

PROFESSIONALISM: INFORMAL CONSULTATIONS ABOUT SKIN DISEASES

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ABSTRACT

Introduction: “Informal consultation” refers to informal self-referral to clinicians for medical advice. This questionnaire-based study explores non-dermatology doctors’ experiences with informal consultations on skin diseases.

Method: A 13-item questionnaire-based study was conducted in 2020, involving a convenience sample of doctors from a district general hospital. Doctors working in the dermatology department were excluded from the questionnaire. The numerical data derived from the questionnaire were analysed using descriptive statistics, and free text data were analysed using content analysis.

Results: The questionnaire response rate was 29/33 (88%), consisting of 27 doctors-in-training and two medical consultants. Twenty-four of 29 (83%) respondents reported that they were asked to provide dermatological advice outside of healthcare settings. The main source of self-referrals was first-degree relatives, as reported by 23/29 (79%) respondents. Twenty-five of 29 (86%) did not document the advice provided.

Conclusions: Non-dermatology doctors encounter informal consultations on skin diseases. These requests put a burden on the work–life balance of clinicians involved, and there are risks associated with mismanaging such requests.

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Doctors in training would benefit from support and guidance from their supervisors on how to navigate this professionalism issue safely.

Keywords: informal consultation, professionalism, dermatology, doctors, questionnaire

INTRODUCTION

“Informal consultation” is an umbrella term referring to the informal self-referral to a healthcare professional for health advice outside established patient care pathways (Leavitt et al., 2005; Tso and Yousuf, 2016). The person seeking advice could be a member of the general public, a family member, a friend, or a healthcare colleague requesting advice in relation to a health matter related to themselves, another person, or another patient (Tso and Yousuf, 2016). Professional standards from the medical profession’s regulator, the General Medical Council of the United Kingdom, relevant to informal consultations included (General Medical Council, 2013):

- Domain 1: (16a) propose or provide treatments only when you have adequate knowledge of the patient’s health and are satisfied that the treatment serves the patient’s needs.
- Domain 1: (16g) whenever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship.
- Domain 1: Record your work, clearly, accurately, and legibly.

The ethical and legal ramifications of providing informal consultation are highly complex and specific to a given situation – these issues have been discussed in more detail in the literature (Olick and Bergus, 2003; Leavitt et al., 2005). Potentially, unprofessional behaviour could be investigated and sanctioned by the General Medical Council.

We decided to examine clinician experience of informal consultations related to skin diseases because skin diseases are the most frequent reasons for new consultations in primary care in England and Wales (Schofield et al., 2011). Literature reported informal consultations related to skin diseases can take place in face-to-face or online settings (Ashique, 2017). Seventy of 156 (45%) of paediatric dermatologist respondents to a questionnaire-based study stated they had received at least six informal consultation requests per week from work colleagues regarding patient care (Khorsand and Sidbury, 2019). In contrast to these existing literature investigating dermatologists’ experience of informal consultations on skin disease, our study explores non-dermatology doctors’ experience of managing informal consultation requests on skin diseases as this is an underexplored area of the literature.

METHODS

Following review by the Research and Development Department, South Warwickshire University NHS Foundation Trust, United Kingdom, this study was carried out as a registered service evaluation study without requirement for formal ethics approval. The construct of the 13-item questionnaire was based on the consensus from authors AV, LV, and NB, also utilising findings from an earlier interview-based study into medical students' experience of informal consultations (Tso and Yousuf, 2016). A convenience sampling was used inviting all medically qualified doctors attending a trust-wide educational event and working in a medical ward to complete the questionnaire in January 2020. The numerical data were analysed using descriptive statistics using Microsoft Excel with the number and percentage of the responses reported in this paper. Free text responses were analysed using content analysis (Braun and Clarke, 2006). Participation in the questionnaire was entirely voluntary, and the study was carried out in accordance with the Declaration of Helsinki.

RESULTS

The questionnaire response rate was 29/33 (88%). Table 1 shows the demographics of the respondents and the individuals requesting information consultation. Respondents provided a range of free text responses to define the phrase "*dermatological medical advice*" with two emerging themes: obtaining advice on medical treatment of skin disease and learning more about skin conditions. Twenty-five of 29 (86%) respondents rated they had received dermatological informal consultation advice requests previously. These informal consultation requests predominantly originated from their first-degree relatives (23/29; 79%) and from adults (20/29; 69%).

Table 2 shows the different categories of responses given by the respondents in relation to informal consultation requests, the respondents' perception on whether it is appropriate to give medical advice outside healthcare settings, and their documentation practices. The majority of respondents (25/29; 86%) rated they never document their informal consultations. Free text responses on factors that could impact on clinicians' decision on whether to provide medical advice in an informal consultation request included their self-perceived competence on the subject being discussed and whether the provision of advice was deemed necessary at that particular time.

DISCUSSION

Previous literature suggested 99% of doctors were asked for medical advice by family members (La Puma et al., 1991), potentially due to the ease of access to a medically qualified person in a position of knowledge and trust (Tso and

Table 1. (a) The demographics of questionnaire respondents and (b) the different groups of people reported by respondents to have asked them for informal consultations. $N = 29$. All questionnaire respondents were non-dermatology doctors.

(a) Demographics of questionnaire respondents ($n = 29$)		Number
FY1 (Newly qualified Foundation Year 1 Doctors)		3 (10%)
FY2 (Foundation Year 2 Doctor)		1 (3%)
IMT1/CMT1 (Internal Medicine Training Year 1; completed at least 2 years of postgraduate training)		11 (38%)
IMT2/CMT2 (Internal Medicine Training Year 2)		10 (34%)
Registrars (completed at least 4 years of postgraduate training)		2 (7%)
Consultants		2 (7%)
(b) Demographics of individuals requesting informal consultations ($n = 29$)		
Relationship		
Family: First-degree relatives		23 (79%)
Family: Second-degree relatives		17 (59%)
Friends		17 (59%)
Strangers		12 (41%)
Work colleagues		3 (10%)
Age Group		
Adults only (age 18+)		20 (69%)
Equal in both groups (adults and children)		7 (24%)
Children only (age <18)		2 (7%)
Gender		
Females		10 (34%)
Males		3 (10%)
Equal in both groups (females and males)		13 (45%)
Not sure		3 (10%)

Yousuf, 2016). Our questionnaire finding suggests a higher proportion of females seeking informal consultations on dermatological issues as compared to males, which is consistent with the literature (Teasdale et al., 2018). A potential explanation for this finding may be due to a higher proportion of females having a carer's role as compared to males (Hirst, 2005) and females were reported to have a more proactive health seeking attitude as compared to males (Thompson et al., 2016).

Many published literature explored clinician experience of informal consultations related to their area of specialism (La Puma et al., 1991; Khorsand

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Table 2. (a) The different types of responses given by the questionnaire respondents in relation to informal consultation requests, (b) their perception on whether it is appropriate to give medical advice outside healthcare settings, and their (c) documentation practices. $N = 29$.

(a) The different types of responses given to individuals requesting informal consultation ($n = 29$)	
<i>Theme: Avoidance response</i>	
• Declined to provide any advice	3 (10%)
<i>Theme: Appraisal-orientated response</i>	
• Helping the person to understand the medical terminologies, their symptoms, treatment pathways, and the nature of the treatment given to them by a qualified health professional	15 (52%)
• Signposting the person to an appropriate health professional for advice	21 (72%)
<i>Theme: Emotion-focused response</i>	
• Give emotional support to the person	10 (34%)
<i>Theme: Problem-orientated response</i>	
• Give medical advice to the person	9 (31%)
(b) Appropriateness of giving medical advice outside healthcare settings ($n = 29$)	
Appropriate	1 (3%)
Somewhat appropriate, depending on the condition or the situation	20 (69%)
Not appropriate	8 (28%)
(c) Documentation practices in relation to informal consultations ($n = 29$)	
No	25 (86%)
Yes, sometimes OR Yes, always	4 (14%)

and Sidbury, 2019), whereas our study uniquely investigated clinician experience of informal consultations outside of their area of specialism. A potential explanation of our finding of 86% respondents having received informal consultation requests on skin diseases could be due to the focused scope of our study investigating consultation on dermatological issues only and that the high proportion of trainee doctors in our sample who are less likely to have experienced these requests.

Our questionnaire study did not explore the reasons behind why the majority of questionnaire respondents did not document their informal consultations. A potential explanation could be due to unwillingness to take on unwanted formal responsibilities from such requests. There is a lack of literature exploring the impact of informal consultation on the work–life balance of clinicians involved, and it would be useful for future studies to explore whether formal National Health Service healthcare work is impacted by informal consultations.

Mismanaging informal consultation requests is a patient safety risk as inappropriate advice may delay patients seeking help from specialists, which in turn could lead to undesirable clinical outcomes (Evans et al., 2007). Thus, clinical and educational supervisors should be aware that doctors in training may encounter informal consultation requests and to provide them with guidance on how to navigate these requests safely. We further recommend that doctors in training should always work within their area of competence and to avoid giving actual medical diagnosis or offering treatment during informal consultations.

This study has limitations as it is a small single-centre study with a convenience sample and a risk of recall bias.

CONCLUSION

This study highlights that non-dermatologist doctors encounter a wide range of informal consultation advice requests on dermatological issues. These requests put a burden on the work–life balance of clinicians involved, and there are risks associated with mismanaging such requests. Doctors in training would benefit from support and guidance from their supervisors on how to navigate this professionalism issue safely.

CONFLICT OF INTEREST

The authors declare that they have no competing interests

ETHICS STATEMENT

Following review by the Research and Development Department, South Warwickshire University NHS Foundation Trust, United Kingdom, this study was carried out as a registered service evaluation study without requirement for formal ethics approval.

CONSENT TO PARTICIPATE

All participants provided informed consent to take part in the questionnaire.

CONSENT FOR PUBLICATION

All participants consented for their anonymised data to be published.

AVAILABILITY OF DATA AND MATERIAL

These are available from the corresponding author on reasonable requests.

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AB and ST were responsible for the conception and design of the study. AB, EV, and NB were responsible for the data collection. AB drafted the first manuscript. AVB, RB, and ST critically reviewed the manuscript and made revisions. All co-authors have further reviewed and revised the manuscript. All authors consented to the submission of the manuscript.

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SUPPLEMENTARY FILE 1

Supplementary file 1 shows the 13-item questionnaire.

1) Your current level of training:

- FY1
- FY2
- IMT1/CMT1
- IMT2/CMT2
- CMT3
- Registrar, please specify your specialty:
- Consultant, please specify your specialty:
- Others, please state _____

2) Your Current Specialty/Post:

3) Have you undertaken a training post in dermatology previously?

- Yes, if yes how long? _____ (months)
- No

4) Have you ever been asked by anyone to provide dermatology medical advice outside approved clinical training settings (e.g., hospital, General Practice, community placements)?

- Yes
- No

If yes, how often (on average)?

- Never
- Very rarely (About once a year)
- Rarely (About once every 6 months)
- Occasionally (About once every 4 months)
- Often (Monthly)
- Always (Weekly)
- Others, please describe:

5) Please define dermatological medical advice in your own words:

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- 6) What is your approach when you respond to dermatology medical advice requests outside approved clinical training settings? Please note more than one answer can be marked.
- Decline:** decline to provide any advice
 - Appraisal response:** such as helping the person to understand the medical terminologies, their symptoms, treatment pathways, and the nature of the treatment given to them by a qualified health professional
 - Emotional support:** to give emotional support to the person
 - Advice:** to give medical advice to the person
 - Refer:** signposting the person to an appropriate health professional for advice
 - Others,** please explain:
- 7) Which dermatological condition/s you have been asked most frequently outside approved clinical training settings? Please rank from 1 to 8, with 1 being the most common and 8 least frequent.
- Eczema
 - Psoriasis
 - Acne
 - Skin infections
 - Alopecia
 - Mole
 - Rash of unknown cause
 - Blistering disorders
 - Others, please describe
- 8) Based on your experience, which group of individuals have asked you for dermatology medical advice outside approved clinical training settings?
- Family: first-degree relatives
 - Family: second-degree relatives
 - Friends
 - Work colleagues
 - Strangers
 - Patients
 - Not sure
 - Others, please describe:

- 9) Based on your experience, which age group tend to ask for more advice about skin conditions outside approved clinical training settings?
- Children (age <18)
 - Adults (age 18+)
 - Equal in both groups
 - Not sure
 - Others, please describe:
- 10) Based on your experience, which group tend to ask for more advice about skin conditions outside approved clinical training settings?
- Female
 - Male
 - Equal in both groups
 - Not sure
 - Others, please describe:
- 11) What is your opinion on the appropriateness for you to be asked for dermatology medical advice outside approved clinical training settings?
- Appropriate
 - Somewhat appropriate, depending on the condition or the situation
 - Not appropriate
 - Others, please describe:
- 12) When you are asked for dermatology medical advice outside approved clinical training settings, do you record the consultation?
- Yes, Always
 - Yes, sometimes
 - No
 - Others, please explain:
- 13) What do you think is the right approach when it comes to providing a dermatology medical advice outside approved clinical training settings? Please explain in detail.