Redefining F1
Progress Update NHSCT
Re-survey Results: 2022

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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 Northern Health and Social Care Trust (NHSCT) – response rate 24%. This provides evidence of the progress made against the 12 key recommendations for improvement of the F1 training experience, agreed by all stakeholders following the 2018 review. The NHSCT 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 NHSCT

Recommendation	NHSCT (%) 2021/22	AAH	CAU	REGIONAL
1. Provide all F1 doctors with 2 days of ward based shadowing				
2018 Survey data	75	90	60	61
2020 Survey data	77	78	75	79
Resurvey 2021	100	100	100	95
Improving?	↑↑	↑↑	↑↑	↑
2. Deliver formal induction for all F1s at the start of placement				
2018 Survey data				
2020 Survey data				
Resurvey 2021	89	87.5	100	93
Induction **Satisfactory**				
2018 Survey data	71	70	80	70
2020 Survey data	61	55	75	88
Resurvey 2021	56	50	100	84
Induction **Very good/Good**				
2018 Survey data	43	40	60	50
2020 Survey data	46	44	50	65
Resurvey 2021	44	37.5	100	62
Improving?	↔	↔	↑↑	↔
3. Involve F1 doctors in planned patient reviews on a daily basis				
2018 Survey data >10/month	21	0	60	41
2020 Survey data > 5/week	9	11	0	20
Resurvey 2021 > 5/week	0	0	0	19
Improving?	↔	↔	↔	↔
4. Clerking-in of patients at least twice a week				
2018 Survey data*	50	70	0	38
2020 Survey data*	45	44	50	41
Resurvey 2021	56	50	100	50
Improving?	↑	↑	↑	↑
5. Active participation on Ward rounds at least 2/week				
2018 Survey data	43	60	0	69
2020 Survey data	81	89	50	73
Resurvey 2021	78	75	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	58	65	80	63
2020 Survey data	52	50	56	60
Resurvey 2021	67	62.5	100	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	73	78	50	92
Resurvey 2021	89	87.5	100	83
Improving?	↑	↑	↑	↓

NHSCT F1 Progress Update: 12 Key Recommendations

Recommendation	NHSCT (%) 2021/22	AAH	CAU	REGIONAL
8. Provide feedback to all F1s through their Clinical Supervisors on a weekly basis				
2018 Survey data	10	20	0	30
2020 Survey data	18	22	0	18
Resurvey 2021	11	12.5	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	0	0	0	5
2020 Survey data	0	0	0	11
Resurvey 2021	22	12.5	100	24
Improving?	↑	↑	↑↑	↑
Local on-site teaching 1-2 hours/week				
2018 Survey data	7	10	0	15
2020 Survey data	60	75	0	55
Resurvey 2021	78	87.5	0	68
Improving?	↑	↑	↔	↑
10. Assign F1 doctors to a clinical team as opposed to a clinical area				
2018 Survey data				
2020 Survey data	0	0	0	30
Resurvey 2021	50	57	0	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	100	100	100	91
Resurvey 2021	67	62.5	100	72
Improving?	↓	↓	↔	↓
11b. Access to a private on call room to rest during OOH shifts				
2018 Survey data*				31
2020 Survey data	56	12.5	100	55
Resurvey 2021	33	25	100	32
Improving?	↓	↑	↔	↓
12. Provide rooms where F1 doctors can rest after a night shift before travelling home				
2018 Survey data*				22
2020 Survey data	56	62.5	50	57
Resurvey 2021	11	0	100	22
Improving?	↓	↓	↑	↓

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

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

Education Areas	NHSCT	AAH (8 trainees)	CAU (1 trainees)	N.I 2021 Regional
TRUST notification of on-call rota Q.4				
> 4 weeks (Q.4)	56%	62.5%	0%	44%
2-4 weeks	11%	12.5%	0%	21%
< 2 weeks	33%	25%	100%	35%
INDUCTION included Q.8				
Introduction to key members of the team	50%	40%	100%	73%
Familiarisation with essential equipment	33%	20%	100%	44%
Walk around/tour of the unit	50%	40%	100%	54%
Handbook/Induction booklet	50%	60%	0%	56%
Orientation to other clinical areas you were expected to cross cover OOH	33%	20%	100%	31%
WORKLOAD Q.11				
Workload (Day-time) Very Intense/Excessive: (Just Right)	67% (33)	75% (25)	0% (100)	60% (35)
Workload (Long Day)	78% (22)	75% (25)	100% (0)	78% (21)
Workload (Night)	78% (22)	75% (25)	100% (0)	71% (25)
Workload (Weekends)	100% (0)	100% (0)	100% (0)	90% (9)
EDUCATIONAL SUPERVISION				
Initial meeting with ES Q.16 – Within 2 weeks/4 weeks	44/44%	50/37.5%	0/100%	62/29%
Meeting with ES set clear objectives Q.17	89%	87.5%	100%	99%
Support provided by ES Q.18 – Very good/good (Satisfactory)	89% (11)	87.5% (12.5)	100% (0)	93% (7)
Provided adequate clinical experience to be on track to complete F1 year Q.14	89%	100%	0%	94%
FEEDBACK (Quality) Q.22				
Constructive & Supportive/Improved my clinical practice	56%	62.5%	0%	81%
Unsupportive/Affected my confidence	22%	12.5%	100%	6%
No feedback provided	22%	25%	0%	13%
CLINICAL ACTIVITIES				
Opportunities to gain experience in following aspects of patients' needs Q.24				
Physical Health	89%	87.5%	100%	94%
Mental Health/psychological needs	67%	62.5%	100%	73%
Social Wellbeing	56%	50%	100%	79%

Education Areas	NHSCT	AAH (8 trainees)	CAU (1 trainees)	N.I 2021 Regional
Opportunities to assess patients in the following clinical settings Q.25				
Acute	100%	100%	100%	94%
Non acute	89%	62.5%	100%	91%
Community	22%	25%	0%	28%
Felt part of the clinical Team Q.28	100%	100%	100%	91%
LOCAL TEACHING				
No protected (bleep free) teaching Q.30	67%	62.5%	100%	44%
Attendance at local teaching Q.31 > 50% of sessions (>75% of sessions)	33% (22)	25% (25)	100% (0)	43% (24)
Regularly/always have to leave teaching to answer the bleep Q.32	56%	50%	100%	31%
Monthly attendance at **M&M/Audit/QI** meetings Q.33 - **None**	67%	75%	0%	68%
Monthly attendance at **SIM training** Q.33 – **None** (1-2 sessions per month)	**33%** (67)	**25%** (75)	**100%** (0)	**59%(**40)
Monthly senior doctor led bedside teaching Q.33 - **None**	100%	100%	100%	82%
F1 teaching adequately addresses curriculum needs Q.34	50%	57%	0%	76%
GLOBAL SCORE FOR PLACEMENT AS A TRAINING OPPORTUNITY Q.39				
Excellent/Good	33% (0/33)	37.5% (0/37.5)	0%	56%(19/37)
Acceptable	11%	0%	100%	32%
Placement rated as Less than satisfactory/Poor	56%(5 trainees)	62.5% (5 trainees)	0%	12%
HOW WELL WILL YOUR F1 YEAR PREPARE YOU FOR F2? Q.40				
Excellent preparation	11%	12.5%	0%	22%
Good overall preparation but could be better	33%	37.5%	0%	44%
Satisfactory	44%	37.5%	100%	24%
Poorly prepared	11%	12.5%	0%	10%

Section 3: Summary of F1 Resurvey Feedback

Antrim Area Hospital

Practice Improvements	Development Needs
Shadowing: ALL F1s received 2 days shadowing a further improvement on the 2020 figure of 78% RECOMMENDATION MET	**Clinical Duties:** NO F1s report reviewing patients on a daily basis, largely unchanged from the 2020 figure of 11%. There has also been an increase in the number of F1s conducting **no routine patient reviews (62%);** up from the 2020 figure of 11%.
Departmental Induction: 87.5% of F1s received a departmental induction.	**Departmental Induction:** Only **50%** of F1s report departmental **induction** as **satisfactory**, significantly below the regional figure of 84%. It is noted that only **40%** of F1s report being **introduced to key members of the team and given a walk around the unit** as part of induction with only **20%** being **familiarised with essential equipment**.and **provided with an orientation to the other clinical areas** that the F1 was expected to cross cover OOH.
Clinical Duties: **75%** of F1s participate in at least **2 ward rounds per week**, similar to the regional figure of 82%. **50%** of F1s are clerking in **at least 2 patients per week,** an increase from the 2020 figure of 44% and similar to the regional figure, but still short of the target of 100%.	**Clinical Duties:** **62.5%** of F1s report spending **>50%** of their time on **tasks of limited educational value**. Although this is in line with the regional figure it remains below the target of less than 50% for all F1 doctors.
Local teaching: There has been an improvement in the provision of local teaching with **12.5%** of F1s reporting that **3 hours/week** of local teaching is provided and **87.5%** reporting **1-2 hours/week**. It is noted however that only **50%** of F1s are **able to attend > 50% of the available teaching sessions**, below the regional figure of 67%.	**Protected teaching:** **62.5%** of F1s state that they get **no protected teaching** and 50% report regularly having to leave teaching to answer their bleep. **No** F1s are achieving the target of **3 hours of weekly protected teaching.** It is noted however that just over a third of F1s indicate that they receive 1-2 hours/week of protected teaching.
Senior doctor: **87%** of F1s are aware of whom their senior doctor is for each shift. This is in line with the regional figure of 83%, but remains below the target of 100%.	**Supervisor Feedback:** The **frequency** of feedback remains low with only **12.5%** of F1s **receiving weekly feedback**; well below the recommended target of 100%. It is however noted that just over a third of F1s report receiving feedback at least a few times a month.
Clinical team: 57% 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:** **Only 62.5%** of F1s state they have **access to hot food** out of hours, a drop from the 2020 figure of 100%. **Only 25%** of F1s report having **access to a rest area out of hours** an increase from the 2020 figure of 12.5% although below the regional 2022 figure of 32%. **No F1s** report **access to a rest area post-nights.** A significant fall from the 2020 figure of 62.5%

Causeway Hospital

Practice Improvements	Development Needs
Shadowing: ALL F1s received 2 days shadowing a further improvement on the 2020 figure of 75% RECOMMENDATION MET	**Clinical Duties:** **No F1s** are conducting **routine daily patient reviews,** unchanged from the 2020 figures.
Departmental Induction: ALL F1s received induction to their unit and ALL report departmental induction as good or excellent. 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.
Departmental Induction: It is noted that ALL **F1s** report being **introduced to key members of the team** as part of induction, being given a **walk around the unit**, **familiarised with essential equipment** and being **provided with an orientation to the other clinical areas the F1 was expected to cross cover OOH.**	**Protected teaching:** **100%** of F1s report that they get **no protected** teaching and regularly have to leave teaching to answer their bleep. No F1s are achieving the target of **3 hours of weekly protected teaching.**
Clinical Duties: ALL F1s are participating in **at least 2 ward rounds per week** and are **clerking in at least 2 patients per week,** an increase from the 2020 figure of 50%. RECOMMENDATIONS MET	**Supervisor Feedback:** The **frequency** of feedback remains low with **NO** F1s **receiving weekly feedback**; well below the recommended target of 100%. It is noted that ALL F1s report receiving feedback only once a month or less and **that feedback is reported to be unsupportive**/affecting trainee confidence.
Senior doctor: **100%** of F1s are aware of who their senior doctor is for each shift. RECOMMENDATION MET	**Clinical team:** **No** F1s are **aligned to a clinical team** as opposed to a clinical area, below the regional figure of 50%. It is noted however that ALL F1s report feeling part of the clinical team on their ward.
Local teaching: ALL F1s report that **3 hours/week** of local teaching is provided; a significant improvement from the 2020 survey (0%) and well above the regional figure of 24%. It is also noted that **ALL** F1s report being **able to attend > 50% of the available teaching sessions**.	
Facilities: **100%** of F1s report **access to hot food** out of hours, **access to a rest area out of hours** and **access to a rest area post-nights.** RECOMMENDATIONS MET	

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

Antrim Area Hospital

Rota notification

'Someone dropped out, meaning our rota had to be re-organised. Some people had already organised annual leave, and I don't think this was acceptable'

Induction

'Two reasons it was average. Firstly, none of the F1s knew it was happening so a message had to go round after it had started informing those of us who were in that day to attend. Secondly, it was just a registrar taking it, with none of the admin staff or lead consultant(s) in attendance' (Gen Surgery)
'Wasn't given clear information about how to contact seniors when needing help. On the first day I spent 10 minutes trying to contact ward SHO phone but this was not being carried by anyone. It was unclear to me that I was supposed to phone the "new referrals phone" out of hours' (Gen Surgery)
'Didn't get formal induction' (Gen Surgery)

Workload

'Each task individually was always manageable, just the sheer volume of tasks that fell to the F1 was significant'

'The major issue with out of hours is the lack of staff and the lack of support. There are only 4 medical doctors in AAH for night shifts. I was left as an F1 to cover 300 medical patients. I had 87 jobs in one night. It was definitely excessive. At the weekend there's only 1 F1 for a whole floor meaning they're responsible for chasing the bloods of all the patients on that floor and recording them. There needs to be a change to the system. It cannot go on this way. I am considering a career change'

'We raised concerns about the intensity of our workload on several occasions but little was done to address this except telling us to operate more efficiently. We would frequently have days when there were people off isolating/sick, leaving less than safe staffing (with plenty of notice) and the Trust made no attempt to hire a locum. In fact despite multiple longish absences, the Trust sent an email formally asking for ppl to take locums only once. For example in the first week there were 3/10 F1s off, this was known about in advance and there was no attempt to hire a locum. The day F1s stayed 3.5 hours late. There were days when we had only the minimum safe staffing and F1s were told to cover a reg gap in elective theatre, leaving us effectively less than minimum. It was only on the odd occasion that nurses were able to do their own cannulas/bloods/NG tubes. F1s were expected to do all the ward round jobs as well as all the jobs on the ward like cannulas. There were many days with no phlebotomist requiring F1s to do all the bloods and partake in ward rounds'

'No prescribing pharmacists in surgery majority of time - can't put meds on discharge letters'
'NGT insertions / cannulas were usually not attempted by nursing staff'

'Respiratory overall good quality - mix of F1 level jobs and acting up with supervision. Issues arose when covering other medical specialties in hours - inefficient as not familiar with the ward and not the same culture of support/escalation for practical tasks on particular wards. Unclear systems of which seniors review when, as could waste time reviewing new patients who later get seen; also it felt unsafe for F1s to review in an unfamiliar specialty, which occurred due to staffing levels'

'SHOs taken off ward for PTWR unpredictably, irrespective of staffing level also disruptive to organisation. Majority of jobs are administrative/practical as insufficient senior cover to supervise learning and practising to a higher level.'

Feedback

'Feedback would only be if I asked for it, very seldom did a consultant give constructive feedback. SHOs and Regs however were very good at giving us feedback which was extremely helpful'

Handover

'Hospital wide at 5pm, 9pm and 9am. Doesn't occur in mornings at ward level'

'Handover F1 to F1 only. In the morning you would handover anything from the night relevant to know directly to F1 on that team. In evening you would do the same' (Gen Surgery)

Clinical Team

'Some wards were extremely inefficient in how they ran. On B2, I was expected to go on the ward round reasonably often but also would have "F1 jobs" fobbed off on me by other doctors, while also being expected to do jobs for several patients specifically' (Acute Med)

'Different wards each week usually with one consultant for that week'

'The acute team was a wonderful team to be part of. Extremely welcoming and all seniors were approachable at all times' (Acute Med)

Teaching

'Generally SHO on WR and F1s do jobs'

'Senior doctor-led ward rounds were attended daily with active contribution but very few had any element of teaching in them' (Gen Surgery)

'Any teaching I attended was organised centrally by the TPD except one short tutorial on death certificates organised by the surgery department'

'Often my only break during the day would be teaching - I had to eat my lunch during this period. This was my only break and I was not able to pay attention to what was happening in teaching'

'Regional teaching - Well organised and all areas covered are useful'

Overall opinion

'Respiratory AAH overall very good'

'Whilst it being a very intense placement, I have learnt so much in terms of clinical confidence in assessing patients and numerous practical procedures' (Gen Surgery)

'Very understaffed; Unsupported; No place to rest and regroup thoughts' (Gastroenterology)

'Toxic working environment, frequently felt unsafe with unsafe support, F1s undervalued and always the bottom of the rung that had to deal with things. Frequently worked over 2 hours late especially at weekends. Placement caused most people on the rota considerable personal stress. Some unacceptable working practices such as pulling names out of a hat and forcing people to work extra shifts, F1s carrying the on call surgical registrar phone, leaving surgical teams with no SHO and making F1 pick up the slack' (Gen Surgery)

'OOH helpful training - lots of autonomy but really without any feedback. Assigned to jobs during day means large gap between F1 and 2 in NI'

'I have been told that I was too stressed on out of hours and have not been signed off for this placement. It was said that it was an 'ongoing concern' however nothing was done to intervene for my own well-being during the placement'

F1 suggestions of what would improve their post

More staff /doctors on the rota/ safe staffing - Would allow compulsory breaks to be achieved and more teaching opportunities to be attended

More opportunities to participate in ward rounds

Better access to/ availability of senior doctors

Prescribing pharmacists

A place for F1s to rest

Other members of the healthcare team performing tasks such as cannulation/NGT insertion

Causeway Hospital

Rota Notification
No comments received

Induction
No comments received

Workload
No comments received

Handover
No comments received

Clinical Team
'Only while on the surgical wards'

Teaching
No comments received

Overall opinion
No comments received

F1 suggestions of what would improve their post

Organised consultant led ward rounds on the medical wards

Make nursing team aware that 1-2pm is teaching and only bleep if it's an emergency

Zoom links for teaching - ensure that person leading the teaching knows how to log in and open the zoom link