How should medical schools prepare medical students for leading the NHS?

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Introduction

It has been shown that improvement in healthcare provision, thus patient care, is correlated to the level of involvement of clinicians in leadership and management positions (Hamilton et al. 2008). Following a series of interviews, conducted by the Healthcare Commission in 2006, it was found that 44% of doctors at high performing NHS trusts felt that they were engaged in organisation-level decision making, whereas this figure was only 17% at low performing trusts (Hamilton et al. 2008).

This view is further supported in a report by The King's Fund, which suggested that leadership in the NHS should not be left to a few individuals at the top of a hierarchy, but rather, it should adopt a collective and distributed model (Ham 2014). This system would offer greater importance to team leaders, with clinicians and managers engaged in shared decision-making. Medical students also form an important part of these teams. Although they are at the beginning of their careers, they also possess the latest medical knowledge and stand at the cutting edge of social change. At a time when enhancing medical engagement with leadership is at a critical point, it is timely to question whether medical schools have a responsibility to prepare their students for positions of leadership.

I believe that there are three foundational aspects required to prepare medical students to lead the NHS, which I have summarised through creating the *'Inspire, Empower and Opportunity'* model, shown in *Figure 1*. This concept will be further explained in the following sections.

Figure 1. The 'Inspire Empower Opportunity' (IEO) Model for developing The Student Leader.

Inspire

Simon Sinek, author of the 2009 best seller, *'Start with Why: How Great Leaders Inspire Everyone to Take Action'*, states that for any organisation to be successful, they must first address their 'why'. In 1963, Dr Martin Luther King gave his famous speech *'I Have a Dream'* and 250,000 people attended, without any formal invitation or social media notification. Sinek explains that this remarkable event took place because, inherently, we are not attracted to a product or a person by its purpose, the *'what'* or *'how'*, but rather, through our emotional investment with this purpose, their belief, the *'why'* (Sinek 2009).

Medical students are already overwhelmed with information. Therefore, it can be difficult to attract genuine interest, particularly in perceived 'soft' or bureaucratic subjects such as leadership. Thus, in line with Sinek's principles, medical students must be *inspired* to pursue leadership, which will leave a more enduring impression on them, rather than through adding further compulsory requirements.

One method to achieve this is through replicating methods used for delivering professionalism education. One key point raised in a systematic review, on the delivery of professionalism teaching, is that it is better taught through role models (Fulchand and Kilgour 2014). At Cardiff University, a professionalism tutorial was introduced, in which students delivered short case presentations, based on recent fitness to practice cases or obituaries, replacing the previous didactic format (Fulchand and Kilgour 2014). Similarly, discussing case presentations of positive and negative leadership, both within and outside of the healthcare sector, would highlight to students the necessity to engage with leadership in the NHS and what roles students could play in leading change. Providing strong role models drives aspiration, thus students are driven by their own enthusiasm, instead of by the authoritarian imposition of curricula.

Empower

As concluded in a report by Hamilton et al. (2008) *"Every doctor needs to know they can make a difference"*. Equally, every medical student must be instilled with the same level of confidence, that their opinion will be considered. This has long been an established practice in the field of undergraduate research. The discovery of insulin, the sinoatrial node and penicillin are all attributed to the work of medical students (Stringer and Ahmadi 2009). These discoveries are the culmination of talent, mentorship and hard work, but crucially, it demonstrates that the individuals had the confidence to pursue their field of interest.

Medical students are unique members of a clinical team, as they spend a large amount of time shadowing, thus offering the opportunity to identify areas that require improvement. However, often medical students do not have the confidence to voice their opinion. In one study, it was reported that, whilst 76% of medical students have observed a medical error, less than half reported it (Madigosky et al. 2006).

As such, a cultural shift is required, recognising that although students cannot be considered principle team members, they should be encouraged to offer their perspective on what could benefit from evaluation. Rather than holding a parental, authoritative approach to medical

student interaction, clinicians should foster relations with students as junior colleagues, to encourage a sense of belonging. Students could also be directly involved in the improvement of healthcare provision through quality improvement or service evaluation projects. Providing this empowerment to students, from an early stage, establishes a mentality of ownership and responsibility to patients, staff and healthcare organisations.

One core component of '*The Leadership and Management Standards for Medical Professionals'* is that doctors must be able to understand themselves and manage their own emotions (FMLM 2017). To meet this end, mindfulness in the medical syllabus is an area of growing interest. Dobkin and Hutchinson (2013) found that mindfulness programmes have been incorporated into the curricula of 14 medical and dental schools worldwide. An overall positive benefit was found in students, with reduction in perceived stress and anxiety, and higher levels of self-compassion and empathy. Empowering students with the tools to manage their own emotions, through mindfulness, thus seems an intuitive approach to develop self-awareness and resilience for healthier medical students and better future leaders.

Opportunity

Students can be both inspired and empowered to create change, but it is of equal importance to nurture curiosity and provide opportunity. A study by Quince et al. (2014) has shown that medical students are open to leadership education, with preference given to experiential learning. This challenges the view previously held. Therefore, I propose the introduction of a short series of optional tutorials centred around the student's clinical experience; incorporating the idea of positive role modelling, as well as equipping students with a better understanding of NHS organisation and the core concepts of leadership. This would generate debate amongst students, encouraging discussion and critical thinking.

A further addition that I would also suggest is creating extracurricular team competitions to solve problems within the NHS, such as critical bed-shortages. This idea is comparable to the concept of the *NHS Hack Day* (Tavare 2012). Prizes and certificates are always well received by medical students, as it forms an essential part of their portfolio, whilst stimulating their intrinsic competitive nature.

Conclusion

Encouraging our future doctors to pursue positions of leadership within the NHS requires the training of today's medical students. It has been recognised that the involvement of the clinician in leadership has a significant impact on the quality of patient care (Quince et al. 2014). As such, it is important to attract individuals to pursue this field who have a genuine enthusiasm to create positive change, rather than simply those who use this position as a rung of their career ladder. Therefore, the question we should be asking is how can we *inspire* students to lead the NHS, rather than to simply prepare them. I have created the *'IEO Model for developing The Student Leader'* as a framework to create this cultural shift. Through the implementation of this model, alongside the co-operation of medical schools and clinical teams, students can be incorporated at the *heart* of leadership and service improvement structures within the NHS, to ultimately improve patient care.

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