

all grades and specialties throughout the North West region. At a minimum this helps to meet curriculum leadership requirements, however, has the potential to foster greater outcomes secondary to inspiring talks from current leaders and the dissemination of invaluable information regarding current leadership opportunities and skills development. Committee members assume a leadership role, where they develop their leadership skills and team-working ability through collaboration with each other- and with non-clinical professionals in NHS England NW- in event curation and delivery.

**Method or approach** Six free, virtual evening events are hosted throughout the year. Each event addresses medical leadership from a different perspective. Each sub-committee takes the lead on two events, with a coordinated timetable devised at the beginning of the academic year to ensure a well-balanced programme. Speakers have included healthcare and non-healthcare professionals.

The sub-committees collaborate to deliver an in-person regional conference. In 2023, the conference was entitled 'Leading Sustainable Change' and was held in central Manchester. It was attended by medical and dental trainees from across the region and addressed both leadership and sustainability.

A course certificate is awarded to those who attend a minimum of four events throughout the year.

Feedback is collected for each event, which informs future planning.

Administrative improvements from 2022–2023 included re-branding of the NWLS and a formal in-person induction for committee members to facilitate working relationship building and collective planning for the year ahead.

**Findings** The virtual evening events addressed medical leadership from different vantage points. Themes included leadership journeys, well-being, leadership opportunities in training, workplace culture, and leadership skills development. Feedback surveys were sent to all delegates following each event. Across all six events, 100% of respondents stated that they would recommend NWLS events to a colleague. A range of 97–100% of respondents per event stated that the event fulfilled their leadership requirements.

The 2023 NWLS conference was entitled 'Leading Sustainable Change' and focused on both leadership and sustainability within the NHS. In total, there were 227 delegates. Feedback forms were completed by 146 delegates, with 98% stating that the conference met their expectations. Abstracts were submitted by trainees from across the region, with 20 posters displayed and 3 oral presentations delivered. This allowed trainees to showcase their work at a regional level- inspiring peers and sharing best practice. Plenary sessions addressed leadership and sustainability at the policy level, in addition to green surgery. Additionally, well-received workshops took place, including a workshop by CHIMP Management which centred around emotional intelligence.

**Key messages** Leadership is an increasingly important feature across specialty curricula within medical and dental training. It is vital to invest in leadership skills development for medical and dental trainees- they are the healthcare leaders of the future who will be of vital importance in improving patient care. The NWLS allow committee members to collaborate with other healthcare professionals in the region, in addition to NHS England NW. Feedback from our events across 2022–2023 was overwhelmingly positive and demonstrates a real appetite for leadership skills development amongst trainees of all grades and specialties.

We have provided leadership development in a variety of ways both virtually and in-person, led by trainees, for trainees. The collaboration of medics and dentists of multiple training grades across multiple specialties within the region is exciting. We are developing and inspiring the healthcare leaders of the future, ultimately for the benefit of our healthcare system and patient care.

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### FROM INCEPTION TO EXPANSION: EXAMINING CLINICAL FELLOWS' CONTRIBUTIONS OVER 5 YEARS IN A SAME-DAY EMERGENCY CARE UNIT

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**Introduction** Recruitment and retention of medical staffing within the NHS workforce are both complex problems, with staff satisfaction falling, and increasing vacancy rates. Conversely, growing evidence shows that effective medical leadership and management have a positive influence on patient outcomes, quality of care and innovation, staff morale, and organisational performance.

**Aims and objectives of the research project or activity** Locally, our same-day emergency care unit (SDEC) has rapidly expanded and doubled in capacity, therefore requiring a new medical workforce to deliver this service. We predicted the workload to be intense, whilst also recognising the aforementioned benefits of early career medical leadership. It is acknowledged that increasingly service-driven jobs provide less opportunity for learning, teaching, innovation and quality improvement. As a result, our aim was to create a role which provided necessary clinical provision, whilst also fostering this culture of leadership, quality improvement, research and education.

Furthermore, this abstract aims to contribute to the literature on novel and hybrid leadership roles amongst the junior doctor workforce.

**Method or approach** We implemented a clinical fellow role, modelling the Royal College of Physicians (RCP) Chief Registrar (CR) role. Since 2016, this scheme has provided a leadership role for trainee doctors, following on from the recommendations within the RCP Future Hospital Commission Report. The CR position provides a combination of clinical, and non-clinical, leadership and service development roles. CR's were already employed locally, however in light of the workforce issues and benefits outlined, the concept was replicated and several clinical fellow roles were implemented in 2018.

The clinical fellow role purposefully addressed domains set out in GMC guidance, such as quality improvement, leadership, research and education. The role comprised of 60% clinical work within an SDEC, with the remaining 40% as protected, self-directed non-clinical time. The overarching aim of this job plan was to allow clinicians to develop an embedded culture of learning and improvement.

**Findings** Five years later, we have contributed to the professional development of 45 doctors (8 Chief Registrars, 22 registrars, and 15 senior house officers (SHO)), with case examples of two doctors retaining and progressing from SHO up to the eminent CR role. Examples of impactful work can be summarised;

1. Research
  - Numerous publications have contributed to evidence bases, as well as the development of services beyond our hospital.
  - We are a proactive research-involved unit, with more than several research projects recruiting eligible patients from our department
2. Quality Improvement
  - Opt-out HIV screening has been sustained within the unit for more than 3 years.
  - Innovative interface between acute medicine and specialities, with the development of a heart failure and acute oncology virtual ward
  - Organisation-wide quality improvement projects in keeping with the trust's priorities and strategy
3. Leadership
  - Career progression to departmental clinical lead
  - Faculty members for an FMLM accredited leadership programme, contributing to the education of more than 200 healthcare professionals
  - Annual engagement events liaising with key stakeholder groups to improve both staff and patient experiences.
4. Education
  - Procurement of point-of-care ultrasound probes, and the development of an educational programme

**Key messages** GMC leadership guidance outlines the expectations for 'doctors to engage with colleagues, to maintain and improve the safety and quality of patient care, as well as contribute to discussions and decisions about improving the quality of services and outcomes'. As a result, by emulating the chief registrar position and creating this new dynamic role, we have successfully recruited and retained candidates for multiple years. Recruitment is an ongoing challenge within the NHS, therefore services need to adapt to provide innovative job plans to allow personal and professional development leading to the retention of doctors, as well as potential improved patient outcomes and organisational performance.

### 33 LEADING UK UNDERGRADUATE MEDICAL STUDENTS INTO LEADERSHIP: A LITERATURE REVIEW

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**Introduction** An ageing population, global pandemic and chronic staff shortage are culprits of the exhausted, burnt-out national health service (NHS). The NHS value of 'working together for patients' encourages interprofessional collaboration (IPC), whereby professionals from various disciplines come together to achieve a common goal. Doctors often lead in multidisciplinary team (MDT) decision-making. General Medical Council's (GMC) publication 'leadership and management for all doctors' highlighted that appointed team leaders must take accountability for MDT performance however, responsibility of action and inaction is shared among all team members. This suggested growing overlap in leadership and teamwork, which diverts away from traditional authoritarian leadership towards transformational leadership; a team-centred approach to patient care. Leadership is now a non-negotiable competency expected of incoming doctors. This review explored literature on leadership influence in healthcare and UK undergraduate medical leadership and management (MLM)

education/training. Evidence-basis for potential MLM interventions for integration into medical curricula was also studied.

#### Aims and objectives of the research project or activity

##### Aim

- Review literature on UK medical education and training in MLM and how this translates to clinical practice.
- Recommend interventions that integrate MLM into the medical curriculum, mapped to themes identified in the medical leadership and competency framework (MLCF) and GMC's Good Medical Practice guidance.

##### Objectives

1. To review the extent to which MLM is taught in the UK undergraduate medical curriculum.
2. To identify evidence-based interventions for MLM teaching.

**Method or approach** Literature was reviewed to study integration of MLM in the UK medical curriculum alongside evidence-basis for leadership teaching interventions. Boolean operators 'OR'/'AND' were applied to combine keywords from PICO generated research questions. All articles inclusive of doctors/medical students AND leadership/teamwork themes AND undergraduate medical education/training AND patient care/healthcare were screened. A search was conducted on Ovid Medline and PubMed databases, individual journals (Journal of Healthcare Leadership; Journal of Leadership Education), manual searches on Google Scholar alongside citation screening. Further limits were applied by language (English), date (2019–2023) and study population (humans). Qualitative and quantitative studies, results from focus groups, surveys/questionnaires, systematic reviews, meta-analyses and scoping reviews were considered. Randomised controlled trials were excluded unless part of systematic reviews. PRISMA guidelines were followed to retrieve literature in a systematic way. All studies were screened by titles and abstracts to select articles for full-text review. Ethics approval was not required.

**Findings** A total of 13753 results were obtained from databases, individual journals, and manual searches. Studies not meeting set inclusion-exclusion criteria were removed after title and abstract screening. 55 full-text articles were screened further for relevance; 10 were included in the final review. All 10 studies were analysed for study characteristics, themes, conclusions, and limitations of which 3 systematic reviews, 1 scoping review and 2 literature reviews were included. For empirical data representation, 1 prospective observational, 1 mixed-method and 1 qualitative design study were included. Two articles did not state study design. Study findings were used to recommend interventions for leadership integration in the UK undergraduate medical curriculum. Themes pertaining to leadership extracted from the findings of all five reviews were patient-centredness, team-based focus and collaboration. All 3 systematic reviews suggested improvement in care quality, accessibility, and patient outcomes under good leadership and interprofessional collaboration. 2 systematic reviews noted clinical effects of effective leadership including reduced blood pressure and glucose levels. Three primary studies reviewed found increased awareness of MLM among medical students and engagement with leadership development activities. Examples of interventions studied were leadership development courses, high-fidelity and pre-hospital scenarios, reflective workbooks and student-led MDT meetings.

**Key messages** Literature highlighted some implementation of MLM in UK medical school curriculum, however, many medical students were unfamiliar with the MLCF. Setting direction,