Committee calls for substantial investment in allergy services

Lynn Eaton *London*

The government needs to make a substantial investment in allergy services in the NHS in England, says the House of Commons health select committee in its latest report, which describes the current provision as "manifestly inequitable."

"The current provision... owes nothing to the geographical spread of allergy in the population," the report says. "Rather, it comprises those centres where specialist research in allergy has taken place, on the back of which clinical services have developed ad hoc."

No comprehensive allergy service in England north of Manchester and west of Bournemouth currently exists, says the report. The committee calls for a minimum of one specialist allergy centre in each of the former NHS regions (serving a population of 5-7 million). As an intermediate measure, though, until appropriate staff are available, it suggests a specialist allergy consultant be in

post in most large teaching hospitals.

"To make this happen," said David Hinchliffe, committee chairman, "the government needs to heed the advice of its own specialist workforce planners and increase the number of specialist doctor training posts in allergy."

He dismissed health minister Stephen Ladyman's claims to the committee that there was no real evidence of unmet need as unconvincing: "The very absence of services is contributing to a perception of no unmet need since there can be no waiting lists for clinics that do not exist," he said.

Mr Hinchliffe also called for better training in allergy for GPs and the development of a cadre of GPs with a special interest in the field.

"The government agrees there is a problem, but hasn't faced up to it yet," he said. "At the moment, the NHS is not a national health service at all, so far as allergy is concerned."

The absence of a specialist service means that patients, and often GPs, are ignorant of treatment options. "Patients are instead given drugs, often for years and years, to manage symptoms, when one or two visits to an allergist could ameliorate their conditions, without the use of drugs," said Mr Hinchliffe. The

JAMES KING-HOLMES/SPL

Patients are often given drugs for years when one or two visits to an allergist could ameliorate their condition, the report says

report recommends that primary care should eventually be the main provider of allergy services.

The Royal College of Physicians and the British Society for Allergy and Clinical Immunology have given a warm welcome to the report. Andrew Wardlaw, president of the British Society for Allergy and Clinical Immunology, described the report as "excellent."

"Unless there is some kind of national programme to provide a service, it is never going to happen in the current climate through PCT [primary care trust] commissioning," he said. "We've been pressing the

Department of Health for years on this, and they have always resisted it. At the very least this report gives us more ammunition for our campaign."

Currently, allergy is taught, if at all, as part of the immunology element of a doctor's medical training, he said. "It tends not to get a look in," he added.

Stephen Holgate, chairman of the Royal College of Physicians' allergy working party, also welcomed the report. □

The report, *The Provision of Allergy Services*, is available at www.parliament.uk/parliamentary_committees/health_committee.cfm

Surgeons warn changes will fail without investment in training

Caroline White *London*

Surgeons in the United Kingdom are calling on the government to provide protected time for both trainers and trainees in surgery to guarantee standards in the new shortened training curriculum, details of which were formally unveiled last week by the Royal College of Surgeons of England.

The curriculum changes are part of an overall government initiative to modernise medical careers in every specialty and to shorten the training period of consultants. They will be tested in three pilots in each of the nine surgical specialties across England and Wales next year, before being adopted comprehensively in 2007.

Under the plans, specialist

training will become competency rather than time based, speeding up the route to a consultant post by an average of four years, and easing bottlenecks in career progression, particularly at senior house officer grade.

The new programme entails two foundation years, focusing on generic skills, such as communications and teamwork, followed by a minimum of five years—to a maximum of eight—of structured, specialist training.

It is hoped that the modular design will also make it easier for women to combine a surgical career with having children. About 60% of medical school entrants are female, yet less than 6% of UK

consultant surgeons are women.

But restrictions on working hours imposed by the European Working Time Directive have sparked fears that training quality will suffer in the truncated programme without additional investment.

Announcing the changes, Mr Hugh Phillips, president of the Royal College of Surgeons, insisted that these were not about "dumbing down" surgical skills but about more efficient use of trainees' time. "Not every surgeon needs to be trained to be a superspecialist," he said, citing the sheer volume of "lumps and bumps" procedures. "But they do need to be trained to nationally agreed standards... and capable of carrying out elective and emergency surgery," he added.

This would be impossible without protected time for both trainers and trainees, even if this was at the expense of meeting

service targets, he warned. "The resources required to allow on the job training must be recognised by the Department of Health and trust executives. Failure to invest in tomorrow's doctors will seriously damage patient care."

Mr Denis Wilkin, vice president elect of the Association of Surgeons of Great Britain and Ireland, which has just issued a consensus statement on the government's proposals for modernising medical careers, said: "Not every consultant will be responsible for a trainee, but there is a clear need for a cadre of people to take responsibility for [it] and be expert at it."

But he warned that additional provision would need to be made for training these "training captains," who would need to be given status and possibly extra pay as well, he said. The overall cost "could be substantial," he suggested. □