Response to: A systematic review of leadership training for medical students

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We read with interest the article by Lyons et al.1 Their group assessed the efficacy of undergraduate medical leadership criteria and identified common features of effective curricula. They concluded that despite subjective effectiveness, there was limited objective evidence. Currently, management and leadership skills are formerly assessed in only 36% of UK medical schools,2 confirming the need for research into the area. Another study3 suggested that medical students in the UK saw the need for management and leadership training, and understood its importance in their future careers. They also found that medical students felt the little training they do receive in the area is generally poor.

Medicine in the UK follows a rigid hierarchical structure. As students advance through training they gain increasing levels of clinical responsibility, each with greater need to manage and lead teams. Performing these tasks effectively requires specific leadership skills and qualities. These qualities include communication, time management and allocation of resources, which are especially pertinent in the UK National Health Service (NHS), given it is a cash-strapped organisation under immense pressure. Considering the previously outlined lack of formal teaching around these skills, most doctors rely on learning these skills by observing their seniors and learning through experience. There are private courses offered in leadership, such as the one run by ‘The Healthcare Leadership Academy’. However, courses like these are privately run and can be expensive and time consuming, requiring a lot of work and attention. This makes them unattractive to many medical students who cannot afford the time for extra-curricular activities.

The results and themes from the above discussion were corroborated by our group through a questionnaire assessment of undergraduate medical students at a single London medical school. Eighty-four clinical year medical students were surveyed with regards to whether they received any formal or informal teaching on management or leadership in their time at medical school. They were also asked whether they thought leadership should be taught formally as part of the curriculum. Of the 84 students surveyed, only two students (2.4%) had received formal leadership training through lectures, and only two students (2.4%) had received informal teaching by senior staff on placement. Thus 80 students (95.2%) had received no training in leadership and management, and when asked whether it should be taught formally as part of their medical school curriculum, 80 students (95.2%) said yes. Those students answering no were asked to explain their response; the recurring theme was that they felt leadership to not be relevant for medical students, and adding leadership teaching would overload an already saturated medical school curriculum. These results outline a significant gap between supply and demand for management and leadership teaching for students, as well as the need for medical student education regarding the importance of these skills.
We believe that formal leadership and management teaching should be integrated into medical school curricula, evidently an opinion shared by medical school students as demonstrated by Rouhani et al\(^2\) and our own data. However, this may not be possible and so extra-curricular student-led societies should be utilised. Invited leaders, clinicians and guest speakers can provide educational workshops. This empowers students to take control of their own learning and careers, while promoting and delivering management and leadership education.

**Competing interests:**
Nil.

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**REFERENCES:**