2023/24

Redefining F1 PQ Update BHSCT Survey Results: 2023/24

RESURVEY RESULTS DEC 2023/24

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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. 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. 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 survey was conducted in December in 2021/January 2022, but a very low regional response rate (28%) made interpretation of changes difficult.

In 2023 the F1 recommendations were reviewed and updated, to a core of 8 key recommendations for F1 training delivery (Appendix 1) and a re-survey of the training experience of F1 doctors was then carried out in December 2023/January 2024.

Section 1 of this report summarises the results of the 2023/24 F1 re-survey for the Belfast Health and Social Care Trust (BHSCT) – response rate 42% (Regional 52%). This provides evidence of the progress made against the updated 8 key recommendations. The BHSCT 2018/2020 and 2021 F1 PQ survey results and the regional averages from the F1 2023/24 PQ re-survey are included for comparison.

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

Section 3 trainee comments

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 what additional progress has been made in addressing the key F1 recommendations and where a need for further development has been identified.

Section 1: F1 Key Recommendations – Progress Update BHSCT

Recommendation	BHSCT (%)	BCH	RVH	MIH	REGIONAL
PREPARE					
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
Resurvey 2023/24	90	67	93	100	93
Improving?	↓	↓↓	↓	↔	↓
2. Deliver ward/unit induction for all F1s at the start of placement					
2018 Survey data					
2020 Survey data					
Resurvey 2021	96	100	95	100	93
Resurvey 2023/24	90	83	90	100	92
Improving?	↓	↓	↓	↔	↓
Induction at least **Satisfactory**					
2018 Survey data	90	67	100	100	70
2020 Survey data	96	87	100	100	88
Resurvey 2021	92	100	90	100	84
Resurvey 2023/24	78	50	80	100	80
Improving?	↓	↓↓	↓	↔	↓
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
Resurvey 2023/24	43	0	52	40	51
Improving?	↓	↔	↓	↓	↓
ENGAGE					
3a. Involve F1 doctors in planned patient reviews on a DAILY basis					
2020 Survey data > 5/week	20	7	25	25	20
Resurvey 2021 > 5/week	27	50	30	0	19
Resurvey 2023/24 > 5/week	21	33	21	0	21
Improving?	↓	↓	↓	↔	↔
3b. Active participation on DAILY Ward rounds					
2018 Survey data * *(at least 2/week)	79	46	88	100	69
2020 Survey data*	72	43	88	75	73
Resurvey 2021*	96	100	95	100	82
Resurvey 2023/24 (>2/week)	59	50	67	25	61
Improving?	↓↓	↓↓	↓↓	↓↓	↓
4. 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
Resurvey 2023/24	71	50	79	50	40
Improving?	↑	↔	↑	↓	↓

Recommendation	BHSCT (%) 2021/22	BCH	RVH	MIH	REGIONAL
SUPPORT					
5. Trained Supervisors to provide feedback to all F1s on a regular basis					
2018 Survey data (weekly)	43	25	41	63.5	30
2020 Survey data (weekly)	22	21	25	12.5	18
Resurvey 2021(weekly)	27	0	35	0	24
Resurvey 2023/24	26	50	21	25	22
Improving?	↔	↑	↓	↑	↓
6. 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
Resurvey 2023/24	87	100	83	100	87
Improving?	↑	↑	↑	↔	↑
EDUCATE					
7. Provide all F1s a minimum of 2 hours/week of PROTECTED (bleep free) teaching					
2018 Survey data* (1-3hrs)	8	0	12	9	20
2020 Survey data	56	64	65	12.5	66
Resurvey 2021	27	0	30	25	40
Resurvey 2023/24 (1-2hrs)	35	33	37	25	41
Improving?	↑	↑	↓	↔	↔
8. Limit time spent on tasks of limited educational value (TOLEV) to no more than 50%					
Resurvey 2021 **<50% of time on TOLEV**	36	0	55	25	35
Resurvey 2023/24	37	33	38	40	36
Improving?	↔	↑	↓	↑	↔

*Recommendations 2/4/6- No question in 2018 survey for comparison

F1 Wellbeing Recommendations

Other Recommendations	BHSCT (%)	BCH	RVH	MIH	REGIONAL
WELLBEING **Ensure that F1 doctors working OOH shifts have access to hot food and an area to take rest breaks**					
Access to a fridge/freezer/microwave and hot food OOH					
2020 Survey data	89	100	79	87.5	91
Resurvey 2021	77	100	75	75	72
Resurvey 2023/24	68	67	67	75	60
Improving?	↓	↓	↓	↔	↓
Access to a private on call room to rest during OOH shifts					
2020 Survey data	40	71	37.5	12.5	55
Resurvey 2021	31	100	15	75	32
Resurvey 2023/24	32	100	15	50	27
Improving?	↔	↔	↔	↓	↓
Provide rooms where F1 doctors can rest after a night shift before travelling home					
2020 Survey data	46	79	12.5	0	57
Resurvey 2021	8	50	0	25	22
Resurvey 2023/24	13	50	4	25	33
Improving?	↑	↔	↑	↔	↑

NI Regional & Trust Data			
Target achieved	Target achieved by ≥75%	Below Target	Below Target by ≥50%

Section 2: BHSCT Resurvey 2023/24 - Feedback on other Education Areas

Education Areas: BHSCT	**RVH**	**BCH**	**MIH**	N.I 2023 Regional
TRUST notification of on-call rota > 4 weeks (Q.4)	28	83	80	43
INDUCTION				
UNIT Induction at least satisfactory: (Q.6) (Very Good/Good) BCH 50% (Poor/Very Poor)	79 (52)	50 (0)	100 (40)	80 (50)
UNIT induction face to face/ hybrid (Q.7)	79/7	33/17	40/60	71/19
UNIT induction included introduction to team: (Q.8)	76	33	40	70
UNIT induction included a walk around unit/ department: (Q.8)	59	50	100	65
UNIT induction included familiarisation with equipment and practical aspects of the job: (Q.8)	38	17	40	50
UNIT induction included orientation to other clinical areas cross covered OOH: (Q.8)	21	17	20	30
Shadowing prior to starting F1 post: at least 2 full days (Q.9)	94	66	100	93
Induction adequate preparation for work as an F1: (Q.11)	52	50	80	55
WORKLOAD				
Workload (Day-time): (Q.12) - Very Intense/Excessive	49	17	0	57
Workload (Evening)- Very Intense/Excessive	90	33	80	80
Workload (Nightshift) – Very Intense/Excessive	66	33	80	71
Workload (Weekends) – Very Intense/Excessive	97	100	60	96
>50% of time spent on task of limited educational value: (Q.14)	63	67	60	64
Placement provided adequate clinical experience to be on track to complete F1 year satisfactorily: (Q.15)	93	83	100	84
EDUCATIONAL & CLINICAL SUPERVISION				
Informed who ES was in a timely manner: (Q.16)	100	100	100	97
Initial meeting with ES – within the first month: (Q.17)	96	100	100	94
Educational Supervision - Satisfactory (Q.19) of which (Very Good/Good)	96 (86)	100 (83)	100 (75)	99 (85)
Clinical Supervision (Day time) – Satisfactory (Q.20) of which (Very Good/Good)	100 (69)	100 (100)	100 (75)	90 (68)
Clinical Supervision (Evening) – Satisfactory (Q.20) of which (Very Good/Good)	76(35)	84(17)	100 (75)	67(34)
Clinical Supervision (Night time) – Satisfactory (Q.20) of which (Very Good/Good)	73 (45)	100 (33)	100 (75)	68 (40)
Clinical Supervision (Weekends) – Satisfactory (Q.20) of which (Very Good/Good)	66 (21)	100 (50)	100 (75)	59 (27)
Aware of senior doctor and how to contact them for each shift: (Q.21)	83	100	100	87

Education Areas: BHSCT	**RVH**	**BCH**	**MIH**	N.I 2023 Regional
FEEDBACK & HANDOVER				
Feedback on performance:(Q.22): At least a few times a month	69	50	50	62
Feedback: Once a month or less / Never	28 / 3	50 / 0	50 / 0	30 / 8
Quality of feedback (Constructive and supportive): (Q.23)	86	100	75	80
Routinely participated in handover at start of DAY shift/NIGHT Shift: (Q.27/28)	71/93	67/100	75/100	57/84
LOCAL TEACHING				
Amount of Local teaching provided (Q.32): At least 1-2 hours per week	59	50	100	79
Amount of Local teaching provided (Q.32): < 1 hour/week/ None	33/ 7	50/ 0	0	18/ 3
Protected local teaching (Q.33): At least 1- 2 hrs/week)	37	33	25	41
Protected local teaching: Less than 1 hr/week	63	67	75	59
Had to leave teaching session to answer bleep (Always/regularly): (Q.35)	30	50	75	42
Able to attend >50% of local teaching session: (Q.34)	89	83	75	76
F1 teaching adequately addressed curriculum needs: (Q.37)	52	50	100	61
Opportunity to assess patients in the Community setting: (Q.26)	29	50	50	32
WELLBEING				
Dedicated doctors' mess area to take rest breaks: (Q.39)	22	50	100	36
Access to a fridge/freezer/microwave and hot food OOH: (Q.40)	67	67	75	60
Private on-call room to rest during OOH shifts: (Q.41)	15	100	50	27
Access to room to rest after night shift before travelling: (Q.42)	4	50	25	33
GLOBAL SCORE FOR PLACEMENT AS A TRAINING OPPORTUNITY				
Global Score for placement as a training opportunity: (Q.43) Acceptable/Excellent or Very Good	33/52	83/17	75/25	34/47
CLINICAL TEAMS				
Assigned to a clinical team with a named consultant(s) leading the team: (Q.30)	79	50	50	40
Felt part of the clinical team: (Q.31)	93	100	100	82
Feel valued in this post: (Q.44)	78	83	100	72
F1 YEAR AS PREPARATION FOR F2				
How well do you feel your F1 Year will prepare you for F2: (Q.45) – Excellent/Good preparation	70	33	50	62
How well do you feel your F1 Year will prepare you for F2: (Q.45) – Satisfactory	18	17	50	24
How well do you feel your F1 Year will prepare you for F2: (Q.45) – Poorly prepared	11	50	0	14

BHSCT Resurvey: CLINICAL ACTIVITIES

ACCESS to Training Opportunities Clinical Activities per week	BHSCT: **RVH**			
	None	1-2	3-5	>5
Ward Rounds	7	26	33	30
Presented patients on Ward rounds	50	25	14	11
Clerked in patients (Emergency or elective)	32	46	7	14
Reviewed a patient (planned, daily routine review)	36	36	7	21
Reviewed a patient (as an emergency)	4	32	25	39

ACCESS to Training Opportunities Clinical Activities per week	BHSCT: **BCH**			
	None	1-2	3-5	>5
Ward Rounds	50	0	33	17
Presented patients on Ward rounds	83	0	17	0
Clerked in patients (Emergency or elective)	17	33	17	33
Reviewed a patient (planned, daily routine review)	33	33	0	33
Reviewed a patient (as an emergency)	0	17	50	33

ACCESS to Training Opportunities Clinical Activities per week	BHSCT: **MIH**			
	None	1-2	3-5	>5
Ward Rounds	0	75	25	0
Presented patients on Ward rounds	75	25	0	0
Clerked in patients (Emergency or elective)	100	0	0	0
Reviewed a patient (planned, daily routine review)	0	75	25	0
Reviewed a patient (as an emergency)	0	25	75	0

ACCESS to Training Opportunities Clinical Activities per week	NI Regional figures 2023			
	None	1-2	3-5	>5
Ward Rounds	18	21	31	30
Presented patients on Ward rounds	56	19	12	13
Clerked in patients (Emergency or elective)	48	30	14	8
Reviewed a patient (planned, daily routine review)	33	25	21	21
Reviewed a patient (as an emergency)	3	19	35	42

ACCESS to TRAINING OPPORTUNITIES: to gain experience in following areas (Q.25)

ACCESS to training to gain experience in patients' needs	RVH	BCH	MIH	NI Regional
Physical Health	93	100	100	97
Mental health/psychological needs	71	33	100	68
Social wellbeing	75	50	100	72

ACCESS to TRAINING OPPORTUNITIES: to assess patients in following clinical settings (Q.26)

OPPORTUNITY to assess patients in following clinical settings	RVH	BCH	MIH	NI Regional
Acute	89	100	75	92
Non-Acute	96	67	100	90
Community	29	50	50	32

ACCESS to teaching activities

ACCESS to Teaching activities per month	BHSCT: **RVH**			
	None	1-2	3-5	>5
Formal teaching sessions presented by trainees on a curriculum-based topic; Senior doctor present	37	37	36	0
Formal teaching sessions presented by trainees on a curriculum-based topic; Senior doctor NOT present	67	26	7	0
Formal teaching sessions presented by senior doctors	33	30	37	0
Clinical governance/QI/M&M/Audit meetings	70	30	0	0
Simulation based training	96	4	0	0
Senior doctor led bedside teaching	93	7	0	0
Senior doctor led ward rounds	7	11	30	52

ACCESS to Teaching activities per month	BHSCT: **BCH**			
	None	1-2	3-5	>5
Formal teaching sessions presented by trainees on a curriculum-based topic; Senior doctor present	67	17	17	0
Formal teaching sessions presented by trainees on a curriculum-based topic; Senior doctor NOT present	100	0	0	0
Formal teaching sessions presented by senior doctors	50	33	17	0
Clinical governance/QI/M&M/Audit meetings	83	17	0	0
Simulation based training	100	0	0	0
Senior doctor led bedside teaching	83	17	0	0
Senior doctor led ward rounds	50	33	0	17

ACCESS to Teaching activities per month	BHSCT: **MIH**			
	None	1-2	3-5	>5
Formal teaching sessions presented by trainees on a curriculum-based topic; Senior doctor present	0	25	50	25
Formal teaching sessions presented by trainees on a curriculum-based topic; Senior doctor NOT present	100	0	0	0
Formal teaching sessions presented by senior doctors	0	25	75	0
Clinical governance/QI/M&M/Audit meetings	100	0	0	0
Simulation based training	100	0	0	0
Senior doctor led bedside teaching	75	25	0	0
Senior doctor led ward rounds	25	0	50	25

ACCESS to Teaching activities per month	NI Regional figures 2023			
	None	1-2	3-5	>5
Formal teaching sessions presented by trainees on a curriculum-based topic; Senior doctor present	24	39	33	4
Formal teaching sessions presented by trainees on a curriculum-based topic; Senior doctor NOT present	58	26	13	3
Formal teaching sessions presented by senior doctors	16	41	36	7
Clinical governance/QI/M&M/Audit meetings	62	37	1	0
Simulation based training	69	27	4	1
Senior doctor led bedside teaching	85	12	2	1
Senior doctor led ward rounds	18	12	24	45

Section 3: Trainee Comments

ROTA

RVH

"Received rota on 3rd July and started 2nd August. Rota 6 weeks prior would have been easier just to be able to start organising when we could get leave etc "

MIH

"Prior to night shifts there wasn't adequate amount of rest time between the last NWD and the start of nights. For weekend Night Shift there would be no break prior."

INDUCTION

RVH

"The induction introduced us to key members of the team, but left out practical aspects of beginning work. This is especially difficult for our first F1 role, as it would be important to outline our job role before starting"

"The stroke department is very well organised and welcoming. I can't really say enough about it. "

"I was rota'd off the day of induction, and was not offered induction on my first day. I also was not offered NIV training because I missed it on the first day, and so missed out on this completely. "There was an induction in a lecture theatre at 1pm which was a 'welcome' and more targeted at the SHOs/core trainees. It was useful for knowing how to report sickness/rota issues. Prior to this there was no induction to the ward or how the unit runs, the F1s that were on that day had to figure out the expectations of F1 and essentially had to sink or swim at 8am when they arrived to the ward. A top tips for F1s document would have been useful, or a walk around the unit. Or conversation about what is expected day to day in terms of tasks would have been helpful.
We also each covered urology ward out of hours; yet we received no induction from the urology team at any stage throughout the rotation "

BCH

"Very poor. Wasn't notified of any time for shadowing. Had to arrange myself. Was very stressful trying to locate the single haem f1 to ask her could I shadow. Especially as my first shift was a night shift. Missed intro lecture "what to do on nightshift" because I was on nightshift"

"Allocated to long shift and had to carry bleep throughout induction so missed certain talks as needed on the ward as no locums arranged for the day".

"Very little formal introduction; most jobs were learnt in the 3-day work shadowing preceding the first day of work/changeover"

MIH

"I'm not sure anything can fully prepare you for your first day but I think it was the most it could be "

WORKLOAD

RVH

"Majority of the nursing staff are phlebotomy trained but very rarely would help out when requested at times of staff shortage amounts the f1s "

"Phelbotomists routinely refuse to do all the bloods on the ward stating it's not their job its ours and they only assist. All administration for medical side is F1 with very limited assistance from f2+ doctors. Understaffed. Frequently don't get breaks. Nurses refuse to do bloods or attempt cannulas "

“Too much placed on FY1s. Not enough support when it comes to reviewing very sick patients. Often being called to do tasks when there is already someone on the ward able to do it. Not enough support when developing skills. Learning in a bullying and pressurised manner. “

“There is an excess of administrative tasks for F1s to perform “

BCH

“Nurses on the ward would not do ECGs despite a doctor being on the ward and available to read the ECG. All nurses on surgical wards stated they had no training in venepuncture, ECG or cannulation which caused delays in treatment. BCH had only 1 F1 on evenings, nightshift and on weekends after 3 pm so if an emergency/sick patient occurred all other tasks were delayed. During the daytime, the wards often had minimum staffing levels which added stress for everyone working.”

CLINICAL SUPERVISION

RVH

“Surgeons are off ward all day in theatres or just not on the ward. They actively avoid it. F2 and Ct avoid wards as well and are in ED or theatres. Access to senior help is limited and difficult to obtain. It is not a well-supported environment.”

“Unless a situation warranted escalation, there simply was no clinical supervision. “

FEEDBACK

RVH

“More feedback would be useful “

“Only staff who provided feedback were on the urology team. They provided good and constructive advice but we were not regularly in urology “

HANDOVER

RVH

“We didn't have a formal handover in the morning “

“As F1s we were not included in morning discussions and did not receive a patient list unless we were going on post take. We were expected to just go and start working on the jobs list written for us by the nurses in the morning. “

“Informal handover - I went to the ward to find the other F1 and we handed over to each other. No seniors present they were all away home “

“Morning handover is face to face in seminar room only to discuss new patients from take. Only handover of ward patients was between f1s “
“Well delivered in a group setting, everyone gets a feel for the patients to be aware of”

“F1 to F1 handover between day and Night Shift and also full handover with registrars and consultants. “

BCH

“In the Dr's room with F1s and SHOs. Handed over pending jobs, acutely unwell pts and patients who had an important update”

TEACHING

RVH

"Online lecture in a seminar room, nurses generally did not disturb unless urgent "

"Teaching was delivered at 1-2 on Wednesdays by the trust over teams but you could still be bleeped to do jobs and you may have to leave teaching depending on the urgency "

"We would let the team know we had teaching and would be off the ward."

"It was often difficult to find somewhere to participate in peace and difficult to get away from clinical duties to participate in teaching "

"No local teaching sessions. No effort made to provide teaching or simulation or provide education on ward rounds or during the day. The expectation is we are not there to learn, we are there to complete the administrative tasks & run the ward while the seniors are in theatre. We are not taught on ward rounds, nothing is explained unless directly asked. Typically, the consultant is not open to questions, the junior F2 or CT are more open to explaining things."

"There was no surgical teaching. Only the weekly foundation doctor zooms. I have not had a lecture on a relevant surgical topic. It has not felt like I am in training to learn surgical knowledge but to complete administration, take bloods and do discharge letters."

"Serious lack of teaching and opportunities to attend teaching "

"I don't think 1 hour of teaching over teams can address our curriculum needs. We don't receive any simulation training or bedside teaching. The jobs are very much service provision and you have to teach yourself much of the time."

TRAINING OPPORTUNITIES

RVH

"I have learned through making mistakes. The surgical team were frustrated when we started and had little patience to teach us and answer our questions when we were unsure. With time, we have improved and the surgical team have gotten to know us so are more welcoming. but I have learned how to do admin, discharge letters, request scans and take bloods. My clinical knowledge of surgical conditions has not improved as I am not involved in decision making, do not have time to discuss patient care as the surgeons leave the ward straight after ward round, we are not invited to theatre so no experience in actual surgery, treatment plans are not explained on ward round and my ability to clerk in patients is zero as I have not had any exposure to that. "

"Good clinical experience as it is a busy ward with lots of interesting cases, but minimal teaching opportunities. "

"The specific clinical team I worked with made F1's feel a valued part of the team and would genuinely listen to any feedback we had regarding patients and helped us improve on anything we might have missed. Out of hours when working with other clinical teams I noticed not every team necessarily involves F1's to that extent and I was very grateful that my department was keen to get us involved in reviewing patients as well as delegating all admin tasks across the team regardless of grade" (Acute Med)

"F1 has so far been a service provision job and I don't think it's accurate to call it a training programme when training makes up a very small minority of our time in work. We spend the majority of our time completing administrative tasks that do not require 5 years of medical school training such as writing discharge letters, performing cannulation, rewriting kardexes. "

"Acute medicine is so varied and I loved it! I learned so much from the massive variety of cases and sick patients I managed. I think it's a shame however, how little teaching we get."

BCH

"Very admin/task-heavy job which could have been done by other members of staff rather than the F1 during the daytime and weekends. Better opportunities out of hours to assess unwell patients and could contact F2/IMT for advice relatively easily but often they were busy and not able to attend quickly."

OTHER COMMENTS

RVH

"Very involved, felt very much a part of the clinical team, actively involved in patient care/ discussion/ ward round etc. Very encouraging for engagement with clinical care, lots of opportunities to learn and build clinical skills that are not commonly available to F1's in other posts and not just limited to routine jobs like discharge letters and bloods etc. "(Vascular Surgery)

SUGGESTIONS FOR IMPROVEMENT

RVH

"More senior doctor led teaching and simulation"

"More senior led teaching"

"More teaching opportunities"

"More structured feedback from seniors"

"Protected teaching "

"More guidance on how to routinely review patients and how to action points from the review "

"Dedicated rest and doctors mess area"

"Ward round case-based teaching"

"More guidance on how to routinely review patients and how to action points from the review"

"PAs to help with discharge letters"

BCH

"Allowed to go on ward rounds"

"Training for other staff for tasks such as venepuncture, cannulation and ECGs to reduce doctor work load"

"More MDT members who are able to take bloods, cannulas and ECGs"

"Simulation based training for medical emergencies"

"Review patients daily"

""More consultant teaching/ Senior teaching"

"Protected teaching more regularly"

"Culture of teaching instead of being bombarded with non-urgent administrative tasks"

MIH

"Part of one team for four months rather than two"

"Doctors rooms were in disrepair. No comfortable furniture. Not enough furniture for us to sit"

"Having more nurses that are trained in cannula/blood taking and are willing to at least attempt before escalating"

"Employ for all shifts HCA to help with bloods/cannulation/catheters"

APPENDIX 1

FOUNDATION YEAR 1

PLACEMENT QUALITY
F1 KEY STANDARDS

F1 Key Standards

Key standards for F1 training for HSC Trusts are to:

PREPARE

1. Provide all new F1 doctors with a minimum of 2 full days of ward-based shadowing
2. Deliver a unit induction to all F1s at the start of each 4-month placement, which includes: a walk around the unit, an introduction to key members of the team, familiarisation with equipment and the practical aspects of the job (e.g. ordering investigations communication systems/ ward duties) and an induction to other units covered out of hours

ENGAGE

3. Ensure that all F1s take part in daily reviews and ward rounds
4. Assure that F1 doctors work as part of a clinical team as opposed to being assigned to a clinical area

SUPPORT

5. Ensure that trained supervisors provide feedback (formal or informal) to all F1s on a regular basis
6. Ensure F1 doctors know who the senior doctor is and how to contact them for each shift

EDUCATE

7. Ensure that measures are in place to provide all F1s a minimum of 2 hours per week of protected teaching on curriculum mandated topics
8. Utilise other health care professionals to minimise the time F1s spend on tasks of limited educational value

APPENDIX 2: Targets and Colour coding for PQ Survey Education Areas/Tables

Education Areas	Target (% of trainees)
TRUST notification of on-call rota > 4 weeks (Q.4)	100%
Induction appropriate (Q.6)	100%
UNIT induction included introduction to team: (Q.8)	100%
UNIT induction included a walk around unit/ department: (Q.8)	100%
UNIT induction included orientation to other clinical areas cross covered OOH: (Q.8)	100%
Shadowing prior to starting F1 post: at least 2 full days (Q.9)	100%
Workload (Daytime) Very intense/Excessive (Q.12)	≤50%
Workload (Long Day) Very Intense/Excessive	≤50%
Workload (Night) – Very Intense/Excessive	≤50%
Workload (Weekends) – Very Intense/excessive	≤50%
Initial meeting with ES – within the first month: (Q.17)	≥90%
Educational Supervision - Satisfactory (Q.17)	≥90%
Clinical Supervision (Day time/Evening/Night time/WEs) – at least Satisfactory (Q.20).	≥90%
Feedback (formal or informal): At least a few times a month (Q.22)	100%
Feedback: Less than once a month (Q.22)	0%
Training Opportunities: Involved in planned patient reviews on a DAILY basis (Q.24)	100%
Training Opportunities: Participation in DAILY ward rounds (Q.24)	100%
>50% of time spent on task of limited educational value: (Q.14)	0%
Assigned to a clinical team with a named consultant(s) leading the team: (Q.30)	100%
Aware of who senior doctor is and how to contact them for each shift: (Q.21)	100%
Local Teaching: At least 1-2 hours/week (Q.32)	100%
Protected Local Teaching: At least 1-2 hours/week (Q.33)	100%
Protected local teaching: <1 hr/week (Q.33)	0%
F1 teaching adequately addressed curriculum needs: (Q.37)	100%
WELLBEING: Felt part of the clinical team: (Q.31)	100%
WELLBEING: Feel valued in this post: (Q.44)	100%
WELLBEING: Access to a fridge/freezer/microwave and hot food OOH: (Q.40)	100%
WELLBEING: Private on-call room to rest during OOH shifts: (Q.41)	100%
WELLBEING: Access to room to rest after night shift before travelling: (Q.42)	100%
Global Score for placement as a training opportunity: At least Acceptable (Q.43)	100%
Feel F1 Year will be satisfactory or good preparation for F2: (Q.45)	100%
Feel F1 Year will leave you poorly prepared for F2: (Q.45)	0%

NI Regional & Trust Data			
Target achieved	Target achieved by ≥75%	Below Target	Below Target by ≥50%