



Faculty of
**Medical Leadership
and Management**

Medical leadership and management

An indicative undergraduate curriculum



Endorsed by

General
Medical
Council



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Foreword

Skilled clinical leadership improves patient outcomes and the well-being of those working within healthcare teams.

Since its inception in 2011, the Faculty of Medical Leadership and Management has promoted standards and excellence in medical leadership, to facilitate continuous improvement in health and healthcare in the UK.

We are therefore delighted to launch this indicative curriculum for medical undergraduates. Endorsed by influential organisations, this practical document is designed to support medical schools to inform and guide those seeking to be the next cohort of healthcare leaders, as well as acting as a baseline for all educators seeking to socialise the importance of clinical leadership capabilities for future doctors.

The importance of leadership and management skills cannot be overplayed. Indeed, the General Medical Council, through their recently updated undergraduate guidance, has increased the requirements of such competencies, necessitated by the demands on new doctors in an ever-changing NHS.

FMLM, through our Tomorrow's Leaders Today working group, looks forward to engaging with medical school faculty to assist with the implementation of this guidance, and to support students in their career-long leadership journeys.

A handwritten signature in black ink that reads "Clare Marx". The signature is written in a cursive style and is underlined with a single horizontal stroke.

Dame Clare Marx DBE DL SFFMLM

FMLM Chair

1. Rationale

The importance of medical leadership within a clinical setting is increasingly recognised and known to correlate with high quality patient and organisational outcomes.¹

Leadership, which can take many forms - and for this document includes the skills of management, and knowing when, and how to follow - is fundamental to the practice of all doctors, regardless of career grade or specialty. This is made explicit in General Medical Council (GMC) guidance such as the *Generic Professional Capabilities Framework*,² and reflected in the latest version of *Outcomes for Graduates* where these principles are given significant emphasis.³ Clinical leadership is also a political priority, with a renewed focus on supporting medically trained professionals to take on executive managerial positions.⁴

But beyond that, the drive for continuous improvement in care, within finite resources, has made it more important than ever for doctors of all levels and specialties to be able to exhibit skills in shared, collective leadership, managing people and effecting change. For undergraduates, in addition to work in the classroom and skills laboratory, this means early exposure, structured workplace experiences and the sort of positive role modelling that can set a career trajectory.

In recent years there has been a concerted effort to foreground leadership in medical education and training, including the development of guidance documents such as the *Medical Leadership Competency Framework*⁵ and *Professionalism and Excellence in Scottish Medicine*.⁶ Leadership is also assuming greater curricular prominence internationally, notably in the highly influential *CanMeds 2015*.⁷ In the UK, significant effort has been made to raise the profile of leadership development within the undergraduate sphere, but with some ambivalence about its place within a crowded syllabus, and effectiveness of interventions. Importantly, some 88% of medical schools have reported plans to increase the amount of medical leadership and management (MLM) content they deliver, but with no consensus on content or methods.⁸ This has led to calls for the standardisation of curricula.^{9,10}

This document highlights the range of opportunities available for learning and assessment of competencies in medical leadership and management, and provides a framework for curriculum review and development. While some of what is described below is already being done in many medical schools, it is important that these activities are labelled as leadership and management learning; apparent variation described by students and faculty⁸ may simply be down to the way in which these opportunities are signposted and reinforced.

We hope that this indicative undergraduate curriculum will support medical schools in making their offer in this area stronger and more explicit, developing the knowledge and leadership skills required of foundation year doctors, and preparing students for postgraduate training and a lifelong career as professional medical leaders.

2. Curriculum development

This indicative curriculum is based on the competencies defined in the *Medical Leadership Competency Framework, 3rd edition* (MLCF).⁵

This framework similarly informed the postgraduate management and leadership curriculum,¹¹ developed by the Enhancing Engagement in Medical Leadership Project (under the joint auspices of the Academy of Medical Royal Colleges and the NHS Institute for Innovation and Improvement), and therefore aims to provide a seamless progression from undergraduate to postgraduate level.

There is no suggestion from FMLM that this curriculum be mandated, but its content is endorsed by many stakeholder organisations across the four nations. The competencies within this document have also been mapped to the latest edition of the General Medical Council's *Outcomes for Graduates*,³ to ensure they are at an appropriate level for medical undergraduates and represent the expectations of a Foundation Year 1 doctor.

Other guidance and frameworks have also been considered and cross-referenced, including FMLM's *Leadership and management standards for medical professionals* (2nd edition)¹² and the *Healthcare Leadership Model* (HLM)¹³ of the NHS Leadership Academy in England.

This document does not represent a comprehensive reiteration of the MLCF, but a nuanced revision focusing on competencies expected at undergraduate level.

Within this curriculum, competencies are expanded upon and defined in terms of 'knowledge', 'skills' and 'attitudes and behaviours'. Examples of learning and development activities and assessment opportunities are then described. The competencies incorporate:

1. Demonstrating personal qualities
2. Working with others
3. Managing services (selected curriculum elements at undergraduate level)
4. Improving services (selected curriculum elements at undergraduate level)
5. Setting direction (limited curriculum elements at undergraduate level)



The Medical Leadership Competency Framework's five areas for leadership and management development, with a level of understanding at an undergraduate level.

- Greatest depth of understanding, with frequent opportunities for skill development
- Some opportunities available to develop competencies
- Fewer opportunities available, but elements remain important for all medical graduates

3. Indicative undergraduate curriculum

As a preface to the learning outlined below, an introductory session that impresses upon students the need for leadership as a doctor, is recommended. Undergraduates must be engaged with the topic and appreciate its relevance to ensure a commitment to acquiring these non-clinical skills. Reflections from near-peers can be a useful way to demonstrate this.

1. Demonstrating personal qualities

1.1 Developing self-awareness

Maps to	Outcomes for Graduates 1, 2h, 2t, 8a, 8b, 8c	FMLM Standards 1a, 1f	Healthcare Leadership Model Leading with care, Inspiring shared purpose
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Competencies

- 1) Recognise and articulate personal values and principles, understanding how these may differ from those of other individuals and groups
- 2) Identify strengths and limitations, the impact of behaviour on others, and the effect of stress
- 3) Identify emotions and prejudices and understand how these can affect judgement and behaviour
- 4) Obtain, analyse and act on feedback from a variety of sources

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: <ul style="list-style-type: none"> • personality types, group dynamics and approaches to learning • methods of collecting feedback 	Demonstrate the ability to: <ul style="list-style-type: none"> • practise critical self-awareness, including discussing strengths, weaknesses, biases and assumptions with supervisors • recognise leadership in self and others 	Demonstrate: <ul style="list-style-type: none"> • actions in accordance with own values and principles • collection of feedback on performance and personal impact
Example learning activities		Assessment opportunities
Small group discussion and mentoring (introduced through a lecture) on personality, behaviour and leadership eg through diagnostics such as Myers-Briggs type indicator, Belbin, etc		Formal reflection on personal performance, incorporating peer feedback, after a group task Critical self-appraisal, discussed with personal tutor

1.2 Managing yourself

Maps to	Outcomes for Graduates 2f, 2g, 2h, 3a, 3c, 8b, 9b	FMLM Standards 1a, 1b, 1n	Healthcare Leadership Model Leading with care
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Competencies

- 1) Manage the impact of emotions on behaviour with consideration of the impact on others
- 2) Are reliable in meeting responsibilities and commitments to consistently high standards
- 3) Ensure that plans and actions are flexible, and take account of the needs and work patterns of others
- 4) Plan activities to fulfil work requirements and commitments, without compromising wellbeing

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: <ul style="list-style-type: none"> • tools and techniques for managing stress, building resilience and developing emotional intelligence • the role and responsibility of the personal tutor, occupational health and other support networks • personal limitations 	Demonstrate the ability to: <ul style="list-style-type: none"> • recognise manifestations of stress on self and others • balance personal and professional roles and responsibilities, managing time effectively • prioritise tasks, having realistic expectations of what can be completed by self and others 	Demonstrate: <ul style="list-style-type: none"> • conscientiousness and appropriate delegation to, or support of, others • recognition of maintaining personal wellbeing as an important issue

Example learning activities	Assessment opportunities
Formal training in methods of coping with stress, maintaining resilience and developing emotional intelligence Shadowing opportunities with occupational health services Attending a Schwartz round or Balint group	Meets assessment deadlines and achieves consistently high attendance ratings from clinical attachments, informing appropriately if absent Task prioritisation and handover as part of clinical examinations Situational judgement testing

1.3 Continuing personal development

Maps to	Outcomes for Graduates 2b, 2f, 2p, 2s, 2t, 3c, 5c	FMLM Standards 1c, 1d, 1f	Healthcare Leadership Model Developing capability
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Competencies

- 1) Actively seek opportunities and challenges for personal learning and development
- 2) Acknowledge mistakes and treat them as learning opportunities
- 3) Participate in continuing professional development activities
- 4) Change behaviour in the light of feedback and reflection

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: <ul style="list-style-type: none"> • approaches for effective learning. • processes for dealing with and learning from clinical errors. • how to identify and apply best practice guidelines. 	Demonstrate the ability to: <ul style="list-style-type: none"> • use a reflective approach when learning from positive and negative experiences. • use assessment, appraisal, complaints and other feedback in identifying development needs. 	Demonstrate: <ul style="list-style-type: none"> • taking personal responsibility. • a commitment to continuing professional development. • openness to constructive criticism and learning from colleagues.
Example learning activities		Assessment opportunities
Attendance at mortality and morbidity or clinical governance meetings during clinical placements, including root cause analyses where appropriate Provide opportunities for peer feedback, and self-appraisal following examinations Personal interest opportunities, eg student societies, conferences, intercalated BSc's		Assessment of annual personal development plan with tutor Test knowledge of well-known best practice guidelines as part of written examinations

1.4 Acting with integrity

Maps to	Outcomes for Graduates 2e, 2j, 2m, 2o, 4, 5c, 9c	FMLM Standards 1h, 1i, 1k	Healthcare Leadership Model Inspiring shared purpose, holding to account
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Competencies

- 1) Uphold personal and professional ethics and values, considering the values of the organisation and respecting the culture, abilities and beliefs of others
- 2) Communicate effectively with others, respecting social, cultural, religious and ethnic diversity
- 3) Value and promote equality of opportunity and inclusivity
- 4) Take appropriate action if ethics and values are compromised

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: <ul style="list-style-type: none"> • the professional, legal and ethical codes of the General Medical Council • the impact prejudice and presumptions can have in a healthcare setting 	Demonstrate the ability to: <ul style="list-style-type: none"> • recognise and respond appropriately to unprofessional behaviours in clinical practice, including bullying • create open and non-discriminatory professional working relationships with patients and colleagues 	Demonstrate: <ul style="list-style-type: none"> • respect for diversity and difference • actions to promote inclusivity • honesty, probity and willingness to admit to errors

Example learning activities	Assessment opportunities
Equality, diversity and unconscious bias training e-modules Facilitated ethics discussions, seeking the input of real patients to understand their perspective Signposting to unprofessional student activities, e.g. signing attendance for others Lecture from GMC or medical defence organisation representative, including medico-legal implications for practice Group discussion of case studies on major NHS failings, whistleblowing, etc	Ethical station within OSCE Situational judgement testing Written reflection on an experience which raises ethics issues Team based exercise with peer-feedback

2. Working with others

2.1 Developing networks

Maps to	Outcomes for Graduates 8b, 9a, 9b, 9c, 20a, 20b, 20c	FMLM Standards 1e, 2b, 2m, 2p	Healthcare Leadership Model Connecting our service
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Competencies

- 1) Identify opportunities where working with patients and colleagues in the clinical setting can bring added benefits
- 2) Create opportunities to bring individuals and groups together to achieve goals
- 3) Promote the sharing of information and resources
- 4) Actively seek the views of others

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: <ul style="list-style-type: none"> • the multi-disciplinary nature of healthcare, and the roles, responsibilities and priorities of different professions and occupations • the range of ways services can be delivered, including clinical networks, integrated pathways, etc 	Demonstrate the ability to: <ul style="list-style-type: none"> • take on different roles, depending on the needs of the team • support other professionals to provide high quality healthcare 	Demonstrate: <ul style="list-style-type: none"> • effective interaction with healthcare workers in other disciplines
Example learning activities		Assessment opportunities
Clinical scenario-based inter-professional simulations Attendance at a multi-disciplinary team meeting, observing and reflecting on team roles and effectiveness		Peer-grading following a prolonged inter-professional task or project Assess understanding of the responsibilities of various professionals within written examinations

2.2 Building and maintaining relationships

Maps to	Outcomes for Graduates 8a, 8b, 9b, 10b	FMLM Standards 2b, 2f, 2j	Healthcare Leadership Model Imagining shared purpose, engaging the team
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Competencies

- 1) Listen to others and recognise different perspectives
- 2) Empathise and take into account the needs and feelings of others
- 3) Communicate effectively with individuals and groups, and act as a positive role model
- 4) Gain and maintain the trust and support of colleagues

Knowledge	Skills	Attitudes and behaviours
<p>Demonstrate knowledge of:</p> <ul style="list-style-type: none"> • how teams function, including team dynamics, and how this impacts on performance • methods that allow for effective communication between patients, professionals and the healthcare team 	<p>Demonstrate the ability to:</p> <ul style="list-style-type: none"> • build effective working relationships through good communication skills, listening skills and rapport building • communicate effectively to help resolve conflicts 	<p>Demonstrate:</p> <ul style="list-style-type: none"> • a willingness to follow when necessary • compassion towards patients, their families and colleagues
Example learning activities		Assessment opportunities
<p>Communication training, using systems such as SBAR and 'Call out, check back'</p> <p>Observation of team working skills during clinical placements, eg during a cardiac arrest, theatre checklists, etc</p>		<p>Feedback from consultant supervisor during clinical placements</p> <p>Assessment of communication skills with patients, carers and other healthcare professionals during clinical examinations, including simulation</p>

2.3 Encouraging contribution

Maps to	Outcomes for Graduates 2m, 5e, 6c, 8b, 9b, 9c, 10b	FMLM Standards 2b, 2g, 2j	Healthcare Leadership Model Engaging the team
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Competencies

- 1) Provide encouragement, and the opportunity for people to engage in decision-making and to challenge constructively
- 2) Respect, value and acknowledge the roles, contributions and expertise of others
- 3) Employ strategies to manage conflict of interests and differences of opinion
- 4) Keep the focus of contribution on delivering and improving services to patients

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: <ul style="list-style-type: none"> • reasons for conflict and possible resolution methods • approaches to involving patients in healthcare improvement 	Demonstrate the ability to: <ul style="list-style-type: none"> • facilitate, chair and contribute to meetings • aid others to develop and exercise their own leadership skills 	Demonstrate: <ul style="list-style-type: none"> • the use of authority sensitively and assertively to resolve conflict and difference of opinion • a patient focus, and consideration of patient's views when working in healthcare teams • a positive approach towards a culture of inclusion and diversity within teams

Example learning activities	Assessment opportunities
Undertaking a patient journey assignment, to understand the perspective of service users within healthcare Acting as a chair, or take minutes, for small group activities Supporting peer mentoring and training initiatives	Patient feedback forms when working in clinical placements Written assignment documenting a patient journey, from their perspective Review of evidence of contribution within portfolio

2.4 Working within teams

Maps to	Outcomes for Graduates 8b, 8d, 9b, 9c	FMLM Standards 1g, 2a, 2c, 2f, 2h, 2l	Healthcare Leadership Model Engaging the team
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Competencies

- 1) Have a clear sense of personal roles, responsibilities and purpose within the team
- 2) Adopt a team approach, acknowledging and appreciating efforts, contributions and compromises
- 3) Recognise the common purpose of the team and respect team decisions
- 4) Are willing to lead a team, involving the right people at the right time

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: <ul style="list-style-type: none"> • a range of leadership and followership approaches, and their appropriateness in different situations 	Demonstrate the ability to: <ul style="list-style-type: none"> • help individuals and groups to implement plans and decisions 	Demonstrate: <ul style="list-style-type: none"> • a willingness to consult and work as part of a team • respect towards colleagues, regardless of profession or occupation

Example learning activities	Assessment opportunities
Performing an active role within a clinical team during attachments, or during early years in a HCA-type role Taking a leadership role in non-academic activities, eg sports president, part-time employment, or caring responsibilities A group task that requires working with fellow students from other year-groups (ie near-peer), in a clinical or non-clinical situation (eg innovative tasks such as 'escape rooms')	A team project, ending with a group presentation and an individual report demonstrating contribution, with a 75:25 mark weighting Undertake a team-based assessment as part of clinical examinations Multisource feedback from peers, patients and colleagues from other health professions

3. Managing services

3.1 Managing resources

Maps to	Outcomes for Graduates 5e, 5f, 5g, 5h, 20, 25f	FMLM Standards 3b, 3e	Healthcare Leadership Model Evaluating information, connecting our service
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Competencies

- 1) Use resources effectively and efficiently, minimising waste
- 2) Take action when resources are not being used efficiently

Knowledge	Skills	Attitudes and behaviours
<p>Demonstrate knowledge of:</p> <ul style="list-style-type: none"> • efficient use of clinical resources when providing care, and the importance of ‘value’ in healthcare • NHS policy, funding, organisation and structures • how financial pressures within services are broadly addressed and managed • quality improvement approaches, methodology and governance 	<p>Demonstrate the ability to:</p> <ul style="list-style-type: none"> • use clinical audit and quality improvement tools to optimise resource use and safety • manage time and resources effectively when delivering services to patients 	<p>Demonstrate:</p> <ul style="list-style-type: none"> • commitment to the proper use of public money and stewardship of resources
Example learning activities	Assessment opportunities	
<p>Involvement in audit / QI projects during clinical attachments</p> <p>Extra-curricular opportunities to demonstrate understanding of resource allocation, eg manages a budget for a society</p> <p>Presentation from Trust CEO/finance directors on how local services are funded, managed and structured</p> <p>Shadowing of Trust finance teams, or attendance at CCG meeting</p> <p>Videos / interactive resources, eg from the King’s Fund, that outline the UK health system</p>	<p>Test appreciation of NHS funding, organisation, structure and funding during written examination</p> <p>Assessed rationing or commissioning exercise; e.g. how funding should be prioritised between amongst demographics (child, adult, elderly) and services (prevention, primary, secondary, emergency)</p>	

3.2 Managing people

Maps to	Outcomes for Graduates 2q, 2t, 3a, 5e, 8b	FMLM Standards 2g, 2h, 3i	Healthcare Leadership Model Evaluating information
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Competencies

- 1) Provide guidance and direction for others using the skills of team members effectively
- 2) Support team members to develop roles and responsibilities
- 3) Support others to provide good patient care and better services

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: <ul style="list-style-type: none"> • employee rights and responsibilities (e.g. occupational safety) and how to access support services • the purpose of performance review and the difference between appraisal, assessment and revalidation 	Demonstrate the ability to: <ul style="list-style-type: none"> • contribute to organisational planning, eg curriculum design • contribute to colleague's development and training, including peer mentoring, appropriate supervision and 360° feedback 	Demonstrate: <ul style="list-style-type: none"> • willingness to supervise the work of more junior colleagues
Example learning activities		Assessment opportunities
Involvement in medical school governance, eg student representative, curriculum committees Opportunities for peer assessment/review following group tasks Teaching sessions on giving and receiving feedback, including role play Attendance at GP practice meetings		Annual meeting for review of performance with personal tutor Routinely have 'managing people' as an item within clinical placement assessment forms

4. Improving services

Maps to	Outcomes for Graduates 2o, 3b, 5b, 5e, 6f, 10b, 18e	FMLM Standards 3e, 3g, 4a	Healthcare Leadership Model Inspiring shared purpose, evaluating information
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Competencies

- 1) Question the status quo
- 2) Act as a positive role model for innovation
- 3) Articulate the need for change and its impact on people and services
- 4) Use evidence, both positive and negative, to identify options
- 5) Obtain and act on patient, carer and service user feedback and experiences
- 6) Motivate and focus a group to accomplish change
- 7) Consider issues of patient safety and risk

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: <ul style="list-style-type: none"> • ways to develop creative solutions for improving services • the implication of change on systems and people • communicate risk 	Demonstrate the ability to: <ul style="list-style-type: none"> • clearly communicate a case for change • provide medical expertise in situations beyond those involving direct patient care • present effectively • communicate risk to patients 	Demonstrate: <ul style="list-style-type: none"> • being open minded to new ideas, and positive about improvement and change • a proactive approach to new technologies and treatments • a commitment to improve patient safety, speaking up where necessary

Example learning activities	Assessment opportunities
Dedicated training in QI methodology, and the opportunity to practise skills in influencing and leadership Contributing to programme quality assurance through student and staff curriculum committees Gathering patient opinions on services during clinical placements, as a basis for improvement Analysis of real or prepared complaints, medical errors or safety concerns	Assessment of a presentation or report about an audit / QI project a student was involved in Clinical examination that includes discussion with a patient of options and risk

5. Setting direction

Maps to	Outcomes for Graduates 1, 5f, 5g, 20d, 21, 25f	FMLM Standards 4a, 4b, 4f	Healthcare Leadership Model Connecting our service, evaluating information
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Competencies

- 1) Demonstrate awareness of the political, organisational and professional environment
- 2) Use information to challenge existing practices and processes
- 3) Participate in and contribute to organisational decision-making processes

Knowledge	Skills	Attitudes and behaviours
<p>Demonstrate knowledge of:</p> <ul style="list-style-type: none"> • the structure, function and funding options for delivering health and social care services • the function and responsibility of national (and devolved-nation specific) bodies such as DHSC, NICE, NCAS, Royal Colleges, regulatory bodies and education organisations • how to effect change, and barriers that exist 	<p>Demonstrate the ability to:</p> <ul style="list-style-type: none"> • discuss the local, national and UK health priorities • compare and benchmark healthcare services • prepare for meetings – reading agendas, understanding minutes, action points and background research • influence and negotiate 	<p>Demonstrate:</p> <ul style="list-style-type: none"> • compliance to national guidelines • the ability to understand issues and potential solutions before acting • attitudes and behaviours that assists dissemination of good practice
Example learning activities	Assessment opportunities	
<p>Opportunities to understand the differing priorities of government, local authorities, councils, CCGs/STPs, health boards or hospital Trusts, and patients</p> <p>Electives, or shadowing opportunities, that gain insight into other healthcare systems or models</p>	<p>Assessment of report or presentation following elective, with reflection on the alternative healthcare system observed, and the local health priorities</p>	

4. Intended learning outcomes of an undergraduate programme

Based on the curriculum as outlined above, it is expected that newly qualified Foundation Year 1 doctors will be able to achieve the following, mapped to the related section of *Outcomes for Graduates*. Where a competency does not map directly to *Outcomes for Graduates*, it has been included as a stretch activity for those students with special interest in leadership and management.

Outcome 1

Demonstrate:

- actions in accordance with own values and principles
- attitudes and behaviours that assist dissemination of good practice

Outcome 2

Demonstrate knowledge of:

- personal limitations (2h)
- the impact prejudice and presumptions can have in a healthcare setting (2j)
- approaches for effective learning (2p, 2t)
- how to identify and apply best practice guidelines (2s)
- methods of collecting feedback (2t)
- the purpose of performance review and the difference between appraisal, assessment and revalidation (2t)

Demonstrate the ability to:

- balance personal and professional roles and responsibilities, managing time effectively (2f, 2g)
- practice critical self-awareness, including discussing strengths, weaknesses, biases and assumptions with supervisors (2h)
- recognise and respond appropriately to unprofessional behaviours in clinical practice, including bullying (2o)
- contribute to colleagues' development and training, including peer mentoring, appropriate supervision and 360° feedback (2q)
- use a reflective approach when learning from positive and negative experiences (2t, 3c)
- use assessment, appraisal, complaints and other feedback in identifying development needs (2t)

Demonstrate:

- compassion towards patients, their families and colleagues (2b)
- honesty, probity and a willingness to admit errors (2e, 5c)
- taking personal responsibility (2f)
- actions to promote inclusivity (2m)
- respect for diversity and difference (2m)
- a commitment to improve patient safety, speaking up where necessary (2o, 5b)
- a commitment to continuing professional development (2p)
- willingness to supervise the work of more junior colleagues (2q, 8b)
- openness to constructive criticism and learning from colleagues (2t)
- collection of feedback on performance and personal impact (2t)

Outcome 3

Demonstrate knowledge of:

- employee rights and responsibilities (e.g. occupational safety) and how to access support services (3a)
- the role and responsibility of the personal tutor, occupational health and other support networks (3a, 3c)
- the implication of change on systems and people (3b, 6)
- tools and techniques for managing stress, building resilience and developing emotional intelligence (3c)

Demonstrate the ability to:

- recognise manifestations of stress on self and others (3)

Demonstrate:

- recognition of maintaining personal wellbeing as an important issue (3c)

Outcome 4

Demonstrate knowledge of:

- the professional, legal and ethical codes of the General Medical Council (4)

Outcome 5

Demonstrate knowledge of:

- processes for dealing with and learning from clinical errors (5c)
- ways to develop creative solutions for improving services (5e)
- approaches to involving patients in healthcare improvement (5e, 6c)
- quality improvement approaches, methodology and governance (5e, 5g)
- how to effect change, and barriers that exist (5f, 5g)
- efficient use of clinical resources when providing care, and the importance of 'value' in healthcare (5g, 25f)

Demonstrate the ability to:

- contribute to organisational planning, eg curriculum design (5e)
- manage time and resources effectively when delivering services to patients (5f, 5g)
- use clinical audit and quality improvement to optimise resource use and safety (5g, 5h)

Demonstrate:

- being open minded to new ideas, and positive about improvement and change (5e)
- commitment to the proper use of public money and stewardship of resources (5g, 25f)

Outcome 6

Demonstrate the ability to:

communicate risk to patients (6f)

Outcome 8

Demonstrate knowledge of:

how teams function, including team dynamics, and how this impacts on performance (8a)

personality types, group dynamics and approaches to learning (8a, 8c)

a range of leadership and followership approaches, and their appropriateness in different situations (8b, 8d)

Demonstrate the ability to:

take on different roles, depending on the needs of the team (8b)

recognise leadership in self and others (8b, 8c)

aid others to develop and exercise their own leadership skills (8b, 9b)

Demonstrate:

conscientiousness and appropriate delegation to, or support of, others (8b)

a willingness to follow when necessary (8b)

Outcome 9

Demonstrate knowledge of:

the multi-disciplinary nature of healthcare, and the roles and responsibilities of different professions and occupations (9a, 9c)

of methods that allow for effective communication between patients, professionals and the healthcare team (9b, 10)

Demonstrate the ability to:

support other professionals to provide high quality healthcare (9a, 9b)

help individuals and groups to implement plans and decisions (9b)

prioritise tasks, having realistic expectations of what can be completed by self and others (9b, 2g)

build effective working relationships through good communication skills and rapport building (9b, 10)

create open and non-discriminatory professional working relationships with colleagues (9c, 2m)

Demonstrate:

a patient focus, and consideration of patient's views when working in healthcare teams (9b)

a willingness to consult and work as part of a team (9b)

effective interaction with healthcare workers in other disciplines (9c)

respect towards colleagues, regardless of profession or occupation (9c)

a positive approach towards a culture of inclusion and diversity within teams (9c, 2m)

Outcome 10

Demonstrate knowledge of:

reasons for conflict and possible resolution methods (10b)

Demonstrate the ability to:

present effectively (10b)

communicate effectively to help resolve conflicts (10b)

Demonstrate:

the use of authority sensitively and assertively to resolve conflict and difference of opinion (10b)

a proactive approach to new technologies and treatments (10c, 18e)

Outcome 20

Demonstrate knowledge of:

NHS policy, funding, organisation and structures (20, 25f)

the range of ways services can be delivered, including clinical networks, integrated pathways etc (20a, 20b, 20c)

the structure, function and funding options for delivering health and social care services (20d, 21)

Outcome 21

Demonstrate the ability to:

discuss the local, national and UK health priorities (21)

compare and benchmark healthcare services (21)

Outcome 25

Demonstrate knowledge of:

how financial pressures within services are broadly addressed and managed (25f)

Demonstrate:

compliance to national guidelines (25f)

Stretch activities

Demonstrate knowledge of:

the function and responsibility of national (and devolved-nation specific) bodies such as DHSC, NICE, NCAS, Royal Colleges, regulatory bodies and education organisations

Demonstrate the ability to:

provide medical expertise in situations beyond those involving direct patient care

influence and negotiate

facilitate, chair, and contribute to meetings

prepare for meetings – reading agendas, understanding minutes, action points and background research

clearly communicate a case for change

understand issues and potential solutions before acting

Demonstrate:

knowledge of technology, and its application in service improvement and innovation

5. Recommendations for implementation

This is not a standalone curriculum. Leadership and management are integral to effective clinical practice and the curriculum elements described above are recommended for integration throughout the undergraduate medical school programme, revisited in university-based and clinically-oriented settings, in a spiral form. Opportunities for incremental development of MLM competencies will help facilitate deeper engagement and learning, and greater understanding of the relevance of leadership to foundation year doctors and beyond. There are examples of how this may be achieved¹⁴, but schools will need to consider how MLM is integrated and framed within their own courses.

Undergraduates have reported a lack of leadership and management training, often at odds with that described by medical school faculty⁸. This may in part be due to such learning not being specifically highlighted as 'leadership development'; for instance in many schools leadership and management are embedded within a 'professionalism' curriculum strand. It is therefore recommended that all teaching delivered as part of a MLM curriculum - be it self-awareness, patient safety, team communication, task prioritisation etc – is labelled as such, and its relevance to clinical practice and medical leadership made explicit. As an example, standalone teaching on leadership styles, or teamwork roles, could be reinforced by near-peer personal accounts on how this knowledge benefited foundation year doctors.

For effective implementation, it is suggested that the competencies laid out in this document be made available to all educators involved in aspects of programme delivery. This will help leadership and management to be embedded within everyday learning, and to help normalise terminology. Identification of a 'leadership lead' within medical school faculty is recommended to help drive this change¹⁵; FMLM is forming a network of curriculum leads to share and develop good practice.

5.1 Specific learning opportunities

Opportunities for learning activities through which students might achieve leadership and management competencies are suggested above. These include a mixture of formal 'taught' components, experiential learning, and self-directed work. Certain features, common to many medical school programmes, lend themselves to a specific focus on leadership development.

The **medical school induction** should introduce students to the breadth of knowledge required of doctors in training (ie not just clinical acumen), and set the scene for the early undergraduate years often built around group work and self-directed learning. Curriculum components related to GMC requirements and professional values, self-awareness, and understanding of team work roles are therefore essential in these early stages.

Interprofessional education/learning (IPE/L) provides opportunities for medical students to undertake group tasks and learning with undergraduates from other health professions. Such sessions provide an ideal opportunity to deliver the theory behind communication skills, team dynamics, and roles and role boundaries, and for the practice of task prioritisation, followership, delegation and supervision. A rebranding of such sessions as *leadership, management and interprofessional education* may aid awareness of team working as a key facet of leadership. The formal teaching can be complemented by clinical placements specifically oriented towards working under the supervision of non-medical health workers (nurses, midwives, physiotherapists, etc). Ensuring formal teaching is delivered by a range of staff (not just doctors or biomedical scientists) helps to break down barriers and introduce students to positive non-medical role models.

Clinical placements allow access to a range of learning environments which can help develop leadership and management competencies. Shadowing healthcare leaders (medical directors, clinical leads), observation of untoward incident case reviews, and attendance at MDT/Trust/Health Board/CCG meetings all allow for reflective, experiential learning around medical leadership and management and its relation to clinical practice. Primary care placements should allow for insight into resourcing, referrals and the business considerations of GP practices. Most crucially, clinical placements allow near-peer learning to consolidate understanding of the management and leadership responsibilities of doctors in training.

The final element of clinical exposure, often referred to as the **assistantship**, provides a special opportunity to focus on MLM. This period allows for a formative emphasis on the development of professional competencies and can be used to reinforce understanding of self-awareness, task prioritisation, team working, governance and service design, especially if students have the opportunity to take part in a quality improvement project at this time. Highlighting MLM development as a key objective of the assistantship period, followed up by formative discussions with foundation trainees, educational supervisors or personal tutors, will reinforce the importance of leadership and allow students time to prioritise it. This, of necessity, should include learning about specific aspects of medical management which are key components of foundation trainees' work (eg patient prioritisation and time management, handover and health management systems).


Finally, for those with an aptitude for medical leadership who wish to develop further, stretch opportunities such as **student selected components (SSCs)** and **intercalated BScs, Masters and PhDs** should be provided. The latter are currently offered in a handful of medical schools; FMLM will be producing further guidance to aid wider implementation.

5.2 Assessment

There are a number of knowledge-based competencies defined in this curriculum that can be tested through written assessment modes. For example, questions in examinations could focus on the structure of the NHS, the roles of different healthcare professionals, and awareness of clinical guidelines, ethical issues and legal frameworks. Projects, audits and QI activities lend themselves to production of extended essays, case studies, project reports and presentations (individual or group). Multi-source feedback (MSF) can be introduced from the early years to encourage students to give constructive feedback to peers, and receive it from tutors, peers, colleagues and patients.

Attainment of skills-based competencies can be tested summatively through performance in group tasks, on clinical placement through workplace based assessment. Peer and multi-source feedback, eg following interprofessional activities, can give insight into teamwork and communication skills, followership and delegation. Summative assessment of these skills may also be undertaken during a group based simulation task or as part of an OSCE station, eg in response to a trigger video or telephone call. In addition, the success of quality improvement projects and similar, can be used as a marker of effective team-based, patient-focused change.

As with professionalism and other generic capabilities, summative assessment of leadership skills and behaviours can be challenging, particularly in maintaining objectivity, consistency and standardisation. Training of assessors is vital and should allow them to feel confident in highlighting performance which does not meet the required standard. Schools also need to be mindful about the close linkage of some of these behavioural competencies with fitness to practice issues and have clear policies in place to identify and deal with students who transgress. Summative assessments tend to focus on obtaining structured feedback from many sources over time. Taking a pragmatic approach is key, with consistent, routine assessments of performance embedded in a range of assessment modalities of different programme components in a portfolio style (MSF, OSCE, Mini-CEX, clinical placement assessments etc).



While summative assessment is important, for these domains the developmental (formative) aspect is vital, as leadership competencies are acquired over time through reflection, practice and constructive, timely feedback¹⁶. Peer-review, critical observation of practice, and structured interviews or appraisals with personal tutors or educational supervisors all have a part to play in providing opportunities for ‘assessment for learning’ and demonstrating understanding.

Reflective accounts and work-based assessments (ideally logged within an online portal), focussing on a wide range of topics, can form the basis for open discussions with personal tutors as well as reinforce development and learning. Such topics could include: observations of leadership and followership behaviours during clinical attachments; interactions between multi-professional team members; ethical and resource issues in patient care; management of difficult situations such as inter-team conflict; awareness of own favoured leadership style and team role; potential areas for effectiveness within the NHS (locally and nationally); and personal limitations and development needs. This practice need not be time-consuming, and has the added benefit of preparing students for similar portfolio practices during their postgraduate training.

6. The next steps

6.1 Curriculum review

This curriculum document is intended to support medical schools in their delivery of leadership and management competencies, by outlining the minimum level expected in this area by a newly qualified foundation year 1 doctor.

Feedback on this document is welcomed and would be considered as part of the regular review process for this indicative undergraduate curriculum for medical leadership and management. Please contact enquiries@fmlm.ac.uk with any comments or recommendations. Subject to feedback received, revised editions of this document will be produced.

6.2 Future guidance

Further supplementary guidance for implementation is currently being developed by FMLM and made available via the 'undergraduate' section of our website. This will include case studies and ready-made examples of stretch opportunities such as student selected components (SSCs), intercalated BScs and elective packages. In addition, development programmes to assist undergraduate educators in utilising this indicative curriculum, and deliver MLM competencies, are being designed.

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Further resources

Academy of Medical Royal Colleges, [*Guidance for undergraduate medical education*](#)

FMLM, [*360 degree feedback tool*](#)

FMLM, [*Leadership and management standards for healthcare teams*](#)

Health Education England, [*LeAD \(e-learning leadership modules\)*](#)

NHS Leadership Academy, [*Edward Jenner programme*](#)

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