Redefining F1
Progress Update BHSCT
Re-survey Results: 2022

April 2022

Report Complied by Dr S.A. Phillips

Review Members

Dr Sally Anne Phillips (Associate Dean for Placement Quality, NIMDTA)

Dr Wesam Elbaroni (ADEPT Clinical Leadership Fellow Placement Quality 2021/22, NIMDTA)

Mrs Gillian Carlisle (Quality & Revalidation Manager, NIMDTA)

Dr Lorraine Parks (Director of N.I. Foundation School, NIMDTA)

Dr Ian Steele (Postgraduate Medical Dean, NIMDTA)

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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. 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 Belfast Health and Social Care Trust (BHSCT) – response rate 27%. 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 BHSCT 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 BHSCT

Recommendation	BHSCT (%) 2021/22	BCH	RVH	MIH	REGIONAL
1. Provide all F1 doctors with 2 days of ward based shadowing					
2018 Survey data	55	38	66	55	61
2020 Survey data	70	67	71	75	79
Resurvey 2021	96	100	95	100	95
Improving?	↑↑	↑↑	↑	↑↑	↑
2. Deliver formal induction for all F1s at the start of placement					
2018 Survey data					
2020 Survey data					
Resurvey 2021	96	100	95	100	93
Induction **Satisfactory**					
2018 Survey data	90	67	100	100	70
2020 Survey data	96	87	100	100	88
Resurvey 2021	92	100↑	90	100	84
Induction **Very good/Good**					
2018 Survey data	72	50	89	73	50
2020 Survey data	77	74	79	77	65
Resurvey 2021	65	0	70	75	62
Improving?	↓	↓↓	↓	↔	↔
3. Involve F1 doctors in planned patient reviews on a daily basis					
2018 Survey data >10/month	59	62	71	45	41
2020 Survey data > 5/week	20	7	25	25	20
Resurvey 2021 > 5/week	27	50	30	0	19
Improving?	↔	↑↑	↔	↓	↔
4. Clerking-in of patients at least twice a week					
2018 Survey data*	41	46	53	27	38
2020 Survey data*	39	64	29	25	41
Resurvey 2021	46	100	50	0	50
Improving?	↔	↑↑	↑	↓	↑
5. Active participation on Ward rounds at least 2/week					
2018 Survey data	79	46	88	100	69
2020 Survey data	72	43	88	75	73
Resurvey 2021	96	100	95	100	82
Improving?	↑↑	↑	↑	↑	↑
6. Limit time spent on tasks of limited educational value to no more than 50%					
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	56	71	57	35	63
2020 Survey data	64	65	63	62	60
Resurvey 2021	54	100	45	75	65
7. Ensure F1s are aware of who the senior doctor is (and how to contact them) for each shift					
2018 Survey data*					
2020 Survey data	96	100	96	87.5	92
Resurvey 2021	76	0	79	100	83
Improving?	↓	↓↓	↓	↑	↓

BHSCT F1 Progress Update: 12 Key Recommendations

Recommendation	BHSCT (%) 2021/22	BCH	RVH	MIH	REGIONAL
8. Provide feedback to all F1s through their Clinical Supervisors on a weekly basis					
2018 Survey data	43	25	41	63.5	30
2020 Survey data	22	21	25	12.5	18
Resurvey 2021	27	0	35	0	24
Improving?	↔	↓	↑↑	↓	
9. Enable F1 doctors to attend 3 hours of on-site, bleep-free, formal teaching per week					
Local on-site teaching 3hours/week					
2018 Survey data	3	0	6	0	5
2020 Survey data	6.5	7	8	0	11
Resurvey 2021	12	0	5	50	24
Improving?				↑↑	↑
Local on-site teaching 1-2 hours/week					
2018 Survey data	5	0	6	9	15
2020 Survey data	50	57	58	13	55
Resurvey 2021	69	50	75	50	68
Improving?	↑	↔	↑	↑	↑
10. Assign F1 doctors to a clinical team as opposed to a clinical area					
2018 Survey data					
2020 Survey data	39	21	54	25	30
Resurvey 2021	58	50	50	100	50
Improving?	↑	↑	↔	↑↑	↑
11. Ensure that F1 doctors working OOH shifts have access to hot food and an area to take rest breaks					
11a. Access to a fridge/freezer/microwave and hot food OOH					
2018 Survey data*					8
2020 Survey data	89	100	79	87.5	91
Resurvey 2021	77	100	75	75	72
Improving?	↓	↔	↔	↓	↓
11b. Access to a private on call room to rest during OOH shifts					
2018 Survey data*					31
2020 Survey data	40	71	37.5	12.5	55
Resurvey 2021	31	100	15	75	32
Improving?	↓	↑↑	↓	↑↑	↓
12. Provide rooms where F1 doctors can rest after a night shift before travelling home					
2018 Survey data*					22
2020 Survey data	46	79	12.5	0	57
Resurvey 2021	8	50	0	25	22
Improving?	↓↓	↓	↓	↑	↓

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

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

Education Areas	BHSCT	RVH (20 trainees)	BCH (2 trainees)	MIH (4 trainees)	N.I 2021 Regional
TRUST notification of on-call rota Q.4					
> 4 weeks (Q.4)	54%	60%	0%	50%	44%
2-4 weeks	11.5%	5%	50%	25%	21%
< 2 weeks	34.5%	35%	50%	25%	35%
INDUCTION included Q.8					
Introduction to key members of the team	83%	82%	50%	100%	73%
Familiarisation with essential equipment	61%	59%	0%	100%	44%
Walk around/tour of the unit	61%	59%	0%	100%	54%
Handbook/Induction booklet	61%	53%	50%	100%	56%
Orientation to other clinical areas you were expected to cross cover OOH	39%	29%	0%	100%	31%
WORKLOAD Q.11					
Workload (Day-time) Very Intense/Excessive: (Just Right)	46% (50)	55% (40)	0% (100)	25% (75)	60% (35)
Workload (Long Day)	85% (15)	85% (15)	50% (50)	100% (0)	78% (21)
Workload (Night)	62% (38)	70% (30)	0% (100)	50% (50)	71% (25)
Workload (Weekends)	85% (15)	80% (20)	100% (0)	100% (0)	90% (9)
EDUCATIONAL SUPERVISION					
Initial meeting with ES Q.16 – Within 2 weeks/4 weeks	65/19%	65/20%	50/0%	75/25%	62/29%
Meeting with ES set clear objectives Q.17	100%	100%	100%	100%	99%
Support provided by ES Q.18 – Very good/good (Satisfactory)	96% (4)	100% (0)	50% (50)	100% (0)	93% (7)
Provided adequate clinical experience to be on track to complete F1 year Q.14	92%	95%	100%	75%	94%
FEEDBACK (Quality) Q.22					
Constructive & Supportive/Improved my clinical practice	81%	80%	50%	100%	81%
Unsupportive/Affected my confidence	4%	5%	0%	0%	6%
No feedback provided	15%	15%	50%	0%	13%
CLINICAL ACTIVITIES					
Opportunities to gain experience in following aspects of patients' needs Q.24					
Physical Health	100%	100%	100%	100%	94%
Mental Health/psychological needs	77%	75%	100%	75%	73%
Social Wellbeing	85%	80%	100%	100%	79%

Education Areas	BHSCT	RVH (20 trainees)	BCH (2 trainees)	MIH (4 trainees)	N.I 2021 Regional
Opportunities to assess patients in the following clinical settings Q.25					
Acute	96%	95%	100%	100%	94%
Non acute	96%	95%	100%	100%	91%
Community	4%	5%	0%	0%	28%
Felt part of the clinical Team Q.28	96%	100%	50%	100%	91%
LOCAL TEACHING					
No protected teaching (bleep free) Q.30	58%	50%	100%	75%	44%
Attendance at local teaching Q.31 > 50% of sessions (>75% of sessions)	46% (19)	50% (15)	50% (0)	25% (50)	43% (24)
Regularly/always have to leave teaching to answer the bleep Q.32	38%	35%	50%	50%	31%
Monthly attendance at **M&M/Audit/QI** meetings Q.33 **– None**	65%	70%	100%	25%	68%
Monthly attendance at **SIM** training Q.33 – **None** (1-2 sessions)	**88%** (12)	**90%** (10)	**100%** (0)	**75%** (25)	**59%** (40)
Monthly senior doctor led bedside teaching Q.33 - None	85%	85%	100%	75%	82%
F1 teaching adequately addresses curriculum needs Q.34	77%	80%	0%	100%	76%
GLOBAL SCORE FOR PLACEMENT AS A TRAINING OPPORTUNITY Q.39					
Excellent/Good	73% (31/42)	80% (35/45)	0%	75%(25/50)	56%(19/37)
Acceptable	27%	20%	100%	25%	32%
Placement rated as Less than satisfactory/Poor	0%	0%	0%	0%	12%
HOW WELL WILL YOUR F1 YEAR PREPARE YOU FOR F2? Q.					
Excellent preparation	31%	35%	0%	25%	22%
Good overall preparation but could be better	50%	50%	50%	50%	44%
Satisfactory	11%	10%	50%	0%	24%
Poorly prepared	8%	5%	0%	25%	10%

Section 3: Summary of F1 Resurvey Feedback

Royal Victoria Hospital

Practice Improvements	Development Needs
Shadowing: 95% of F1s received 2 days shadowing an increase from the 2020 figure of 71% RECOMMENDATION NOT MET BUT SIGNIFICANT IMPROVEMENT	**Clinical Duties:** Only 30% of F1s are reviewing patients on a daily basis, largely unchanged from the 2020 figure of 25%. There has however been a decrease in the number of F1s conducting **no routine patient reviews (5%);** down from the 2020 figure of 25%.
Departmental Induction: 95% of F1s received a departmental induction. ALL F1s report departmental induction as satisfactory with 70% rating it as good or excellent.	**Departmental Induction:** It is noted that only **82%** of F1s report being introduced to key members of the team as part of induction with only **59%** given a walk around the unit and only **29%** being **provided with an orientation to the other clinical areas that the F1 was expected to cross cover OOH**.
Clinical Duties: **95%** of F1s participate in **at least 2 ward rounds per week.**	**Senior doctor:** **Only 79%** of F1s are aware of whom their senior doctor is for each shift. This is a decrease from the 2020 figure of 96% and is below the regional figure of 83%
Clinical Duties **50%** of F1s are conducting at least **2 patient clerk-ins/ week,** an increase on the 2020 figure (29%), and in line with the regional figure, but still short of the target of 100%.	**Clinical Supervisor Feedback:** The **frequency** of clinical supervisor feedback remains low with only 35% of F1s **receiving weekly feedback** and 15% reporting no feedback. This is significantly lower than the recommended target (100%). It is however noted that 65% of F1s report receiving feedback at least a few times a month.
Clinical Duties: **45%** of F1s report spending **>50%** of their time on **tasks of limited educational value** –this is an improvement on the 2018 figures where F1s reported spending on average 63% of their time on such tasks. This is also better than the regional figures, where 65% of F1s report spending >50% of their time on tasks of limited educational value; it remains however below the target of less than 50% for all F1 doctors.	**Protected teaching:** The number of F1s stating that they get no protected teaching has increased significantly (34%→50%). Only **5%** of F1s are achieving the target of **3 hours of weekly protected teaching.**
Local teaching: **75%** of F1s report that **1-2 hours/week** of local teaching is provided. It is noted that 65% of F1s are able to attend > 50% of the available teaching sessions in line with the regional figure of 67%.	**Facilities:** **85%** of F1s state they have **no access to a rest area out of hours** an increase from the 2020 figure of 62% and ALL F1s report **no access to a rest area post-nights.**
Clinical team: 50% of F1s report being **aligned to a clinical team** as opposed to a clinical area. This is in line with the regional average. ALL F1s feel part of the clinical team on their ward.	
Facilities: 75% report **access to hot food** out of hours.	

Mater Hospital

Practice Improvements	Development Needs
Ward based shadowing: ALL F1s report receiving 2 full days shadowing (75% →100%). RECOMMENDATION MET	**Clinical Duties:** **No F1s** are **clerking in 2 patients per week** down from 25% reported in the 2020 review
Departmental Induction: All F1s received induction to their unit and report departmental induction as satisfactory with 75% rating it as good or excellent. RECOMMENDATION MET	**Clinical Duties:** **No F1s** are conducting **routine daily patient reviews,** a continued drop from the 2018 and 2020 figures (45→25→0%).
Departmental Induction: It is noted that **100% of F1s** report being introduced to key members of the team as part of induction, being given a walk around the unit and being **provided with an orientation to the other clinical areas the F1 was expected to cross cover OOH.** RECOMMENDATION MET	**Clinical Duties:** **75%** of F1s report spending **>50%** of their time on **tasks of limited educational value** – above the regional figure of 65% and above the target of less than 50% for all F1 doctors.
Clinical Duties: **100%** of F1s participate in **at least 2 ward rounds per week.** RECOMMENDATION MET	**Supervisor feedback:** **No F1s** report receiving **weekly feedback**. This is significantly lower than the recommended target (100%) and is also a drop from the 2018 and 2020 figures. It is however noted that **75%** of F1s report receiving feedback at least a few times a month an increase from the 2020 figure of 50%.
Senior doctor: **100%** of F1s are aware of who their senior doctor is for each shift. RECOMMENDATION MET	**Facilities:** **75%** of F1s report **no access to a rest area post-nights.**
Local teaching: **50%** of F1s report that **3 hours/week** and a further **50%** report that **1-2 hours/week** of local teaching is provided. It is also noted that 75% of F1s report being able to attend > 50% of the available teaching sessions in line with the regional figure of 67%.	**Protected teaching:** No F1s are achieving the target of **3 hours of weekly protected teaching.** The number of F1s stating that they get no protected teaching has however decreased (87%→75%).
Clinical team: **ALL** F1s are **aligned to a clinical team** as opposed to a clinical area; a significant increase from the 2020 figure of 25%. ALL F1s report feeling part of the clinical team on their ward. RECOMMENDATION MET	
Facilities: **75%** report **access to hot food** out of hours.	
Facilities: **75%** of F1s state they have **access to a rest area out of hours** a significant increase from the 2020 figure (13%) RECOMMENDATION NOT MET BUT SIGNIFICANT IMPROVEMENT	

Belfast City Hospital*

Practice Improvements	Development Needs
Ward based shadowing: ALL F1s report receiving 2 full days shadowing (67% →100%). RECOMMENDATION MET	**Clinical Duties:** 50% of F1s are conducting **no routine daily patient reviews,** largely unchanged from the 2020 figure (43%).
Departmental Induction: All F1s received induction to their unit and report departmental induction as satisfactory. RECOMMENDATION MET	**Departmental Induction:** It is noted that only **50%** of F1s report being introduced to key members of the team as part of induction with only **0%** given a walk around the unit and only **0%** being **provided with an orientation to the other clinical areas that the F1 was expected to cross cover OOH**.
Clinical Duties: **100%** of F1s are **clerking-in 2 patients /week**. A significant improvement on the 2018 and 2022 figures (46→64→100%) RECOMMENDATION MET	**Senior doctor:** **No F1s reported knowing who the senior doctor was for each shift**. Although the number of respondents in the resurvey was low, this is significantly below the 2020 figure of 100%.
Clinical Duties: **100%** of F1s participate in **at least 2 ward rounds per week.** RECOMMENDATION MET	**Clinical Duties:** **100%** of F1s report spending **>50%** of their time on **tasks of limited educational value** – above the regional figure of 65% and above the target of less than 50% for all F1 doctors.
Local teaching: **50%** of F1s report that **1-2 hours/week** and a further **50%** report that **1hour/week** of local teaching is provided. It is noted that only 50% of F1s report being able to attend > 50% of the available teaching sessions below the regional figure of 67%.	**Protected teaching:** No F1s are achieving the target of **3 hours of weekly protected teaching.** The number of F1s stating that they get no protected teaching has increased (29%→100%).
Facilities: All F1s have **access to hot food and a rest area OOH.** RECOMMENDATIONS MET	**Clinical Supervisor feedback:** **No F1s** report receiving **weekly feedback**. This is significantly lower than the recommended target (100%) and below the 2018 and 2020 figures. It is noted that **100%** of F1s report receiving **feedback once a month or less**, an increase from the 2020 figure of 43%.
Clinical team: **50%** of F1s are **aligned to a clinical team** as opposed to a clinical area an increase on the 2020 figure of 21%.	**Facilities:** **50%** of F1s report **no access to a rest area post-nights.** This is a decrease from the 2020 figures where 79% reported access to a room to rest post-nights.
	Clinical team: Only 50% of F1s reported feeling part of the clinical team on their ward.

*2 trainees only

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 2021

RVH Hospital

Rota Notification

'With only 24 hours' notice of confirmed rota it was extremely difficult to organise anything for the upcoming 4 months as and impossible to plan for starting work'

Induction

'No induction for F1s - only induction was via the 2 week shadowing period prior to starting F1'
'Thorough introduction to the wards and how the day worked on the ward'
'It was taken by the consultant and ward sister who answered any questions we had'
'Clear instruction as to what Dr Heyburn wanted and expected from the team'
'Would be improved if a staff member would have time to show us around the hospital - I was new to the royal. Otherwise very good'
'Good as in there were hard copies of the introduction but it did not include the info on how to make referrals and request scans'
'Positive aspects: The link to the online resources that allowed us to review the data at a later stage; the opportunity to meet fellow F1's and one's supervisors and FD.'

Workload

'No F2 in vascular surgery. CT only occasionally present for ward round after which they went to theatre all day so only two F1s covered the ward. Only 1 F1 present to cover ward at weekends, despite vascular surgery using the 'emergency theatre' list spaces for elective surgery'

'There is a grand total of 32 man hours available on each weekend day - there are the same number of post op reviews on a Saturday as during the week as they roll over from Fridays theatre list.
This is in contrast to 78 man hours at foundation grades alone during the week.
This is compounded by lower staffing on a Friday already due to 2 staff finishing at 1pm on a Friday; leaving routine Friday work to go into the weekend. Your senior support at the weekend is an Ortho SHO who is also covering acute take in ED'

'Phlebotomists are always understaffed due to sickness and they are seldom helpful as they sometimes mess up or lose the samples. Some regs focus on wounds mostly and are not very helpful with dealing with any medical issues - hard to seek help and advice.'

Feedback

'During the week the senior registrar team constantly took the time to teach and support us providing excellent feedback' (Ortho medical fractures)
'Weekly group meeting with consultant' (Vascular Surgery)
'I often do not hear any feedback; they all go to my CS eventually.' (Vascular Surgery)

Handover

'There is no time allocated for handover between shifts as F1 shifts do not overlap. There is only opportunity for handover at 8am each morning from the hospital at night team' (T&O Ortho medical)

'Face to face handover between F1s. It would have been useful if F1s were allowed at the main handover '(EMSU)

'People seldom update the handover - things are not accurate. Some staff members do not hand outstanding tasks over safely' (Vascular)

'Only the most acutely unwell patients are handed over by hospital at night in the morning. No routine complete handover from previous night. We had to develop our own as an FY team. Handover at end of shifts is difficult as shifts end and start at the exact same time so you have to stay late or you can't handover' (Ortho medical)

Clinical Team

"Loved the vascular team'

‘Made to feel part of the team. Team were very supportive and approachable’

Teaching
“Ward rounds were always teaching and a lot of ad hoc teaching occurred’

Teaching
‘Very good clinical experience’
‘No teaching provided by vascular / cardiothoracic surgery - weekly meetings with clinical supervisor were used to discuss issues on the ward / complaints’
‘Only teaching provided was the Belfast trust online zoom teaching on Wednesday lunchtimes’

Overall opinion
‘Stroke ward is an excellent place for self-development, you are both well supported and encouraged to take opportunities to clinically review patients independently ‘

‘You are thrown in the deep end. But it has really prepared me for the fast pace of being a doctor and I really prefer it to my current medical placement now which is basically just bloods and discharges.’

‘AMU team is very supportive. Placement provides lots of opportunities for clinical experience.
Night shifts are organised and well supported’

‘Very busy on the respiratory ward, not enough Protected teaching time, more of doing jobs than learning and progressing as a doctor from the educational point of view.’

‘This training post has been very tough as there are never F2 and sometimes CT present. Regs and cons are always in theatre (except reg on call). Some regs are not helpful and friendly. Due to the workload and understaffed situation, I have been forced to learn to deal with various complex cases on my own - which is definitely a very precious learning experience but not a very safe practice.’

The Team: Senior doctors and nurses provide a very good learning environment in which to develop as a F1.

F1 suggestions of what would improve their post

‘More medical staffing’
‘Scheduling F1s to attend post-take ward round – more educational value’

‘More teaching’ ‘More teaching from senior doctors’
‘Protected teaching time’

‘A better handover room for night time work’ ‘F1s at main handover’
‘Removal of early Friday finish’

‘Better clinical support from senior doctors’
‘An F2 or CT present on the ward’

’Simulation training’
‘More learning opportunities’

’Undisturbed breaks’ ‘Somewhere to eat lunch without interruption’

Mater Hospital

Rota Notification

'I only received my rota a couple of days before my induction. I had recently moved and knowing my rota in advance would have made my personal situation easier '

Induction

'Very well organised, bar some IT systems and the parking passes; this made some tasks unnecessarily difficult.'

'Time set aside for induction, gave lots of relevant information from current F1s who were there already.'

Workload

'At times staff would ask you to perform tasks that they are trained and capable of performing, or at least trying. Computers didn't work well enough to allow simple tasks to be done in a timely matter- namely Patient centre'

Handover

'Morning: formal handover in a room with doctors from every team. Informal handover at 5 pm. Formal night handover with every doctor on call'

'Handover was in the education suite at 9pm with day team handover to night team. At times the atmosphere/conduct wasn't ideal, with dismissive attitudes persisting with certain senior members or staff.'

Overall opinion

'Team environment was generally very pleasant. Senior staff very approachable. Monotony of the COVID ward maybe didn't allow exposure to wide range of pathologies'

'F1 suggestions of what would improve their post

'More learning opportunities'

IT systems fit for purpose to allow more clinical time'

'Less routine tasks of little educational value' Discharge letters too time consuming due to patient centre not working well and late afternoon discharges crashing the system when many F1s on the system'

'Better spaces for rest OOH'

Belfast City Hospital

Handover

'Informal amongst F1s'

'F1 on nightshift would handover to day shift F1s before ward rounds though this could be difficult to fit in before ward rounds started'

Clinical Teams

'A lot of moving between teams meant you never really felt part of any individual team'

Teaching

'There was minimal teaching in this rotation - zero colorectal teaching, zero upper GI, zero HPB teaching and only 30 mins of urology teaching via zoom at lunch time on a Friday'

'Disappointed by the lack of teaching in this rotation'

Overall opinion

'No teaching sessions means that I have not learned much regarding the clinical specialties'

F1 suggestions of what would improve their post

'More teaching sessions' 'More ward teaching'

'Bleep free teaching'

'Knowing who senior support is'