5 Points were consistently highlighted in survey returns:

1. Information not covered in induction/factually inaccurate/omitted from guidelines.
2. Information originated from senior peers only.
3. Minimal role clarification.
4. Documents were complicated and very long.
5. Lack of or difficulty in access to shift documentation.

Intervention and results To intervene a presentation was created, known as 'The Idiots Guide to Foundation On-Calls' ('The Guide'). This covered all shift roles, bleeps, responsibilities, timings and handovers. It was delivered at induction, via email and available online.

Repeat survey results showed 89% of stakeholders surveyed found 'The Guide' very useful or quite useful, with average confidence score increasing from 2.1 (pre-intervention) to 3.4 (post-intervention). There was a reduction from 67% of poor results (scores of 1 or 2) to 30%, alongside an improvement from 17% of scores 4 or 5 to 40%.

Lessons learnt

1. Involving the key stakeholders in the development of information for the induction processes leads to much better satisfaction and outcomes.
2. Guidelines should be simple, accurate, easy to read, accessible, promoted by others and regularly updated and reviewed by stakeholders.

Quality improvement, leadership, management

25 JUNIOR DOCTOR CHANGEOVER: A COLLABORATIVE APPROACH TO IMPROVEMENT

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Background The South Eastern Health and Social Care Trust (SEHSCT) is one of 5 trusts in Northern Ireland. On changeover days (first Wednesdays of August and February) junior doctors are invited to signing on sessions organised by the Human Resources (HR) team to complete paperwork and receive identity badges. Changeover can be a busy time for junior doctors and the HR Team. Feedback from the August 2017 signing-on sessions indicated dissatisfaction with lengthy waiting time, badges not correctly activated and difficulty accessing clinical care areas.

Aim To improve the signing on process for junior doctors starting new training posts in the SEHSCT

Methods We organized joint meetings between junior doctors and the HR Team and employed PLAN-DO-STUDY-ACT cycles.

For the February 2018 changeover, we improved the practicalities of the signing on process for junior doctors. Improvements included:

- Advance Electronic Form and Photograph Submission
- Advance Identity Badge Preparation
- Venue Change to Reduce Queuing.

For the August 2018 changeover we organised a Welcome Evening for junior doctors. This event combined the signing-on process with leadership talks from the SEHSCT senior management team.

Results Focus group feedback was very positive and 32 doctors completed written questionnaires:

- 100% of doctors said they felt welcomed to the SEHSCT
- 91% of doctors would attend a welcome event in the future
- 97% of doctors rated the event as good/very good/excellent
- 100% of doctors rated the venue as good/very good/excellent
- 97% of doctors stated they better understood the management structure of SEHSCT.

Conclusions Improving the signing on process required collaboration between junior doctors and the HR team. There is a firm working relationship between both parties, based on mutual respect and appreciation for each other's perspectives. Doctors now start their experience at the SEHSCT feeling welcomed and valued.

Retention of the general practitioner workforce

26 WHAT ARE THE PERCEPTIONS OF FACTORS AFFECTING GP WORKFORCE RETENTION? A QUALITATIVE STUDY OF GPS IN THE WEST MIDLANDS

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Background GP retention is a serious issue. Despite recent increases in patient volume and demand, workforce numbers have failed to adapt. Between 2005 and 2014 the number of GPs leaving almost doubled, and nearly half of those intending to leave are under the age of 50; if uncorrected, this poses a sustainability issue for the NHS.

Aims The aim of this study was to explore the perceptions and views of GPs regarding GP workforce retention.

Methods Six GPs were sampled by convenience sampling, and underwent semi structured telephone interviews in March 2018 of up to an hour. Interviews were transcribed by the researcher and analysed thematically using the six step approach by Braun and Clarke.

Findings There were five themes and ten subthemes. Themes were: increasing and changing patient expectations, consultation changes, system pressures, lack of leadership and culture. The ten subthemes were lack of patient education, increased patient consumerism, time pressures, restricted practice, breakdown in doctor patient relationship, non-primary care pressures, administrative pressures, government interference, organisational culture and workforce culture change.

Conclusion A breakdown in doctor patient relationship, increased patient consumerism and limited resources provided by the government, coupled with the less vocational workforce culture of newer GPs, have all contributed to a