

following the study day were more self-awareness/empowerment within their daily leadership activities and development opportunities, having more confidence in leadership roles and intent to practise compassionate leadership. The cost of delivering the study days is on average £1100-£1300 per day (plus HEIW administrative staff time) resulting from the MBTI-related costs.

**Key messages** Building access to protected time for leadership development opportunities for trainees whilst actively within training programmes is key to investing in the future of patient care, healthcare innovation and sustainable teams.

Aiming to build trainee leadership confidence and self-identification with leadership activities are important aspects to address during leadership training and within other development opportunities.

Most trainees reported benefiting more from applied, contextually rich leadership learning and development opportunities delivered by clinical leaders themselves rather than theory-rich alternatives.

Virtual-based leadership development opportunities designed to maximise interactivity and minimising screen fatigue can be of sizeable benefit to trainees, promoting inclusivity and equity of access to such experiences. This is where potential attendee populations have a large geographical area spread. They also reduce carbon footprint, whilst providing greater flexibility and affordability.

Synoptic leadership study days built by trainees for trainees can be valuable adjuncts to practical experience of leadership within working environments.

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## REDUCING THE MATERNAL DEATHS AND LEARNING LEADERSHIP: CAN SRI LANKA LEARN FROM THE UK EXPERIENCE?

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**Introduction** Sri Lanka reported a Maternal Mortality Ratio (MMR) of 1694 per 100,000 live births in 1947 and gradually reduced the same over the last few decades to achieve the best MMR in the South Asian Region. In 2020, MMR in Sri Lanka was 30.2 per 100,000 live births. MMR has stagnated in Sri Lanka between 28 to 32 per 100,000 live births in the past fifteen years. It was similar to the stagnated MMR in the UK in the 1950s. Sri Lanka is expected to reach an MMR of 10 per 1000,000 live births before 2030 per the Sustainable Development Goal. Therefore, the Ministry of Health Sri Lanka is searching for applicable solutions to reduce the MMR.

**Aims and objectives of the research project or activity** The comparative study aimed to elicit information on implementing maternal death review (MDR) in the UK and to document the experiences of MDR initiatives being implemented, including the follow-up actions undertaken based on the findings of the MDR and to recommend strategies for strengthening and institutionalizing MDR in Sri Lanka.

**Method or approach** A qualitative study was conducted in the UK and Sri Lanka to study both countries' Maternal Death

Review (MDR) system. An in-depth desk review of the literature (documents/reports/Internet search), observations, and key informant interviews are used to gather the data. The study period was between February 2022 to February 2023.

**Findings** In both Sri Lanka and the UK, organization, institutionalization and processes are driven by government policies and directives, whether national or subnational; there are precise organizational and managerial arrangements.

Implementation from the beginning of the MDR system has been uniform throughout the country in the UK and Sri Lanka. The system has been strengthened uniformly, including mandatory maternal death notification in both countries.

Facility-based maternal death reviews, Confidential Enquiries into Maternal Deaths (CEMD), surveys of near-misses and clinical audits are the methods of audit in use in the UK, while Sri Lanka is using Facility-based maternal death reviews, community-based maternal death reviews (verbal autopsies) and surveys of near-misses.

The UK had stagnation in the MMR in 1950, which was overcome by instituting CEMD and learning leadership, a no-blame culture that motivates care providers to learn from their mistakes.

**Key messages** The experience of the United Kingdom, where learning leadership is well established, highlights the importance of confidential inquiry and learning leadership in reducing maternal mortality.

Implementing CEMD and learning leadership in Sri Lanka will be a solution to reduce the MMR.

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## 'YOU ARE A LEADER!' – EMPOWERING DOCTORS-IN-TRAINING THROUGH LEADERSHIP DEVELOPMENT

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**Introduction** We undertook the task of creating an 'Introduction to Leadership' study day tailored for doctors below the level of higher specialty trainees. In May 2017, the General Medical Council recognised the importance of leadership as a core generic professional capability. Leadership is now embedded into the curricula of all Medical Colleges. Disappointingly, Health Education England (HEE) found that among this group of doctors more than half reported no previous leadership training.

HEE's report 'Leadership Development for Doctors in Postgraduate Medical Training' assigns the responsibility of delivering leadership training to local Postgraduate Deans and Leadership Academies. It emphasises normalising clinical leadership, fostering personal and skills development, and promoting compassionate and inclusive leadership.

Ultimately, the course serves as a starting point for self-awareness and development, acknowledging that cultivating leadership skills is a gradual process integral to a doctor's longitudinal personal growth throughout their training.

**Aims and objectives of the research project or activity** Through attending the course our aim was for trainees to reflect on their own leadership experiences to date and to start to be aware of their own leadership styles and limitations.

Specifically, we wanted attendees to be able to:

- Identify aspects of their current roles where they are acting as leaders
- Examine and explore their own leadership style
- Distinguish between examples of good and poor leadership
- Understand the importance of compassion in leadership and explore the 'Civility Saves Lives' campaign
- Demonstrate leadership in clinical problem-solving exercises
- Describe the organisational leadership of their clinical departments and the wider organisation

We use feedback from attendees to evaluate the course to ensure it is providing useful training. Our program has evolved based on this feedback.

**Method or approach** Our program, designed and delivered by senior Specialty Trainees in anaesthesia, emergency medicine, and respiratory medicine focuses on healthcare leadership. Faculty all had formal training in healthcare leadership. Doctors can apply to attend the course, securing study leave for participation. A pre-course questionnaire gauges participants' leadership background and expectations, tailoring the programme to their needs. The course has evolved from lectures to workshops in order to foster active engagement.

As trainees, we serve as near-peer role models to normalise leadership. Keynote talks from doctors in formal leadership roles, such as the Trust's Chief Registrar, enrich the experience. Looking towards the future, another session signposts doctors to relevant leadership opportunities. A post-course questionnaire evaluates the day and prompts attendees to reflect on their learning. The course provides a dynamic platform for junior trainees to explore and enhance their leadership skills, leveraging the expertise of our diverse faculty.

**Findings** We have now held 3 courses in 2023 with 3 more scheduled in 2024. In total 75 doctors have attended our program.

We collected information about self-rated agreement with certain phrases pre- and post-session (1 = strongly disagree, 5 = strongly agree) and after attending the course:

- More doctors felt that leadership training was important at their stage of training (pre = 4.1/5, post = 4.8)
- Considerably more doctors identified as a leader (pre = 3.0, post = 4.2)
- Satisfaction with their level of knowledge around leadership theory and models (pre = 2.1, post = 4.0), and frameworks and competencies (pre = 2.1, post = 4.3) increased
- Awareness of relevant leadership opportunities was improved (pre = 2.5, post = 4.4)

Overall, most attendees found the course very useful with an average rating of 4.9/5 and 100% said they would recommend the course to a colleague.

The general appetite and enthusiasm for this type of training from doctors at the earliest stage in their career can be seen in the free text feedback. Attendees would 'like to attend more teaching of this kind' and feel that 'we need more sessions of leadership courses'.

**Key messages** As outlined by HEE, early commencement of leadership development for doctors-in-training is incredibly important. Specialty trainees with an interest in healthcare leadership, who understand the challenges faced by trainees and who are viewed as authentic by them, can successfully introduce a program tailored to their needs.

Training can allow doctors to feel more confident in their role as leaders. It can boost confidence, heighten the perceived value of leadership development, enhance knowledge of

leadership behaviours, and raise awareness of available leadership opportunities.

Amidst growing disengagement among trainee doctors, these programs underscore their significance within the NHS, validating institutional commitment to their development. Ultimately, fostering leadership skills is not just beneficial for patient care but also vital for shaping the future of the NHS. By nurturing doctors with clinical and organisational leadership acumen, we contribute to a resilient healthcare system.

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## ENHANCE: EQUIPPING FOUNDATION DOCTORS WITH ENHANCED GENERALIST SKILLS FOR CONTEXTUAL LEADERSHIP AND MULTI-PROFESSIONAL TEAM WORK

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### Introduction

- The 2021 Foundation Curriculum has an equal focus across physical, mental, and social health with an emphasis on person-centred care and managing complex multimorbidity.
- The enhance programme aligns with Foundation priorities to promote development of generalist skills alongside contextual leadership, supporting working effectively across the health and care landscape.
- Expansion of the enhance programme is a NHS Long Term Workforce Plan (LTWP) priority action and is now offered to all Foundation doctors since August 2023.

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

- enhance aims to provide Foundation doctors with a grounding in generalist skills in the context of early career leadership. This meets the UKFPO curriculum requirements whilst also empowering these doctors to consider their role as a leader from the beginning of their careers.
- The contextual leadership resources and offer provide a practical guide for foundation trainees to identify areas for development when considering their own leadership journey.

### Method or approach

- The enhance programme was initially piloted in seven regional trailblazer sites across England with specific focus on Foundation in the North-West and East of England.
- These foundation pilots have included immersive community placements, multi-professional teaching as well as innovative technology such as Virtual Reality.
- The success led to a national roll out for all Foundation Doctors since August 2023.
- Our panel of national enhance leadership and regional delivery leads showcase the different opportunities to support embedding this programme and sharing best practice.
- The development of this contextual leadership resource has highlighted the value of a leadership offer for all early career health and care professionals. enhance's multiprofessional leadership resource guide: first principles will launch in 2024 to support all enhance learners' leadership journeys.

### Findings

- There are two enhance offers for Foundation doctors from August 2023:
  - enhance enable: Available to all Foundation doctors via self-directed engagement with learning resources, module workbooks and self-assessment. Opportunities to attend