



Liberating the NHS: developing the Healthcare Workforce.

Response of the British Association of Dermatologists (BAD)

Key points

- (1) The BAD and other Professional Associations and Colleges should set standards of medical education, training and accreditation with the relevant national bodies including the GMC and Health Education England (HEE) to ensure the highest standards across the UK.
- (2) Local providers with short term budget priorities are likely to reduce spending on education and research if this competes with patient care. This would result in a long term reduction in standards with inefficient treatment, increased waste, a post-code lottery for people relying on the NHS. This would have a greater impact in areas of social deprivation increasing health inequalities across the UK.
- (3) The Deanery structure has produced uniform high standards for training by monitoring trainee doctors. Whilst the need for efficiency is understood, wholesale rapid removal of this system threatens a catastrophic breakdown in training structures. Reacting to this crisis will distract senior clinicians from clinical work. Change should be piloted and evaluated in one region for at least four years (the minimum period of higher training for specialists) before widespread implementation.
- (4) HEE looks set to be a vast organisation taking on many different roles. This will be unwieldy and inefficient so increasing costs. Furthermore, as proposed, it is likely to need restructuring within a few years producing another expensive, inefficient reorganisation.
- (5) The Centre for Workforce Intelligence (CfWI) and BAD have begun to work together to produce workforce intelligence. This illustrates how government can work constructively with professional organisations utilising networks of clinicians and enabling a two way understanding of priorities and difficulties. The recommendations of CfWI must be implemented even in the face of cost saving local providers.

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