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LETTER

Improving perception, attitude and interest in medical leadership and management – a novel model proposed by medical students

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Dear editor

After reading the article by Rouhani et al[1] with great interest, we agree that the level of medical leadership and management (MLM) training in the UK medical schools could be improved massively. As fellow medical students, we would like to offer our perspective on how universities can better implement MLM teaching into curricula to effectively mould future clinician leaders within an ever-expanding National Health Service.

As reported, the General Medical Council provides curriculum guidance for medical schools based on the skills identified in the Medical Leadership Competency Framework (MLCF).[1] In line with the findings of the authors, a study showed that only 56% of the responding universities incorporate MLCF into their curriculum, and remarkably, 81.9% of students were unaware of the MLCF.[2] This can lead to a lack of insight and awareness into MLM among medical students possibly leading to reluctance in pursuing MLM roles in the future.

Lessons can be learnt from Cambridge University which more than tripled its output of general practitioner trainees in 2016 after adopting increased student exposure to general practice.[3] Keeping this in mind, we would like to propose a novel 3-step model for universities to incorporate MLCF into existing curricula comprising early exposure, consolidation and application.

The focus in early years of medical school should be to introduce MLM through lectures and events, inviting well-known organizations involved in MLM to deliver interactive sessions with an aim to provide early exposure to opportunities available in this diverse and important field. Consolidation phase can be achieved through case-based discussions and focus groups. During clinical years, the focus should shift toward application – keeping the challenges of an overcrowded curriculum in mind, we suggest utilizing existing opportunities like student-selected components. Such projects have been shown to enhance the perception of leadership and management among students.[4] Furthermore, student prizes and awards can be used as incentives to trigger student interest in these projects. By the time the students graduate, they will be better prepared to get involved in MLM and transfer these skills to deliver safe and effective patient care. This stepwise approach fits in line with Kolb's cyclical model of learning, consisting of experimental learning, reflection, forming abstract concepts and testing them in new situations.[5]

We congratulate the authors on completing an insightful multi-institutional study exploring medical student views on MLM. We must stress, however, that Sheffield,

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Aberdeen and Nottingham represented 67.5% of a small overall response rate.[1] We also feel that the addition of student demographics such as age and gender could have provided for interesting subgroup analysis. We agree that the emphasis on the importance of MLM in medical schools can be improved, and we feel that the implementation of the proposed model can provide a possible mean to achieve this. Currently, the topic of MLM is introduced very late on, but by early exposure followed by consolidation and a gradual switch to its application, it will become an integral component of a doctor's skillset.

Disclosure

The authors report no conflict of interest in this communication.

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