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

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

Aleksander Dawidziuk*, See Chai Carol Chan, George Miller, Nadine Abbas, Rebecca Lissmann, Johann Malawana. *The Healthcare Leadership Academy Research Collaborative, London, UK*

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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

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

Haroon Ali Shah. *College of Medical and Dental Sciences, University of Birmingham, Birmingham, UK*

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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

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

Jawaad Malik, Maria Henriksson, Victoria Laxton, Rachel Bartlett. *Imperial NHS Trust, London, UK*

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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

healthcare outcomes. At present there is less emphasis on developing leadership skills compared to other aspects of training

Aim To understand anaesthetic trainees' experience of leadership and management and how best to develop these skills during training. Ultimately, this led to the implementation of a leadership and development passport (adapted from the Faculty of Medical Leadership and Management leadership passport) amongst anaesthetic trainees.

Method An electronic survey was sent to all anaesthetic trainees in our trust. It consisted of ten questions regarding leadership opportunities, at what level of training to introduce leadership and management skills and how best to achieve these goals.

Results In total 22 trainees responded. 95% thought leadership and management skills were important with 59% thinking they should be incorporated throughout training. 95% of trainees have had ideas in improving patient care or the working environment, however, 77% have not had these sustainably implemented. Multiple barriers were identified with lack of opportunity and lack of time being the top two.

A vast majority, 82%, thought that the leadership passport would be a useful tool.

Conclusion Trainees are meeting barriers having their improvement projects implemented. Despite increasing emphasis on doctors' leadership and management skills by the GMC, the practicalities of leadership development during training remains unclear. This leadership passport aims to empower trainees to sustain their ideas and to support them in developing leadership and management skills. We are confident that this will be an invaluable tool in developing the leadership skills of tomorrow's doctors.

Quality improvement project

159 IMPROVING BASELINE MEASUREMENT OF BLOOD GLUCOSE AND CHOLESTEROL LEVELS IN ACUTE STROKE PATIENTS: A QUALITY IMPROVEMENT PROJECT

Ayesha Khan*, Shruti Dorai*. *Queen Elizabeth the Queen Mother Hospital, UK*

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Introduction Hypercholesterolaemia and diabetes are established modifiable risk factors for cerebrovascular disease. A baseline audit carried out on an acute stroke ward in Kent showed variability in blood tests being requested on admission for suspected stroke patients, in particular glucose and lipid profile.

Aim To ensure that at least 80% of patients admitted to the stroke ward with suspected stroke have blood glucose and cholesterol levels measured on admission over an 18-week period.

Methods The percentage of patients with suspected stroke on the ward who had blood glucose and/or total cholesterol levels requested on admission was measured weekly. 3 interventions were introduced in the form of Plan Do Study Act cycles: educational email to doctors regarding the assessment of stroke patients and mandatory admission blood tests, adaptation of the 'Stroke Admission Clerking Proforma' to include a reminder of bloods to be requested and production of an all-inclusive 'Stroke bloods panel' on the online system for requesting bloods.

Results At baseline, an average of 30% and 34% of patients had glucose and cholesterol levels requested on admission, respectively, which increased to 43% and 40% respectively, after the email. This increased to 71% and 61% after the introduction of the proforma, and after the final intervention, on average, 82% and 85% of patients had glucose and cholesterol levels requested on admission, respectively. The results showed non-random variation.

Conclusions We achieved our aim of ensuring that more than 80% of patients with acute stroke had both glucose and cholesterol levels requested on admission. The stroke proforma and the bloods panel were the most effective interventions. The changes were implemented in another hospital within the same Trust. We anticipate greater compliance with NICE and Trust guidelines regarding appropriate and timely prescription of antidiabetic and cholesterol-lowering medications for secondary prevention.

Leading innovation and improvement

160 TURNING A CRISIS INTO AN OPPORTUNITY FOR GENERAL PRACTICE TEAMS IN NI

Louise Sands, Maura Corry, Siobhan McEntee, Ursula Mason, Patrick Stirling. *GPMI Team, UK*

10.1136/leader-2020-FMLM.160

The emergence of COVID-19 saw a seismic change in General Practice with significant clinical, operational and educational challenges across the whole of the primary care team. Information and guidance from multiple different sources emerged at an overwhelming pace for practitioners. There was no robust way of cascading critical information to individuals. Shielded, remote and sessional health care professionals in particular lacked access to sensitive Health and Social Care Board (HSCB) information.

It was evident that there was a need for a centralised information platform for professionals. This would provide easily accessible, accurate and up to date information on service changes, operational and clinical guidance as well as legislative changes

An MDT working group, with representatives from all professions including trainees was formed to design a central knowledge repository for the whole primary care team. This ensured all practitioners had access to the latest information, equipping them to deliver high quality care during the pandemic.

From concept to website launch took just three weeks, with a live web-based educational programme starting just one week later and acting as a catalyst for enhanced primary and secondary care understanding and communication.

There are over 150 attendees at weekly live ZOOM educational events, with the programme reflecting learning needs across the whole primary care team

Website analytics confirm 'Pageviews' >100,000 and 'users' >7,500 and rising with a global audience.

A crisis can bring exciting opportunities and a highly effective team can be created from conception in less than 4 weeks with a shared vision, enthusiasm and determination to make it work.