

INSTITUTE OF MEDICAL ETHICS

Supporting Teaching and Learning of Medical Ethics and Law in UK Medical Schools – a Three Year Programme.

Report of the Medical Education Working Group

Proposals:

1. The overall strategic objective is to promote and facilitate best practice in teaching, learning and assessment of medical ethics and law across UK medical schools by a series of specified aims and objectives derived from the Conference on Learning, Teaching and Assessing Medical Ethics co-sponsored by the IME in March 2006.
2. A three-year programme is outlined that includes other stake-holders such as the BMA, the Council of the Heads of Medical Schools and Deans, the Higher Education Academy for Medicine Dentistry and Veterinary Medicine, the GMC and Medical Defence Organisations.
3. A 'hub and spoke' model to address and achieve the aims and objectives is proposed. The 'hub' would involve a Steering Committee from the IME and a Consultative Panel from the above stakeholders. The spokes would lead out to a proposed network of six regional Medical School groupings each headed by a regional leader with some administrative support.
4. We suggest that the strong Conference recommendation that there be a minimum of one full-time dedicated member of academic staff in each Medical School to lead the teaching of Medical Ethics and Law be vigorously promoted with the relevant bodies.
5. We propose that a series of learning resources and national standards-based assessment tools be developed and made available. The development of IT and web-based resources are central to this.
6. We wish to facilitate the training of 'non-expert' teachers and work with, for example, the HEA to develop assessor training.
7. Bids to appropriate funding bodies for the necessary financial support are proposed. Different bodies could be asked to fund different elements according to their interests and terms of reference with the IME as the core body.

Introduction:

1. Almost all clinical decision making contains some element of uncertainty and thus judgements have to be made about the appropriate course of action to take. Such decisions, made with the full involvement of the patient, will include a wide range of issues from treatment decisions to communication and the legal implications of a particular course of action. Such decisions also have an ethical dimension and involve trying to decide if a course of action is right or wrong and in understanding the consequences if the patient or the public holds a different view point.

Thus moral and legal issues are at the heart of clinical practice and not the periphery. This means that medical students and doctors need to have thought through such issues to be able to justify their actions to themselves and others including the patient, their peers and the public. Such learning includes the ability to recognise a moral issue, marshalling the arguments in favour of a particular course of action and justifying the action, and learning how to deal with disagreement in the team, with the patient and the public.

As medicine advances, moral and legal issues are likely to become more complex and more frequent. The fact that a procedure can be performed does not mean that it should be carried out. The value base of medicine and of individual practitioners will be under increasing scrutiny and is therefore of real consequence. Thus learning about ethical issues and the law, is of relevance. It matters to patients and the public.

2. The importance of ethics and law in the undergraduate medical curriculum was emphasised by the General Medical Council (GMC) in their publication *Tomorrow's Doctors*¹. These subjects are now variably represented in the curricula of all UK medical schools. The Institute of Medical Ethics (IME) has been influential in the development of teaching of ethics and law through the 1987 Pond Report² and a Consensus Statement by teachers of medical ethics and law in UK Medical Schools in 1998³. However, a recent survey has shown that there are still significant concerns about the status, content, delivery and assessment of the teaching of ethics and law in Medical Schools⁴. These findings were discussed and elaborated during a conference on Learning, Teaching and Assessing Medical Ethics in March 2006 co-sponsored by the British Medical Association (BMA), Higher Education Academy for Medicine Dentistry and Veterinary Medicine (HEA), IME and the Medical Defence Union (MDU).

¹ Tomorrow's Doctors – GMC 2003

² Institute of Medical Ethics. The Pond Report. Report of a Working Party on the Teaching of Medical Ethics. London IME publications 1987

³ Ashcroft R, Baron D, Benatar S, Bewley S. Teaching medical ethics and law within medical education: a model for the UK core curriculum. *J.Med.Ethics* 1998; **24**:188-192

⁴ Mattick K, Bligh J Teaching and assessing medical ethics: where are we now? *J.Med Ethics* 2006; **32**: 181-5

3. The Medical Education sub-group of the IME has produced a three year plan set out in this Report. It describes an ambitious and sustained programme to develop and generalise good practice in the teaching, learning and assessment of medical ethics and law across the UK's 28 medical schools. Aims and objectives are defined and an action plan proposed

4. Sir Kenneth Calman has agreed to be the champion of this programme an important element of which will be the reconvening of the key players contributing to the March 2006 Conference to act as the driver for further development

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

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

We recommend that it encompass the Foundation Year and such aspects of Continuous Professional Development (CPD) as are relevant to the overall aims.

The current status of medical ethics in undergraduate education.

6. Although medical ethics and law are now part of the curriculum in all UK medical schools, the survey⁴ and subsequent conference provided 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 resources (particularly staff).
- The inappropriate use and uncritical application of some assessment tools.
- The possible marginalisation of ethics and law within the curriculum.

(See appendix 1 for further details)

Aims and objectives for learning, teaching and assessing medical ethics and law.

7. Our overall strategic objective is to promote and facilitate best practice in teaching, learning and assessment of medical ethics and law across UK medical schools. The following specific aims and subsidiary objectives are designed to promote the strategic objective.

8. Aim: 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.

- 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.
- Facilitating the training of ‘non-expert’ teachers.
- 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.

9 Aim: To highlight the need for more resources for the teaching of ethics and law.

We support the Conference recommendation that there should be a minimum of one full-time dedicated member of academic staff in each Medical School to lead the teaching of Medical Ethics and Law. We strongly suggest that this recommendation should be discussed with relevant bodies (e.g. the BMA, the Council of the Heads of Medical Schools and Deans [CHMS], GMC, HEA, MDU, MDDUS and MPS). It is vital that interested clinicians be intimately involved and resources for training and supporting them need to be identified in each school (see 7 above).

10 We note that important aspects of the teaching of “professionalism” are rightly dealt with under Medical Ethics and Law but consider that assessment of behaviour, attitudes and fitness for practice should not be the primary responsibility of ethics staff. The General Medical Council⁵ has raised concerns about the lack of consistency in how decisions are made on fitness to practice within and between medical schools. While medical schools must retain their responsibility over the fitness of students, they suggest a national framework under which local arrangements operate. The Council for Healthcare Regulatory Excellence (CHRE)⁶ has completed phase 1 of a collaborative project on professional values in students with the nine UK healthcare regulators and the General Social Care Council (GSCC) in an attempt to ensure student fitness for practise. In phase 2 of the project it is intended that specific local regulatory mechanisms will be further explored and a common statement of professional values in students produced.

⁵ Strategic Options for Undergraduate Medical Education. General Medical Council June 2006. www.gmc.org.uk accessed on 29 January 2007.

⁶ Student Fitness to Practise Project Final report. Council for Healthcare Regulatory Excellence, 25 October 2006. www.chre.org.uk accessed on 7 March 2007

11 Aim: To stimulate research and evaluation

In line with the current emphasis on evidence-based medical education we recognise and support the need to stimulate research into the content, delivery and effectiveness of the medical ethics and law curriculum. In addition we would wish to facilitate evaluation of these proposals and encourage research ideas stimulated by them.

12 Achieving these aims and objectives

We suggest a 'hub and spoke' model to address these aims and objectives. We would wish to act synergistically with other interested parties such as the GMC in its revision of 'Tomorrow's Doctors.

The following sequence of actions is proposed. This is translated into a timeline of actions in 19.

13 Set up a Steering Committee

We propose that a Steering Committee be set up to coordinate the three year programme and be the effector arm for the strategic issues. We suggest that a group of, say, up to eight people with particular interests and expertise in these areas be drawn, at least initially, from the GB who would also elect its chair. The group should include a junior doctor. We also suggest that one or, perhaps, two medical students be co-opted on to this committee. The current Working Group would be subsumed within this Steering Committee. Part-time administrative support would be provided. The first meeting would take place in BMA House in early summer 2007 and meetings would occur as necessary thereafter. It is envisaged that working groups will be set up to lead specific projects within the three year programme.

14 Set up a Consultative Panel

The purpose of this panel would be to act as the driver for further development emanating from the Steering Committee. Membership would include the Chair of the IME, and representatives of other stake-holders such as the BMA, CHMS, GMC, HEA and Medical Defence Organisations. It is suggested that it be chaired by Sir Kenneth Calman and that the timing of the first and subsequent meetings be determined in discussion with him.

15 Establish a national regional network among Medical Schools

We propose that a network of six regional Medical School groups be formed – Scotland and N. Ireland⁷), NE England, NW England, Midlands, South, West and Wales and London with E. Anglia. The dual aims of this network would be to inform the Steering Group of the issues and address the project's aims and objectives (see paras 6-8 &10 above).

We consider 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 noted above. It is hoped that another important

⁷ Should Medical Schools in the Republic of Ireland be invited to participate?

by-product would be to lessen the sense of isolation of, and improve the morale among, staff responsible for teaching Ethics and Law.

16 We firstly propose that a meeting be convened in late autumn 2007 of key people in the field. These would be identified by the Governing Body and from the list of those who attended the Conference in 2006 to ensure that all regions of the UK are represented. The aims of this meeting would be to:

- a) Inform them of the programme and gather their comments.
- b) Encourage each Medical School to be involved by emphasising the benefits.
- c) Begin to identify a key person in each Medical School in the six regions and advise on who from among them should be the regional leader.

Once these people had been identified their names would be considered by the Governing Body who would invite them to participate in the programme and agree who were to be the regional leaders.

The regional leaders would call a meeting of the representatives in their region to which a member of the Steering Committee would be invited to discuss the aims, objectives and mechanisms of the project.

The regional groups would report to the Governing Body via the Steering Committee.

Some financial resources would be required for the expenses of the regional leaders and to provide them with administrative help

17 Suggested initial projects

These could include;

- 1 Reassessment and updating of the core curriculum for medical ethics and law
- 2 Development of learning resources.
- 3 Development of a bank of valid and reliable assessment tools.
- 4 A training programme for 'non-expert' teachers.

18 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 need to be developed further in collaboration with the IME's IT working group. We suggest that this should at least involve the employment of a web manager.

19 Funding:

The importance of the issues gives grounds for optimism. In summer 2007 (see 19) well considered applications will be submitted to several organisations each of whom would initially be asked to provide £40-50k over the period of the programme. The organisations to be approached would be identified in discussion with Sir Kenneth Calman and the Governing Body. The IME has provided some funds to assist with 'pump-priming' the project

20 Time Plan

Time period	Action	Person(s) Responsible	Resources needed
30 April 2007	Working Group report presented to Governing Body of IME Potential funding sources discussed		
May -June 2007 July 2007	Steering Committee appointed Initial funding applications completed and submitted	GB of IME	?
July 2007	First meeting of Steering Committee (SC) to discuss: <ul style="list-style-type: none"> – LT&A* strategy. – Development of regional network. – Identification of regional leaders. – Administrative and IT support – Specific projects and their funding – Working groups for specific projects 	Chair of SC	1 day admin support per week initially Initial funding from IME?
Year 1	2007/8		
September 2007	Meeting of regional leaders to discuss proposals and establish regional network. Work continues electronically to develop the programme		Funding for regional leaders and for their admin support . ?Initially from IME and then from external body eg MDU/MPS
Sept 2007	Meeting of major stakeholders (see para. 8) about: <ul style="list-style-type: none"> – The status of medical ethics and law in the undergraduate curriculum, – ii) The resourcing of LT & A in Medical Schools. 	Led by Sir Kenneth Calman	??
Sept - Dec 2007	Work begins on: <ul style="list-style-type: none"> – Developing web-based LT&A support including: – Learning resources – A national resource base of assessment tools. – Assessor training with the 	LTA working groups working with the IME web group.	External funding

	HEA and other interested parties.		
January 2008	Work begins on reassessment of core curriculum (including needs of those in the Foundation Years).	CC working group	Part-time researcher External funding
Feb/March 2008	First workshop for regional leaders – to share experiences and good practice.		Travel expenses ?MDU/MPS
April 2008	National Conference to discuss integration of ethics and law across the curriculum.		
Year 2	2008/9		
	Continuation of the work of the regional networks – based on agreed objectives.		
	Report on reassessment of core curriculum		
	Identification of further issues for consideration in-depth.		
	Identification of topics needing research /evaluation?		
Year 3	2009/10		
	Plans for this are contingent on progress in years 1 and 2 but could include: – Regional meetings; national meeting – Review of utilisation: website traffic/regional workshops – UK-wide survey of medical student experience of medical ethics/law education. – GMC evaluation of progress made		

*LT&A – Learning Teaching and Assessment

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Appendix 1:

Recommendations from Conference on Learning, Teaching and Assessing Medical Ethics, March 2006.

The 2006 conference noted the need for:

Leadership with capacity and capability at all levels of an integrated curriculum.

Clarity about the purpose and process of learning and teaching in medical ethics.

Methods of learning and assessment relevant to the knowledge base in both science and ethics.

More detailed recommendations included:

Staffing comprising at least one full-time medical ethics academic with a team of clinicians committed to integrating teaching and learning throughout the curriculum.

Reassessment and updating of core curriculum in medical ethics and law.

Exploring and evaluating a variety of methods of learning, teaching and assessment.

Developing learning packages and a database of assessment tools.

Creating a web-based national network (supplemented by conferences) for those involved in medical ethics teaching, learning and assessment.

Observations on the 2006 report⁸

Only 22 of 28 medical schools replied. In 18 of the 22, the reply was prepared by the lead in ethics so cannot be confidently interpreted as objective.

Weaknesses included the need for greater integration and the 'heavily theoretical aspects of ethics'. There were major concerns about security of funding and future staffing. The report also showed a high degree of heterogeneity in staffing, curricular involvement, teaching methods and assessment and relations between ethicists and clinicians

There also emerges from the paper an impression of a dispirited if not beleaguered ethicist work force – concerned about morale, under pressure (particularly from the RAE), concerned about sustainability of posts and succession if posts remain.

This self-portrait of UK medical ethicists raises major questions about:

- How such a work-force relates to the institutions it serves and the clinicians with whom it works;
- How it is to be extended, supported and improved.

The worst case scenario, that of a 'lone arranger' ethicist, lacking clinical links and credibility, feeling undervalued and delivering accordingly, is very worrying indeed. The ideal model of medical ethics teaching would include at least one ethicist working closely with numerous clinical colleagues to ensure that medical ethics was taught strategically throughout the course.

⁸ Mattick K, Bligh J Teaching and assessing medical ethics: where are we now? *J.Med Ethics*2006; **32**: 181-5

Appendix 2:

Principles of good assessment⁹

1. Design of assessment

The design of assessments cannot be separated from the design of the overall curriculum (which comprises the entirety of the aims and the teaching, learning and assessment activities). Therefore assessment strategies cannot be determined in isolation. For example, the total load of summative assessment is likely to depend on the total number of learning outcomes.

2. Influence of assessment on students' approach to learning

Students' approaches to learning depend on the nature of assessment; therefore assessments should be constructed to direct their learning towards:

- a deep rather than a superficial approach
- identifying appropriate priorities in learning.

3. Influence on students' approach to assessment

Students will approach an assessment task in different ways depending on whether they perceive the assessment to be formative or summative. Therefore consideration must be given to the balance between the two, both within and across assessment tasks.

4. Purpose of assessment

The purpose of assessment needs to be clear before making decisions about methods and the interpretation of these.

5. Validity (aims)

Assessment tasks should represent the objectives of the course or part of the course in order to ensure coherence between the aims and the teaching, learning and assessment strategies.

6. Validity (activity)

An assessment task should assess what it is supposed to assess and not something else.

7. Reliability

Assessment tasks used for summative purposes should give reproducible results as far as possible.

⁹ Field, J and Fenwick A, School of Medicine, University of Southampton, 2002

8. Feedback

Assessment tasks used for formative purposes should provide meaningful feedback to students; that is, feedback which will help them to develop and improve.

9. Criteria

Criteria for assessment should be made as clear as possible to teachers, examiners and students to ensure fairness, validity and reliability.

10. Policies

Policies and procedures relating to assessment should be made as clear as possible to teachers, examiners and students to ensure fairness.