Abstracts

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 an 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

Retirement of the general practitioner workforce

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, 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.

Conclusions
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
Developing effective leaders

What I learned from Lessons Learnt: A Junior Doctor’s Perspective as a Leader in Patient Safety

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My time as Lessons Learnt (LL) Lead has illustrated both how leadership can serve to improve patient safety and the role of reflection in ongoing development as a junior leader.

‘Lessons Learnt: Building a Safer Foundation’ comprises an NHS patient safety training programme, wherein Foundation trainees lead a peer-group discussion and analysis of a patient safety incident (PSI) in a safe, facilitated forum. I facilitated discussion around incidents raised by participants, ranging from analgesia delay for fracture patients, to missed diagnosis of a rare and sadly fatal chemotherapy side-effect. Our objectives were focused around acquiring patient safety knowledge, skills and attitudes.

The project appeared to garner positive feedback. However, something changed two or three sessions in: motivation dropped. Despite excellent speakers, there was a fatigue in engagement. Holding group and individual discussions, I identified that LL sessions left participants feeling like there wasn’t enough action – what are we actually doing to help patients?

One objective in the LL course guide states: ‘raise and act on concerns about patient safety’. I decided to make this a priority by including a larger element of quality improvement. In the final LL session of the year we looked back over PSIs and identified what could be actioned in the form of a QI project. With participants in smaller groups, I tasked each group to create a SMART aim, a measure for said aim and a timescale. Projects are ongoing around the themes of safe prescription, inter-staff communication and awareness of safety protocols. Feedback has been overwhelmingly positive.

My leadership lessons throughout the process:

- set wider team goals overarching regular session objectives
- team demotivation is something to be explored, not feared
- engaging and useful feedback, though time-consuming, can make all the difference
- use methodology that participants know well to bridge gaps in progress.

Call for posters – developing effective leaders

Developing a Trainee-LED Regional Leadership and Management Series for Rheumatology Specialty Trainees

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Background We identified an unmet need in regular formal teaching provided by Health Education England North West...