

# Redefining F1 Progress Update WHSCT 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 Western Health and Social Care Trust (WHST) – response rate 24%. 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 WHST 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 WHSCT

Recommendation	WHSCT (%) 2021/22	ALT	SWAH	REGIONAL
<b>1. Provide all F1 doctors with 2 days of ward based shadowing</b>				
2018 Survey data	66	72	55	61
2020 Survey data	72	83	70	79
Resurvey 2021	89	100	50	95
Improving?	↑	↑	↓	↑
<b>2. Deliver formal induction for all F1s at the start of placement</b>				
2018 Survey data				
2020 Survey data				
Resurvey 2021	100	100	100	93
<b>Induction Satisfactory</b>				
2018 Survey data	73	86	50	70
2020 Survey data	88	90	86	88
Resurvey 2021	89	86	100	84
<b>Induction Very good/Good</b>				
2018 Survey data	45	43	50	50
2020 Survey data	60	61	57	65
Resurvey 2021	56	43	100	62
Improving?	↔	↓	↑↑	↔
<b>3. Involve F1 doctors in planned patient reviews on a daily basis</b>				
2018 Survey data >10/month	27	43	0	41
2020 Survey data > 5/week	22	25	14	20
Resurvey 2021 > 5/week	22	14	50	19
Improving?	↔	↓	↑↑	↔
<b>4. Clerking-in of patients at least twice a week</b>				
2018 Survey data*	64	86	25	38
2020 Survey data*	69	75	57	41
Resurvey 2021	89	100	50	50
Improving?	↑	↑	↔	↑
<b>5. Active participation on Ward rounds at least 2/week</b>				
2018 Survey data	64	71	50	69
2020 Survey data	74	75	71	73
Resurvey 2021	75	83	50	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	69	68	72	63
2020 Survey data	49	52	44	60
Resurvey 2021	67	57	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	91	94	88	92
Resurvey 2021	87.5	83	100	83
Improving?	↔	↓	↑	↓

## WHST F1 Progress Update: 12 Key Recommendations

Recommendation	WHST (%) 2021/22	ALT	SWAH	REGIONAL
<b>8. Provide feedback to all F1s through their Clinical Supervisors on a weekly basis</b>				
2018 Survey data	145	29	0	30
2020 Survey data	17	17	14	18
Resurvey 2021	0	0	0	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	22	25	14	11
Resurvey 2021	67	71	50	24
Improving?	↑↑	↑↑	↑↑	↑
Local on-site teaching 1-2 hours/week				
2018 Survey data	73	57	100	15
2020 Survey data	56	69	29	55
Resurvey 2021	33	29	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	30	25	43	30
Resurvey 2021	56	57	50	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	90.5	81	100	91
Resurvey 2021	67	71	50	72
Improving?	↓	↓	↓	↓
11b. Access to a private on call room to rest during OOH shifts				
2018 Survey data*				31
2020 Survey data	59.5	19	100	55
Resurvey 2021	22	14	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	62.5	25	100	57
Resurvey 2021	22	14	50	22
Improving?	↓	↓	↓	↓

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

## Section 2: WHSCT Resurvey 2021/22 - Feedback on other Education Areas

Education Areas	WHSCT	ALT (7trainees)	SWAH (2 trainees)	N.I 2021 Regional
<b>TRUST notification of on-call rota Q.4</b>				
> 4 weeks (Q.4)	22%	29%	0%	44%
2-4 weeks	22%	29%	0%	21%
< 2 weeks	56%	43%	100%	35%
<b>INDUCTION included Q.8</b>				
Introduction to key members of the team	62.5%	57%	100%	73%
Familiarisation with essential equipment	25%	14%	100%	44%
Walk around/tour of the unit	25%	14%	100%	54%
Handbook/Induction booklet	62.5%	71%	0%	56%
Orientation to other clinical areas you were expected to cross cover OOH	12.5%	14%	0%	31%
<b>WORKLOAD Q.11</b>				
Workload (Day-time) Very Intense/Excessive: (Just Right)	100% (0)	100% (0)	100% (0)	60% (35)
Workload (Evening)	67% (33)	71% (29)	50% (50)	78% (21)
Workload (Night Shift)	89% (11)	86% (14)	100% (0)	71% (25)
Workload (Weekends)	100% (0)	100% (0)	100% (0)	90% (9)
<b>EDUCATIONAL SUPERVISION</b>				
Initial meeting with ES Q.16 – Within 2 weeks/4 weeks	44/44%	43/43%	50/50%	62/29%
Meeting with ES set clear objectives Q.17	100%	100%	100%	99%
Support provided by ES Q.18 – Very good/good (Satisfactory)	78%(22)	71%(29)	100%	93% (7)
Provided adequate clinical experience to be on track to complete F1 year Q.14	100%	100%	100%	94%
<b>FEEDBACK (Quality) Q.22</b>				
Constructive & Supportive/Improved my clinical practice	89%	86%	100%	81%
Unsupportive/Affected my confidence	11% (1 trainee)	14% (1 trainee)	0%	6%
No feedback provided	0%	0%	0%	13%
<b>CLINICAL ACTIVITIES</b>				
<b>Opportunities to gain experience in following aspects of patients' needs Q.24</b>				
Physical Health	100%	100%	100%	94%
Mental Health/psychological needs	87.5%	83%	100%	73%
Social Wellbeing	89%	86%	100%	79%

PQ F1 Resurvey 2021/22

Education Areas	WHST	ALT (9 trainees)	SWAH (2 trainees)	N.I 2021 Regional
<b>Opportunities to assess patients in the following clinical settings Q.25</b>				
Acute	100%	100%	100%	94%
Non acute	78%	71%	100%	91%
Community	22%	14%	50%	28%
<b>Felt part of the clinical Team Q.28</b>	<b>78%</b>	<b>71%</b>	<b>100%</b>	<b>91%</b>
<b>LOCAL TEACHING</b>				
<b>No protected teaching (bleep free) Q.30</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>44%</b>
Attendance at local teaching Q.31 > 50% of sessions (>75% of sessions)	78% (11)	71% (0)	100% (50)	43% (24)
Regularly/always have to leave teaching to answer the bleep Q.32	0%	0%	0%	31%
Monthly attendance at <b>M&amp;M/Audit/QI</b> meetings Q.33 - <b>None</b>	56%	57%	50%	68%
Monthly attendance at <b>SIM training</b> Q.33 – <b>None</b> (1-2 sessions per month)	<b>0 (100%)</b>	<b>0 (100%)</b>	<b>0 (100%)</b>	59% (40)
Monthly senior doctor led bedside teaching Q.33 - <b>None</b>	89%	86%	100%	82%
F1 teaching adequately addresses curriculum needs Q.34	67%	57%	100%	76%
<b>GLOBAL SCORE FOR PLACEMENT AS A TRAINING OPPORTUNITY Q.39</b>				
Excellent/Good	56% (0/56)	57% (0/57)	50%(0/50)	56%(19/37)
Acceptable	33%	29%	50%	32%
Placement rated as Less than satisfactory/Poor	11% (1 trainee)	14% (1 trainee)	0%	12%
<b>HOW WELL WILL YOUR F1 YEAR PREPARE YOU FOR F2? Q.40</b>				
Excellent preparation	0%	0%	0%	22%
Good overall preparation but could be better	44%	43%	50%	44%
Satisfactory	44%	43%	50%	24%
Poorly prepared	11%(1 trainee)	14% (1 trainee)	0%	10%(7 trainees)

## Section 3: Summary of F1 Resurvey Feedback (Key Recommendations)

### Altnagelvin Hospital

Practice Improvements	Development Needs
<p><b>Shadowing:</b> 100% of F1s received 2 days shadowing in line with the regional figure of 95%</p> <p><u>RECOMMENDATION MET</u></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</b> and only <b>14%</b> report being given a walk around the unit and familiarised with essential equipment as part of induction with only <b>14%</b> being provided with an orientation to the other clinical areas that they were expected to cross cover OOH.</p>
<p><b>Departmental Induction:</b> <u>ALL</u> F1s received a departmental induction. 86% of F1s report departmental induction as satisfactory with 43% rating it as good or excellent.</p> <p><u>RECOMMENDATION MET</u></p>	<p><b>Clinical Duties:</b> Only <b>14%</b> of F1s are reviewing patients on a daily basis although the number of F1s conducting no daily patient reviews has fallen since the 2020 review (38→14%).</p>
<p><b>Clinical Duties:</b> Attendance at ward rounds has improved with <b>83%</b> of F1s participating in at least <b>2 ward rounds per week</b>.</p>	<p><b>Tasks of limited educational value: (TOLEV)</b> <b>57%</b> of F1s report spending <b>&gt;50%</b> of their time on tasks of limited educational value. This is below the target of no F1 doctors spending more than 50% of their time on TOLEV.</p>
<p><b>Clinical Duties:</b> <b>ALL</b> F1s are clerking in <b>2 patients per week</b> an increase from the 2020 review (75%).</p> <p><u>RECOMMENDATION MET</u></p>	<p><b>Clinical team:</b> 57% of F1s report being <b>aligned to a clinical team</b> as opposed to a clinical area. An improvement on the 2020 figure of 25% and in line with the regional average.</p>
<p><b>Clinical team:</b> <b>71%</b> of F1s report feeling part of the clinical team on their ward.</p>	<p><b>Senior doctor:</b> Only <b>83%</b> of F1s are aware of whom their senior doctor is for each shift. This is down from the 2020 figure of 94% and remains below the target of 100%.</p>
<p><b>Local teaching:</b> <b>71%</b> of F1s report that <b>3 hours/week</b> of local teaching is provided and a further <b>29%</b> report <b>1-2 hours/week</b>. It is also noted that <b>71%</b> of F1s report being <b>able to attend &gt;50% of the available teaching sessions</b>.</p>	<p><b>Supervisor Feedback:</b> The <b>frequency</b> of feedback remains low with 0% of F1s <b>receiving weekly feedback</b>. This is significantly lower than the recommended target of 100%. It is noted however that the majority of F1 doctors (86%) report being given feedback a few times a month, an increase on the 2020 figure of 41%.</p>
<p><b>Protected Teaching:</b> <b>29%</b> of F1s are achieving the target of <b>3 hours of weekly protected teaching</b> and a further <b>79%</b> are achieving <b>1-2 hours of weekly protected teaching</b>. It is also noted that <b>0%</b> of F1s report regularly having to leave teaching to answer the bleep</p>	<p><b>Facilities:</b> Only <b>71%</b> of F1s state they have <b>access to hot food</b> out of hours and only <b>14%</b> report having <b>access to a rest area out of hours and access to a rest area post-nights</b>.</p>



South West Acute Hospital

Practice Improvements	Development Needs
<p><b>Departmental Induction:</b>  <b>ALL</b> F1s received induction to their unit and report departmental induction as satisfactory with 100% rating it as good or excellent.</p> <p><u>RECOMMENDATION MET</u></p>	<p><b>Ward based shadowing:</b>  Only 50% of F1s report receiving 2 full days shadowing</p>
<p><b>Departmental Induction:</b>  It is noted that <b>ALL</b> F1s report being <b>introduced to key members of the team, given a walk around/tour of the unit</b> and being <b>familiarised with essential equipment</b>.</p>	<p><b>Departmental Induction:</b>  It is noted that <b>No</b> 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>Clinical Duties:</b>  <b>50%</b> of F1s are <b>reviewing patients on a daily basis</b> an increase from the 2020 figure of 14% and above the regional figure of only 19%.  The number of F1s conducting no daily patient reviews has also fallen significantly (71→11%).</p> <p><u>SIGNIFICANT IMPROVEMENT</u></p>	<p><b>Clinical Duties:</b>  Only <b>50%</b> of F1 are <b>clerking in 2 patients per week</b> down from the 2020 figure of 57% and only <b>50%</b> of F1s are <b>participating in ward rounds at least 2 times/week</b>, down from 71% in 2020 and below the regional figure of 82%.</p>
<p><b>Senior doctor:</b>  <b>100%</b> of F1s are aware of who their senior doctor is for each shift.</p> <p><u>RECOMMENDATION MET</u></p>	<p><b>Clinical team:</b>  <b>50%</b> of F1s are <b>aligned to a clinical team</b> as opposed to a clinical area, in line with the regional figure of 50%.</p>
<p><b>Clinical team:</b>  <b>ALL</b> F1s report feeling part of the clinical team on their ward.</p>	<p><b>Tasks of limited Educational Value: (TOLEV)</b>  <b>100%</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 of 65% and below the target of no F1 doctors spending more than 50% of their time on TOLEV.</p>
<p><b>Local teaching:</b>  <b>50%</b> of F1s report <b>that 3 hours/week</b> of local teaching is provided and a further <b>50%</b> report <b>1-2 hours/week</b>. Significant improvement on the 2020 figures of 14% and 29% respectively.</p> <p>It is also noted that <b>ALL</b> F1s report being <b>able to attend &gt; 50%</b> of the available <b>teaching sessions</b>, and <b>50% &gt; 75% of sessions</b>, well above the regional figures of 66% and 24% respectively.</p> <p><u>SIGNIFICANT IMPROVEMENT</u></p>	<p><b>Supervisor Feedback:</b>  The <b>frequency</b> of feedback remains low with <b>0%</b> of F1s <b>receiving weekly feedback</b>. This is significantly lower than the recommended target of 100%.</p> <p>It is noted however that the <b>ALL</b> F1 doctors report being given feedback a few times a month, a significant increase on the 2020 figure of 14%.</p>
<p><b>Protected Teaching:</b>  <b>50%</b> of F1s report getting <b>1-2 hours of weekly protected teaching</b> an increase from the 2020 figure of 29%.</p> <p>It is also noted that <b>0%</b> of F1s report regularly having to leave teaching to answer the bleep.</p> <p><u>SIGNIFICANT IMPROVEMENT</u></p>	<p><b>Facilities:</b>  Only <b>50%</b> of F1s report <b>access to hot food</b> and <b>access to a rest area OOH</b>.</p> <p><b>50%</b> of F1s state they have <b>no access to a rest area post-nights</b>. Although this is better than the regional figure of 22% it remains below the target of 100%.</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

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### Altnagelvin Hospital

#### Rota notification

'Could have been at least 2 weeks in advance'

#### Induction

'Was grateful to the senior nurse who provided us with a brief induction however felt a senior medical staff member should have carried this out more formally and outlined the way the ward worked. I had to figure this out on the job in a very fast paced and pressured environment as the only FY1' (Cardiology)

#### Workload

'On weekends there is only 1 F1 per surgical ward and no phlebotomists - this means there is a lot of pressure if there are any more than a couple of discharge letters because you have to do the ward round, all the bloods and the discharge letters + ward jobs. I think this issue has been raised already and the Trust is looking at getting phlebotomists/medical student technicians to help at the weekends'

'Complete lack of staffing on the wards. Support staff routinely being pulled to cover other departments. Rota gaps not covered so covering work of 2 people'

#### Feedback

No comments available

#### Handover

'No official handover system for F1s - as F1s we met wherever suited best at the time and handed over to each other' (Gen Surgery)

'F1s meet at 5pm to handover tasks to evening team, very informal approach at times, but safe handover is conducted' (Gen Surgery)

'If it's a normal day then I handover to the on-call F1 or SHO, but sometimes I do feel like I am left with some serious patients to handover but with no support. But most of the time has been well delivered. If I am on a long day then I handover to the night team in handover meetings' (Geriatrics/Stroke)

'Handover was done as a team with the admissions staff, on call staff and the night staff' (Geriatrics)

#### Clinical Team

'I don't feel being assigned to a ward was helpful in my learning. It meant I didn't know the patients well and I struggled to answer simple tasks like when medication should be restarted'

'Very short amounts of time spent with each patient and rushed at times in ward rounds. Most of my time was spent taking bloods and other such tasks'

#### Teaching

'I sometimes felt like I could not leave the ward to go to teaching because of jobs. I then worried about missing sessions that cover parts of the curriculum that might not be covered again - it would be useful if teaching sessions could be recorded and sent to us'

'Not enough ward based teaching'

'We could do with more bedside teaching'

#### Overall opinion

'Not enough ward based teaching. Ward rounds felt rushed at times. Most of my workload involves discharges and blood taking'

'I feel that there is good senior support generally - the senior doctors are very approachable and friendly, happy to be asked for advice. I feel there could perhaps be better learning opportunities e.g. experience clerking in surgical patients in A&E under supervision as this is what F2 doctors do' (Gen Surgery)

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

More ward based teaching/ Bedside teaching

More opportunities for feedback from senior doctors

More phlebotomists/ Train HCAs to be able to do bloods/ Expansion of phlebotomy service to a bigger team on the weekdays and at least a skeleton team on weekends

Have pharmacists prepare medicines section of discharge letters since they review it anyway

More staff/adequate staffing to meet minimum safety need

Protect hospital at night service –was removed on a number of night shifts to cover shortage of nursing staff, but made night shifts very unsafe

### **South West Acute Hospital**

#### Rota Notification

No comments received

#### Induction

No comments received

#### Shadowing

'Had a week of shadowing/induction but too much induction stuff going on, didn't have enough time solely for shadowing + the last 2 days the previous f1s had to move over to their next placement so a lot of them were unavailable (last day- no one)'

#### Workload

No comments received

#### Handover

No comments received

#### Clinical Team

No comments received

#### Teaching

No comments received

#### Overall opinion

No comments received

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

'More senior supervision'

More senior feedback'

Greater clinical opportunities rather than just bloods, cannulas and discharges'