Understanding leadership through research

WHY ARE THERE SO FEW MEDICAL CHIEF EXECUTIVES IN PSYCHIATRY? AN EXPLORATION OF THE PERCEPTIONS OF MENTAL HEALTH MEDICAL DIRECTORS AND CONSULTANT PSYCHIATRISTS

J Fellows*, I Snelling. University of Birmingham, UK

Background Since the introduction of general management to the National Health Service (NHS), there has been a divide between doctors and managers which has prevented doctors from taking on management roles. However, there is evidence that clinicians, as managers produce better outcomes and doctors as CEOs, yield better results yet the number of medical and clinical CEOs remains small. The barriers and enablers for clinicians to leadership and management have been explored by the Faculty of Medical Leadership and Management (FMLM) but there is little research in psychiatry and the mental health sector.

Aims To gain insight into the experiences and perceptions of consultant psychiatrists and mental health medical directors on the barriers and enablers to leadership and management roles and the CEO position. To explore the recommendations of consultant psychiatrists and mental health medical directors on how to increase the number of medical professionals taking on leadership and management positions and the CEO position.

Methodology Eleven qualitative interviews were conducted with a combination of inductive and deductive questioning. NVivo was used to organise codes. Braun and Clarke’s six-step analysis was used for thematic analysis.

Findings Nine themes were found. Some echoed the findings from the research conducted by the FMLM. However, there were new findings specific to psychiatry related to demographics of the workforce including personality traits, higher BAME staff and a reaction against the traditional medical hierarchy which impact the ability of doctors to take on medical leadership and management roles.

Conclusion Many of the barriers and enablers found are similar to previous research so the recommendations from the FMLM report could be useful. New findings specific to psychiatry require further research to understand their impact and to determine their presence in other specialties.

Change of symptomatic breast clinic during covid and into the future

LEADING CHANGE & THE EVOLUTION OF THE BREAST CLINIC THROUGH THE COVID-19 PANDEMIC AND INTO THE FUTURE

Mondani Giuseppina, Suleman Mona*, Potzisz Kal, I Abbas, mran King Polly, English Rachel, Brown lain, Drew Philip. Breast Oncoplastic Surgery, Royal Cornwall Hospital, Truro UK

The high transmissibility rate of Covid, obliged us to adapt and transform our symptomatic clinic to be able to continue diagnosing and treat breast cancer and at the same time protect patients and staff.

Prior analysis of clinical activity suggests at least 80% of patient attending breast clinics are either healthy or classify their treatment as good or excellent, with 94% of patients stating that they would choose this treatment option in the future.

Aims and Objectives We aimed to set up a multidisciplinary team (MDT) in OPH to identify specific areas where we could increase capacity and improve patient safety.

Materials and Methods We set up a MDT, entitled the ‘Hysteroscopy User Group’ (HUG) in the Gynaecology outpatient department.

A prospective efficiency flow-time audit was initially conducted analysing 36 patient journeys during an OPH appointment.

British Society of Gynaecology Endoscopy (BSGE) patient satisfaction surveys were undertaken to assess service quality.

Results The efficiency flow audit demonstrated the following averages times: three minutes for patient consent and three minutes for equipment set-up; eleven minutes procedure time; four minutes for patient debrief and overall thirty-nine minutes for the appointment.

BSGE patient satisfaction surveys showed 100% of responders classifying their treatment as good or excellent, with 94% of patients stating that they would choose this treatment option in the future.

Interventions and Strategies for Improvement

We collaboratively identified specific areas for improvement including the introduction of RCOG consent stickers and nurse-led set up of equipment.

Capacity was subsequently increased by 40% thereby improving patient access to services whilst maintaining excellence in quality of care.

Conclusions and impact Formation of the multidisciplinary HUG improved capacity, transparency and communication across the OPH service; hence we were able to improve the quality of care we deliver to our women.

IMPLEMENTATION OF A HYSTEROSCOPY USER GROUP AT SOUTHMEAD HOSPITAL, NORTH BRISTOL NHS TRUST TO ENABLE SUSTAINABLE EFFECTIVE CHANGE

Rowena Sharma*, Hajeb Kamali, Laura Kelsey, Sophie Kenyon. North Bristol NHS Trust

Background The Royal College of Obstetricians and Gynaecologists (RCOG) recommend the provision of an outpatient hysteroscopy (OPH) service by all gynaecology units. We run a high-quality OPH service at Southmead Hospital, however, increasing clinical demands drive the need to improve services.

Aims and Objectives We aimed to set up a multidisciplinary team (MDT) in OPH to identify specific areas where we could increase capacity and improve patient safety.

Materials and Methods We set up a MDT, entitled the ‘Hysteroscopy User Group’ (HUG) in the Gynaecology outpatient department.

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