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.

60 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.

61 '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: