Representatives and were asked to participate as panellists. The methodologies addressed and used throughout the event were problem-based learning, reflective practice, formative feedback, and self-directed learning. The event was online and organised by Honduran healthcare professionals in 7 different countries. The congress allowed a national reflection on the methods currently used to train Honduran healthcare professionals and how this impacts patient care. Furthermore, a national discussion between the different medical schools was achieved which can open an opportunity for them to work together to improve training at all levels in the future. A much-needed transition from a traditional teacher-centre approach to a student-centred approach was discussed. Ultimately, the second national training survey following the first survey conducted in 2019 to assess the short-term impact of our national intervention is programmed.

17 DEVELOPMENT OF AN INTRODUCTION TO LEADERSHIP FOR EMERGING AND ASPIRING DOCTORS (I LEAD) COURSE

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10.1136/leader-2021-FMLM.17

It is accepted that all medical trainees have a leadership role alongside their clinical duties and it is widely required that specialty trainees complete a leadership training course prior to CCT. However there is little training and guidance for more junior trainees, nor a structured pathway of leadership training that would enable trainees to make impactful contributions to their teams and to quality improvement throughout their training journey. Therefore Health Education England aimed to develop a leadership training programme that was accessible from foundation level onwards to inspire and engage trainees and provide a platform to more in-depth training to those with a specialist interest in clinical leadership. This work focusses on the development and delivery of the Introduction to Leadership for Emerging and Aspiring Doctors (I LEAD) course for trainees at Addenbrooke's Hospital.

Three learning pillars were identified of leading self, leading others/teams and leading for improvement. The themes of patient safety, innovation and resource utilisation were present across each of these pillars. We designed sessions to explore team working, psychological safety, culture & leadership, operational management, quality and service improvement.

Anonymised written feedback was collected from 100 participants. 88% found the study day useful and felt it would change their practice, 9% were neutral and 3% did not find it helpful.

It is our intention that the health care system will benefit in a number of ways. We would anticipate increased staff well-being and retention due to self-management strategies. Skills gained in managing others and the team will lead to more effective and efficient teams. Increased understanding will lead to increased engagement with quality improvement projects and service development. Ultimately the identification and development of the clinical leaders of the future will continue to benefit all stakeholders moving forwards.

18 ENABLING FACTORS FOR QUALITY IMPROVEMENT ACTIVITY – RESULTS FROM A NATIONAL SURVEY

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10.1136/leader-2021-FMLM.18

Aims To identify enablers of success that can be used by junior doctors when undertaking Quality Improvement (QI) projects.

Methods In 2019/20 the Trainee Steering Group (TSG) of the Faculty of Medical Leadership and Management (FMLM) conducted a survey of FMLM members which explored aspects of leadership and management development.

Results 64 respondents answered questions related to QI.

For those involved in successful QI projects the key groups identified in supporting the projects were Other doctors (57%), Consultants (54%), Audit/QI departments (34%), medical students (24%) and nursing staff (24%).

Factors which were felt to have enabled a project's success were the involvement of senior figures (25%), importance of a team approach (22%), time to undertake QI, QI support (including QI departments, teaching and forums) (13%) and enthusiasm/perseverance (13%).

Ways in which respondents felt their employer could help make sustainable improvements included facilitating time to undertake QI activities (25%), supportive senior leadership and environments which support QI (23%) and mechanisms to 'handover' QI projects thereby overcoming the impact of short trainee rotations (14%).

Conclusions When junior doctors undertake QI projects their chance of success can be strengthened by working in a team which ideally includes a senior leader. They also benefit from engaging with their organisation's QI resources and support. Finding time to execute the project is essential and needs consideration and planning.

Organisations enable the success of junior doctor QI involvement by creating environments in which QI is celebrated, supported and visibly encouraged by senior leaders. Developing a process for 'handing over' projects is recommended. Facilitation of time to undertake QI remains a key enabler.

The TSG have produced 'Top Tips for QI', a document to share these key messages with junior doctors, enabling them to learn from the experience of their peers.

19 ESTABLISHMENT OF ACUTE RESPIRATORY HUB (ARH) SERVICE DURING COVID-19 PANDEMIC

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10.1136/leader-2021-FMLM.19

Background During the COVID-19 pandemic, it was necessary to rapidly reconfigure primary care to enable COVID-19 patients to be seen in dedicated respiratory hubs to avoid risk to existing primary care staff, avoid admissions and protect secondary care services. A rapid deployment of primary care respiratory services was implemented as a result.

Aims/Objectives To study the experience of rapid re-deployment of primary care services into dedicated respiratory hubs during the COVID-19 pandemic.