

Substance Misuse in the Undergraduate Medical Curriculum Project

Report : Executive Summary

Substance misuse is a major public health challenge both nationally and globally. The use and misuse of alcohol, drugs (licit and illicit), and of tobacco have impacts on individual patients, their families and communities. Doctors within all branches of medicine are very likely to encounter individuals with substance related health problems. The medical profession has a key role in improving not only the health of their patients but also the nation's public health. This has been recognised by both the World Health Organisation and the United Nations who have recommended to governments that substance misuse should be included in medical teaching.

In the late 90s, research into UK medical schools had demonstrated very low levels of exposure of future doctors to teaching on drug and alcohol misuse issues within UK medical schools. The 'Substance misuse in the undergraduate medical curriculum project' (Phase 1 – 2005-2007) was funded by the Department of Health, to work with all UK medical schools to develop consensus guidance on the integration of alcohol, drugs and tobacco training in medical undergraduate curricula. The guidance included key objectives and recommendations on providing high quality training and assessment.

Phase 2 of the project (2008-2011), which this report describes, had these key aims:

- to support medical schools in integrating and implementing the *Substance misuse in the undergraduate medical curriculum guidance* into their curricula;
- to promote the development of a self-sustaining network of all English medical schools willing to pursue change in their curricula; and
- to complete and validate the teaching and learning resources (Toolkit) produced to advance the implementation programme.

This second phase has focused on implementing the guidance and validating the Toolkit. This was achieved through the funding and appointment of time-limited curriculum coordinators in English medical schools, working with local academic champions, to identify the suitability of the current substance misuse teaching and to recommend and support changes to ensure that substance misuse issues are fully covered in line with national guidance.

A National Steering Group was established that has overseen both phases and is now looking to promote further sustainability of the initiative. A National Coordinator convened an Expert Panel to develop the guidance and resources for the implementation work. The network of local academic champions and curriculum coordinators worked with the schools to deliver the changes needed to implement curriculum changes as appropriate for each school, and are a valuable resource, when in considering future sustainability.

Key Findings

An early part of Phase 2 of the project was a mapping of current teaching in the medical schools by coordinators. The results, when compared with earlier research findings into the teaching of substance misuse in UK medical schools, were already suggesting a positive impact following the process of agreement and publication of the UK-wide curriculum from Phase 1. However, this mapping also pointed to clear variations in

delivery between schools and across different learning objectives within schools. The mapping formed an important part of the evidence for developing and enhancing implementation in Phase 2. This data was, though, considered alongside other evidence available to the local coordinators and champions in each school, and was analysed with support of the Expert Panel and National Steering Group. The wider coordinator networks that developed assisted in the analysis of need and in developing the practical plans and actions that were implemented locally to improve substance misuse curricula and actual training delivery. This needed both a focus on building consensus on the need for a higher priority to be given to drug and alcohol issues, and the provision of practical tools for implementation and integration into existing curricula and training styles. The project Toolkit and the high-quality, practical and flexible Fast Factsheets that were developed, were key tools to engage non-substance misuse specialists and teachers in the schools, to be used in their own particular clinical care setting to address substance misuse learning outcomes.

Mapping of teaching was aligned to the national substance misuse key learning outcomes grouped into six key learning areas:

1. Bio-psycho-social models of addiction
2. Professionalism, fitness to practice, and students' own health
3. Clinical assessment of patients
4. Treatment interventions
5. Epidemiology, public health and society
6. Specific disease and speciality topics

The table below shows the number of teaching sessions that occur for each of the overarching learning outcomes (and the average across the 17 medical schools that contributed to this analysis). Teaching sessions are defined as the number of occasions some formal or timetabled teaching/learning occurs that feature issues relating to substance misuse (such as a lecture, a seminar, a problem-based learning case, special study modules etc.).

Learning outcomes area	Number of teaching sessions	Average per school (17)
Bio-psycho-social models of addiction	944	55
Professionalism, fitness to practice, and students' own health	408	24
Clinical assessment of patients	929	54
Treatment interventions	911	53
Epidemiology, public health and society	564	33

Specific disease and speciality topics	825	48
--	-----	----

The mapping identified variation in the instances of teaching between schools and within schools, and variation of the extent of provision, as well as areas needing further development. Common areas for all schools requiring further development included iatrogenic addiction; professionalism, self-care and fitness to practice; attitudes and issues relating to stigma; child related issues and social consequences.

Changes implemented by the schools ranged from the re-writing of learning objectives to the development of problem based learning scenarios. Workshops and symposiums were developed that covered ethical issues of substance misuse including the use of external speakers to discuss the misuse of substances by the medical profession. Teaching resources were developed or enhanced through the development of web resources such as virtual patient tutorials and video resources playing out clinical scenarios. Independent learning resources were also developed such as an online addictions study guide, and in one school students set up and hosted an 'Alcohol Awareness Week'.

Toolkit & Fast Factsheets

As noted above, a key task at the beginning of Phase 2 was to complete and validate a Toolkit aimed at facilitating implementation of the curriculum improvements, alongside validation of accompanying teaching and learning resources (such as the Fast Factsheets), to assist the coordinators in their work. The Toolkit was designed as flexible resource to provide guidance on mapping and implementing substance misuse into the curriculum. The Fast Factsheets, written by clinicians with in-depth knowledge of substance misuse, provide concise, relevant and up to date information on specific areas of substance misuse teaching. Under the guidance of the Expert Panel this work was completed in June 2009. During the project, using an iterative process, feedback about the Toolkit and the Fast Factsheets was gathered and acted on.

Coordinators found both the Toolkit and Fast Factsheets to be useful resources that could be adapted to meet their local needs. Similarly, teaching staff found the Fast Factsheets to be very valuable resource – and these were highlighted particularly as being 'educational', 'fit for purpose' and 'readable'. They provided a framework for developing current teaching material as well as being used as stand-alone teaching resources. The mapping exercise highlighted the need for new titles, which were then written and produced.

Student views of Substance Misuse Teaching

Students, the future doctors, were actively engaged in the project and in the development of materials, revealing a number of important issues:

- Trainee doctors themselves do consider substance misuse is an important aspect of undergraduate medical education in order to equip them for the future, and they have a high level of interest in this.
- Opportunities to prioritise further learning on substance misuse through special study modules, when available, are popular.
- Direct contact with patients and services through placement are considered the most useful way to learn about the management of substance misuse problems.

The students felt a lack of confidence in performing certain key skills with those who misuse substances, including the taking of a history of illicit substance use, discussing the range of options for patients wishing to cut down or stop use, and in being able to recommend appropriate organisations that could help patients in stopping misuse.

Conclusions

This major initiative has enhanced the training and education of student doctors, and established a solid basis for substance misuse teaching, producing a number of clear and important positive outcomes:

- There is an agreed high-level curriculum established across all UK medical schools for the first time, which has in itself enabled improvements in training of student doctors across the UK
- An innovative project providing a period of focused support for implementation of this new curriculum in to English medical schools at a local level, has contributed to substantial improvements in the extent and quality of teaching and training of all doctors taught in those schools, across a wide range of drug and alcohol issues.
- The changes implemented into the curricula have already impacted upon current medical students, and will have already influenced the learning of at least 47,000 future doctors; and benefits will continue to accumulate over time.
- The development in recent years of local curriculum champions in English medical schools has promoted a raised awareness across the medical school curriculum committees of the importance of including drugs and alcohol learning in order to have a broad and integrated curriculum for future doctors.
- A package of high quality, practical and flexible teaching and training materials has been developed and validated by experts with the support of the trainee doctors.
- The curriculum has been mapped to Tomorrow's Doctors 2009 and where appropriate some learning objectives have been revised and aligned more closely.
- With the experience of a very successful implementation of the new UK-wide curriculum in to English medical schools, it would be appropriate for Scotland, Northern Ireland and Wales to consider a process of implementation support for their medical schools.
- A number of recommendations have also been made aimed at building on the success of this project - in recognition of the importance to health and well-being of both patients and doctors continuing to be able to respond to a rapidly changing landscape of legal and illegal substances and prescribed and over-the-counter medications. They relate to the maintenance and availability of the core resources; the provision of a period of additional support for the network of local champions to embed further the success to date, and to link to other initiatives; and to develop training and new tools based on the approach used in Phase 1 and Phase 2.

Recommendations

To ensure the continued benefits of the investment in this project and to sustain the impact of the outcomes in terms of changes and improvements to medical school curricula on substance misuse the following recommendations are made:

Resources

1. To develop a database resource of all student selected components (SSC) and special study modules (SSM) currently offered by medical schools in the area of substance misuse
2. To develop a resource sharing portal where all project resources can be collated and accessed for teaching purposes, including a core list of recommended addiction teaching and learning resources.
3. To publish the Toolkit and Fast Factsheets as a central resource.
4. To maintain and update the Fast Factsheets.
5. To develop guidance on topics and questions for assessment, and to provide questions for the Medical Schools Council Assessment Alliance (MSCAA) common assessment bank of questions.

Sustainability

6. To continue with the guidance and network support of the National Steering Group for 2-3 years to help embed changes following cessation of the core funding for local coordinators.
7. To continue with, and further develop the network of local academic champions and the Expert Panel network for 2-3 years.
8. To identify a 'link person' for substance misuse teaching in each participating school. This is likely to be the academic champion but if posts change then new people need to be identified. At the very least, this link person is a point of contact for future resource sharing.
9. To take opportunities to ensure the continuity of undergraduate substance misuse related learning outcomes (as defined in the project Toolkit) links through to post-graduate education and with appropriate professional postgraduate medical education initiatives.
10. Given the crucial delivery and leadership roles of doctors, policy makers to consider how best to include adequate monitoring and development of the medical workforce, and student doctors in particular, in workforce development and competency frameworks for substance misuse; so we are able efficiently and cost-effectively to meet the future public health needs and treatment demands from the misuse of substances.
11. Relationships with Third Sector providers and other partners should be built to ensure that teaching via placements continues and builds upon current provision.

12. In the light of on-going changes to drug and alcohol service provision, medical schools should actively seek recognition of the time and resources needed for teaching undergraduate medical students, to be included within service tender documents and service specifications.

Training

13. To commission a substance misuse curriculum mapping and training review course, that could be accessed online or rolled out as a package for others working on similar projects, and that could be extended to the training of other relevant professional groups.
14. To develop specifically designed tools, such as Google desktop or Google box tools that may assist the process of curriculum mapping. Such software might potentially be used to create a database with ability to rate content.

International Centre for Drug Policy

St George's University of London

<http://www.sgul.ac.uk/research/projects/icdp>

Tel +44 (0)20 8725 2624

E-mail icdp@sgul.ac.uk

March 2012

