

# Redefining F1 Progress Update SHSCT Re-survey Results: 2022



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## Executive Summary

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NIMDTA's Placement Quality (PQ) team commenced a review into the quality of Foundation Year 1 (F1) training posts in Northern Ireland in 2018. A Foundation Summit "Redefining F1" hosted jointly by QUB and NIMDTA then took place on 1 April 2019. The Summit looked specifically at the experiences of F1 doctors in NI and aimed to identify how the F1 experience could be redefined through a collaborative approach involving all of the key stakeholders. Representatives of all interested parties in the NI Foundation Programme (DoH, HSCB, PHA, HSC Trusts, GMC, BMA, and Trainee Forum) attended and participated actively in the Summit. Essential F1 training outcomes were considered and priorities identified for action to improve the F1 training experience.

A [Foundation PQ Report](#), which summarised the findings of the PQ Review and the actions agreed at the F1 Summit, was published in May 2019. This set out 12 Key Recommendations to be implemented across organisations to improve the F1 training experience. These included: ward-based shadowing; induction; clinical duties; protected teaching and work/rest facilities (Appendix 1). Further engagement with Trusts, through PQ visits, led to the creation of locally agreed Trust actions to address the recommendations.

A [Progress Update Report](#) published in November 2019 summarised the areas of good practice across Trusts, identified solutions and local obstacles to implementing recommendations and highlighted key areas requiring further development.

Following local introduction of improvement strategies a re-survey of F1 doctors was conducted in January 2020 to ascertain what progress had been made in achieving the 12 key recommendations. This demonstrated that regionally improvements had been made in a number of areas including ward-based shadowing, induction, protected teaching, clinical supervision and the provision of rest facilities. There had however been minimal change in the amount of time that F1 trainees were spending on tasks of limited educational value and in participating in educationally beneficial clinical duties.

A further re-survey of F1 doctors was delayed due to the ongoing pandemic, but this was completed in December 2021/January 2022. Due to a low regional response rate (28%) only broad comments on changes since the last survey have been included.

Section 1 of this report summarises the results of the 2021/22 F1 re-survey for the Southern Health and Social Care Trust (SHSCT) – response rate 35%. This provides evidence of the progress made against the 12 key recommendations for improvement of the F1 training experience, agreed by all stakeholders following the 2018 review. The SHSCT 2018 and 2020 F1 PQ survey results and the regional averages from the F1 2021/22 PQ re-survey are included for comparison.

Section 2 outlines the survey feedback on other key training areas.

Section 3 summarises the overall results of the 2021 Resurvey

To ensure improvements are maintained and to assess the success of additional measures that have been introduced to further improve the F1 training experience, the Placement Quality Team at NIMDTA will be conducting a further survey of all F1 doctors in November 2023.

The results of the resurvey will be circulated to the Department of Health as well as all Medical Directors, DMEs and Foundation Programme Directors and will help to better inform Trusts of the additional progress that had been made in addressing the recommendations where the need for further improvement had been identified.

## Section 1: Key Recommendations – Progress Update SHSCT

Recommendation	SHSCT (%) 2021/22	CAH	DHH	REGIONAL
<b>1. Provide all F1 doctors with 2 days of ward based shadowing</b>				
2018 Survey data	37	33	50	61
2020 Survey data	95	94	100	79
Resurvey 2021	100	100	100	95
Improving?	↑	↑	↔	↑
<b>2. Deliver formal induction for all F1s at the start of placement</b>				
2018 Survey data				
2020 Survey data				
Resurvey 2021	91	88	100	93
<b>Induction Satisfactory</b>				
2018 Survey data	21	0	100	70
2020 Survey data	91	89	100	88
Resurvey 2021	82	87.5	50	84
<b>Induction Very good/Good</b>				
2018 Survey data	16	0	75	50
2020 Survey data	50	45	75	65
Resurvey 2021	73	87.5	50	62
Improving?	↑	↑↑	↓	↔
<b>3. Involve F1 doctors in planned patient reviews on a daily basis</b>				
2018 Survey data >10/month	21	20	25	41
2020 Survey data > 5/week	29	29	25	20
Resurvey 2021 > 5/week	18	25	0	19
Improving?	↓	↔	↓	↔
<b>4. Clerking-in of patients at least twice a week</b>				
2018 Survey data*	16	20	0	38
2020 Survey data*	29	35	0	41
Resurvey 2021	45	50	0	50
Improving?	↑	↑	↔	↑
<b>5. Active participation on Ward rounds at least 2/week</b>				
2018 Survey data	74	67	100	69
2020 Survey data	71	71	100	73
Resurvey 2021	82	75	100	82
Improving?	↑	↔	↔	↑
<b>6. Limit time spent on tasks of limited educational value to no more than 50%</b>				
2018 & 2020 figures are % of time spent on tasks of limited educational value				
2021 Resurvey figures are % of trainees spending more than 50% of their time on tasks of limited educational value				
2018 Survey data	75	77	68	63
2020 Survey data	64	68	49	60
Resurvey 2021	82	75	100	65
<b>7. Ensure F1s are aware of who the senior doctor is (and how to contact them) for each shift</b>				
2018 Survey data*				
2020 Survey data	95	94	100	92
Resurvey 2021	91	87.5	100	83
Improving?	↔	↔	↔	↓

## SHSCT F1 Progress Update: 12 Key Recommendations

Recommendation	SHSCT (%) 2021/22	CAH	DHH	REGIONAL
<b>8. Provide feedback to all F1s through their Clinical Supervisors on a weekly basis</b>				
2018 Survey data	28.5	7	50	30
2020 Survey data	9.5	6	25	18
Resurvey 2021	27	25	50	24
Improving?	↑	↑	↑	
<b>9. Enable F1 doctors to attend 3 hours of on-site, bleep-free, formal teaching per week</b>				
Local on-site teaching 3hours/week				
2018 Survey data	0	0	0	5
2020 Survey data	5	0	33	11
Resurvey 2021	27	37.5	0	24
Improving?	↑	↑	↓	↑
Local on-site teaching 1-2 hours/week				
2018 Survey data	5	7	25	15
2020 Survey data	42	38	67	55
Resurvey 2021	55	62.5	50	68
Improving?	↑	↑↑	↓	↑
<b>10. Assign F1 doctors to a clinical team as opposed to a clinical area</b>				
2018 Survey data				
2020 Survey data	14	6	50	30
Resurvey 2021	33	43	0	50
Improving?	↑	↑	↓	↑
<b>11. Ensure that F1 doctors working OOH shifts have access to hot food and an area to take rest breaks</b>				
11a. Access to a fridge/freezer/microwave and hot food OOH				
2018 Survey data*				8
2020 Survey data	95	94	100	91
Resurvey 2021	73	62.5	100	72
Improving?	↓	↓	↔	↓
11b. Access to a private on call room to rest during OOH shifts				
2018 Survey data*				31
2020 Survey data	68	75	33	55
Resurvey 2021	55	62.5	50	32
Improving?	↓	↓		↓
<b>12. Provide rooms where F1 doctors can rest after a night shift before travelling home</b>				
2018 Survey data*				22
2020 Survey data	100	100	100	57
Resurvey 2021	82	75	100	22
Improving?	↓	↓	↔	↓

\*Recommendations 7/10/11 and 12- No question in 2018 survey for comparison

## Section 2: SHSCT Resurvey 2021/22 – Feedback on other Education Areas

Education Areas	SHSCT	CAH (9 trainees)	DHH (2 trainees)	N.I 2021 Regional
<b>TRUST notification of on-call rota Q.4</b>				
> 4 weeks (Q.4)	45%	63%	0%	44%
2-4 weeks	45%	37%	50%	21%
< 2 weeks	9%	0%	50%	35%
<b>INDUCTION included Q.8</b>				
Introduction to key members of the team	60%	57%	100%	73%
Familiarisation with essential equipment	30%	43%	0%	44%
Walk around/tour of the unit	70%	57%	100%	54%
Handbook/Induction booklet	40%	43%	50%	56%
Orientation to other clinical areas you were expected to cross cover OOH	20%	14%	50%	31%
<b>WORKLOAD Q.11</b>				
Workload (Day-time) Very Intense/Excessive: (Just Right)	64% (27)	50% (38)	100% (0)	60% (35)
Workload (Long Day)	55% (36)	50% (38)	100% (0)	78% (21)
Workload (Night)	55% (27)	63% (13)	50% (50)	71% (25)
Workload (Weekends)	82% (9)	88% (0)	100% (0)	90% (9)
<b>EDUCATIONAL SUPERVISION</b>				
Initial meeting with ES Q.16 – Within 2 weeks/4 weeks	64/36%	50/50%	100/0%	62/29%
Meeting with ES set clear objectives Q.17	100%	100%	100%	99%
Support provided by ES Q.18 – Very good/good (Satisfactory)	91% (9)	88% (12)	100% (0)	93% (7)
Provided adequate clinical experience to be on track to complete F1 year Q.14	91%	88%	100%	94%
<b>FEEDBACK (Quality) Q.22</b>				
Constructive & Supportive/Improved my clinical practice	82%	88%	100%	81%
Unsupportive/Affected my confidence	0%	0%	0%	6%
No feedback provided	18%	12%	0%	13%
<b>CLINICAL ACTIVITIES</b>				
<b>Opportunities to gain experience in following aspects of patients' needs Q.24</b>				
Physical Health	82%	88%	50%	94%
Mental Health/psychological needs	64%	63%	50%	73%
Social Wellbeing	82%	75%	100%	79%

PQ F1 Resurvey 2021/22

Education Areas	SHSCT	CAH (9 trainees)	DHH (2 trainees)	N.I 2021 Regional
Opportunities to assess patients in the following clinical settings Q.25				
Acute	91%	88%	100%	94%
Non acute	100%	100%	100%	91%
Community	45%	50%	50%	28%
Felt part of the clinical Team Q.28	90%	100%	50%	91%
LOCAL TEACHING				
No protected teaching (bleep free) Q.30	45%	38%	50%	44%
Attendance at local teaching Q.31 > 50% of sessions ( >75% of sessions)	36% (0)	38% (0)	0% (0)	43% (24)
Regularly/always have to leave teaching to answer the bleep Q.32	45%	38%	100%	31%
Monthly attendance at <b>M&amp;M/Audit/QI</b> meetings Q.33 – <b>None</b>	64%	63%	50%	68%
Monthly attendance at <b>SIM training</b> Q.33 – <b>None</b> (1-2 sessions per month)	<b>36%</b> (55)	<b>25%</b> (63)	<b>100%</b> (0)	<b>59%</b> (40)
Monthly senior doctor led bedside teaching Q.33 - <b>None</b>	73%	63%	100%	82%
F1 teaching adequately addresses curriculum needs Q.34	82%	88%	50%	76%
GLOBAL SCORE FOR PLACEMENT AS A TRAINING OPPORTUNITY Q.39				
Excellent/Good	36% (18/18)	50% (25/25)	0%	56%(19/37)
Acceptable	45%	38%	50%	32%
Placement rated as Less than satisfactory/Poor	18%	12%	50%	12%
HOW WELL WILL YOUR F1 YEAR PREPARE YOU FOR F2? Q.40				
Excellent preparation	27%	25%	50%	22%
Good overall preparation but could be better	36%	38%	0%	44%
Satisfactory	18%	25%	0%	24%
Poorly prepared	18%	12%	50%	10%

## Section 3: Summary of F1 Resurvey Feedback

### Craigavon Area Hospital

Practice Improvements	Development Needs
<p><b>Shadowing:</b>  <u>ALL</u> F1s received 2 days shadowing a further improvement on the 2020 figure of 94%</p> <p><u>RECOMMENDATION MET</u></p>	<p><b>Clinical Duties:</b>            Only 25% of F1s are reviewing patients on a daily basis, largely unchanged from the 2020 figure of 29%. There has also been an increase in the number of F1s conducting <b>no routine patient reviews 38%</b>; up from the 2020 figure of 18%.</p>
<p><b>Departmental Induction:</b>            88% of F1s received a departmental induction. <u>ALL</u> F1s report departmental induction as satisfactory with 88% rating it as good or excellent.</p>	<p><b>Departmental Induction:</b>            It is noted that only <b>57%</b> of F1s report being <b>introduced to key members of the team and given a walk around the unit</b> as part of induction with only <b>14%</b> being <b>provided with an orientation to the other clinical areas</b> that the F1 was expected to cross cover OOH.</p>
<p><b>Clinical Duties:</b>            Attendance at ward rounds has been maintained with <b>75%</b> of F1s participating in at least <b>2 ward rounds per week</b>. <b>50%</b> of F1s are clerking in <b>at least 2 patients per week</b>, an increase from the 2020 figure of 35%, although still below the target of 100%.</p>	<p><b>Clinical Duties:</b>  <b>75%</b> of F1s report spending <b>&gt;50%</b> of their time on <b>tasks of limited educational value</b>. This is above the regional figure and below the target of less than 50% for all F1 doctors.</p>
<p><b>Local teaching:</b>            There has been significant improvement in the provision of local teaching with <b>37%</b> of F1s reporting that <b>3 hours/week</b> of local teaching is provided and <b>63%</b> reporting <b>1-2 hours/week</b>.             It is noted however that only 38% of F1s are able to attend &gt; 50% of the available teaching sessions, below the regional figure of 67%.</p>	<p><b>Protected teaching:</b>            The number of F1s stating that they get <u>no</u> protected teaching (38%) is unchanged. Only <b>12.5%</b> of F1s are achieving the target of <b>3 hours of weekly protected teaching</b>.</p>
<p><b>Senior doctor:</b>  <b>88%</b> of F1s are aware of whom their senior doctor is for each shift. This is however a decrease from the 2020 figure of 94%.</p>	<p><b>Supervisor Feedback:</b>            The <b>frequency</b> of feedback remains low with only 25% of F1s <b>receiving weekly feedback</b>. Although this is an increase on the 2020 figure of 6% it remains significantly lower than the recommended target of 100%. It is however noted that a further 50% of F1s report receiving feedback at least a few times a month.</p>
<p><b>Clinical team:</b>  <u>ALL</u> F1s feel part of the clinical team on their ward.</p>	<p><b>Clinical team:</b>  <b>43%</b> of F1s are <b>aligned to a clinical team</b> as opposed to a clinical area, an increase on the 2020 figure of 6% and similar to the regional figure of 50%.</p>
<p><b>Facilities:</b>            75% report <b>access to a rest area post-nights</b>. This is significantly better than the regional figure of 22%, but is noted to be below the 2020 figure of 100%.</p>	<p><b>Facilities:</b>  <b>Only 63%</b> of F1s state they have <b>access to hot food</b> out of hours, a drop from the 2020 figure of 94%.   <b>Only 63%</b> of F1s report having <b>access to a rest area out of hours</b> a decrease from the 2020 figure of 75% although better than the regional 2022 figure of 32%.</p>



Daisy Hill Hospital

Practice Improvements	Development Needs
<p><b>Ward based shadowing:</b>  <u>ALL</u> F1s report receiving 2 full days shadowing  <u>RECOMMENDATION MET</u></p>	<p><b>Departmental Induction:</b>  It is noted that only <b>50%</b> of F1s report being <b>provided with an orientation to the other clinical areas</b> that they are expected to cross cover OOH.</p>
<p><b>Departmental Induction:</b>  <u>ALL</u> F1s received induction to their unit and report departmental induction as satisfactory with 75% rating it as good or excellent.  <u>RECOMMENDATION MET</u></p>	<p><b>Clinical Duties:</b>  <b>No F1s</b> are conducting <b>routine daily patient reviews</b>, a drop from the 2020 figure of 25%.  <b>No F1s</b> are <b>clerking in 2 patients per week</b> unchanged from the 2020 review</p>
<p><b>Departmental Induction:</b>  It is noted that <b>100% of F1s</b> report being introduced to key members of the team as part of induction and being given a walk around the unit. and being <b>provided with an orientation to the other clinical areas the F1 was expected to cross cover OOH.</b></p>	<p><b>Clinical Duties:</b>  <b>100%</b> of F1s report spending <b>&gt;50%</b> of their time on <b>tasks of limited educational value</b> – above the regional figure of 65% and above the target of less than 50% for all F1 doctors.</p>
<p><b>Clinical Duties:</b>  <b>100%</b> of F1s participate in <b>at least 2 ward rounds per week.</b>  <u>RECOMMENDATION MET</u></p>	<p><b>Protected teaching:</b>  50% of F1s report that they get <u>no</u> protected teaching. <b>No F1s</b> are achieving the target of <b>3 hours of weekly protected teaching.</b></p>
<p><b>Senior doctor:</b>  <b>100%</b> of F1s are aware of who their senior doctor is for each shift.  <u>RECOMMENDATION MET</u></p>	<p><b>Clinical team:</b>  <b>No F1s</b> are <b>aligned to a clinical team</b> as opposed to a clinical area, below the regional figure of 50%.  Only <b>50%</b> of F1s report feeling part of the clinical team on their ward.</p>
<p><b>Supervisor feedback:</b>  <b>50%</b> of F1s report receiving <b>weekly feedback.</b> This is above regional figure of 24% but remains below the recommended target of 100%.  It is however noted that <b>50%</b> of F1s report receiving <u>feedback only once a month or less</u> unchanged from the 2020 figure.</p>	<p><b>Facilities:</b>  <b>50%</b> of F1s state they have <b>no access to a rest area out of hours</b></p>
<p><b>Local teaching:</b>  <b>50%</b> of F1s report that <b>1-2 hours/week</b> of local teaching is provided.  It is noted however that <u>ALL</u> F1s report being able to attend &lt; 50% of the available teaching sessions, below the regional figure of 33%.</p>	
<p><b>Facilities:</b>  <b>100%</b> of F1s report <b>access to hot food</b> out of hours and <b>access to a rest area post-nights.</b>  <u>RECOMMENDATION MET</u></p>	

## Appendices

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### Appendix 1: 12 key recommendations for HSC Trusts to improve the F1 experience

1. Provide all new F1 doctors with ward-based F1 **shadowing** all day for **2 full days**
2. Deliver a formal **induction** for all\* F1 doctors to their clinical team **at the start of each placement**
3. Fully involve F1 doctors in planned **patient reviews on a daily basis**
4. Necessitate the participation of F1 doctors in the **clerking-in of patients** on average **at least twice a week**
5. Require the active participation of F1 doctors on **ward rounds** on average **at least twice a week**
6. Limit the time spent by F1 doctors on routine **tasks of limited educational value** to **no more than 50% of their time\*\***
7. Ensure F1 doctors are **aware of who the senior doctor** is (and how to contact them) for advice **for each shift**
8. Provide **feedback** to all F1 doctors through their trained Clinical Supervisors on average on a **weekly** basis
9. Enable all F1 doctors to **attend 3 hours** of on-site, bleep-free, **formal teaching\*\*\*** per week
10. **Assign F1 doctors to a clinical team** as opposed to a clinical area
11. Ensure that F1 doctors working **out of hours'** shifts have **access to hot food** and an area to take rest breaks
12. Provide **rooms** where F1 doctors can **rest after a night shift before travelling home**

*\*including F1 doctors who are commencing on out of hours or who have a late start date*

*\*\* Examples include venepuncture, IV cannulation, peripheral blood cultures, preparing and administering IV medication/injections, performing ECGs. F1 doctors should complete no more than 5 discharge letters per day*

*\*\*\* 50% formal teaching should be based on the Foundation Curriculum*

## Appendix 2: F1 free text comments – re-survey 2021

### CAH Hospital

#### Rota notification

No comment available

#### Induction

'Brief chat with a consultant who welcomed us to the ward, then we got on with our day. Some discussion of the kind of patient mix, and teaching related to the specialty, would have been appreciated'

#### Workload

'Too many wards to cover on OOH for too few people'

'Out of hours, particularly at weekends, the hospital is too busy for the amount of staff'

'Daytime largely routine/administratively tasks, workload was fine. Large proportion of day spent taking blood/discharge letters. Very poor phlebotomist staffing by Trust meant could not go on ward rounds etc., raised issue multiple times to management, consultants on ward also raised issue, no effort made by Trust to solve problem'

#### Feedback

No comments available

#### Handover

'Handover between F1s' (Surgery 4S; Emergency Surgery)

'Well-structured with all the medical team in one room, led by the registrar. Everything handed over centrally to registrar who decides importance of tasks and who is best to perform them' (COE/Stroke)

'Face to face with all members of evening team and all members of night team'

#### Clinical Team

'Surgical F1 means the seniors are only present for ward round for approximately 1-2 hours per day'

'General surgery and urology teams'

Felt part of the clinical team? 'Yes, but only thanks to the SHOs who made me feel part of the team. Without them I would have felt like ancillary staff doing remedial tasks without much involvement in the clinical management of patients' (Gastro/Gen Med 1S)

#### Teaching

'Inability to get off the ward to attend regularly just due to workload (in hindsight I could have organised my day so I could have attended more)'

'Limited learning in-hours. Learning opportunities out of hours but so busy being bleeped for basic tasks that should have been completed in-hours that some of this value was lost' (Gastro/Gen Med 1S)

#### Overall opinion

'Limited learning in-hours. Learning opportunities out of hours but so busy being bleeped for basic tasks that should have been completed in-hours that some of this value was lost' (Gastro/Gen Med 1S)

'Overall extremely lovely and caring senior team' (Emergency Surgery)

#### F1 suggestions of what would improve their post

'More phlebotomists'

'Protected teaching time'

'Extra mattress in doctors' room- only bed for SHO'

## **Daisy Hill Hospital**

### Rota Notification

No comments received

### Induction

'We don't have an introduction to each ward and we are just in general medicine. We had an intro to the hospital and being an F1 there but no specific ward one'

'Welcoming, important resources highlighted'

### Workload

'Our staffing is just not adequate at all, this has been raised consistently and we have been told there will be no more staff employed who were not already planned. The workload is immense especially with discharge letters and on the female medical ward which acts as a de facto AMU. The staffing when appropriate works but the minimum staffing is just not enough and this is what we have most of time. There is no time to attend teaching and we do not get our breaks. Weekends are beyond excessively busy'

'I feel isolated at the weekend. There is a vast volume of admin tasks during the day so we do not do a lot of clinical work'

### Handover

'A morning handover with every patient from the night before being handed over to the hospital. Long day F1 attends. Then everyone goes to the wards. No handover there'

### Clinical Team

'We are allocated ad hoc to wards but there is no continuity'

'I feel part of the team during the night shifts but during the day it is mostly competing tasks and then discharge letters in the afternoon. We do not get to go on ward rounds. It is the PA, SHO and consultant plus or minus a staff grade which attend ward rounds on the medical wards (stroke and resp ward you would attend ward rounds)'

### Teaching

'There are teaching activities available through the southern trust but I have found Daisy hill almost always too busy to be able to leave the ward to attend them'

'We got teaching every two weeks at first from one senior doctor but now we don't get any as she is off on maternity leave. We are not able to attend the Trust foundation teaching which happens 3-4 times a week at lunch. If we do try we are told to watch it back on zoom (It's live in Craigavon and a zoom link to Daisy Hill)'

'I feel I am getting experience at night time when I am covering the wards but I am not getting formal teaching and not many learning opportunities in hours'

### Overall opinion

'Too much admin, not enough opportunity to join ward rounds due to too many routine tasks'

'I feel the hospital is hamstrung by the lack of staffing which means we cannot attend teaching and we don't get any formal opportunity for development'

'I feel I will be prepared in dealing with sick patients through my experiences at night as the F1's cover the wards and the SHOs are in A&E. So you manage acutely unwell patients until help arrives if required. However in hours I am not getting satisfactory teaching'

'Monitoring was performed and ignored'

'Monitoring was performed and ignored'

### F1 suggestions of what would improve their post

'Less emphasis on F1's being there to complete discharge letters only in the afternoon or complete tasks'

'More junior staff. Especially F1'

'Female medical ward needs overhauled and staffing increased to reflect its AMU status'