2023

Redefining F1 PQ Update WHSCT 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 (WHSCT) – response rate 75% (Regional 52%). This provides evidence of the progress made against the updated 8 key recommendations. The WHSCT 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 WHSCT

Recommendation	WHSCT (%)	ALT	SWAH	REGIONAL
PREPARE				
1. Provide all F1 doctors with 2 days of ward-based shadowing				
2018 Survey data	66	72	55	61
2020 Survey data	72	83	70	79
Resurvey 2021	89	100	50	95
Resurvey 2023/24	91	92	88	93
Improving?	↑	↓	↑	↓
2. Deliver ward/unit induction for all F1s at the start of placement				
2018 Survey data				
2020 Survey data				
Resurvey 2021	100	100	100	93
Resurvey 2023/24	100	100	100	92
Improving?	↔	↔	↔	↓
Induction at least **Satisfactory**				
2018 Survey data	73	86	50	70
2020 Survey data	88	90	86	88
Resurvey 2021	89	86	100	84
Resurvey 2023/24	84	83	88	80
Improving?	↔	↔	↓	↓
Induction **Very good/Good**				
2018 Survey data	45	43	50	50
2020 Survey data	60	61	57	65
Resurvey 2021	56	43	100	62
Resurvey 2023/24	56	58	50	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)	64	71	50	69
2020 Survey data*	74	75	71	73
Resurvey 2021*	75	93	50	82
Resurvey 2023/24 (>2/week)	56	70	14	61
Improving?	↓	↓	↓↓	↓
4. Assign F1 doctors to a clinical team as opposed to a clinical area				
2018 Survey data				
2020 Survey data	30	25	43	30
Resurvey 2021	56	57	50	50
Resurvey 2023/24	7	5	14	40
Improving?	↓↓	↓↓	↓↓	↓

Recommendation	WHSCT (%)	ALT	SWAH	REGIONAL
SUPPORT				
5. Trained Supervisors to provide feedback to all F1s on a regular basis				
2018 Survey data (weekly)	14.5	29	0	30
2020 Survey data (weekly)	17	17	14	18
Resurvey 2021(weekly)	0	0	0	24
Resurvey 2023/24	23	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	94	88	92
Resurvey 2021	87.5	83	100	83
Resurvey 2023/24	80	82	75	87
Improving?	↓	↓	↓	↑
EDUCATE				
7. Provide all F1s a minimum of 2 hours/week of PROTECTED (bleep free) teaching				
2018 Survey data* (1-3hrs)	72	57	100	20
2020 Survey data	78	94	43	66
Resurvey 2021	89	100	50	40
Resurvey 2023/24 (1-2hrs)	88	84	100	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**	33	43	0	35
Resurvey 2023/24	30	41	0	36
Improving?	↓	↓	↔	↔

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

F1 Wellbeing Recommendations

Other Recommendations	WHSCT (%)	ALT	SWAH	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	90.5	81	100	91
Resurvey 2021	67	71	50	72
Resurvey 2023/24	27	26	28	60
Improving?	↓	↓	↓	↓
Access to a private on call room to rest during OOH shifts				
2020 Survey data	59.5	19	100	55
Resurvey 2021	22	14	50	32
Resurvey 2023/24	12	0	43	27
Improving?	↓	↓	↓	↓
Provide rooms where F1 doctors can rest after a night shift before travelling home				
2020 Survey data	62.5	25	100	57
Resurvey 2021	22	14	50	22
Resurvey 2023/24	58	53	71	33
Improving?	↑	↑	↑	↑

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

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

Education Areas: WHSCT	**ALT**	**SWAH**	N.I 2023 Regional
TRUST notification of on-call rota > 4 weeks (Q.4) SWAH 100% <2 weeks	42	0	43
INDUCTION			
UNIT Induction at least satisfactory: (Q.6) (Very Good/Good) ALT 17% (Poor/Very Poor)	83 (58)	87 (50)	80 (50)
UNIT induction face to face/ hybrid (Q.7)	75/25	38/62	71/19
UNIT induction included introduction to team: (Q.8)	83	50	70
UNIT induction included a walk around unit/ department: (Q.8)	79	38	65
UNIT induction included familiarisation with equipment and practical aspects of the job: (Q.8)	71	87	50
UNIT induction included orientation to other clinical areas cross covered OOH: (Q.8)	38	13	30
Shadowing prior to starting F1 post: at least 2 full days (Q.9)	92	88	93
Induction adequate preparation for work as an F1: (Q.11)	63	87	55
WORKLOAD			
Workload (Day-time): (Q.12) - Very Intense/Excessive	50	88	57
Workload (Evening)- Very Intense/Excessive	68	38	80
Workload (Nightshift) – Very Intense/Excessive	68	88	71
Workload (Weekends) – Very Intense/Excessive	100	88	96
>50% of time spent on task of limited educational value: (Q.14)	59	100	64
Placement provided adequate clinical experience to be on track to complete F1 year satisfactorily: (Q.15)	86	63	84
EDUCATIONAL & CLINICAL SUPERVISION			
Informed who ES was in a timely manner: (Q.16)	91	88	97
Initial meeting with ES – within the first month: (Q.17)	95	75	94
Educational Supervision - Satisfactory (Q.19) of which (Very Good/Good)	100 (95)	100 (88)	99 (85)
Clinical Supervision (Day time) – Satisfactory (Q.20) of which (Very Good/Good)	82 (73)	100 (75)	90 (68)
Clinical Supervision (Evening) – Satisfactory (Q.20) of which (Very Good/Good)	73 (50)	74 (63)	67(34)
Clinical Supervision (Night time) – Satisfactory (Q.20) of which (Very Good/Good)	77 (50)	75 (50)	68 (40)
Clinical Supervision (Weekends) – Satisfactory (Q.20) of which (Very Good/Good)	59 (32)	88 (50)	59 (27)
Aware of senior doctor and how to contact them for each shift: (Q.21)	82	75	87

Education Areas: WHSCT	**ALT**	**SWAH**	N.I 2023 Regional
FEEDBACK & HANDOVER			
Feedback on performance:(Q.22): At least a few times a month	64	88	62
Feedback: Once a month or less / Never	32/ 5	0/ 12	30/ 8
Quality of feedback (Constructive and supportive): (Q.23)	82	88	80
Routinely participated in handover at start of DAY shift/NIGHT Shift: (Q.27/28)	45/55	57/43	57/84
LOCAL TEACHING			
Amount of Local teaching provided (Q.32): At least 1-2 hours per week	100	100	79
Amount of Local teaching provided (Q.32): < 1 hour/week/ None	0/0	0/0	18/ 3
Protected local teaching (Q.33): At least 1- 2 hrs/week)	84	100	41
Protected local teaching: Less than 1 hr/week	0	0	59
Had to leave teaching session to answer bleep (Always/regularly): (Q.35)	16	43	42
Able to attend >50% of local teaching session: (Q.34)	63	57	76
F1 teaching adequately addressed curriculum needs: (Q.37)	90	14	61
Opportunity to assess patients in the Community setting: (Q.26)	55	0	32
WELLBEING			
Dedicated doctors' mess area to take rest breaks: (Q.39)	16	29	36
Access to a fridge/freezer/microwave and hot food OOH: (Q.40)	26	28	60
Private on-call room to rest during OOH shifts: (Q.41)	0	43	27
Access to room to rest after night shift before travelling; (Q.42)	53	71	33
GLOBAL SCORE FOR PLACEMENT AS A TRAININGOPPORTU ITY			
Global Score for placement as a training opportunity: (Q.43) Acceptable/Excellent or Very Good	21/68	33/0	34/47
CLINICAL TEAMS			
Assigned to a clinical team with a named consultant(s) leading the team: (Q.30)	5	14	40
Felt part of the clinical team: (Q.31)	80	29	82
Feel valued in this post: (Q.44)	74	50	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	68	17	62
How well do you feel your F1 Year will prepare you for F2: (Q.45) – Satisfactory	16	67	24
How well do you feel your F1 Year will prepare you for F2: (Q.45) – Poorly prepared	16	17	14

CLINICAL ACTIVITIES

ACCESS to TRAINING OPPORTUNITIES:

ACCESS to Training Opportunities Clinical Activities per week	WHSCT: **ALT**			
	None	1-2	3-5	>5
Ward Rounds	10	20	15	55
Presented patients on Ward rounds	55	30	5	10
Clerked in patients (Emergency or elective)	20	30	40	10
Reviewed a patient (planned, daily routine review)	45	15	10	30
Reviewed a patient (as an emergency)	0	20	55	25

ACCESS to Training Opportunities Clinical Activities per week	WHSCT: **SWAH**			
	None	1-2	3-5	>5
Ward Rounds	71	14	14	0
Presented patients on Ward rounds	86	0	14	0
Clerked in patients (Emergency or elective)	43	43	14	0
Reviewed a patient (planned, daily routine review)	29	43	29	0
Reviewed a patient (as an emergency)	29	29	29	14

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	ALT	SWAH	NI Regional
Physical Health	100	86	97
Mental health/psychological needs	80	29	68
Social wellbeing	85	43	72

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

OPPORTUNITY to assess patients in following clinical settings	ALT	SWAH	NI Regional
Acute	90	100	92
Non-Acute	85	100	90
Community	55	0	32

ACCESS to TEACHING ACTIVITIES

ACCESS to Teaching activities per month	WHSCT: **ALT**			
	None	1-2	3-5	>5
Formal teaching sessions presented by trainees on a curriculum-based topic; Senior doctor present	5	32	58	5
Formal teaching sessions presented by trainees on a curriculum-based topic; Senior doctor NOT present	42	21	32	5
Formal teaching sessions presented by senior doctors	5	58	26	11
Clinical governance/QI/M&M/Audit meetings	47	47	5	0
Simulation based training	11	79	10	0
Senior doctor led bedside teaching	79	21	0	0
Senior doctor led ward rounds	16	5	26	53

ACCESS to Teaching activities per month	WHSCT: **SWAH**			
	None	1-2	3-5	>5
Formal teaching sessions presented by trainees on a curriculum-based topic; Senior doctor present	14	57	14	14
Formal teaching sessions presented by trainees on a curriculum-based topic; Senior doctor NOT present	29	71	0	0
Formal teaching sessions presented by senior doctors	14	29	29	29
Clinical governance/QI/M&M/Audit meetings	43	57	0	0
Simulation based training	0	57	29	14
Senior doctor led bedside teaching	71	29	0	0
Senior doctor led ward rounds	71	14	14	0

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

ALT

"Not compliant with the BMA guidance on time for providing rotas, no one is able to plan anything personal or professional in a situation like that."

"Difficult booking leave and planning holidays with minimal notice provided."

SWAH

"We knew nothing of our rota until a few days before starting the job. This has continued throughout the placement with temporary rotas being announced every 1-2 weeks. Our second rotation begins in 6 days and we have not received a rota for this. We will not receive a rota for the third rotation for another 4 months."

INDUCTION

ALT

"Useful introduction to my role as an F1 and to all the staff"

"The Trauma and Orthopaedics induction left out important information about things that needed documented during ward rounds and on discharge letters for medicolegal reasons. Seniors were then angry that we hadn't documented these things, but we had never been told about them in the first place

We also covered urology and general surgery out of hours. I received no urology induction or general surgery induction."

"It was a PowerPoint presentation that was shown for all trainees, not very specific to F1s and not a lot of time to ask questions"

"It would have been useful to learn more about our day to day role and what different responsibilities there are in each ward."

"Most of the jobs on the ward you just learn as you go along. There was no real introduction to what our day to day jobs would be. I don't think induction was much use for helping with the actual F1 role. Showing us how to request scans, refer to other specialities would have been useful. We got this in the medical induction, and it was useful"

SWAH

"The stuff that was led by F1s was relevant and useful. Some of the other stuff was not needed and too much to take in the first week."

"Basically, had to learn on the job which was fine but not exactly safe."

SHADOWING

SWAH

"Barely any shadowing. Had to learn how to be an F1 while actually doing the job. Most of the useful information was transmitted via PDFs made by doctors who had previously worked there rather than the trust."

"Shadowing time was eaten into by pointless presentations when we should have been on the wards, and which could have been given in a pdf or even email."

WORKLOAD

ALT

"Expectation to do all daily bloods for an entire ward (around 15-20 patients daily). Multiple ward rounds daily with different consultants. Wards operating on weekends as if a normal weekday, same expectations with only one F1"

“The workload as a surgical F1 consists of so many tasks, and there is not enough staff to complete all these tasks during normal working hours. I stayed late at work on 90% of days as a surgical F1. The role could have been better supported by APHs to relieve the burden of bloods and cannulas. Additionally, consultants having ward rounds late in the afternoon would add a considerable amount of jobs to the list which could not be completed by normal finishing time.”

“F1s treated as responsible for nearly all problems on the ward. Left to organise scans, discharges, bloods, cannulas and sick patients. Little to no phlebotomy help on many shifts whilst also expected to go on 5/6 ward rounds per day. Senior staff offering little to no help and continually disrespected by nursing staff who expected F1s to forego lunch breaks and stay hours after shifts end. Most of time spent with administrative/ bloods and cannulas, very little teaching.”

SWAH

“I would estimate that over 90% of my workload are taking bloods and writing discharge summaries, neither of which require a medical degree. We do not go on ward rounds due to the amount of bloods and other tasks that have little to do with the practice of medicine. We learn very little at work.”

CLINICAL SUPERVISION

ALT

“At weekends there was little supervision for juniors.”

“You work very independently as a surgical F1 in Alt. There is no regular senior ward support. I believe they have now moved us into teams, so perhaps the level of supervision has increased”

“Weekend shifts as a surgical F1 completely understaffed and workload unfair for newly qualified staff. Highlighted several times to senior staff that phlebotomy support needed for these shifts”

SWAH

“At night we are virtually on our own, we can call a senior who is typically not ward-based for advice, who may have excellent experience or virtually none, quality is highly variable. There may be 3 doctors for the entire hospital, of which two may be F2s, both occupied with the take, and an F1 to manage 10 wards of patients.”

“The hospital is plagued with issues in finding who is the correct senior to escalate to, as SHOs are team based, rotate regularly between teams, and F1s and nursing staff are ward based, escalation is often slowed and complicated simply since the appropriate person cannot be determined easily.”

FEEDBACK

ALT

“Weekend shifts as a surgical F1 completely understaffed and workload unfair for newly qualified staff. Highlighted several times to senior staff that phlebotomy support needed for these shifts”

“Feedback wasn't particularly constructive. We were told we were doing a good job but not given any areas of improvement”

“Minimal feedback/validation regarding practical or clinical work”

“We don't get any clinical teaching in hospital. We don't get taken to assess sick patients with a senior”

SWAH

“We are not part of any team and are ward based, interact with many teams in short intervals, rarely are observed doing anything and do not receive feedback, generally speaking unless we make a direct request e.g. TAB. Occasionally will receive informal feedback from staff grade doctors etc which is often useful.”

HANDOVER

ALT

"No, not required for FY1s to be present at the main handover-only the night SHOs.
We would do an FY1 to FY1 handover instead to each other."

"F1 not included in daily handover"

"F1s not invited to handover yet expected to know all information on patients as we are responsible for their medical care on the ward. Also, not provided handover sheets that all other members of team had"

"Well-structured and delivered. Good setting and appropriate staff present" (COE/Stroke)

SWAH

"There is no formal handover for F1s at the beginning of day shifts, except at weekends, for no discernible reason."

"There were no handovers carried out"

"In the weekend and nights. It was delivered in person in the handover room. Otherwise verbal or others"

"In the handover room. SHOs handover who they have seen any issues, F1 handover any issues and H@N summarise sick patients on the wards"

TEACHING

ALT

"Teaching was only protected during our Monitoring weeks. This therefore gave a false impression."

"New policy is to give bleeps to Med Ed so teaching is now bleep free. This is a new policy which is working well"

"It is supposed to be protected but we frequently got bleeped during teaching. They have now introduced a box to put our bleeps in for teaching which is helpful."

SWAH

"Whilst this time is "protected" by being bleep free, in my opinion this makes no difference as the tasks still need to be done later, generally meaning they are shunted to the end of the day and you work an extra unpaid hour attempting to clear jobs that are inappropriate to handover."

"If the bleep goes off the Person leading the teaching answers it"

"Often teaching sessions are zoomed from Altnagelvin (occasionally the other way around). These are generally quite poor sessions with low interaction"

"The Teaching zoomed into Altnagelvin was often difficult to hear and did not foster participation. It makes the doctors in SWAH feel second best to Altnagelvin."

"Outside of 1-2 formal teaching sessions often delivered by other trainees we are not taught anything. I feel that I have actually lost knowledge since starting."

TRAINING OPPORTUNITIES

ALT

"Very little educational opportunities and excessive ward and administrative duties"

"Rarely opportunity to attend wards rounds. Administrative task heavy with little educational value
Lack of senior support. No departmental teaching across entire 4 months"

"This training post was something I just had to get through. I would not recommend it for learning or training."

“Some great educational opportunities but overall feel like F1s are continually disrespected by senior staff and nursing staff with excessive demands placed on their time”

SWAH

“PAs are team based, unlike F1s, and often seem to function as SHOs, giving tasks to F1s and expecting medications to be prescribed. This seems like an odd role reversal. They generally know more about our patients than we do, yet rely on us to execute plans since they are beyond a PA's scope of practice. F1 work often feels like being used as a rubber stamp by nursing and PA colleagues who need tasks performed they cannot do themselves.”

“PAs get on ward rounds, they review patients alone and do not take bloods but add them to the doctors lists unless we refuse to do them.”

“Our only training occurs in out of hours when we are left to manage situations on our own. The rest of the time we just take bloods, chase bloods and do letters.”

OTHER COMMENTS

ALT

“Our doctor's mess has been taken away. We only have access to a microwave/fridge between 8pm to 7am. We were told that asking for a doctors’ mess was elitist. Senior educators are trying extremely hard to get this issue sorted but there has been no progress. We have nowhere warm or comfortable to rest overnight. This has left the FY1 team feeling extremely unvalued”

“Altnagelvin feels like a real community. Med Ed West, the FPD and the SDME try their hardest to make sure we are okay. We feel that they really take our feedback on board. The general surgery team has also taken feedback on board and are very kind to us”

SWAH

“We are not part of any clinical team and essentially function as jobs monkeys, mainly receiving information about tasks via a jobs list.”

“If I were not studying for MRCP in my free time I think by the end of F1 my medical knowledge would have atrophied below the level of a final year medical student.”

“The foundation programme director is very approachable and has tried to improve the post for us. We have been met with difficulties this year with staffing and they have tried to rectify this. Most of the staff are nice. The addition of a mess was helpful.”

SUGGESTIONS FOR IMPROVEMENT

ALT

"More focus on educational opportunities" "More teaching by senior doctors on ward rounds" "More scheduled teaching sessions"

"Information campaign to nursing staff on protected teaching time"

"More involved induction"

"Reinstate Doctors' mess"/ "Adequate mess facilities where rest is possible"

"Doctors mess with private access, microwave and fridge and access to computer"

"Assistance from phlebotomists or HCAs with bloods on weekends" "Increased phlebotomy services on surgical wards and reduced expectations that F1s should have to do all bloods"

"Extra surgical F1 at weekends"

"Supervised shifts where you help with the Take- This is done for Medicine"

SWAH

"Less bloods. Encourage staff who should be capable of drawing blood to actually do it"

"More assistance with bloods and discharges. As PAs are regularly part of the ward round and are reviewing patients."

"Reduce the amount of work load by having PAs helping F1s rather than adding more jobs to the job-list."

"Less administrative work / discharges"

" More protected teaching time" "In person teaching dedicated to SWAH"

"Organisation of wards to facilitate one ward round"

"Ward rounds with senior doctors"

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%