

Improving Junior Doctor Preparedness Through a Tailored Induction Pack

Theme | QIP

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REASON WHY?

Junior doctors joining the vascular team reported feeling underprepared when starting the rotation due to a lack of specialty-specific information and awareness of key administrative requirements. Important tasks, such as obtaining access to the vascular list and relevant IT permissions, were often not communicated until after doctors had started. This created challenges for new starters, disrupted ward round efficiency and increased pressure on existing members of the team. These delays could also impact patient care, as reduced efficiency and limited access to key systems may affect the timeliness of clinical decision-making, communication and overall patient flow within the vascular service.



To reduce the number of junior doctors feeling unprepared when starting a vascular rotation by 31st July 2026.

PLAN

Following feedback and first-hand experience from junior doctors completing the vascular rotation, a lack of specialty-specific information and pre-start administrative guidance was identified as a key issue affecting preparedness. Recognising the importance of effective induction in supporting staff transition, patient safety and team efficiency, junior doctors worked together to design a tailored vascular induction pack based on the information they felt would have been most valuable when starting the rotation.

The induction pack was co-designed by junior doctors and included key specialty-specific information, practical guidance around clinical processes, key contacts and administrative requirements to help new starters settle into the role more quickly and confidently.

A baseline survey was developed to assess preparedness, confidence and knowledge before starting the rotation, with follow-up feedback used to evaluate the impact of the induction pack and identify further opportunities for improvement.

DO

Members of the vascular team developed a tailored vascular induction pack containing specialty-specific information, key contacts and guidance on administrative requirements. The induction pack was tested with three incoming junior doctors. Before receiving the pack, all three completed a baseline survey to assess their understanding of vascular medicine, confidence in starting the rotation and awareness of key processes.

The induction pack was then shared with all three doctors before they started their placement in April 2026, ensuring they had access to the information and resources needed from day one. Following the start of their rotation, the three doctors completed a follow-up survey to evaluate the usefulness of the induction pack and identify opportunities for further refinement.

This intervention provided a structured and consistent approach to preparing new starters and generated feedback to support ongoing improvement of the induction process.

STUDY

Following the introduction of the vascular induction pack, preparedness improved from 0% before the rotation to 100% after the rotation among those who responded to the follow-up survey. The pack also supported practical readiness, with all three junior doctors receiving the induction pack before starting and confirming access to key IT requirements and vascular list permissions. The following feedback was received:

"This has been so helpful thank you so much".

Measure	Before induction pack	After induction pack	Learning
Junior doctors who felt prepared to start the vascular rotation	0/3 0%	2/2 100%	Self-reported preparedness improved following use of the induction pack.

ACT

ADOPT
The vascular induction pack will be adopted as part of the standard onboarding process for incoming junior doctors.

ADAPT
Feedback highlighted opportunities to strengthen the pack further, including additional information on general surgery shifts and on-call expectations. Feedback from vascular registrars and the wider team will also be incorporated.

Ownership and Next Steps
The vascular team will maintain and update the induction pack and issue the revised version to future cohorts of junior doctors in August 2026. Preparedness, confidence, IT access and vascular list permissions will continue to be monitored to inform the next PDSA cycle.