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)

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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

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10.1136/leader-2018-FMLM.28

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

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10.1136/leader-2018-FMLM.29

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

(HEE(NW)) covering leadership and management requirements of the Joint Royal College of Physicians' Training Board Speciality Training (ST) Rheumatology Curriculum. Our intervention targeted rheumatology speciality trainees (STRs) and aimed to enhance networking and collaboration across the two newly merged deaneries.

Methods Trainees canvassed through formal surveys chose a bi-annual half-day session in conjunction with an existing event, the North West Rheumatology Club (NWRC). Trainees have autonomy over session organisation and development including content, speakers, advertising and chairing. Learning objectives are mapped against the leadership and management sections of the ST curriculum. HEE(NW) training programme directors support the programme, facilitating STRs to access study leave. The NWRC provides support in advertising, hosting and meeting costs.

Results Teaching on leadership and management has been delivered at two sessions, attended by 70% STRs. Ice-breakers facilitate networking and collaboration between STRs, seated to combine regions and grades. Whistleblowing, raising concerns, influencing and resilience were covered using interactive and novel techniques, e.g. Lego Serious Play™. Anonymous formal feedback using a numerical Likert scale gave a mean score of 4.8/5 from two sessions, for meeting objectives and delivering clear sessions. Free text responses were overwhelmingly positive: STRs report that the sessions meet their needs; facilitate networking; and change their practice. Three respondents reported being more pro-active in reporting and escalating complaints as a direct result.

Conclusion Filling unmet training needs in leadership and management through trainee-led sessions provides an excellent learning opportunity for STRs both attending and leading the events, and facilitates cross-regional collaboration.

Leading innovation and improvement

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CREATION OF A NEAR-PEER MENTORSHIP PROGRAMME TO IMPROVE SUPPORT FOR NEW DOCTORS

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10.1136/leader-2018-FMLM.30

Background Transition from medical student to FY1 (Foundation Year 1) doctor is often challenging.^{1 2} New doctors commonly feel stressed and unsupported.^{3 4} A near-peer mentorship scheme for FY doctors was piloted in NHS Lothian, aiming to provide support during this period of professional transition.

Methods 190 FY doctors volunteered to participate (n=190) for one year. 95 FY1-FY2 dyads were assigned by the investigators according to relevant job experience. Pairs were encouraged to communicate informally as well as meet once per four-month rotation. Each dyad was asked to complete a paired learning agreement. Feedback was sought from participants at the start, end of rotation one, and end of year.

Results Reasons given by FY1s for participating centred on gaining support (20), advice (24) and insight from someone with recent experience (11). FY2s participated to help support colleagues (61), because they wished they had a mentor themselves (28), and due to interest in leadership and teaching

(17). Rate of response to end of year feedback was 32/95 FY1s, 65/95 FY2s. 98% of feedback respondents reported making contact with their partner, and 82% met their partner in person. Major barriers to meeting included scheduling/rota conflicts and locational differences. Respondents felt peer mentors fulfilled a different role to the educational supervisor. FY1s overall felt more likely to turn to their mentor than educational supervisor for personal welfare support. 94% of respondents reported that having both peer mentor and educational supervisor was beneficial (29/32 FY1s; 62/65 FY2s). At the end of the year, 84.4% of responding FY1s felt 'having a peer mentor helped [them] feel supported in the transition from medical student to FY1.' 99% of feedback respondents felt the programme should continue.

Conclusions Near-peer mentorship enhances support for FY1 doctors. The programme was widely accepted and received positive reviews from participants.

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YOU'RE HIRED! DEVELOPING CLINICAL LEADERS OF TOMORROW USING THE GOVERNMENT APPRENTICESHIP LEVY

Bill Kawai-Calderhead*. *Royal Army Medical Corps, British Army, UK*

10.1136/leader-2018-FMLM.31

Aim Medical leadership is recognised as an essential facet of clinical practice. However, there lacks standardised, sustainable training for postgraduate doctors particularly to support the transition from undergraduate medical student to Foundation Year 1 (FY1) doctor. Through the introduction of the Government Apprenticeship Scheme, NHS Trusts now have access to a ring-fenced budget, the Apprenticeship Levy, which can be used to provide a funded, vocationally based and nationally benchmarked training solution.

Methods In a partnership between the author, South Tees Hospitals NHS Foundation Trust (STES) and a Registered Apprenticeship Training provider, the Foundation Leadership and Management (FLM) programme for FY1s was developed using the Apprenticeship curriculum standard. FLM consists of 12 leadership-themed modules which complement the FY1 clinical curriculum and results in a nationally recognised qualification allowing Associate Membership of both the Institute of Leadership and Management and the Chartered Management Institute. As a pilot, 38 FY1s were enrolled in December 2017. Their perception of preparedness for the leadership challenges of practice was gauged during FLM using questionnaires.