importance of leadership and why good initiatives can fail without it. To establish long-term change, we must involve a member of staff with a permanent position in that environment, a leader.

Leading innovation and improvement

103 EXPLORING THE TEACHING AND TRAINING NEEDS OF STUDENTS AND CLINICIANS IN DIGITAL HEALTH

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10.1136/leader-2020-FMLM.103

There has been exponential growth in technology use within the NHS, further accelerated by the Covid-19 pandemic, and video consultations, e-Consults and remote monitoring are now commonplace. However, undergraduate medical education is not keeping up with this pace and medical schools risk producing graduates who are unqualified to work in a digital NHS.

Assessment The Medical Education Innovation and Research Centre (MEiC) led two projects exploring views of primary care educators and medical students. MEiC is a translational centre bringing cutting-edge evidence from health, education, community and policy into medical education innovations and research.

Primary care educators attended a digital health workshop where activities included discussing challenges and risks around digital technology. Key challenges identified included digital consultation skills, access, workload, patient safety and ethics.

Third year medical students were invited to enrol on 'Digital Health Futures', a specialty choice module. After the module, students were invited to participate in focus groups to reflect on digital health education. Key themes included lack of preparedness for practice, a call for digital to be fully integrated within the curriculum, and concerns around attitude of the medical school to technology and digital innovation.

Leadership Implementing curricular improvement requires strong leadership; and close collaborations and consultation with students and educators is vital. This must be an ongoing and iterative process due to the nature of technological development. Aligning the curriculum to the Topol Report and NHS Long Term plan is key for student learning and ultimately patient care.

MEiC's dedicated leadership in this area has demonstrated the need for curricular reform at undergraduate, postgraduate and continuing professional development level. This emerging and urgent priority must be tackled across the whole medical education spectrum.

Leading innovation and improvement

104 SERVICE DEVELOPMENT PROJECT: CREATING A TRUST LEVEL MENTAL CAPACITY ACT AWARENESS WEEK

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10.1136/leader-2020-FMLM.104

Aim To improve the understanding and confidence of clinical staff working in forensic services in applying Mental Capacity Act (MCA) legislation.

Method A multidisciplinary group including a psychiatrist, psychologist, social worker and mental health law expert developed a MCA Awareness Week. This included a two hour workshop repeated across three forensic directorates. The workshop featured large and small group activities based on frequently arising scenarios. Workshop attendees were asked to complete a pre and post workshop questionnaire.

Results The workshops were fully booked with 80 staff members attending from all clinical specialities including: nurses (33), psychologists (8), healthcare assistants (7), doctors (7), occupational therapists (6), social workers (5), pharmacists (3) and clinical managers (3). 90% of participants completed both the pre and post workshop questionnaires. The mean usefulness score of the workshop was 8.8/10. There was a statistically significant increase (at the 0.05 level) in mean scores across all four measures, including: understanding capacity (26.7% increase), confidence in assessing capacity (29.3%), confidence in being a decision maker (31.6%) and awareness of the principles of capacity (35%). Qualitative feedback was that participants valued having face-to-face learning and group discussions allowed staff to share their views and experiences from the perspective of their disciplines.

Conclusions The project was developed in response from the feedback and recommendations of a Care Quality Commission inspection. This meant that senior sponsorship was provided for initiating the project. The multidisciplinary collaboration behind the project also ensured that the service was valued and attended across the disciplines.

The emergence of COVID-19 raises the issue of whether it is viable to adapt a service to an online medium when it is valued for its face to face and group component.

Cardiology

105 STANDARDISING INPATIENT MANAGEMENT OF NON-ST ELEVATION ACUTE CORONARY SYNDROME

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10.1136/leader-2020-FMLM.105

Aims To standardise the inpatient management of Non-ST elevation acute coronary syndrome (NSTEMI-ACS) in our tertiary cardiology centre by developing an innovative pathway that integrates care from all members of the multi-disciplinary team (MDT) involved in the patient journey.

Methods We retrospectively collected data on all cardiology admissions from January 2020 to April 2020 with a discharge diagnosis of NSTEMI-ACS. We collected informal feedback from representatives of the MDT involved in all stages of the patient journey.

Results

- 21% and 33% of patients were screened for diabetes and dyslipidaemia, respectively.
- 84% of patients who underwent coronary angiography met the ESC criteria for high-risk NSTEMI-ACS. Gold standard