

to reflect on leadership experiences observed on clinical placements via their placement reflection program.

Method or approach I will conduct a thorough Literature review on Leadership and Management teaching provisions to Undergraduate Medical Students, and allow this to guide my recommendations for integration in the upcoming MBBS curriculum. I will conduct anonymous survey data on students' perceptions on Medical Leadership currently, as well as their understanding of careers in Medical Leadership and Management. I will use this data as a further backbone for designing curriculum that engages and provokes greater consideration for the importance in leadership qualities in graduating Doctors.

I will work with academics in the Institute of Health Sciences Education (School of Medicine) to design leadership sessions relevant to Year group with interactive and engaging pedagogy, and work to implement this into the wider MBBS curriculum.

Findings This project will begin primarily in January, and an integrated Leadership curriculum will have been designed by the Conference date in March.

Key messages The main aim of this project is to demonstrate a practical Gold Standard for implementing the FMLM Undergraduate Curriculum in a format that is conducive for a remodelled Spiral MBBS Curriculum. This project will highlight the most effective methods on empowering students at all levels of Undergraduate study to begin thinking about leadership careers, have an understanding of Leadership theory, and using that as a language and a platform to reflect effectively on good (and poor) leadership technique observed on clinical rotations. This curriculum would hopefully have real applications for other Medical Schools as they look to reflect on their own leadership teaching, and would be designed for easily transferrable pedagogy, in order to fulfil the need for greater leadership education at Medical Schools across the country.

36 OUH EMERGING LEADERS PROGRAMME: DEVELOPING A MEDICATION SAFETY INFRASTRUCTURE

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Introduction This project, part of the OUH Emerging Leaders Programme and was raised by the Medication Safety Committee at the trust as a key priority for improving oversight of their performance in relation to medicines safety. Medication safety is currently primarily inferred from data surrounding incidents in addition to few key metrics. There is a wide range of disparate data sources that are not being utilised, and no current method of aggregating these data. Incidents are often under-reported, and do not reflect safety as a whole. Safe practices are not being measured on a large scale. This gives a large scope for safety improvement work.

Aims and objectives of the research project or activity Our objectives were firstly to develop a method for utilising a range of data sources to identify and monitor medication safety across the organisation. We also aimed to suggest a primary list of medication safety indicators that utilise a range of data sources and answer the question 'how safe are we as a

trust with regards to medicines?'. Finally, this project aimed to provide a setting in which we applied key skills and theories of leadership, drawing on learnings from workshops run as part of the Emerging Leaders Programme.

Method or approach This project focused on defining the scope, identifying the core issues and drawing on a range of resources to come up with a list of safety priorities for possible measurement by the trust. We identified and engaged our key stakeholders and conducted an Ishikawa fishbone analysis to scope the problem. We took research from a large range of data sources, looking at national guidance and tools as well as trust level priorities and objectives, and used feedback from grassroots research from multidisciplinary team members. As a multidisciplinary team, we took advantage of our different perspectives and areas of expertise to map out core safety themes that would reflect medicines safety at a broad, comprehensive level. From the list of themes, we created a list of indicators and used a priority matrix to condense a shortlist of indicators for further development.

Findings There is limited guidance and infrastructure surrounding medication safety on a national level. Indicators can be complex and have multiple components, making them difficult to measure. A safety overview must include measurement of good and safe practice to promote a positive culture, and reflect multidisciplinary perspectives. We have highlighted key themes in medications safety that can be used as foci for further development in a PDSA cycle. More work is needed to explore other resources including audit, pharmacy data & patient voices. This work is the beginning of large scale, long-term project as part of a Trust level agenda; we will be handing over to the OUH QI team for further work.

Key messages Medication safety must be clearly defined in order to measure meaningfully, and must include actual and potentially harmful practice, inefficient practices and processes as well as safe and good practice. There are a wide range of sources available; including electronic patient records, pharmacy tools, incident reporting, audits and patient feedback – aggregating these sources into a single site is challenging. Measurement of medication safety must reflect perspectives and objectives of all involved stakeholders, including clinicians and patients. This project was part of a leadership programme; our project highlights the value of multidisciplinary collaboration and key stakeholder engagement. It also draws attention to the challenges and complexity of quality improvement in healthcare.

37 PROTON CLINICAL OUTCOMES UNIT: DEVELOPING A PATHWAY FOR THE COLLECTION OF NATIONAL PROTON BEAM RADIOTHERAPY OUTCOMES

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Introduction University College London Hospital is one of the two nationally commissioned centres delivering Proton Beam radiotherapy (PBT) to the UK's population, covering the southern half of the country, with the Christie in Manchester providing the service to northern regions. This form of radiotherapy is given for specific NHSE commissioned indications. One of the main advantages of PBT is the reduction in late side effects following treatment; this requires the annual