

development workshops and opportunities to showcase student projects, interests and research.

Students from widening participation backgrounds were offered free registration and travel support at the point of registration to improve access to the event.

The study aimed to evaluate and assess the breadth and diversity of the attendees to the event, as well as exploring student motivation and attitudes towards leadership. The impact of the ESLIH conference activities on student aspirations for healthcare leadership, development of leadership skills and confidence in utilising these skills in practice was also evaluated.

**Method or approach** Pre-and-post conference evaluation forms were sent to delegates. Demographic information including professional backgrounds and whether students were from a widening participation background were collected. Attendees' motivation for attending the conference was explored and their thoughts towards leadership were captured. Students rated their confidence towards leadership competencies, based on the FMLM Indicative Undergraduate Curriculum, using a likert scale. Specific feedback about sessions and key takeaways were also captured.

**Findings** Based on the initial analysis, a wide range of professions attended the conference from a range of backgrounds, including a significant number that identified as widening participation students.

Prior to attending the conference, the majority of students related the words 'empowering', 'inspiring', 'achievable' and 'confident' to leadership. Overall, there was a positive reflection of students' interest and feelings towards leadership. However, a large number of students also signalled that leadership was 'challenging' and some students felt it was 'complex', 'exclusive' and 'overwhelming'.

In the post-conference evaluation, the positive feelings remained and students felt more 'optimistic'. Less of the negative connotations were also identified after attending the ESLIH conference. Why students wanted to attend and where they felt the conference best delivered, largely reflected each other.

Full results will be presented at the conference, including the analysis against the FMLM indicative undergraduate curriculum.

#### Key messages

- Improving diversity in healthcare leadership must start at the undergraduate level in order to inspire and empower the next generation of healthcare leaders early in their careers.
- To do this effectively, leadership activities and events must be led and attended by diverse demographics, alongside practical support such as the removal of financial barriers.
- ESLIH has demonstrated this through the multiprofessional co-leading of its event with clinical leadership fellows and undergraduate students.
- The conference showcases speakers and workshop leads from diverse backgrounds and healthcare professions to serve as role models and teachers.
- By providing free registration and travel support for widening participation students, ESLIH is the first conference, to our knowledge, to remove financial barriers for underrepresented groups.
- Initial evaluation has demonstrated the positive impact of the event on undergraduate leadership development, and explores attitudes and motivation around leadership amongst a diverse student population.

## 66 RECIPROCAL MENTORING WITHIN EAST OF ENGLAND

<sup>1</sup>Khayathiri Sundaralingam, <sup>2</sup>Elizabeth Gonzalez Malaga, <sup>3</sup>Malini Prasad, <sup>4</sup>Paul Wright, <sup>5</sup>Andrew Osafo. <sup>1</sup>Watford General Hospital & NHSE equity, diversity, inclusion; <sup>2</sup>Workforce Training and Education Directorate – NHSE East of England; <sup>3</sup>West Suffolk Hospital and Foundation Trust & Workforce Training and Education Directorate, NHSE East of England; <sup>4</sup>General Practice Workforce Training and Education Directorate; NHSE East of England; <sup>5</sup>Training Programme Director Equality, Diversity and Inclusivity – NHSE East of England

10.1136/leader-2024-FMLM.66

**Introduction** Reciprocal mentoring is one of the activities outlined in the EDI Strategy for the East of England (EOE) NHS Workforce Training & Education Directorate. The programme aims to establish a productive communication and positive relationship between a junior doctor (mentor) from a minority group and a senior doctor (mentee), narrowing the knowledge gap between senior leaders responsible for training programmes, recruitment, promotion, career progression and development, annual reviews, and policies.

Through open and honest conversations, mentors discuss their challenges and life experiences regarding career progression and discrimination. As a result of influencing senior leaders, mentors' confidence is expected to increase by raising a voice against injustice, obstacles, bias and prejudices in the NHS. Furthermore, the programme offers mentors the opportunity to gain experience in leadership activities otherwise out of their access, networking and future mentoring opportunities for members of underrepresented groups.

**Aims and objectives of the research project or activity** Share insights and knowledge through the eyes of minority groups and develop an understanding of different perspectives and lived experiences.

- Enable a platform where the mentor can talk about their experiences openly.
- Build a partnership with someone at a senior level.
- Gain opportunities of networking for progress development, raising profile and accelerate career aspirations.
- Gain insight into the deanery's inner workings and senior level activities and the ways in which politics and power works.
- Learn from different perspectives.
- Increase understanding of the ways in which behaviours, beliefs, policies and practices impact upon the lived experiences of persons.
- Develop a broad and deep understanding of the structural and cultural barriers that maintain workplace inequalities.
- Increase confidence in challenging beliefs and behaviours with peers and influencing decision making.
- Motivate others to take action that would make a positive change for individuals from minority groups.
- Gain valuable insight to 'normalise' conversations around protected characteristics.
- Get insight into the forms in which power works at a conscious/unconscious level.

**Method or approach** After advertising the scheme through posters, tweets and emails were sent across the region and after a selection and matching process, 14 mentor-mentee pairs participated in this cohort that commenced in June 2023 and ended in November 2023. Participants included clinical fellows, Locally employed doctors, trainees from medical and dental surgical specialties, Deans, Associate Deans, Heads of Schools, and Training Programme Directors. Following virtual

induction, each pair met once a month for an hour. Monthly drop-off sessions were offered to mentors to discuss and share their experiences, challenges, and benefits of their mentor-mentee sessions, and resources were shared with participants. The programme was evaluated at the mid-point and the end of the scheme. Topics discussed included transitioning to the NHS, discrimination, career progression, challenging the status quo, equal opportunities, cultural change within a department and organisation, lack of equality given to LEDs for training opportunities, study leave, and microaggressions.

**Findings** 83% of mentors achieved their initial agreed goals and kept a diary for progress and reflection purposes. 100% of mentors and mentees would participate in the reciprocal mentoring programme again, and they would recommend this programme to their colleagues. At an individual level, mentors shared how joining the scheme helped them to communicate with leaders within their organisation, apply for other training and job opportunities and enhance self-esteem and confidence as valuable staff members. Suggestions from participants included organising face-to-face and virtual meetings to promote communication and networking across members, offering drop-off sessions for mentees, and offering training throughout the scheme to manage the power dynamics arising between mentors and mentees. These and other suggestions will be assessed and implemented in a cohort planned for Spring 2024.

**Key messages** As demonstrated with our scheme, reciprocal mentoring is crucial for influencing and growing diversity and inclusivity in organisations by focusing on individual and systemic change. Promoting conversations in an open and safe space for leaders and less senior staff members from minority backgrounds enhances belonging and empowers them to drive change.

## 67 INCREASING AWARENESS OF LEADERSHIP CAREERS AMONGST JUNIOR DOCTORS

<sup>1</sup>Akash Gujjar, <sup>2</sup>Hannah Baird, <sup>3</sup>Saba Semere, <sup>4</sup>George Carlisle, <sup>1</sup>Finlay Mundy-Baird. <sup>1</sup>Gastroenterology, Bolton NHS Foundation Trust; <sup>2</sup>AandE, Bolton NHS Foundation Trust; <sup>3</sup>Paediatrics, Bolton NHS Foundation Trust; <sup>4</sup>Breast Surgery, Bolton NHS Foundation Trust

10.1136/leader-2024-FMLM.67

**Introduction** Medical leadership a key factor in maintaining and improving patient care. The population we are looking after is becoming more diverse and their health needs more complex. It is crucial to have a diverse group of medical leaders to address these healthcare needs effectively. Junior doctors are the future medical leaders of tomorrow and therefore they need to have awareness of leadership careers early within their training to better prepare them. These junior doctors come from a variety of backgrounds and experiences, and by encouraging these doctors to pursue leadership roles allows us to better meet the healthcare needs of the local population.

Current medical leaders will have inevitably been through experiences that will have shaped how they carry out their leadership duties. Thus, they are a valuable source of wisdom and knowledge and the sharing of this will allow other junior doctors to learn from their experiences and allow them to become better leaders subsequently. Therefore, we aim to increase awareness of medical leadership and routes into a leadership role through a leadership series delivered by medical leaders from different specialities. The aim of this to spread this knowledge to a wider audience.

**Aims and objectives of the research project or activity** We aim to increase awareness of what medical leadership involves, the leadership opportunities as a junior doctor and to increase understanding into the routes into a leadership career with a focus on the multitude of journeys medical leaders have had.

**Method or approach** We are doing a multi-part leadership awareness series delivered in a hybrid format (in-person and via Teams) aimed at junior doctors. Each session has been delivered by speakers from different specialities ranging from surgery and medicine to general practice, with each talk focusing on the journey to them attaining their leadership role and how they have tackled hurdles in their path. We have collected pre and post session surveys to assess understanding and interest in a leadership career.

**Findings** We have run the sessions from January to February and findings will be available in time for conference.

**Key messages** There are few defined routes into a career in leadership, the majority of people in senior leadership roles have unique experiences and struggles they have faced to attain those roles. Learning from their journeys and experiences will allow junior doctors to become better medical leaders of tomorrow. By demonstrating this we hope this encourages more junior doctors from a variety of backgrounds to think about a career in leadership as a feasible option and take leadership opportunities throughout their training.

## 68 INSPIRING THE NEXT WOMEN LEADERS IN INTENSIVE CARE

Hannah Wilkin-Crowe, Fatima Eltinay. *Intensive Care Unit, Royal Derby Hospital*

10.1136/leader-2024-FMLM.68

**Introduction** As doctors working in intensive care, we noticed the heavy male dominance within the senior leadership team. Despite women outnumbering men at medical school, only 20% of UK intensive care consultants are women. We considered some of the barriers to women succeeding in this acute specialty and reflected on our own personal experiences – being discouraged from applying to training, difficulty balancing family life, lack of role models and safety concerns in managing aggressive patients to name just a few.

Working against expectations from the implicit gender biases of others is challenging and adds an extra layer of complexity.

At a time when many doctors were reducing their hours within the NHS, suffering from burn out and leaving the profession entirely, we wanted to set up a network of professionals who would support and encourage one another and so we organised the first East Midlands Women in Intensive Care Conference.

**Aims and objectives of the research project or activity** We had three main aims in order to promote gender equity and inclusion within intensive care:

1. To encourage women to train in intensive care
2. To create a network of professionals who would support one another
3. To inspire women into positions of leadership

Knowing that the gender pay gap showed a gap of 18.9% for hospital doctors and that more women than men work less than full time, our additional aim was that the conference