

Key messages This conference gave those that attended it an opportunity to see women leaders in intensive care and hear them talking about their jobs and lives outside of work. They were able to immerse themselves in sessions they were interested in and spend time networking with others. The overwhelmingly positive feedback has been the start we wanted in moving forwards and making positive change towards gender equity and inclusion within intensive care.

Next steps will be setting up an ongoing regional mentorship programme and we plan to repeat this event every 2 years.

69 **A GRASS ROOTS APPROACH TOWARDS ADDRESSING THE DISPARITY IN THE WORKING LIVES OF BLACK DOCTORS AT A LARGE TEACHING HOSPITAL**

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Introduction Over the last decade, the GMC has carried out a lot of research into differential attainment and found that the attainment gap between White UK doctors, and doctors from other ethnicities is significant.

Specifically, research has shown that Black/Black British heritage doctors:

- Have the lowest pass rates in specialty exams
- Are less likely to get into specialty training
- Are more likely to have their specialty training extended than UK-trained White trainees

This ongoing project was set about to give light to and begin to try and tackle the local inequalities that contribute to these findings. The hope is that by creating social networks for Black/and or Black heritage doctors we can centralise access to support, mentorship, career development strategies etc. This we hope will begin to eliminate the disadvantage and educational discrimination of Black/Black heritage doctors.

Aims and objectives of the research project or activity We have set up a local network for Black and Black heritage doctors with four main aims:

1. To provide practical pastoral support
2. To offer mentorship and career development, with access to visible role models at a local level
3. To increase the number of Black doctors in positions of leadership
4. Offer a link between Black and Black heritage doctors and the senior leadership at Trust board level

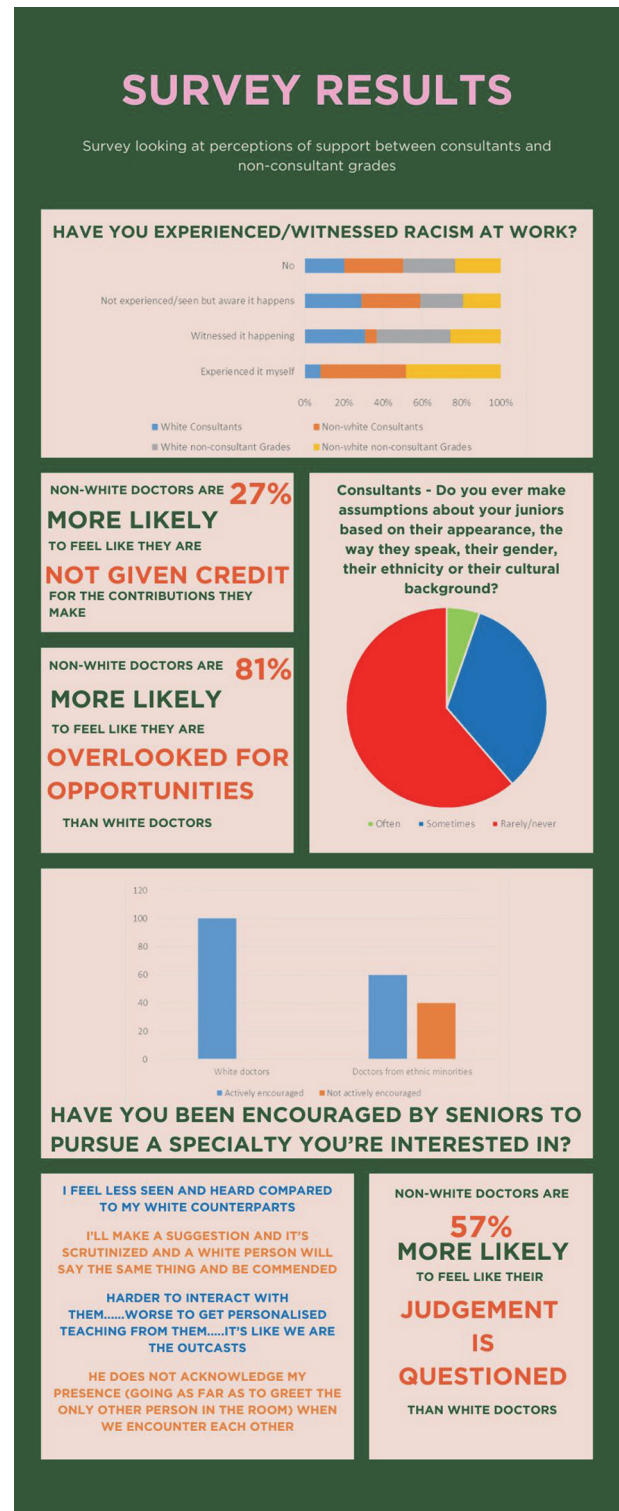
The GMCs ‘How to support successful training for black and minority ethnic doctors’(2020) report found that peer support from those of a similar background was valuable in levelling the playing field and reducing the attainment gap.

Method or approach The initial approach involved quantitative and qualitative data collection in the form of an anonymous survey. This was sent out to non-consultant grade doctors of all ethnicities, asking about experiences of micro-aggressions and whether they felt supported/listened to in the work place. At the same time a different anonymous survey was sent out to consultants, looking at awareness of their own biases.

Concurrently, a WhatsApp group was set up for Black/Black heritage doctors locally. From initial introductions, there is

now a list of specialties/areas of interest with Black/Black heritage doctors available to offer advice and support in applications to their specialty, as well as opportunities to get involved in Quality Improvement Projects. The network will have a presence at hospital inductions and admission offered to doctors identifying as Black or of Black heritage.

Finally, we are writing a leadership training opportunity programme that is planned to start in 2024.



Abstract 69 Figure 1

Findings The survey results are not yet complete, we are hoping to have more data by the time of the conference.

75 consultants and 77 non-consultant grades, including doctors at foundation, core training, higher specialist training levels, and locally employed doctors have participated so far.

Results to date are shown in the infographic (figure 1).

The responses so far from Black doctors have been so few that for the purposes of the results, Black doctors have been grouped together with other non-White doctors. The results are striking, flagging up some of the inequalities felt by non-White doctors.

There are many potential biases to the survey eg.

- The survey could have been filled out inaccurately as the doctor could have had a previous Trust in mind when answering.
- The questions in the survey incorporate sensitive issues, which could lead to social desirability bias.
- Depending on personal feelings at the time, a doctor's answers might be different on different days.
- Sampling bias may be relevant as the surveys were sent to hospital emails and to WhatsApp groups.

Key messages There is a long way to go to reduce the attainment gap between Black and Black heritage doctors, compared to doctors from other ethnic backgrounds. This is not a short project but it is an important one as it aims to ensure we can all thrive in a fairer, more equitable workplace. The Black/Black heritage Doctors' Network is importantly giving visibility to the few already in leadership roles, to encourage and inspire others to follow in their footsteps.

By offering opportunities in leadership and career development, mentorship and by celebrating role models, we hope to take steps towards levelling the playing field.

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CHAMPIONING A SUPPORTIVE HEALTHCARE WORKFORCE: DISABILITY INCLUSION CONFERENCE

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Introduction Future Frontline is a community interest company that widens access to healthcare professions and supports current students and professionals through their careers. 'Championing a Supportive Healthcare Workforce: Disability Inclusion Conference' was designed to raise awareness of how we can support disabled healthcare colleagues and enable them to access adjustments where necessary. It is thought that greater competence and understanding of these is required (Azizatunnisa et al., 2023), especially with only 55% of disabled medical students and doctors requiring adjustments actually obtaining them (BMA, 2022). We believe that it is vital to educate students and professionals from across the multidisciplinary team to promote an inclusive community that everyone feels comfortable in and promote greater accessibility within our system.

Aims and objectives of the research project or activity

1. To raise awareness of different types of disabilities present in the healthcare workforce.
2. To consider ways in which we can strengthen and broaden approaches towards proactive disability inclusion to maximise potential.

3. To make working in the healthcare profession more inclusive for those with a disability by: a- normalising reasonable adjustments and alternative ways of working b- empowering students and professionals to make adjustments for colleagues with disabilities c- creating inclusive workspaces

Method or approach In collaboration with Portsmouth Healthcare University NHS Trust, an in-person conference was held on 22nd November at Queen Alexandra Hospital (Cosham) to highlight the importance of making reasonable adjustments for professionals with disabilities and demonstrate ways that we can support our colleagues in healthcare. We had a series of talks about the diversity formula, reasonable adjustments, fostering a neurodiverse healthcare environment and empowerment through awareness of mental health. In addition, we also held two workshops based on overcoming healthcare disability barriers and teaching BSL.

Findings The conference had 50 attendees, with 21 consenting for research: 81% were professional, 14.3% were students and 4.8% were apprentices. On average, delegates rated their level of confidence talking about people with disabilities before the conference (1 = not confident at all; 5 = fully confident) 2.95/5 before the conference, and 4.16/5 after. 100% stated they would recommend our conference to a friend. 95.2% of the participants felt that the conference helped to raise awareness of different types of disabilities present in the healthcare workforce and 95.2% felt empowered to be able to make adjustments for colleagues with disabilities.

Key messages The conference demonstrated the benefit of raising awareness of different types of disability and highlighted a few key methods of breaking down barriers for disabled colleagues, including, but not limited to:

1. Greater flexibility within the workforce to allow for particular working hours as well as provision of accessible infrastructure (such as technology).
2. Obligatory mental health first aid training for all healthcare students and professionals.
3. Further training at university or upon entry into the workforce on ways we can support disabled colleagues

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EMPOWERING WOMEN IN HEALTHCARE LEADERSHIP: UNVEILING BARRIERS AND STRATEGIES FOR ADVANCEMENT – A NARRATIVE REVIEW

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Introduction The issue of underrepresentation of women in medical leadership roles, particularly in their retention and long-term engagement, is a pressing challenge in healthcare. Despite advancements in women's initial entry into these roles, their sustained presence and advancement in leadership roles have been relatively underexplored. This narrative literature review aims to address this significant gap, focusing on the retention of women in medical leadership. The review aims to uncover the factors that influence their long-term commitment and progression in these roles. Understanding these challenges is essential for fostering a diverse and inclusive leadership culture in healthcare, which is vital for meeting the varied needs of patients and enhancing organisational effectiveness. This review endeavours to provide insights into