Post-APPGS event contribution: Jeremy Marsden (Consultant Dermatologist)

1. Clinical standards in primary care dermatology are compromised by inadequate under- and post-graduate training

2. This leads to increased clinical risk, over-referral to secondary care, impaired treatment provision in primary care, and increased expense.

3. Efforts by the Primary Care Dermatology Society to improve GP education have been effective, but the problem affects the whole of the UK, and so a UK-wide solution is required.

4. The essential requirement for a solution is political support from NHSE. This is because of the need for a national approach, and because there will be a financial cost.

5. The problem is solvable. It should be primary care led, but supported by educators and by specialist dermatology in the form of the BAD. A Steering Group should be formed with the support of NHSE and HEE. I understand that there is already a curriculum for training GPS in dermatology. The group should review and if possible ratify this or amend it. This group would define educational objectives and the criteria for their attainment. They might review CPD requirements for dermatology in primary care. They should identify areas of high clinical risk and diagnoses that generate high rates of referral as a priority for clinical education.

6. Education should meet the needs of both GPs in training, and established practitioners.

7. Delivering training could be based on CCGs, locally led by primary care, and each locality supported by a number, eg 2-3, of named dermatologists, who would act as mentors for that particular group to give continuity and oversight. It is not feasible for this education to be provided entirely by GPs, but they would be the owners and the leads for this process. There are large numbers of retired dermatologists for whom the BAD has contact details. Eligibility criteria could be set for their recruitment, eg they should have GMC Revalidation and a licence to practice to ensure clinical currency. They would need to be paid, and have their expenses covered. Many dermatologists would welcome the opportunity to contribute in this way, and leave a legacy of their experience, but it is unrealistic to expect them to do this without remuneration.

8. The format of training should include some direct clinical teaching. Organising this locally would be the responsibility of primary care. Such teaching should focus on areas that have been defined by the Steering Group to be a critical clinical need, e.g. recognition of lesions that might be melanoma. Direct clinical teaching has a high impact, and can be tailored to areas of identified greatest need.

9. The Steering Group should identify measures that reliably reflect service improvement that can be directly attributed to this educational programme.