**Self Development Time- Core and Higher Specialty Trainees (For Trusts)**

Self development time (SDT) was introduced for foundation doctors in 2020[1]. Since this time, the benefits of SDT for core and higher specialty trainees has been recognised by a variety of Royal Colleges. Many recommend ringfenced time for their resident doctors, although in most cases this is not compulsory (see appendix 1.)

Work by the Academy of Medical Royal Colleges has shown the benefit of SDT[2]:

- Clinical: more time for resident doctors to engage with specialist services and improve their clinical skills
- Organisational: increased engagement with local quality improvement
- Personal: improved mental health and wellbeing

**SDT in Kent, Surrey and Sussex**

As part of our *Building KSS Together* programme, from October 2025 we recommend that all core and higher specialty trainees should have access to SDT. We would suggest a target of:

- Two hours per week for core trainees
- Four hours per week for higher specialty trainees
- Pro rata equivalent for less than full time resident doctors

**What are acceptable uses for SDT?**

SDT is protected time used for non-clinical activities that are essential for meeting curriculum requirements or for career development. Examples of acceptable activities are recorded below:

- Attending supervisor meetings
- Completing ePortfolio assessments or reflections
- Taking part in quality improvement work
- Preparing or delivering teaching
- Attending non timetabled specialty work (such as a relevant clinic or theatre list)
- Attending work in different specialties that will aid learning (for example, an EM trainee attending emergency eye clinic)
- Attending non-compulsory meetings (e.g. management meetings or steering groups)
- Self-guided study or exam revision
- Shadowing or career development activities

**What should SDT not be used for?**

Resident doctors should not use SDT for any day-to-day work that is part of their contract or other activity such as:

- Locum shifts
- Induction or statutory training
- Local or deanery teaching
- Attendance at compulsory meetings
- Job interviews
- Completing exams

**KSS principles of SDT**

Each trust and specialty will have different needs in relation to SDT. There is no one size fits all approach. Instead, we ask that you follow these ten principles.

1. SDT should be included in resident doctor work plans at the beginning of each placement and clearly marked on the rota

2. Changes to SDT time by the trust should be minimised. Six weeks' notice should be given for any non-urgent changes, as per the 2019 contract

3. In the event of unforeseen issues such as staff sickness, it may be necessary to recall a resident doctor from SDT with less notice. An alternative date for their SDT should be agreed as soon as is practical

4. Some resident doctors may want to reschedule an SDT day to attend a specific learning opportunity. These requests should be granted if they do not impact safe staffing levels

5. SDT time should be grouped into half or full days where possible. This reduces the risk of SDT being affected by service provision and unnecessary travel time. SDT should be spread throughout the rota, and not given in blocks

6. SDT time can be completed at home. However, trainees must be aware that they can be recalled at short notice, and should ensure that they are able to attend work if necessary

7. SDT does not need to be directly supervised but resident doctors should be able to show the work done during their SDT to their educational supervisor as required

8. SDT time should not be used for annual leave. Trusts should avoid rostering it alongside annual leave wherever possible

9. If a resident doctor requires annual leave or study leave during SDT, they can move it to an alternative date if adequate notice is given

10. SDT can be used for any activity that meets curriculum requirements or aids career development. If a resident doctor is unsure if their activity meets these criteria, they should discuss this with their educational supervisor

**Do I need to check what doctors are doing during their SDT?**
We believe that resident doctors know how best to use their time, so we do not recommend routinely monitoring their SDT work. However, resident doctors should be able to demonstrate the work they have done during their supervisory meetings. If this is not evident, individuals may need further supervision.

**What should I do if I suspect that a resident doctor appears to be misusing their SDT?**
SDT is a recommendation only. If a resident doctor is using their SDT for non-work activities, this should be addressed by their educational supervisor. If this continues, SDT can be supervised or removed- whatever the local team feel is most appropriate.

**References**


1. NHS Employers. (2020). *Foundation programme review - self development time*. [online] Available at: https://www.nhsemployers.org/articles/foundation-programme-review-self-development-time.
2. Academy Trainee Doctors' Group Self-Development Time -exploring the benefits and logistics of implementation. Available at: https://www.aomrc.org.uk/wp-content/uploads/2023/09/ATDG_Self_Development_Time_0923.pdf.
3. The Royal College of Anaesthetists. (2025). *Educational Development Time (EDT)*. [online] Available at: https://rcoa.ac.uk/documents/guide-anaesthetics-training-handbook/educational-development-time-edt [Accessed 20 Jan. 2025].
4. RCEM. *Curriculum*. [online] Available at: https://rcem.ac.uk/curriculum/.
5. The RCGP Curriculum Being a General Practitioner #BeingaGP. (n.d.). Available at: https://www.rcgp.org.uk/getmedia/38f37bbe-f677-429f-90e9-37f855b0ae16/curriculum-being-a-gp-rcgp_26-10-22.pdf.
6. Time for self-development in Internal Medicine Training stage 1. Available at: https://www.thefederation.uk/sites/default/files/SDT%20IM%20Stage%201_0.pdf.
7. The Federation of the Royal Colleges of Physicians of the UK. (2024). *Search*. [online] Available at: https://www.thefederation.uk/sites/default/files/2024-03/Guidance%20re%20self-. [Accessed 20 Jan. 2025].
8. Training unit quality criteria for Obstetrics and Gynaecology doctors in training. Available at: https://www.rcog.org.uk/media/mbolgo0b/training-unit-quality-criteria-for-og-sept-2021.pdf [Accessed 20 Jan. 2025].RCPCH. (2024).
9. Guide for delivery of Ophthalmic Specialist Training (OST). (2018). Available at: https://www.rcophth.ac.uk/wp-content/uploads/2020/05/RCOphth-Guide-For-Delivery-Of-OST_Jun2018.pdf.
10. *Training Charter*. [online] Available at: https://www.rcpch.ac.uk/resources/training-charter.
11. Clinical Radiology Specialty Training Curriculum. (n.d.). Available at: https://www.rcr.ac.uk/media/fhibddxp/rcr-curriculum_clinical-radiology-specialty-training-curriculum_august-21-updated-may-2023.pdf.
12. Guide for delivery of Ophthalmic Specialist Training (OST). (2018). Available at: https://www.rcophth.ac.uk/wp-content/uploads/2020/05/RCOphth-Guide-For-Delivery-Of-OST_Jun2018.pdf.
13. Educating the surgeons of the future Curriculum Core Surgical Training- The Intercollegiate Surgical Curriculum Programme. Available at: https://www.iscp.ac.uk/media/1111/core-surgical-training-curriculum-aug-2021-approved-oct-20.pdf.
14. www.iscp.ac.uk. *ISCP*. [online] Available at: https://www.iscp.ac.uk/iscp/curriculum/core-surgical-training-curriculum/1-introduction/.

**Appendix 1**

Recommended SDT by main UK training programme

| **Training programme** | **Recommended SDT** |
|---|---|
| Anaesthetics[3] | Two hours per week- stages 1,2<br>Four hours per week- stages 3 |
| Emergency medicine[4] | Four hours per week- ST3<br>Eight hours per week- ST4+ |
| General practice[5] | Half day per week- GPST1+ |
| Medicine- IMT[6] | One day per month- IMT1/2<br>Two days per month- IMT3 |
| Medicine- Higher specialty training[7] | Two days per month- ST4+ |
| Obstetrics and gynaecology[8] | Half day per week- ST1+ |
| Ophthalmology[9] | Half day per week- ST1+ |
| Paediatrics[10] | 8 hours per month- tier one rota<br>16 hours per month- tier two rota |
| Radiology[11] | None mandated- ST1+ |
| Surgical specialties [12,13] | None mandated- core and higher specialty trainees |