

## **HEE-SW Leadership Fellows 2019-2020**

### Fellows

Johnny Boylan	ST6 GU Medicine
Paul Jenkins	ST3 Radiology Peninsula Radiology Academy
Harriet Conley	Radiology ST4/5 University Hospitals Plymouth NHS Trust / Torbay and South Devon NHS Foundation Trust
Fenella Shelton	Specialty Register ENT. Bath

## Summary report

### Projects, experiences, and evaluations

#### **Dr Johnny Boylan: Outcomes From August 2019- August 2020**

Thanks to this fellowship, I am more passionate than ever about the role of leadership in ensuring the best outcomes for patients, staff and organisations. As a South West Leadership Fellow, I developed expertise in leadership development, project management, strategy, and governance. I have been involved in audit and quality improvement (QI) and I consolidated my skills and confidence in QI methodology, stakeholder engagement, implementation science and change management by completing the postgraduate certificate of healthcare leadership and management at the University of Exeter.

#### LEADERSHIP ROLES DURING FELLOWSHIP (SELECTED)

##### NATIONAL

- Honorary secretary and UK trainee representative, Genitourinary Medicine Joint Specialty Committee, Royal College of Physicians (RCP) . 2018-present.
- Trainee advisor, Royal College of Physicians Trainees' Committee 2016-present.

##### REGIONAL

- Leadership Fellow, Health Education South West. 2019-20
- Doctors in training regional representative, British Association of Sexual Health and HIV. 2018-present
- Higher specialty training representative, Severn Deanery. 2018-present.

##### LOCAL

- Genitourinary medicine specialty trainee representative, Junior Doctor and Dentist Committee. University Hospitals Bristol and Weston. 2016-present.

#### PRIZES AWARDED DURING FELLOWSHIP

Jul 2020      Trainee of the Year

(non-general internal medicine) Severn Postgraduate School of Medicine

Jul 2020      3rd Prize: Junior Doctor

Quality Improvement Project      Royal United Hospitals Bath NHS Foundation Trust

## QUALIFICATIONS ACHIEVED DURING FELLOWSHIP

Postgraduate certificate of Healthcare Leadership and Management (Pg Cert HLM) at the University of Exeter: July 2020.

## PRESENTATIONS DURING FELLOWSHIP (SELECTED)

Summary of new Trust guideline for the management of patients with viral hepatitis A, B and C at Unity Sexual Health. July 2020.

New online sexual health experiential course for undergraduate medical students. Tales from the Digital Classroom. University of Bristol Institute of Teaching and Learning (Virtual Conference). July 2020

Genital Ulceration for internal medicine trainees. Virtual teach-in. July 2020. (747 people registered for this event).

Genitourinary medicine for foundation doctors. WebEx and face-to-face blended teaching at the UHBW Medical Education Centre. June 2020.

HIV: Progress by 2020. University Hospitals Bristol and Weston Grand Round. January 2020.

Management and leadership for doctors in training. Royal College of Physicians Annual Trainees' Conference. London, UK; December 2019.

Beyond the Guidelines. BASHH South West Education Meeting. Ilminster, UK. November 2019.

Medical Women's Federation and British Medical Association (BMA) first joint conference. Working Together: Overcoming Gender Bias. Invited panel member and speaker. BMA House. London, UK; November 2019. (I was also interviewed for a promotional video providing the highlights of this inaugural conference).

Addressing recruitment and retention in training: the role of Flexible Portfolio Training. Stopping the Exodus. Royal College of Physicians, London, UK; September 2019.

### Invited Editorials:

Boylan J, Ring K. Physician associates and junior doctors: improving care in Yorkshire. Commentary: RCP London. February 2020 1.

### Accepted Abstracts:

Abstracts accepted for oral presentations at national/ international conferences, due for publication later in 2020:

#### 1. International Conference on Residency Education:

Boylan J, Baker T, Vaux E. A Royal College of Physicians initiative to address the underrepresentation of women in medical leadership. Journal of Graduate Medical Education.

#### 2. Association for the Study of Medical Education Annual Scholarship Meeting:

Boylan J, Baker T, Vaux E. Development of Representative Medical Leadership. The Clinical Teacher.

Publication date: 15th September 2020

In July I submitted 5 more abstracts which are currently undergoing review for the BASHH national conference in November 2020.

#### CLINICAL COURSES & CONFERENCES ATTENDED DURING FELLOWSHIP

- July 2020 Tales from the Digital Classroom. University of Bristol Institute of Teaching and Learning (Virtual Conference).
- Jan 2020 From global to local: addressing the threat of antimicrobial resistance to STI control. London School of Hygiene & Tropical Medicine. London, UK.
- Nov 2019 British HIV Association General Medicine Course. London, UK.
- Nov 2019 British Medical Association and Medical Women's Federation Joint Conference: 'Working together for gender equality and inclusivity –the benefits of all.' London, UK.
- Oct 2019 South West BASHH Education Meeting. Horton Cross, Ilminster, UK.
- Sep 2019 Stopping the Exodus. Royal College of Physicians, London, UK.
- Jun 2019 Future Careers Meeting. National Association of Clinical Tutors. Manchester, UK.

#### GUIDELINE DEVELOPMENT DURING FELLOWSHIP

- May 2020- Jul 2020 Management of patients with syphilis. Unity Sexual Health.
- Jul 2020 Management of the viral hepatitis A, B and C. Unity Sexual Health.

#### AUDITS DURING FELLOWSHIP

- June 2020 – Present Assessment of hepatitis screening and vaccination at Unity Sexual Health.
- Mar 2020 - Present Evaluation of HIV testing in patients referred to lymphoma and gastroenterology outpatient clinics at Royal United Hospitals.

#### QUALITY IMPROVEMENT DURING FELLOWSHIP

- Nov 2019 – present Evaluating diagnosis and management of patients presenting with symptoms of urethritis at Unity Sexual Health.
- Sep 2019 – Jul 2020 Utilising PDSA methodology to integrate HIV testing at Royal United Hospitals Bath.
- Jan 2019- Jun 2020 Introduction of dual antiretroviral therapy for patients with advanced HIV infection at Riverside Clinic, Royal United Hospitals Bath.
- May 2020 – Jul 2020 Application of BASHH and PHE national guidelines to improve Hepatitis B testing and vaccination at Unity Sexual Health.

## POSITIVE IMPACT OF FELLOWSHIP ON MEDICAL EDUCATION

Throughout my leadership fellowship I have remained involved in the field of medical education and training, taking every opportunity to improve my knowledge, skills and attributes in this exciting and changing area. The fellowship has given me confidence in facilitating learning in a range of settings: one to one, small and large groups, at the bedside and online as well as experience in delivering formal presentations and lectures. I am a member of the RCP Education Faculty and I am called on to deliver communications skills workshops, physician associate professional development workshops and PACES preparation courses for internal medicine trainees (all interrupted due to COVID-19). I delivered multi-specialty teaching on the progress in HIV management at UHBW and RUH Trust Adult Grand Rounds in January 2020 and in June 2020 I taught the UHBW foundation doctors on genitourinary medicine through WebEx and received excellent feedback.

## MEDICAL EDUCATION ROLES DURING FELLOWSHIP

Sep 2014 - present	Honorary Lecturer/ Teaching Associate, University Bristol.
Sep 2019 - present	Education Faculty, Royal College of Physicians, London.
Jun 2019 - 2020	Education Scholar, Health Education South West Deanery.
Sep 2016 - present	UK trainee representative, BASHH Steering Group Sexually Transmitted Infection Foundation course.

## PROGRAMME DESIGN/IMPLEMENTATION DURING FELLOWSHIP

Building on my experience as Programme Lead for both the Emerging Women Leader's Programme and Flexible Portfolio Training at the Royal College of Physicians in 2018, I was a faculty member of the undergraduate sexual health programme and first author of a mixed methods research paper (undergoing peer review) on how we used educational theory, blended with student and staff feedback to transform this undergraduate module. Through this process during the fellowship I developed a range of skills in conducting, synthesising and critiquing educational research and applying educational theory. The fellowship experience has also helped me establish, and interact with, a network of like-minded professionals and peers which enhances my cross-functional working.

## POSITIVE IMPACT OF FELLOWSHIP ON CLINICAL PROGRESSION

My extensive clinical and leadership experience to date has ensured that I am highly skilled in managing patients across the breadth of genitourinary, reproductive and HIV medicine. I am confident in delivering consistently high standards in the assessment, diagnosis and management of patients in all settings including walk-in, triage, booked clinics, GP and other referrals and inpatient care. As a consequence of the south west leadership fellow opportunity and my ongoing dedication to training, I am now highly skilled in clinical judgement, decision making and managing risk and uncertainty. I consistently receive positive feedback in these domains. I have been gratified to be praised by senior and junior colleagues across the multi-disciplinary team for the care, compassion and respect I demonstrate in all my interactions with patients and patient relatives. I am also committed to developing clinical experience in new models of working. In my current placement I

have particularly benefitted from increased exposure to, and experience in, telemedicine. On account of my experience, I will begin acting up as HIV consultant physician from August 2020 at Southmead Hospital which will involve responsibility for antennal management of HIV.

#### ADDITIONAL INFORMATION

Outside of medicine and leadership, I am an experienced triathlete. Because mass participation events have been stopped due to COVID-19, my last race was on 22/09/2019 when I finished in first position at Conquer the Chilterns Middle Distance Triathlon. My interest in triathlon has facilitated me to develop generic skills like time-management, prioritisation, resilience, communication and team-working which are as important to me as a doctor as they are to me as a triathlete.

## Paul Jenkins

### Projects undertaken during fellowship

- Completion of Post Graduate Certificate in Management and Leadership (University of Plymouth)

### Projects:

- Led project involved in improving the usefulness of the Radiology report to the Trauma, Audit and Research Network (TARN). Developed TARN Friendly reporting Crib sheet. Presented at local, regional and national conferences results on the large regional audit demonstrating a 20% underscoring of injuries affecting payment and performance grading Paper under review for publication in Clinical radiology journal. TARN involved with view to nationalize a training program. Presented results - Tarn Friendly Radiology Reporting - What the radiologists say does matter. UK IO (Imaging and Oncology) June 2020, with further oral presentation at RCR in september
- Led project looking into interventional radiology attendance at Major Trauma calls. EPut on hold due to COVID-19 - Presenting early results as 'Cost and benefit of IR attending Trauma calls'. CIRSE (Cardiovascular and Interventional Radiological Society of Europe). Sept 2020
- Regional trauma network supported project looking at radiology registrar discrepancies when reporting out of hours (in progress) with view to considering whether proforma reporting should be introduced
- Wrote 2 x articles for Clinical Finance on Payment methods within the NHS and Value and variability.
- Supported a project looking at how environmentally friendly training (within radiology) is within the southwest and how we can improve this
- Audit – Oesophageal stents migration rates in patients with Oesophageal malignancy.
- Audit – RIG reinsertion in head and neck malignancy
- Audit – Time to CT in Trauma
- Case report on Ultrasound appearance of SURGICEL® following laparoscopic resection of a splenic cyst

### Events:

- Shadowed manager on-call Derriford hospital (11/2/20)
- Attended University Hospitals Plymouth NHS trust Board meeting (28/2/2020)

- Attended Future Focused Finance for Clinician event (19/11/2019)
- Attended the HLA conference (12/12/2019)
- Attended GIRFT symposium at Derriford Hospital (30/10/19)
- Attended GIRFT visit to North Bristol NHS Trust Radiology (5/4/20)
- Planned regional radiology research day July 2020 (Postponed due to COVID)

#### Roles

- Trainee representative on the Clinical Finance Journal Editorial Board
- Peer reviewer for Clinical Finance Journal
- Southwest IR Training improvement lead – working towards introducing an IR registrar role within the southwest and improving training in relation to 2020 RCR and BSIR supported IR training curriculum. (delayed due to COVID)
- Co-lead for Peninsula Chest X-ray courses 2019-2021 (transferred online due to COVID sessions provided during May and June)
- Established the southwest trainee imaging research group as lead, Part of the newly established RADIANT (National RCR led Radiology Research Group)



## Harriet Conley

NB: The Leadership fellowship was put on hold from 23rd March 2020 and restarted on 1st June 2020, due to the COVID -19 pandemic. This impacted on the number and type of projects that I have been involved in during my fellowship. Despite the disruption to the fellowship caused by COVID, my fellowship time has allowed me to take advantage of networking opportunities and allowed involvement with a national project, something which I would have likely been unable to commit without the dedicated time of the fellowship.

### Qualifications

PGCert in Medical Leadership, Management, and Innovation at University of Plymouth, with distinction.

### Projects:

#### Outpatient CT Scanning patient flow (September – November 2019)

Our local radiology department had been in the process of introducing cannulating Radiology Department Assistants (RDAs), but it was unclear how patients currently flow through the department, from checking in at the reception desk to leaving the department. I helped the lead CT Radiographer map out the entire patient journey and its caveats, and then we developed a process map for what we thought would be the clearest pathway for patients, encompassing the caveats of specialists tests and variation in preparation and setup. The process mapping was enjoyable, and it also raised other areas for consideration which we had not realised had such an influence on the project's success. These included reviewing existing paperwork and safety questionnaire forms and adapting these to make the patient's pathway as clear as possible for those working in the department. Even calculating whether there were sufficient numbers of gowns for patients to wear and making sure we had sufficient clinical waste bins in each cannulating bay became important rate-limiting steps overall.

The process mapping was presented to the CT Radiographer and RDA body, and with a few minor changes and suggestions, was up and running within 2 weeks of planning. This has been going well, and the department are using "improvement huddles" as part of a wider project to be able to tailor the process further and continue to adapt.

### Lessons learned:

Involvement with stakeholders is key – unfortunately due to a clash of dates and times, only the lead CT Radiographer was able to attend the initial process mapping, however presentation and discussion with those working in the CT department was highly productive and gave additional perspectives on areas for ongoing improvement.

Plain film insourcing (December 2019- February 2020)– unfortunately put on hold due to COVID.

Creation of a business case to propose insourcing of plain film (x-ray) reporting to senior registrars, with the formation of a reporting shift to provide the radiology department with continuity of reporting. The main aim of this project was to reduce report turnaround time and reduce spend on

outsourcing (which is costly). Keeping more reporting “in-house” is also generally favoured by radiology departments and the clinical services they report for. Conducting an analysis of current workload for plain film reporting for different groups (consultants, reporting radiographers, outsourcing and radiology registrars) and demonstrated that even starting small, there were savings to be made from introducing registrar provided insourcing, at £8220 per annum. There is certainly the ability to scale up provision over time significantly as the service establishes. Registrar opinion showed significant interest on taking on this additional work, through both regular and ad-hoc shifts.

Lessons learned:

Valid data was key to demonstrating the distribution of reporting amongst reporters and also report turnaround time. Involving colleagues who are familiar with searching the reporting database was invaluable.

#### Getting It Right First Time (GIRFT) Hospital Visit (October 2019)

I attended a Radiology GIRFT visit to a district general hospital in the South East of England, as invited by the Clinical Lead for the Radiology GIRFT workstream. The hospital we visited had an outstanding CQC (both overall and for their Imaging services) and the Radiology department has a keen focus on continuous improvement through Lean and QI methodology. Each GIRFT visit involves a “deep-dive”, in which the GIRFT team present the national data and detail how the local department is performing in comparison, based on information provided by the trust in advance of the visit. Watching a wide variety of team members from the local hospital team, from healthcare assistant, radiographers, consultants and department managers all happily voice their opinions within this setting was impressive, and gave the appearance of a very open and honest and constructive culture.

Lessons learned:

Using Lean and QI methodology has helped this department to improve its services, and it was clear that this had been introduced from the ground up. Promoting an inclusive culture like this takes time, but has paid off for this radiology department. The Getting It Right First Time initiative has allowed the sharing of data nationally, to aid and improve services, decrease overhead costs and encourage trusts to work collaboratively to improve outcomes. However, measuring the overall success of GIRFT as a whole will be a challenge as it is such a diverse programme and radiology has benefits on other departments which are not necessarily measured or taken into account.

Getting It Right First Time (GIRFT) Project evaluating examples of good clinical practice for national report (June 2020 – August 2020) – experienced hiatus due to COVID and unable to complete within time of scheduled end of fellowship

Following on from my GIRFT visit, I stayed in touch with the GIRFT Radiology team after a hospital visit in November 2019 and became involved in a project collating and summarising the areas of good clinical practice which have been picked up from the national GIRFT visits. These will be published as a booklet to work alongside the GIRFT Radiology national report and give trusts an idea of successful projects in other organisations which reflect the recommendations from the GIRFT national report.

Lessons learned:

Writing up the cases for the booklet has been useful to understand the many ways in which departments are promoting best care for their patients, many of which I can also personally share with my local department and the wider regional Radiology network covered by the radiology training scheme.

Registrar networked night on-call rota planning and adaptation (January 2020 - July 2020)

In our local Radiology training scheme it was noted at a School Board meeting that the number of full time equivalent trainees in the training scheme for the next academic year (2020/21) would be dramatically reduced for a variety of reasons. I worked with registrar colleagues to explore both the impact of this on the on-call burden for radiology registrars, and also develop options of changing the on-call shift patterns for the regional networked overnight on-call shift. I conducted an in-depth data analysis of the workload, looking at individual sites, hourly volumes of work and also the numbers of scans reported by registrars, consultants and outsourcing providers where applicable. This data helped demonstrate the minimum threshold for a safe number of registrars working on-call. Overall this project was a challenge, working between 5 trusts, each with different operational and on-call priorities. A tailored approach to each site was important, and ensuring concerns from both the consultants and registrar body were dealt with effectively. The proposed changes were put to the registrar body, and with minor changes an agreement was reached at the overnight network's AGM which was well-attended by representatives from all sites.

Lessons learned:

Implementing change across a network can be a challenge, and aligning shared values was paramount when approaching each site and also presenting proposals to stakeholders. The changes proposed had an impact on local evening and weekend on-call shifts which are all managed locally, so understanding the magnitude of these changes to wider working patterns across the region was important.

Data really helped provide a solid grounding in the formation of the proposal. It provided good evidence as to why some suggested changes wouldn't be possible, but also revealed other areas which would be more amenable to change.

Courses and Meetings:

Healthcare Leadership Academy conference (12th December 2019)

Attended Hospital Trust Board meeting (28th February 2020)

Peninsula School of Radiology School Board Meeting (1st October 2019, 4th February 2020 and 21st July 2020)

Meetings organised:

Next Generation Leaders Conference co-organiser– planned for 19th March 2020 but unfortunately cancelled due to COVID 19

I was responsible for delegate communications for the conference and organising communications for the poster competition. This year's conference was set to be full of great speakers from a wide background, and we were all very saddened that it had to be cancelled, especially at short notice. Unfortunately due to the COVID 19 pandemic situation and restrictions on mass gatherings, we were unable to rearrange a different time for the conference to be reorganised.

Other ongoing roles:

Junior Radiologists Forum Less Than Full Time (LTFT) Representative – I have held this role for the past two years prior to commencing the fellowship. As the LTFT rep, I am an advocate for LTFT trainees, giving advice and raising concerns with the appropriate seniors. The fellowship has helped to improve my confidence when attending both the registrar forum and the regional School Board meeting. I feel more able to speak up and provide a perspective which may not have already been considered, both as a radiology trainee, but also with LTFT working in mind.

Positive impact of the fellowship on my work as a radiology specialty trainee

I feel as though the fellowship itself and the PGCert course have provided me with a better perspective of the NHS as a whole. I also have a better understanding of the influencing factors of the operational day-to-day running of my local radiology departments, and also on introducing change and the steps involved in implementing this. I am now better equipped to take on leadership roles in the future and am keen to continue leadership and management in the future after finishing training and becoming a consultant. I am now a strong advocate for involvement of trainees in leadership initiatives and opportunities, as early as possible in their careers. I hope to continue to promote this throughout my working life.

## **Fenella Shelton**

### Summary of year

During my medical training I have developed an interest in clinical leadership. Completing this fellowship has allowed me to pursue this further and increased my appetite to continue engaging with clinical leadership as I continue towards gaining a consultant post and beyond. The HEE SW fellowship has provided me with valuable opportunities to explore different aspects of healthcare leadership and management, acquire new key skills and develop my own personal practise in leadership roles. During the year I have completed a number of projects, taken the opportunity to explore different aspects of clinical leadership and further my studies to acquire a Msc in Healthcare management and leadership. These opportunities would not have been possible with this HEE leadership fellowship.

### PGDip Healthcare Management, Leadership and Innovation

#### Completed with Merit

In 2017 I completed the Professional and Generic Skills course provided by Health Education England working in the South West. This provided the opportunity to complete a Postgraduate certificate through the University of Plymouth which I completed in 2018. Having completed the PGcert the HEE SW fellowship provided me with the opportunity to continue my studies and complete the PG diploma which I completed in July with Merit.

#### What did I learn?

Completing the PGDip has been invaluable in my development as a clinical leader. The programme was clinically applicable and I was able to use skills and methods learnt through the programme in both my clinical and leadership fellow roles. During the diploma I developed academic skills in critically analysing data and researching literature. The modules of the diploma including project design and business plan development, which will be valuable for my future career in healthcare.

I plan to continue my studies to complete the full MSc in Healthcare Management, Leadership and Innovation.

#### Projects during fellowship

- Implementation of guidelines for booking of emergency clinic appointments – completed

To improve the efficiency of the current emergency clinic, areas of improvement were highlighted. The main underline issue was found to be the lack of clarity on the role of the clinic. This led to the development of clear guidelines which was agreed by the department for the clinic. This included information on the role of the clinic and booking system, and also advised on other pathways available for other, non-emergency, cases.

- Development of ENT urgent care clinic and unit – put on hold due to COVID-19

I was involved in the planning and early implementation of an ENT urgent care clinic. This was developed following the guidelines for the clinic were produced and had the aim of improving further the efficiency of the service, creating an educational environment and increasing capacity in

the department. The clinics were successfully piloted but unfortunately due to the COVID-19 pandemic the project has to cease in March due to the demands on the hospital.

- Development and implementation of pathway for ambulatory management of patient with nasal packing for epistaxis – completed

During the COVID-19 pandemic, to reduce the number of admission and reduce the spread of infection patients with nasal packing for epistaxis were managed, where possible, on an ambulatory basis. During COVID-19 many innovative changes were instigated at a rapid pace to response to the crisis. Whilst this was primarily set up due to COVID-19, this led to discussions of continuing this beyond. Following an audit of practise I developed a pathway for the management which has now been approved by the department. The data of the audit was also submitted to a larger national audit and the reports of this are pending.

- Review and update of departmental information leaflets – completed

I led the update and review of all patient information leaflets in the department. Communicating the information will also be updated to be sent with patient correspondence reducing the amount of paper being used in the trust.

- Human factors at National selection – put on hold due to COVID-19 pandemic

I was due to conduct a study on the effects of human factors at the National selection, unfortunately due to the COVID-19 pandemic the National Selection process was cancelled and therefore this project will be delayed until next year.

- Development of a Leadership programme for Junior Doctors at RUH - put on hold due to COVID-19

I was part of a small working group developing an educational programme for junior doctors on Leadership and Management at Bath. The working group including the clinical leadership mentor, the chief registrar and the Foundation leadership rep and was supported and encouraged by the trust. A programme of weekly topics was developed to cover different aspects of clinical leadership and management for junior doctors. It was due to be started in April but due to COVID-19 had to be postponed.

#### Collaborative involvement in National studies

- SeaShel study

Site lead for the National Prospective Cohort Study for Prognostic Factors for Outcomes of Idiopathic Sudden Onset Sensorineural Hearing Loss. Involved advertising the study and registering the study locally, then collecting and submitting the local data to the national study.

- COVID-19 ENT emergency care audit

Site lead for the National audit of emergency care management of epistaxis and tonsillitis during COVID-19. I contributed to this study alongside our local service improvement in ambulatory management of epistaxis. I also supervised a junior doctor in who became a co-site lead with me during the study and we are awaiting the outcome of submissions of the national study for publication.

## Presentations

### National/International:

[ACCEPTED] Pentoxifylline-tocopherol-clodronate; is there a role for it in the treatment of skull base osteomyelitis. A case report and review of the literature. Shelton F, Mawby TAR. BACO 2021. Birmingham (Virtual)

[ACCEPTED] Naseptin: Is there still a role for it in the treatment of epistaxis in an era of increased antibiotic resistance? Shelton F, McDonald S. BACO 2021. Birmingham (Virtual)

[ACCEPTED] Creating a leadership reflective timecapsule tool to reflect on the COVID19 pandemic. Leaders in Healthcare 2020. London (Virtual)

### Local:

Review of the management of acute epistaxis in the Royal United Hospital with a view to streamlining a pathway to improve patient outcomes and reduce hospital admissions. Bisson E, Shelton F. Royal United Hospitals, Bath, Junior Doctor Quality Improvement meeting. 2020

### Publications:

Collaborator. Real-world use of workplace based assessments in surgical training: A UK nationwide cross-sectional exploration of trainee perspectives and consensus recommendations from the Association of Surgeons in Training. Int J Surg. 2020. 2020 Sep 6:S1743-9191(20) Online ahead of print

Collaborator for SeaShel Study. Prognostic factors for outcomes of idiopathic Sudden Sensorineural Hearing Loss: protocol for the SeaSHeL national prospective cohort study. BMJ Open. August 2020. Online ahead of print

Bisson E, Pressword E, Kenyon J, Shelton F, Hall T. Against the odds: an unlikely recovery from COVID-19. BMJ Supportive & Palliative Care. June 2020. Jul 3. Online ahead of print

Collaborator for INTEGRATE (National ENT Trainee Research Network). Nasal Packs for Epistaxis: Predictors of Success. Clinical Otolaryngology. 2020. Apr 19. Online ahead of print

Collaborator. Use of the eLogbook in surgical training in the United Kingdom: A nationwide survey and consensus recommendations from the Association of Surgeons in Training. Int J Surg. 2020 2020 Mar 10:S1743-9191. Online ahead of print.

### Other Activities and roles

- NHS Leadership Academy Edward Jenner Programme

The Fellowship has allowed me the time to be able to register and start the NHS Leadership Academy Edward Jenner Programme. This programme has been insightful and has exposed me to different approaches to Leadership which has translated into my daily clinical work. It has also provided interesting case studies, concepts and models to explore. This is currently still in progress and I will continue to complete the programme beyond my fellowship.

- Regional leadership 'Next Generation Leaders' conference

As a leadership fellow I was part of the conference organising committee. As part of the committee was involved with the general organisation but I was particularly responsible for abstract submissions and poster presentation. This included the advertisements, developed abstract and poster marking criteria's, and arranging appropriate markers. Unfortunately due to COVID-19 the conference had to be cancelled. However, the experience of preparing a conference for 200 delegates has provide me with key skills in the organisation of such an event, and such skills will hopefully be transferrable to future projects.

- ENT trainee representative for ICBSE and the DO-HNS examination sub group

Since 2016 I have been a committee member for the Association of Otolaryngologist (AOT), representing ENT trainees. My current role is as the ENT trainee representative on the Intercollegiate committee for Basic Surgical of Exams (ICBSE). I attend regular meeting throughout the year at the four Royal Colleges of Surgeons, representing the views of the ENT trainee and communicating outcomes with the AOT committee and AOT membership. This has been particular important during the COVID-19 pandemic due to significant changes in the delivery and formats of exams.

#### Course and Programmes

- 2019 Future Focus Finance course (Taunton)
- 2020 NHS Leadership Academy - Edward Jenner Programme (online)
- 2020 Leaders in Healthcare – BMJ and FMLM Virtual conference

#### Medical Education activity

- F2 regional teaching

Led teaching on the management of tracheostomy to a group of Foundation year 2 doctors as part of their regional clinical teaching programme. I provided an interactive group presentation using multiple teaching modalities including PowerPoint, videos, handouts and a practical session on tracheostomy management.

- Core training bootcamp

I provided teaching on the Severn Core training bootcamp. The presentation was aimed at emergency management of common or emergency presentations to ENT whilst oncall. I was also available to engage with CT's and provide advice for those interested in a career in ENT.

- Medical student engagement

Medical students are regularly on placement in the department and during these period I would be involved with supporting the teaching in the department during clinics and theatres.

- Junior Doctor departmental induction



Involved in providing local induction to junior doctors rotating into the department. The induction covered a presentation in ENT conditions and management, and also on the running of the department.