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Guest Editorial

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It is very timely to write about leadership in relation to medical students, as the Faculty of Medical Leadership and Management (FMLM) has recently published new guidance for educators working in undergraduate medicine on medical leadership (1) which sits alongside its Leadership and Management Standards for Medical Professionals (2nd edition). (2) The General Medical Council has also enshrined competencies around leadership and management more firmly into Outcomes for Graduates 2018. (3) The aim of this latest guidance is to integrate leadership, management and followership into the very crowded medical curriculum in a way which has not been attempted before, although guidance for medical educators has been around since the publication of the Medical Leadership Competency Framework in 2008. (4)

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What is medical leadership?

Over the last ten years, a shift has occurred in the way leadership is viewed, what leadership behaviours are the most appropriate for health professionals to display, and its importance for all doctors. Doctors have always taken clinical leadership based around their accountability for patient care. However good leadership and management are central to health improvements and patient safety (5) and the role of doctors in healthcare leadership and management is increasingly recognised and promulgated. (6)

Medical leadership comprises three core skill sets – the ‘*leadership triad*’: (7)

- Management is about planning, providing stability and order, including self and time management, but also prioritising and using resources efficiently;
- Leadership is about change, setting direction and adaptability. Organisations, teams or situations need both leadership and management in varying amounts depending on the context. For example, in a cardiac arrest, someone needs to take the lead, but it is vital that all equipment and drugs are available when needed;
- Followership is about being supportive, active, questioning and helpful. This is important to ensure groups, teams and departments function smoothly. Sometimes you will need to be a ‘*passive*’ follower, take instructions and be unquestioning, at other times you might need to be more active and challenging – it can be a hard balance.

Leadership practice and development happens at three levels. (8) As a medical student, it is important to get to know yourself, develop self-insight and emotional intelligence, understand your strengths and weaknesses, and your responses under pressure – this is the intrapersonal level. You can do this by undertaking self-development activities, many free ones are available online, or your School may already include self-development activities in the curriculum. Particular leadership qualities include emotional intelligence, resilience, grit and compassion. As a developing leader, you will be working in teams - with other people, patients and colleagues, learning how you are seen by others through conversation and feedback. This is the interpersonal level. One way your School might seek to gain formal

feedback is through multisource feedback from peers and teachers. Although it can feel confrontational at times, this can also be very helpful for your development,

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particularly if different people are saying the same things. At the organisational or system level, leadership involves learning about and understanding the wider systems and organisations in which you work, including procedures and processes and how change and quality/service improvement may be managed.

It is very hard to lead when your personal or positional power and influence is low. But, you can develop more credibility by understanding the healthcare system in which you work, and, if you are involved in educational developments at your School, making sure you understand the system and jargon. You also might find that you can become an expert (even if temporarily) in your area, project or initiative and this will help build your credibility. You can learn more about leadership through what Petrie (2014) calls '*horizontal leadership*', which gives you an evidence base (in terms of theories, concepts, models and tools) about what leadership is, how it works and ways of approaching situations or tasks, and '*vertical leadership*'. (9) Petrie suggests that this comprises three elements: meeting challenges ('*heat experiences*'); '*sense-making*' of the experience (through reflection and conversation) and being open to '*colliding perspectives*' about what is going on.

What does this mean for undergraduate programmes?

The UK plays a leading part in the conceptualising and implementation of medical and clinical leadership. For example, '*Outcomes for Graduates 2018*', the GMC's new standards for medical graduates (against which all UK medical programmes are

approved), sets this out very clearly as a core part of professional knowledge and behaviours, expecting all medical students to understand some leadership theories and models and apply these in practice through appropriate behaviours. (3) Alongside this new emphasis, graduates are also expected to understand the health systems in which they work and to be able to carry out quality and patient safety improvements. Through these measures it is hoped that future doctors will be able to make a much more informed contribution to healthcare leadership and management. UK medical students should therefore expect to see an increasing emphasis on and routinisation of the teaching and learning (and assessment) of professionalism, leadership and quality improvement, rather than simply offering student selected components in leadership and management. (10)

Further opportunities

For those of you who have a deeper interest in these subjects, a number of opportunities are available outside the formal undergraduate course for medical students (and doctors in training) to develop your leadership and management skills further. For example, the FMLM has a very active medical student group (each medical school should have a student representative) and also offers electives in leadership and management (see 'Useful sources of information' below). Once you graduate, the range of options to learn more about medical leadership increases. In addition to mandatory courses offered to all doctors in training (which vary by region and country), leadership and quality improvement fellowships are widely available, some of which include bursaries for undertaking more formal postgraduate degree programmes, and loans and bursaries are available from universities for Masters' level programmes. Finally, each of the four nations has national leadership programmes (see below for links) for doctors at various levels.

In summary, doctors need leadership, management and followership understanding and skills in order to lead meaningful healthcare and quality improvements as well as being a leader in clinical situations. Most management skills can be learned (e.g. project or budget management) and whilst some leadership qualities might be partly innate, they can be modified through a combination of horizontal and vertical leadership development. Leadership practice and development therefore needs to

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be evidence based, theory informed and practice driven and many opportunities exist for medical students to develop their leadership skills.

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Useful sources of information

Faculty of Medical Leadership and Management (FMLM) - <https://www.fmlm.ac.uk>

NHS Improvement - <https://improvement.nhs.uk>

NHS Leadership Academy (England) - <https://www.leadershipacademy.nhs.uk>

Health Education and Improvement Wales - <https://heiw.nhs.wales/>

Academi Wales - <https://academiwales.gov.wales/>

NHS Education for Scotland - <https://www.nes.scot.nhs.uk>

Northern Ireland Medical and Dental Training Agency <http://www.nimdtg.gov.uk/adept/>



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