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IME *Institute of Medical Ethics*



Proposing a Minimum Medical Ethics and Law Curriculum for Foundation Doctors

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Today

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- Share findings from an online survey with Foundation Doctors (FDs) conducted between Feb and March 2018
 - Research governance requirements were met
 - Provide insight into the medical ethics and law (MEL) challenges that FDs face
 - What they would like to receive training on during their Foundation training to help support them in their current role
 - Propose a minimum MEL curriculum for FDs
 - Outline some of the key topics for FDs to receive training on during their two years after graduating from medical school
 - Discuss some of the practical considerations and pedagogical challenges
 - Concluding remarks for further discussion

A Need to Focus on Foundation Doctors

- Research highlights the **multiple roles** that FDs play predisposes them to a **unique set of MEL issues** (Chamsi-Pasha et al., 2016)
 - **transitioning** from student to professional (Kirkham & Baker, 2012), both clinician and learner (McDougall & Sokol, 2008)
 - FDs experience MEL issues differently to that of medical students and more experienced junior doctors due to **position** in organisation and medical hierarchy (McDougall, 2008), and the **transient nature** of the Foundation Programme (Christakie & Feudtner, 1997; Mumford, 1970).
- Dearth of **MEL resources** available dedicated to meeting FDs' needs
 - Tended to address medical profession as a whole or combine FDs with that of medical students (Chamsi-Pasha et al., 2016; McDougall, 2008)

A Need for Medical Ethics and Law Training Beyond Medical School

- PGs educators report stark **variability** in MEL knowledge among FDS (Sokol et al., 2010)
- Junior doctors reported by senior clinicians as slightly **underprepared** to face medico-legal and ethical issues (Matheson & Matheson, 2009)
- Foundation Doctors (FDs) have trouble dealing with medical ethics and law (MEL) issues they encounter in practice (*Illing et al., 2008; Matheson & Matheson, 2009; O'Neill et al., 2003; Shibu et al., 2008; Vivekananda-Schmidt & Vernon, 2013*).
- FDs have **difficulties speaking up** and taking concerns to senior colleagues, they can lack support from **senior colleagues** (*Goldacre et al., 2003; Paice et al., 2002*), and can experience **conflicting values** when faced with working on the frontline (*Benson, 2014*).

Contemplating Medical Ethics and Law Training for Foundation Doctors

- One of the four sections within the current Syllabus (2016) for FDs focuses predominately upon professionalism related learning, with ethical and legal issues interwoven
- Some areas feel more prepared to tackle than others (Benson, 2014)
- Some areas deemed particularly troubling than others
 - end of life care/DNAR orders (Vivekananda-Schmidt & Vernon, 2013)
 - telling the truth to patients about diagnoses and prognoses, and around maintaining confidentiality (Clark, 2001; Green et al., 1996; Koh, 2001; Rosenbaun et al., 2004)
 - informed consent, futile treatment (Chamsi-Pasha et al., 2016)
- Infrequently considered, tended to focus on transition from medical student to FD, and how prepared for practice they are, retrospective approach is applied, with implications for UG

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%
Withholding/withdrawing treatment	62%	66%

Medical Ethics and Law Challenges and Training for Foundation Doctors

- Over two thirds of respondents would wish to receive MEL training as a FD on:
 - self-discharge against medical advice
 - “Dealing with patients who are discharging against medical advice and the **legalities** of this” (Female, FY2).
 - Because...
 - “**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” (Female, FY2).
 - “Attempting to **assess capacity** in fraught situations and not feeling I have the skills to do so in this setting” (Female, FY1)
 - “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**” (Male, FY1)

Medical Ethics and Law Challenges and Training for Foundation Doctors

- Over two thirds of respondents would wish to receive MEL training as a FD on:
 - Sedating patients
- Because...
 - “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?” (Male, FY1).

Medical Ethics and Law Challenges and Training for Foundation Doctors

- Over half of respondents would wish to receive MEL training as a FD on:
 - **DNACPR orders**
 - “Who can fill out a DNACPR for it be valid?” (Female, FY1)
- Because...
 - “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)” (Male, FY2)
 - “DNACPR decisions when **family/patient** do not wish to have DNACPR” (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” (Female, FY1).

Proposing a Minimum Medical Ethics and Law Curriculum for Foundation Doctors

MEL Topic	Would like training on topics as a FD	Would like training on topic as a medical student	Received training topic as a medical student
Self-discharge against medical advice	70.73%	17.54%	36.69%
Sedation	70.02%	8.42%	22.37%
DNACPR	63.47%	12.28%	82.33%

‘gathering the perspectives of learners cannot and should not be the sole guide to curricular content, nevertheless it is clear that for teaching to be effective, it must be meaningful – relevant, salient, useful and connected to the ecological experiences of learners’

(Roberts et al, 2005)

Proposing a Minimum Medical Ethics and Law Curriculum for Foundation Doctors

- Why is a minimum curriculum needed?
 - Signifies the importance of MEL issues in practicing medicine generally.
 - Highlights and acknowledges the unique position and needs of FDs specifically.
 - Aligns the importance of training FDs on MEL issues with that of teaching medical students

Challenges and Considerations for a Minimum Medical Ethics and Law Curriculum

- Different encounters, different MEL dilemmas, different MEL needs (*Diekema & Shugerman, 1997*)
- Baseline of MEL knowledge as FDs move from their undergraduate home to Foundation School sites
- National picture, ‘local’ needs
- Financial, resource, and time constraints

Concluding Remarks

- Managing expectations
 - Undergraduate MEL curricula cannot fully prepare our medical students for all the MEL challenges they will go on to face as a FD and beyond.
 - Medical school provides the building blocks and foundation for FDs, and **this learning is developed**.
- Revise our perspective of learning MEL
 - Not a one-off event, but needs to be revisited and built upon; training should be timely, appropriate and fitting.
- Working in partnership
 - Undergraduate and Postgraduate MEL training need to be viewed in partnership, with Postgraduate MEL training an extension of the learning the FD acquired during medical school.

Institute of Medical Ethics

- Coming soon:
 - Proposing a minimum medical ethics and law curriculum for Foundation Doctors
- Out now:
 - An updated medical ethics and law curriculum for medical students, aligned with the GMC Outcomes for Graduates
 - https://www.instituteofmedicalethics.org/website/images/IME_revised_ethics_and_law_curriculum_Learning_outcomes_2019.pdf