Practitioner*.
5. The Royal College of Ophthalmologists (2018) *Guide for delivery of Ophthalmic Specialist Training [OST]*.
6. Royal College of Emergency Medicine (2022) *Educational Supervisor Guide to RCEM Curriculum 2021*.

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On behalf of the following members:

Association of Surgeons in Training
British Orthopaedic Trainees Association
Faculty of Dental Surgery
Faculty of Intensive Care Medicine
Faculty of Medical Leadership and Management
Faculty of Occupational Medicine
Faculty of Pharmaceutical Medicine
Faculty of Public Health
Faculty of Sexual and Reproductive Healthcare
Faculty of Sports and Exercise Medicine
Royal College of Anaesthetists
Royal College of Emergency Medicine
Royal College of General Practitioners
Royal College of Obstetricians & Gynaecologists
Royal College of Ophthalmologists
Royal College of Paediatrics & Child Health
Royal College of Pathologists
Royal College of Physicians & Surgeons in Glasgow
Royal College of Physicians of Edinburgh
Royal College of Physicians of London
Royal College of Psychiatrists
Royal College of Radiology (Clinical Oncology)
Royal College of Radiology (Clinical Radiology)
Royal College of Surgeons of Edinburgh