2023/24

# Redefining F1 PQ Update SEHSCT Survey Results: 2023/24

RESURVEY RESULTS 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 (SEHSCT) – response rate 39% (Regional 52%). This provides evidence of the progress made against the updated 8 key recommendations. The SEHSCT 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 SEHSCT

| Recommendation | SEHSCT (%) | UHD | LVH | REGIONAL |
|---|---|---|---|---|
| **PREPARE** | | | | |
| **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 |
| Resurvey 2023/24 | 100 | 100 | 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 | 93 | 100 | 93 |
| Resurvey 2023/24 | 83 | 77 | 100 | 92 |
| Improving? | ↓ | ↓ | ↔ | ↓ |
| Induction at least **Satisfactory** | | | | |
| 2018 Survey data | 75 | 64 | 100 | 70 |
| 2020 Survey data | 83 | 78 | 100 | 88 |
| Resurvey 2021 | 86 | 83 | 100 | 84 |
| Resurvey 2023/24 | 82 | 86 | 100 | 80 |
| Improving? | ↔ | ↔ | ↔ | ↓ |
| Induction **Very good/Good** | | | | |
| 2018 Survey data | 50 | 27 | 100 | 50 |
| 2020 Survey data | 70 | 66 | 80 | 65 |
| Resurvey 2021 | 57 | 50 | 100 | 62 |
| Resurvey 2023/24 | 47 | 39 | 75 | 51 |
| Improving? | ↓ | ↓ | ↓ | ↓ |
| **ENGAGE** | | | | |
| **3a. Involve F1 doctors in planned patient reviews on a DAILY basis** | | | | |
| 2020 Survey data > 5/week | 22 | 25 | 14 | 20 |
| Resurvey 2021 > 5/week | 22 | 14 | 50 | 19 |
| Resurvey 2023/24 > 5/week | 22 | 30 | 0 | 21 |
| Improving? | ↔ | ↑ | ↓↓ | ↔ |
| **3b. Active participation on DAILY Ward rounds** | | | | |
| 2018 Survey data * *(at least 2/week) | 63 | 55 | 80 | 69 |
| 2020 Survey data* | 74 | 67 | 100 | 73 |
| Resurvey 2021* | 64 | 67 | 50 | 82 |
| Resurvey 2023/24 (>2/week) | 44 | 50 | 25 | 61 |
| Improving? | ↓ | ↓ | ↓ | ↓ |
| **4. 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 |
| Resurvey 2023/24 | 44 | 50 | 25 | 40 |
| Improving? | ↑ | ↑ | ↑ | ↓ |

| Recommendation | SEHSCT (%) 2021/22 | UHD | LVH | REGIONAL |
|---|---|---|---|---|
| **SUPPORT** | | | | |
| **5. Trained Supervisors to provide feedback to all F1s on a regular basis** | | | | |
| 2018 Survey data (weekly) | 42.5 | 45 | 40 | 30 |
| 2020 Survey data (weekly) | 18 | 17 | 20 | 18 |
| Resurvey 2021(weekly) | 36 | 33 | 50 | 24 |
| Resurvey 2023/24 | 24 | 23 | 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 | 91 | 89 | 100 | 92 |
| Resurvey 2021 | 86 | 83 | 100 | 83 |
| Resurvey 2023/24 | 82 | 77 | 100 | 87 |
| Improving? | ↓ | ↓ | ↔ | ↑ |
| **EDUCATE** | | | | |
| **7. Provide all F1s a minimum of 2 hours/week of PROTECTED (bleep free) teaching** | | | | |
| 2018 Survey data* (1-3hrs) | 44 | 18 | 100 | 20 |
| 2020 Survey data | 91 | 89 | 100 | 66 |
| Resurvey 2021 | 43 | 42 | 50 | 40 |
| Resurvey 2023/24 (1-2hrs) | 56 | 58 | 67 | 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** | 29 | 25 | 50 | 35 |
| Resurvey 2023/24 | 18 | 15 | 25 | 36 |
| Improving? | ↓ | ↓ | ↓ | ↔ |

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

# F1 Wellbeing Recommendations

| Other Recommendations | SEHSCT (%) | UHD | LVH | REGIONAL |
|---|---|---|---|---|
| **WELLBEING**<br>**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 | 80.5 | 61 | 100 | 91 |
| Resurvey 2021 | 71 | 67 | 100 | 72 |
| Resurvey 2023/24 | 60 | 50 | 100 | 60 |
| Improving? | ↓ | ↓ | ↔ | ↓ |
| Access to a private on call room to rest during OOH shifts | | | | |
| 2020 Survey data | 64 | 28 | 100 | 55 |
| Resurvey 2021 | 21 | 8 | 100 | 32 |
| Resurvey 2023/24 | 20 | 0 | 100 | 27 |
| Improving? | ↓ | ↓ | ↔ | ↓ |
| Provide rooms where F1 doctors can rest after a night shift before travelling home | | | | |
| 2020 Survey data | 21 | 22 | 20 | 57 |
| Resurvey 2021 | 14 | 8 | 50 | 22 |
| Resurvey 2023/24 | 7 | 0 | 33 | 33 |
| Improving? | ↓ | ↓ | ↓ | ↑ |

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

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

| **Education Areas: SEHSCT** | **UHD** | **LVH** | N.I 2023 Regional |
|---|---|---|---|
| TRUST notification of on-call rota > 4 weeks (Q.4) | 43 | 100 | 43 |
| INDUCTION | | | |
| UNIT Induction at least satisfactory: (Q.6) (Very Good/Good)<br>UHD 23% (Poor/Very Poor) | 77 (38) | 100 (75) | 80 (50) |
| UNIT induction face to face/ hybrid (Q.7): UHD 23% No Induction | 77/0 | 100/0 | 71/19 |
| UNIT induction included introduction to team: (Q.8) | 69 | 75 | 70 |
| UNIT induction included a walk around unit/ department: (Q.8) | 46 | 100 | 65 |
| UNIT induction included familiarisation with equipment and practical aspects of the job: (Q.8) | 54 | 50 | 50 |
| UNIT induction included orientation to other clinical areas cross covered OOH: (Q.8) | 31 | 50 | 30 |
| Shadowing prior to starting F1 post: at least 2 full days (Q.9) | 100 | 100 | 93 |
| Induction adequate preparation for work as an F1: (Q.11) | 54 | 50 | 55 |
| WORKLOAD | | | |
| Workload (Day-time): (Q.12) - Very Intense/Excessive | 63 | 25 | 57 |
| Workload (Evening)- Very Intense/Excessive | 92 | 50 | 80 |
| Workload (Nightshift) – Very Intense/Excessive | 62 | 0 | 71 |
| Workload (Weekends) – Very Intense/Excessive | 100 | 75 | 96 |
| >50% of time spent on task of limited educational value: (Q.14) | 85 | 75 | 64 |
| Placement provided adequate clinical experience to be on track to complete F1 year satisfactorily: (Q.15) | 77 | 100 | 84 |
| EDUCATIONAL & CLINICAL SUPERVISION | | | |
| Informed who ES was in a timely manner: (Q.16) within 2 weeks of starting | 92 | 100 | 97 |
| Initial meeting with ES – within the first month: (Q.17) | 85 | 100 | 94 |
| Educational Supervision - Satisfactory (Q.19) of which (Very Good/Good) | 100 (62) | 100 (100) | 99 (85) |
| Clinical Supervision (Day time) – Satisfactory (Q.20) of which (Very Good/Good) | 93 (85) | 100 (100) | 90 (68) |
| Clinical Supervision (Evening) – Satisfactory (Q.20) of which (Very Good/Good) | 77 (23) | 100 (25) | 67(34) |
| Clinical Supervision (Night time) – Satisfactory (Q.20) of which (Very Good/Good) | 78 (39) | 100 (25) | 68 (40) |
| Clinical Supervision (Weekends) – Satisfactory (Q.20) of which (Very Good/Good) | 62 (23) | 75 (25) | 59 (27) |
| Aware of senior doctor and how to contact them for each shift: (Q.21) | 77 | 100 | 87 |

| **Education Areas: SEHSCT** | **UHD** | **LVH** | N.I 2023 Regional |
|---|---|---|---|
| FEEDBACK & HANDOVER | | | |
| Feedback on performance:(Q.22): At least a few times a month | 54 | 50 | 62 |
| Feedback: Once a month or less / Never | 38/ 8 | 50/ 0 | 30/ 8 |
| Quality of feedback (Constructive and supportive): (Q.23) | 77 | 75 | 80 |
| Routinely participated in handover at start of DAY shift/NIGHT Shift: (Q.27/28) | 25/75 | 50/50 | 57/84 |
| LOCAL TEACHING | | | |
| Amount of Local teaching provided (Q.32): At least 1-2 hours per week | 100 | 67 | 79 |
| Amount of Local teaching provided (Q.32): < 1 hour/week/ None | 0/ 0 | 0/ 33 | 18/ 3 |
| Protected local teaching (Q.33): At least 1- 2 hrs/week) | 58 | 67 | 41 |
| Protected local teaching: Less than 1 hr/week | 42 | 33 | 59 |
| Had to leave teaching session to answer bleep (Always/regularly): (Q.35) | 25 | 67 | 42 |
| Able to attend >50% of local teaching session: (Q.34) | 58 | 67 | 76 |
| F1 teaching adequately addressed curriculum needs: (Q.37) | 75 | 67 | 61 |
| Opportunity to assess patients in the Community setting: (Q.26) | 33 | 25 | 32 |
| WELLBEING | | | |
| Dedicated doctors' mess area to take rest breaks: (Q.39) | 17 | 100 | 36 |
| Access to a fridge/freezer/microwave and hot food OOH: (Q.40) | 50 | 100 | 60 |
| Private on-call room to rest during OOH shifts: (Q.41) | 0 | 100 | 27 |
| Access to room to rest after night shift before travelling; (Q.42) | 0 | 33 | 33 |
| GLOBAL SCORE FOR PLACEMENT AS A TRAININGOPPORTU ITY | | | |
| Global Score for placement as a training opportunity: (Q.43) Acceptable/Excellent or Very Good | 25/58 | 0/100 | 34/47 |
| CLINICAL TEAMS | | | |
| Assigned to a clinical team with a named consultant(s) leading the team: (Q.30) | 50 | 25 | 40 |
| Felt part of the clinical team: (Q.31) | 92 | 100 | 82 |
| Feel valued in this post: (Q.44) | 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 | 67 | 67 | 62 |
| How well do you feel your F1 Year will prepare you for F2: (Q.45) – Satisfactory | 8 | 33 | 24 |
| How well do you feel your F1 Year will prepare you for F2: (Q.45) – Poorly prepared | 25 | 0 | 14 |

**CLINICAL ACTIVITIES**

ACCESS to TRAINING OPPORTUNITIES:

| **ACCESS to Training Opportunities** Clinical Activities per week | SEHSCT: **UHD** | | | |
|---|---|---|---|---|
| | None | 1-2 | 3-5 | >5 |
| Ward Rounds | 33 | 17 | 8 | 42 |
| Presented patients on Ward rounds | 67 | 8 | 8 | 17 |
| Clerked in patients (Emergency or elective) | 75 | 25 | 0 | 0 |
| Reviewed a patient (planned, daily routine review) | 50 | 33 | 8 | 8 |
| Reviewed a patient (as an emergency) | 0 | 25 | 33 | 42 |

| **ACCESS to Training Opportunities** Clinical Activities per week | SEHSCT: **LVH** | | | |
|---|---|---|---|---|
| | None | 1-2 | 3-5 | >5 |
| Ward Rounds | 50 | 25 | 25 | 0 |
| Presented patients on Ward rounds | 75 | 5 | 0 | 0 |
| Clerked in patients (Emergency or elective) | 50 | 50 | 0 | 0 |
| Reviewed a patient (planned, daily routine review) | 0 | 0 | 100 | 0 |
| Reviewed a patient (as an emergency) | 0 | 25 | 25 | 50 |

| **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 | UHD | LVH | NI Regional |
|---|---|---|---|
| Physical Health | 100 | 100 | 97 |
| Mental health/psychological needs | 50 | 100 | 68 |
| Social wellbeing | 50 | 100 | 72 |

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

| OPPORTUNITY to assess patients in following clinical settings | UHD | LVH | NI Regional |
|---|---|---|---|
| Acute | 92 | 100 | 92 |
| Non-Acute | 83 | 100 | 90 |
| Community | 33 | 25 | 32 |

**ACCESS to TEACHING ACTIVITIES**

| **ACCESS to Teaching activities per month** | SEHSCT: **UHD** | | | |
|---|---|---|---|---|
| | None | 1-2 | 3-5 | >5 |
| Formal teaching sessions **presented by trainees** on a curriculum-based topic; **Senior doctor present** | 0 | 67 | 33 | 0 |
| Formal teaching sessions **presented by trainees** on a curriculum-based topic; **Senior doctor NOT present** | 42 | 25 | 25 | 8 |
| Formal teaching sessions **presented by senior doctors** | 8 | 42 | 42 | 8 |
| Clinical governance/QI/M&M/Audit meetings | 58 | 42 | 0 | 0 |
| Simulation based training | 92 | 0 | 8 | 0 |
| Senior doctor led bedside teaching | 25 | 8 | 33 | 33 |
| Senior doctor led ward rounds | 25 | 8 | 33 | 33 |

| **ACCESS to Teaching activities per month** | SEHSCT: **LVH** | | | |
|---|---|---|---|---|
| | None | 1-2 | 3-5 | >5 |
| Formal teaching sessions **presented by trainees** on a curriculum-based topic; **Senior doctor present** | 33 | 0 | 67 | 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** | 100 | 0 | 0 | 0 |
| Clinical governance/QI/M&M/Audit meetings | 67 | 33 | 0 | 0 |
| Simulation based training | 33 | 67 | 0 | 0 |
| Senior doctor led bedside teaching | 67 | 33 | 0 | 0 |
| Senior doctor led ward rounds | 0 | 33 | 33 | 33 |

| **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

UHD

"Trust provided rota with extremely little notice. This negatively impacts my personal life and wellbeing as I cannot plan personal events and holidays in advance."

"I am married to a teacher and therefore we have limited availability for holiday breaks or time off together. This left me struggling to take my annual leave at appropriate times"

## INDUCTION

UHD

"I started on nights and was asked to simply read a document as my departmental induction. I was not introduced to key members of the team. I was not taken to view the wards I would cover. No alternative preparations were made to accommodate commencing F1 on night shift."

"Didn't have a departmental induction"

"Very much left to the previous F1 to show us how the ward functions "

"It was a good mix of talks and clinical experience
It was also a nice opportunity to meet the other F1s
May have been useful to include more information particularly about discharge letter writing"

LVH

"Would be helpful to go through how to refer to specialities on discharge"

## SHADOWING

UHD

"Really good to get experience shadowing an F1 to see what you day-day jobs are like, as well as getting used to the computer systems"

## WORKLOAD

UHD

"During the week 9-5: practical tasks and discharges can make the work very intense. Bloods can number up to 17-20 some days. Little to no assistance from phlebotomy and none from other staff including nursing and auxiliary. Pharmacy deadlines for blister packs and nursing home deadlines for return patients are difficult with only 1 hour after the MDT meeting to complete multiple discharges of this type. "

"Out of hours weekend: the UHD has a task list which is impossible to manage in the context of back to back sick patients and multiple discharges. Being requested to undertake tasks from weekend review team including bloods when there are only two F1 doctors covering the entire building. No breaks in a 12-hour shift. Expected to stay an extra 30-40 minutes for handover."

"Long-day weekends have excessive workload with many discharges as well as being bleeped constantly about different tasks that need done on wards, and if they are staff shortages which there are many weekends you get called to see very sick patients which takes you away from your usual F1 tasks - you can then get calls from staff who are annoyed that these tasks aren't done in a timely manner"

"Often stay late and never get breaks. Trust has failed to provide rota monitoring feedback despite being filling in over two months ago."

## FEEDBACK

UHD

"I usually received feedback via e-Portfolio CBD and Mini-CEX requests from senior clinicians who kindly took time to complete e-Portfolio feedback requests. On two occasions, I received verbal feedback after an out-of-hours period for which I was extremely grateful. "

## HANDOVER

UHD

"No handover at the beginnings of the shift unless your team was the team on take admitting the new patients. When we were on take we participated in handover."

"Not invited to and when went on own accord felt it was a toxic environment. Only discussed new admissions"

"No official handover" "Informal between F1s"

"Day - ward meeting at 9am and 2pm. Night - hospital at night lead handover and everyone contributes what needs handed over"

LVH

"No routine morning handover"

"Delivered by discussing new admissions that have been clerked in then onto each ward in turn"

## TEACHING

UHD

"I noted that the Advanced Nurse Practitioner trainees were allocated a consultant supervisor, were included on the ward round, were allowed to review patients independently outside of the consultant ward round, undertook referrals to other specialties, had medical discussions with families and presented patients at the MDT. I was asked to order the scans they felt appropriate for a patient from these ward rounds, prescribe drugs they felt patients needed and check drug charts that they had rewritten."

"PAs are often prioritised to attend clinics and perform skills on ward 6A haematology. Left with a very poor experience, feeling very demotivated."

LVH

"Senior would answer any bleeps - instructing it was protected teaching time and asking if they could help."

"In Lagan Valley there was protected teaching time on Wednesday morning for F1s and SHOs which I attended every week if I was in work, however the F1 specific teaching didn't happen very often. Some sessions were meant to be delivered in LVH but this only happened twice in 4 months. Some sessions were cancelled at short notice. The other weeks we were meant to join via zoom to the Ulster F1 teaching however, I only got to attend this once in the rotation as it wasn't easy to leave the ward at 4pm to attend and it wouldn't have been protected teaching time either"

## TRAINING OPPORTUNITIES

UHD

"Minimal inclusion in ward round subsequently not involved in undertaking ward round tasks. No experience managing stable sick patients. Inability to learn about the pillars of care of elderly management because too just taking bloods and doing discharges. Minimal experience interacting with families and patients."

"Very supportive staff and included in ward rounds, encouraged to take responsibility for own patients"

"Out of hours is good preparation for managing sick and deteriorating patients.
In order to prepare for F2 I should be included in the ward round. Due to the number of bloods, cannulas

and discharges I can never make it onto the ward round. Subsequently, I don't have the opportunity to undertake the ward round tasks and manage stable but sick patients holistically."

LVH

"It would be helpful to participate in daily reviews and clerking to prepare for F2"

## OTHER COMMENTS

UHD

"On specific wards (not all) you are often seen as a job monkey and a blood monkey. You are often not treated with respect. You are ordered as opposed to asked to complete a task. There is often an 'us' vs 'them' mentality between nursing staff and F1 medical staff. I have struggled to understand it and think it isn't beneficial for the patient who should ultimately be prioritised. "

"I felt part of the team in that my department is very inclusive and has a good culture with strong and approachable SHO, Specialty, Registrar and Consultant doctors. However, being relegated to only undertaking bloods and discharges meant that overall, I was not part of the clinical team. One consultant took an active interest in including the F1 doctors in reviewing new patients and the teaching undertaken at that time was superb. However, on ward in particular, I wasn't even allocated bloods and discharge tasks and was essentially a medical student."

"The Specialty Doctor and Registrar team are next to none in COE. They always provided feedback when I asked, they supported me in the OOH setting and one of the speciality doctors took a very active role in trying to improve the placement for the next cohort of F1s.
My consultant - took an active role in trying to include F1s in reviewing new patients and undertook teaching whilst doing so. However, because we rotated between wards these opportunities occurred very seldomly."

LVH

"Great support from seniors. Very hands on - F1 responds to all acutely unwell patients. Paired with an SHO permanently. No excessive work load. Positive atmosphere. Emphasis on attaining breaks. Dedicated doctor's room"

## SUGGESTIONS FOR IMPROVEMENT

UHD

"Inclusion in ward rounds" "Bedside teaching"

"All F1 doctors to be allowed on ward rounds rather than doing mundane tasks"

"More ward-based specialty teaching from senior doctors"

"F1 specific induction for surgery/orthopaedics" "Better formal induction to the unit"

"Less administrative burden"

"More support during weekend shifts"

"Educate staff, that despite F1s being junior members of the team we still need to be respected for our contribution to the care of patients. We are not secretaries with phlebotomy duties!"

LVH

"Participate in daily reviews"

"More ward round exposure for F1s"

"More opportunities to clerk in and review patients"

"Rotating around the wards less frequently, having at least a full week in one place"

"Address PAs getting prioritised for opportunities over doctors in training"

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% |