All Party Parliamentary Group on Skin

REPORT ON DERMATOLOGICAL TRAINING FOR HEALTH PROFESSIONALS

A REPORT OF THE
ALL PARTY PARLIAMENTARY GROUP ON SKIN

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1.0 Introduction and Scope of the Report

1.1 The All Party Parliamentary Group on Skin (APPGS) first addressed the issue of training in a report entitled 'An Investigation into the Adequacy of Service Provision and Treatments for Patients with Skin Diseases in the UK' (March 1997). The report highlighted a general inadequacy in non-specialist dermatology training and prompted a more detailed enquiry to be undertaken in 1998.

1.2 This second piece of work - 'Enquiry into the Training of Healthcare Professionals who Come into Contact with Skin Diseases (July 1998)' – set out what were regarded as the desirable levels of dermatology training for GPs, dermatologists, nurses, occupational physicians and pharmacists. It concluded that training was only adequate at consultant level, whilst GPs, nurses and pharmacists received little or no training.

1.3 The amount and standard of training in dermatology has remained the APPGS's principal concern and the Group has continued to re-affirm the findings of the original training enquiry in all of its subsequent reports.

1.4 Following a recent APPGS meeting on the subject, the Group decided to conduct a short enquiry to examine progress to date and to highlight what further action might be required.

1.5 The enquiry examined the training of five key groups of health professionals: consultant dermatologists, non-consultant career grade doctors, GPs, nurses and pharmacists. It was decided that a formal call for evidence was unnecessary; instead current issues have been thoroughly discussed with representatives from the various relevant health professionals' bodies (Appendix B).

1.6 The enquiry has now been completed and below is the report of its findings. This is intended to review and update APPGS recommendations on training.

2.0 Consultant Dermatologists

2.1 We have already noted that in previous APPGS reports, consultant dermatologists were identified as the only group of health professionals to receive adequate training in dermatology. Indeed the bulk of the recommendations in the 1998 training report principally concerned other types of clinician.

2.2 An exception was a recommendation that all consultant dermatologists should experience some general practice during their postgraduate training. Fortunately, for all doctors in training, there has been an increased emphasis on gaining experience in general practice. There has been some movement towards the extension of dermatology training to encompass a fifth year, which should allow the acquisition of additional sub-specialties, knowledge and skills.

2.3 The most pressing current issue relating to consultant dermatologists concerns training place numbers. Britain has one of the lowest ratios of dermatology consultants in Europe, proportionately a tenth of that in France. Furthermore, approximately 13% of consultant posts are vacant. This level of vacancies, combined with possible early retirements and part-time/job-share working patterns has led to longer waiting times and has heightened the already urgent need to increase trainee numbers.

2.4 The Department of Health (DH) determines the amount of National Training Numbers (NTN) for each speciality. There are currently 186 NTNs in dermatology. In 2004 only 10 new locally funded NTNs were allocated. The British Association of Dermatologists (BAD) has ascertained that an additional 20 NTNs could be accommodated immediately, if funding was found.

2.5 The level of required experience for consultant level training is also under discussion. Doctors currently enter higher medical training in dermatology after completing a minimum of two years post registration general medical training in hospitals and achieving the MRCP (Examination for Membership of the Royal Colleges of Physicians). Specialist training then takes an additional four years in designated posts. The APPGS supports active consideration of whether specialist training could start at an earlier stage.

2.6 There is also an ongoing debate concerning procedures for assessment. At present there is no exit exam in dermatology; instead trainees maintain a logbook documenting their experiences. It is understood that objective competency assessment is being introduced and also that the possibility of an exit examination is under discussion.

2.7 It is thought that the Department of Health's Modernising Medical Careers process may result in long term changes to professional training programmes. The APPGS welcomes the review of curriculum and of selection and assessment procedures that this would necessitate.

2.8 We recommend that the following steps are taken to improve training amongst consultant dermatologists:

- Increase the number of National Training Numbers to take account of existing vacancies, to compensate for part-time working and to improve the ratio of consultants per head of population. This should take place in stages leading to full staffing levels within four years.

- Dialogue should continue between the British Association of Dermatologists (BAD), Royal Colleges of Physicians, the Department of Health's Modernising Medical Careers Team and the Postgraduate Medical and Education Training Board (PMETB) to establish the optimum training for registrars in Dermatology. We hope this exercise will produce results within 18 months.

- There should be ongoing examination of criteria for the establishment of appropriate competency based assessment for training.

3.0 Non-Consultant Career Grade Dermatologists, Associate Specialists and Staff Grade Doctors

3.1 The group of non-consultant career grade dermatologists (NCCG) includes over 120 associate specialists and staff grade doctors, who are mainly women graduates from British medical schools. Over half of these clinicians work less than full time, but devote their professional life to dermatology, mostly working alongside consultants.

3.2 NCCGs receive most of their training 'in house' and over one third have a diploma in dermatology. Some have MRCP or MRCGP qualifications but there is no standardised training or assessment. The BAD database shows that many of these doctors would be prepared to take on more work if better rewarded for it.

3.3 There is some discussion about whether the role of NCCG doctors in dermatology could be expanded. If offered a more formal training, this group could comprise a valuable resource, working as part of a multi-professional dermatological team and perhaps as intermediaries between general practice and secondary care.

3.4 NCCGs could potentially combine work in the community with work in the hospital unit, providing a more cost effective way of establishing intermediate specialisation than the GPs with Special Interest (GPwSI) programme.

3.5 The APPGS feels strongly that any expansion of the role of NCCG doctors must not be at the expense of registrar training or the specialist work of hospital consultants.

3.6 We recommend that the following steps are taken to improve dermatology training amongst this group of doctors:

- Formal competencies should be established for associate specialist and staff grade doctors as well as pathways into ordinary specialist training.

- Systems should be set up within two years to ensure that all NCCGs work as part of the extended multi-professional dermatology team and participate in appraisal and continuing professional development.

- This group should be used as an educational resource for GPs and community-based nurses.

4.0 General Practitioners

4.1 Although it is widely recognised that around 15% of GP consultations concern dermatological problems, there is no obligation for GP registrars to undertake any formal training in dermatology. The APPGS would like to see a complete overhaul of GP training and has recommended that dermatology should be compulsory in both the undergraduate and postgraduate curriculum.

4.2 Little progress on the undergraduate curriculum has been made and the level of training in dermatology continues to vary widely across the country, rarely exceeding a total of 14 days. This in no way equips doctors to diagnose and manage skin complaints once they reach general practice.

4.3 There is increasing awareness amongst dermatologists and GPs of the need to improve levels of dermatology training. Since the 1998 report, the Royal College of GPs (RCGP) and the BAD have updated a training curriculum suitable for GP registrars who are able to spend a minimum of 3 months in a designated dermatological post. Unfortunately, this has largely not been implemented. Added to this, there are limited numbers of trainers with an interest in dermatology and it is difficult to estimate with certainty how many GP registrars have received dermatological training and to what degree of detail.

4.4 A shorter checklist has also been approved by the BAD for use in training registrars who are only able to attend a basic practical course and a minimum of 12 dermatological clinics on day release from general practice. Depending upon the experience of their trainers, this could be supplemented by further teaching within general practice.

4.5 Such developments are welcome and the APPGS strongly supports the restructuring of GP post-graduate education to enable individuals to fill in gaps in their knowledge. The Group considers that Regional Directors of Postgraduate GP Education should be the drivers of further dermatology training and encourage better educational links between secondary and primary care.

4.6 The RCGP is currently undertaking a review of the GP training curriculum and is also developing a curriculum statement on dermatology in partnership with the BAD. The review of the training curriculum is a very promising development and the APPGS welcomes the statement on dermatology, which will set out a series of required competencies and suggestions as to how these can be acquired during the three-year training period. It is hoped that this review will lead to a significant shift in GP competencies.

4.7 The APPGS has previously recommended that GPs be given incentives to attend extra dermatology courses as part of their continuing professional development. The introduction of GPwSIs has gone some way to encourage GPs to pursue further training in areas such as dermatology. A recent survey conducted by the BAD has suggested that there are now at least 110 GPwSI in dermatology.

4.8 However, several dermatology stakeholders have concerns about the GPwSI scheme. The Department of Health has produced a document detailing required experience (*Guidelines for the Appointment of General Practitioners with Special Interests: Dermatology, Department of Health, April 2003*) but there is no system of inspection to ensure that PCTs have adhered to the guidelines. The APPGS considers that the GPwSI programme is not a perfect substitute for adequate levels of dermatological knowledge amongst all GPs and that their level of competency should be monitored and assessed as a matter of course.

4.9 We recommend that the following steps are taken to improve dermatology training amongst GPs:

- A minimum level of undergraduate dermatology training should be provided in all medical schools within three years.

- Dermatology training should immediately be made a key part of the new GP curriculum.

- All GP trainers should have sufficient training and experience in dermatology to support the education of GP registrars.

- Directors of Postgraduate GP Education should actively promote dermatology as part of the GP curriculum.

- BAD should seek to foster better relationships with Directors of Postgraduate GP Education.

- All dermatologists should be encouraged to become involved in the training and continuing professional development of GPs with a special interest in dermatology.

- Adherence to the *Guidelines for the Appointment of General Practitioners with Special Interests* should be the subject of Healthcare Commission inspections of PCTs and GP practices.

5.0 Nurses

5.1 As with GPs, both undergraduate and postgraduate nurse training programmes contain little dermatology, despite the fact that generalist nurses require a broad range of dermatological knowledge and often play a leading role in skin disease management.

5.2 Nonetheless, in recent years there have been some encouraging developments in undergraduate training, notably an increased emphasis on skin-related issues such as tissue viability and infection control. The benchmarking document 'Essence of Care' (*Department of Health, April 2003*) also contained various elements relating to skin care. Furthermore, undergraduate practical placements have proved to be successful recruitment sources for dermatology nurses.

5.3 There are, however, some additional obstacles associated with postgraduate nurse training. For practising nurses it can be difficult to obtain funding and study leave and to arrange backfill support. The APPGS considers that a pool of Government funding should be made available to enable nurses to undertake training in priority areas. Additional funding should also be available for those wishing to train as nurse specialists.

5.4 One welcome development in postgraduate training has been the creation of a distance-learning package in dermatology for community nurses, commissioned by the Skin Care

Campaign in collaboration with the British Dermatological Nursing Group (BDNG) and developed by the University of Southampton's School of Nursing and Midwifery. Pilot studies for this training package are expected to begin later this year.

5.5 The majority of postgraduate training continues to be undertaken via clinical practice, which has meant that the quality and standard of training has not been assessed at a national level. A comprehensive programme of postgraduate nurse dermatology training courses is urgently needed to address this. One specific priority is to include a dermatology component in nurse prescribing courses, which vary greatly around the country.

5.6 It is hoped that 'Agenda for Change' (AFC) (*A Modernised NHS Pay System, Department of Health, November 2002*) will have a positive impact on nurse training. AFC is a crucial part of the modernisation agenda and has radically reviewed NHS pay and conditions. The application of a knowledge and skills framework to nursing has led to increased recognition of individual contributions and should generate more appropriate pay and career structures. It is hoped that this will encourage more nurses to undertake further training.

5.7 The APPGS would like to see nurse capabilities in dermatology fully incorporated into the knowledge and skills framework, led by the Royal College of Nurses (RCN) and the BDNG. AFC is the biggest single event to affect nursing since the introduction of clinical grading and should be regarded positively and with optimism.

5.8 We recommend that the following steps are taken to improve dermatology training amongst nurses:

- A minimum level of dermatology training should be provided in the undergraduate nurse curriculum within two years.

- A comprehensive programme of nurse dermatology courses should be rolled out in England. This process should begin within the next year and have been fully extended within four years.

- Dermatology training courses for nurses should immediately be introduced in primary care, in collaboration with the BDNG.

- The knowledge and skills framework should be promoted by the BDNG and the RCN. This will inform the Agenda for Change process.

- A database of nurses practising dermatology (both in primary and secondary care) should be established within 18 months.

6.0 Pharmacists

6.1 Pharmacists are frequently the first point of contact for advice on skin problems and are an integral part of dermatology services. Undergraduate training of pharmacists addresses

different aspects of dermatology and the APPGS is keen to see an increased role here for pharmacists and to promote specialisation through further training.

6.2 After registration, continuing professional development is obligatory for pharmacists, although study leave can be difficult to obtain, both for community- and hospital-based pharmacists. Post-graduate courses are of varying quality and level of detail and there is no obligation for any pharmacist to undertake post-graduate training in dermatology.

6.3 The Centre for Post-graduate Pharmacy Education in England (CPPE) provides workshops and distance-learning packages. Recently, the CPPE has commissioned two open-learning dermatology packages, one of which is scheduled for publication in 2004. These packages are primarily aimed at community pharmacists and are designed to provide grounding in the recognition and management of common dermatological conditions. Both will be available free of charge to practising pharmacists in England, Scotland, Wales and Northern Ireland. Although the uptake of this training will be voluntary, the APPGS welcomes at least the provision of such an up-to-date training resource.

6.4 A number of pharmacists are now undertaking training to become supplementary prescribers. Of concern here is that the didactic elements of the courses to allow them to do this, tend to be focussed on organisational aspects and the handling of consultations. Specific aspects of therapeutics are addressed largely during the supervised hands-on training – and therefore tend to reflect the interests of the supervisor. The APPGS is concerned that there is no national strategy to train a body of pharmacist supplementary prescribers with expertise in dermatology (or any other therapeutic specialty, for that matter).

6.5 The role of primary care pharmacists in advising on appropriate prescribing for chronic dermatological conditions could be promoted. Pharmacists are key members of the healthcare team and their training should be considered and actively co-ordinated with other groups of health professionals.

6.6 We recommend that the following steps are taken to improve dermatology training amongst pharmacists:

- Pharmacy students should receive basic training as part of the undergraduate course and a model curriculum should be designed within two years.

- The RPSGB and the BAD should immediately be invited by the Department of Health to draft a strategy for post-graduate training of pharmacists in dermatology.

- Opportunities should be created for team post-graduate training (also involving GPs and nurses).

- Consideration should be given to providing incentives for community pharmacists to undertake further training in dermatology.

7.0 Conclusion

7.1 Both undergraduate and postgraduate training for health professionals dealing with skin disease is inadequate. The current level of training amongst doctors, nurses and pharmacists in no way reflects the prevalence of these diseases.

7.2 To address the current inadequacies, dermatology must be incorporated into all undergraduate and postgraduate training curricula. Furthermore, continuing professional development in dermatology should be encouraged amongst all groups of health professionals and should reflect service needs.

7.3 The APPGS is keen to encourage the provision of multi-professional training opportunities in primary and secondary care. A multi-professional approach, combining the training of pharmacists, nurses and GPs, would greatly benefit patients and help to promote greater integration in local services. Team training programmes should draw on the experience of consultant dermatologists, appropriately trained professionals and patient groups to promote the transfer of knowledge to nurses, pharmacists and GPs.

7.4 Alongside a minimum level of dermatology competency, a more advanced level of training for doctors, nurses and pharmacists who wish to become specialists should be facilitated. As part of this, the role of NCCG doctors should be defined and assessed to ensure their proper recognition and remuneration.

7.5 Improving the level of dermatology training remains the APPGS's first priority, and we are convinced that it is the principal means by which services for patients will be improved. The recommendations above involve many different organisations, from Government through to the Royal Colleges and professional special interest groups; they should be taken into consideration in all future reviews of medical training programmes.

7.6 Two key ingredients are required to make the difference, namely the will to deliver change and a partnership approach to the problem from all interested partners. Without this it may be expected that when the APPGS next reviews this issue in two to three year's time, we shall yet again have to report that little progress has been made. That will mean that patients with skin disease still have to live with poor health forced on them by inadequate dermatology services. In a modern society such as ours, that would be entirely unacceptable.

APPENDIX A

SPECIALIST ADVISERS

Faye Butler - Chair, British Dermatological Nursing Group

Dr Christine Clark - Consultant Pharmacist

Professor Stephen Field - Royal College of General Practitioners, Department of Health - Postgraduate Medical Education and Training Board

Peter Lapsley - Chief Executive, Skin Care Campaign

Peter Longland - Chair, APPGS Standing Advisory Committee

Dr Tim Mitchell - Primary Care Dermatological Society

Dr Meg Price - President, British Association of Dermatologists

Lynette Stone, CBE - Chairman, Skin Care Campaign

APPENDIX B

PROFESSIONAL BODIES AND GROUPS THAT WERE CONSULTED

British Association of Dermatologists

British Dermatological Nursing Group

Primary Care Dermatology Society

Royal College of General Practitioners, Education Network

Royal Pharmaceutical Society of Great Britain

Skin Care Campaign