

# Starting Strong: A Better Beginning for Psychiatry Registrars

Creating a Specialty Registrar Induction in Peninsula

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## Aim

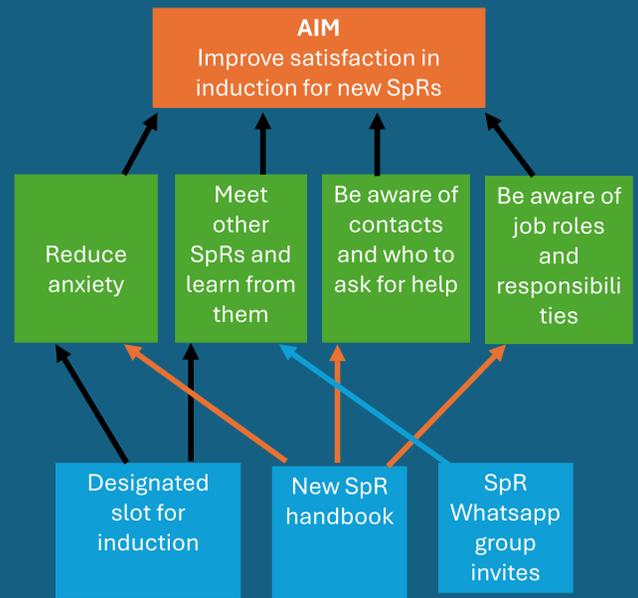
To increase the percentage of new Psychiatry Specialty Registrar (SpR) doctors who felt there was an appropriate induction for their needs, from 0% in August 2023 to 80% by August 2024. To establish a culture of a twice-a-year formal SpR induction within Peninsula Deanery (Devon Partnership Trust, Livewell and Cornwall Partnership Foundation Trust).

## Background

New SpRs may start this more senior role in an unfamiliar location, without knowledge of local processes or curriculum. A good induction can reduce trainee anxiety, increase awareness of how to access support, and is an opportunity for peer networking. It can improve patient safety through comprehension of roles and responsibilities of the job (1). A survey determined that in August 2023, 0% of new SpRs received a formal SpR-specific induction. 0% felt there was an appropriate induction for their needs and 100% felt one would have been useful.

## Method

Feasibility meetings were held with stakeholders to discuss an induction: the content, who to involve, frequency, and approval for attendance. Stakeholders included the director of Medical Education, the Head of School of Psychiatry and Training Programme Directors. A qualitative survey of five new SpRs from August 2023 determined what may be useful within an induction. A pilot induction was created and held on MS Teams for the August 2024 cohort, with 12 attendees. A 2020 GMC report into doctors' inductions (2) deemed handbooks to be valued by new starters, so a DPT-specific handbook was also created with support of the DPT medical education team.



### Example Induction Agenda

**0900-0915** Welcome & introductions

**0915-1000** Useful knowledge (WhatsApp group, SPR days, study and annual leave, SUPPORTT programme, educational/clinical supervisor roles, rotation information, endorsement posts, MHAAs & S12)

**1000-1030** Personal Development Sessions

**1030-1045** Break

**1045-1130** Portfolio (HLOs, PDPSPs/silver guide, research/teaching/leadership/psychology)

**1130-1145** Break

**1145-1230** Q&A

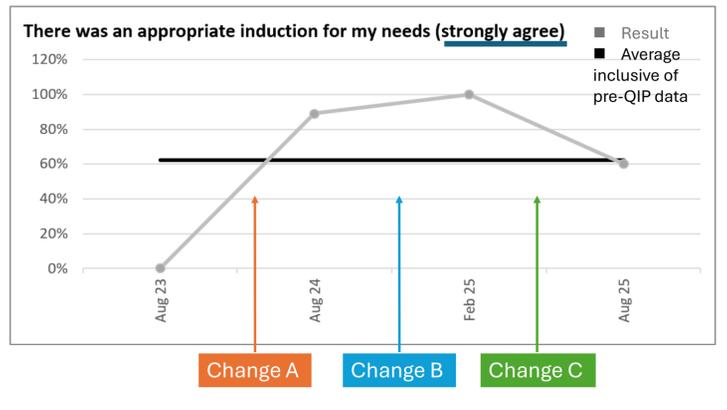
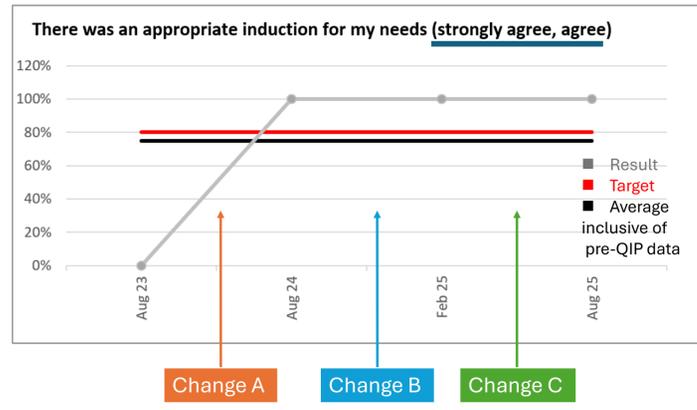
**1230-1300** Meet the TPDs/HOS- breakout rooms- face to face meetings with key members of staff was highlighted as important in a 2020 GMC report into doctors' inductions (2)

Figure 1: Driver diagram & Figure 2: Example induction agenda

## Results

After the pilot, feedback was sought through an anonymous survey. 8/8 respondents felt there had been an appropriate induction for their needs- a 100% increase from August 2023. Qualitative data determined what worked and what to improve, and drove changes: since the pilot, two further inductions have been held with changes based on this surveyed feedback, as noted in figures 3 & 4. Further quantitative data collection confirms continued value in this induction (100% agreed it met their needs in both February and August 2025, see figure 3). Figures outlining the data have been produced using statistical process control (SPC) charts.

Figures 3 & 4: SPC charts



- Change A:**
  - Creation of SpR-specific induction
  - Creation of DPT-specific handbook
- Change B:**
  - Shorten induction
  - Written material emailed out afterwards
- Change C:**
  - Co-lead by two SpRs from two different trusts instead of one
  - Live click-through of portfolio
  - Addition of Livewell-specific handbook

**Qualitative feedback, August 2024:**

- 'Run by trainees, for trainees. Included the things I care about and skipped the things I don't need to know.'
- 'Could be shorter'
- 'Induction felt geared more towards DPT trainees'
- 'As the session was peer led, this created an environment which felt very easy to ask questions. Hearing specific experiences of how the other trainees had utilised their Higher Training time was very helpful.'

## Conclusions

The induction has been well-received by SpRs. Further quantitative data could assess the induction's impact on more specific measures such as knowledge of processes, how to access support, familiarity with portfolio and trainee anxiety. One of the main challenges foreseen is maintenance of the induction indefinitely. The responsibility of the induction sits with the SpR representatives to ensure longevity, and information will be passed on from rep to rep. This peer-led nature has also been valued by incoming SpRs, as noted within the qualitative feedback gained via survey. Good communication with the three medical education departments within Peninsula (DPT, Livewell and CFT) avoids clashes with local corporate inductions. This alongside continued links with the Head of School and Training Programme Directors continues to ensure a culture change whereby a higher trainee induction is expected. Finally, this induction supports the 10-point plan (3) to improve the wellbeing of resident doctors.

References  
 1: Onyechere et al, Improving the Junior Doctor Induction Programme in an NHS Trust. BJPsych Open, June 2025; 11(1)  
 2: Community Research on behalf of the GMC. Understanding the Nature and Scale of the Issues Associated with Doctors' Induction (including those Returning to Practice). June 2020. Available from: <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/understanding-the-nature-and-scale-of-the-issues-associated-with-doctors-induction>  
 3: NHS England. Getting the basics right for resident doctors: 10 Point Plan [Internet]. London: NHS England; 2025 Aug 29 [cited 2026 Jan 28]. Available from: [www.england.nhs.uk](http://www.england.nhs.uk)  
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