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TSC recommendations on Educational Development Time (EDT) Revised 17/5/2021

EDT (2021 curriculum (section 4.3.7 page 62) for CT3/ST3 and HST creates the opportunity to facilitate the acquisition of the essential general capabilities required for safe effective and high-quality care. This will assist with the development of important patient facing and non-patient facing skills.

The ACCS 2021 curriculum (section 4.2.8 page 39) also recommends time for such activities for ACCS trainees – all core EM trainees plus some stage 1 Anaesthetic and Internal Medicine trainees. As a minimum this would be expected to match the 3 hours per week SDT afforded to Foundation Year 2 doctors.

TSC will use the term **Educational Development Time (EDT)** instead of Supporting Professional Activity (SPA) to emphasise that this time **is not limited to non-clinical activities**. *This time should also enable trainees to meet their personal development plan (PDP) objectives outside of the ED.*

Details have been included to assist specialty tutors etc. with planning departmental rotas.

- RCEM Curriculum Aug 2021 recommends **educational development time (EDT)** to be put towards curricular activities.
- EDT will be pro rata for LTFTs. EDT is not accrued during SL and AL. EDT is in addition to time allocated for regional training.
- It can be used to support educational development as part of COVID19 Training recovery plans.
- It must be a supervised development opportunity with the governance through their clinical/ educational supervisor.

Given the ongoing service pressures, until the implementation of the new curriculum in August 2021, **current TSC recommendations have not changed.**

These are ST3 2 hours per week or 80 hours per annum and HST 4 hours per week or 160 hours per annum, (pro – rata for LTFT).

- After 4th August 2021 the recommendations will become:

ACCS 3 hours per week or 60 hours during their 6-month EM block

ST3 4 hours per week or 160 hours per annum

HST 8 hours per week or 320 hours per annum, (pro – rata for LTFT)

The TSC recommends the following:

- EDT time should be timetabled in advance on the ED rota for transparency.
- An evidence log of achievements must be recorded in the portfolio.
- EDT will be made up of patient facing and non-patient facing activities and may vary from trainee to trainee and grade depending on individual development needs, the effect of COVID 19 and the scope of practice in each training site. This needs to be worked out in advance to allow for rota planning in discussion with their **Educational Supervisor**. It should be reviewed at regular ES meetings.
- The default expectation of EDT for:
 - **ACCS and ST3** (if there are no COVID 19 related/ scope of practice issues), EDT is likely to be needed to focus on procedural skills and the non-clinical SLOs.
 - **ST4/ ST5** around half of EDT should be spent in the Emergency Department in patient facing activities to ensure a full scope of practice is met (see later recommendations).
 - **For ST6** this split may vary depending on individual personal development plans
- Non-patient facing EDT activity should be spent working towards the non-clinical SLOs and to meet the broader objectives of the curriculum.
- EDT may be clustered into blocks of time to assist with rota planning/ COVID related training recovery plans
- Individual departments may require trainees to remain contactable and/or onsite as part of their EDT.

Suggested use of Educational Development Time:

This is not an exhaustive list and activity should be directed toward trainee's personal development needs as agreed with their ES.

Non-Patient facing activity

1. Critical appraisal activity e.g. journal clubs (either as educator or learner)
2. Quality improvement projects and/or audit activity
3. Development of management portfolio, e.g. complaints, serious incident investigation, training or governance meetings, etc.
4. Teaching and development of as an educator
5. Simulation and development/maintenance of procedural skills
6. Research activities

Local teaching on these activities may be included in EDT as long as it fits with the trainees personal development plan

Patient facing

1. To ensure coverage of broader skills within EM, e.g. normal delivery, ophthalmology/ENT/ fracture/MSK clinics / minor injuries/ anaesthesia/ maintenance of resuscitation skills
2. To enable trainees to see ED patients from the full scope of EM practice
3. Development or maintenance of critical care and procedural skills - anaesthesia/ ICM/ respiratory/US/Sedation
4. Maintenance of Paediatric Emergency Medicine skills
5. Maintenance of Pre-Hospital Emergency Medicine (for trainees who have completed PHEM training)

Best Practice

- There should be a timetabled log of activity and skills / achievements recorded and uploaded to the e-portfolio to be reviewed by the educational or clinical supervisor at every quarterly meeting.
- Areas for development should be detailed in trainees' personal development plan and progress monitored.

TSC will monitor trainee access to educational development time on an annual basis. In the event of service pressure issues, TSC recommends that EDT which is cancelled for service provision issues, is replaced at a later date.

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