# Redefining F1
# Progress Update BHSCT
# Re-survey Results: 2020

August 2020

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# Executive Summary

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. There were 4 workshops held during the day, looking at essential F1 training outcomes and identifying priorities 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 'Redefining' F1 Follow-up meeting was held in October 2019 where all HSC Trusts presented progress that had been made in assessing, planning and implementing the 12 recommendations. A Progress Update Report published in November 2019 summarised the areas of good practice, 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.

Regionally, there have been improvements in a number of areas including ward-based shadowing, induction, protected teaching, clinical supervision and the provision of rest facilities. There has however been minimal change in the amount of time that F1 trainees are spending on tasks of limited educational value and in participating in educationally beneficial clinical duties. The results vary significantly across sites and Trusts.

Section 1 of this report summarises the results of the re-survey for the Belfast Health and Social Care Trust (BHSCT). The BHSCT 2018 F1 PQ survey results and the regional averages from the F1 2020 PQ re-survey are included for comparison.

Section 2 outlines the positive developments within the BHSCT and areas where further improvements are still required.

Section 3 provides F1 free text comments on different aspects of training.

Section 4 summarises the overall results of the 2020 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 January 2021.

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.

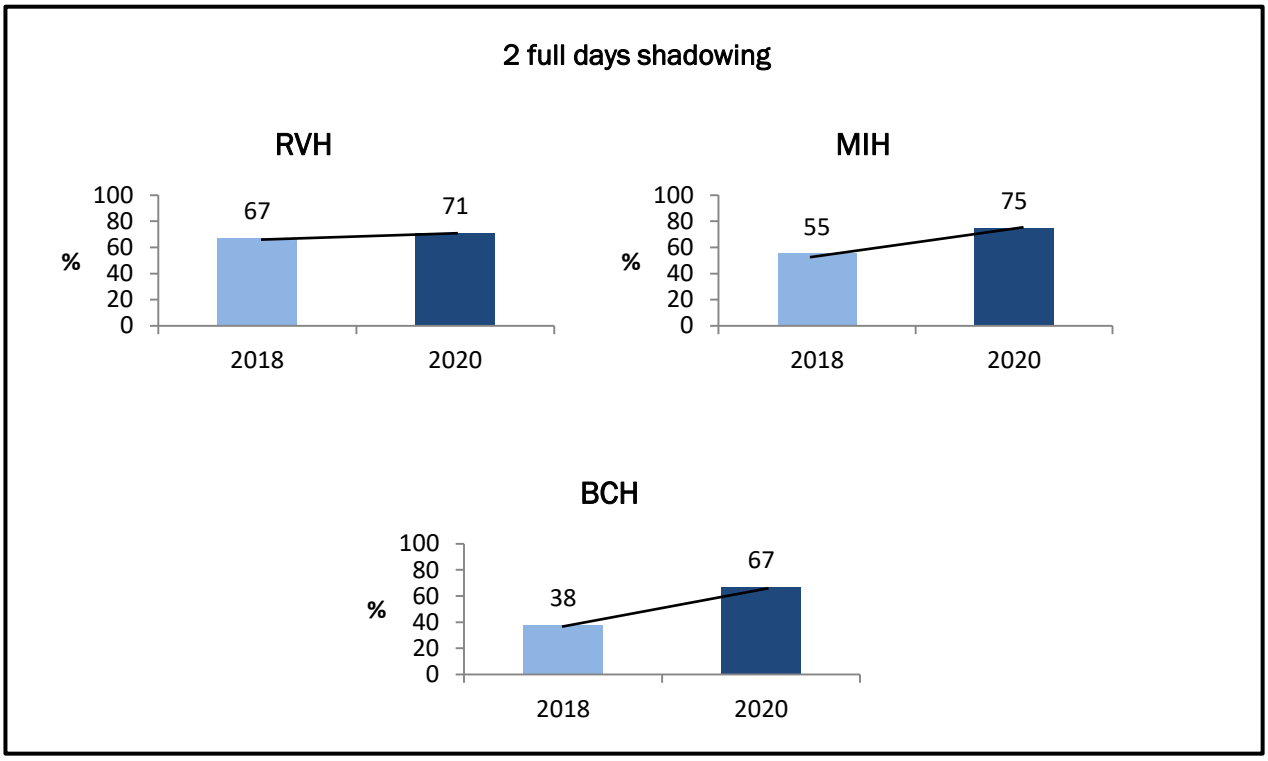
# Section 1: Key Recommendations – Progress Update

In the PQ Re-survey of the BHSCT, each F1 doctor was asked about training in their FIRST four month post between 07/08/19 and 03/12/19.

The survey response rate for the Royal Victoria Hospital (RVH) was 47% (24 F1s of which 67% were in a medical post and 33% in a surgical post), for the Mater Hospital (MIH) 60% (9 F1s of which 56% were in a medical post and 44% in a surgical post) and in the Belfast City Hospital (BCH) 45% (15 F1s of which 73% were in a medical post and 27% in a surgical post), The regional response rate was 54%.

**Recommendation 1:**

Provide all new F1 doctors with ward-based F1 **shadowing** all day for **2 full days**.




| Ward-based shadowing | NI Regional Average 2020 (Re-survey) | BHSCT (%) 2020 (Re-survey) | RVH | | MIH | | BCH | |
|---|---|---|---|---|---|---|---|---|
| | | | 2018 Survey | 2020 Re-survey | 2018 Survey | 2020 Re-survey | 2018 Survey | 2020 Re-survey |
| 2 full days | 79 | 70 | 67 | 71 | 55 | 75 | 38 | 67 |
| <2 full days | 20 | 30 | 22 | 29 | 36 | 25 | 46 | 33 |
| No shadowing | 0 | 0 | 11 | 0 | 9 | 0 | 15 | 0 |

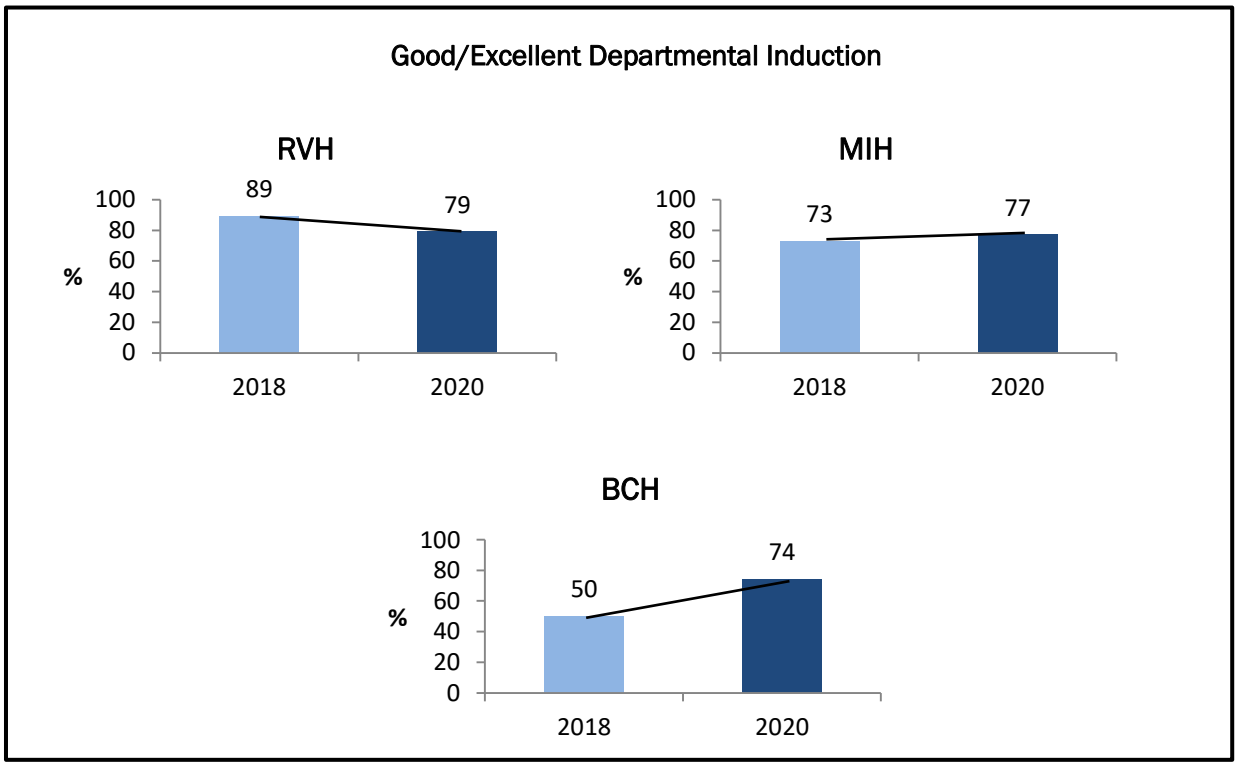
Significant progress has been made across the BHSCT, in addressing this recommendation.
The **BCH** has achieved a significant increase in the number of F1s receiving 2 full days shadowing (38%→67%) and a similar improvement is noted on the **MIH** site (55% →75%).

**Recommendation 1: <u>NOT</u> MET in BHSCT**

**Recommendation 1: Significant improvement noted on MIH and BCH sites**

## Recommendation 2:

Deliver a formal **induction** for all F1 doctors to their clinical team at the start of each placement




| Departmental Induction | NI Regional Average 2020 (Re-survey) | BHSCT (%) 2020 (Re-survey) | RVH | | MIH | | BCH | |
|---|---|---|---|---|---|---|---|---|
| | | | 2018 Survey | 2020 Re-survey | 2018 Survey | 2020 Re-survey | 2018 Survey | 2020 Re-survey |
| Excellent/Very Good | 65 | 77 | 89 | 79 | 73 | 77 | 50 | 74 |
| Satisfactory | 23 | 19 | 11 | 21 | 27 | 22 | 17 | 13 |
| Poor/ Unsatisfactory | 12 | 4 | 0 | 0 | 0 | 0 | 33 | 13 |

In **RVH** and **MIH** <u>all</u> F1s report that departmental induction is satisfactory, with 79% of F1s in the **RVH** and 77% in **MIH** reporting the quality of departmental induction as excellent or good.

In **BCH** there has been a reduction in the number of F1s reporting departmental induction as poor or unsatisfactory (33→13%) with 87% of F1s now indicating induction as satisfactory. This is reflected in the significant increase in the number of F1s reporting induction as excellent/good (50%→74%).

### Trainee Comments

*"Good introduction to ward, staff, common problems encountered as well as highly specialised topics such as emergency trache/laryngectomy management and chest drain basic assessment - all of which I used many times!"- RVH F1*

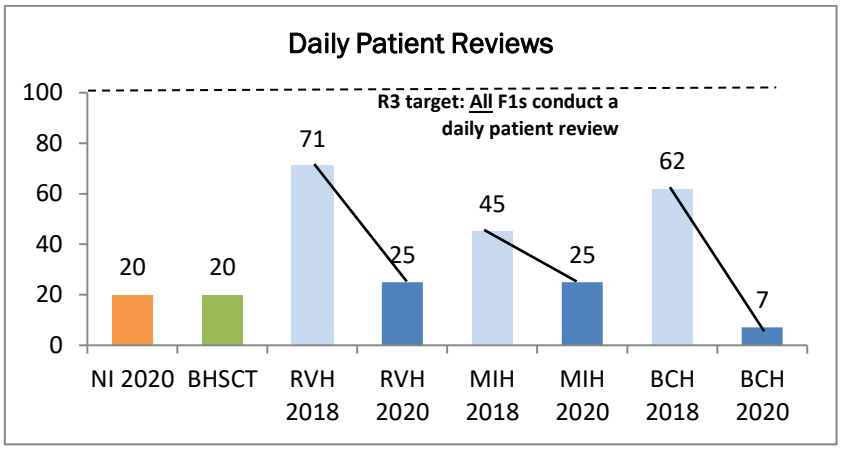
*"Need to describe the role of F1 more." – BCH F1*

**Recommendation 1: <u>MET</u> in RVH and MIH**

**Recommendation 1: Significant improvement in BCH**

**Recommendation 3:**

Fully involve F1 doctors in planned **patient reviews on a daily basis**




*Figures for 2018 (>10/month) not directly comparable to 2020 (>5/week)

Reviewing patients on a daily basis is essential to developing the skill of managing patients with complex medical needs and progressing to more independent practice in F2 and beyond. This recommendation is an essential component of any F1 post in NI.

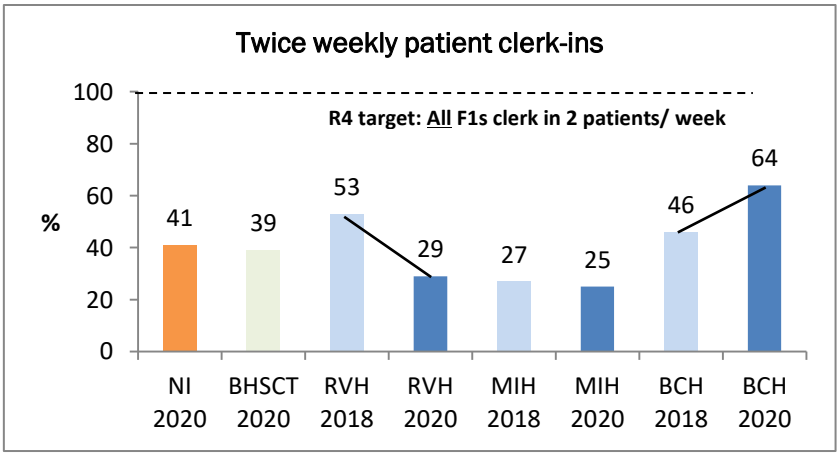
In the BHSCT, the number of F1s involved in daily patient reviews has dropped significantly.
In the **RVH** and **MIH** only **25%** of F1s are conducting a daily patient review and in the **BCH** this is only **7%**.

Regionally this remains an issue with only 20% of F1 trainees in NI conducting daily patient reviews.

**Recommendation 3: NOT MET in BHSCT**

**Recommendation 4:**

Necessitate the participation of F1 doctors in the **clerking-in of patients** on average at least twice a week




Clerking-in patients is an essential task required at F2/CT level. Learning and developing the skills involved in this process is an important component of an F1 post.

In **RVH**, the number of F1s clerking-in 2 elective patients/week has fallen (53%→29%) and is below the regional average of 41%. The number of F1s clerking in NO emergency cases has also increased (14%→67%).

In **MIH** only 25% of F1s report clerking in the recommended 2 elective patients/week.

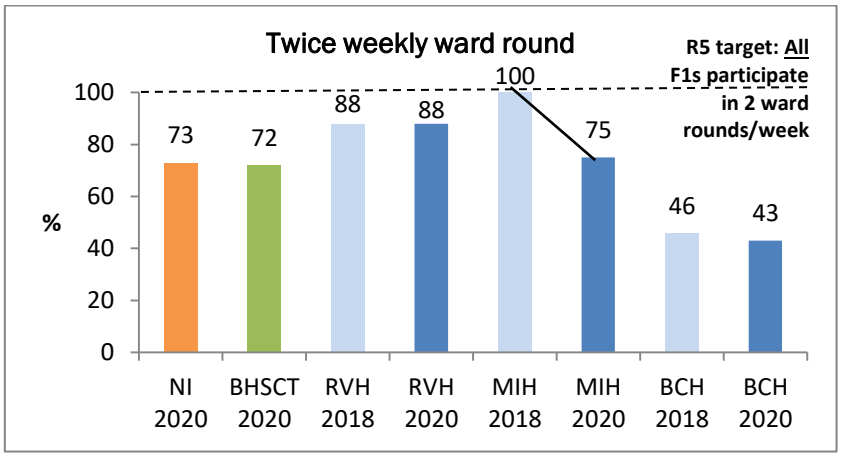
In **BCH** an increase in the number of F1s clerking-in 2 elective patients/week is noted (46%→64%), and this is significantly above the regional figure. The number of F1s clerking-in NO emergency cases/week however remains high (86%).

**Recommendation 4: NOT MET in RVH and MIH**

**Recommendation 4: NOT MET in BCH, but significant improvement noted**

## Recommendation 5:

Require the active participation of F1 doctors on **ward rounds** on average at least twice a week




Active participation in wards rounds should be an essential component of an F1 job, providing important opportunities for the development of diagnostic, management and leadership skills.

In **RVH 88%** of F1s are participating in 2 ward rounds /week which remains above the regional figure.

In **MIH** there has been a decrease in the number of F1s participating in 2 ward rounds/week (100%→**75%**) with the figure now aligned to the regional average of 73%. There are no F1s however who attend no ward rounds.

In **BCH** only **43%** of F1s meet the target of attendance at 2 ward rounds per week, significantly below regional attendance. There has also been an increase in the number of F1s who attend no ward rounds (7%→**15%**)

**Recommendation 5: NOT MET in BHSCT**

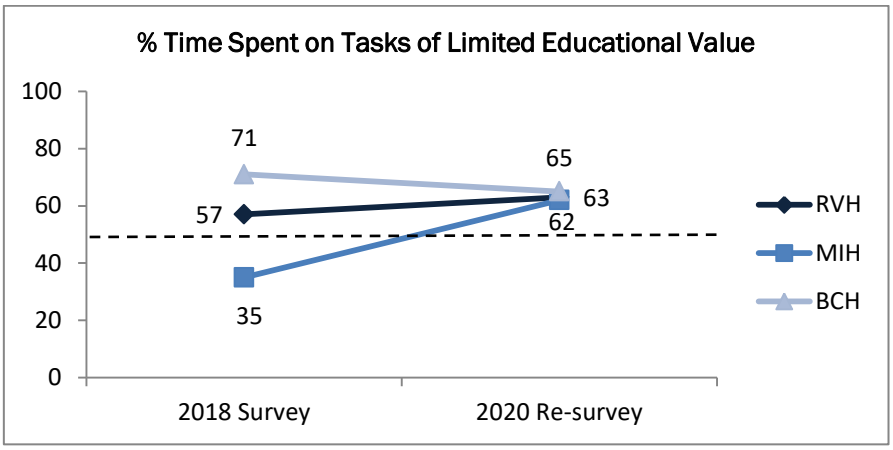
**Recommendation 5: Ward round attendance significantly below regional figures in BCH**

## Recommendation 6:

Limit the time spent by F1 doctors on routine **tasks of limited educational value** to no more than 50% of their time

Recommendation 6 aims to ensure that F1s do not spend more than 50% of their time on tasks of limited educational value. This includes tasks such as venepuncture, cannulation, medication kardex writing and discharge letters. While such tasks undoubtedly have an educational value in moderation, the excessive volume of these tasks, as identified by F1 doctors in the 2018 PQ survey is of little additional educational benefit and limits the time that could be used for other tasks of greater educational value such as the clinical duties highlighted in Recommendations 3-5.

In BHSCT ALL F1s report spending over 60% of their time on tasks of limited educational value, with little improvement noted from the 2018 RQ review Significantly, in the **MIH** where in the 2018 survey the recommended target of below 50% had been achieved, the time spent on tasks of limited educational value has almost doubled (35% →62%).




### Trainee Comments:

*"The job is purely administrative, rarely able to join the ward round (max 1/week). F1s have very little contact with patients M-F 9-5. I raised this point with senior staff and was told 'that's what you do in."*

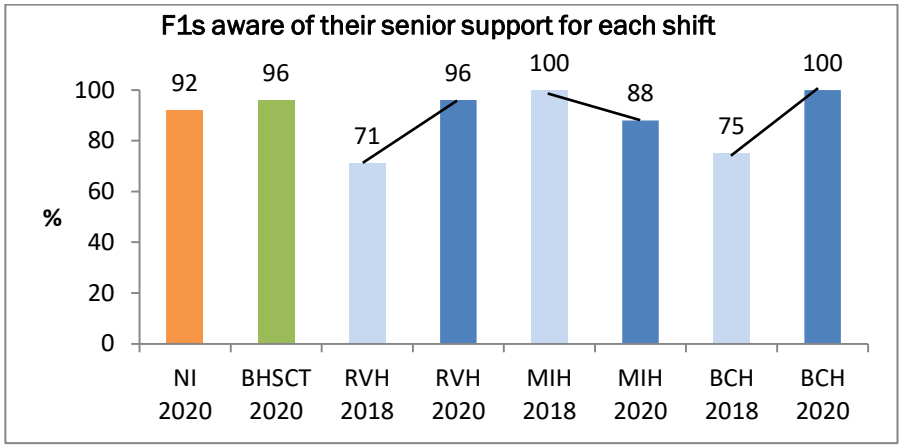
*"Some days you are so bogged down by routine tasks you have no opportunity to pursue clinical experience."*

Continued efforts to meet Recommendation 6 are essential to redefine the F1 experience. This may involve strategies such as encouraging all levels of medical staff to contribute to these duties e.g. completing discharge letters during the ward round; addressing workforce challenges by employing more allied health care practitioners to undertake these tasks or expanding the 'Hospital at Night' role to evenings, bank holidays and weekends.

**Recommendation 6: NOT MET in BHSCT**

## Recommendation 7:

Ensure F1 doctors are **aware of who the senior doctor is** (and how to contact them) for advice **for each shift**




The majority of F1 doctors in the BHSCT (96%) know who the senior doctor is for advice for each shift. A regional improvement in this recommendation is also noted from the previous 2018 PQ review (NI regional average 69% →92%).

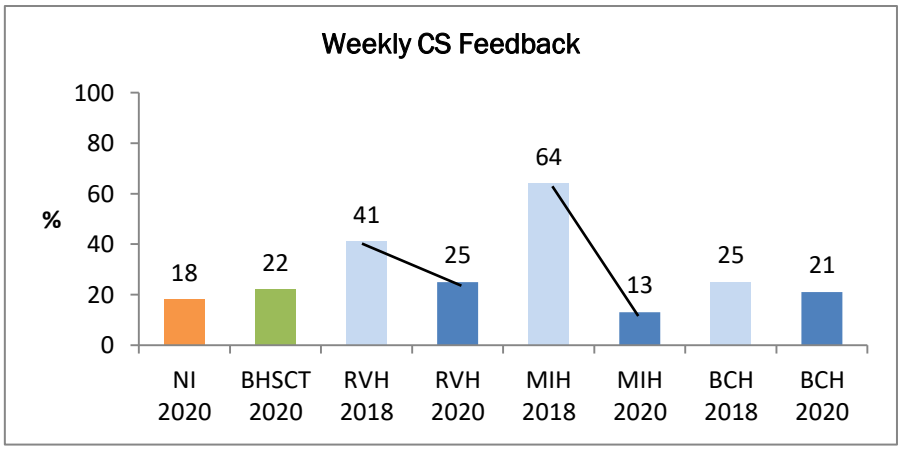
In **RVH** there has been a significant increase in the number of F1s reporting knowledge of their senior support for each shift (71%→ 96%). A similar improvement has been made in **BCH** where ALL F1s in the current re-survey report knowing who their senior doctor is and how to contact them for advice.

In the **MIH** however, there has been a reduction in the number of F1s aware of their senior support (100%→88%).

**Recommendation 7: MET in BHSCT (RVH and BCH)**

## Recommendation 8:

Provide **feedback** to all F1 doctors through their trained clinical supervisors on average on a **weekly** basis



| Frequency of CS Feedback | NI Regional Average 2020 (Re-survey) | BHSCT (%) 2020 (Re-survey) | RVH | | MIH | | BCH | |
|---|---|---|---|---|---|---|---|---|
| | | | 2018 Survey (%) | 2020 Re-survey | 2018 Survey (%) | 2020 Re-survey | 2018 Survey (%) | 2020 Re-survey |
| Daily or Once/week | 18 | 22 | 41 | 25 | 64 | 13 | 25 | 21 |
| < Once/week | 77 | 76 | 47 | 71 | 27 | 87 | 17 | 79 |
| Never | 6 | 2 | 12 | 4 | 9 | 0 | 58 | 0 |

On the **RVH** and **MIH** sites, the frequency of CS feedback has decreased significantly with just 25% of F1s in RVH and 13% in MIH receiving feedback weekly.

In **BCH** only **21%** of F1s are getting weekly feedback, which is little changed from the 2018 figures.

Regionally there has been little progress made in addressing this key recommendation, with only 18% of F1 trainees in NI reporting that they had received weekly feedback in the 2020 re-survey, a drop from the 2018 figure of 30%.

| Quality of CS | RVH | | MIH | | BCH | |
|---|---|---|---|---|---|---|
| | 2018 Survey (%) | 2020 Re-survey | 2018 Survey (%) | 2020 Re-survey | 2018 Survey (%) | 2020 Re-survey |
| Excellent / Good | 61 | 83 | 82 | 75 | 38 | 57 |
| Acceptable | 28 | 8 | 18 | 25 | 46 | 43 |
| Poor/ Unsatisfactory | 11 | 8 | 0 | 0 | 15 | 0 |

In **RVH** the overall quality of clinical supervision has improved with 83% of F1s now reporting CS as excellent or good, above the regional figure of 65%. In **BCH** 57% of F1s rate CS as excellent or good, an improvement on the figure of 38% reported in the 2018 survey and ALL F1s indicate CS as acceptable.

In **MIH** ALL F1s report the quality of CS as acceptable with 75% indicating CS as excellent/good.

Trainee Comments:

*"Excellent CS who took time to get to know me, approachable and encouraging. Made it easy to have honest discussions about the job and any issues"– BCH F1"*

*"Consultant never on the ward and therefore never had proper supervision from them. But SHOs and registrars are extremely helpful." - RVH F1*

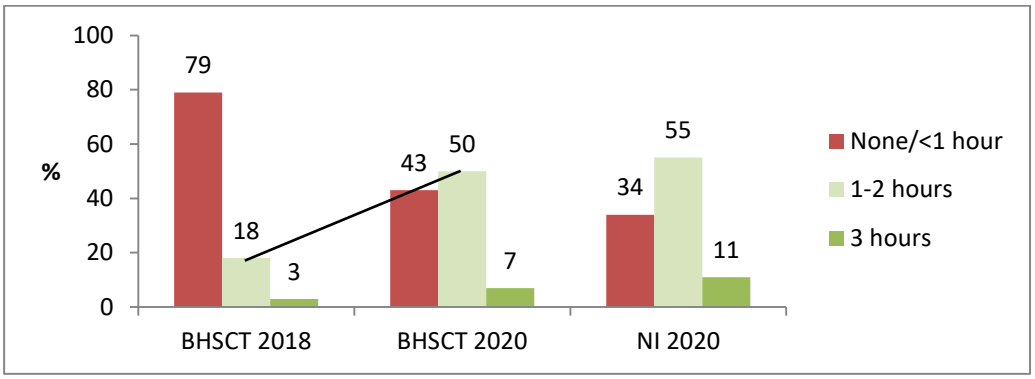
**Recommendation 8: NOT MET in BHSCT**

## Recommendation 9:

Enable all F1 doctors to attend **3 hours of** on-site, **bleep-free, formal teaching per week**

In the BHSCT overall there has been progress made in addressing the recommendation for protected teaching, with a significant increase in the number of F1s now receiving at least one hour of protected teaching per week (21%→57%). The numbers of F1s receiving the recommended 3 hours/week of protected teaching remains low (7%). (Figure1)

**Figure 1: Weekly on-site protected teaching BHSCT 2018/20**

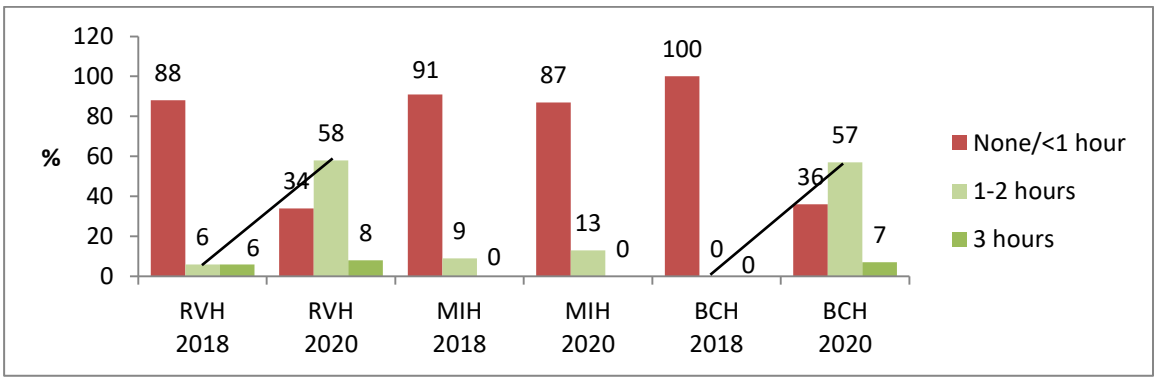



In **RVH** the number of F1s receiving none or less than 1 hour/week of protected teaching has decreased significantly (88%→34%) and this has been mirrored by an increase in the number of F1s now receiving at least 1 hour/week of protected teaching (66%). Only **8%** of F1s are achieving the target of 3 hours of weekly on-site protected teaching (Figure 2).

In **BCH** the number of F1s receiving none or less than 1 hour/week of protected teaching has also decreased significantly (100%→36%) with a concomitant increase in the number of F1s now receiving at least 1 hour/week of protected teaching (64%). In BCH **7%** of F1s are achieving the target of 3 hours of weekly on-site protected teaching

The **MIH** site has not made progress in addressing this recommendation, with the **87%** of F1s still reporting that they are getting none or less than 1 hour/week of protected teaching. The number of F1s who are receiving at least 1 hour per week of protected teaching is only 13%.

**Figure 2: Weekly on-site protected teaching RVH, MIH and BCH 2018/20**




**Recommendation 9: NOT MET in BHSCT**

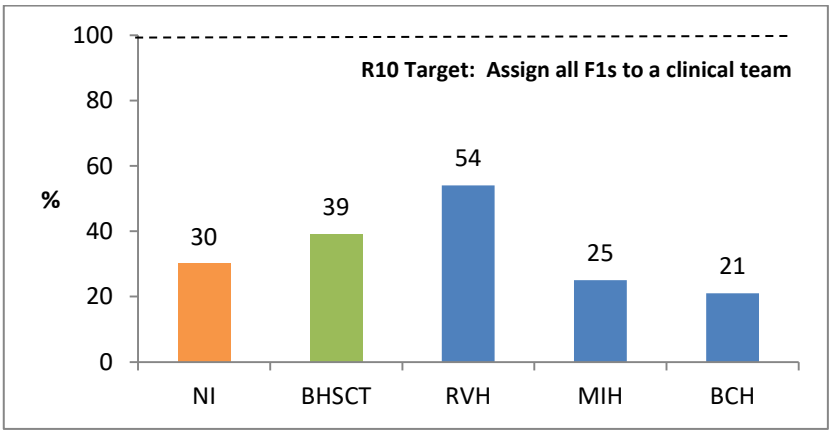
**Recommendation 9: Significant improvement on the RVH and BCH sites**

**Recommendation 10:**

**Assign** F1 doctors **to a clinical team** as opposed to a clinical area

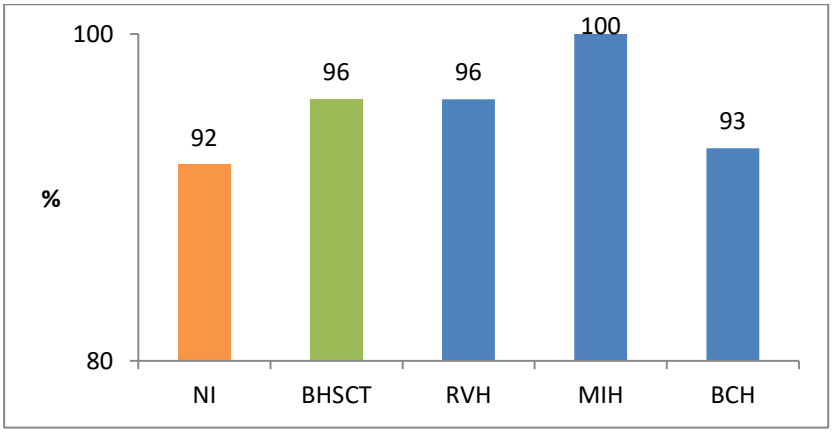
In the2020 re-survey, 54% of F1s in **RVH** reported being assigned to a clinical team with the remainder being ward-based or a combination of both. This was above the regional average (30%). In **MIH** and **BCH** however only 25% and 21% of F1s respectively are aligned to a clinical team. (Figure 3)

**Figure 3: Assignment to a clinical team BHSCT (2020)**




Although not meeting the recommendation that <u>all</u> F1s should be assigned to a clinical team, the majority of F1s in the BHSCT (96%) indicated that they felt part of the multi-disciplinary team on their ward (Figure 4).

**Figure 4: F1s feel part of the clinical team on the ward**




Reconfiguration of clinical teams to allow alignment of F1s should be considered in order to meet this recommendation, improve the F1 experience and promote team morale.

**Recommendation 10: <u>NOT</u> MET in BHSCT**

**Recommendation 11:**

Ensure that F1 doctors working **out of hours'** shifts have **access to hot food** and an **area to take rest breaks**

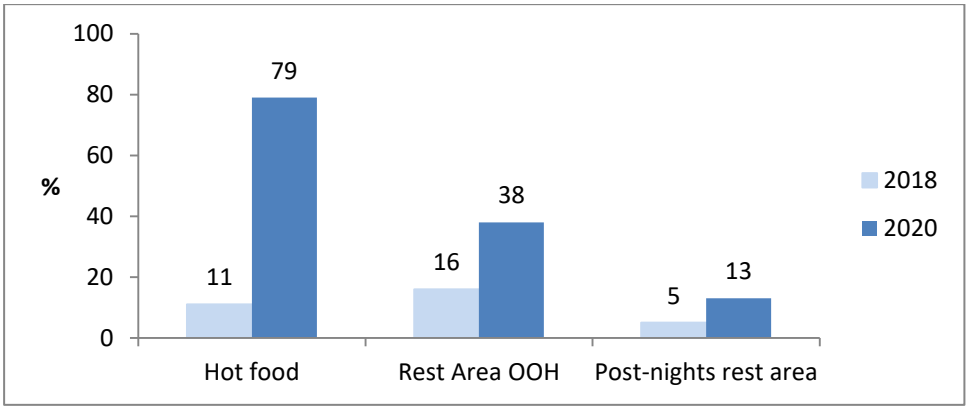
**Recommendation 12:**

Provide **rooms** where F1 doctors can **rest after a night shift before travelling home**

Measures taken to improve facilities and access to hot food out of hours boosts junior doctor morale and wellbeing, allowing F1s to care for patients to the best of their ability and consequently improves patient safety and quality of care. In addition, provision of a rest area post-nights has a positive effect in promoting the safety of F1 doctors travelling home after shifts.

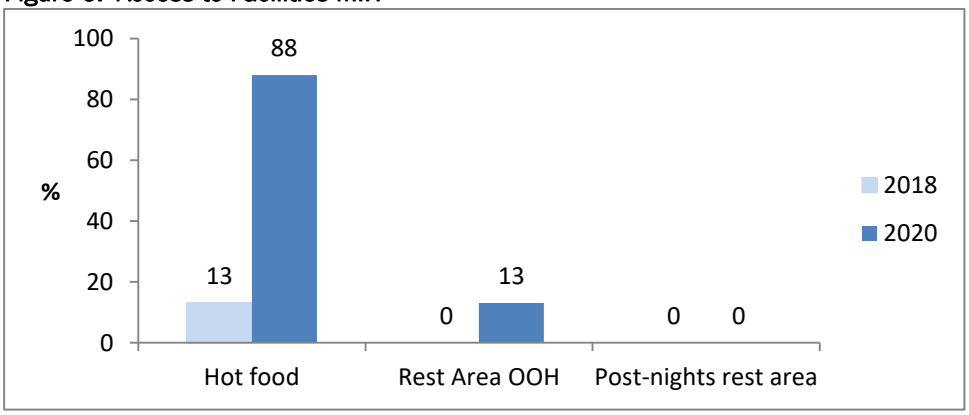
In the BHSCT progress has been made in addressing the quality of facilities across all sites.
In **RVH** there has been a significant improvement in access to hot food out of hours (11%→ 79%) although this remains below the regional average of 91%. While there has been a small increase in access to rest areas, the number of F1 doctors reporting no access to a rest area OOH (62%) and no access to a rest area post-nights (87%) remains high and above the regional figures of 43% and 55% respectively. (Figure 5)

**Figure 5: Access to Facilities RVH**



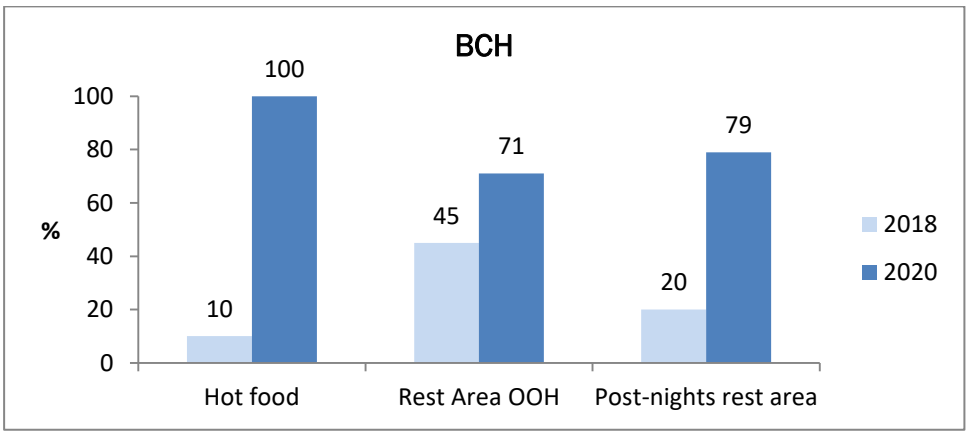

In **MIH** there has also been a significant improvement in access to hot food out of hours (13%→ 88%). There has been little progress made on addressing the issue of the provision of rest areas. The number of F1 doctors reporting no access to a rest area OOH (87%) and no access to a rest area post-nights (100%) remains high. (Figure 6)

**Figure 6: Access to Facilities MIH**



**BCH** has seen the most significant improvement in access to facilities with ALL F1s now reporting access to hot food out of hours, 71% of F1s having access to a rest area OOH and 79% of F1s reporting access to a rest area post-nights. (Figure 7)

**Figure 7: Access to Facilities BCH**




**Recommendation 11 (Hot Food): MET in BCH**

**Recommendation 11 (Hot Food): Significant improvement in RVH and MIH**

**Recommendation 11 (Rest area OOH): NOT MET in RVH and MIH**

**Recommendation 11 (Rest Area OOH): Significant improvement in BCH**

**Recommendation 12 (Rest Area Post-nights): NOT MET in RVH and MIH**

**Recommendation 12 (Rest Area Post-nights): Significant improvement in BCH**

# Section 2: Practice Improvements and Development Needs

## Royal Victoria Hospital

| Practice Improvements | Development Needs |
|---|---|
| **Departmental Induction:**<br>All F1s report departmental induction as satisfactory with 79% rating it as good or excellent.<br><br>RECOMMENDATION MET | **Clinical Duties:**<br>Only 25% of F1s are reviewing patients on a daily basis, a fall from the 2018 figure of 71%. In addition, **25%** are conducting **no routine patient reviews,** an increase on the figure from the 2018 PQ review (6%). |
| **Clinical Duties:**<br>**88%** of F1s participate in **at least 2 ward rounds per week.** | **Clinical Duties:**<br>Only **29%** of F1s are conducting at least **2 elective patient clerk-ins/week,** below the regional average of 41% and a significant fall from the 2018 figure (53%). |
| **Senior doctor:**<br>**96%** of F1s are aware of who their senior doctor is for each shift.<br><br>RECOMMENDATION MET | **Clinical Duties:**<br>**67%** of F1s report **clerking in no emergency patients** an increase from the 2018 PQ review (29%). |
| **Protected teaching:**<br>The number of F1s stating they get no protected teaching has fallen significantly (88%→34%). This is mirrored by a significant increase in the number of F1s receiving at **least 1 hour of protected teaching** (12%→**66%**). | **Clinical Duties:**<br>F1s report spending **63%** of their time on **tasks of limited educational value** – an increase since 2018 (57%) and below the regional average (60%) |
| **Clinical team:**<br>54% of F1s report being **aligned to a clinical team** as opposed to a clinical area. This is above the regional average of 30%.<br>The majority of F1s (96%) feel part of the clinical team on their ward. | **Clinical Supervisor Feedback:**<br>The **frequency** of clinical supervisor feedback has decreased since the 2018 PQ review with only **25%** of F1s **receiving weekly feedback**. This is significantly lower than the recommended target (100%). |
| **Facilities:**<br>Significant increase in **access to hot food** out of hours (11→79%) although this remains below the regional average (91%) | **Protected teaching:**<br>Only **8%** of F1s are achieving the target of **3 hours of weekly protected teaching.** |
| | **Facilities:**<br>**62%** of F1s state they have no **access to a rest area out of hours** and 87% report no **access to a rest area post-nights.** |

Mater Hospital

| Practice Improvements | Development Needs |
|---|---|
| **Ward based shadowing**:<br>Improvement in number of F1s receiving 2 full days shadowing (55% →75%). | **Clinical Duties:**<br>Only **25%** of F1s are **reviewing patients on a daily basis,** a fall from the 2018 figure of 45%. In addition, **38%** are conducting **no routine patient reviews,** an increase on the figure from the 2018 PQ review (9%). |
| **Departmental Induction:**<br>All F1s report departmental induction as satisfactory with 77% rating it as good or excellent.<br>RECOMMENDATION MET | **Clinical Duties:**<br>The number of F1s participating in **at least 2 ward rounds per week** has significantly decreased from the 2018 PQ review when all F1s met the recommendation. |
| **Clinical Duties:**<br>**75%** of F1s participate in **at least 2 ward rounds per week.** | **Clinical Duties:**<br>Only **25%** of F1s are **clerking-in 2 elective patients twice/week**. |
| **Senior doctor:**<br>**88%** of F1s are aware of who their senior doctor is for each shift. This is a reduction from 2018 when all F1s complied with this recommendation. | **Clinical Duties:**<br>**ALL** F1s report **clerking in no emergency patients** an increase from the 2018 PQ review (36%). |
| **Facilities:**<br>Significant increase in **access to hot food** out of hours (13→88%). | **Clinical Duties:**<br>F1s report spending **62%** of their time on **tasks of limited educational value** – a significant increase since 2018 (35%) when the recommendation for F1s to spend less than half of their time on tasks of limited educational value was being achieved. |
| | **Supervisor feedback:**<br>Only **13%** of F1s report receiving **weekly feedback**. This is significantly lower than the recommended target (100%) and a large drop from the 2018 figure of 64%. |
| | **Protected Teaching:**<br>**87%** of F1s report receiving **no protected teaching**, significantly above regional figure of 34%. |
| | **Clinical team:**<br>**25%** of F1s are **aligned to a clinical team** as opposed to a clinical area. ALL F1s however feel part of the clinical team on their ward. |
| | **Facilities:**<br>**87%** of F1s state they have **no access to a rest area out of hours** and 100% report **no access to a rest area post-nights.** |

## Belfast City Hospital

| Practice Improvements | Development Needs |
|---|---|
| **Ward based shadowing**:<br>Improvement in number of F1s receiving 2 full days shadowing (38 →67%). However this remains below the regional average of 79%. | **Clinical Duties:**<br>Only **7%** of F1s **are reviewing patients on a daily basis**, a significant fall from the 2018 figure of 62% and well below the recommended target of 100%.<br>In addition, **42%** are conducting **no routine patient reviews,** an increase on the figure from the 2018 PQ review (8%). |
| **Departmental Induction:**<br>There has been a reduction in the number of F1s reporting departmental induction as poor/unsatisfactory (33→13%), with 87% now indicating that induction is at least satisfactory and 74% excellent/good. | **Clinical Duties:**<br>Only **43%** of F1s participate in **at least 2 ward rounds per week.** |
| **Clinical Duties:**<br>Significant improvement in the number of F1s **clerking-in 2 elective patients twice/week** (46→64%) | **Clinical Duties:**<br>**86%** of F1s report **clerking in no emergency patients** an increase from the 2018 PQ review (46%). |
| **Senior doctor:**<br>**ALL** F1s are aware of who their senior doctor is for each shift.<br>RECOMMENDATION MET | **Clinical Duties:**<br>F1s report spending **65%** of their time on **tasks of limited educational value**. |
| **Protected teaching:**<br>The number of F1s stating they get no protected teaching has fallen significantly (100%→36%). This is mirrored by a significant increase in the number of F1s receiving at **least 1 hour of protected teaching** (0%→**57%**). | **Clinical Supervisor feedback:**<br>Only **21%** of F1s report receiving **weekly feedback**. This is significantly lower than the recommended target (100%). |
| **Facilities:**<br>All F1s have **access to hot food.**<br>RECOMMENDATION MET | **Protected teaching:**<br>Only **7%** of F1s are achieving the target of **3 hours of weekly protected teaching.** |
| **Facilities:**<br>Significant increase in **access to a rest area OOH** (45→71%) and **post nights** (20→79%). | **Clinical team:**<br>**21%** of F1s are **aligned to a clinical team** as opposed to a clinical area. The majority (93%) of F1s however feel part of the clinical team on their ward. |

# Section 3: Summary

There have been clear improvements in the quality of the F1 experience in the BHSCT since the initial review in 2018, with the RVH and MIH sites rating highly as regards the F1 training experience (Table1).

**RVH**

Improvements have been made in departmental induction, senior doctor awareness, protected teaching, clinical duties (ward rounds) and facilities (access to hot food). It is also noted that in the area of clinical team alignment the feedback scores are significantly above the regional average.

Remaining areas for improvement include: time spent on tasks of limited educational value, clinical duties (daily patient reviews, clerking in patients), frequency of supervisor feedback and facilities (access to a rest area OOH and post-nights).

**MIH**

Improvements have been made in ward based shadowing and facilities (hot food).
Recommendations have been met in: departmental induction.

Remaining areas for improvement include: time spent on tasks of limited educational value, clinical duties (daily patient reviews, ward rounds and patient clerk-ins), frequency of clinical supervisor feedback, protected teaching, clinical team alignment and facilities (access to a rest area OOH and post-nights).

**BCH**

Improvements have been made in ward based shadowing, departmental induction, protected teaching, clinical duties (patient clerk-ins) and facilities (access to a rest area OOH and post-nights).
Recommendations have been met in: senior doctor awareness and facilities (access to hot food).

Remaining areas for improvement include: time spent on tasks of limited educational value, clinical duties (daily patient reviews, ward rounds), clinical team alignment and frequency of supervisor feedback.

**Table 1: Global Score for placement as a training opportunity**

| Q/ Please provide a global score for this placement as a training opportunity? (%) | RVH | MIH | BCH |
|---|---|---|---|
| Excellent | 8 | 0 | 7 |
| Very Good | 54 | 88 | 43 |
| Acceptable | 33 | 0 | 43 |
| Poor/ Less than satisfactory | 4 | 12 | 7 |
| Very poor, serious concerns | 0 | 0 | 0 |
| Overall ranking based on this question | 6/11 | 3/11 | 8/11 |

**Table 2: Workload Intensity BHSCT**

| Q/ Please rate the workload in your F1 post? (%) | RVH | | | MIH | | | BCH | | |
|---|---|---|---|---|---|---|---|---|---|
| | Day | Night | Weekends | Day | Night | Weekends | Day | Night | Weekends |
| Too light/ Low intensity | 4 | 8 | 8 | 0 | 0 | 0 | 21 | 0 | 0 |
| Just right intensity | 50 | 25 | 13 | 63 | 88 | 0 | 50 | 86 | 43 |
| Very intense/excessive | 46 | 66 | 79 | 37 | 12 | 100 | 29 | 14 | 57 |

Workload intensity in **RVH** remains a significant issue, with 46% of F1s during the day, 66% at night and 79% at weekends reporting workload as very intense or excessive(Table 2).
Workload intensity in **MIH** is reported as excessive by ALL F1s at weekends; however a balanced workload has been achieved during the day and at night on this site.
In **BCH** a balanced workload has been achieved during the day and at night, but is reported as excessive by 57% of F1s at weekends.

There has been an innovative and sustained effort to implement changes in practice following the initial PQ review in 2018, evidenced by the practice improvements reported in the re-survey and these efforts are to be commended. Addressing the issue of tasks of limited educational value will be pivotal in achieving further progress in reducing workload intensity and is key to addressing the 12 key recommendations on this site.

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 January 2021.

# Appendices

## 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 2020

## RVH Hospital

Induction

" Good introduction to ward, staff, common problems encountered as well as highly specialised topics such as emergency tracheostomy/laryngoscopy management and chest drain basic assessment – all of which I used many times!"
"Good thoracic induction"
"Needs to cover more practical aspects"

Workload

"At weekend very little time for a break"
"Locum grades left earlier than 5pm, leaving F1s to finish off jobs/attend new jobs well past 5pm."

Clinical Supervision

"Excellent CS who took time to get to know me, approachable and encouraging"
"Consultant never on the ward and therefore never had proper supervision from them. But SHOs and registrars are extremely helpful."

Clinical Duties

"More like a discharge monkey"

Clinical Team

"Very nice team" "Brilliant team overall"

Teaching

"Not many teaching opportunities. SHOs are all locums, no teaching interest generally. Leave earlier than shift hours."(AMU)
"Protected teaching times are needed."

Teaching

"Staff grades not interested in training F1s"
"Not wanting F1s to attend teaching and intimidating F1 when attendee teaching"
"A lot of time we don't have the free time to go for teaching."
"We received no teaching from full time consultants or registrars. Sessions for F1s to teach were never mentioned."
"It was difficult leaving the wards for teaching, the locum regs did not encourage us to attend."

Overall opinion

"Excellent support, good learning opportunity, excellent team and great mix of both acute and chronic patients as well as stable and very unwell patients in a supported, learning environment." [RVH, respiratory]

"Lack of senior support on the ward. Excessive work load meant we could rarely take breaks and we did not have protected teaching. This ward is very understaffed and needs another 1-2F1s.' [RVH Vascular/cardiothoracic surgery]

"Acceptable, team environment was brilliant but very limited practical learning for F1s. Day shifts were taken up with routine tasks."

"Overworked, lack of SHO ward based cover, difficult attending teaching due to work pressures."

F1 suggestions of what would improve their post

"More teaching aimed at F1 and F2 level"
"F1 specific teaching departmentally, teaching occurred regularly but often felt aimed at ST level"
"Have more training grades who are interested in F1 teaching"
"Encourage fy1s to attend teaching and ward rounds"
"More teaching during ward rounds/ reviews from seniors"
"More teaching on key respiratory topics such as NIV"

"A registrar teaching session per week" "More bedside teaching"

"Opportunity to attend lysis calls and take part in clerk ins"
"Time on the medical on call rota in general for "take" and emergency clerk ins"
"Opportunity to go on medical take"

"Train up nurses to do tasks that they meant to know - bloods, ECG and cannulas"
"More F1 support on weekends - excessive workload leaves F1s feeling drained, stressed and wondering if medicine is the right career. Potentially consider a hospital at day service for this"
"More F1's on the rotation to manage workload better."
"Have a pharmacist on ward"

"For locums to not leave early"
"None of the locums seem to enjoy acute med, rather it is just a suitable 8-5 job where they arrive late, and then leave early. Then they stick 8-5 on their direct medics hour sheets so they get undeserved pay"

"More feedback on how we managed reviews of unwell patients" "More feedback"

"Dedicated e-portfolio time with seniors as it was difficult to get people to sit down and do this;"

"A designated junior doctor rest room for night shift"

"Better supervision out of hours"

"More logistical information when starting"

## Mater Hospital

Workload
"At weekends almost impossible to do all the ward jobs and answer bleeps"
"Needs pharmacy at weekends"

"A lot of admin tasks"
"Depending on the specialty – highly administrative/secretarial duties and limited opportunity to develop clinical decision making"

Teaching
"Regular teaching however limited information and support on how to access training courses and skills courses."
"Very minimal F1 specific formal teaching – video link once a week, very poor quality."
"The weekly video-link teaching is ineffective and hard to follow. Sometimes we can see the slides, other times all we can see is the audience at the other site. I have learnt very little from these sessions that help in my clinical practice."

F1 suggestions of what would improve their post

"Better quality formal bleep free F1 specific teaching"

"Co-ordinator and MEA present for medical weekend shifts"
"Another f1 on weekends in MIH"
"Less OOH discharges"
"Fewer secretarial duties"

"Clerking medical patients in A&E during hours as part of training"
"An on call room to lie down"
"Proper rest area for night shifts"

"Having an assigned core trainee/registrar who acts as Clinical Buddy/ Mentor"
"Water dispensers on wards"

## Belfast City Hospital

Induction
"Need to describe the role of the F1 more."

Workload
"The job is purely administrative, rarely able to join the ward round (max 1/week). F1s have very little contact with patients M-F 9-5. I raised this point with senior staff and was told 'that's what you do in F1"

"Some days you are so bogged down by routine tasks you have no opportunity to pursue clinical experience."

"Cardiology and respiratory get next to no clinical exposure. Expected to be clinically confident and competent OOH despite limited patient exposure during the day"

Clinical Supervision
"OOH shifts/weekends – it wasn't clear who was on until you bumped into someone on the wards. Felt there should have been a big medical meet up at 9am to swap bleep numbers or know who was on call if you needed any help."

Teaching
"Good oral presentation teaching sessions e.g. COE lunch time teaching, radiology meeting, F1 teaching, Physicians meeting."
"Poor clinical/ward based teaching. Expect purely administrative duties from the F1."

F1 suggestions of what would improve their post

"Nurses that can do routine practical procedures"
"Discharge letters clinical summaries to be the responsibility of all of the lower grade junior doctors"
"Change the Patient Discharge Letter System (PAS) - it always hangs and results in letters not being saved causing a huge waste of time and has potentially an impact on patient safety as well."

"The Pill pack plus the 12 o'clock deadline is a barrier to FY1s attending ward rounds. We need either the 12 deadline lifted or the pharmacists to complete the medication section and send to dispensary in order to allow us time to attend ward round"

"More F1s on ward rounds/reviewing patients" "Protected ward rounds for F1s on certain days"
"Foster an environment where ward round is protected time for the FY1s and the MDT cannot interrupt with non-emergency jobs"

"More opportunities to clerk patient"
"More F1 patient presentation"

"More teaching"

"Referral (routine/emergency) should be done by senior doctor"

"No improvement from Nephrology team required"