

## Self-development time case study 1: The Royal Surrey NHS Trust

*The Royal Surrey NHS Trust incorporated its own version of self-development time (SDT) as part of the new Junior Doctor Contract (JDC) in 2016. The trust calls it 'supported professional activity (SPA)' and, while the hours allocated to foundation year 1 (FY1) and year 2 (FY2) doctors differ from the SDT time recommended by the Foundation Programme Review, the trust says the two hours per week for each doctor works well. It allows this time for all its doctors, not just foundation trainees, which, says Dr Jane Tilley, the trust's Director of Medical Education, is important in keeping staff morale high.*

### Introducing self-development time

We introduced time for self-development as a by-product of the JDC in 2016. This required allocated time for non-clinical activities which our trust agreed to fund. There was nothing specifying the amount of time – we decided two hours per week would work and so it has proved.

### How it works in practice

We provide the time either in blocks or flexible hours, depending on what best suits the rota of each department. For example, providing the time in blocks works well in anaesthesia where trainees can do four-hour chunks every two weeks. In other departments that method is not as effective so trainees have two hours per week added somewhere within their rota. They do this flexibly – eg, they might work four hours one week, with two of those in their own time, and choose to rest in their SPA time the following week.

We treat our foundation doctors like adults and trust them to carry out their non-clinical activities as they wish. Giving this time is not however a guarantee that all trainees will use it wisely and this is why it is important they show evidence of their activities by uploading it to their ePortfolios.

### Trainees' non-clinical activities

In the first few months as a foundation trainee, one of our FY1s achieved the following non-clinical activities in her 34 hours of SPA time:

- A psychiatry audit; work on a patient leaflet; work on a poster abstract; eLearning; meetings with senior consultants on projects; an up-to-date portfolio.

Our doctors are now more satisfied as a result of their SPA time. They have a sense of wellbeing, borne out by the fact that we are a highly sought-after trust to work for. We find it a good recruitment incentive, our retention rate is strong and we tend to score well in the GMC survey.

### Factors that make the model work

Our model is equitable and all our doctors, especially FY1 trainees, feel valued. FY1 trainees are very enthusiastic about non-clinical activities but do not receive benefits such as study leave which the higher trainees get. They commonly take up opportunities for extra development in their own time. The recommendation of a 1/3 hour split for FY1s and FY2s respectively would be difficult to achieve at our trust because self-development time is already in place and functions well. The only way we could change it would be to take one

hour away from the FY1s to give to the FY2s and I would predict problems were we to take such an action without serious consideration and planning.

## **Aspects to consider for implementation**

Each individual trust has its own specific pressures and challenges and as a result may differ in the amount of time for self-development that is required. Because our SPA time was introduced as part of the business case for the junior doctor contract, it was properly funded and has worked without affecting service on the wards.

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