

67 THE JUNIOR DOCTOR SHADOW BOARD, LESSONS LEARNED FROM THE CORPORATE SECTOR

^{1,2}Joseph Home, ²Amy Bidgood, ^{1,3,4,5}Sujala Kalipershad. ¹North Manchester General Hospital, Manchester University NHS Foundation Trust, Delaunays Road, Manchester, M8 5RB, UK; ²School of Health and Society, The University of Salford, Frederick Road, Salford, M6 6PU, UK; ³Alliance Manchester Business School, The University of Manchester, Oxford Road, Manchester, M13 9PL, UK; ⁴University of Birmingham, Edgbaston, Birmingham B15 2TT, UK; ⁵NHS Leadership Academy, HQ No. 3 The Embankment, Sovereign Street, Leeds, LS1 4BJ, UK

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Background North Manchester General Hospital (NMGH) has a history of poor feedback from junior doctors, in both overall experience and access to non-clinical development opportunities. The advent of Covid-19 led the medical leadership team to seek a new relationship with the junior workforce. This included giving junior doctors the opportunity to lead reorganisation of services and redeployment.

Objective To increase engagement, representation and development opportunities the Junior Doctor Leaders Group (JDLG) was formed. Similar in principle to Shadow Boards seen in the corporate sector, this was designed to normalise junior doctor presence in senior organisational decision making and provide juniors with exposure to leaders and improvement workstreams within the trust.

Method & Results An impact analysis was conducted by reviewing internal KPI's, identifying improvement initiatives generated by the group, and surveying members of the JDLG. Survey results showed an increase in the voices of junior doctors being heard in the organisation, with 95% of members stating it increased junior doctor representation and 90% agreeing the group made them feel more confident representing colleagues, both of which contributed to cultural and management changes. Increased transparency and trust between junior and senior staff facilitated escalation of concerns from juniors, and implementation of solutions. JDLG members also reported improvements to their work and educational experiences.

Conclusion The JDLG offers a novel approach to junior doctor engagement and can be beneficial to the cohort of junior doctors as well as the wider organisation.

68 THE LEADERSHIP LADDER

Anna Street, Liam Loftus, Raees Lunat, Heman Pathmanandam. *Health Education East of UK*

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Aims To create a leadership development programme to help all trainee doctors in the East of England meet the General Medical Council's Generic Professional Capabilities for Leadership and Team Working.

Methods A scoping exercise was completed followed by development of a curriculum based on the above Generic Professional Capabilities. A leadership development programme called 'The Leadership Ladder' was created to deliver that curriculum through online blended learning modules hosted on the platform 'Bridge'. The Leadership Ladder focuses on three key areas: leadership theory, leadership in practice and reflection. Trainees learn some theory about leadership, go away and put it into practice, then return to reflect on the experience. Collaborators include junior doctors from around the country,

local healthcare leaders, and external consultants, with assistance from organisations such as the Healthcare Quality Improvement Partnership and The King's Fund. A pilot was run and the feedback from this used to develop future modules. All modules go through a stringent internal quality assurance process.

Results So far, 16 out of a proposed 40 modules have been created. As of August 2021, modules have been completed 282 times with trainees giving an average feedback score of 3.64/4. Trainees who complete modules are asked 'I now have a better understanding of the topics covered in this module': 56.7% of trainees strongly agreed with this and 42.2% agreed.

Conclusions This work demonstrates that it is possible to deliver high-quality leadership training through a blended learning platform.

69 THE RULE OF GLOBAL HEALTH DIPLOMACY TO SUPPORT MEDICAL DOCTORS IN THE PANDEMIC

¹Jasna Karacic, ²Marin Vidak, ²Ana Marusic. ¹International Council of the Patient Ombudsman; ²Department of Research in Biomedicine and Health, University of Split School of Medicine, Croatia

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Global health diplomacy (GHD) is a novel concept in health with a focus on the interactions in foreign affairs. GHD coordinates policies for improving global health, which was particularly during the COVID-19 pandemic. This study aimed to evaluate how GHD can help healthcare professionals (HCP), and identify the problems for the HCP in practice as well as dilemmas to providing only emergency treatments in the pandemic lockdowns. We performed 9 semistructured interviews with participants responsible for health in the EU as members of governments and health-related sectors through purposive sampling from 12/2020 to 02/2021 via MS Teams. Interviews were conducted in English, voice recorded, and transcribed. The data analysis included coding of the transcripts, categorization of initial codes, and identification of themes using NVivo 12 software. All participants signed the informed consent. The research was approved by the University of Split Medical School ethical board. Participants agree that the global solution to this pandemic is to ensure universal access to healthcare. Global diplomatic response to the pandemic was uncoordinated. Participants stated that the pandemic hit HCPs especially hard, as they have to balance the fear about their safety and providing care. HCP are also faced with ethical and moral dilemmas regarding limiting access to healthcare. The participants agreed that the best example of a coordinated GHD effort was the centralised EU approach to securing supplies and development of a vaccine. Participants stressed the importance of the patients' rights in the GHD. The participants discussed what can be learnt from the failures of diplomatic response to the COVID-19 and how future global crises should be handled. We identified lessons that GHD can apply to help HCP. GHD in times of COVID-19 underlines the increasing politicization of global health. As the pandemic continues, it is worth asking what GHD will look like in the aftermath of COVID-19.