

# The 'Vulnerable' Practitioner: Exploring the Ethical and Legal Training Needs of UK Foundation Doctors

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Lancaster University  
Medical School

**IME** *Institute of Medical Ethics*



Keele  
University

# Today

- Overview of FY project
- Key findings qualitative and quantitative data
- Identify the ‘vulnerabilities’ of the Foundation Doctor
- Consider responses to these ‘vulnerabilities’
- Workshop
  - Opportunity to explore themes raised in this presentation
  - Discuss the purpose of training Foundation Doctors on ethics and law
  - What ethics and law training might work in your institution

# Our Project: Overview

- To examine the ethical and legal training needs of Foundation Doctors
- To explore how ethical and legal training needs can be met in the transition from medical student to junior doctor
- Ethics approval from Lancaster University / research governance approval from Health Education England
- Phase 1: Online survey of learning needs
- Phase 2: Focus groups

# Phase 1: Online Survey

- Content of the survey is informed through multiple sources:
  - BMA Medical Ethics Today Handbook
  - IME proposed upcoming core curriculum
  - GMC Generic Professional Capabilities
  - Issues identified in previous studies on Foundation doctors' MEL needs
  - Key stakeholders: BMA (Julian Sheather), GMC (Sharon Burton, Susan Redward, Colin Melville), HEE (John Spicer, Paul Baker), UK FPO (Foundation Directors), IME (financial support, website presence, larger PG education project)
- Survey consisted of:
  - Medical school, Deanery, gender, stage of training, age, Masters in MEL
  - MEL training as a medical student and Foundation Doctor
  - MEL training would like to receive as Foundation Doctor
  - Three ethical scenarios to examine ethical sensitivity and confidence

# Data Collection

- Data collected over 6 week period, Feb – March 2018
- 479 anonymous responses (approx. 3% of all UK Foundation Doctors)

Variables	Values	Percentages
Gender	Female	64%
	Male	33%
	Prefer not to say	3%
Career Stage	F1	46%
	F2	53%
	Prefer not to say	1%
Medical School	Non-UK	8%
	Wales	5%
	Scotland	20%
	Ireland	<1%
	England	67%
Deanery	Wales	6%
	Scotland	24%
	England	69%
	Prefer not to say	<1%

# Results: Topics

- Relevant topics not covered at medical school
  - Some areas relevant to FDs may not be covered at medical school
  - Appear important
  - When and how should these be delivered?

	Received training as medical student	Would like training as Foundation Doctor
Sedation	22%	70%
Self-discharge against medical advice	37%	71%
Decision making in emergency medicine	37%	67%

*Caveat: Foundation Doctors might not have recognised their own learning under the set categories in survey*

# Results: Topics

- Well covered at medical school: less 'wanted' at FD level
  - Some areas appear to be included widely across UG curriculums and Foundation Doctors feel prepared in these areas
  - May be reasonable to omit from FD training

	Received training at medical school	Would like training as a Foundation Doctor
Dignity and patient-centred care	87%	24%
Being honest and accountability	83%	33%

# Results: Topics

- Well covered at medical school but more needed by FDs
  - If a topic is taught at medical school may not be sufficient for Foundation Doctors' needs
  - Maybe about timing of receiving training and applicability for Foundation Doctors
  - Further training is needed in order to build on medical school teaching

	Received training at medical school	Would like training as a Foundation Doctor
Consent	90%	50%
Mental Health	86%	55%
DNAR/CPR decisions	82%	63%
Withholding/withdrawing treatment	62%	66%



# Results: Ethical Awareness & Decision Making

- Themes:
  - Three cases relating to confidentiality, self-discharge, and nasogastric feeding
- Design:
  - Increasing ethical complexity
  - Not expecting Foundation Doctors to be fully confident in the second and third cases
- Purpose:
  - Examining confidence in responding to ethical issues and ethical sensitivity

# Results: Ethical Awareness & Decision Making

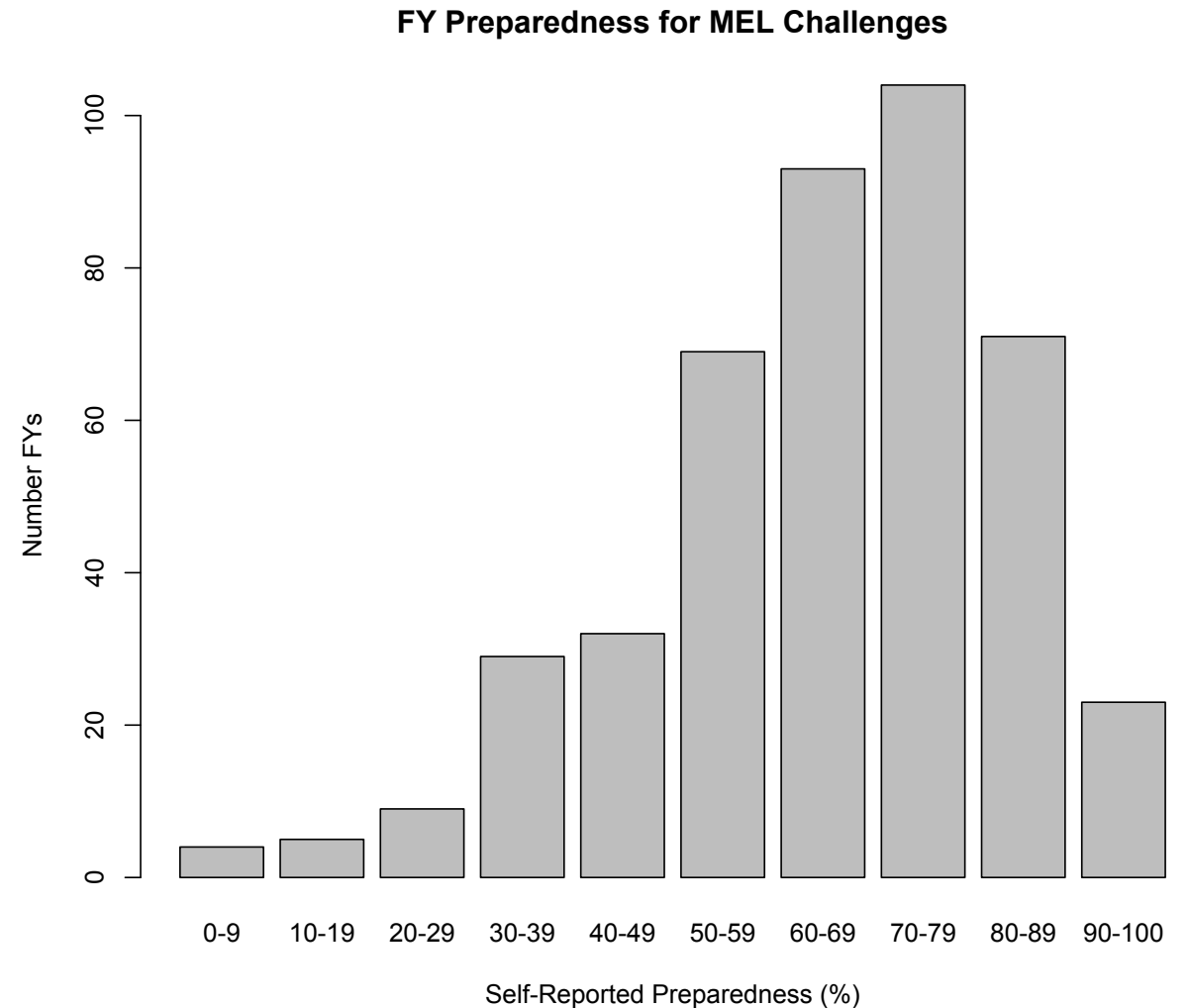
	Confidentiality	Self-discharge	Withdrawal of nasogastric feeding
Not at all	<b>1%</b>	<b>4%</b>	<b>2%</b>
Can recognise some issues, but not evaluate their importance	<b>2%</b>	<b>2%</b>	<b>3%</b>
Can recognise and weigh ethical issues but unable to reach a decision	21%	18%	23%
Can work through the ethics, make a plan, but not confident	57%	41%	40%
Confident in making an ethically reasoned decision	<b>18%</b>	<b>36%</b>	<b>31%</b>

# Results: Ethical Awareness & Decision Making

- Is the vulnerable Foundation Doctor the doctor who is not at all confident?
- Are the possibly 'overconfident' Foundation Doctors also vulnerable and more of a concern?
- How do we help those Foundation Doctors who don't know what they don't know?
- Was this simply a gut response done quickly on Smart phones – would the complexities be more obvious in real life?

# Results: Preparedness for MEL Challenges

- Data does not conform to a normal / Gaussian distribution
- Wilcoxon unpaired two sample test
  - No significant difference between FY1 and FY2
  - **Significant difference between male and female**
- Significant number were 'relatively unprepared'



# Results: Circumstances

## **DNACPR decisions**

- *“DNACPR decisions when family/patient do not wish to have DNACPR” (28 year old female FY2)*
- *“Feeling that I would like a DNACPR to be put into place for a patient but not knowing how to do that or having senior around to facilitate it being put in place” (25 year old female FY1)*
- *“End of life conversations - DNACPR decisions (although these are always reviewed by somebody senior - it's the initial conversation which is often my role as an FY)” (25 year old male FY2)*

# Results: Circumstances

## Whistleblowing

- *“Most issues I have had are regarding working with colleagues and having different standards for how jobs should be done. Raising concerns about professional behaviour and poor clinical care is difficult, whether through discussion with the individual themselves or with a senior” (25 year old female FY2)*
- *“I have had an episode of whistleblowing this year in FY2 where I had to voice my concerns and it was quite stressful for me as this person was my senior colleague” (26 year old FY2)*

# Results: Circumstances

## **Self discharge against medical advice**

- *“Assessing capacity to self discharge and being doubtful. Being exposed to this with knowledge of only the theory of dealing with this situation, but no practical experience was very difficult” (26 year old female FY2)*
- *“Whilst we are not allowed to discharge patients we are allow to witness signing of a self-discharge, but it can be challenging assessing capacity” (24 year old male FY1)*

## **Sedation**

- *“Most of all I wish I was better prepared for the patient kicking off in the middle of the night when there are no seniors around. Do I sedate ? How do I sedate ? Do I call security? Do I stop them leaving? How do I practically and legally do that?” (26 year old male FY1)*

# Identifying the 'Vulnerabilities' of the Foundation Doctor: General

- Training
  - Does not appear to be always relevant?
  - Many underprepared for the MEL issues they face as a FY
- Skills
  - Some lack ethical awareness
  - Some struggle to make decisions when facing ethical uncertainty
  - Others overconfident?
- Circumstances they find themselves in
  - Encounters out of hours
  - Feeling there was a lack of senior support
  - Feeling alone in make difficult decisions
  - Perhaps difficulty in raising concerns/asking questions?



# Individuals in Moral Unhappiness?

*“I have seen a lot of senior members act in ways I feel is ethically incorrect however the nature of the medical system is that senior members are never questioned or challenged and if they are this usually backfires on the person questioning leading to them being penalised. This causes a fear of standing up for patients ethical rights in fear or bullying in the workplace, gaining a negative reputation and fear of dismissal. The problem lies with the senior staff abusing their power rather which leads to junior staff feeling limited in what they can achieve in terms of ethical and human rights” (23 year old female FY1)*

# Responding to the 'Vulnerabilities' of the Foundation Doctor?

- Accept and acknowledge the vulnerability of Foundation Doctors when facing ethical and legal issues
- Undergraduate and Postgraduate ethical and legal training in partnership
  - Undergraduate training provides building blocks; Foundation training needs to be specific and applied
- Explore how we can better support Foundation Doctors
  - Training guide/curriculum highlights for Foundation leads
  - Online materials for training?
  - Regional/national training (conferences / workshops)
  - Ethics drop-ins for Foundation Doctors (e.g. GOSH)
  - Forum/network ethics champions

# Summary

- Interesting and informative data from 479 FY Doctors
- Identified vulnerability in ethical decision making in FY doctors:
  - Clear that some topics specific to FY need addressing (eg sedation)
  - Degree of overconfidence as well as difficulty in making decisions
  - Support as well as relevant teaching sessions required