



Phillip Dunne MP
Minister of State for Health
Department of Health
Richmond House
79 Whitehall
London
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February 20th 2017

Dear Minister,

I am writing to you in my capacity as the Chairman of the All Party Parliamentary Group on Skin (APPGS) to request a meeting to discuss the findings uncovered by our recent research regarding dermatology services.

Though skin diseases are often trivialised, they are amongst the most common long-term conditions (LTCs) in the UK, affecting both young and old over the course of a lifetime. The psychological and social impact of skin disease can be devastating, affecting a person's social-, sexual- and work life, their self-esteem and ability to take part in public activities. It is critical that patients receive timely and appropriate treatment for their conditions.

Over the past 18 months, the APPGS has been working with its partners to scrutinise how dermatology services in England are functioning. Our work has revealed some concerning performance variations, which are outlined below:

- **There is an acute lack of consultant dermatologists in England.** In 2015, an audit by the Dermatology Council for England (DCE) of a representative sample of trusts found that 66% were operating with consultant level vacancies, of which 60% had 2 or more posts unfilled. The British Association of Dermatologists (BAD) have also provided examples of hospitals that are operating with less than one WTE accredited dermatologist in post. These shortages are a consequence of long-term restrictions in dermatology training numbers.
- **Dermatology services are over-reliant on often under-qualified locum consultants.** The 2015 audit found that 71% of audited trusts were employing locum consultants. This reliance is clearly a long-term issue. Of those trusts employing locum consultants, 52% had been in post for between 1 and 4 years. At least 48% of trusts employed locum consultants who were not on the specialist register of trained consultants held by the GMC. These locums are not accredited to provide training, which has also contributed to the long term short-fall in doctors trained in dermatology.
- **Dermatology services are failing to meet waiting times targets.** In 2016, the APPGS audited over 140 trusts providing dermatology services. Responses revealed that 46% of trusts surveyed were breaching the 18-week referral-to-treatment target.
- **Patients with urgent skin conditions are increasingly struggling to access services in an appropriate timeframe.** The 2016 audit found that on average, patients in need of an urgent referral waited 4 weeks for an appointment.

However, at least 10% of trusts were unable to offer patients such referrals in less than 10 weeks and a further 10% did not offer urgent referrals at all.

These problems reflect the depleted consultant workforce numbers and the inability of primary care to deal with dermatology patients, due to inadequate dermatology education.

Despite the fact that 24% of the population consults their GP with a skin problem each year, dermatology is currently insufficiently represented on all medical curricula. Indeed, in 2016, the DCE found that:

- **It is possible to complete the undergraduate medical course without ever receiving any dermatology education.** 15% of medical schools reported that dermatology was not a compulsory element of their curriculum.
- **It is possible to complete the undergraduate medical course without ever taking a dermatology clinical placement.** 10% of medical schools either did not offer, or did not require, their students to complete any dermatology clinical placements.
- **Across the country, there is no consistency in the type and amount of dermatology education provided in undergraduate medical schools.** This is exemplified by the teaching hours. Over the undergraduate course, schools provided as little as no dermatology lectures at all up to as much as 6-weeks of course time. Anecdotally, the British Association of Dermatologists (BAD) estimate that the average teaching time devoted to dermatology is one week or less.

The findings outlined above are endorsed by work by the BAD and the Kings Fund.¹ In 2015, the Kings Fund highlighted inconsistent quality in treatment and diagnosis across England, noting that 'based on recommended numbers from the Royal College of Physicians, no region has enough dermatologist[s]'. This has been supported by the former Centre for Workforce Intelligence, who previously agreed a 30% deficit in the number of dermatologists needed in England.²

The APPGS has made several recommendations as to how the Government, NHS England and Health Education England could work together to improve dermatology services and I would greatly appreciate the chance to meet with you to discuss these recommendations. I have attached briefings containing more information on the figures outlined above.

I look forward to hearing from you in due course.

Yours sincerely,



Dr George Moncrieff
Chairman of the All Party Parliamentary Group on Skin

¹ British Association of Dermatologists, Dermatological Content of U.K. undergraduate curricula in 2015. Available at <http://www.bad.org.uk/library-media/documents/Dermatological%20content%20of%20U.K.%20%20undergraduate%20curricula%20in%202015%20full%20report.pdf>

² <https://www.rcplondon.ac.uk/sites/default/files/dermatology.pdf>