

# *Institute of Medical Ethics*

## **Report on the Third Conference on Medical Ethics and Law - The Core Curriculum and Methods of Assessment - Friday 23 January 2009 - BMA House, London**

Just over 100 delegates signed up to participate in the conference. Twenty nine UK medical schools were represented, the remaining three sending apologies for absence. Among those represented were clinical academics, clinicians, ethicists, lawyers, a postgraduate dean, medical and postgraduate students along with representatives from the medical defence societies, Departments of Health, the GMC and the BMA. Unfortunately a patient representative who hoped to be present was unable to attend.

### **Lewis W. Headley Public lecture on “Establishing a Core Curriculum in Medical Ethics and Law - a Dean's View**

The conference opened with the above public lecture delivered by Professor Sam Leinster, Dean of the School of Medicine, Health Policy and Practice, in the University of East Anglia. This annual event has been endowed by a generous gift to the IME from the family of Lewis Headley who had a great interest and involvement in the ethics of medical research. We were delighted to welcome several members of his family to the conference.

Professor Leinster began his lecture by considering the ‘why?’, ‘what?’ and ‘how?’ of teaching and learning in Medical Ethics and Law in the context of his own experience as a surgeon and dean. He described ‘the virtuous doctor’ as one who not only behaved ethically and acted lawfully (under the watchful eye of the General Medical Council) but also aimed to ‘cure sometimes, relieve often and care always’. The importance of professionalism and good role models (‘the hidden curriculum’) was emphasised. Teaching and Learning in Medicine must, he said, integrate the academic bases for and application of scientific, ethical and legal principles. Whatever the format of the medical curriculum, learning must be contextual, active and reflective. Having described the ethos of the curriculum in his own ‘new’ Medical School, Professor Leinster suggested that, in his experience, “the teaching of ethics and law should be integrated within the overall curriculum: the content should be derived from the cases that students will see: the method of teaching is less important than the approach and some understanding of ethical and legal theory is needed”.

### **Workshops to discuss Aims and Content of the Core Curriculum on Medical Ethics and Law (MEL)**

Delegates broke out into eight workshops, each with a facilitator and collator. A review of the 1998 Consensus Statement was carried out using a ‘nominal group’ variation of the Delphi technique. Each person was asked to rank the themes and topics in the statement as ‘high’, ‘medium’ or ‘low’ priority for inclusion in the revised core curriculum on a pro-forma to which they were also asked to add any comments or additional topics. Their rankings were then collated to produce a first revised set of themes and topics for inclusion. Once this had been done the workshops were asked to reconsider and prioritise topics that had not reached a threshold for inclusion in the first round (all themes had reached the threshold). A second round of collation was then performed to produce a conference wide view of the topics that were recommended for inclusion in the revised core.

## **What are the aims and objectives of the curriculum on MEL?**

While the collation of phase one of this exercise was under way the workshops discussed the above question. The following is a synthesis of the fruits of those discussions.

The overarching aim of the curriculum is to enable each student become a 'good doctor' who aspires to best practice.

In order to achieve this we must enable students to:

- demonstrate and work within a critical understanding of the ethical, legal and professional frameworks in which Medicine is practiced
- understand the distinction and connection between ethics and law
- recognise, reason and reflect on:-
  - ethical and legal aspects of medicine and respond appropriately
  - the expectations of patients, colleagues and society
- integrate 'values' and 'evidence' based medicine
- develop appropriate professional attitudes that underpin their clinical competence
- understand the inherent uncertainty of some ethical decisions that necessarily involve judgement

## **Keynote lecture - 'How best to assess Medical Ethics and Law?'**

Although the main focus of this conference was the core curriculum, it was felt to be vital that the issue of assessment be included to acknowledge the linkage between teaching, learning and assessment in the Education Project and to remind delegates of the necessity for and importance of that linkage in the curriculum in general. The lecture was delivered by Professor Dame Lesley Southgate, Professor of Medical Education at St George's Medical School, University of London and President of the Association for the Study of Medical Education.

In the context of Principles for Assessment she suggested that it was necessary to consider the purpose and validity of the assessment. Methods of assessment should be selected in the light of the purpose and content and methods for standard setting should be agreed and in the public domain. Quality assurance of the process (including data collection) was necessary to demonstrate reliability. It is, she stated, important that assessors be properly trained. There is no discrete 'ethics course' in the curriculum at St George's – learning is, she said, 'always located in a clinical context that is determined by the structure of the medical curriculum as a whole'.

Among the methods of assessment used were written questions in modular and semester examinations that either stand alone (but with a clinical focus) or integrated with 'mini-cases' and the specialties: SAQ (short answer questions): SBA (school based assessment) or EMI (extended matching items) format test applied knowledge. Ethico-legal concepts are assessed in all OSCEs (Objective Structured Clinical Examinations) that test knowledge and skills both in integrated clinical stations and in stations where the main focus is ethico-legal practice.

There are also 'in course' opportunities for the team to assess both ethico-legal knowledge and reasoning in greater depth: for example, writing a letter to the Journal of Medical Ethics (JME) about a topical ethical issue: reviewing papers that take a different position on an ethical issue from their own: offering a clinical ethics opinion in response to a case based on the work of clinical ethics committees: offering a critique of ethical guidance e.g. 'Do not Attempt Resuscitation' (DNAR) policies or NIHCE guidance on treatment availability. In addition, the portfolio-'ethico-legal practice' is a heading under which students write: ethico-legal competence is assessed in the GP placement as part of the videoed consultation: preparation for the elective in which students are explicitly asked to describe the ethical dimensions of their plans: the 'sign off' criteria for clinical placements: and Special Study Module projects. She illustrated her points by describing an OSCE station at St George's

about a man with a neurological condition and the development of an OSCE in Egypt.

She concluded by emphasising that ethics and law are part of every clinical encounter: many assessment methods can be considered but the subjects are best assessed in context: and 'right' or correct answers may be determined by cultural factors.

### **Workshops – ‘How can the Medical Ethics and Law Curriculum lead to the development of appropriate skills and attitudes?’**

The workshops reconvened (with different facilitators and students as scribes) to consider the above question. The following is a brief summary of the main points that arose and, although it does not do full justice to the breadth and depth of the discussion, there will be opportunities for participants to develop and add to these in future iterations of the draft revised core curriculum.

#### 1. Appropriate skills and attitudes? –

- Among the abstract skills mentioned were reasoning, reflection, critical thinking and self-awareness.
- These should lead to reasoned judgement based on a sound knowledge of ethical and legal principles, good communication skills, how to deal with uncertainty and, for example, how to work in multi –disciplinary/professional teams (in a leadership role where appropriate.
- Attitudes are expressed as behaviour (Note: The draft revision of ‘Tomorrow’s Doctors’ no longer mentions ‘attitudes’ on the basis that these cannot be assessed whereas ‘behaviours can’ – we question the appropriateness of this change)
- The understanding of the value base of Medicine with an emphasis on the need for personal integrity and professionalism were recurrent themes in the workshops.
- To be a ‘good doctor’ one must be a virtuous doctor.

[Note: The GMC publications ‘Tomorrow’s Doctors’ (under revision at the time of writing), ‘Student Fitness to Practice’ and ‘Good Medical Practice’ set down what the GMC considers to be appropriate skills and behaviours. Our document on the revised core needs to link specifically with these documents. ]

#### 2. Teaching:

- The need for integration (vertical and horizontal) of the curriculum was reiterated.
- The teaching must be relevant to the students at whatever stage they happen to be and clinically relevant/realistic at all times.
- ‘Teaching the teachers’ is necessary.
  - Clinicians need to be engaged to a much greater extent. Their ‘fear’ of ethicists needs to be allayed.
  - Non-clinical teachers need to have some clinical awareness
- Patients should be involved in teaching (implied not as objects but as teachers?)
- The ‘hidden curriculum’ [e.g. the importance of good and bad role models] was a recurrent theme. It needs to be addressed in our revised document.
- There should be continuity between the undergraduate and postgraduate curricula.

#### 3. Teaching methods:

- Some of the workshops listed a variety of useful teaching methods and these are available for consideration in more detail at an appropriate stage in the further development of the project.

- It is important to consider the educational and financial resources for enhancing MEL teaching. Among others, the defence organisations can be a useful resource.

### **Where do we go from here?**

Professor Stirrat described the proposed process and timescale for producing a new consensus statement on the core curriculum and moving forward on assessment of Medical Ethics and Law learning (see below). Participants were reminded that written permission was needed for the IME to communicate with them by e-mail and asked that the permission slips be completed. Those who did not give express permission could not be included in the iterative process to reach a new consensus statement.

Finally Professor Gillon thanked the speakers, facilitators, collators and scribes without whom the conference would not have worked as well as it did. Thanks were also due to Jayne Kavanagh for her work on preparing the ground for the Nominal Group technique and to Elaine Paris for analysing the data from the participants' responses. Particular thanks were due to Sophie Armitage and her team from the BMA Conference Office for the efficient organisation and smooth running of the conference.

It is clear from comments at the time and subsequent feedback that considerable enthusiasm and a real sense of 'community' has been generated among the participants and it is important that this be not only sustained but promoted.

### **Post-conference activity:**

Professor Stirrat has analysed the deliberations of the morning workshops on Aims and Objectives (a brief synopsis of which has been provided above) and the extensive free-hand comments on the pro-formas. These have been incorporated into a 'first draft' document on the revised core curriculum the main part of which is based on the fruits of the Nominal Group technique.

The first draft of a revised document has been prepared and the Steering Group (SG) for the Education Project began to discuss it at its meeting on 10 March 2009.

A more definitive draft will be prepared as soon as possible and this will be sent to delegates and other stakeholders as part of an iterative process that will lead to the finalising and publication of the revised core curriculum later this year. The exact mechanisms for this were discussed by the SG.

The SG also agreed that a Working Group on Assessment be set up to develop and integrate this arm of the Education Project in light of the developing revised core curriculum.

It is tentatively proposed that the fourth conference in January 2010 have Assessment of Teaching and Learning of MEL as its main theme. (It is expected that the new Consensus Statement will be in the public domain well before this). A suggestion was also made that a supplementary meeting on 'Implementing the MEL Core Curriculum' would be very useful. This will be given serious consideration.

Ways of sustaining and promoting the real sense of 'community' that has been generated among the participants were also discussed and will be considered further.

Professor Gordon Stirrat,  
Chair, IME Medical Education Working Group  
11 March 2009