

# Notes from personal presentation to All Party Parliamentary Group on Skin Houses of Parliament, 2<sup>nd</sup> December 2014

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## About the RCGP and NHS General Practice

- The Royal College of General Practitioners (RCGP) is the UK's leading professional body for GPs, with a membership of around 50,000 doctors.
- GPs see the impact of skin problems on people's health at first hand and the RCGP shares the view of the APPGS that all patients with skin disease deserve high quality NHS care. The College welcomes the opportunity to discuss with patients and other stakeholders how we can continue to work towards this goal.
- Around 90% of patient contacts in the NHS take place in general practice – around 340 million consultations each year. Patients attend an average of 5 to 6 consultations with their GP each year, nearly double the rate of 20 years ago. Despite being under huge pressure, general practice has maintained the highest patient satisfaction rating of any NHS service and 95% of health problems are managed entirely within the primary care team, with only 1 in 20 requiring a referral.
- GP surgeries are a key point of access to healthcare and a well-trained general practice workforce, including a team of GPs, nurses and other primary care professionals, is critical to improving the skin health of the population.

## The role of the NHS General Practitioner in the care of skin problems

- As community-based front-line doctors, GPs are expected to have highly developed generalist medical skills and the ability to assess and initially manage the full range of common conditions. GPs are not dermatologists and it is not their role to diagnose and manage rare or complex skin complaints, but they should be able to identify when to seek advice from a dermatologist and make referrals appropriately.
- GPs need to take a holistic and person-centred view, helping patients to care for their own health and to involve them and their carers in decisions based on their own unique circumstances.
- At the same time, GPs need to manage a degree of diagnostic uncertainty in a working environment where the population they encounter is completely unselected and where there is limited access to diagnostic tests. GPs currently refer around 1 in 20 patients and play an important safety role in reducing harm through unnecessary investigations and biopsies as well as influencing the waiting times in secondary care for those patients with urgent problems.
- A key aim of GP training is teaching the doctor how to assess and manage risk, while also keeping the patient safe – but we also need to recognise those in need of more specialist advice and help them navigate the health system, while making the most cost-effective use of resources. With our increasingly complex and aging population, this is an increasingly challenging role to perform.

## **Current GP training in the UK**

- To become a GP, a doctor must complete around 10 years of training. This comprises 5 to 6 years of medical school, two years as a Foundation doctor and three years of GP-focussed training, in what is known as the GP specialty training programme. Since 2007, the Royal College of GPs has been responsible for developing the curriculum for this programme, which includes a detailed statement on the care of people with skin problems. We also run the externally marked examinations that UK-trained doctors must pass to work as NHS GPs.
- Although the RCGP plays an important role as an academic body for general practice, it does not fund or deliver the GP training itself – this is done locally by the relevant NHS body. In England, this body is Health Education England, through its Local Education and Training Boards.
- The RCGP draws up the standards for general practice, but is not the licensing body for the profession – that is the GMC, which approves the curriculum and assessment package for licensing purposes. Neither is the RCGP the regulatory body for general practice services – that is the Care Quality Commission, which inspects practices and quality and safety of the services they provide.
- Before GPs can work independently in the NHS, they must pass several mandatory standardised assessments. It is important to note that training in skin problems is not optional for GPs – all of the mandatory assessments involve testing the GP's abilities to care for people with skin problems: A knowledge exam assesses the doctor's clinical knowledge of common skin diseases, such as psoriasis or rosacea, as well as their ability to recognise moles and lesions that could be skin cancer. A mock GP surgery exam ('clinical skills assessment') tests communication skills and holistic care, such as psychological support, which this group has previously highlighted as an area of need. Assessments in the workplace, with an experienced GP trainer, continually evaluate the care the trainee provides to real patients. If the trainee doctor does not pass all their exams and assessments satisfactorily, they're required to complete additional training until they reach the required standard.

## **Plans to improve GP training**

- The text of the invitation to today's APPGS meeting highlighted how dermatology training is relatively poorly represented throughout the GP training pathway, starting from medical school. The RCGP recognises the impact of this; of the three years we have available to transform junior hospital doctors into broadly skilled, holistic GPs, only 18 months is spent working in general practice settings, so we have very little time to make up for deficits in the doctor's earlier training experience.
- However much we improve the GP specialty training period, it cannot make up for deficits in the earlier parts of the training pathway – there is a need for dermatology training to be enhanced throughout the doctor training pathway, including medical school and Foundation training programmes. The GMC's proposal to introduce a National Licensing Examination for new doctors may present an opportunity to ensure that dermatology is appropriately represented in medical school curricula.

- GP specialty training is the shortest of all the medical specialties and numerous independent reports have recommended that longer training is now needed to deliver GPs with the experience and skills to manage our increasingly complex, aging population, as well develop the leadership, public health and service improvement skills the NHS needs.
- In 2012, the Royal College of GPs won support from Medical Education England for its educational case to extend GP specialty training from 3 to 4 years, which would provide scope to include significantly more dermatology training. However, this recommendation has yet to be implemented by the current NHS funding bodies.
- The RCGP and the Committee of General Practice Education Directors (COGPED) are currently working with the GMC, HEE and the Departments of Health in all four UK nations to develop plans for improving and extending the GP specialty training programme, as part of the wider Shape of Medical Training reforms.
- Collectively, we must find innovative ways to deliver skin-health related training – dermatologists have huge expertise, but there are only 550 dermatology consultants in England in comparison to around 10,000 GP trainees, and around 40,000 qualified GPs, so we need to think innovatively about how this focus of expertise can be shared and spread most effectively for the benefit of patients.
- While we wait for long-awaited improvements to GP training to be introduced, the College welcomes input from this group and other interested stakeholders on how GPs and their teams could have more opportunities to develop the breadth of skills and expertise needed to provide high quality care to the millions of people, of all ages and backgrounds, who visit each year to discuss their skin problems.

### **Relevant developments outside of GP specialty training**

- The RCGP offers a regular programme of courses and educational events across the UK for qualified GPs wishing to update their skills in dermatology, dermatoscopy and skin surgery, both nationally and through our network of local faculties. We are also developing an e-learning programme, with input from Changing Faces.
- Plans are underway to develop a process of credentialing for those GPs wishing to develop extended roles in areas such as dermatology, as set out in the Shape of Medical Training recommendations. The RCGP is working with the GMC to develop credentialing and that our model of portfolio assessment for GPs with extended roles will fit into both extended training and post CCT career development. We are currently piloting this with the British Association of Dermatologists (BAD) for GPs taking on extended roles in dermatology.
- The Community-Based Surgery Audit (CBSA) national pilot is a unique initiative from the RCGP in partnership with the Health and Social Care Information Centre (HSCIC). This will provide the first ever ‘snapshot’ of dermatological treatment responses in general practice across the UK. The ground-breaking audit will establish for the first time how many GPs are carrying out dermatological surgery, including the removal of skin cancers, pre-cancerous skin lesions, benign skin cysts, lipoma, and excision of ‘small lumps and bumps’. The CBSA is now open and detailed figures are expected to be available from March 2015.