

June 2025

Specialist Advisory Committee in Neurology position statement on Self-Development Time (SDT) for Neurology Trainees

Trainees need to enhance their skills, knowledge and experience throughout their career to provide high quality care for patients and meet their curriculum requirements. Although most of the trainees' development is undertaken in everyday practice, certain activities such as quality improvement projects and maintaining a portfolio require dedicated time away from the clinical environment. Self-development time (SDT) encompasses such activities and was proposed as a recommendation from the foundation programme review conducted by Health Education England in 2020 to tackle recruitment and retention issues in the NHS. SDT was successfully implemented for foundation and internal medicine trainees in 2021 and 2022 respectively. In March 2024, the Joint Royal College of Physicians Training Board published guidance for higher specialty trainees that recommends allocating a minimum of two days a month for self-development time.

Principles of SDT

Although a necessary addition to the work schedule of trainees, SDT needs to be implemented in an auditable way to ensure equity for trainees and their workplace. The JRCPTB advises trainees to discuss SDT activities with their educational supervisors (ES) to ensure they are appropriate to the curriculum as well as trainees' personal development goals - this discussion must be documented in the ePortfolio. SDT is a high trust process and it is expected that doctors will follow GMC's Good Medical Practice by acting with honesty and integrity and only participating in appropriate activities during that time. The table below summarises some activities which do or do not constitute SDT; the list is not exhaustive.

What does constitute SDT	What does NOT constitute SDT
Working on ePortfolio SLEs/reflections/logbook)	Undertaking activities mandated by curriculum
Quality improvement project	Clinic admin e.g. letters, reviewing results
Meetings with supervisor	Conferences/courses that should be study leave
Non-core educational activities (e.g. e-learning)	Gaining subspecialty experience in a setting different to usual workplace
Preparing/delivering teaching	Attending local/regional teaching
Appropriate exam preparation	Attending trust meetings e.g. M&M, governance, audit, etc
Career development activities	Trust/departmental induction
Applying for fellowships and jobs	Completing trust mandatory training

Practicalities of SDT implementation

Although the JRCPTB guidance recommends a minimum of 2 days SDT every month, this may not always be possible depending on staffing and clinical priorities. We propose a roadmap in the figure on the next page which can be used as a guide for rostering SDT, from minimum expected to best practice.



SDT implementation will require some flexibility from rota coordinators as well as trainees. For example, trainees doing a week on referrals may not be able to accommodate SDT that week so should be allowed to take it before or after. Less than full time (LTFT) trainees should be allocated SDT on a pro-rata basis. In addition to planned SDT, it is expected that trainees will use any spare time for unplanned SDT if clinics are cancelled or planned clinical activity finishes early. Trainees should discuss with their ES how SDT will be incorporated into individual rotations and the ES can ensure this is recorded on ePortfolio.

SDT activities should be auditable through evidence in the ePortfolio in the form of PDPs, SLEs, logbooks, reflections, etc. It is preferable to allocate SDT on a weekly basis as opposed to monthly full days so that trainees benefit from regular protected time. Examples of how SDT can be divided are shown in the figure above. Note that annual leave and study leave requests take precedence over SDT.

We hope this document is helpful in implementing SDT for all trainees. If there are any issues with SDT, these should be discussed with the ES, guardian of safe working hours or local TPD initially but can also be escalated further through the Neurology SAC or ABN Trainees' committee.

References:

Joint Royal College of Physicians Training Board. (2024). Guidance re self-development time for physicians in higher specialty training. <https://www.thefederation.uk/sites/default/files/2024-03/Guidance%20re%20self-development%20time%20for%20physicians%20in%20higher%20specialty%20training.pdf>

UK Foundation Programme. (2021). Self-development Time. <https://foundationprogramme.nhs.uk/wp-content/uploads/sites/2/2024/05/Self-development.pdf>

Health Educational England. Foundation Programme Review Recommendation 14. <https://www.hee.nhs.uk/sites/default/files/documents/SDT%20-%20Intended%20Uses%20of%20SDT.pdf>

NHS Employers. (2024). Foundation programme review - self development time (SDT). <https://www.nhsemployers.org/articles/foundation-programme-review-self-development-time-sdt>

Academy of Medical Royal Colleges. (2023). Self-Development Time – exploring the benefits and logistics of implementation. https://www.aomrc.org.uk/wp-content/uploads/2023/09/ATDG_Self_Development_Time_0923.pdf