addition to smoking. The occupational variation in risk of bladder cancer is small when adjusted for smoking.

Materials and methods Our work consists of a retrospective study of 119 cases of occupational accidents declared by staff (3684 employees) of the Ibn Roch University Hospital in Casablanca, over a period of 3 years (between January 2010 and December 2012).

Results Ninety women and twenty ninemen were enumerated, with a sex ratio of 0.32. The average age was 45.58 years, with extremes of 23 to 60 years.

Nurses and nursing assistants represent 42.01% of the cases, followed by service agents (31%), then doctors (15.12%). Administrative personnel remains the least the exposed category (6.72%).

The most frequent accidents are related to falls (52.08%), followed by blood exposure (18.48%), while musculoskeletal disorders come far after with a percentage of 3.36%. The temporary work disability, stands between 3 days and 3 months, with a prolongation that can go up to 12 months. The number of patient who had a permanent partial disability was 28, with rates varying from 2% to 18%. None of them needed a job change or reclassification.

Conclusion Hospital staff is exposed to a number of risks, this requires taking some necessary measures to ensure the safety and protect the health of healthcare workers, taking as a base general principles of prevention.

**1504 SELF-DETERMINING MEDICAL LEADERSHIP NEEDS OF OCCUPATIONAL MEDICINE PHYSICIANS – A STUDY THAT CAN RESHAPE THE MEDICAL LEADERSHIP TRAINING**

1-3Prosenjit Giri*, 4Jill Aylott, 4Karen Köner. 1Sheffield Teaching Hospitals Nhs Trust, Worksop, UK; 2Sheffield University, UK; 3International Academy of Medical Leadership, Donfeld, Derbyshire, UK; 4Centre for Leadership in Health and Social Care, Sheffield Hallam University, Sheffield, UK

Introduction Physician leadership, irrespective of hierarchy, is an integral part of delivering complex modern-day healthcare which thrives on quality improvement and efficiency savings. Doctors’ participation in Medical Leadership however remains fragmented and patchy as has been their leadership training. Absence of empirical research in designing strategies to engage and motivate doctors and validated leadership qualities assessment instruments may have compounded the problem further.

Methods This national study, facilitated by the Faculty of Occupational Medicine of the UK (FOM), explored factors that motivate the UK-based Occupational Medicine Physicians (OHPs) to engage in leadership roles alongside assessment of their leadership competency and training needs by framing an inquiry within Self-Determination Theory using the 7 domain National Health Service Leadership Academy self-assessment tools on a web-based platform. The data were analysed using descriptive statistics and simple inferential methods.

Results 25% (250/1000) of the UK-based FOM (n=1000) members participated. OHPs were open about reporting their leadership strengths (mean score; 4.26/5) and protect the health of healthcare workers, taking as a base general principles of prevention.
training, suggesting that doctors learn best through applied ‘leadership learning’ as opposed to theory-driven programmes. 

**Conclusions** Drawing on Self-Determination Theory this study provides a theoretical framework for engaging doctors in Medical Leadership; assessing their leadership competency and learning needs and setting up reliable leadership training programmes. Doctors’ ability to reliably determine their learning needs and the invaluable role of hands-on leadership/management experience in boosting doctors’ leadership confidence, calls for more personalised and relevant learning plan that can build on their previous experience and expertise.

**1511** WARNING BELL AGAINST THE RISE OF VIOLENCE WITH REGARD TO HEALTH PROFESSIONALS IN THE EMERGENCY DEPARTMENT

M Lghabi*, W Alouche, B Benali, R Rhattas, A El Kholti. Casablanca Faculty of Medicine and Pharmacy, Hassan II University, Morocco

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**Introduction** The violence is strongly present in the current hospital context, where the violence in the hospital is increasing, in particular with regard to harm to persons. The emergency department, as the hospital’s multidisciplinary gateway, is now the most widespread hospital service with the highest number of acts of violence.

**Methods** This is a cross-sectional study conducted with the emergency department staff at a prefectural hospital in Casablanca using a self-administered questionnaire. The aim is to evaluate the violence in the emergency department and to define the methods of prevention.

**Result** Only 30 people (37.5%) participated in the survey, with a female predominance (66.6%). The average age was 35 years. 90% of our respondents feel exposed to violence in the performance of their duties. Nurses are the most exposed occupational category (34.6%). Visitors and accompanying persons were the main perpetrators of the violence (66.6%). Violence occurs more at night (39%). 69% of violence is harmful to people. Only 33.3% of the violence was reported to the administration.

**Discussion** Several studies, including ours, show a female predominance, this could be explained by the feminization of health personnel. In our study, visitors or accompanying persons were the most responsible for the violence (66.6%), which is in line with several Moroccan studies. However, the 2014 annual report of the national observatory of violence in the health sector shows that 72% of the perpetrators of the violence were patients. Personal injury is the most frequent, which is in accordance with the literature. On the other hand, the reporting rate remains relatively low compared to the literature.

**Conclusion** Violence against health personnel has become a daily reality. Its continuous rise has sounded the alarm calling to control this risk. Efforts should be pursued towards evaluation and prevention in order to optimise exercise safety.

**1665** AVIATION MEDICINE: THE GLOBAL CHALLENGES TO REGULATORS AND AIRLINES

Marcus GP Wong*. Durham University, Durham, UK

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**Aim of special session** An overview about contemporary global challenges to aviation regulators and airlines

1Dr Tom Gaffney, 2Dr Elizabeth Wilkinson

1Irish Aviation Authority, Dublin, Republic of Ireland

2British Airways Health Services, Harmondsworth, UK

Regulatory aviation medicine/aeromedicine, a subsection of occupational medicine, aims to determine whether pilots are medically fit to fly either routinely or in response to a decrease in medical fitness. Traditionally, change occurs very slowly in aviation medicine, new treatments and technologies must be evidence based and well established before the standards will change. The role of the aviation medical regulator (‘medical assessor’) has become more demanding in the past 20 years as many complex ongoing clinical conditions have been deemed compatible with safe flight. Therefore, many pilots are now deemed fit to fly where formerly their careers would have ended. In addition, regulators (competent authorities) around the world determine the medical standard