feedback we had gathered from the entire medicine cohort (2000+ students). The approach taken by CAWC was greatly welcomed by staff and student alike. Students appreciated the continual dialogue with the medical school but also being as transparent with the student cohort. Regularly informing students both on a general and year specific basis, so they were aware (within the bounds of confidentiality) as soon as we were rather than waiting for official university communication, who were under immense pressure. The CAWC committee's response to the crisis demonstrated that medical students have the tenacity and resilience to deal with challenging times, thus indicating that they can make remarkable leaders.

Developing effective leaders

156 KEY OBJECTIVES OF A NOVEL LEADERSHIP PROGRAMME FOR HEALTHCARE STUDENTS AND YOUNG PROFESSIONALS

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Introduction There are currently numerous healthcare management courses and degrees, but many of these do not actively foster leadership. The Healthcare Leadership Academy (HLA) provides leadership training for undergraduate medical students, junior doctors and allied healthcare professionals. Through this year-long programme, scholars are taught with a combination of case discussions, lectures, workshops and undertake an individual project. This study aims to gain a better understanding of what constitutes an effective leadership programme.

Methods A series of anonymised structured interviews were conducted with the 2016–2017 HLA cohort. Through a standardised list of open-ended questions, all 11 scholars were asked about their motivations, expectations, and experiences of the course. Transcribed interviews were reviewed by two independent assessors (AD, SC). A qualitative analysis using a three-level data coding process was performed using NVivo Version 12 software. The codebooks were compiled, and conflicts resolved by a third assessor (GM).

Results The analysis of the interview transcripts revealed three main themes: personal, social and project development. The scholars identified how the programme improved their personal competencies, including communication, social media presence, resilience and confidence. Scholars also discussed how the programme provided them with a supportive environment and enabled them to access a network of healthcare role models, but they expressed the need for a formal mentoring scheme. Whilst carrying out their individual projects, scholars appreciated feedback sessions held with other scholars and faculty members.

Conclusion The interviews provided insights on key aspects of leadership training. The study highlighted the importance of exposure to leadership training at the undergraduate level and demonstrated that leadership is best learnt through enabling individuals to become leaders and develop followership themselves.

Understanding leadership through research

157 PERSPECTIVES OF SENIOR BLACK, ASIAN AND MINORITY ETHNIC (BAME) DOCTORS IN ENGLAND REACHING LEADERSHIP POSITIONS: A QUALITATIVE STUDY

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BAME doctors, which include a large proportion of the international medical graduates, make up over 20% of NHS doctors. BAME NHS staff have for decades they have suffered discrimination in various domains such as at work, in pay and recruitment. This extends to leadership which has been demonstrated to not be representative of the workforce with significant underrepresentation from BAME doctors, despite NHS efforts. The study focussed specifically on BAME doctors, who were of consultant-grade (including GPs) from all over England. This qualitative study used Braun and Clarke's Thematic Analysis to analyse the 15 interview transcripts from the semi-structured interviews. The themes which were generated from the thematic analysis include: 'Steps to Leadership', 'Reaching the Role', 'Awareness and Reform', 'Mentoring and Networking', 'Intersectional Issues and Discrimination' and 'Shifting from the Status Quo'. The findings have demonstrated the difficulty in identification of the barriers and facilitators to BAME doctors pursuing leadership. The study has identified the importance of intersectionality, how different layers of BAME individual's identity can be subject to discrimination which can present a barrier such as religion and race. Additionally, unconscious bias with nepotism, cronyism and favouritism present a barrier. The facilitators are rooted in tackling the barriers, increased cultural competency, promoting equality, diversity and inclusion (EDI) as well as mentoring and networking. The complexity of the barriers and facilitators centre around discrimination does not tend to be overt and explicit, but covert and unconscious as a product of broader societal influences. The concepts of elitism and identity of doctors, namely 'white' doctors, have played an instrumental role in shaping the NHS's leadership since its inception however its presence still exists.

Enhancing your leadership and management skills

158 THE IMPLEMENTATION OF A LEADERSHIP PASSPORT – DEVELOPING LEADERSHIP SKILLS OF TOMORROW'S DOCTORS

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Background The NHS Long term plan 2019 highlights the need to support the next generation of leaders by identifying those with an ambition in management. When doctors are involved in leadership they have unique insight to improve patient safety and staff well-being, resulting in better