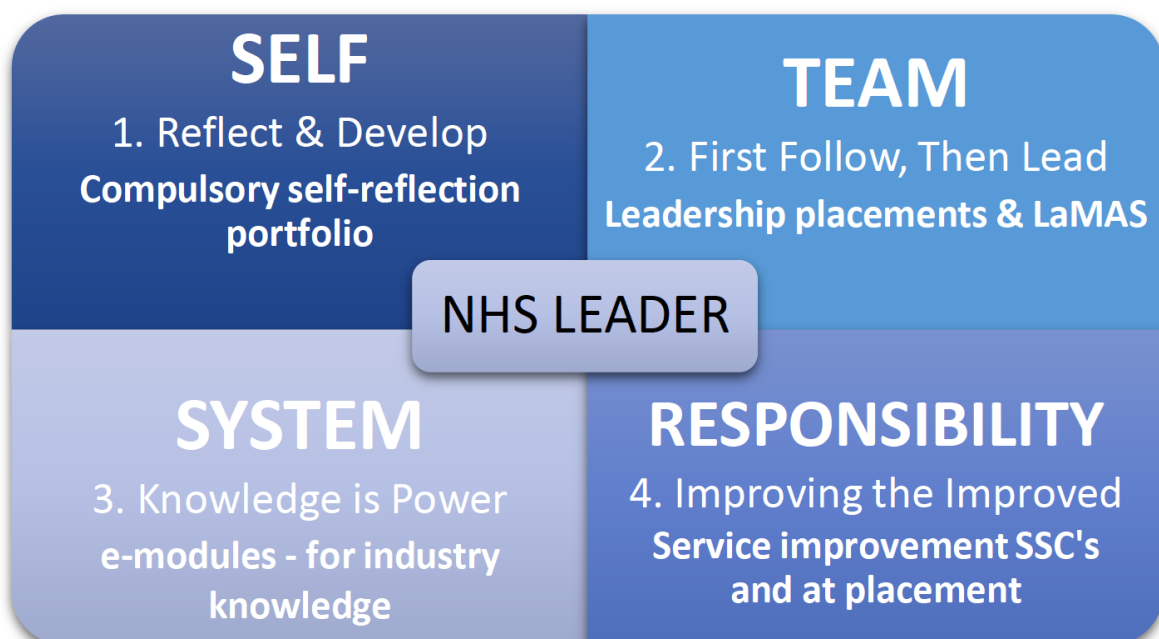


How should medical schools prepare medical students for leading the NHS?

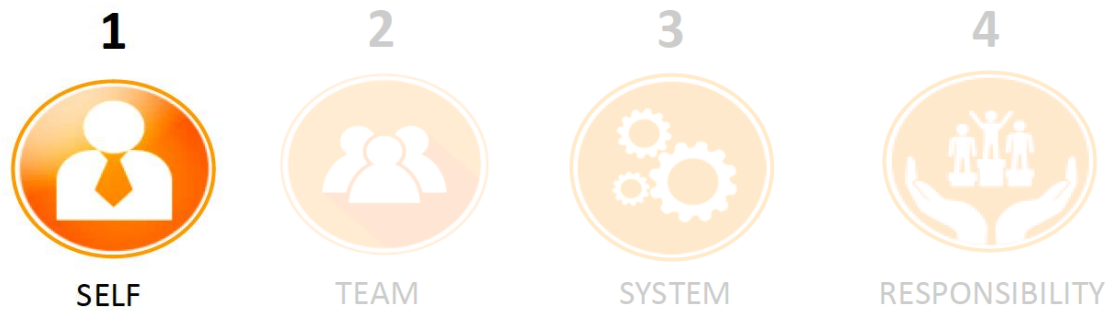
Introduction: The Need to Lead

Good medical leadership is vital for the delivery of high quality patient care (West, 2015), however, according to Maddalena (2016) medical education in the UK has failed to adequately reflect this. While traditional training programmes focus predominantly on preparing students to be good clinicians, they fail to prepare students to be equally good leaders (Maddalena, 2016). As increasing austerity and changing global context continue to challenge the National Health Service (NHS), the need for frontline medical leaders will rise.

Using the four core behaviours - Self, Team Player/Team Leader, System Leadership, and Corporate Responsibility - outlined in *Leadership and Management Standards for Medical Professionals* (Faculty of Medical Leadership and Management, 2016), henceforth referred to as *FMLM Standards*, I will outline ways that medical schools can meet these needs and actively prepare students for leading the NHS.



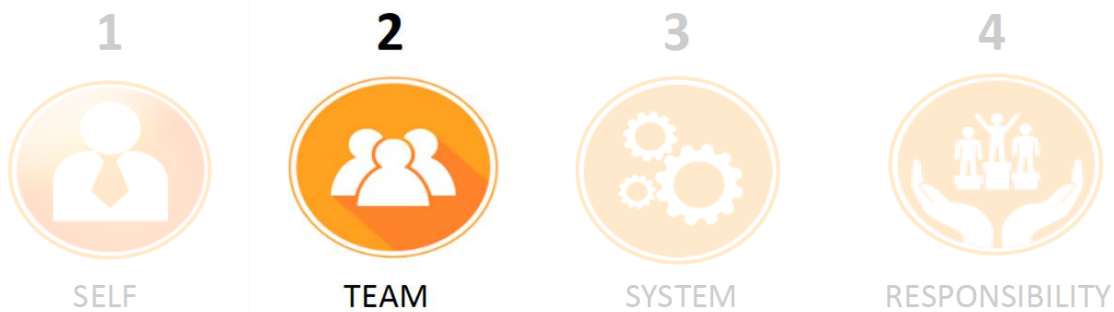
1. Self: Reflect and Develop



Self-awareness is the ability to understand one's own character and emotions whilst appreciating how actions and behaviours affect others. It requires self-reflection and is essential for good leadership (Goleman, 2003). Self-awareness encourages mindful leadership through: learning from past mistakes, acknowledging personal strengths and weaknesses, and recognising how actions or words impact others. This is essential when working in an increasingly diverse NHS. The introduction of self-reflection as a compulsory element of the medical school curriculum will enable students to develop a conscientious attitude towards leadership, thus preparing them to be mindful leaders. Students should be encouraged to adopt reflective practice early on in their careers with an expectation to build a self-reflection portfolio of their experiences at work-based placements. These portfolios should receive feedback from personal tutors. Literature shows that such practices aid in developing professional identity, re-appreciation of vocation, and emotional intelligence, all of which support resilient leadership (National Institute for Health Research, 2010).

While self-reflection identifies areas for improvement, self-development is the action of making changes to introduce these improvements. Self-development helps leaders achieve continuous growth. Through constantly seeking to improve themselves, medical leaders will likely influence those around them, leading to organisational improvements. As suggested by Locke's (1981) goal-setting theory, self-development can be achieved by setting specific, ambitious goals that are followed with feedback. Facilitating students in this will encourage them to develop a life-long practice, which will set positive examples for future colleagues, and thus prepare students to lead by example.

2. Team Player/Leader: First Follow, Then Lead

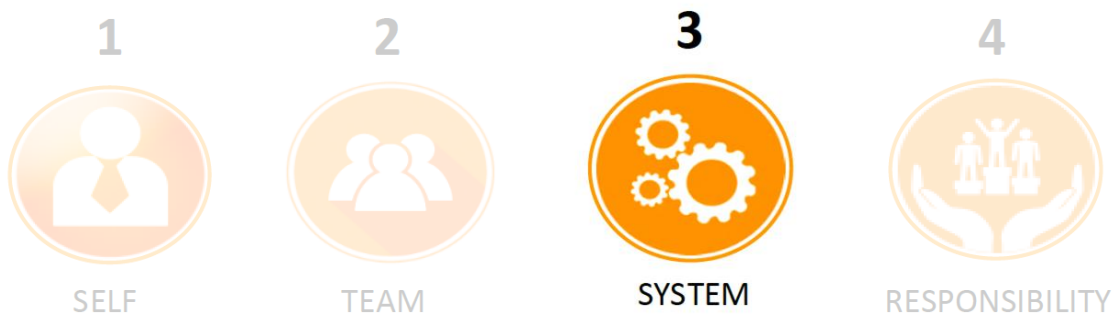


The term 'leader' is often associated with an authoritative individual and a collection of followers. However, as the NHS workforce evolves, there continues to be movement away from this idea of heroic leaders that shoulder the burden of leadership, towards the concept of collective leadership, where the privilege of leading is shared. With this in mind, it is increasingly important that leaders within this collaboration know when to lead, and when to follow; a distinguishing skill of good leadership. In order to prepare students for this challenge, medical schools should expose students to positive role models who are able to set a good example of leadership and followership. According to Maudsley (2001) role models are an essential element of effective medical education. They can offer students insight and applied understanding of leadership within the NHS. By offering a management and leadership placement that runs in sequence with clinical placements, medical schools can expose students to individuals who meet *FMLM Standards*. During these placements designated individuals should highlight how they demonstrate leadership alongside their clinical work in day-to-day practice. Supplementing these placements with teaching sessions discussing the changing roles of doctors as leaders, with guidance from the General Medical Council (2012) *Leadership and Management For all Doctors* guide, will give students the opportunity to integrate leadership into their learning and subsequently their future practise.

To further reinforce these placements, medical schools should introduce 'Leadership and Management Assessment Stations' (LaMAS) to the traditional Objective Structured Clinical Examinations. These stations should take the form of scenarios assessing leadership and followership skills. Examples include virtual Multi-Disciplinary Team meetings involving team

conflicts such as the management of beds on a ward. Students would be expected to chair the meeting and create an optimal environment for team derived solutions. Marks should be awarded based on *FMLM Standards* and the '*Medical Leadership Competency Framework*' (NHS Institute for Innovation and Improvement, 2010). Formal practical assessments will encourage students to integrate leadership into their clinical development and consider challenges they may face in future careers.

3. System Leadership: Knowledge is Power

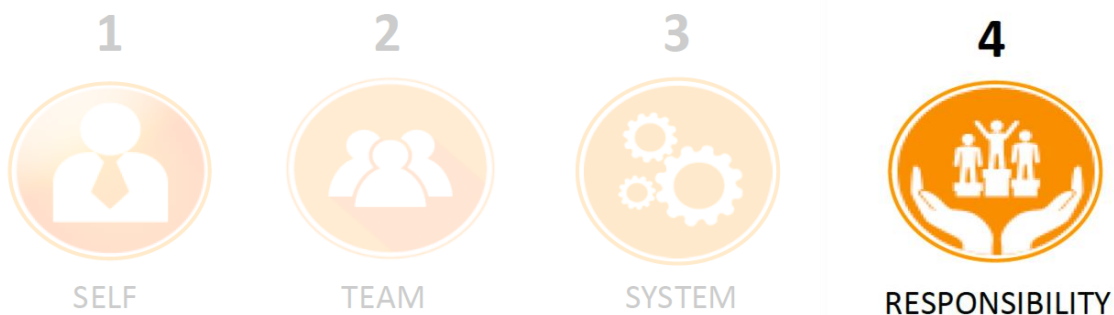


System leadership is the ability to interpret policy at an operational level and integrate it into practice in order to make positive contributions to the healthcare system (Faculty of Medical Leadership and Management, 2016). Effective system leadership in the NHS requires comprehensive understanding of both the NHS vision and the key stakeholders involved. A vision sets out the future aims of an organisation with the intention of guiding and aligning the actions of the team. One key role of a leader is to convey this vision in a way that inspires the team. Without an understanding of the vision or who the stakeholders are, effective system leadership is impossible. Therefore, to prepare students to lead the NHS, medical schools must help them develop this understanding.

In 2014, the NHS set out their vision in the *Five Year Forward View* (NHS England, 2014). It is essential that students are able to engage with this type of material in order to be skilled in the operational implementation of visions and policy. Introduction of e-learning modules which breakdown the national vision, and enhance student receptivity to the wider strategic, political, and economic issues affecting the NHS, could facilitate this. The module

could also offer courses that look to: simplify the complex organisational structure of the NHS, explain enterprises such as Public Private Partnerships and Private Financial Initiatives, and educate students on formal leadership roles within the NHS. By encouraging an early interest in topics that affect their future practice, the module could help to bridge the gap between management and clinical medicine and enable students to become confident in speaking about such topics and influencing policy.

4. Corporate responsibility: Improving the Improved



Corporate responsibility (CR) is an ability to make positive contributions to the strategic direction of the organisation (Faculty of Medical Leadership and Management, 2016), and balance the competing needs of stakeholders to whom the organisation is accountable. Those that demonstrate good CR actively seek areas for improvement, making evidence-based decisions in line with the strategic vision of the NHS. When demonstrated across organisations, CR can lead to collective improvement of the health service. As frontline staff, medics are best placed to identify these areas of improvement and lead service improvement projects. However, without confidence in planning, implementing, and executing such projects, this insight is ineffectual.

Students should be taught to identify problems in healthcare systems and translate them into solutions. By getting students actively involved in service improvement projects during placements and offering student selected components focussing on service enhancement, medical schools can help students become familiar with the process of carrying out such

projects. Development of this skill, paired with an understanding of the NHS vision, will help develop responsible leaders, dedicated to transforming the health service.

Conclusion: Leadership is not an option, it is a professional obligation

To be a good doctor is to be a leader. It is the duty of all medical schools to support their students in being the best doctors they can be; therefore, medical schools have an obligation to include leadership development in medical training. Through the use of the techniques outlined above, medical schools can prepare students to be mindful, knowledgeable leaders that lead by example, and have a passion for service improvement, all of which are essential to effectively lead the NHS.

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