

participation, risk management, clinical practice and our workforce. Early projects that were initiated under STEP included the development of a 'Fasting app' to prevent multiple episodes of fasting following cancellation of surgery by providing visibility on the elective surgery booking list. (Safe/Timely/Risk Management). Other initiatives included a next of kin texting initiative to update families on patient progress (Patient centred/Consumer Partnerships), implementation of multidisciplinary ward governance rounds (Effective/Clinical Practice) and participation in an online patient feedback platform (Patient centred/Consumer Partnerships). Our preexisting Safety Culture Program was 'rolled in' to our Clinical Governance Framework (Safe/Leadership and Culture). We believe this approach 'personalises' clinical governance and assists front line care givers and consumers in understanding how our organisation monitors and improves the care we provide, ensuring it is safe, timely effective and person centred.

Developing Effective Leaders

4 'SUMMITS' PROGRAMME – DEVELOPING JUNIOR LEADERSHIP IN SPECIALIZED HOSPITALS IN 'CLALIT', ISRAEL

¹Lilach Inbar, ²Anat Berkovitz, ³Efrat Shechter. ¹Inbarim Consulting, Israel; ²CLALIT Beit Rivkah Geriatric Center, Israel; ³CLALIT Leadership School, Israel

10.1136/leader-2019-FMLM.4

'Summits' is a unique programme for training next generation leadership in six specializing and relatively small hospitals in Israel, owned and operated by 'CLALIT' – the largest HMO in Israel.

The challenge was to build a training programme that would address the unique situation and culture of each hospital as well as the culture 'CLALIT', but also to create a common baseline of leadership skills and to develop them as an inter-hospital quality group.

The programme, based on the PBL method, had three dimensions: self-consciousness, better familiarization with the hospital and the CLALIT, and the interface between the different professions in these hospitals, as well as between the hospitals.

Each hospital selected a team of five participants from different professions who already demonstrated leadership skills, as well as a small group of mentors. Each team conducted two projects: learning about their hospital and introducing it to the other groups; identifying together with the hospital's Director General an important challenge and to come up with ways to address it.

The results were very encouraging. It was found that the PBL substantially increased the motivation and involvement of the participants, as well as their willingness to exercise leadership, and take responsibility and ownership of projects in the hospital. They also felt empowered and appreciated. In the long run, it should help preventing burn-out. The participants from each hospital developed a group mentality; some have already been nominated to their first management positions. The success of the first pilot led to the continuation of this training programme.

Leadership training by making people from different professions in the hospital joining hands and collaborate on real

challenges is a winning methodology. It not only contributes to the individuals who took part, but also improves the organizational ecosystem of the hospitals.

5 EVALUATION OF LEADERSHIP AND MANAGEMENT TRAINING PROGRAMMES FOR FOUNDATION DOCTORS

¹MA Nahaboo Solim, ²AM Tarin, ³B Kawai-Calderhead. ¹Academic Foundation Doctor Year1, James Cook University Hospital, South Tees Hospitals NHS Foundation Trust, Middlesbrough; ²Foundation Doctor Year 2, University Hospital of North Tees, North Tees and Hartlepool Hospitals NHS Foundation Trust, Stockton-on-Tees; ³GP Trainee, Royal Army Medical Corps, British Army

10.1136/leader-2019-FMLM.5

Aim This study explored formal leadership and management (LM) training available to new Foundation Year 1 (FY1) doctors at South Tees Hospitals NHS Foundation Trust (STEEES) and compared it nationally. LM training is a topical field: FY1s feel unprepared for the LM challenges of practice; this contributes to anxiety and burnout, and increased patient safety incidents; and poor LM skills lead to poor patient outcomes. Patient safety, therefore, is at the core of this study.

Methods Since 2016 STEES has incorporated LM training within FY1 Induction/Shadowing. Instigated by a STEES FY2, and in a partnership between STEES' Education Directorate and a Registered Apprenticeship Training provider, a FY1 LM apprenticeship programme, Foundation Leadership and Management (FLM), was piloted from December 2017. FY1s were surveyed anonymously, but individually tracked, during FLM. Further work is underway, including an additional 5 trusts being surveyed, to ascertain what other FY1 LM programmes are available, and the potential for dissemination and adoption.

Results With regards to self-rated preparedness for LM challenges, the results (n=164) show that: 40% feel prepared; 27% feel their undergraduate curriculum adequately prepared them; and 21% feel confident as a leader and manager. Those enrolled on FLM have shown significant increases in their self-rated scores. Additionally, research so far reveals local initiatives of varying content, delivery, and reach. There is yet to be a standardised, regional or national FY1 LM programme.

Conclusions Our research shows the feasibility of a FY1 leadership apprenticeship as a sustainable programme with positive impact on FY1s' LM preparedness. LM apprenticeships can be disseminated; two additional trusts adopted FLM in August 2019. Research into FY1 LM programme availability in the UK will offer the potential to change how FY1 LM training is delivered at a national level through the identification and promotion of best practice.

6 PEER TO PEER LEADERSHIP TEACHING FOR FOUNDATION DOCTORS

Charles JS Nye*, Rebecca LG Haggie, Isabel Sellers, Lynn Zheng, Iain Smith, Mark Slade. Gloucestershire Royal Hospitals NHS Foundation Trust, UK

10.1136/leader-2019-FMLM.6

Introduction Foundation doctors often say they feel intimidated by the idea of 'leadership' and have received little teaching on the subject. We planned to address this using peer to peer teaching. This method has been shown previously to

be a valuable learning experience for the participants and the facilitators.

Method We surveyed the Foundation doctors asking them how much leadership teaching they had previously had and to rank their confidence in their leadership abilities, how keen they were to develop and improve their leadership skills and whether leadership teaching is important and relevant for them as Foundation doctors. We arranged a peer led leadership teaching session for foundation doctors which consisted of several short workshops. These were 'difficult conversations', 'followership', 'resilience and how to develop in your team' and a 'senior doctors experience'. We then assessed whether it was an effective way to improve understanding and engagement in leadership by repeating the survey asking the same three questions. The Results were analysed using a two tailed paired T-test ($n = 23$, $p < 0.05$).

Results Feedback from the facilitators and participants was positive. The mean rating by the participants was 4.4/5. Most trainees had received very little or no formal leadership teaching prior to the session (median = 0). The teaching session showed an improvement in all 3 areas assessed, notably in the confidence of participants in their leadership ability, increasing from 3.3/5 to 3.5/5 ($p < 0.05$).

Conclusion Our research illustrates the lack of formal leadership teaching for foundation doctors. This project demonstrates that peer to peer teaching is an effective way to help build confidence and understanding both for those who receive the session and those who organise it. We hope that our leadership teaching model will be replicated across other foundation schools in the UK.

7 REFLECTIONS AND LESSONS FROM ORGANISING THE INAUGURAL SOUTH WEST LEADERSHIP CONFERENCE: NEXT GENERATION LEADERS

¹Sophie McGlade*, ¹Ben Ballisat, ¹Samantha Cockburn, ¹Mark Eveleigh, ¹Carla Fleming, ¹Sam Hayward, ¹Freya Smith-Jack, ²Elliott Haines, ²Rachel Homer, ³Jane Thurlow. ¹Health Education England South West Leadership Fellow, UK; ²Torbay and South Devon NHS Foundation Trust, UK; ³Health Education England South West, UK

10.1136/leader-2019-FMLM.7

Introduction The inaugural South West leadership conference, 'Next Generation Leaders', was held in March 2019. This was open to 200 trainees and was jointly organised by the seven Health Education England South West (HEE-SW) Leadership Fellows and two Academic Foundation doctors. It was funded by HEE-SW through the Severn deanery in collaboration with the Leadership Academy.

Issue The importance of good leadership skills in junior doctors is increasingly recognised; this conference aimed to inspire and equip clinicians with leadership skills. Topics included exploring leadership during challenging circumstances, leadership development, human factors and organisational structures.

We adopted a distributive leadership approach, rapidly learning how to organise and promote a conference in budget, inviting speakers, providing network opportunities, website design and coordinating poster presentations.

Intervention The conference delivered a varied programme with full details available at the event website (www.nextgenerationleaders.net). A diverse range of speakers were

invited from within healthcare and other industries. We aimed for total inclusivity for all trainees across the South West, being free to access, central location and flexible content.

Measurement Feedback from delegates was obtained via an electronic survey. Analysis showed the conference was well received, 98% of attendees recommended the conference.

Lessons Reflections of the organising committee centred around how we worked as a team, bonding at the start of the fellowship and becoming a cohesive group.

Through our individual and collective experiences this conference has acted as a catalyst to furthering our own leadership development inspiring us to pursue future opportunities.

We would like to inform and inspire others interested in organising similar events. We hope to promote others to seek out leadership development opportunities, which is crucial for the future of the NHS.

8 THE CHALLENGE OF ACCESS: A LITERATURE REVIEW OF 'IMPACT' IN RELATION TO THE EFFORTS OF WIDENING PARTICIPATION INTO MEDICINE

ES Adeeko, ER Reid. *Warwick Medical School, University of Warwick, UK*

10.1136/leader-2019-FMLM.8

Background and aims Widening Participation (WP) and Widening Access (WA) endeavours to widen opportunities for students from disadvantaged backgrounds. This holds significance within medicine considering the diversifying patient-population, that is not yet reflected within the practicing-workforce or student-population. Despite increased efforts towards improving this, there is limited evidence-based knowledge as to how much of an effect this work is having. Our review further explores this.

Methods A critical literature review was conducted via an online search-strategy of eight educational databases, one medical database and use of grey literature.

Results On analysis, it became clear there was a multifactorial foundation to this issue. The use of terminology with inconsistent definitions, even between well-established institutions, has led to ambiguity and interchangeable use of the terms WA and WP. This is despite WA being a singular division of the WP initiative. Another aspect lies in the discrepancy of efforts towards known WP barriers. This has led to skewed interpretation of WP intervention and disproportionate focus on the issue of socioeconomic status, discounting other barriers such as ethnicity, disability and gender. There is also insufficient research into the results of WP past the point of medical school.

Conclusion Despite substantial contact, there is a lack of evidence supporting positive long-term effects. Most likely due to misalignment of core ideals constituting WP and WA, along with limited literature availability, there becomes insufficient grounds to express more than minimal impact produced by WP in medicine. WP is of critical importance to the medical sector not only in education but also practice, and as such the leading voices in medicine need to be aware of its current state. This would fundamentally serve the health of future populations, enabling a wider populace to not only enter medicine but participate and flourish within it.