Redefining F1
Progress Update SHSCT
Re-survey Results: 2020

July 2020

Report Complied by Dr G.V. Blayney & Dr S.A. Phillips

Review Members

Dr Sally Anne Phillips (Associate Dean for Placement Quality, NIMDTA)

Dr Gillian Blayney (ST6 O&G, ADEPT Clinical Leadership Fellow Placement Quality 2018/20, NIMDTA)

Mrs Gillian Carlisle (Quality & Revalidation Manager, NIMDTA)

Dr Lorraine Parks (Director of N.I. Foundation School, NIMDTA)

Professor Keith Gardiner (Postgraduate Medical Dean and Chief Executive, NIMDTA)

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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 Southern Health and Social Care Trust (SHSCT). The SHSCT 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 SHSCT 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.

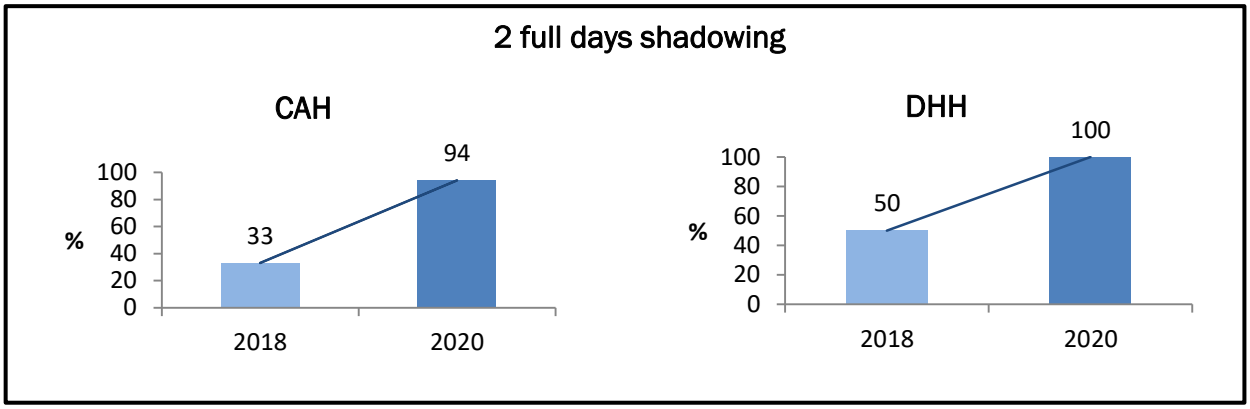
Section 1: Key Recommendations – Progress Update

In the PQ Re-survey of the SHSCT, 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 Craigavon Area Hospital (CAH) was 83% (19 F1s of which 53% were in a medical post and 47% in a surgical post) and for Daisy Hill Hospital (DHH) 44% (4 F1s of which 50% were in a medical post and 50% in a surgical 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.

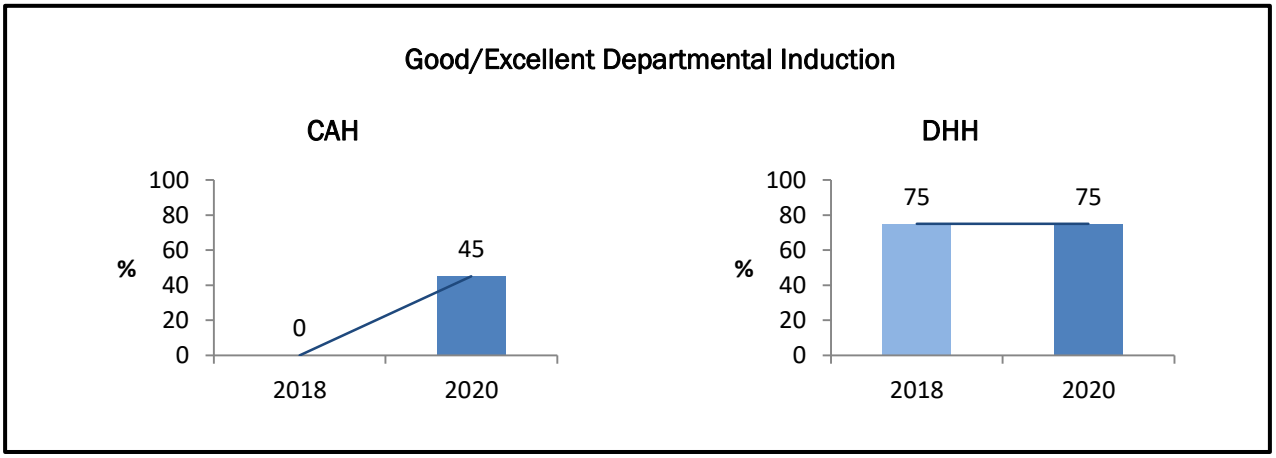


Ward-based shadowing	Northern Ireland Regional Average (2020 Re-survey)	SHSCT (%) (2020 Re-survey)	CAH		DHH	
			2018 Survey	2020 Re-survey	2018 Survey	2020 Re-survey
2 full days	79	95	33	94	50	100
<2 full days	20	5	60	6	50	0
No shadowing	0	0	7	0	0	0

Recommendation 1: Achieved in the SHSCT

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)	SHSCT (%) (2020 Re-survey)	CAH		DHH	
			2018 Survey	2020 Re-survey	2018 Survey	2020 Re-survey
Excellent/Very Good	65	50	0	45	75	75
Satisfactory	23	41	0	44	25	25
Poor/ Unsatisfactory	12	9	100	11	0	0

Trainee Comments

"2N Induction was great - introductions, what was expected etc."

"1S gastro – No induction at all – CAH F1"

Recommendation 1: Met in DHH

Recommendation 1: Significant improvement on the CAH site

Recommendation 3:

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

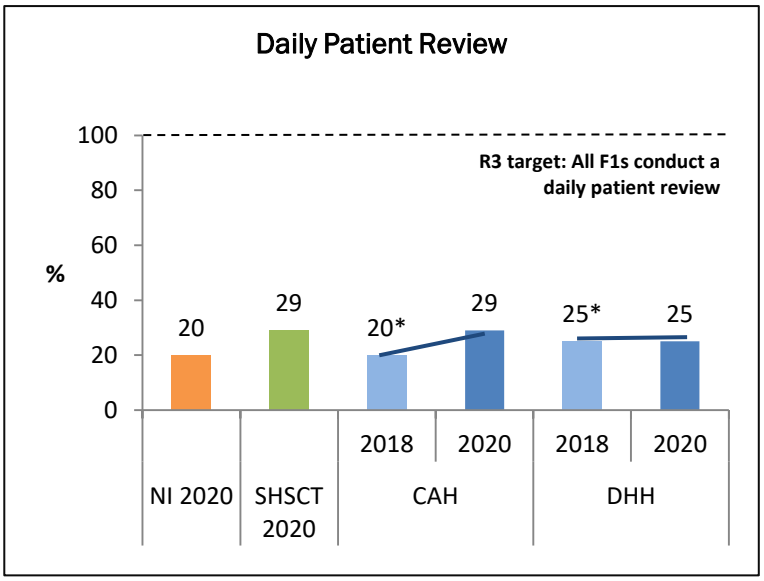
Reviewing patients on a daily basis is essential to developing the skill of managing patients with complex medical needs and progressing to more independent practice in F2 and beyond. This recommendation is an essential component of any F1 post in NI.

In **CAH** and **DHH** only 29% and 25% of F1s respectively are reviewing one patient per day.

In **CAH** 18% of F1s are conducting NO daily patient reviews.

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

Recommendation 3: NOT MET in SHSCT



Recommendation 4:

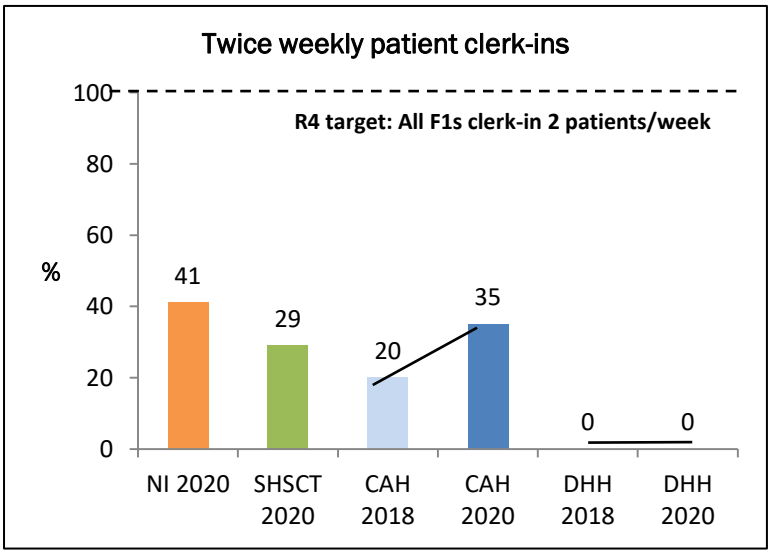
Necessitate the participation of F1 doctors in the **clerking-in of patients** on average at least twice a week

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.

The number of F1s conducting NO clerk-ins has fallen in both units (CAH 33% →18%; DHH 75% → 50%).

In **CAH**, the number of F1s clerking-in 2 patients/week has increased (20%→35%) but remains below the regional average of 41%.

In **DHH** NO F1s are clerking in the minimum of 2 patients/week.



Recommendation 4: NOT MET in SHSCT

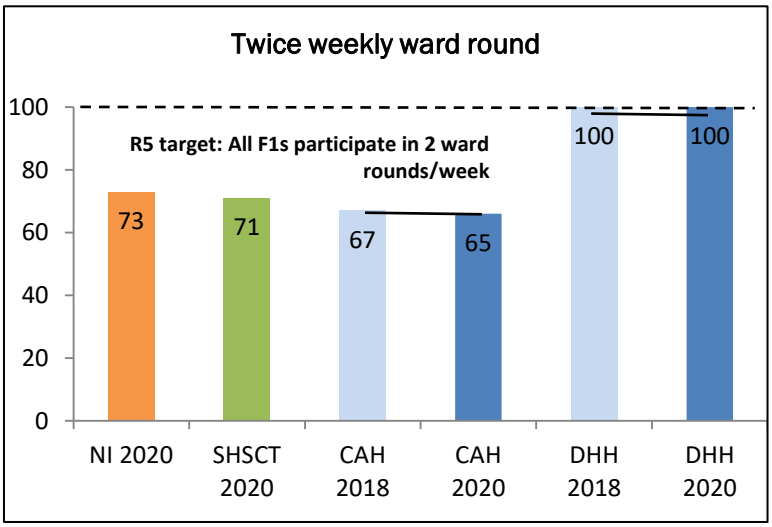
Recommendation 5:

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 **DHH** all F1s are participating in 2 ward rounds/week

In **CAH** there has been no improvement in the number of F1s participating in ward rounds with 12% of F1s still attending no ward rounds.

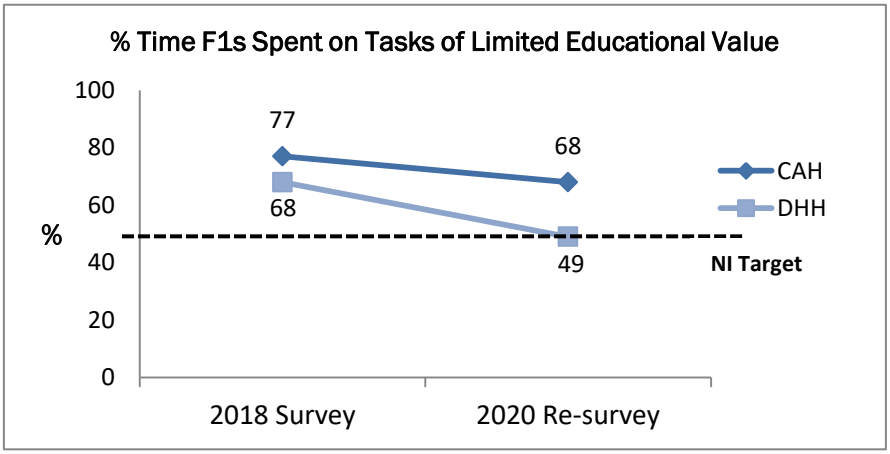


Recommendation 5: MET in DHH

Recommendation 5: NOT MET in CAH

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:

"Mundane, unsatisfying tasks. Only involved in clinical tasks OOH when understaffed."

"Too many administrative tasks

– CAH 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.

There has been a clear improvement in Recommendation 6 across the SHSCT. DHH has achieved a significant reduction in the time spent on tasks of limited educational value (68% →49%) and has met the set target. CAH has seen a 9% improvement (77% →68%), but 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 DHH

Recommendation 6: NOT MET in CAH

Recommendation 7:

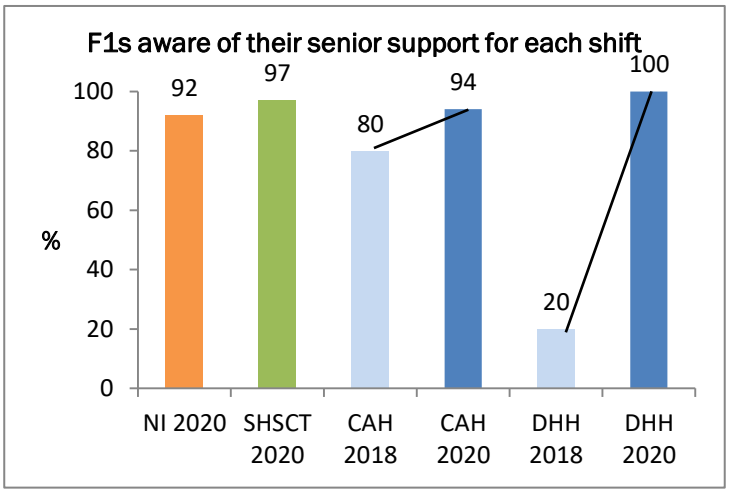
Ensure F1 doctors are **aware of who the senior doctor is** (and how to contact them) for advice **for each shift**

In **CAH**, the number of F1 doctors reporting that they know who the senior doctor is, for advice for each shift, has increased from 80% → 94%.

In **DHH** there has been a significant increase from 20% → 100%.

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

Recommendation 7: MET in SHSCT



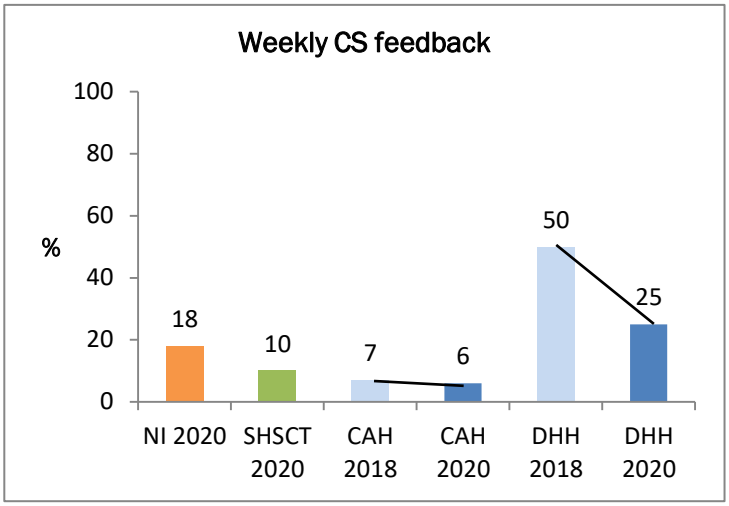
Recommendation 8:

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

Although there are now no F1s in SHSCT who never receive clinical supervisor (CS) feedback, the frequency of CS feedback remains poor with just 6% of F1s in CAH and 25% in DHH receiving feedback weekly.

In **CAH** the overall quality of clinical supervision has improved with a third of F1s now reporting CS as excellent/good (13% → 36%). In **DHH** however both the frequency of CS feedback and the quality of CS has declined.

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	CAH		DHH	
	2018 (%)	2020 Resurvey	2018 (%)	2020 Resurvey
Excellent / Good	13	36	75	50
Poor/ Unsatisfactory	40	17	0	0

Frequency of CS Feedback	CAH		DHH	
	2018 Survey (%)	2020 Re-survey	2018 Survey (%)	2020 Re-survey
Daily or Once/week	7	6	50	25
< Once/week	20	94	25	75
Never	73	0	25	0

Trainee Comments:

"Virtually no feedback. Could be learning more if getting regular feedback"– CAH F1"

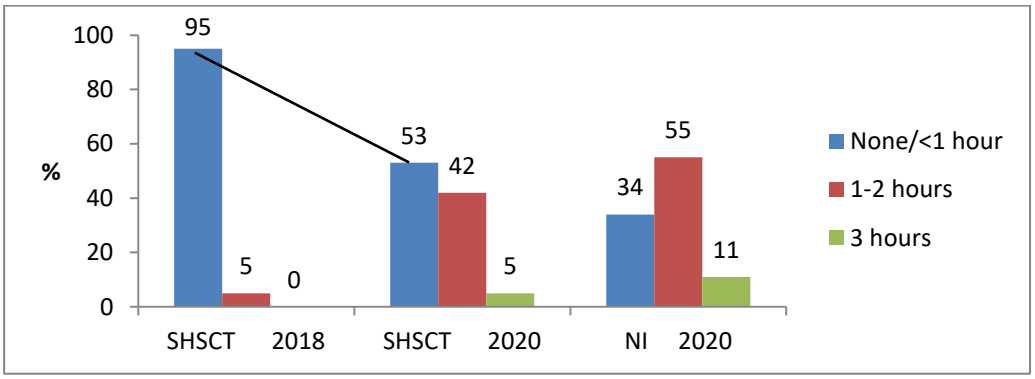
Recommendation 8: NOT MET in SHSCT

Recommendation 9:

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

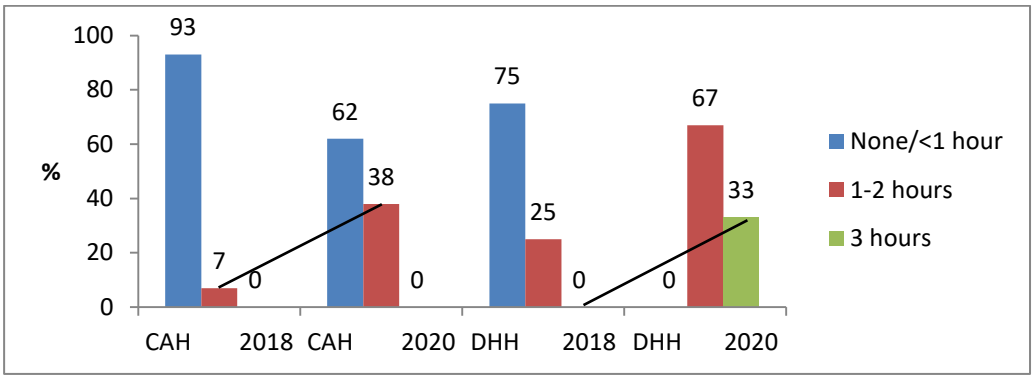
There has been a significant reduction in the number of F1s receiving none or less than 1 hour per week of protected teaching (95 → 53%) and a corresponding improvement in the frequency of protected on-site teaching with 47% of all SHSCT F1s now receiving at least one hour of protected teaching per week. (Figure 1)

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



While the target of 3 hours of weekly on-site protected teaching has not yet been achieved across the Trust, in **DHH** <u>all</u> F1s receive at least one hour of protected teaching per week and the number of F1s meeting the 3 hour target has increased significantly (0 → 33%). (Figure 2)

Figure 2: Weekly on-site protected teaching CAH and DHH 2018/20



In **CAH** a small improvement is noted with 38% of F1s now receiving at least one hour of protected teaching per week, however almost two thirds still receive none (37%) or less than 1 hour (25%) of protected teaching per week.

Recommendation 9: Significant improvement in DHH

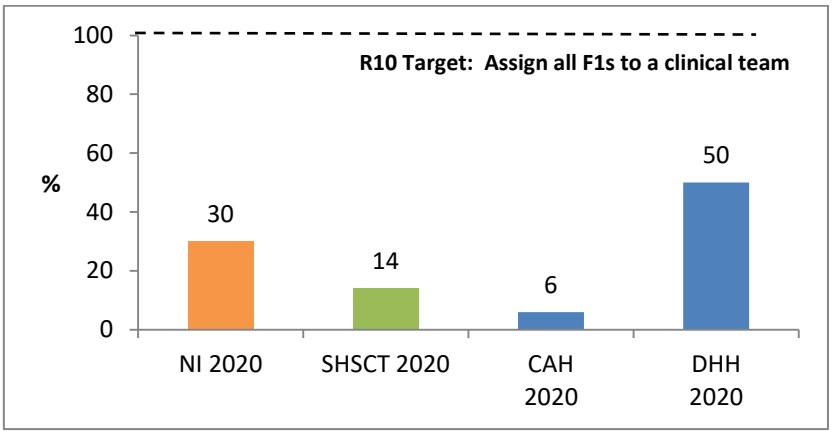
Recommendation 9: <u>NOT</u> MET in SHSCT

Recommendation 10:

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

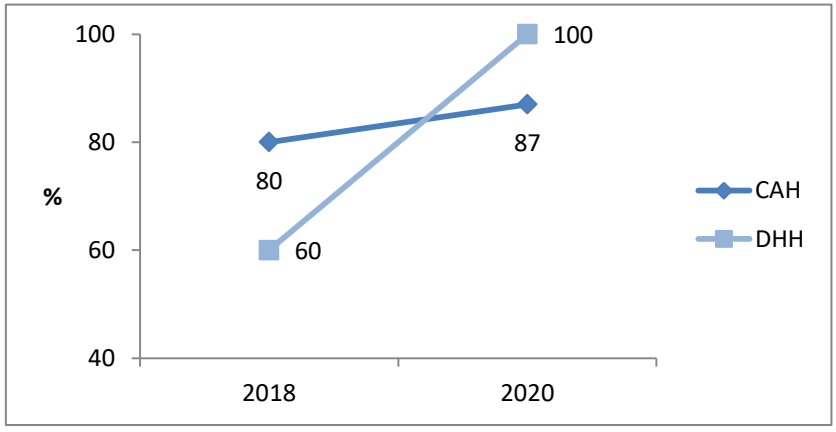
In the re-survey only 6% of F1s in CAH reported being assigned to a clinical team with the remainder being ward-based or a combination of both. This was significantly lower than the regional average (30%). In DHH 50% of F1s are aligned to a clinical team. (Figure 3)

Figure 3: Assignment to a clinical team SHSCT



Although not meeting the recommendation that <u>all</u> F1s should be assigned to a clinical team, the majority of F1s in the SHSCT indicated that they felt part of the multi-disciplinary team on their ward (Figure 4). This is a significant improvement from the 2018 survey.

Figure 4: F1s feel part of the clinical team on the ward SHSCT



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: <u>NOT</u> MET in SHSCT

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**

The resurvey indicates that there have been significant improvements in the quality of facilities provided to F1s in the SHSCT. **All** F1s in the SHSCT now report access to a rest area post-nights and 94% of F1s in CAH and 100% in DHH have access to hot food out of hours. In CAH access to a rest area OOH has greatly improved (20 →75%). (Figures 5 & 6)

Figure 5: Access to Facilities CAH

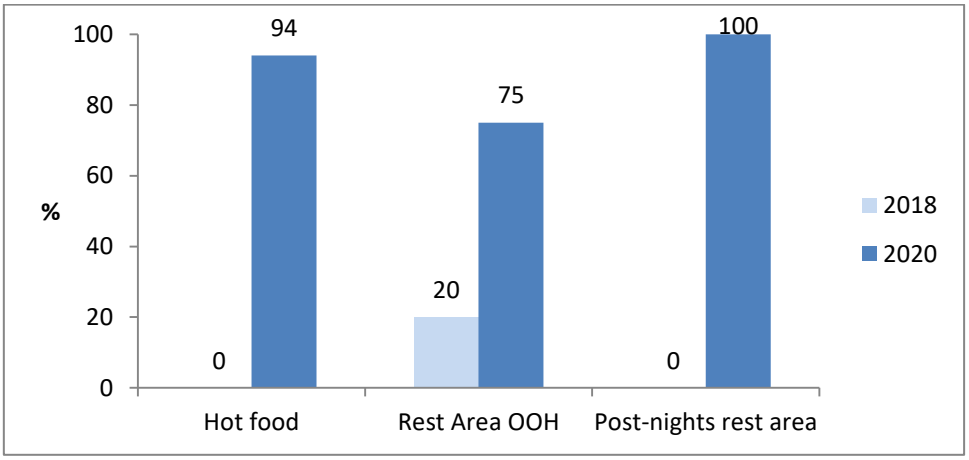
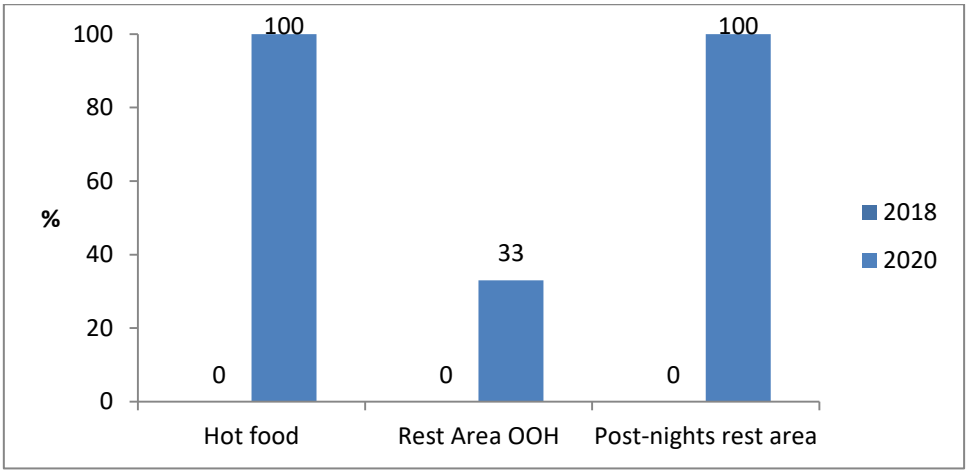


Figure 6: Access to Facilities DHH



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.

The progress made on addressing these recommendations is commended.

Recommendation 11 (Hot food): MET in SHSCT

Recommendation 12: MET in SHSCT

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

Section 2: Practice Improvements and Development Needs

Craigavon Area Hospital

Practice Improvements	Development Needs
Ward based shadowing: Significant improvement in F1s receiving 2 full days shadowing (33% →94%) and higher than the regional average (79%)	**Clinical Duties:** Only 29% of F1s are reviewing patients on a daily basis and **18%** are conducting **no routine patient reviews.**
Departmental Induction: Significant improvement in F1s reporting departmental induction as good or excellent (0% →45%). This however remains lower than the regional average (65%)	**Clinical Duties:** **12%** of F1s still attend **no ward rounds.**
Clinical Duties: The number of F1s conducting no clerk-ins has fallen (33%→18%) and more F1s are conducting at least 2 patient clerk-ins/week (20%→35%). This however remains significantly below the recommended target of 100%.	**Clinical Duties:** F1s state they spend on average **68%** of their time on **tasks of little educational value**. This is higher than the regional average (60%) and the recommended target of below 50%.
Clinical Duties: 65% of F1s participate in at least 2 ward rounds per week**.**	**Clinical Supervisor Feedback:** Just **6%** of F1s receive **weekly feedback**, significantly lower than the regional average (18%) and the recommended target (100%)
Senior doctor: The majority of F1s are aware of who their senior doctor is for each shift, a significant improvement since the 2018 review (80%→94%)	**Protected teaching**: The target of 3 hours protected teaching/week has not been achieved. Only 38% of F1s report they get 1-2hrs/week (regionally 66%) with the remainder receiving <1hr or none.
Protected teaching: The number of F1s stating they get none or less than 1 hour/week of protected teaching has fallen (93%→62%). This however remains significantly above the regional average (34%).	**Clinical team:** Only **6%** of F1s are **aligned to a clinical team** as opposed to a clinical area.
Clinical team: 87% of F1s feel part of the clinical team on their ward	**Facilities:** 25% of F1s state they have no **access to a rest area out of hours.**
Facilities: 94% of F1s have **access to hot food** and all have access to a **rest area after nightshift**. RECOMMENDATION MET	

Daisy Hill Hospital

Practice Improvements	Development Needs
Ward based shadowing: Significant improvement in F1s receiving 2 full days shadowing (50% →**100%**), above the regional average (79%). RECOMMENDATION MET	**Clinical Duties:** Only **25%** of F1s are **reviewing patients on a daily basis** which is unchanged since the 2018 PQ review
Departmental Induction: **75%** of F1s rate departmental induction as **good or excellent** which is higher than the regional average (65%). All report induction as satisfactory.	**Clinical Duties:** **No** F1s are **clerking-in patients twice/week** which is significantly lower than the regional average (0% vs 41%)
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	**Clinical Supervisor feedback:** The **frequency** of clinical supervisor feedback has decreased since the 2018 PQ review with only 1 in 4 F1s receiving weekly feedback. (50%→**25%**)
Clinical Duties: F1s report spending less than half (49%) of their time on **tasks of limited educational value** – a significant improvement since 2018 (68%) and below the regional average (60%) RECOMMENDATION MET	**Clinical team:** Only 50% of F1s are **aligned to a clinical team** as opposed to a clinical area. This is however better than the regional average of 30%.
Senior doctor: All F1s are aware of who their senior doctor is for each shift, a very significant improvement since the 2018 PQ review (20%→100%) RECOMMENDATION MET	**Protected teaching:** Only 33% of F1s receive the target 3hrs of protected teaching/week.
Protected Teaching: All F1s get at least 1 hour of **protected teaching** and a third receive the recommended 3 hours per week.	**Facilities:** Only 33% of F1s state they have **access to a rest area out of hours.**
Clinical team: All F1s feel part of the clinical team on their ward (previously 60%)	
Facilities: All F1s have access to hot food and a rest area post-nights. RECOMMENDATION MET	

Section 3: Summary

There have been clear improvements in the quality of the F1 experience in the SHSCT since the initial review in 2018.

CAH scores above the regional average in ward-based shadowing and daily patient reviews. Significant improvements have also been seen in departmental induction, patient clerk-ins, senior doctor awareness, clinical supervisor feedback, protected teaching and facilities. Areas still requiring improvement include clinical duties; time spent on tasks of little educational value, frequency of supervisor feedback, alignment to the clinical team and protected teaching.

DHH rates highly as regards the F1 training experience (Table1). Recommendations have been met in the areas of ward-based shadowing, ward rounds, reduction in tasks of limited educational value, senior doctor awareness and facilities. Remaining areas for improvement include clinical duties, frequency of clinical supervisor feedback, protected teaching and clinical team alignment.

Table 1: Global Score for placement as a training opportunity

Q/ Please provide a global score for this placement as a training opportunity? (%)	CAH	DHH
Excellent	0	0
Very Good	40	100
Acceptable	40	0
Poor/ Less than satisfactory	13	0
Very poor, serious concerns	7	0
Overall ranking based on this question	10/11	2/11

Workload intensity remains an issue in both units with ALL F1s reporting workload as very intense or excessive at weekend on both sites (Table 2). In addition over two thirds of F1s in CAH report high workload intensity both during the day and at night time. Addressing this issue will be pivotal in achieving further progress in addressing the 12 key recommendations.

Table 2: Workload Intensity SHSCT

Q/ Please rate the workload in your F1 post? (%)	CAH			DHH		
	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	35	12	0	75	75	0
Very intense/excessive	65	88	100	25	25	100

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 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:

Free-text trainee comments re-survey 2020

Craigavon Area Hospital

'Very difficult to manage workload. Expectation of the number of discharges is unrealistic and impossible. This volume of workload has negative effects on morale. I feel the system could be changed to facilitate an environment more conductive to learning rather than excessive and stressful admin tasks.'

'2N good for ward rounds and reviewing patients but 1S not much of educational value.'

'Limited learning opportunity due to high volume of administrative tasks'.

'The hours/burnout. Several times working below minimum numbers meaning you are the only F1 working the work load of 2-3 F1s on a weekday. Multiple days never leaving on time to complete jobs.'

'You learn a lot by doing as opposed to by being taught by senior staff members.'

'Prepared for F2 as regards for stress/work overload but little education/job satisfaction. Only a job monkey.'

'More time for ward rounds to facilitate bedside teaching.'

'Teaching on clinical topics rather than 3 weeks of human factors.'

'Be assigned to a clinical team.'

Daisy Hill Hospital

'There could be more clinical co-ordinators/PA out of hours.'

'There could be more support from phlebotomists as I spent a lot of time doing bloods and cannulas.'