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LETTER

# Addressing the need and void of leadership and management development among medical students in the UK

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## Dear editor

We took a great interest in letters by Singh et al<sup>1</sup> and Ah-kee and Khan,<sup>2</sup> with the former advocating a mandatory 1-year intercalated BSc in management for all undergraduate medical students and the latter suggesting it should be incorporated into the existing undergraduate curriculum. As medical students at Imperial College London who have both completed a BSc in management and subsequently founded the Imperial College Medical Leadership Society, which aims at providing leadership training to medical students, we feel we are able to offer a new perspective on this vital discussion.

We feel strongly about the need for leadership and management skills to help foster a new generation of physician leaders to tackle the challenges of our burgeoning public health system. In addition to the reasons cited by the aforementioned authors, there has been compelling evidence in recent years that hospitals led by physicians are associated with significantly better performance metrics than those led by nonphysicians.<sup>3</sup> Having recognized the need for homegrown physician leaders, in 2012, the General Medical Council published a paper titled *Leadership and Management for All Doctors*,<sup>4</sup> in which they laid out guidance for the wider management and leadership responsibilities of qualified doctors in the workplace. This has consequently spurred the National Health Service (NHS) to develop a Leadership Academy offering a suite of programs at all levels of the NHS with the purpose of developing better homegrown leaders to deliver better care.

However, research indicates that leadership development programs may be more effective at an earlier age.<sup>5,6</sup> One of the reasons we do not have better doctor leaders may simply be that we wait too late to develop these skills. Providing leadership training at a younger age will help individuals avoid acquiring and reinforcing bad habits while also giving them significantly more time to practice and hone their abilities on a daily basis. In the same way that the General Medical Council sets guidance on the ethical and professional standards medical students must meet in order to work in the NHS, there is now a need for leadership and management training to trickle down to the undergraduate level.

While medical students can greatly benefit from taking out a year to study BSc in management, we recognize the challenges and resistance likely to manifest itself should it become a mandatory part of the course. So the question remains how to design a program, integrated into the undergraduate course that allows standardization across the board? Our solution at the Imperial College Medical Leadership Society has been

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to create a series of workshops, consisting of team-based experiential exercises designed around the “Nine dimensions of the Healthcare Leadership Model,” an evidence-based framework developed by the NHS Leadership Academy. These workshops will be piloted in the upcoming academic year, with a view to expand and possibly integrate them into the formal course in the future.

In conclusion, we strongly urge that a greater focus is given to the leadership and management development of medical students, to develop a pipeline of future leaders to adequately address the needs of the NHS. Moreover, keen interest has been noted by medical students further reinforcing the need and void.<sup>7</sup> However, more research is needed to identify the most effective method of teaching and assessing these skills.

## Disclosure

The authors report no conflicts of interest in this communication.

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