Redefining F1
Progress Update SEHSCT
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 South Eastern Health and Social Care Trust (SEHSCT) – response rate 35%. 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 SEHSCT 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 SEHSCT

Recommendation	SEHSCT (%) 2021/22	UHD	LVH	REGIONAL
1. Provide all F1 doctors with 2 days of ward based shadowing				
2018 Survey data	85.5	91	80	61
2020 Survey data	91	89	100	79
Resurvey 2021	93	92	100	95
Improving?	↔	↔	↔	↑
2. Deliver formal induction for all F1s at the start of placement				
2018 Survey data				
2020 Survey data				
Resurvey 2021	86	83	100	93
Induction **Satisfactory**				
2018 Survey data	75	64	100	70
2020 Survey data	83	78	100	88
Resurvey 2021	86	83	100	84
Induction **Very good/Good**				
2018 Survey data	50	27	100	50
2020 Survey data	70	66	80	65
Resurvey 2021	57	50	100	62
Improving?	↓	↓	↑	↔
3. Involve F1 doctors in planned patient reviews on a daily basis				
2018 Survey data >10/month	50	36	80	41
2020 Survey data > 5/week	17	11	40	20
Resurvey 2021 > 5/week	14	8	50	19
Improving?	↔	↔	↔	↔
4. Clerking-in of patients at least twice a week				
2018 Survey data*	31	36	20	38
2020 Survey data*	26	22	40	41
Resurvey 2021	36	25	100	50
Improving?	↑	↔	↑↑	↑
5. Active participation on Ward rounds at least 2/week				
2018 Survey data	63	55	80	69
2020 Survey data	74	67	100	73
Resurvey 2021	64	67	50	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	69	58	60	63
2020 Survey data	62	69	44	60
Resurvey 2021	71	75	50	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	91	89	100	92
Resurvey 2021	86	83	100	83
Improving?	↔	↔	↔	↓

SEHSCT F1 Progress Update: 12 Key Recommendations

Recommendation	SEHSCT (%) 2021/22	UHD	LVH	REGIONAL
8. Provide feedback to all F1s through their Clinical Supervisors on a weekly basis				
2018 Survey data	42.5	45	40	30
2020 Survey data	18	17	20	18
Resurvey 2021	36	33	50	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	25	0	80	5
2020 Survey data	17	0	80	11
Resurvey 2021	14	8	50	24
Improving?	↔	↔	↓	↑
Local on-site teaching 1-2 hours/week				
2018 Survey data	19	18	20	15
2020 Survey data	74	89	20	55
Resurvey 2021	86	92	0	68
Improving?	↑	↔		↑
10. Assign F1 doctors to a clinical team as opposed to a clinical area				
2018 Survey data				
2020 Survey data	14	50	0	30
Resurvey 2021	38	42	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	80.5	61	100	91
Resurvey 2021	71	67	100	72
Improving?	↓	↔	↔	↓
11b. Access to a private on call room to rest during OOH shifts				
2018 Survey data*				31
2020 Survey data	64	28	100	55
Resurvey 2021	21	8	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	21	22	100	57
Resurvey 2021	14	8	50	22
Improving?	↔	↓	↓	↓

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

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

Education Areas	SEHSCT	UHD (12 trainees)	LVH (2 trainees)	N.I 2021 Regional
TRUST notification of on-call rota Q.4				
> 4 weeks (Q.4)	29%	17%	100%	44%
2-4 weeks	29%	33%	0%	21%
< 2 weeks	43%	50%	0%	35%
INDUCTION included Q.8				
Introduction to key members of the team	77%	82%	50%	73%
Familiarisation with essential equipment	38%	27%	100%	44%
Walk around/tour of the unit	54%	45%	100%	54%
Handbook/Induction booklet	54%	55%	50%	56%
Orientation to other clinical areas you were expected to cross cover OOH	31%	27%	50%	31%
WORKLOAD Q.11				
Workload (Day-time) Very Intense/Excessive: (Just Right)	57% (36)	67% (33)	0% (50)	60% (35)
Workload (Long Day)	86% (14)	100% (0)	0% (100)	78% (21)
Workload (Night)	79% (14)	92% (8)	0% (50)	71% (25)
Workload (Weekends)	86% (14)	100% (0)	0% (100)	90% (9)
EDUCATIONAL SUPERVISION				
Initial meeting with ES Q.16 – Within 2 weeks/4 weeks	79/21%	75/25%	100/0%	62/29%
Meeting with ES set clear objectives Q.17	100%	100%	100%	99%
Support provided by ES Q.18 – Very good/good (Satisfactory)	100%	100%	100%	93% (7)
Provided adequate clinical experience to be on track to complete F1 year Q.14	100%	100%	100%	94%
FEEDBACK (Quality) Q.22				
Constructive & Supportive/Improved my clinical practice	86%	83%	100%	81%
Unsupportive/Affected my confidence	0%	0%	0%	6%
No feedback provided	14%	17%	0%	13%
CLINICAL ACTIVITIES				
Opportunities to gain experience in following aspects of patients' needs Q.24				
Physical Health	93%	92%	100%	94%
Mental Health/psychological needs	71%	67%	100%	73%
Social Wellbeing	79%	75%	100%	79%

Education Areas	SEHSCT	UHD (9 trainees)	LVH (2 trainees)	N.I 2021 Regional
Opportunities to assess patients in the following clinical settings Q.25				
Acute	86%	92%	50%	94%
Non acute	86%	83%	100%	91%
Community	64%	58%	100%	28%
Felt part of the clinical Team Q.28	86%	83%	100%	91%
LOCAL TEACHING				
No protected teaching (bleep free) Q.30	36%	42%	0%	44%
Attendance at local teaching Q.31 > 50% of sessions (>75% of sessions)	93% (57)	92% (50)	100% (100)	43% (24)
Regularly/always have to leave teaching to answer the bleep Q.32	7%	8%	0%	31%
Monthly attendance at **M&M/Audit/QI** meetings Q.33 - **None**	86%	83%	100%	68%
Monthly attendance at **SIM training** Q.33 – **None** (1-2 sessions per month)	**71%** (29)	**83%** (17)	**0**% (100)	59%
Monthly senior doctor led bedside teaching Q.33 - **None**	71%	75%	50%	82%
F1 teaching adequately addresses curriculum needs Q.34	93%	92%	100%	76%
GLOBAL SCORE FOR PLACEMENT AS A TRAINING OPPORTUNITY Q.39				
Excellent/Good	50% (21/29)	50% (17/33)	50%	56%(19/37)
Acceptable	50%	50%	50%	32%
Placement rated as Less than satisfactory/Poor	0%	0%	0%	12%
HOW WELL WILL YOUR F1 YEAR PREPARE YOU FOR F2? Q.40				
Excellent preparation	21%	25%	0%	22%
Good overall preparation but could be better	50%	50%	50%	44%
Satisfactory	21%	17%	50%	24%
Poorly prepared	7%(1 trainee)	8% (1 trainee)	0%	10%(7 trainees)

Section 3: Summary of F1 Resurvey Feedback

Ulster Hospital

Practice Improvements	Development Needs
Shadowing: 92% of F1s received 2 days shadowing in line with the regional figure of 95% RECOMMENDATION MET	**Clinical Duties:** Only 8% of F1s are reviewing patients on a daily basis and there has been an increase in the number of F1s conducting **no routine patient reviews (58%);** up from the 2020 figure of 39%. In addition only **25%** of F1s are clerking in **at least 2 patients per week.** Both these figures are largely unchanged from the previous survey.
Departmental Induction: 83% of F1s received a departmental induction. reporting it as satisfactory with 50% 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 and only 45% report being given a walk around the unit** as part of induction with only **27%** being **provided with an orientation to the other clinical areas** that they were expected to cross cover OOH.
Clinical Duties: Attendance at ward rounds has been maintained with **67%** of F1s participating in at least **2 ward rounds per week.**	**Tasks of limited educational value:** **75%** of F1s report spending **>50%** of their time on **tasks of limited educational value**. This is above the regional figure and below the target of no more than 50% for all F1 doctors.
Local teaching: **92%** of F1s report that **1-2 hours/week** of local teaching is provided. It is also noted that **92%** of F1s report being **able** to **attend >50% of the available teaching sessions** and 50% >75% of sessions; above the regional figures of 66% and 24% respectively.	**Protected teaching:** There has been a significant increase in the number of F1s stating that they get no protected teaching (42%), up from the 2020 figure of 6%. **0%** of F1s are achieving the target of **3 hours of weekly protected teaching.** It is noted however that only 8% of F1s report regularly having to leave teaching to answer the bleep
Senior doctor: **83%** of F1s are aware of whom their senior doctor is for each shift. This is largely unchanged from the 2020 figure of 89% but remains below the target of 100%.	**Clinical team:** 42% of F1s report being **aligned to a clinical team** as opposed to a clinical area. This is in line with the regional average.
Clinical team: **83%** of F1s report feeling part of the clinical team on their ward.	**Supervisor Feedback:** The **frequency** of feedback remains low with only 33% of F1s **receiving weekly feedback**. Although this is an increase on the 2020 figure of 17% it remains significantly lower than the recommended target of 100%. It is noted that 50% of F1s report receiving feedback only once a month or less.
	Facilities: **Only 67%** of F1s state they have **access to hot food** out of hours and only **8%** report having **access to a rest area out of hours and access to a rest area post-nights.** This is a decrease from the 2020 figures of 28% and 22% respectively and is below the regional average.

Lagan Valley Hospital

Practice Improvements	Development Needs
Ward based shadowing: ALL F1s report receiving 2 full days shadowing RECOMMENDATION MET	Departmental Induction: It is noted that only **50%** of F1s report being **provided with an orientation to the other clinical areas** that they are expected to cross cover OOH.
Departmental Induction: ALL F1s received induction to their unit and report departmental induction as satisfactory with 100% rating it as good or excellent. RECOMMENDATION MET	Clinical Duties: **50%** of **F1s** are conducting **routine daily patient reviews,** above the regional figure of 19% but still **below the target of 100% for all F1 doctors.** Only **50**% of F1s participate in **at least 2 ward rounds per week,** below the regional figure of 82%.
Departmental Induction: It is noted that **100% of F1s** report being given a walk around the unit and being familiarised with essential equipment.	Tasks of limited Educational Value: (TOLEV) **50%** of F1s report spending **>50%** of their time on **tasks of limited educational value** – below the regional figure of 65%but still short of the target. (Limit time on TOLEV to no more than 50% for all F1s)
Clinical Duties: **100%** of F1s are **clerking in 2 patients per week** a significant increase from the 2020 review (40%). RECOMMENDATION MET	Clinical team: **No** F1s are **aligned to a clinical team** as opposed to a clinical area, below the regional figure of 50%.
Senior doctor: **100%** of F1s are aware of who their senior doctor is for each shift. RECOMMENDATION MET	
Clinical team: **ALL** F1s report feeling part of the clinical team on their ward.	Facilities: **50%** of F1s state they have **no access to a rest area post-nights.** Although this is better than the regional figure of 22% it remains below the target of 100%.
Supervisor feedback: **50%** of **F1s** report receiving **weekly feedback**. This is above regional figure of 24% and an increase from the 2020 survey, but remains below the recommended target of 100%. It is also noted that a further **50%** of F1s report receiving **feedback a few times a month**, a rise from 0% in 2020.	
Local teaching: **50%** of F1s report **that 3 hours/week** and **20%** report **1-2 hours/week** of local teaching is being provided. It is also noted that **ALL** F1s report being **able to attend > 75%** of the available **teaching sessions,** well above the regional figure of 24%.	
Protected teaching: **0%** of F1s report that they get no protected teaching and 50% of F1s are achieving the target of **3 hours of weekly protected teaching.** In addition 0% of F1s report regularly having to leave teaching to answer the bleep.	

Facilities: **100%** of F1s report **access to hot food** out of hours and **access to a rest area OOH.** 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

UHD Hospital

Rota notification

'The notice for the rota was inadequate but I knew about the hospital months earlier '

'We were sent the on-call rota less than 24hrs prior to our first day of work. It led to a lot of stress in anticipation of reviving the rota and also a lot of stress for starting a new job that is already very stressful'

'Even up to a week before we weren't sure where we were starting. This was in breach of our contract'

Induction

'Minimal formal induction - most information gathered from previous F1s/SHOs during the shadowing period'

'All members of the team were present so it was an opportunity to familiarise myself with seniors'

'On my first day, my ward was understaffed and myself and the other new F1 were immediately put to work doing ward work with very little introduction. This was by no means the fault of the SHO on duty as he was overwhelmed with his work load, and we were both understanding and aware of clinical priority. After about a week I had supervisor meetings and had more of an induction then about how the ward works'

Workload

'The Ulster hospital is completely understaffed, especially out of hours and especially for doctors. We are put under so much pressure and often out of hours we can't take allowed breaks'

'Particularly in COVID I found myself extremely unsupported by other health care professional such as phlebotomy who refused to help due to some patient on the ward having COVID. We also suffer regular extreme staffing shortages both medical and nursing. Often as an F1 having to cross cover to respiratory wards and having a lack of SHOs or support. I raised this with my supervisors who are the consultants of these wards and they agreed and said this is a known issue. The consultants describe these wards as more of an HDU setting yet the staffing levels do not match this'

'OOH particularly at weekends there are unrealistic expectations put on F1s in terms of work load. Particularly when it comes to weekend discharges plus reviewing sick patients. Other hospitals have an additional individual allocated to discharge scripts at the weekend and some hospitals do not do weekend discharges. Weekends are very stressful and over a 12 hour shift you are lucky to get one 10 minute break'

'In the Ulster there are only 2 Fy1s for the whole hospital for the night shift (and the hospital is extremely busy), There are 3/4 FY1 at weekends (again, totally inadequate). For all the out of hours shifts, there is only 1 SHO available to support us for the whole hospital (the other SHOs are busy in ED)'

'There were so many tasks in my ward like bloods (as phlebs only do some of them), discharges and other tasks, that there was no time to review patients'

Feedback

No comments available

Handover

'Large face to face handover between all medical staff (F1 to reg) in a lecture theatre, starting with medical take patients then running through ward patients' (Gen Med/Rheumatology)

'In a lecture theatre. Organised by hospital at night. Very good' (Cardiology)

'Informally and face to face with other F1s except for handover between long-day and night teams; this is facilitated formally in a lecture theatre between the whole team.' (COE)

'Handover is delivered via WhatsApp and in person' (Gen Surgery/colorectal)

'Whole team formal handover if on the take team takes place every morning in a designated room. Handover sheets are provided with all necessary clinical information. Handover at the end of a shift is on an F1 to F1 basis' (Gen Surgery)

'Task list, verbal handover' (Acute Med)

Clinical Team

'I was treated like I was a valued and respected member of the team'

'Because of the excellent locum SHOs in the team who made every effort to involve us where possible' (COE)

'I felt like a phlebotomist and an admin staff doing the day. OOH I felt like part of the clinical team' (Respiratory/COVID)

'My team was great in that I felt like a part of the team. They knew my name, assigned tasks appropriately and answered questions during ward rounds. I learnt a lot from them. I hope to be like them in future when I'm a consultant. I was also impressed by the way they spoke to medical students. The placement as a whole was marred by staffing issues that plague the NHS in general so work could feel overwhelming out of hours' (Gen Surgery/Colorectal)

Teaching

'I think more ward round based teaching should occur in medicine. It seems to be generally accepted that a medical F1 in the UHD is not expected to be a part of ward rounds due to the high work load of bloods and paper work, but I think this should change as we are missing out on a lot of learning opportunities particularly from senior staff'

Overall opinion

'Very good for learning opportunities in hours and out of hours however in hours depends on which ward you are covering, some better than others at getting you involved in patient care. OOH a lot of the time the work load is so high that you cannot take away good learning opportunities and instead spend the day in constant stress trying to get around and get the jobs done'

'Day hours were often very mundane - mostly taking bloods and doing discharge summaries.
Out of hours was often very intense - suddenly asked to see very unwell patients on your own'

'There is next to no ward based teaching' (Respiratory/COVID)

'I would love to have the ability to participate in more ward rounds as I will be expected to do this as an F2 however I have little to no experience of this at present'

'I feel you are thrown pretty drastically in at the deep end on out of hours, however, this is probably the best way to learn'

F1 suggestions of what would improve their post

'More support for workload, especially OOH' 'More PAs and phlebotomists' 'Phelbotomy cover'

'Less clerical work during normal working day'

'Opportunity to participate more regularly in ward rounds/daily review of [patients'

'Ward based teaching/inclusion in ward rounds'

'More staff on OOH shifts especially at the weekend when the workload is totally unmanageable'

'More feedback on a regular basis'

'An on-call room to rest during OOH or after night shifts'

Lagan Valley Hospital

Rota Notification
No comments received

Induction
'I felt prepared for starting on the ward, and was well prepared for working out of hours also and my role as an F1 was clearly outlined'

Workload
'I feel nurses should be encouraged to do morning bloods as this always falls to the night F1 on wards 1A and 1B which is a lot of work if there are any patients requiring assessment in the morning'

Handover
'Face to face'

Clinical Team
'Rotated around the wards and so clinical team constantly changed'

Teaching
No comments received

Overall opinion
'An amazing first placement, felt extremely well supported and felt I was able to build a good base of clinical skills to prepare me for moving on to the ulster'

'Much of the daytime activities are routine and not very educationally productive. Given the particular hospital much of the patient population is medically fit awaiting social needs (e.g. many of the patients transferred from the Ulster hospital) and whilst these patients may also need medical input (e.g. picking up a hospital acquired infection, new issues developing), I feel too much time is spent away from the acute patients that LVH doesn't get very much off'

'The teaching/clinical team are brilliant and take the time to ensure appropriate clinical activities are undertaken, however I do feel that there just isn't enough "unwell" patients to gain much experience looking after acutely unwell patients, at least not enough that I have seen in the 4 month placement'

'I feel I could use more preparation in clerking in acutely unwell patients however I am aware that due to the patient cohort in Lagan valley this was more unlikely during this placement'

F1 suggestions of what would improve their post

'Bedside teaching with senior doctors'

'It would be good if F1 teaching and micro WR weren't both on a Tuesday as it makes the day quite busy'