Modernising Induction for the Covid-Era:

Remote Induction in the Welsh School of Anaesthesia

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Background

Over **fifty doctors** join The Welsh School of Anaesthesia (WSA) each August as new core and specialty trainees. They usually receive a one day face-to-face **mandatory induction** one month after commencing their posts. As well as being a General Medical Council (GMC) and Gold Guide requirement,[1,2] this is an opportunity for trainees to meet their peers and the WSA team - including training programme directors, heads of school and trainee representatives.

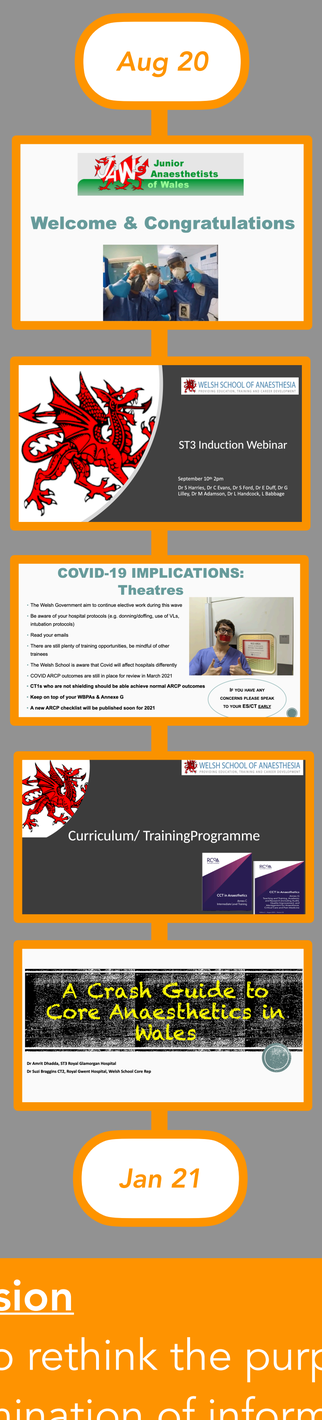
Recent GMC research conducted prior to the pandemic demonstrated that **trainees value the quality of their induction**. Surveyed participants emphasised that a poor induction can impact on their **personal wellbeing** and **patient care**, as well as their **professional attitude** towards the organisation they work for.[3]

The Problem

The ascent of the Covid-19 pandemic has brought about widely documented changes in the way we **work, interact and travel**. It has resulted in **unpredictable and challenging** schedules, as well as temporary changes to the role of the trainee doctor with the potential to **impact on their anaesthetic training**. The need to provide a robust and holistic induction process has become more important than ever, requiring an **urgent redesign**.

The Innovation

The WSA created a **remote induction programme** to span the first **six months** of training. Starting in August, a series of **pre-recorded screencasts** (hosted on Panopto) are released each month, to be viewed at the trainee's leisure. These are followed by a complementary series of **live webinars** hosted by the WSA team and current trainees. The **themes evolve** with the changing needs of the new trainee as they progress through their inaugural months. The timeline to the right details the topics covered.



Discussion

Born from mischance, this has become an excellent opportunity to rethink the purpose and refresh the format of induction. Our new approach allows a more **gradual, timely and relevant** dissemination of information. Feedback from trainees has been very positive, with 95% of respondents (25 doctors) describing the sessions as useful. They are afforded **assimilation time** between contacts, with heightened **opportunities to raise queries** due to a more embedded presence from their programme directors. In a school covering a vast geographical area, remote induction **eliminates travel**, whilst recording material enables **fair access** for all, regardless of work commitments.

The online format has required **IT skills** that were new to many at the start of this pandemic, and setting up a new format for induction has required additional hours of labour and support from administrative services. However, the **ease of updating** material will reduce this burden significantly in future rounds.

We acknowledge that the virtual environment does not replicate the value of the face to face approach. Particularly, the opportunity for trainees to meet their peers and to ask informal questions privately to trainers is very hard to emulate remotely. Looking forward beyond the pandemic we will look to ways of **combining both formats**.

References:

1. Academy of Medical Royal Colleges. GG8. *The Gold Guide 8th edition - a reference guide for postgraduate foundation and specialty training in the UK*. London; 2020.
2. General Medical Council. GMC/LMAD/0518. *Leadership and management for all doctors*. Manchester: GMC; 2012.
3. General Medical Council. *Understanding the nature and scale of the issues associated with doctor's induction*. GMC Online, 2020.