2023/24

Redefining F1 PQ Update SHSCT 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 (SHSCT) – response rate 56% (Regional 52%). This provides evidence of the progress made against the updated 8 key recommendations. The SHSCT 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 SHSCT

Recommendation	SHSCT (%)	CAH	DHH	REGIONAL
PREPARE				
1. Provide all F1 doctors with 2 days of ward-based shadowing				
2018 Survey data	37	33	50	61
2020 Survey data	95	94	100	79
Resurvey 2021	100	100	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	91	88	100	93
Resurvey 2023/24	83	80	100	92
Improving?	↓	↓	↔	↓
Induction at least **Satisfactory**				
2018 Survey data	21	0	100	70
2020 Survey data	91	89	100	88
Resurvey 2021	82	88	50	84
Resurvey 2023/24	78	73	100	80
Improving?	↓	↓	↑	↓
Induction **Very good/Good**				
2018 Survey data	16	0	75	50
2020 Survey data	50	45	75	65
Resurvey 2021	73	88	50	62
Resurvey 2023/24	50	47	67	51
Improving?	↓	↓	↑	↓
ENGAGE				
3a. Involve F1 doctors in planned patient reviews on a DAILY basis				
2020 Survey data > 5/week	29	29	25	20
Resurvey 2021 > 5/week	18	25	0	19
Resurvey 2023/24 > 5/week	43	46	33	21
Improving?	↑	↑	↑	↔
3b. Active participation on DAILY Ward rounds				
2018 Survey data * *(at least 2/week)	74	67	100	69
2020 Survey data*	71	71	100	73
Resurvey 2021*	82	75	100	82
Resurvey 2023/24 (>2/week)	86	82	100	61
Improving?	↑	↑	↔	↓
4. Assign F1 doctors to a clinical team as opposed to a clinical area				
2018 Survey data				
2020 Survey data	14	6	50	30
Resurvey 2021	33	100	0	50
Resurvey 2023/24	21	0	100	40
Improving?	↓	↓	↑	↓

Recommendation	SHSCT (%)	CAH	DHH	REGIONAL
SUPPORT				
5. Trained Supervisors to provide feedback to all F1s on a regular basis				
2018 Survey data (weekly)	28.5	7	50	30
2020 Survey data (weekly)	9.5	6	25	18
Resurvey 2021(weekly)	27	25	50	24
Resurvey 2023/24	7	8	0	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	95	94	100	92
Resurvey 2021	91	87.5	100	83
Resurvey 2023/24	93	92	100	87
Improving?	↑	↑	↔	↑
EDUCATE				
7. Provide all F1s a minimum of 2 hours/week of PROTECTED (bleep free) teaching				
2018 Survey data* (1-3hrs)	5	0	25	20
2020 Survey data	47	37.5	100	66
Resurvey 2021	27	37.5	0	40
Resurvey 2023/24 (1-2hrs)	0	15	0	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**	18	25	0	35
Resurvey 2023/24	37	31	67	36
Improving?	↑	↑	↑	↔

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

F1 Wellbeing Recommendations

Other Recommendations	SHSCT (%)	CAH	DHH	REGIONAL
WELLBEING **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	95	94	100	91
Resurvey 2021	73	62.5	100	72
Resurvey 2023/24	86	82	100	60
Improving?	↑	↑	↔	↓
Access to a private on call room to rest during OOH shifts				
2020 Survey data	68	75	33	55
Resurvey 2021	55	62.5	50	32
Resurvey 2023/24	21	18	33	27
Improving?	↑	↓	↓	↓
Provide rooms where F1 doctors can rest after a night shift before travelling home				
2020 Survey data	100	100	100	57
Resurvey 2021	82	75	100	22
Resurvey 2023/24	50	45	67	33
Improving?	↓	↓	↓	↑

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

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

Education Areas: SHSCT	**CAH**	**DHH**	N.I 2023 Regional
TRUST notification of on-call rota > 4 weeks (Q.4)	24	33	43
INDUCTION			
UNIT Induction at least satisfactory: (Q.6) (Very Good/Good) CAH 27% (Poor/Very Poor)	73 (47)	100 (67)	80 (50)
UNIT induction face to face/ hybrid (Q.7)	53/27	33/67	71/19
UNIT induction included introduction to team: (Q.8)	60	33	70
UNIT induction included a walk around unit/ department: (Q.8)	33	67	65
UNIT induction included familiarisation with equipment and practical aspects of the job: (Q.8)	33	67	50
UNIT induction included orientation to other clinical areas cross covered OOH: (Q.8)	20	33	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)	40	33	55
WORKLOAD			
Workload (Day-time): (Q.12) - Very Intense/Excessive	77	100	57
Workload (Evening)- Very Intense/Excessive	100	100	80
Workload (Nightshift) – Very Intense/Excessive	92	100	71
Workload (Weekends) – Very Intense/Excessive	100	100	96
>50% of time spent on task of limited educational value: (Q.14)	69	33	64
Placement provided adequate clinical experience to be on track to complete F1 year satisfactorily: (Q.15)	92	100	84
EDUCATIONAL & CLINICAL SUPERVISION			
Informed who ES was in a timely manner: (Q.16)	100	100	97
Initial meeting with ES – within the first month: (Q.17)	100	100	94
Educational Supervision - Satisfactory (Q.19) of which (Very Good/Good)	100 (92)	100 (67)	99 (85)
Clinical Supervision (Day time) – Satisfactory (Q.20) of which (Very Good/Good): CAH/DHH 33% Poor	68 (25)	67 (67)	90 (68)
Clinical Supervision (Evening) – Satisfactory (Q.20) of which (Very Good/Good): CAH 67% Poor	33(25)	67(0)	67(34)
Clinical Supervision (Night time) – Satisfactory (Q.20) of which (Very Good/Good); CAH/DHH 50/67% Poor	50 (25)	33 (33)	68 (40)
Clinical Supervision (Weekends) – Satisfactory (Q.20) of which (Very Good/Good): CAH/DHH 83/67% Poor	17 (17)	33 (0)	59 (27)
Aware of senior doctor and how to contact them for each shift: (Q.21)	92	100	87

Education Areas: SHSCT	**CAH**	**DHH**	N.I 2023 Regional
FEEDBACK & HANDOVER			
Feedback on performance:(Q.22): At least a few times a month	58	33	62
Feedback: Once a month or less / Never (CAH 33% no feedback)	8/ 33	67/ 0	30/ 8
Quality of feedback (Constructive and supportive): (Q.23)	67	67	80
Routinely participated in handover at start of DAY shift/NIGHT Shift: (Q.27/28)	45/55	33/33	57/84
LOCAL TEACHING			
Amount of Local teaching provided (Q.32): At least 1-2 hours per week	83	67	79
Amount of Local teaching provided (Q.32): < 1 hour/week/ None	18	33	18/ 3
Protected local teaching (Q.33): At least 1- 2 hrs/week)	0	0	41
Protected local teaching: Less than 1 hr/week	100	100	59
Had to leave teaching session to answer bleep (Always/regularly): (Q.35)	45	100	42
Able to attend >50% of local teaching session: (Q.34)	82	100	76
F1 teaching adequately addressed curriculum needs: (Q.37)	64	33	61
Opportunity to assess patients in the Community setting: (Q.26)	36	0	32
WELLBEING			
Dedicated doctors' mess area to take rest breaks: (Q.39)	82	100	36
Access to a fridge/freezer/microwave and hot food OOH: (Q.40)	82	100	60
Private on-call room to rest during OOH shifts: (Q.41)	18	33	27
Access to room to rest after night shift before travelling; (Q.42)	45	67	33
GLOBAL SCORE FOR PLACEMENT AS A TRAININGOPPORTU ITY			
Global Score for placement as a training opportunity: (Q.43) Acceptable/Excellent or Very Good	30/60	33/33	34/47
CLINICAL TEAMS			
Assigned to a clinical team with a named consultant(s) leading the team: (Q.30)	0	100	40
Felt part of the clinical team: (Q.31)	73	100	82
Feel valued in this post: (Q.44)	60	67	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	70	67	62
How well do you feel your F1 Year will prepare you for F2: (Q.45) – Satisfactory	30	33	24
How well do you feel your F1 Year will prepare you for F2: (Q.45) – Poorly prepared	0	0	14

CLINICAL ACTIVITIES

ACCESS to Training Opportunities Clinical Activities per week	SHSCT: **CAH**			
	None	1-2	3-5	>5
Ward Rounds	0	18	36	46
Presented patients on Ward rounds	36	18	18	27
Clerked in patients (Emergency or elective)	82	18	0	0
Reviewed a patient (planned, daily routine review)	46	0	9	45
Reviewed a patient (as an emergency)	0	0	27	73

ACCESS to Training Opportunities Clinical Activities per week	SHSCT: **DHH**			
	None	1-2	3-5	>5
Ward Rounds	0	0	33	67
Presented patients on Ward rounds	0	33	33	33
Clerked in patients (Emergency or elective)	100	0	0	0
Reviewed a patient (planned, daily routine review)	0	0	67	33
Reviewed a patient (as an emergency)	0	33	33	33

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	CAH	DHH	NI Regional
Physical Health	100	100	97
Mental health/psychological needs	55	100	68
Social wellbeing	64	100	72

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

OPPORTUNITY to assess patients in following clinical settings	CAH	DHH	NI Regional
Acute	100	67	92
Non-Acute	64	100	90
Community	36	0	32

ACCESS to TEACHING ACTIVITIES

ACCESS to Teaching activities per month	SHSCT: **CAH**			
	None	1-2	3-5	>5
Formal teaching sessions **presented by trainees** on a curriculum-based topic; Senior doctor present	18	55	27	0
Formal teaching sessions **presented by trainees** on a curriculum-based topic; Senior doctor **NOT** present	46	36	18	0
Formal teaching sessions **presented by senior doctors**	45	36	18	0
Clinical governance/QI/M&M/Audit meetings	64	36	0	0
Simulation based training	73	27	0	0
Senior doctor led bedside teaching	82	9	0	9
Senior doctor led ward rounds	18	0	9	73

ACCESS to Teaching activities per month	SHSCT: **DHH**			
	None	1-2	3-5	>5
Formal teaching sessions **presented by trainees** on a curriculum-based topic; Senior doctor present	0	0	100	0
Formal teaching sessions **presented by trainees** on a curriculum-based topic; Senior doctor **NOT** present	3	33	0	33
Formal teaching sessions **presented by senior doctors**	0	0	100	0
Clinical governance/QI/M&M/Audit meetings	67	33	0	0
Simulation based training	100	0	0	0
Senior doctor led bedside teaching	67	0	3	0
Senior doctor led ward rounds	0	0	67	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

CAH

"Despite multiple attempts to contact the rota coordinator as well as contacting the BMA, our rota was not sent within the contracted minimum of 6 weeks before commencing post"

"The rota was released very late therefore it was hard to place leave in for the first month. Upon emailing the trust asking for the rota, there was no progress on it getting released within the contractual timeframe."

INDUCTION

CAH

"Departmental induction only involved shadowing current f1s"

"No IT induction. Very much a "sink or swim" mentality."

"I didn't receive a specific induction to my department or ward. I did however have shadowing of the current F1s. Had I not had this I wouldn't have received any induction to the surgical dept."

"I didn't receive a departmental induction. I received a trust induction that involved shadowing the f1s on those wards but no induction."

"It didn't explain how to order scans, make referrals etc"

SHADOWING

CAH

"We were able to shadow the FY1s and I was able to shadow on a night shifts prior to starting on nights which was very helpful"

WORKLOAD

CAH

"Inappropriate OOH tasks such as rewriting kardexes, clinical decisions for EOL care were not made which meant we would always be called to patients with high NEWs with no plan for the weekend in place (or OOH) despite the patient being palliative and deteriorating. Some SHOs were not contactable. Bleeps for bloods and cannulas etc that other HCPs can perform. Tasks being left until OOH when they should have been done within day time e.g. male in urinary retention since 1pm that day and being called at 7pm that it was in the day plan for a catheter to be inserted.

"Issues were raised at local Junior Doctors forum and are yet to be acted upon, e.g. assistance with phlebotomy services on surgical wards, clarification of the surgical PA role (as was never ward based to help with ward jobs), issues with "illegible barcodes" on blood forms causing duplication of work, surgical consultants disagreeing over how bloods should be chased, regularly staying beyond hours to complete routine tasks e.g. writing in blood results (driven by fear of staff on ward rounds the following morning)."

"Workplace culture was generally toxic with a default position of "blame the F1." Minimal senior support throughout and no senior support with routine tasks (e.g. letters), even when workload vastly exceeded capacity - further causing us to stay beyond hours. From discussion with current CAH Surgical F1s, this has not improved."

"Wards are meant to filter all bleeps that aren't urgent through the clinical coordinator but they don't. Everything fell to the F1s. It was only towards the end of the four months that we were able to get our lunch. We would have worked 12-hour days not getting lunch or being able to use the bathroom. We would routinely have to stay late to make sure our patients got everything they needed"

"Unnecessary things being escalated by nursing staff, lack of MAs on multiple occasions so wards of 40+ bloods needing done on top of ward round jobs. Lack of senior assistance with ward round jobs"

DHH

"Lots of time was spent doing bloods which obviously are important but when other tasks need to be completed. I wish there were more learning opportunities"

CLINICAL SUPERVISION

CAH

"Seniors uncontactable at times when dealing with emergencies especially OOH"

"No seniors on ward after the ward round routinely. Difficult to contact seniors when needed. Often no clear plans left after ward round secondary to rushing ward round in interests of getting to theatre."

"On-call senior rota not shared with F1s so impossible to know who to contact."

"The F1s were left on the ward by ourselves. The teams would come around in the morning but then we wouldn't necessarily see them the rest of the day. We were provided with the numbers of every doctor on each team and they were always at the other end of the phone if there were any queries and did come to review/help if needed but they were not on the ward day to day. I felt that when I did get in contact with anyone more senior or I did need help with anything the surgical team were very supportive and aimed to help me with everything. Some of the seniors would even answer calls after hours if we accidentally thought they were still in work. I never had an experience when one of my seniors did not attend when needed. They were always very willing to help/provide advice. I think it is more of an issue with the numbers of SHOs etc and the other duties that they have to fulfil, that they simply can't spend all their time on the wards with us."

DHH

"On various weekends / evening longs, there was a lack of senior support, in that they would not leave ED / the take even if they were carrying the ward bleep"

FEEDBACK

CAH

"Aside from portfolio tasks which I actively had to request staff to complete, no routine feedback was offered"

"My feedback was mostly incredibly positive I feel like I was regularly told I was doing a good job by other doctors, nursing staff and patients. I was given very negative feedback inappropriately in the middle of the ward by a doctor that worked with me on one occasion unrelated to the day I received the feedback. They stated they had received feedback from nursing staff. Feedback that turned out to not be true, this affected my confidence. Every other doctor that I worked with regularly gave me very positive, constructive feedback."

HANDOVER

CAH

"F1s not involved in surgical handover"

"We didn't have a full handover as such. The F1s had their own handover on each ward, we would discuss amongst ourselves what needed to still be completed or handed over to the teams on that ward."

"F1s not invited to official handover. Informal meeting between night and day F1s to hand over anything urgent"

DHH

"FY1s do not participate in handover unless you are the night FY1 handing over to day staff"

TEACHING

CAH

“Teaching is supposedly "protected" but nobody to hand our bleeps to, so usually the on-call bleep would regularly go off during teaching, often for routine tasks, disturbing teaching.”

“The Trust-organised weekly F1 teaching is great. Kudos to the Med Ed Team.”

“I didn’t get much of any teaching other than my weekly f1 teaching.”

TRAINING OPPORTUNITIES

CAH

“Thrown in at the deep end. You found your feet although I found all learning was experiential rather than led by a senior”

“CAH surgery, as expected, was a "baptism of fire" and much more about staying afloat than trying to learn and develop as a F1 doctor.”

“With regards teaching and training opportunities the hospital is far too busy and unorganised to focus on building up trainees into more competent and confident doctors.”

“The MEC needs to organise more teaching sessions to help fulfil our core teaching hours”

DHH

“PA's and Locum doctors have more training opportunities”

“Compared to CAH it is a much better training opportunity due to the team-based system and involvement in the ward rounds however, there was not a lot of teaching on the wards”

OTHER COMMENTS

CAH

“Unsure if many of the consultants/seniors knew my name after 4 months”

“By other staff members I feel valued however from management and HR I don’t ever feel valued. I believe management would be happy working us to the bone as long as hours get filled and giving as little money as possible to do it but they’re happy to hire locum doctors who work for almost double-triple the money as us but have a “I don’t care” attitude. They don’t know patients, they don’t care for follow-up because they’re only there for one shift.
This issue was flagged up to management and it was agreed to increase F1 locum pay but it was since revoked and not told to us until one of my colleagues checked.”

SUGGESTIONS FOR IMPROVEMENT

CAH

“Better senior support”

“More teaching/education opportunities that are protected”

“More formal teaching”

“F1s have access to senior rota so we know who is contactable from each surgical team”

“More senior staff in surgical wards”

“Less routine tasks and more supervised training tasks”

DHH

More teaching/ More learning opportunities

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%