bed load, leadership and giving instant updates about guidelines and dissemination of critical information. Medic Bleep contributed to efficiencies in clinical workflow and may positively affect patient care.

Understanding leadership through research

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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*

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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.

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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*

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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.

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 women 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.

Change of symptomatic breast clinic during covid and into the future

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

Mondani Giuseppina, Sulieman Mona*, Potiszil Kali, I Abbas, mran King Polly, English Rachel, Brown Iain, Drew Philip. *Breast Oncoplasty Surgery, Royal Cornwall Hospital, Truro UK*

10.1136/leader-2020-FMLM.121

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 per cent of patient attending breast clinics are either healthy or found to have benign conditions, identification of this group of patients ahead of time would allow assess and treat them safely with a telephone clinic consultation instead

On this tenet we worked, in compliance to new and emerging guidance about breast cancer care during the pandemic from the Association of Breast Surgeons and the National Institute for Clinical Excellence, to devise a novel vetting system for stratifying and prioritizing all new referral to out-patient clinics.

All changes were discussed at MDTs. Adjustments and refinements were made as necessary due to the dynamic and evolving situation; changing guidance and staff availability due to illness, need for self-isolation and those shielding at home.

Patients were stratified according to their history and symptoms and their likely cancer risk.

Patients with high risk of cancer were offered face-to-face consultation, those at low risk were offered telephone consultation.

From 23rd March to 1st May 2020, we moved all possible patients to phone consultations. 299 new patients were vetted: 149 allocated phone appointment, 150 attended face-to-face clinics, of these 62 were diagnosed with breast cancer.

Initial phone contact appears safe with low risk patients. This will maximize available resources and reduce the pressures imposed by two week waiting list clinics on the breast services.

Covid-19 gave us the opportunity of demonstrating the strong, shared leadership existing in our group. The entire team proved able to adapt to different ways of working and embrace change, whilst continuing to innovate and thrive.

Breast surgery service changes during Covid 19 and adaptive leadership

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ADAPTIVE LEADERSHIP & MANAGING CHANGE IN BREAST CANCER SERVICES DURING THE COVID-19 PANDEMIC

Giuseppina Mondani, Mona Suleiman, Kali Potiszil, Imran Abbas, Polly King, Rachel English, Iain Brown, Philip Drew. *Breast Oncoplastic Surgery, Royal Cornwall Hospital, Truro*

10.1136/leader-2020-FMLM.122

COVID-19 pandemic evolved rapidly and necessitated rapid, dynamic service reorganisation.

Utilisation and distribution of our individual team members' skillsets demonstrates our adaptive leadership across all aspects of the service.

We adhered to the Association of Breast Surgeons guidelines for breast cancer care to downsize activity and resources.

Objective of strategy was to maintain a consistent high standard of care, without compromising on NHS targets or cancer outcomes.

Face-to-face appointments (FA) were minimised to reduce the risk of COVID-19 infection.

A novel Vetting System stratified patients' symptom into High Risk of cancer (FA) or Low Risk (Telephone Consultation, TC).

Detailed patient spreadsheets were created, accessible on a shared drive as a real time dashboard - monitoring patient flow, recording triage decisions & outcomes.

We redesigned patient spaces with an 'in car' waiting room, single direction flow and patient-only admittance for clinic safety.

We suspended non-essential services: to preserve hospital resources; reducing non-essential attendances and allowing redeployment of staff to acute areas.

Data comparison over same period the previous year was used to gain an idea of the impact of activity changes and to anticipate additional workload post-lockdown.

March 23 to May 1st, 2020:

45 cancer surgery

296 new breast clinics

531 follow-ups (104 elected to postpone) 427 (331 TC, 96 FA)

26 breast screening

March 25 to May 3rd, 2019:

53 cancer surgery

507 new breast clinics

674 follow-ups

32 breast screening

Shortfall in new patients was related to reduced GP activity/patient reluctance to seek medical help.

Shortfall in follow ups due to postponements.

Subsequently clinical evaluation with patient experience questionnaires confirmed no cancer missed, no delays to treatment and no harm caused.

Adaptive leadership was essential in a time of unprecedented challenges.

Medical Education

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THE IMPACT OF COVID-19 PANDEMIC ON THE TRANSITION FROM STUDENT TO DOCTOR IN THE UNITED KINGDOM: IMPLEMENTATION OF TEACHING PROGRAMME

Byung Choi*, Michel Alhilani, Lavandan Jegatheeswaran, Amal Minocha, Ernest Mutengesa. *The Hillingdon Hospitals NHS Foundation Trust, Uxbridge, UK*

10.1136/leader-2020-FMLM.123

Aims The aim was to evaluate the impact of the COVID-19 pandemic on final year medical students during a key period of transition into doctors. Cancellations of placements such as student assistantships severely disrupted this transition. Furthermore, a tailored teaching programme was implemented locally to aid the new doctors.

Methods A nationwide survey to graduating doctors and a focus group at The Hillingdon Hospital NHS Foundation Trust (THH) were conducted to identify concerns. We explored the students' impression of the disruptive effects of COVID-19, and the subsequent consequences this had on their preparedness and confidence. Subsequent analysis of the identified areas formed the basis of a teaching programme with 6 main domains: practical skills, attending arrest calls, prescribing independently, making referrals, prioritising jobs and on-call shifts.

Results 440 students across 32 UK medical schools responded to the survey. The impact of COVID-19 on OSCEs, written examinations, and student assistantships had significantly affected the students' perception of preparedness in starting as doctors (respectively $p=0.025$; 0.008 ; 0.0005). In contrast, when measuring confidence, only changes to student assistantships had a significant effect ($p=0.0005$). Locally, 90% ($n=9$) did not have a student assistantship whilst only 50% ($n=5$) had shadowed on call shifts throughout the entirety of medical school.

A pre- and post-teaching intervention questionnaire was performed. This showed an average increase of 26.4% in how participants scored their confidence and competencies post-intervention.

Conclusions The transition after undergraduate training is a steep learning curve. It is clear that student assistantships designed specifically to aid the transition should be protected