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## FMLM undergraduate curriculum supplementary guidance #3

### Electives in medical leadership and management

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#### Executive summary

This paper outlines a guide to medical electives in medical leadership and management. The intended audience includes medical students, medical school faculty and prospective elective providers. It is expected that themes in this paper will complement those outlined in the student-selected component<sup>1</sup> and intercalation papers and map to the outcomes described in the FMLM indicative undergraduate curriculum<sup>2</sup>.

Electives are a well-established component of the undergraduate medical degree. They offer students, usually in their final or penultimate year of study, an opportunity to undertake a placement of their own choice that they organise independently.

Medical electives fit within the wider student-selected aspect of medical school curricula and are commonly cited as the highlight of undergraduate training<sup>3</sup>. They allow students to undertake international placements if desired, although these are not easily mapped to the GMC's Outcomes for graduates (Tomorrow's Doctors), unlike other student-selected components. This allows students a greater degree of flexibility and has resulted in an increase in medical students undertaking non-clinical electives, which can expose them to development opportunities in medical leadership and management.

## Foreword

The importance of doctors as leaders is paramount and essential to the delivery of high quality care for patients. Evidence shows that good team working is associated with lower mortality and that good executive leadership corresponds with fewer patient complaints<sup>4</sup>. Recent evidence also demonstrates a positive link between the number of doctors on hospital boards and overall quality for patients<sup>5</sup>, whilst another study showed a 25% quality premium in US hospitals led by doctors<sup>6</sup>.

Clinicians, however, have traditionally had limited opportunities to develop the skills and behaviour required for good medical leadership and management early in their careers. Exposure to and development of these skills early is crucial as they will be required throughout a Doctors' career from leading a ward round to working in a multi-disciplinary team.

It is this reason that the Faculty of Medical Leadership and Management (FMLM) set up our elective scheme, recognising the importance of embedding medical leadership early into clinical training. Alongside the indicate undergraduate medical curriculum we are proud to support future clinical leaders today; I hope this advice will provide useful guidelines on the steps and considerations required to complete an elective in medical leadership and management.



**Dr Iain Wallace**

Interim Chair, Faculty of Medical Leadership and Management

## Electives in medical leadership and management

There are a many different options for electives in medical leadership and management across different organisations involved in healthcare, both within the UK and internationally. Dependent on how students' electives are organised, they may choose to split the placement with a clinical attachment. Another option is to integrate time within clinically-based electives with local medical leadership teams. This is particularly useful for students to develop their interest in leadership around a specialty, or setting, which they may already have in mind.

Examples of elective host organisations include:

- Local healthcare groups and trust leadership teams
- Regulatory and professional bodies
- Government departments
- Quality improvement teams
- Non-governmental organisations (NGOs) and healthcare charities
- Healthcare think tanks and start-up organisations

### What are the benefits?

Electives in medical leadership and management equip students with experience of working within a different organisation where new skills and behaviours can be observed and developed. Although the elective will not necessary be clinically based, the skills that they develop are transferable and important to postgraduate medical training. Skills developed during students' elective can be mapped to '*Setting Direction*' in the indicative undergraduate curriculum for medical leadership<sup>2</sup>.

We know that many medical students are interested in learning more about the structure and function of the NHS. Electives in leadership and management offer a unique insight to this and a chance to develop transferable skills to enable students to better manage and lead similar challenges in the future. Interdisciplinary team working is a core skill of good leadership. Experience in leadership and management provides exposure to the wider clinical and non-clinical team, raising awareness of colleagues' individual roles and facilitating cohesive team working.

There are many ways in addition to electives where students can further develop their knowledge and understanding of leadership and management. They could consider a [student-selected component](#)<sup>1</sup> or an intercalated degree in healthcare management. More information about the local opportunities are available from the [FMLM Medical Student Group](#) website.

### **What do students need to consider?**

As with any elective, it is important to consider what information an individual student's medical school will require before the placement is approved. In addition, they will need to consider:

- Travel
- Finances
- Indemnity insurance (particularly for students undertaking a clinically integrated attachment)
- Placement HR policies

There is also specific advice on travelling, should electives be outside the UK, and general advice on electives published by the BMA, student BMJ and medical defence organisations<sup>7</sup>.

### **Getting the most out electives in medical leadership and management**

Prior to applying, it is recommended that students research in advance the organisation they are planning to visit. If arranging their elective independently, they will need to find out if the organisation has a formal electives scheme or will consider students on a case-by-case basis.

Students could also ask their medical school faculty whether there are any staff members affiliated with the organisation, as this can be a useful way of establishing a placement.

Being clear on the objectives that need to be achieved is the most important aspect to consider in advance of any student elective. Students should consider the skills, behaviours and experiences they would like to observe and develop. Review the FMLM Leadership and management standards for medical professionals<sup>5</sup> and the indicative undergraduate curriculum<sup>1</sup>: students should reflect on how they may develop the skills and behaviours outlined in these guidelines while on their elective. Students should be explicit in their objectives and document these before starting, then early in their placement have an induction meeting with their supervisor to discuss whether their objectives are realistic and achievable during their time in the organisation and how their supervisor may help the student to achieve them.

If possible, students should sit down with their supervisor mid-way into their attachment, to review progress set against the objectives and if there is anything further their supervisor can help with. Finally, students should have an end of attachment review to consider and reflect on their experiences during their attachment, what they have learnt during the elective and how they can further develop leadership and management skills and behaviours in the future. It is good practice to write a reflective report of 500 – 1000 words as a personal log of the experiences and learning, whether or not this is requested by their medical school. This can be used as a personal log, for elective competitions and consideration for publication.

Students may be interested in undertaking a quality improvement project during their elective or contribute to research. The [FMLM Medical Student Group](#) would be interested to hear about students' projects. They could also consider publishing their work; previous students have attended the annual [Leaders in Healthcare](#) conference and submitted manuscripts for publication in journals such as [BMJ Leader](#).

## FMLM electives

Learning by experience underpins our journey through medical school. However, many students have told us that, unfortunately, they do not get the same opportunities to experience the diversity of roles within medical leadership and management compared to clinical medicine. Medical leadership comes in many forms, yet, trying to arrange exposure within this field can be challenging and dependent on contacts. The [FMLM Medical Student Elective Scheme](#) was set-up to facilitate students undertaking their electives within non-clinical healthcare settings. The main features of the FMLM Elective include:

- Shadowing of current National Medical Director's Clinical Fellows across a range of healthcare organisations (including GMC, NICE, BUPA and more)
- Development of management and leadership skills through a taught programme to run throughout the elective period
- Exposure to senior medical leaders within the NHS and arms-length bodies.

The FMLM Medical Student Elective Scheme runs annually for three weeks in April and is based in London. It is open to students in their third year of study, and above, who have approved leave from their university as part of an elective, student selected module, or any other form of educational leave.

*"The scheme is a truly unique opportunity to delve deeper into the day-to-day reality of medical leadership from a variety of perspectives ... one of the most informative and educational experiences in medical school"*

FMLM elective student, 2018

Applications for the 2020 scheme will open in November 2019. To find out more about the scheme and to register your interest, please [visit the FMLM website](#).

## Resources

[FMLM undergraduate curriculum](#)

[FMLM medical electives](#)

[FMLM Medical Student Group](#)

[BMA medical electives toolkit](#)

[MDU Electives Network](#)

## References

1. Undergraduate curriculum supplementary guidance: Student selected components in medical leadership (2019), Faculty of Medical Leadership and Management, London
2. [Medical leadership and management, An indicative undergraduate curriculum \(2018\), Faculty of Medical Leadership and Management, London](#)
3. [Clinical placements for medical students, General Medical Council \(2011\) \[Advice supplementary to Tomorrow's Doctors \(2009\)\]](#)
4. West, M., Borrill, C., Dawson, J., Scully, J., Carter, M., Anelay, S., Patterson, M., Waring, J. (2002) The link between the Management of People & Patient Mortality in Acute Hospitals. *International Journal of Human Resources Management*, 13(8), 1299-1310
5. Veronesi, G., Kirkpatrick, I. and Vallascas, F. (2012) Clinicians In Management: Does It Make A Difference?
6. Goodall, A. (2011) Physician-leaders and hospital performance: is there an association? *The Institute for the Study of Labor (IZA) IZA Discussion Paper ; 5830 (July 2011) Bonn: IZA.*
7. [www.bma.org.uk/features/elective/](http://www.bma.org.uk/features/elective/)
8. [Faculty of Medical Leadership and Management \(2016\) Leadership and management standards for medical professionals \(2<sup>nd</sup> ed.\) London](#)
9. [The NHS Long Term Plan](#) (2019), NHS England, London

## Appendix – Case studies

### 1. Department of Health and Social Care

In April 2019, during Year 4 of MBChB, I had the opportunity to take part in the FMLM Student Elective Scheme, spending three-weeks with a National Medical Director's Clinical Fellow. I spent my placement at the Department of Health and Social Care (DHSC) in London. I joined the Workforce Strategy team, responsible for developing the system-wide strategy for the health and care workforce, as well as policy related to leadership capacity in the NHS and social care.

I divided my time at DHSC between shadowing meetings, discussions with staff and project work while under the mentorship of an FMLM clinical fellow. Areas I had insight into, included: nursing recruitment, EU exit preparation, workforce engagement (through the online 'Talk Health and Care' platform), the NHS Leadership Academy and NHS pay and pensions. I learnt about the NHS Long Term Plan and the upcoming NHS People Plan, as well as workforce challenges in the UK social care sector (which employs almost twice as many people as the NHS)<sup>6</sup>.

Building on the team's recent work with NHS Trusts, I drafted a briefing on NHS international recruitment for a cross-Whitehall policy group. Integrating human geography and global health knowledge, I designed a methodology to study health worker migration and the effect of future policy changes on both the UK and other countries.

FMLM organised five sessions for all nine elective students, in which we were able to compare our experiences working in different organisations. This included a day at the General Medical Council, with workshops on continuous improvement, policy development, artificial intelligence in healthcare and the incoming Medical Licensing Assessment. We also met Dame Clare Marx, Chair of the GMC, who talked to us about her own leadership journey.



With other elective students at the Faculty of Medical Leadership and Management.



The FMLM session, 'Local politics and persuasion in NHS organisations', helped us to understand the relationships between government, arms-length bodies, commissioners, providers and councils, following the Health and Social Care Act 2012. We developed plans to enact change in our local organisations, considering the best approach to engage with stakeholders and identify 'peripheral gains'. This left me feeling empowered, with more knowledge on how to navigate the system and bring about change as either a medical student or junior doctor.

A highlight of my placement was spending a day shadowing England's Chief Medical Officer (CMO), Professor Dame Sally Davies. As England's chief medical advisor to the government, Dame Sally has led the UK's response to the Ebola crisis in Africa, the Novichok attack in Salisbury and advised on England's recent 'sugar tax' legislation. She has also led the global efforts on antimicrobial resistance and founded the National Institute for Health Research in 2006. I was able to discuss topical health issues with the CMO, hear about her annual report and help research a briefing for an upcoming public appearance.



Final day at the Department of Health and Social Care.

I attended the Health Select Committee inquiry on legislative proposals of the NHS Long Term Plan, hearing oral evidence from leaders of the first integrated care systems in the NHS, which aim to provide more joined-up care for patients by improving collaboration between local services. I also observed a parliamentary debate, tabled by my local MP, on mental health services in Leeds. These experiences gave me an insight into the interface between politics and healthcare in the UK.

During my time at DHSC, it was a real privilege to meet dedicated civil servants who had worked behind-the-scenes on familiar policies, including the NHS 111 and the 2006 smoking ban. It struck me that many of them had considerable insight into the challenges faced delivering frontline services - while I previously had little insight into their work! I saw that there are people working tirelessly at all levels to support and improve the NHS. The NHS is unique in the public sector for its 'reverse hierarchy', where frontline employees hold considerable influence over day-to-day service delivery.

Medicine trains us to deal with 'complicated problems': considering biological, patient and ethical information to make evidence-based decisions. This placement introduced me to the concept of 'complex problems'; these occur when the lack of certainty and agreement is so great that evidence alone cannot indicate the best course of action, calling for an evidence-informed approach. Doctors have a good reputation for their ability to manage uncertainty. However, I think the understanding of 'narrative' which I started to develop at DHSC will help me contribute in future to complex decisions about health policy and system design.

Overall, the FMLM student elective scheme provided an opportunity that simply is not available elsewhere in the MBChB. I have realised how useful an understanding of the wider system is if you want to bring about change in the NHS, even at a local level, and I'm keen to dispel the popular myth that medical leadership and clinical practice are mutually exclusive. I would thoroughly recommend the FMLM student scheme to anyone who is interested in medical leadership and management or just wants to develop a broad understanding of the wider health system.

Later this year, I hope to return to DHSC to present my work to the cross-Whitehall group and I have returned to Leeds keen to seek out further medical leadership experience during my intercalation, final year of MBChB and foundation training.

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## 2. NHS Improvement

Throughout medical school, I developed a keen interest in medical leadership through various roles and projects. However, I wanted the opportunity to receive formal development in the skills, behaviours and experiences to become a better leader. I also wanted to gain a greater understanding of how the NHS works and how arms-length bodies fit within the system and the role each of them play. I was fortunate to be selected and placed with NHS Improvement's (NHSI) senior leadership team and four clinical fellows. I was placed with another medical student and really enjoyed getting to know another like-minded student with an interest in how healthcare can be improved through leadership.

During my time with NHSI, I got to learn about many exciting projects and was amazed by the breadth of work and ways in which NHSI support trusts in providing high quality healthcare in an economically sustainable way. I particularly enjoyed learning about NHSI's work with the Virginia Mason Institute and the methods being used to promote and nurture a culture of collective leadership in healthcare. The clinical fellows also spent a lot of time talking to us about the range of projects they have taken on in their fellowship year, which included work on seven-day services, 'requires improvement, to good', the Aspiring Medical Directors programme and patient safety work on sepsis. Many of the senior leadership team also took time out of their busy schedules to talk about their careers to-date and roles within the NHS.

At NHSI, I received media training which taught me how to handle interviews with journalists and what an interesting experience this was! I believe the skills I learnt at the media sessions, on the importance of a clear, concise message, will prove beneficial to me in future; in fact I have already applied the learning in an interview on health reform in Northern Ireland with BBC radio.

As part of this elective I also attended conferences, including the 'Getting it Right First Time' conference, NHSI's medical directorate away day and a medical directors meeting to discuss current challenges.

In addition, I undertook two projects: I considered the '8 high impact actions for improving working conditions for junior doctors' to design an idea for improvement using the LEAN methodology; and I carried out a piece of qualitative research on how diversity in NHS board rooms could be achieved focusing on the gender pay gap in senior medical leadership roles. For this latter project I interviewed senior female medical leaders, including Dame Clare Marx, Professor Helen Stokes-Lampard, Professor Jane Dacre, Dr Wendy Reid and Professor Neena Modi. I felt honoured to speak to and hear the opinions and insights of these senior leaders and was inspired by their leadership journeys. I am now collating this qualitative research into an article for BMJ Leader.

Through the FMLM elective I received face-to-face education sessions each week. The opportunity to learn about the theory and evidence base supporting medical leadership and management complimented my experience at NHSI. Through these training sessions I was given the time and space to reflect on my own personality, leadership styles and values. This was done alongside eight other elective medical students, which demonstrated the range of personalities and leadership styles that exist in any team and the importance of taking this into consideration. Being taught about the funding and structures of the NHS increased my awareness of the opportunities available to create change in my future career. I particularly enjoyed the politics training where I learnt the importance of identifying people's motivations when trying to influence and negotiate with a particular vision.

My experience throughout my three-week elective was unique. I left feeling inspired and motivated. I will be using all that I have learnt about myself, as well as the NHS as a system, to inspire other medical students to engage in schemes like this, which do so much to help develop and enable us as future medical leaders.

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