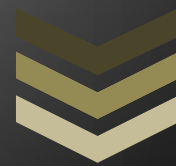
Redefining F1
Progress Update SEHSCT
Re-survey Results: 2020



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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 South Eastern Health and Social Care Trust (SEHSCT). The SEHSCT 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 SEHSCT 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.

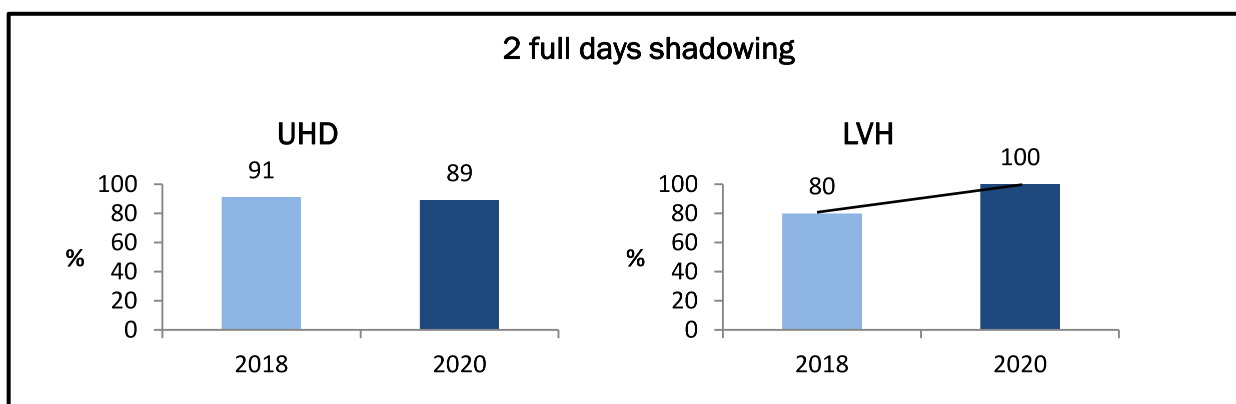
Section 1: Key Recommendations – Progress Update

In the PQ Re-survey of the SEHSCT, 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 Ulster Hospital (UHD) was 58% (18 F1s of which 67% were in a medical post and 33% in a surgical post) and for Lagan Valley Hospital (LVH) 63% (5 F1s of which 100% were in a medical 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.



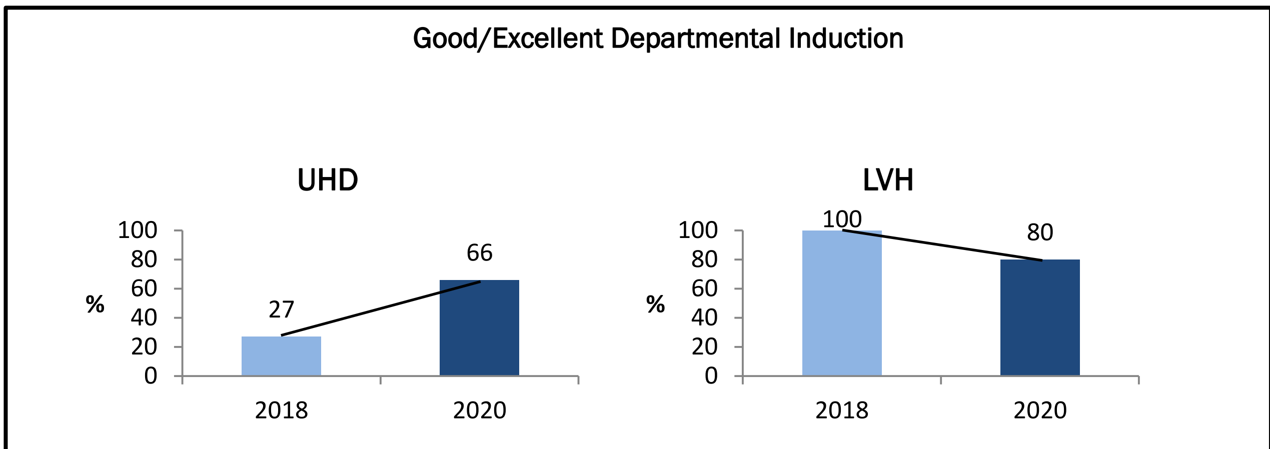
Ward-based shadowing	Northern Ireland Regional Average (2020 Re-survey)	SEHSCT (%) (2020 Re-survey)	UHD		LVH	
			2018 Survey	2020 Re-survey	2018 Survey	2020 Re-survey
2 full days	79	91	91	89	80	100
<2 full days	20	9	9	11	20	0
No shadowing	0	0	0	0	0	0

Recommendation 1: MET in LVH

Recommendation 1: Achieved by majority in UHD

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)	SEHSCT (%) (2020 Re-survey)	UHD		LVH	
			2018 Survey	2020 Re-survey	2018 Survey	2020 Re-survey
Excellent/Very Good	65	70	27	66	100	80
Satisfactory	23	13	36	11	0	20
Poor/ Unsatisfactory	12	17	36	22	0	0

Trainee Comments

"A 'F1 typical day' talk would have been useful." LVH F1

"More practical information would be useful e.g. how to bleep someone etc. – UHD F1"

Recommendation 1: Met in LVH

Recommendation 1: Improvement on the UHD site

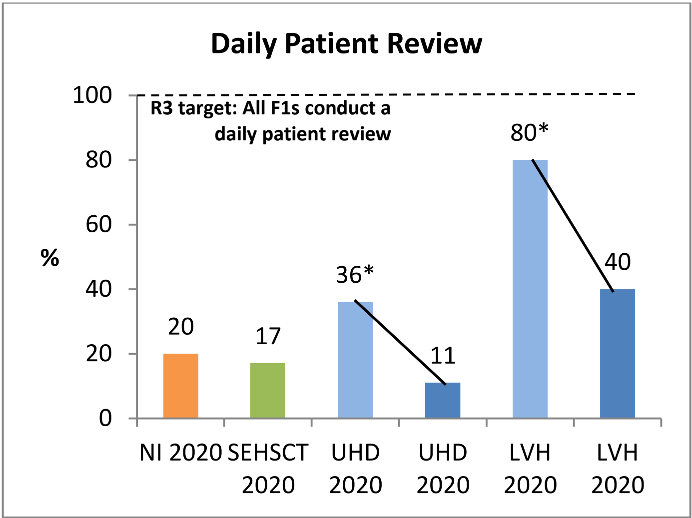
Recommendation 3:

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

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 **UHD** and **LVH** only 11% and 40% of F1s respectively are reviewing one patient per day.

*Figures for 2018 not directly comparable ≈ >10/month



Recommendation 3: NOT MET in SEHSCT

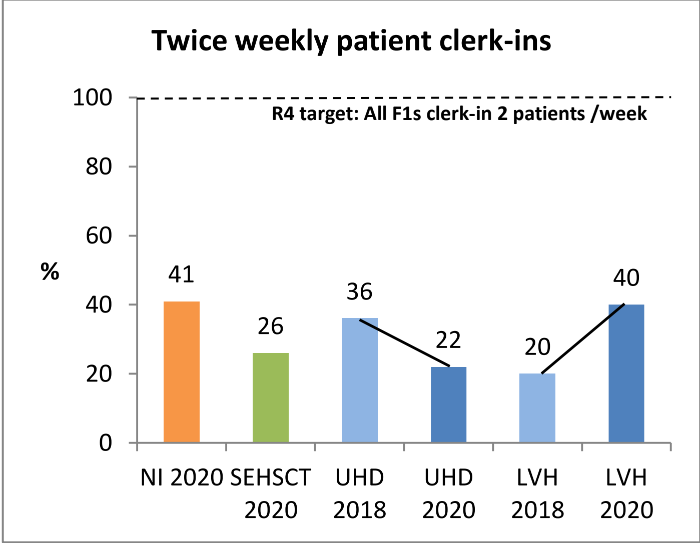
Recommendation 4:

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 **UHD**, the number of F1s clerking-in 2 elective patients/week has fallen (36%→22%) and remains below the regional average of 41%. The number of F1s clerking in NO emergency cases has also increased (27%→67%).

In **LVH** the number of F1s clerking-in 2 elective patients/week has increased (20%→40%). In addition all F1s clerk in at least 1 emergency patient/week and 60% clerk in between 2-5 emergency patients /week.



Recommendation 4: NOT MET in UHD

Recommendation 4: NOT MET in LVH, but improvement noted

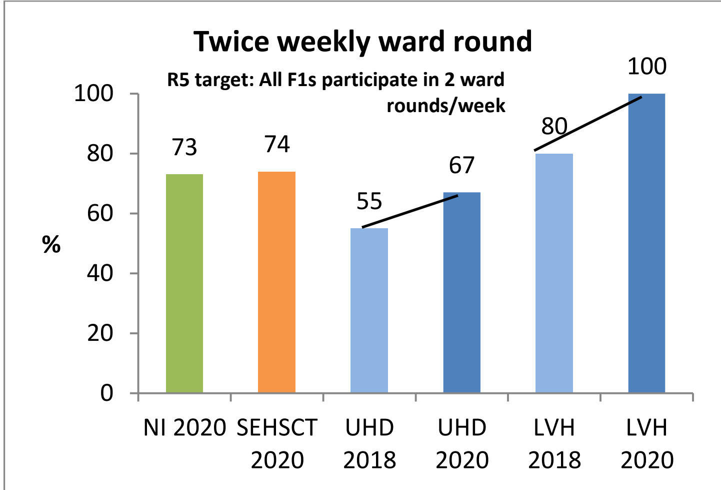
Recommendation 5:

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 **LVH** all F1s are now participating in 2 ward rounds /week

In **UHD** there has been an increase in the number of F1s participating in 2 ward rounds/week (55%→67%), however the number of F1s still attending no ward rounds has also risen (9%→22%).

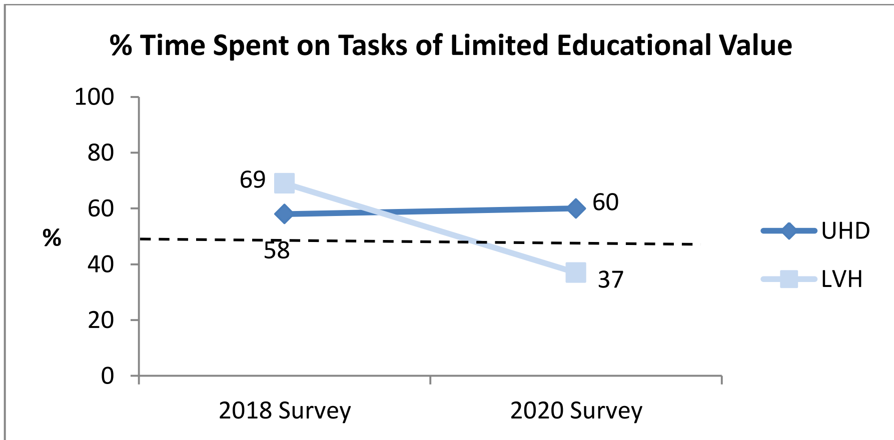


Recommendation 5: NOT MET in UHD

Recommendation 5: MET in LVH

Recommendation 6:

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



Trainee Comments:

"My role was not limited to admin tasks, I got to go on ward rounds every day and review patients regularly." - LVH F1

"Main issue is lack of trained staff to do practical tasks e.g. phelbotomy" – UHD F1"

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.

Progress in addressing Recommendation 6 has varied across the SEHSCT. LVH has achieved a significant reduction in the time spent on tasks of limited educational value (60% →40%) and has met the set target. In contrast, UHD has seen an 11% increase (58% →69%) and remains above the NI regional figure of 60% (2020 Re-survey).

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: MET in LVH

Recommendation 6: NOT MET in UHD

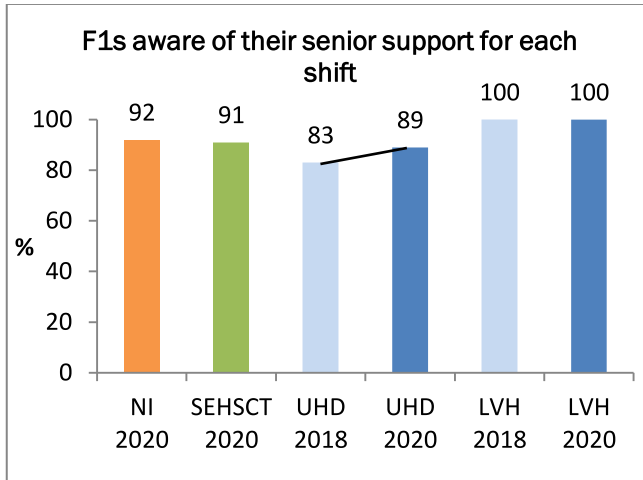
Recommendation 7:

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 SEHSCT (91%) know who the senior doctor is, for advice for each shift.

In **UHD** the figure is 89% and in **LVH** all F1s report being aware of their senior support for each shift.

Improvements have also been seen across NI. (NI regional average 69% →92%)



Recommendation 7: MET in SEHSCT

Recommendation 8:

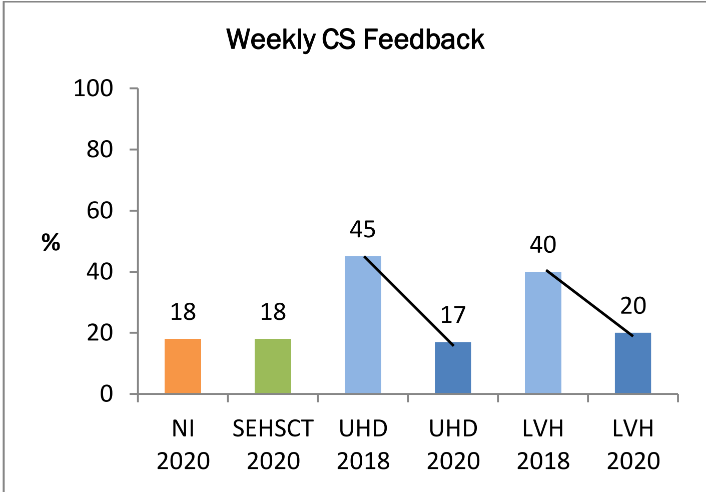
Provide **feedback** to all F1 doctors through their trained clinical supervisors on average on a **weekly** basis

The frequency of CS feedback has decreased in both units, with just 17% of F1s in **UHD** and 20% in **LVH** receiving feedback weekly.

In **UHD** the overall quality of clinical supervision has improved with almost three quarters of F1s now reporting CS as excellent/good (55% → 72%). Regional average 65%.

In **LVH** the quality of CS has remained high with 80% reporting it as excellent/good.

Feedback is essential to developing as an F1 and contributes to feeling like a valued member of the team. More work is required to meet this recommendation.



Quality of CS	UHD		LVH	
	2018 (%)	2020 Resurvey	2018 (%)	2020 Resurvey
Excellent / Good	55	72	80	80
Adequate	27	22	20	20
Poor/ Unsatisfactory	18	6	0	0

Frequency of CS Feedback	UHD		LVH	
	2018 Survey (%)	2020 Re-survey	2018 Survey (%)	2020 Re-survey
Daily or Once/week	45	17	40	20
< Once/week	9	63	40	80
Never	45	22	20	0

Trainee Comments:

"Feedback only twice during my rotation"– LVH F1"

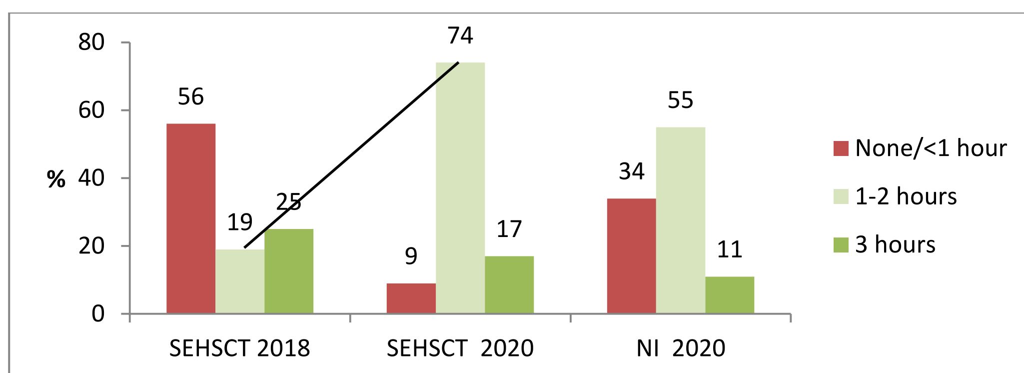
Recommendation 8: <u>NOT</u> MET in SEHSCT

Recommendation 9:

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

Significant progress has been made across the SEHSCT in addressing this recommendation. There has been a large reduction in the number of F1s receiving none or less than 1 hour/week of protected teaching across the Trust (56→9%) and a corresponding improvement in the frequency of protected on-site teaching with 91% of all SEHSCT F1s now receiving at least one hour of protected teaching per week. (Figure 1)

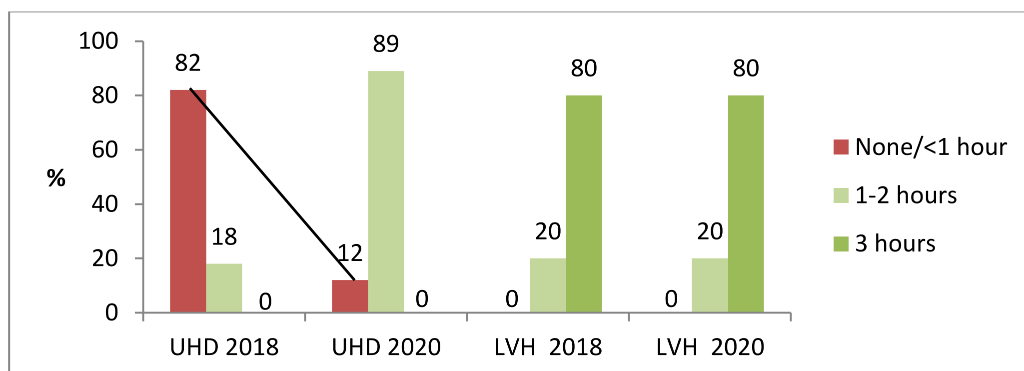
Figure 1: Weekly on-site protected teaching SEHSCT 2018/20



While no F1s in the **UHD** are meeting the target of 3 hours/week of protected teaching, there has been a significant fall in the number of F1s receiving none or less than 1 hour/week of protected teaching (82%→12%) and a corresponding rise in the numbers of F1s receiving at least 1 hour/week of protected teaching (18%→89%).

In **LVH** a high level of protected weekly teaching has been maintained with 80% of F1s receiving the target of 3 hours of weekly on-site protected teaching and all F1s receive at least one hour of protected teaching per week. (Figure 2)

Figure 2: Weekly on-site protected teaching UHD and LVH 2018/20



Recommendation 9: MET in LVH

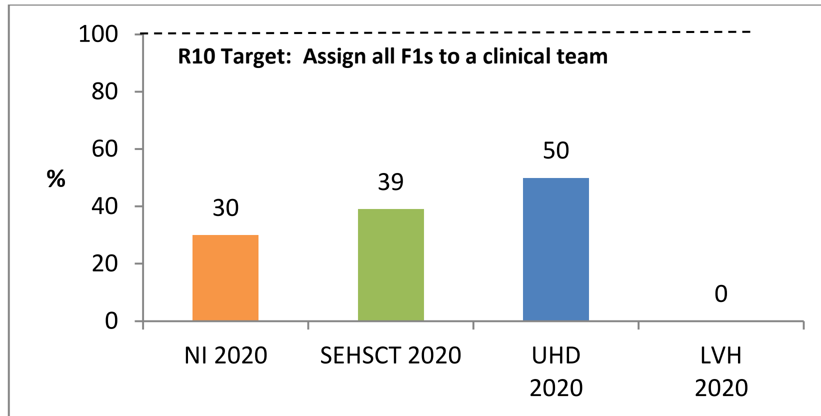
Recommendation 9: Significant improvement on the UHD site

Recommendation 10:

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

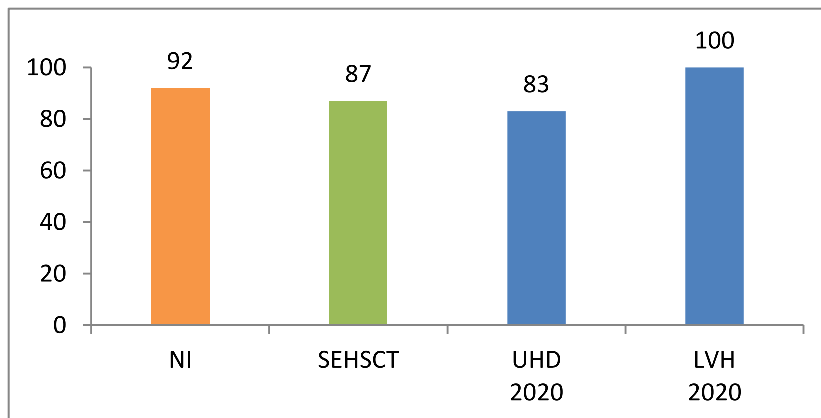
In the re-survey 50% of F1s in UHD reported being assigned to a clinical team with the remainder being ward-based or a combination of both. This was significantly above the regional average (30%). In LVH however no F1s are aligned to a clinical team with the majority (80%) being ward based. (Figure 3)

Figure 3: Assignment to a clinical team SEHSCT



Although not meeting the recommendation that all F1s should be assigned to a clinical team, the majority of F1s in the SEHSCT (87%) 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: NOT MET in SEHSCT

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 SEHSCT progress in addressing the quality of facilities has varied across sites. In the **UHD** the number of F1 doctors reporting access to a rest area OOH has fallen (67%→28%) as has those reporting access to a rest area post-nights (50%→22%). In contrast there has been a significant improvement in access to hot food out of hours (0%→ 61%) although this remains below the regional average of 91%.

All F1s in LVH report access to hot food and a rest area out of hours. Although access to a rest area post-nights has improved (20%), this remains significantly below the regional figure of 91%. (Figures 5 & 6)

Figure 5: Access to Facilities UHD

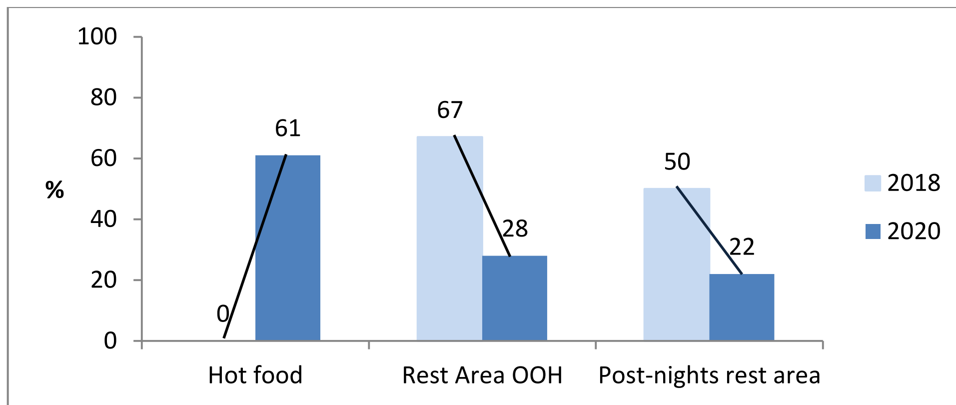
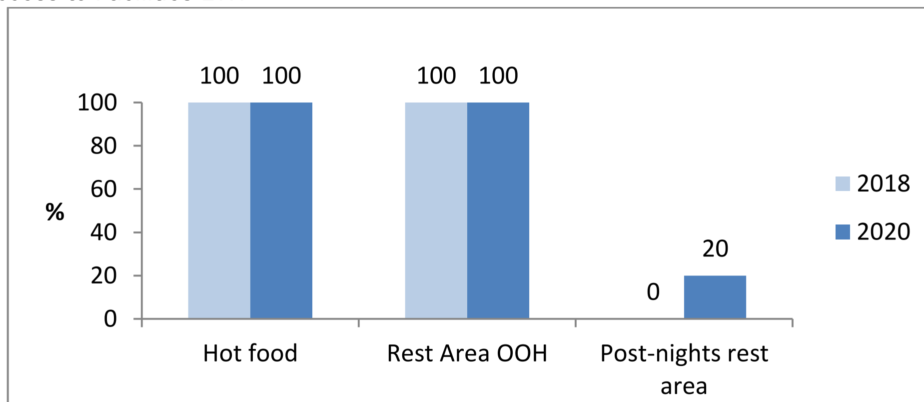


Figure 6: Access to Facilities LVH



Recommendation 11: MET in LVH

Recommendation 11 (Hot Food): Significant improvement on the UHD site

Recommendation 11 (Rest area OOH): NOT MET in UHD

Recommendation 12: NOT MET in SEHSCT

Section 2: Practice Improvements and Development Needs

Ulster Hospital Dundonald

Practice Improvements	Development Needs
Departmental Induction: Significant improvement in number of F1s reporting departmental induction as good or excellent (27% →66%).	**Departmental Induction:** A fifth of F1s continue to report departmental induction as poor/unsatisfactory
Clinical Duties: 67% of F1s participate in at least 2 ward rounds per week.	**Clinical Duties:** **22%** of F1s still attend **no ward rounds.** This is an increase from the 2018 PQ review (9%)
Senior doctor: The majority (89%) of F1s are aware of who their senior doctor is for each shift.	**Clinical Duties:** Only 11% of F1s are reviewing patients on a daily basis and **39%** are conducting **no routine patient reviews,** an increase on the figure from the 2018 PQ review (18%).
Protected teaching: The number of F1s stating they get none or less than 1 hour/week of protected teaching has fallen significantly (82%→12%). This is mirrored by a significant increase in the number of F1s receiving at least 1 hour of **protected teaching** (18%→**89%**).	**Clinical Duties**: The number of F1s conducting at least **2 patient clerk-ins/week** has fallen (36%→22%). This remains significantly below the recommended target of 100%. Two thirds of F1s report clerking in no emergency patients an increase from the 2018 PQ review (27%).
Clinical team: 50% of F1s are **aligned to a clinical team** as opposed to a clinical area, significantly above the regional average (30%). The majority of F1s (83%) feel part of the clinical team on their ward	**Clinical Duties:** F1s state they spend on average **69%** of their time on **tasks of little educational value**. This is higher than the regional average (60%) and the recommended target of below 50%.
Facilities: Significant increase in **access to hot food** out of hours (0→61%) although remains below the regional average (91%)	**Clinical Supervisor Feedback:** The **frequency** of clinical supervisor feedback has decreased since the 2018 PQ review with only 1 in 6 F1s receiving weekly feedback (45%→**17%**). This is significantly lower than the recommended target (100%).
	Facilities: 72% of F1s state they have no **access to a rest area out of hours** and 78% report no access to a **rest area post-nights.**

Lagan Valley Hospital

Practice Improvements	Development Needs
Ward based shadowing: Improvement in number of F1s receiving 2 full days shadowing (80% →**100%**), which is higher than the regional average (79%). RECOMMENDATION MET	**Clinical Duties:** Only **40%** of F1s are **reviewing patients on a daily basis.** Although this is higher than the regional average (20%), it remains well below the recommended target of 100%.
Departmental Induction: **80%** of F1s rate departmental induction as **good or excellent** which is higher than the regional average (65%). All report induction as satisfactory. RECOMMENDATION MET	**Clinical Supervisor feedback:** The **frequency** of clinical supervisor feedback has decreased since the 2018 PQ review with only 1 in 5 F1s receiving weekly feedback. (40%→**20%**)
Clinical Duties: Improvement in the number of F1s **clerking-in patients twice/week** (20→40%). Significant increase in the number of F1s clerking in emergency patients (20→60%).	**Clinical team:** No F1s report being **aligned to a clinical team** as opposed to a clinical area. This is below the regional average of 30%.
Clinical Duties: All F1s are participating in at least 2 ward rounds / week, which is higher than the regional average (100% vs 73%). RECOMMENDATION MET	**Facilities:** Only 80% of F1s state they have no **access to a rest area post-nights.**
Clinical Duties: F1s report spending less than half (37%) of their time on **tasks of limited educational value** – a significant improvement since 2018 (58%) and below the regional average (60%) RECOMMENDATION MET	
Senior doctor: All F1s are aware of who their senior doctor is for each shift. RECOMMENDATION MET	
Protected Teaching: All F1s get at least 1 hour of **protected teaching** and **80%** receive the recommended **3 hours per week.** RECOMMENDATION MET	
Clinical team: All F1s feel part of the clinical team on their ward	
Facilities: All F1s have access to hot food and a rest area out of hours. RECOMMENDATION MET	

Section 3: Summary

There have been clear improvements in the quality of the F1 experience in the SEHSCT since the initial review in 2018, in particular on the LVH site, where 7 of the 12 key recommendations have been met.

UHD Recommendation 7(senior doctor awareness) has been met and improvements have been made in departmental induction, protected teaching and facilities (access to hot food). It is also noted that the areas of ward-based shadowing, alignment to the clinical team and the quality of clinical supervision score above the regional average.
Remaining areas for improvement include: clinical duties (daily patient reviews, clerking-in patients, ward rounds), time spent on tasks of little educational value, frequency of supervisor feedback, facilities (access to a rest area OOH and post-nights) and further access to protected teaching.

LVH rates highly as regards the F1 training experience (Table1).
Recommendations have been met in: ward-based shadowing, departmental induction, ward rounds, reduction in tasks of limited educational value, protected teaching, senior doctor awareness and facilities (hot food and access to a rest area OOH).
Remaining areas for improvement include: clinical duties (daily patient reviews), frequency of clinical supervisor feedback, clinical team alignment and facilities (access to a rest area post-nights).

Table 1: Global Score for placement as a training opportunity

Q/ Please provide a global score for this placement as a training opportunity? (%)	UHD	LVH
Excellent	6	60
Very Good	33	40
Acceptable	44	0
Poor/ Less than satisfactory	17	0
Very poor, serious concerns	0	0
Overall ranking based on this question	9/11	1/11

Workload intensity in LVH is reported as excessive by 60% of F1s at weekends; however a balanced workload has been achieved during the day and at night on this site, a reflection of the success in reducing tasks of limited educational value as reported above (Table 2).
Workload intensity in UHD remains a significant issue, with 61% of F1s during the day and ALL F1s at weekends reporting workload as very intense or excessive. Addressing this issue will be pivotal in achieving further progress in addressing the 12 key recommendations on this site.

Table 2: Workload Intensity SEHSCT

Q/ Please rate the workload in your F1 post? (%)	UHD			LVH		
	Daytime	At night	At weekends	Daytime	At night	At weekends
Too light	0	0	0	0	0	0
Low intensity	0	0	0	0	0	0
Just right intensity	39	56	0	100	100	40
Very intense/excessive	61	44	100	0	0	60

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. Development of strategies to mitigate the high workload intensity on the UHD site remains a key issue.

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

Ulster Hospital

Induction

More practical information would be useful - e.g. how to bleep/answer a bleep'

'Wasn't really a departmental induction as such, just shadowing the outgoing F1 and were told repeatedly this was to count as induction if we were asked for feedback on induction. But no formal introduction to the ward/team/procedures and policies etc.' *Respiratory*

'Departmental induction didn't take place' *COE*

Workload

'One of the main issues is lack of trained staff willing to do practical tasks'
'Nurses won't perform practical tasks because they don't have 'trust training'

'Phlebotomy coverage is abysmal' 'Lots of weekend bloods and cannulas'

'Far too much admin intensity at the weekends and unrealistic expectations from nursing staff not realising how few doctors work each weekend but still asking for 'in hours' routine tasks to be done or not performing practical tasks themselves e.g. ECGs or bloods or giving IV medicines stating that they don't have Trust training'

'Great support from nurses with practical tasks' *Cardiology* √

'Clinical Duties

'Excessive admin, difficult to attend WR' hidden hierarchy between F1 and F2/IMTs- not allowing F1s to take part on WR/patient reviews. Little/no support from nursing staff referring to jobs as 'F1 jobs' – all of these factors contributed to excessive amount of meaningless tasks not related to foundation programme.'

'Not able to get on ward rounds for learning as too many admin tasks'

'Spare part, there for admin tasks only. Not clever enough to review patients in hours but OOH expected to manage acutely unwell patients.'

'I felt more a part of the ward nursing team.'

'Not enough opportunity to clerk in patients or review unwell patients in hours when seniors are directly accessible – always happens OOH'

'In hours: very little patient contact, no involvement in making clinical plans, one daily review in 4 months, no clerk ins.'

Feedback

'Only feedback was from 'SHOs' on the ward'

Clinical Teams

'Spent my entire rotation floating between teams, never with one team longer than a week. It was impossible to ever feel part of a team or even particularly useful.'

Teaching

'There is too much emphasis placed on the value of 'formal 'teaching. Everything I learned about the management of acutely unwell patients I learned on the wards, managing acutely unwell patients. Formal teaching just came to represent time doing work that would have to be made up, unpaid, at the end of the day.'

'Teaching was excellent but trying to attend can be extremely difficult'

'Was unfortunate that my ward teaching was always on the same day and times as F1 teaching which I had to attend as an attendance record was kept but the relevant and quality of that teaching was substantially lower than my ward based teaching that I managed to attend twice.' *Respiratory*

Overall opinion

'Acceptable only due to the practical skills I have learned'

'Not educational/clinical at all. Very different from the F1 standards experienced at medical school in England.'

'F1 year essentially consists of moving from placement to placement, and relearning all the admin systems and protocols that have to be navigated to perform the daily admin tasks that define the F1 role in a manner that is efficient and timely enough to satisfy the whims of senior doctors. How that is supposed to prepare you for the step up in clinical responsibility in the F1 year is not currently clear.'

Lagan Valley Hospital

'Lagan Valley has the perfect balance of manageable workload while remaining challenging enough that F1s are able to learn effectively. My role was not limited to admin tasks, I got to go on ward rounds every day and review patients regularly'.

'Always felt part of the team and actively involved in patient care reviewing and clerking patients'.

'Feedback only twice during my rotation'

'Fantastic teaching – truly bleep free and this is understood by all other staff.'

'Everyone at LVH was very welcoming, and you felt like a valuable part of the team.'

Overall opinion

'Good challenging level of responsibility with equal level of support where needed.'