

Institute of Medical Ethics

Conference on Supporting the Integrated Teaching, Learning and Assessment of Medical Ethics and Law in UK Medical Schools BMA House - Friday 25 January 2008

This conference was the initiating event in an IME sponsored three year programme the overall strategic objective of which is to identify, promote and facilitate good practice in teaching, learning and assessment of medical ethics and law across UK medical schools.

The conference was very well organised by the BMA conference office in cooperation with the BMA's Medical Ethics Department and thanks are also due to the Medical Defence Union, Medical Protection Society and the Medical and Dental Defence Union of Scotland for their generous additional support for the event.

Among the 86 delegates were representatives from the majority of UK medical schools and several visitors from further afield.

Introductory Presentations:

Following an introduction by Professor Raanan Gillon, chairman of the IME, Dr Michael Wilks, President of the Standing Committee of European Doctors and past chairman of the BMA Ethics Committee, gave a keynote address emphasising the Importance of Integrated Teaching, Learning and Assessment of Medical Ethics and Law in preparation for modern medical practice.

A global perspective was then provided by Professor Henk ten Have in his role as Director of UNESCO's Division of Ethics, Science & Technology. He described their Ethics Education Programme¹ based on the Universal Declaration on Bioethics and Human Rights (2005) – [see appendix 1] and the report of a working group on the teaching of ethics by the World Commission on the Ethics of Scientific Knowledge and Technology (COMEST - 2003). The emphasis is on capacity building not only in bioethics but also in the ethics of science, the environment and technology particularly in countries where these are not well developed. The first part of the initiative is the development of a series of databases under the title 'Global Ethics Observatory [see appendix 2]. The five key activities within the Ethics Education Programme are:

- mapping experts in ethics,
- sampling of teaching programmes
- using an advisory expert committee to identify a core curriculum, develop standards and criteria for assessment and provide a system of certification of programmes
- providing training courses for ethics teachers
- producing educational resources

Dr John Jenkins, Chairman of the GMC Standards and Ethics Committee, then provided a view from the GMC of the importance of Ethics and Law for Tomorrow's Doctors. In a wide ranging discussion on the ethos of good medical practice he emphasised the role of the GMC in relation to medical education, registration, fitness

¹ Full information can be found at www.unesco.org/shs/ethics.

to practice (for students as well as doctors) and standards with reference to Good Medical Practice², Tomorrow's Doctors³ and Professional Behaviour and Fitness to Practise among medical students⁴. Knowledge of basic medical sciences and the development of clinical and technical skills are necessary but not sufficient for Good Medical Practice. These must be balanced by, among other attributes, appropriate professional attitudes, moral awareness, the ability to reason ethically and an understanding of the relevant law.

Proposed Programme:

Professor Gordon Stirrat, Chair of the IME's Medical Education Working Group, described the proposed programme for Supporting Teaching, Learning and Assessment of Medical Ethics and Law in UK Medical Schools.

The initiative sprang from an IME sponsored survey⁵ and a subsequent 2006 conference which found that, although medical ethics and law are now part of the curriculum in all UK medical schools, there was evidence of:

- A high degree of heterogeneity in staffing and curricular involvement.
- Lack of a dedicated academic post for ethics and law in some schools.
- General concern about the sustainability of posts and the effect of the pressures of the Research Assessment Exercise.
- The form and quality of assessment being currently greatly constrained by available resources (particularly staff).
- The inappropriate use and uncritical application of some assessment tools.
- The possible marginalisation of ethics and law within the curriculum

Medical Ethics and the Law are complementary and each is incomplete without the other. They not only can but are required to be taught in an integrated curriculum. The project intentionally focuses on the medical undergraduate curriculum not to be exclusive but to make it manageable. We anticipate and hope that developments will be applicable to other healthcare professionals. We also acknowledge the importance of CPD in medical ethics and law.

The project design recognises the autonomy of each medical school and the variations in the curricula within overall GMC requirements for medical education.

To promote our objectives we wish to encourage, facilitate and support developments in medical schools, work with such interested bodies as the GMC, BMA, Council of Heads of Medical Schools and Deans, the Defence Unions, and HEA.

Aims and subsidiary objectives:

The primary aim is to promote the development of the learning, teaching and assessment of medical ethics and law in undergraduate education by:

- Encouraging horizontal and vertical integration of these subjects within the curriculum and the use of a variety of teaching and learning methods.
- Promoting the integration of theoretical and clinical ethics and law.

² www.gmc-uk.org/guidance/good_medical_practice/

³ www.gmc-uk.org/education/undergraduate/undergraduate_policy/tomorrows_doctors.asp. The GMC is currently reviewing 'Tomorrow's Doctors' asking the question "are the standards set out in 2003 still relevant and appropriate?" Information gathering is currently under way with view to a new edition being published in 2009

⁴ www.gmc-uk.org/education/undergraduate/undergraduate_policy/professional_behaviour.asp.

⁵ Mattick K, Bligh J Teaching and assessing medical ethics: where are we now? *J.Med Ethics*2006; **32**: 181-5

- Identifying and disseminating good practice and encouraging cooperation between medical schools.

Specific objectives include:

- Reassessment and updating of the core curriculum for ethics and law.
- Development and dissemination of learning resources.
- Drawing on developments in technology-supported learning to facilitate the exchange of resources among schools.
- Encouraging and enabling the involvement of clinicians and biomedical scientists and facilitating relevant support and training.
- Provision of clear, practical but broad guidance on the purposes and methods of formative and summative assessment.
- Setting an agenda for the development of a national standards-based resource base of valid and reliable assessment tools.
- Developing assessor training with the HEA and other interested parties.

Secondary but, nonetheless, important aims are:

- To highlight the need for more resources for the teaching of ethics and law.
- To stimulate research and evaluation

We believe that this initiative will assist medical schools in meeting GMC recommendations about education in medical ethics and law by, for example:

- improving access to teaching and assessment materials;
- offering models of curricular development;
- offering assistance for training and support of ethicists and of the more numerous clinicians involved in teaching
- providing a forum for the exchange of ideas and good practice

How are these aims and objectives to be achieved?

A 'hub and spoke' model is proposed to address the above aims and objectives. The IME considers that this devolved structure with central support is best fitted to engage interested clinicians, and lawyers with ethicists in each Medical School to address the current weaknesses. It is hoped that another important by-product would be to lessen the sense of isolation of, and improve the morale among, staff responsible for teaching Ethics and Law.

The Hub: A small **Steering Group** is in place to coordinate the three year programme and be the effector arm for the strategic issues. This group includes a junior doctor and a medical student.

Following the conference it is proposed that a **Consultative Panel** be set up which will act as a forum for high level discussion and be both the driver and sounding board for further developments emanating from the Steering Group. It will be chaired by Sir Kenneth Calman, Honorary President of the IME, and the main stakeholders in the field will be invited to participate.

The Spokes: We propose that a **Regional Network of Medical School Groups** be formed. The dual aims of this network are to inform the Steering Group of the issues and address the project's aims and objectives locally. Each medical school will be invited to nominate a lead teacher in Medical Ethics and Law to join a group that best fits their geographical location. The tentative suggested groupings are Scotland and N. Ireland* ; NE England; NW England; Midlands, South, S West & Wales; Greater London and East Anglia. A regional lead will be chosen by each of the groupings.

* The Republic of Ireland may wish to be involved with this group

Each grouping will have autonomy on how it functions within the above terms of reference.

The role of IT/web-based resources

IT and web-based resources are central to the success of this programme not only in achieving its aims and objectives but also as vehicles for delivery of the proposed learning and assessment packages. These will be developed further in collaboration with the IME's IT working group and others with expertise in this field (e.g. the HEA – see below).

Workshops:

After the introductory presentations those attending the conference participated in two sets of workshops. The first set of six workshops discussed integrating medical ethics and law with basic science, the humanities and theoretical and clinical ethics. Among other things, the current barriers to integration and how best practice can be shared were considered. The main five points from each of these were written on flip-chart sheets and posted round the room where lunch was held.

The second set of seven workshops was allocated roughly on a regional basis. Their objective was to facilitate thinking on how integration could best be achieved and established in their region within the 'hub and spoke' model, They were also asked to consider the main barriers to clinicians being more involved and how their involvement could be locally encouraged. 'Scribes' from each of these workshops presented their five main points in the plenary session

Plenary- Report from workshops and further discussion.

Comments made by participants on their registration form and detailed reports from each workshop can be found in appendix y. Professor Kenneth Boyd summarised the points made by the workshops:

First Set of Workshops:

Early years: Among the points made by the groups were:

- Ethics should be 'embedded' early in the curriculum and be jointly delivered by ethics specialists along with clinicians and biomedical scientists .
- The characterisation of medicine and law as being 'just about facts' must be confronted and refuted.
- A variety of methods for promoting learning and improving assessment were mentioned e.g:
 - Special study modules; peer groups used in learning and assessment (no statement as to how); ethics teacher networking across the whole school;
 - Assessment must be 'appropriate' (applies across whole curriculum)
 - Tutorials are preferable to lectures (though, if done well they can be complementary) and must engage the students starting from where they are rather from where the teachers are.
- Greater support and infrastructure is needed
- There is a danger of 'reinventing the wheel' unless we can communicate and learn from what has already been achieved by others.

Later Years:

- An objective of student learning of 'theoretical ethics' is to recognise the importance of the similarities between clinical and ethical reasoning.
- 'Total embedding' of ethics and law within the curriculum can lead to invisibility.

Ethics/Law and humanities:

- It is important to be clear about our educational aims and what we are trying to achieve in our students.
- The ethos of the institution was felt to be important.

Second Set of Workshops:

Although the concept of regional groupings was not universally accepted, it was endorsed by some of the workshops as a good way to develop relationships. Many of the points were the same as in the first set. Among the supplementary points made were:

- What is the IME seeking to offer?
- Peer education/mentoring are to be encouraged. Use the resource of those who have been through the higher ethics courses. F1 and F2 doctors could be a valuable resource (if the deaneries would release them).
- Could an ethics sub-group be set up within the Association of Medical Educators?
- We need to appreciate and welcome clinicians more and teachers need to be better supported
- The IME website should produce a database on current teaching and assessment practices (the HEA has work in progress in this area and consultation with them is advised to avoid re-inventing the wheel*)
- One group was concerned that its regional grouping would actually be more inaccessible geographically than a national grouping- and that given pressures on time a single national group would be preferable.

Discussion:

In the ensuing plenary discussion the following were among the points raised:-

- Our approach must be student centred and the learning experience must be relevant to them. Attendance is compulsory in some schools but not in others – which (if either) should be our general policy?
- There is no clarity about the aims of assessment for medical ethics in particular?
 - How, for example, do we balance knowledge, behaviour and attitudes
 - It is important to know what standards are and how they are to be assessed.
 - Teaching must not focus simply on what can be assessed – we must have greater aspirations.
 - Surely our aim is to identify, analyse and respond to issues the students will meet in clinical practice.
 - They need to learn what it means to be a doctor.
- Problems of assessment include :
 - Qualitative vs. quantitative?
 - How best to assess outcomes and competencies?
 - We need to assess what they do as well as what they know but how is 'professionalism' to be assessed?
 - It has to be feasible
 - It is important that information be gathered about what the standards are and how they are assessed.
- The value of meeting and communicating with one another was emphasised. The view was expressed that 'we want more of what we are doing today'.

* contact is Dr Martin von Fragstein (martin.v.fragstein@nottingham.ac.uk)

- It was agreed that 'assessment' would be a good subject for a future conference.

Summing up the conference

Professor Gillon highlighted the need to use and develop the IME website and sought volunteers to act as coordinators of different components within their expertise. He reiterated the need for the support of teachers and he was particularly keen to hear from any volunteers with IT expertise. He noted the support of the conference for an annual conference, the next of which could perhaps focus on the subject of assessment. He reiterated that the role of the IME is to act as facilitator – not to try to impose central attitudes and policies.

The Way Ahead

A copy of this report will be sent to each participant. The Steering Group will meet on 18 February to make definitive proposals on the regional groupings, suggest priorities for work to be done and continue the iterative process.

The first set of priorities for work proposed might include:

1. Development of ideas for integration raised by the conference
2. More detailed exploration/development of in-house and external IT/web-based resources
3. Consideration of how to involve clinicians and bio-medical scientists more closely and in greater numbers:
 - Identify and disseminate 'good practices' from the conference
 - Propose/facilitate a training programme for 'non-expert' teachers?
4. Reassessment and updating of the core curriculum* for medical ethics and law

Further priorities will be identified and the Steering Group's original indicative timetable revisited. Among the former could be the development of, for example:

1. Learning packages to be available to interested medical schools.
2. A bank of valid and reliable assessment tools.
3. Assessor training

Consultative Panel:

Sir Kenneth Calman on behalf of the Institute will invite stakeholders to join the Consultative Panel to provide a forum for high level discussion, act as a sounding board and as a driver for further development and advise on potential funding for major initiatives.

Summary:

1. Medical Ethics and the Law are complementary and each is incomplete without the other. They not only can but are required to be taught in an integrated curriculum.
2. The project focuses on the medical undergraduate curriculum but developments should be applicable to other healthcare professionals.
3. The importance of CPD in medical ethics and law is acknowledged.
4. Knowledge of basic medical sciences and the development of clinical and technical skills are necessary but not sufficient for Good Medical Practice.

* *J Med Ethics* 1998; **24**: 188-92

These must be balanced by, among other attributes, appropriate professional attitudes, moral awareness, the ability to reason ethically and an understanding of the relevant law.

5. The primary aim of the project is to promote the development of the learning, teaching and assessment of medical ethics and law in undergraduate education by:
 - Encouraging horizontal and vertical integration of these subjects within the curriculum and the use of a variety of teaching and learning methods.
 - Promoting the integration of theoretical and clinical ethics and law.
 - Identifying and disseminating good practice and encouraging cooperation between medical schools
7. It should assist medical schools in meeting GMC recommendations about education in medical ethics and law.
8. The first set of priorities for work to be considered are to:
 - Develop the ideas for integration raised by the conference
 - Commence more detailed exploration/development of in-house and external IT/web-based resources
 - Consider how to involve clinicians and bio-medical scientists more closely and in greater numbers:
 - Identify and disseminate ‘ good practices’ from the conference
 - Propose/facilitate a training programme for ‘non-expert’ teachers?
 - Reassess and update the core curriculum* for medical ethics and law.
9. Valuable discussion took place in two sets of workshops.
 - The first set discussed current barriers to integration of medical ethics and law with basic science, the humanities, and theoretical and clinical ethics and how best practice can be shared
 - The second set considered how best to achieve integration in regional groups within the proposed ‘hub and spoke’ model
 - The views expressed will assist the Steering Group in planning the way forward.
10. A Consultative Panel will be formed to provide a forum for high level discussion, act as a sounding board and as a driver for further development and to advise on potential funding for major initiatives.
11. It is suggested that another conference take place in 2009 to discuss proposed revisions to the core curriculum and issues around assessment.

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* *J Med Ethics* 1998; **24**: 188-92