

programme of focus groups to increase engagement with junior doctors and inform the rating of providers at well-led. In addition, this work will provide junior doctors with more opportunities for leadership and engagement with trust boards.³

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Developing Effective Leaders

31 PERIOPERATIVE MEDICINE FOR OLDER PEOPLE UNDERGOING SURGERY (POPS) FELLOWSHIP: DEVELOPING LEADERS IN GERIATRIC PERIOPERATIVE MEDICINE

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Background Perioperative medicine (POM) for older people is an emerging geriatric subspecialty where effective leadership is essential to support national growth. POPS is an evidenced-based, geriatrician-led, multidisciplinary team, providing comprehensive geriatric assessment (CGA) for older patients undergoing elective and emergency surgery. There is heterogeneity observed in the UK, with only 53% of trusts providing POPS services in 2018.¹ UK surveys demonstrate current provision does not meet demand, meaning developing leaders in POM is vital for scaling POPS services.

Method The GSTT POPS fellowship was developed in 2012 to provide Specialist Registrars the opportunity to spend a year under the supervision of POM geriatricians. Fellows develop experience in CGA before elective surgery and inpatient care for all older surgical patients. The curriculum outlines expected knowledge, behaviours and opportunities available. Leadership skills are developed through independent work, junior supervision, research and mentorship from geriatricians.

Results 10 trainees have completed the fellowship, with 6 now working POPS Consultants. Achievements include; 16 quality improvement projects, 5 publications, 5 awarded grants, a Darzi fellowship and representation on national bodies (eg. NELA). The wider impact is seen through UK POPS expansion and improved outcomes for older patients in NELA.^{1,2}

Conclusion In the context of workforce shortages, difficulties in geriatrician recruitment requires service flexibility. This led to the development of a POPS fellowship, now producing future POM leaders.

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Leading Innovation and Improvement

32 TEA BREAK TALK – A WELLBEING INITIATIVE FOR JUNIOR DOCTORS

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Background The 2019 BMA report on 'Caring for the mental health of the medical workforce' found that 80% of doctors are at high risk of burnout with junior doctors being most at risk. The 2018 GMC Training Environment Report also found that 25% of doctors in training felt burnout associated with high workloads, rota gaps, and a lack of a supportive environment.

Method Members of the Junior Doctors Representative Committee at University Hospitals Plymouth NHS Trust, launched a bi-monthly initiative called Tea Break Talk, with BMA funding. Through open group discussions and questionnaires we assessed perceptions around seeking support from Clinical/Educational Supervisors and we supported the wellbeing of junior doctors locally by signposting available services and peer-led discussion/reflection.

Results Over 3 months, we obtained feedback from doctors ranging from F1-ST6 levels. All responders found these sessions to be beneficial and a safe platform to discuss concerns regarding their wellbeing and professional development. 44% of the attendees were not aware of the existing counselling services; only 48% felt comfortable discussing stressful scenarios with their supervisors; one third of responders would discuss other personal or health-related concerns with their supervisors and almost 20% felt that doing so would reflect badly on them.

Developing Effective Leaders

33 CLINICAL SENATE FELLOWSHIPS AS A FORUM FOR DEVELOPING FUTURE CLINICAL AND MEDICAL LEADERS

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Aims The East Midlands Clinical Senate is one of twelve regional clinical senates. Clinical senates act as a forum of multi-professional clinical leaders who can offer independent and objective clinical advice to support commissioners and other stakeholders to make the best decisions about health care for their local populations. The East Midlands Clinical Senate recognised this would provide a unique opportunity to recruit clinical research fellows, creating the opportunity to support leadership development and enhance our ability to produce high quality research to support evidence-based decision making among health and social care leaders.

Methods A competitive recruitment process engaged six clinical fellows from a variety of specialties, for one session a week over a 12 month period. The clinical fellows were