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 (2015).

[http://dx.doi.org/10.1016/s0140-6736(15)00484-5](http://dx.doi.org/10.1016/s0140-6736%2815%2900484-5)

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**Title Page:**

**Title: ‘We need more good followers’**

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**‘We need more good followers’**

**Response to *Medical Leadership – from inspection to inspiration,* Richard Horton, 11th July, 2015, The Lancet. 1**

After reading your piece in the 11 July 2015 issue on the vacuum that still exists in medical leadership and the need for ‘an era of inspiration’, we would like to highlight the importance of ‘followership’: 2,3 a concept which is (as yet) little appreciated and understood in medicine. It could be argued that, until the art of good followership has been mastered, truly great and inspirational leadership cannot be achieved. This is especially true in healthcare where inter-collaborative and inter-professional team-working are absolutely vital to better outcomes.4 The greatest successes, for patients, are team successes, patients do not need a hero but a supportive structure of many hands to help guide and support them on the way to a better birth, life and death.

Medical undergraduates and doctors in training are not taught to follow effectively, neither implicitly or explicitly. And whilst junior doctor leadership has been described helpfully as ‘little ‘l’ leadership’–this is still defined as a form of leadership, not followership.5 The most devastating health service failings in the last few years have come down to failures in team-working and communication. Reward is obtained through personal academic success, individual achievement, by ranking higher and standing out against one’s peers. While the motivation, focus and drive this fosters is very valuable, it promotes individualism rather than collectivism; competition not collaboration.6

This may also help to explain why, in the face of external pressures, budget cuts and services at breaking point, doctors don’t pull together and support each other better. Perhaps doctors are too used to seeing their peers as competitors rather than fellow team members. When success is measured by how well you stand out, it becomes very difficult to stand back or to accept a less visible role in a larger multi-disciplinary effort. Many of the points made about leadership are well-made and supported by evidence: leadership can be learned and is all about building on strengths and inspiring and motivating others.7 However, whilst a good leader knows when to step up and take difficult decisions, they also need to learn when to step back and follow. A good leader is bound closely and tightly to their followership, is connected to their needs and mood and facilitates a co-creation of decisions and understanding. Leaders and followers are thus connected by a sharing of views, expertise and opinion and whilst doctors might be ultimately accountable for decisions made, both leaders and followers (the team) must share responsibility.8,9 A great leader is also an exemplary follower who has taken the reigns and is ready to pass them on when best interests demand it. The ultimate goal of an individual who is part of an engaged and inspirational followership is not to reach the top of the tree. It is to provide a world-class service, to the greatest number of people for as much of the time as is possible. Reframing medical leadership to include positive notions of followership can only help the promotion of effective teamworking and enable others to grow, develop and lead appropriately.

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