



Principles for Self-Directed Time

Guidance

Yorkshire and Humber Deanery

Workforce Training and Education, North East and Yorkshire, NHS England

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Foreword

This document has been developed by the Yorkshire and Humber Trainee Forum in consultation with Heads of School, Directors of Medical Education and Local Education Providers. It's supported by the senior Deanery Management Team including the Postgraduate Dean.

It's intended for Postgraduate Doctors and Dentists in Training, Public Health Registrars, Medical Education Teams, Human Resources Teams for Local Education Providers and educators including Clinical Supervisors, Educational Supervisors and Training Program Directors.

1. Introduction to Self-Directed Time (SDT)

Self-directed time was introduced in 2020 following the Foundation Programme Review (Health Education England, 2019). As of March 2023, all Postgraduate Doctors and Dentists in Training in Northern Ireland receive SDT (Northern Ireland Medical & Dental Training Agency, 2024). The aim of SDT is to allow time for educational self development. SDT improves the quality of the training experience and has the support of the Postgraduate Dean.

1.1 Benefits of SDT

The value of SDT has been shown to demonstrate benefits to Postgraduate Doctors and Dentists in Training (PGDiT), Public Health Registrars (PHR) and employers. (Academy of Medical Royal Colleges, 2023):

- Clinical:
 - ⊖ Provides time to engage with specialist services, which in turn improves clinical skills.
- Quality Improvement:
 - The protected time increases engagement with quality improvement projects. This enables learners to not only meet curriculum requirements but also helps improve local service.
- Personal
 - Improves mental health and wellbeing.

Many Royal Colleges include SDT as part of their recommendations for postgraduate speciality training ([COGPED](#), [Royal College of Emergency Medicine](#), [Joint Royal College of Physicians Training Board](#), [The Royal College of Paediatrics and Child Health](#), [Joint Committee on Surgical Training](#), [UK Foundation Programme](#)). It may be referred to as self-directed learning or self-development time, but for ease it is referred to as SDT in this document.



1.2 Challenges with SDT

Despite the benefits and recommendations, implementation of SDT is challenging. In the current healthcare system, clinical demand is increasing and staff shortages are frequent. One approach to the delivery of SDT does not fit as the recommendations for SDT vary dependent on speciality and training grade.

The Yorkshire and Humber Deanery have therefore developed guiding principles to support the delivery of SDT in the region. The implementation of SDT into work schedules remains the responsibility of the employer.

2. What Can SDT be used for? *

PGDiTs and PHR are to use the time to undertake any non-clinical work that is either essential for meeting their curriculum requirements or is part of developing their future career plans. SDT can be considered to be similar to the Supporting Professional Activity (SPA) time included in the consultant contract (NHS Employers, 2003).

Examples of acceptable activities include:

- meeting with supervisors
- completing e-portfolio work such as assessments, reflections
- undertaking Quality Improvement Projects
- preparing and delivering teaching
- attending:
 - non-timetabled speciality work, such as a relevant speciality clinic
 - working in different specialities that will aid learning (for example an PGDiT in Emergency Medicine attending an Emergency Respiratory Clinic)
 - non-compulsory meetings, such as steering groups
 - coaching sessions as part of the [Yorkshire and Humber Deanery Coaching Programme](#)
- self-guided study or exam revision
- exploring career opportunities (for example, shadowing)

SDT should **not** be used for any day-to-day work that is part of a PGDiTs contract or any of the following activities:

- Annual leave
- Study leave
- Sick leave
- Locum shifts
- Induction or mandatory training, for example fire safety or information governance. (Employers should provide adequate time and resources to complete these activities during working time).



- Local, deanery or regular protected teaching such as half-day release for GP registrars, regional specialty teaching or local Foundation teaching time.
- Attending compulsory meetings. For example, trust or departmental meetings, such as audit, quality improvement, morbidity & mortality or governance meetings
- Completing exams
- Job Interviews

Both these lists of activities have been informed by various documents including guidance from Health Education England, now NHS England ([FAQs for trainees and supervisors](#), [Intended uses of Self-Development Time](#)), NHS England ([Quality Standards for GP Posts in Secondary Care](#)), [The Royal College of Paediatrics and Child Health](#) and [Joint Royal College of Physicians Training Board](#).

- * *For Foundation training, there are separate, programme-specific guidelines that define appropriate and inappropriate uses of SDT. Therefore, SDT use for those in Foundation training should be guided by the relevant Foundation Programme documentation, which take precedence over the examples listed above. Relevant Foundation Programme Documentation: [UK Foundation Programme Self-Development Time](#) and Health Education England Guidance (now NHS England) [Intended uses of Self-Development Time](#) and [FAQs for trainees and supervisors](#).*



3. Principles of Self-Directed Time (SDT)

- 3.1 SDT is paid, working time and it should be designated within a PGDiTs and PHR individual work rota at the beginning of each placement as protected, scheduled time.

3.1.1 This is based on the [Work Scheduling Guidance](#) by the British Medical Association (2004).

- 3.2 It is recommended that SDT is timetabled as solid blocks of time in the rota, such as half or full days, rather than being dispersed hours across a week (Academy of Medical Royal Colleges, 2023).

3.2.1. In the work schedule SDT can be timetabled as a weekly event or aggregated over a longer time period in an agreed work schedule.

- 3.3 For those training on a Less Than Full Time basis, the quantity of SDT is to be pro rata based on the training percentage. SDT should not be allocated to non-working days.

- 3.4 When taking annual leave, PGDiTs and PHR should ensure that it impacts proportionately across clinical and non-clinical activities, including SDT, rather than affecting one work commitment more than another.

- 3.5 SDT is not accrued when taking annual, study or parental leave.

3.5.1 SDT should not be used for annual leave. Where possible, PGDiTs should avoid tagging SDT to annual leave and employers should avoid timetabling it alongside annual leave.

- 3.6 Changes to SDT by the employer should be minimised where possible and in accordance with local arrangements. This refers to non-urgent changes, as per NHS employers (2019) Framework agreement for doctors and dentists in training.

- 3.7 SDT is separate to study leave, exam leave and clinical administration time and is not to be used to cover gaps in the rota. (NB: clinical administration time refers to patient activities or direct/indirect clinical related activities, such as clinic admin).

3.7.1 If a PGDiT or PHR agrees to cover a gap in the rota during their SDT session, the time should be given back to them during the same rotation.

3.7.2 SDT is not accrued if missed due to sickness absence.



3.7.3 If SDT is cancelled due to escalating organisational demand including Majax and Industrial Action, employers should have agreed policies and protocols in place, similar to those for study leave.

3.7.4 SDT is not accrued if missed due to taking Industrial Action.

- 3.8 Guidance on quantity and frequency should be taken from the relevant college/faculty for that speciality. The time allocated should reflect any guidance from the speciality's curriculum (see Appendix A for further details). If that is not available, to follow the recommendations from the [Academy of Resident Doctors' Committee \(2024\)](#).
- 3.9 SDT may be undertaken from any location the PGDiT or PHR considers appropriate, provided they remain contactable and able to return to the work site if required under Principle 3.7.3.
- 3.10 SDT is a high trust process, where the Deanery places confidence in PGDiTs and PHRs to undertake SDT reliably with integrity and professionalism.
- 3.11 SDT will not be paid as time in lieu if not taken.

4. Frequently Asked Questions

4.1 [Should SDT be supervised?](#)

SDT does not need to be directly supervised, however PGDiTs and PHRs should be able to show the work they have done during their SDT session to their educational supervisor if required. To help demonstrate this, it may be helpful to maintain a log of the activity undertaken in SDT sessions.

4.2 [Can an SDT session/day be changed?](#)

Efforts should be made to honour requests to change sessions/days. However, it is important to recognise that this may not always be possible, for example at short notice or if adequate staffing is not available. It is



recommended that PGDiTs and PHRs submit requests for changes as far in advance as possible.

4.3 What if SDT is not used for work?

If there is evidence that SDT is misused, then this should be addressed by the educational supervisor. If this continues, then SDT may be supervised or removed.

4.4 What if SDT is not implemented or received?

In the first instance, PGDiTs and PHRs are advised to speak to their rota co-ordinator and educational supervisor. Missed educational opportunities, such as SDT, should also be exception reported (BMA, 2024). If the issues persists, escalating the issue can be considered, if so the following information may be helpful: <https://yorksandhumberdeanery.nhs.uk/escalating-concerns>.

4.5 Where can SDT take place?

It is reasonable for SDT to take place at home (principle 3.9), with the PGDiT/PHR contactable and able to return to the worksite within a reasonable timeframe if cancelled. SDT is a high trust process where the Deanery places confidence in the PGDiTs and PHRs to undertake SDT reliably with integrity and professionalism (principle 3.10). If SDT is misused, then it may become supervised or removed.

4.6 What if there is Industrial Action?

- Should a PGDiT/PHR choose to take part in Industrial Action on a day that they have SDT scheduled, they will lose the SDT time.
- Should a PGDiT/PHR choose **not** to take part on Industrial Action and fulfil duties other than SDT, their SDT allocation will be rescheduled with the agreement of the doctor in training, clinical/educational supervisor and rota co-ordinator and must be undertaken before the end of their rotation.

4.7 What if the PGDiT/PHR is sick during SDT?

SDT should not be used for sickness leave. Should a PGDiT become unwell during a period of SDT, this time should be reported as sick leave from the point the sickness is identified, in accordance with local policy.



5. References

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 [Accessed 12 June 2025].

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NHS Employers. (2003). Terms and Conditions – Consultants (England). <https://www.nhsemployers.org/articles/consultant-contract-2003> [Accessed 19 August 2025]

NHS Employers. (2019). Framework agreement for doctors and dentists in training. https://www.nhsemployers.org/system/files/media/Framework-Agreement-doctors-in-training_0.pdf [Accessed 19 August 2025].

Northern Ireland Medical & Dental Training Agency. (2024). NIMDTA Guidelines for Protected Self Development Time for Trainees. <https://www.nimdtta.gov.uk/media/u30lvgb0/nimdtta-guidelines-for-protected-self-development-time.pdf> [Accessed 31st July 2025]

6 Appendix

Appendix A: Quantity and Frequency of SDT

Following on from Principle 3.8, below is a table summarising the quantity and frequency of SDT on training programmes that have specific guidance. (The guidance is based on PGDiTs and PHRs that are full time and should be pro rata for those that are less than full time.

For specialities in which specific guidance is not available, the following quantity and frequency is recommended, which is based on the Academy of Resident Doctor's Committee's (2024) guidance:

- 4 hours of SDT per week for PGDiTs in Core Training
- 8 hours of SDT per week for PGDiTs in Higher Speciality Training
- Pro rata for PGDiTs who are Less -Than Full Time.

<u>Training Programme</u>	<u>SDT Quantity and Frequency</u>	<u>Guidance Document</u>
Anaesthetics	• 2 hours per week for PGDiT in stages 1 and 2 of the curriculum • 4 hours per week for PGDiT in stage 3 of the curriculum	Royal College of Anaesthetists
Emergency Medicine	• 4 hours per week for ST3s (160 hours per annum) • 8 hours per week for ST4 and above (320 hours per annum)	Royal College of Emergency Medicine (2021) curriculum recommends (section 4.3.7, p.63)
Foundation	2 hours per week	• BMA • NHS Employers, • UK Foundation Programme Self-Development Time • Health Education England (now NHS England)
General Practice	• 4 hours per week during GP practice placement • Average of 4 hours learning time per week in the work schedule of GP registrars in secondary care	BMA and COGPED 4hrs in secondary care are to undertake self-directed learning & portfolio activities set out in the curriculum .
Medicine - IMT	• 1 day per month for IMT 1 & 2 • 2 days per month IMT 3	Joint Royal College of Physicians Training Board for Internal Medicine Trainees



Medicine – Higher Speciality Trainees	2 days per month	Joint Royal College of Physicians Training Board for Higher Speciality Trainees
Ophthalmology	4 hours per week	Royal College of Ophthalmologists
Paediatrics	• 8 hours per month for Tier 1 • 16 hours per month for Tier 2 • This is in addition to departmental teaching	Royal College of Paediatrics and Child Health