

Induction for foundation doctors: to what extent can face-to-face induction be replaced by Health Education England's national Doctors in Training induction e-learning?

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Introduction

The Doctors in Training (DiT) induction e-learning programme was launched by Health Education England in 2018. This covers eight topics: blood transfusion, consent, death certification, the Mental Capacity Act, record keeping, risk management, safe prescribing, and VTE thromboprophylaxis in three clinical scenarios. The certification is valid for 3 years.

Within the East Kent Hospitals University NHS Foundation Trust (EKHUFT), a 2-day induction for DiTs is standard. In order to potentially streamline and improve local induction, a survey was conducted to evaluate the e-learning modules against sessions provided in the face-to-face induction and to identify any duplication or replacement opportunities.

Materials and methods

Foundation doctors were encouraged to complete the e-learning before local induction. A survey was distributed to all foundation year 1 (FY1) and foundation year 2 (FY2) doctors (Likert scale and open question type) via a SurveyMonkey link at the end of the EKHUFT 2-day induction. The link was sent separately to each cohort, although questions were the same to compare responses. A total of 55 survey answers were analysed and results were generated.

Results and discussion

The majority of FY1 and FY2 doctors believed that HEE's e-learning induction modules are complementary to local induction (90.20% and 64.29% respectively) and that local induction should not be replaced by e-learning (75.6% and 57.1% respectively). They felt that there was only minimal duplication and that completing the e-learning in advance was beneficial to starting in their new role/workplace. Doctors valued both face-to-face induction and the e-learning.

Conclusion

Any streamlining that ensures an effective induction and that can save time and reduce costs must be explored. Evaluation demonstrated however that an 'either/or' approach was not desirable. DiTs valued both elements to the induction. The data showed that induction approaches to induction are valued by DiTs. Further work will consider how we can further enhance our face-to-face induction training around the opportunities presented by online induction programme. ■

Conflicts of interest

None declared.

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