desire to leave practice. A lack of leadership opportunities for GPs was found to negatively affect job satisfaction due to reduced autonomy and opportunities to impact upon decision making. Formal leadership training could be developed, which has been shown to increase engagement with leadership in clinical commissioning groups and reduce the conflict of values that a hybrid clinical-leadership role brings. Other ways towards increasing leadership without detracting from clinical work would be to create leadership fellow positions and advisory posts, to ease GPs into these roles.

Electroconvulsive therapy, psychiatry, special care dentistry

27 DENTAL RISK ASSESSMENT AND MANAGEMENT IN ELECTROCONVULSIVE THERAPY (ECT)

Bhavik Bhandari*, Chris Griffiths, Nicoleta Read, Alex O'Neill-Kerr, Sabih Irfan, Deborah Manger, Sue Palmer-Hill. *Northamptonshire Healthcare NHS Foundation Trust, UK*

10.1136/leader-2018-FMLM.27

Northamptonshire Healthcare NHS Foundation Trust has recently developed a new dental risk assessment toolkit for patients undergoing electroconvulsive therapy (ECT).

The project has been led by an Integrated Clinical Fellow working between the specialist dental service and psychiatry. This fellowship funded by Health Education England was delivered in collaboration with the trust's Medical Director and Deputy Medical Director.

The project aims to optimise patient safety as well as address the gaps in knowledge held by the ECT team through current guidance provided by NICE and The Royal College of Psychiatrists.

A focus group consisting of anaesthetists working in ECT have raised concerns regarding their confidence and ability to manage dental risk in the context of modern developments including legal issues of risk management and consent, patient attitude to dental health and technological advances in dentistry. This has indicated a need for tools to support best practice.

A questionnaire was designed and distributed at a national ECT conference. This provided information on current practice across the country and indicated inconsistencies in practice.

An interactive e-learning workbook was developed using educational theory and learner activity design. Doctors and nurses completing dental assessments contributed to the design, identifying the aims and intended learning objectives. This is the first training resource of its nature to be designed and implemented within the field of ECT.

Simple and effective training has empowered staff to confidently complete an appropriate dental assessment. Clinical implications have been reported by anaesthetists with improvements in management techniques. The team has recognised that dental assessment should be a shared responsibility.

The project has led to the proposal of a national minimum standard for dental assessment criteria to better identify and manage patients at risk of dental and oral soft tissue trauma.

Developing effective leaders

28 WHAT I LEARNED FROM LESSONS LEARNT: A JUNIOR DOCTOR'S PERSPECTIVE AS A LEADER IN PATIENT SAFETY

Farhan Huq*. *East Lancashire Hospitals NHS Trust, UK*

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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 focussed 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

29 DEVELOPING A TRAINEE-LED REGIONAL LEADERSHIP AND MANAGEMENT SERIES FOR RHEUMATOLOGY SPECIALTY TRAINEES

¹Charlotte A Sharp, ²Rosalind Benson, ³Elizabeth MacPhie. ¹Health Education England (North West) and NIHR CLAHRC, Greater Manchester; ²Health Education England (North West); ³Minerva Health Centre, Lancashire Care NHS Foundation Trust, Preston

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