

HIGHER MEDICAL TRAINING

CURRICULUM

FOR

DERMATOLOGY

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This curriculum is available on the JCHMT website:
<http://www.jchmt.org.uk>

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ENTRY REQUIREMENTS

Applicants for Higher Medical Training (HMT) must have completed a minimum of two years General Professional Training (GPT) in approved posts and obtained the MRCP (UK) or (I) or MRCPCH. GPT is defined as follows:

A minimum of 2 years in approved posts, with direct involvement in patient care and offering a wide range of experience in a variety of specialties.

18 months of the 2 years must be spent in posts providing experience in the admission and early follow-up of acute emergencies. At least 6 of these 18 months must be spent on a service or services on which the emergency is unselected. 'Unselected take' is defined as acute medical intake encompassing the broad generality of medicine i.e. not restricted to any single or small groups of specialties. If any major component of acute medicine (e.g. cerebrovascular accidents, myocardial infarctions) is excluded from the take, this experience must be gained in other posts. During the period on 'unselected take' trainee should have an on-call commitment that averages no less than 4 takes per month.

Dermatology experience is not essential for enrolment into HMT but some exposure to dermatology is desirable, although no more than six months will be allowable towards GPT. Up to 6 months of other relevant experience (e.g. rheumatology, genito-urinary medicine, infection and HIV medicine, histopathology, plastic surgery) can also be counted towards GPT.

Applicants who have completed GPT in paediatrics and hold an MRCPCH must have completed at some stage a *minimum of six months of adult general medicine with unselected take*.

Overseas and non-UK EU graduates, who do not hold the MRCP (UK) or MRCP (I) but who wish to apply for HMT posts, must provide evidence of comparable knowledge, training and experience, particularly in the care of acute medical conditions. The acceptability of non-UK qualifications for purposes of entry to higher training will be at the discretion of the SAC subject to endorsement by the JCHMT Medical Director.

DURATION AND ORGANISATION OF TRAINING

The duration of HMT in Dermatology is four years. The Director of the programme to which the trainee is appointed will nominate consultant trainers for each stage of HMT after consultation with the trainee and the prospective trainers. Supervisory arrangements will vary between departments and should be flexible, allowing trainees to have a variety of trainers during the course of their HMT. However, the criteria laid out in the objective based curriculum must be met.

Trainees should note that CCST dates are ultimately decided by the JCHMT. Any other CCST dates that are suggested by other bodies such as the Postgraduate Dean or Programme Directors are only provisional.

Time spent training abroad to gain specific skills is considered to be potentially of great benefit. Prior agreement must of course be gained from the Programme Director and

Postgraduate Dean, and approval sought in advance from the SAC.

RESEARCH

A period of supervised clinical or laboratory research of high quality is considered desirable. Individual programmes must be agreed in advance and may contribute up to twelve months towards the total duration of HMT. The amount of credit allowed up to twelve months is at the discretion of the SAC. No credit is allowed for any research carried out prior to commencement of GPT. Generally research programmes with a clinical component of one or two clinics per week plus some educational activities are likely to attract more credit than programmes which have no patient contact at all. Some trainees may wish to spend two or three years in research either before starting HMT or by interrupting further advanced training. For those undertaking an extended period of research *after entering a programme* and obtaining their NTN, a limited amount of additional educational credit beyond one year but no longer than 18 months may be granted, at the discretion of the SAC, for clinical work relevant to the programme undertaken in the course of research. This concession does not apply to those undertaking research *prior to entry* to a higher training programme. Trainees are encouraged, but not obliged, to submit an MD thesis based on their research work.

All trainees are encouraged to be actively involved in research studies throughout their training. They are strongly advised to take the initiative in presenting at meetings and writing up and submitting for publication articles based on their research activities, as well as case reports and review articles. Learning these skills is considered an essential part of HMT. Alternatively, some trainees may wish to undertake further special training in, for example, dermatopathology or dermatological surgery. Again such programmes must be agreed in advance.

ASSESSMENT

Progress through the training programme will be monitored by annual assessments, in conformity with the requirements laid down in the JCHMT Handbook and in the National Health Service Executive 'Guide to Specialist Registrar Training' (Record of In-Training Assessment). Training Records will follow the content of the curriculum and identify the competencies to be measured in the course of training. Trainers will ensure that their trainees receive regular informal appraisal and advice about career development.

FLEXIBLE TRAINING

Trainees who are unable to work full-time are entitled to opt for flexible training programmes. EC Directive 93/16/EEC requires that:

i Part-time training shall meet the same requirements as full-time training, from which it will differ only in the possibility of limiting participation in medical activities to a period of at least half of that provided for full-time trainees;

ii The competent authorities shall ensure that the total duration and quality of part-time training of specialists are not less than those of full-time trainees.

The above provisions must be adhered to. Flexible trainees should undertake a pro rata share of the out of hours duties (including on-call and other out of hour commitments) required of their full-time colleagues in the same programme and at the equivalent stage.

For details of appointment and funding arrangements for flexible trainees, please see the revised 'Guide to specialist Registrar Training' (February 1998).

FACILITIES NECESSARY FOR SPECIALIST TRAINING

These will be assessed by SAC visitors who will make appropriate recommendations. However the following are basic requirements:

A desk in a SpR designated room.

Ready access to computer facilities and the Internet.

Ready access, close to where patients are seen in the clinic, of major reference texts.

Ready access, either within the main training department of the rotation, or at the hospital medical library, of the following books and journals:

The following are the minimum requirements:

Books

General The latest edition of "Rook, Wilkinson, Ebling: Textbook of Dermatology"
 The latest edition of at least one major US dermatology textbook.

There should be at least one current edition of textbooks in each of the following areas:

Dermatopathology

Contact dermatitis / occupational dermatology

Paediatric dermatology

Dermatology surgery

Genetics of skin diseases

Genito - urinary / Vulval diseases

Infectious diseases including HIV

Dermato - epidemiology: evidence based dermatology

Photodermatology

Journals

At least five dermatology journals should be taken regularly by the department.

FURTHER INFORMATION

British Association of Dermatologists Website.

It is planned that the contents of this curriculum and other information of relevance to trainers and trainees will be given on the British Association of Dermatologists website: www.bad.org.uk. This information may include reading lists that may be of help to trainees, advised by societies representing special interests in British dermatology.

GENERAL POINTS

Higher Medical Training in Dermatology must provide the ability to diagnose and manage the full range of diseases that can affect the skin and its appendages. These include primary diseases of the skin and diseases of mucous membranes (mouth and genitalia), hair and nails, and systemic diseases with skin involvement. To achieve these goals, the trainee must have ready access to advice from a consultant at all times, both in the outpatient department and on the ward.

During the first year, the trainee must obtain a grounding in the subject and well-defined goals are set for this period. Thereafter, the training requirements become more flexible.

CRITICAL EVALUATION, RESEARCH AND STATISTICAL TECHNIQUES

It is essential that a trainee acquires a thorough grounding in the experimental science that accompanies high quality clinical medicine. The trainee must be familiar with methods of objective clinical recording and measurement in dermatology, be able to interpret commonly used statistical measures and be able to evaluate published studies critically. The trainee must be able to appraise critically randomised control trials, and be able to evaluate the role of chance, bias and confounding in published papers. In order to achieve these goals, the trainee should take part in weekly meetings to review current journals and ongoing departmental research. The trainee should also be familiar with methods for retrieving published information and able to use a computer for word processing, data handling, access to the Internet and searching electronic databases. The trainee is recommended to attend formal courses covering experimental design, medical statistics and critical appraisal, and should have training in the design and interpretation of clinical trials.

IN-PATIENTS AND DAY-CARE TREATMENT

For the first year, and for at least one of the remaining years of HMT, the trainee must be responsible for the day-to-day management of dermatology in-patients and, where such facilities exist, for day-care patients. These patients should be seen in outpatients facilities dedicated to care of dermatology patients, and, preferably, in a dedicated dermatology ward. A senior trainee or consultant should provide supervision at least twice weekly during the first year and at least once weekly throughout training. The trainee must also be involved in the management of paediatric in-patients.

WARD REFERRALS

The trainee must have a regular commitment to seeing hospital in-patient referrals for at least three of the four years of HMT, and should become familiar with the skin problems of patients in intensive care units. Trainees should also see dermatological problems arising in paediatric patients and in neonates.

During the first year, the trainee will be expected to accompany a consultant or senior trainee, and thereafter will be given increasing responsibility for carrying out consultations independently. Ready access to consultant advice should, however, always be readily available.

GENERAL DERMATOLOGY OUT-PATIENT CLINICS

During the first year the trainee must do at least three *general* dermatology outpatient clinics per week. For at least two of the remaining years, the trainee must do a minimum of three *general* dermatology clinics weekly. Trainees should see both new and review patients. Sufficient time must always be made available for the supervising consultant to teach and advise the trainee during these clinics.

The trainee must also attend a clinic dedicated to paediatric dermatology, at least once weekly for six months (or pro rata equivalent) preferably during year two or three.

It is considered that the provision of patient management advice via telemedicine is likely to become more widespread. At this early stage of development, trainees should be encouraged to gain training in this area if this expertise is available within the training programme.

ON-CALL

All trainees must have a *non-resident* (i.e. from home) Dermatology on-call commitment during their training. It is expected that this would not normally be for anything less than a 1 in 7 rota throughout training (pro rata for flexi trainees). It should cover the care of dermatology in-patients, dermatological problems arising in patients on general wards (adult and paediatric), the Intensive Care Unit and the Accident and Emergency Department, at the request of colleagues senior and junior within the hospital. It may be necessary for the trainee to come in from home to assess the dermatological problem depending on the circumstances. Indeed it is training and experience in assessing clinical situations from a distance over the telephone that is desirable. Therefore the trainee on-call must be supported by an on-call consultant who, likewise, may decide to attend the case in question together with the trainee. The trainee should not take part in on-call commitments for acute general medicine.

CURRICULUM FOR GENERAL DERMATOLOGY TRAINING

SKIN BIOLOGY

Objective	Subject matter	Teaching and learning method	Assessment	Evidence of competence
<p>To provide the trainee with the knowledge of the structure and function of normal skin in order to be able to explain the consequences of various diseases and the means by which treatment may be effective.</p>	<p>Anatomy, physiology, immunology, biochemistry and molecular biology of normal skin. Alterations of these in disease states.</p>	<p>Attendance at suitable course e.g. Biology of Skin Trainee seminars within department or region Journal Club review Possible research in a limited area</p>	<p>Peer review of competence of explanation of published literature Presentation(s) to training department</p>	<p>Evidence of attendance at suitable course. Contribution to trainee training and continuing medical education by presentation of review of at least one aspect of skin biology which is the subject of a satisfactory report from trainer. Formal assessment of a critical review of investigational paper at journal club within training department - satisfactorily reported by senior staff member who is not trainer.</p>

GENERAL DERMATOLOGY

Objective	Subject matter	Teaching and learning methods	Assessment	Evidence of competence
To provide the trainee with the skills and knowledge necessary to be able to carry out specialist assessment and management of a patient presenting with a dermatosis in both an inpatient and outpatient hospital setting	The following dermatoses are included under this heading and the requirements of the curriculum apply to each one of them; melanoma, non melanoma skin cancer, vulva intraepithelial neoplasia (VIN) psoriasis, atopic eczema, lichen planus, lichen sclerosus, other papulosquamous disorders, urticaria and other similar allergic reactions, drug eruptions, skin disease associated with systemic pathology, pigmentary disorders, bullous diseases, reactive erythemas and vasculitis, hair and nail disease, sebaceous and sweat gland disorders and vulvar dysaesthesia. History taking in a patient with a dermatosis.	<ul style="list-style-type: none"> ❑ Observation of, assisting and discussion with, senior staff. ❑ Task specific on-the-job training (e.g. Dithranol treatment). ❑ Personal study. ❑ Postgraduate education (RSM, St John's). <p>Tutored clinical experience (ward rounds, clinics).</p>	<ul style="list-style-type: none"> ❑ Detailed and reliable history taking and recording of appropriate details. ❑ Detailed and correct physical examination. ❑ Correct decision over choice of diagnostic tests. ❑ Accurate diagnosis of conditions and formation of appropriate treatment plans. ❑ Appropriately successful patient outcomes. <p>Observable confidence of supporting staff, e.g. dermatology nurses.</p>	Correctly maintained and up to date logbook. Satisfactory and appropriately verified trainers report.

	<p>Physical examination of the integument (and where relevant, other organs) in different ages and skin types.</p> <p>Investigation techniques and indications for these (including mycology/histology/IMF). Forming a differential diagnosis based on history, examination and relevant investigations.</p> <p>Treatment of patient with dermatosis.</p> <p>Relating to and communicating with patients of all ages and ethnic groups.</p> <p>Providing education and advice to a patient with a dermatosis.</p>			
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DERMATOPATHOLOGY

Dermatologists require to be able to interpret written pathology reports and to recognise histological patterns in skin diseases.

Objective	Subject matter	Teaching/learning method	Assessment	Evidence of competence for inclusion in record
<p>To be able to correctly interpret a written dermatopathology report and to offer discussion and differential diagnosis with the distinguishing histological features.</p> <p>To be able to recognise the microscopic features of disease of the skin.</p> <p>To be able to use range of laboratory techniques to optimise diagnostic accuracy.</p>	<ul style="list-style-type: none"> ❑ The normal histology of the skin. ❑ The categories of disease process affecting the skin including types of inflammation, degeneration, neoplasia and genodermatoses. ❑ The histological features of the categories and distinguishing of individual diseases. ❑ The relationship of biopsy procedure to histological artefacts. ❑ Correct handling of specimens including fixation and/or transport medium. ❑ The principles of histological techniques including special stains and immunochemistry and their value in specific diseases. 	<ul style="list-style-type: none"> ❑ Regularly discussing histology of recent clinical cases. ❑ Regular seminars on classic or teaching cases. ❑ Attend a course in dermatopathology. ❑ A brief attachment to histology laboratory to become aware of processes involved. ❑ One to one microscopic teaching with specialist dermatopathologist. ❑ Audit or research project in collaboration with dermatopathologist. 	<ul style="list-style-type: none"> ❑ Self-assessment at weekly case seminars and teaching seminar. ❑ Assessment by specialist dermatopathologist on the basis of above seminars and/or work on teaching microscope. ❑ Observed competence in the practical examination of slide sets. 	<ul style="list-style-type: none"> ❑ Record of attendance at management and training seminars. ❑ Record of attendance at dermatopathology courses. ❑ Evidence of any audit or research work. ❑ Record of performance in any practical assessment of slides.

CONTACT DERMATITIS AND OCCUPATIONAL DERMATOSES

All dermatologists need to understand the indications for patch testing. Most will need to continue to be familiar with the techniques and the interpretation of results. A few will wish to specialise further.

Most Consultant dermatologists in a district general hospital setting will not have access to a specialised contact/occupational dermatitis clinic and will need to provide patch testing services and advice on occupational skin problems as part of their day to day general dermatological practice. Each Specialist Registrar in dermatology must be equipped during their training with the necessary skills to provide such a service.

All trainees must therefore gain experience under supervision within a recognised contact dermatitis clinic. Such an attachment should provide the opportunity for new patients to be assessed, a plan of investigation to be decided, the results to be interpreted and a plan of care to be provided for the patient.

PATCH TESTING

Objective	Subject matter	Teaching and learning method	Assessment	Evidence of competence for inclusion in records
To provide the trainee with knowledge and skills in the diagnosis, investigation and management of patients with contact dermatitis and contact urticaria. To explain the mechanisms involved in allergic and irritant contact dermatitis. To	<ul style="list-style-type: none"> ❑ Explain the indications for patch testing. ❑ History taking from patients with suspected contact dermatitis. ❑ Ability to make a pre-patch test diagnosis. ❑ Explain which 	<ul style="list-style-type: none"> ❑ Observation of and discussion with senior staff (all). ❑ Observe and perform under supervision. ❑ Personal study of dermatology texts and contact dermatitis journals. ❑ Attendance at 	<ul style="list-style-type: none"> ❑ Case notes review and discussion with trainer. ❑ Explain to trainer how to correctly choose allergens, interpret results and subsequently manage patients. 	<ul style="list-style-type: none"> ❑ Log book of experience. ❑ Satisfactory trainer/supervisor reports.

<p>define the investigation of contact dermatitis within an occupational setting, and common occupational dermatoses. The trainee should also be able to explain the methodology used when writing medical reports.</p>	<p>allergens within the ESS (or British) are appropriate and whether additional allergens are appropriate.</p> <ul style="list-style-type: none"> ❑ Explain when patch testing is contra-indicated or would give inconclusive results. ❑ Explain how to apply allergens and to instruct patients during the patch test procedure. 	<p>appropriate postgraduate education course.</p> <p>Observation of specialist nursing staff.</p>		
	<ul style="list-style-type: none"> ❑ Explain the common range of application times and reading procedure for patch tests - both those that are generally available and those that apply to the clinic where the trainee is attached. ❑ Ability to read and interpret patch tests. ❑ Ability to give 			

	<p>advice to patients.</p> <ul style="list-style-type: none"> ❑ Explain when further patch testing is indicated. ❑ Ability to request and prepare products e.g. cosmetics for patch testing. ❑ Ability to undertake testing with products brought to the clinic by the patient when indicated. ❑ Explain the side effects of patch testing. ❑ Explain the use of a repeated open application test in assessment of patients. ❑ Explain when testing of control patients is indicated. ❑ Explain procedures involved and be able to test patients who present with 			
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	<p>suspected contact urticaria and/or type I hypersensitivity (see patch testing and prick testing – indications and contra-indications).</p> <ul style="list-style-type: none"> ❑ Define basic mechanisms involved in irritant and allergic contact dermatitis. ❑ Explain who to assess patients for DDS and medico legal reports (see further section). 			
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PREPARATION OF DEPARTMENT OF SOCIAL SECURITY AND MEDICO LEGAL REPORTS

In a general dermatological practice, it is common for the opinion of the Consultant to be sought by solicitors or the Department of Social Security on whether or not an eruption is occupationally related. It is the individual Consultant’s choice as to whether he or she undertakes this work but nevertheless all trainees must be familiar with the issues involved.

Objective	Subject matter	Teaching and learning method	Assessment	Evidence of competence for inclusion in record
<p>To provide the trainee with the skills and knowledge to be able to assess patients for DSS and medico legal claims and to write appropriate reports.</p>	<ul style="list-style-type: none"> ❑ History taking and examination of patients for DSS and medico legal claims. ❑ Explain legal issues of how and when to examine a patient on behalf of a solicitor. ❑ Explain the duty of the Consultant to the Court. ❑ Preparation of a medico legal report. ❑ Investigation of a patient seen for the purposes of a medico legal or DSS report. 	<ul style="list-style-type: none"> ❑ Observation of senior staff. ❑ Discussion with senior staff. ❑ Postgraduate education course. 	<ul style="list-style-type: none"> ❑ Detailed and appropriate history taking and examination. ❑ Correctly completed mock medico legal report. 	<ul style="list-style-type: none"> ❑ Correctly maintained and up-to-date log book for cases with a potential medico legal content. ❑ Satisfactory report from tutor.

PRICK AND INTRADERMAL TESTING

Prick testing for the presence of type I (immediate) hypersensitivity is a very specialised investigation often performed in specialist contact clinic units. It would not normally be expected to be used as a day-to-day test in a district general hospital dermatology setting. Nevertheless the diagnostic benefits of prick testing must be appreciated by the trainee, as must the indications for specialist referral for the procedure. These matters are particularly pertinent to the subject of latex allergy.

Objective	Subject matter	Teaching and learning methods	Assessment	Evidence of competence
To provide the trainee with the skills and knowledge to decide which patients would benefit from prick testing and to be able to explain and perform the practical aspects of prick and intradermal testing. To have knowledge of when allergen specific IgE testing (RAST) can be helpful in the management of patients with presumed contact allergis, possible type I hypersensitivity or contact urticaria.	<ul style="list-style-type: none"> ❑ Indications for prick testing and intradermal tests. ❑ Prick testing and intradermal testing procedures. ❑ Mandatory precautions to be observed. ❑ Training in resuscitation techniques. ❑ Knowledge of latex-free protocols and advice to be given about non-latex gloves. 	<ul style="list-style-type: none"> ❑ Discuss with senior staff. ❑ Observe prick testing. ❑ Attendance on cardio-pulmonary resuscitation course. 	<ul style="list-style-type: none"> ❑ Observe competence at selecting patients for possible prick or intradermal testing. ❑ Observe competence at performing prick and intradermal tests. 	<ul style="list-style-type: none"> ❑ Procedures correctly recorded in logbook. ❑ Trainer to report that trainee is able to define the indications for prick and intradermal testing and is able to carry out such tests. ❑ Certificate of satisfactory performance at a CPR course. ❑ Satisfactory report from tutor on observation of the hospital's latex-free protocol and non-latex glove policy.

OCCUPATIONAL DERMATITIS AND OTHER INDUSTRIAL SKIN CONDITIONS

Occupational skin problems are so common that they will inevitably play a big part in every dermatologist's day-to-day practice. A detailed knowledge of the role or occupational in skin disease, the effects of occupation on endogenous skin problems, methods of reducing industrial exposures to potentially noxious agents and how to advise patients and employees, is vital for every dermatology trainee.

Objective	Subject matter	Teaching and learning methods	Assessment	Evidence of competence for inclusion in record
To provide the trainee with the skills and knowledge to be able to diagnose and manage patients with dermatitis or other skin problems caused or aggravated by their occupation.	<ul style="list-style-type: none"> ❑ Appropriate history taking where occupation causation is a possibility. ❑ Appropriate decisions concerning patient investigation, i.e. patch testing. ❑ Appropriate decisions about gaining information from the workplace (i.e. a workplace visit). ❑ A basic knowledge of occupational medicine. 	<ul style="list-style-type: none"> ❑ Discussion with senior staff. ❑ Personal study including specialist journals. ❑ Postgraduate education course. ❑ Clinical experience. 	<ul style="list-style-type: none"> ❑ Observe detailed history taking and accurate recording of appropriate details. ❑ Ensure correct decisions over appropriate investigation. ❑ Observe workplace visit and ensure correct conclusions. 	<ul style="list-style-type: none"> ❑ Correctly maintained up-to-date logbook. ❑ Satisfactory report from tutor for occupational dermatitis.

PAEDIATRIC DERMATOLOGY AND GENETICS

Many trainees will enter dermatology without experience of paediatrics. It is therefore important that the trainee has the opportunity to gain experience and feel confident in the care of children with skin disease. It is preferable that this experience is gained in a dedicated paediatric clinic and it is suggested that the equivalent of one specialist paediatric dermatology clinic per week for six months will be required to gain the necessary skills.

Objective	Subject matter	Teaching and learning method	Assessment	Evidence of competence for inclusion in record
To provide the trainee with the knowledge and skills to feel confident in the diagnosis, investigation and treatment of children with skin disease. To have a basic understanding of genetics and genetic counselling relevant to dermatology.	<ul style="list-style-type: none"> ❑ History taking in children and their parents. ❑ Examination of children including small babies. ❑ Relating to and communicating with children of all ages. ❑ Forming a differential diagnosis based on history, examination and relevant investigation. ❑ Treatment of children with skin disease, including (in conjunction with paediatricians) in-patient management. ❑ Paediatric pharmacology/prescribing 	<ul style="list-style-type: none"> ❑ Observation of and discussion with senior staff ❑ Observe and perform under supervision. ❑ Clinical experience. ❑ Personal study of dermatology and paediatric texts, journals. ❑ Appropriate postgraduate education course. ❑ Observation of specialist nursing staff. 	<ul style="list-style-type: none"> ❑ Case notes review and discussion with trainer. ❑ Clinical observation by trainer. ❑ Trainer's reports informed by the opinions of other professionals. 	<ul style="list-style-type: none"> ❑ Log book of experience. ❑ Satisfactory trainer/supervisor reports.

	<p>relating to skin disease.</p> <ul style="list-style-type: none"> ❑ Growth monitoring. ❑ Dietary monitoring. ❑ Communication (including education/advice) with parents. ❑ Genetics and genetic counselling in skin disease. ❑ Aspects of immunology including management of atopic conditions. ❑ Understanding of relevant community and social service agencies. 			
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DERMATOLOGICAL SURGERY

Objective	Subject matter	Teaching and learning method	Assessment	Evidence of competence for inclusion in record
To provide the trainee with the knowledge, skills and confidence to diagnose and treat benign and malignant skin tumours safely and effectively. To impart understanding of the differing biological behaviours of different types of skin tumour, and a knowledge of the indications for more specialised techniques such as micrographic surgery.	<ul style="list-style-type: none"> ❑ History taking and physical examination of patients with pigmented lesions. ❑ Clinical diagnosis of benign and malignant skin lesions, appropriate use and interpretation of skin biopsy. ❑ Comprehensive knowledge of cutaneous anatomy from skin to fascia, surface anatomy of the head and neck, the vasculature of the face and the facial nerve. ❑ Surgical procedures: skin biopsy, shave excision, full thickness excision, curettage, the use of cautery and diathermy, choice of sutures, suturing 	<ul style="list-style-type: none"> ❑ Clinical tuition with senior staff. ❑ Observation and performance under supervision. ❑ Regular skin surgery session at least once weekly during year one, and a weekly session for at least one further year during training. ❑ Attendance at BSDS basic surgery workshops/relevant workshops. ❑ Personal audit of postoperative results (with photographic records), log book of operations. 	<ul style="list-style-type: none"> ❑ Review of patients in clinic by Consultant dermatologist. ❑ Observation of surgical technique by experience clinician/nurse. ❑ Review of logbook of cases undertaken to check an adequate number range of cases treated, review of consecutive pathology reports/cases of incomplete excision. Review of photographic results of surgery. ❑ Clinical examination and viva on diagnosis and treatment. 	<ul style="list-style-type: none"> ❑ Acceptable progress assessed by Training Consultant Dermatologists. ❑ Acceptable performance assessed by Consultant Dermatological Surgeon. ❑ Adequate performance/result in photographic quiz/MCQ/viva. ❑ Record of attendance at relevant courses.

	<p>techniques, correction of 'dog-ear' tissue protrusions.</p> <ul style="list-style-type: none"> ❑ Use of Cryotherapy; indications for radiotherapy, safe use of local anaesthetics, digital ring blocks. ❑ Management of second intention wounds, postoperative care, wound dressings, management of complications including immediate and delayed haemorrhage, wound infection and dehiscence. ❑ Cosmetic effects of skin surgery/medico legal aspects of skin surgery. ❑ Indications for skin grafts, skin flaps, micrographic surgery, biopsy of nail/nail matrix. 	<ul style="list-style-type: none"> ❑ Review of cases where pathology indicates incomplete excision. ❑ Attendance at specialised dermatological surgical or plastic surgical units. ❑ Personal study: textbooks on dermatological surgery, cutaneous anatomy. 	<ul style="list-style-type: none"> ❑ Satisfactory score on MCQ/Grey cases. ❑ Record of attendance at relevant courses/specialised units. 	
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CUTANEOUS LASER THERAPY

Laser treatment of cutaneous disorders has become an established part of dermatological practice. Whilst still not ubiquitous in the United Kingdom, the availability of lasers for cutaneous disorders is increasing and some level of service is provided in most regions. It is important that Specialist Registrars have a good understanding of the clinical use of established laser treatments commonly encountered in dermatological practice. The performance of laser procedures and supervision of patients undergoing laser treatment is desirable and may be available in some centres, but is beyond the scope of basic training, which can be attained within the 4-year curriculum.

Objectives	Subject matter	Teaching and learning method	Assessment	Evidence of competence for inclusion in record
<p>The trainee should be able to:</p> <ul style="list-style-type: none"> ❑ Describe the characteristics of laser light and basic laser-skin interactions. ❑ Describe basic laser safety procedures relevant to cutaneous laser therapy. ❑ Describe the principal output characteristics of lasers commonly used for cutaneous 	<ul style="list-style-type: none"> ❑ Basic laser physics. ❑ Laser safety issues. ❑ Laser tissue interactions with respect to pigmented lesions, vascular lesions and ablative lasers. ❑ Characteristics of common cutaneous lasers. ❑ Common laser responsive skin disorders. ❑ Patient selection for laser treatment, including pigmented lesions, 	<ul style="list-style-type: none"> ❑ Appropriate postgraduate education course, for example Core Dermatological Surgery Course. ❑ Personal study of Laser Dermatology texts and journals. ❑ Observation of pigmented, vascular and ablative laser treatments performed by senior staff and/or allied health profession laser operators (6 half 	<ul style="list-style-type: none"> ❑ Review of patients in clinic by Consultant Dermatologist ❑ Confirmation of attendance 	<ul style="list-style-type: none"> ❑ Log book of experience. ❑ Satisfactory trainer/supervisor reports confirmed by independent observer

<p>disorders.</p> <ul style="list-style-type: none"> ❑ Identify cutaneous disorders suitable for laser treatment. ❑ Identify circumstances where laser treatment would be hazardous. ❑ Demonstrate the ability to give appropriate basic advice to patients where laser treatment is considered. 	<p>vascular lesions and ablative lasers.</p> <ul style="list-style-type: none"> ❑ Risk factors for laser treatment. 	<p>day clinical sessions recommended).</p> <ul style="list-style-type: none"> ❑ Observation of and discussion with Senior staff. ❑ Assessment Trainer's reports informed by the opinions of other professionals. ❑ Clinical observations by trainer. 		
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PHOTODERMATOLOGY / PHOTODIAGNOSIS

Phototesting is a specialised area. It is not necessarily something which every Consultant dermatologist in a district general hospital should offer, but its uses and the indications for testing need to be appreciated by all trainees. Trainees should also gain the skills and knowledge to be able to decide which patients would benefit from photopatch testing, to carry out testing, interpret the results and counsel the patient.

Objective	Subject matter	Teaching/learning method	Assessment	Evidence of competence for inclusion in record
<p>To provide the trainee with the knowledge and skills to be able to define the clinical diagnosis and in particular the investigation and management of patients with a photosensitive disease.</p>	<ul style="list-style-type: none"> ❑ History taking and examination of a patient with photosensitivity. ❑ Indications for phototesting (see phototesting and photopatch testing sections). ❑ Decisions about additional investigations of photopatch/patch/MED testing, porphyrin, LE studies and diagnostic biopsy. ❑ Ability to conduct investigations (see phototesting/photopatch testing sections). ❑ Interpretation of the results. <p>Discussion of management.</p>	<ul style="list-style-type: none"> ❑ Discussion with senior staff. ❑ Observe and perform under supervision. ❑ Personal study of texts. ❑ Postgraduate education course. ❑ Clinical experience. 	<ul style="list-style-type: none"> ❑ Case note review and discussion with trainer. ❑ Clinical observation by trainer. 	<ul style="list-style-type: none"> ❑ Logbook of experience. ❑ Process of phototesting and photopatch testing assessed by independent observer.

PHOTOTESTING

Objective	Subject matter	Teaching/learning method	Assessment	Evidence of competence for inclusion in record
<p>To provide the trainee with skills and knowledge required to identify patients who would benefit from phototesting, to conduct phototesting, to interpret the results, to counsel the patient.</p>	<ul style="list-style-type: none"> ❑ Indications for phototesting (monochromator/provocation testing). ❑ Decisions regarding which light source(s) should be used; dosimetry, wavelength and dose ranges. ❑ Ability to administer metered UV exposure then read and record responses. ❑ Interpretation of phototest reactions and patient counselling. 	<ul style="list-style-type: none"> ❑ Discussion with senior staff. ❑ Observe and perform under supervision. ❑ Personal study. ❑ Postgraduate education course. ❑ Clinical experience. 	<ul style="list-style-type: none"> ❑ Correct decision over choice of investigations. ❑ Assessment of correct phototest methodology. ❑ Appropriate interpretation. 	<ul style="list-style-type: none"> ❑ Process of phototesting to be observed by independent observer and considered satisfactory. ❑ Correctly maintained and up to date logbook. ❑ Satisfactory report for phototesting.

PHOTOPATCH TESTING

Objective	Subject matter	Teaching/learning method	Assessment	Evidence of competence for inclusion in record
<p>To provide the trainee with the skills and knowledge to be able to decide which patients would benefit from photopatch testing, carry out testing, interpret the results and counsel the patient.</p>	<ul style="list-style-type: none"> ❑ Indications for photopatch testing. ❑ History and examination of a patient suspected of photocontact dermatitis. ❑ Decisions about which test agents should be tested. ❑ Ability to conduct UV exposure, then read and record photopatch test reactions. ❑ Interpretation of photopatch test reactions and patient counselling. 	<ul style="list-style-type: none"> ❑ Discussion with senior staff . ❑ Observe and perform under supervision. ❑ Personal study. ❑ Postgraduate education course. ❑ Clinical experience. 	<ul style="list-style-type: none"> ❑ Detailed history taking and accurate recording of appropriate details. ❑ Correct decisions over choice of photoallergens to be treated. ❑ Explain appropriate interpretation of photopatch test reactions and discussion of patient management. 	<ul style="list-style-type: none"> ❑ Process of photopatch testing observed by independent observer and considered satisfactory. ❑ Correctly maintained and up to date logbook. ❑ Satisfactory report from tutor for photopatch testing.

PHOTODERMATOLOGY - PHOTOTHERAPY / PHOTOCHEMOTHERAPY

Phototherapy and photochemotherapy are now amongst the most important therapeutic modalities available to dermatologists. Non medical staff (eg nurses; physiotherapists) are usually involved in the monitoring and delivery of these treatments. It is recognised that the potential adverse effects of phototherapy and photochemotherapy are amongst the commonest sources of complaint against dermatologists and dermatology departments. A full knowledge of their administration, monitoring, protocol development and staff training is essential.

Objective	Subject matter	Teaching/learning method	Assessment	Evidence of competence for inclusion in record
<p>Trainee will be provided with the skills and knowledge to decide the indications and protocol for phototherapy and photochemotherapy, to be able to conduct (including MED/MPD testing), and assess the risks and likely outcome for the patient.</p>	<ul style="list-style-type: none"> ❑ Explain indications and contraindications for phototherapy/photochemotherapy. ❑ Explain risks and benefit with patients prior to commencing therapy. ❑ Define which form of therapy should be used and its delivery (e.g. local, topical, systemic, whether broadband UVB, narrowband UVB or PUVA). ❑ Demonstrate ability to follow protocols for MED/MPD testing as well as therapy. ❑ Explain the principals of ultraviolet dosimetry and treatment regimens. 	<ul style="list-style-type: none"> ❑ Discussion with senior staff. ❑ Observe and perform under supervision. ❑ Personal study. ❑ Postgraduate education course. ❑ Clinical experience. 	<ul style="list-style-type: none"> ❑ Details of history taking and accurate recording of appropriate information. ❑ Correct decisions over choice and management of treatment confirmed by independent observer. 	<ul style="list-style-type: none"> ❑ Process of initiation and administration of treatment to be observed by an independent observer and considered satisfactory. ❑ Correctly maintained and up to date logbook. ❑ Satisfactory report from phototherapy tutor.

	<ul style="list-style-type: none"> ❑ Demonstrate knowledge of adverse effects of different forms of therapy. ❑ Define arrangements for follow-up of patients who have had large numbers of treatments who are recognised to be at risk of developing skin cancer. ❑ Explain how to set up a new service. ❑ Demonstrate a knowledge of new developments, e.g. UVA1, photodynamic therapy. 			
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GENITO-URINARY MEDICINE

Trainees in dermatology should acquire a basic understanding of how sexually transmitted infections (ST's) are diagnosed and managed. To this end the trainee should attend up to 8 clinic sessions in the department of genito-urinary medicine. The trainee must be able to explain the dermatological manifestations ST's including HIV infection and the requirements of counselling for HIV antibody testing.

Objective	Subject matter	Teaching and learning method	Assessment	Evidence of competence for inclusion in the records
<ul style="list-style-type: none"> ❑ To provide the trainee with the skills and knowledge to suspect the presence of an ST and method of referral to an ST clinic. ❑ The trainee should be able to explain to the patient the importance of his or her attendance at such a clinic ❑ Demonstrate an ability to recognise the cutaneous manifestations of ST's. ❑ Demonstrate an ability to explain to 	<ul style="list-style-type: none"> ❑ Definition of the cutaneous manifestations of syphilis ❑ Explain the incubation period and principles of contact tracing for the common ST's. ❑ Explain the cutaneous manifestations of gonorrhoea and other sexually transmitted infections. ❑ Explain the diagnosis and management of genital HPV infection ❑ Explain the diagnosis and management of vulvovaginal candidosis ❑ Explain the diagnosis 	<ul style="list-style-type: none"> ❑ Observation of, assisting and discussing with senior staff ❑ Personal study ❑ Attendance at appropriate education courses ❑ Tutored clinical experience 	<ul style="list-style-type: none"> ❑ Confirmation of attendance at GUM clinics and a record of the type of cases seen ❑ Confirmation of attendance at combined vulva clinic if available ❑ Confirmation of attendance at appropriate course for dermatologists on the management of ST's and AIDS ❑ Independent observer's assessment of the ability to counsel for HIV testing and to demonstrate a 	<ul style="list-style-type: none"> ❑ Up-to-date log book entry of experience gained and cases seen ❑ Confirmation of attendance at ST clinics by GUM consultant ❑ Confirmation of adequate knowledge of counselling and confidentiality by GUM consultants/health adviser

<p>patients when HIV antibody testing is necessary</p> <ul style="list-style-type: none"> ❑ Demonstrate an ability to recognise the requirements of patient confidentiality in such cases. 	<p>and management of genital herpes.</p> <ul style="list-style-type: none"> ❑ Explain the diagnosis and management of vulva disease and demonstrate an ability to differentiate non malignant, premalignant and malignant diseases of the genitalia in males and females. ❑ Demonstrate an ability to recognise the cutaneous complications of AIDS ❑ Demonstrate a knowledge of HIV testing ❑ Define patient confidentiality with regard to ST's, AIDS, HIV testing and contact tracing 		<p>knowledge of patient confidentiality</p>	
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INFECTIOUS DISEASES AND INFESTATIONS OF THE SKIN

Infections, particularly viral disease, are amongst the most common of all skin diseases and knowledge of their proper diagnosis, prognosis and treatment are crucial to the dermatology curriculum.

VIRAL INFECTIONS

Objective	Subject Matter	Teaching/Learning Method	Assessment	Evidence of competence for inclusion in the record
To provide the trainee with the skill and knowledge to be able to diagnosis viral infections, either clinically or via appropriate testing. Thereafter, the trainee must be able to select the appropriate treatment modality and carry out such treatment if indicated.	<ul style="list-style-type: none"> ❑ History taking in a patient with probable viral infection. ❑ Become familiar with the clinical appearance of cutaneous viral infections. Such infections must include digital, periungual, plane, filiform, genital and plantar warts. Also herpes simplex infection must be differentiated from herpes zoster and the appearance of mollusca recognised. The typical appearances of the common viral exanthemata should 	<ul style="list-style-type: none"> ❑ Discussion with senior staff. ❑ Observe and perform under supervision. ❑ Personal study. ❑ Postgraduate education case. ❑ Clinical experience. 	<ul style="list-style-type: none"> ❑ Ensure the ability to make an accurate diagnosis. ❑ Explain the indications and choice of appropriate tests. ❑ Explain the interpretation of test results. ❑ Explain appropriate management and the offering of feasible treatment options. ❑ Observe the ability to carry out surgical procedures for viral infections. 	<ul style="list-style-type: none"> ❑ Diagnostic ability observed independently and deemed to be satisfactory. ❑ Selection of appropriate patients for testing and the offering of proper therapeutic alternatives observed independently and considered satisfactory. ❑ Satisfactory ability to carry out therapeutic surgical procedures assessed independently.

	<p>also be known.</p> <ul style="list-style-type: none"> ❑ Knowledge of when tests must be carried out to confirm the diagnosis. ❑ Knowledge of the most appropriate tests in any given situation, i.e. swabs or serology. ❑ Patient counselling must be carried out either to recommend treatment or to suggest that the disease is best left to run its course. ❑ Knowledge of all physical treatment methods for viral infections including cryotherapy, diathermy, curettage and laser therapy. ❑ Likely success rates of various treatment methods including long term cosmetic results. ❑ Knowledge of biology and oncogenic potential of viruses. 			<ul style="list-style-type: none"> ❑ Correctly maintained and up-to-date log book ❑ Satisfactory score on relevant MCQ.
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BACTERIAL INFECTIONS

Objective	Subject Matter	Teaching/Learning Method	Assessment	Evidence of competence for inclusion in the record
<p>To provide the trainee with the skill and knowledge to be able to diagnose and treat bacterial infection of the skin and counsel the patient appropriately.</p>	<ul style="list-style-type: none"> ❑ Knowledge of the normal skin flora and the carriage of potential pathogens. ❑ Biology of the common skin pathogens and diagnosis and management of subsequent disease. ❑ The principals of deep or disseminated bacterial infection with skin manifestations that may affect normal or immunocompromised patients. ❑ The diagnosis and management of mycobacterial infections of the skin including tuberculosis, atypical 	<ul style="list-style-type: none"> ❑ Supervision of the trainee's ability to recognise when the patients history and/or clinical appearance suggests a primary bacterial infection. ❑ Supervision of the trainee's ability to recognise a secondary bacterial infection complicating an inflammatory skin disease which may benefit from antibiotic therapy. ❑ Assessment of the trainee's ability to take appropriate specimens for bacteriological testing and in particular to 	<ul style="list-style-type: none"> ❑ History taking and recording of appropriate details. ❑ Correct decision on diagnosis and appropriate treatment. ❑ Ensure correct interpretation of laboratory results. ❑ Ensure correct and successful management of patients with bacterial infection. 	<ul style="list-style-type: none"> ❑ Diagnosis and management of patients completed to the satisfaction of an independent observer. ❑ Proper antibiotic prescribing is carried out to the satisfaction of an independent observer. ❑ Correctly maintained and up-to-date log book. ❑ Satisfactory score on relevant MCQ.

	<p>mycobacterial infection along with knowledge of diseases such as leprosy which may present in immigrants. This knowledge should include collecting of split skin smears and disease complications.</p> <ul style="list-style-type: none"> ❑ The use, dosage and adverse effect of antibiotics. 	<p>differentiate whether blood cultures or swabs from the affected area are most appropriate.</p> <ul style="list-style-type: none"> ❑ The ability to decide whether systemic antibiotic therapy or topical antibiotic/antiseptic therapy is most appropriate. ❑ The ability to decide whether oral antibiotics are sufficient or whether intravenous antibiotics are indicated. ❑ The ability to counsel the patient on the likely length and course of the disease and the possible side effects of antibiotic therapy and how they may be countered. 		
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		<ul style="list-style-type: none"> ❑ Regular discussions with the local bacteriology department over individual cases should be carried out. ❑ There must be knowledge of the local systems for dealing with hospital based infections, particularly outbreaks of MRSA. ❑ Most hospitals have an infection control nurse and the trainee should develop a working relationship with such an individual. ❑ Personal Study. ❑ Postgraduate Education. ❑ Clinical Experience. 		
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FUNGAL INFECTIONS

Objective	Subject Matter	Teaching/Learning Method	Assessment	Evidence of competence for inclusion in the record
<p>To provide the trainee with the skill and knowledge to be able to diagnose and appropriately treat superficial fungal infection. In addition the trainee should have some knowledge of subcutaneous fungal infection and the skin manifestations of systemic fungal infections.</p>	<ul style="list-style-type: none"> ❑ Knowledge of the clinical features of fungal disease affecting the skin, hair, nails and mucous membranes. ❑ The ability to differentiate primary from secondary fungal pathogens. ❑ The ability to take skin scrapings, hair samples and nail clippings for direct microscopy and culture. ❑ The ability to interpret potassium hydroxide mounts of skin scrapings and to recognise common dermatophyte fungi 	<ul style="list-style-type: none"> ❑ The ability to diagnose cutaneous dermatophyte and yeast infections supervised by senior staff. This should include the ability to differentiate dermatophyte infection from yeast infection. ❑ The ability to take appropriate specimens from skin, hair and nail for submission for mycological testing. ❑ The ability to carry out potassium hydroxide examination of skin scrapings should be assessed independently and the recognition of 	<ul style="list-style-type: none"> ❑ The ability to make an accurate clinical diagnosis confirmed by independent observation. ❑ The ability to differentiate between primary and secondary pathogens confirmed by clinical observation. ❑ The ability to carry out potassium hydroxide examination and recognise simple cultures confirmed by independent observation. ❑ The ability to select appropriate treatment counsel patients adequately 	<p>The process of diagnosis and treatment confirmed by an independent observer. Satisfactory report from laboratory staff on the ability to carry out microscopy and recognise cultures. The correctly maintained and up-to-date log book. Satisfactory score and relevant MCQ.</p>

	<p>in culture.</p> <ul style="list-style-type: none"> ❑ An appreciation of the principals of mycological diagnosis and the morphological differences between dermatophytes and non-dermatophytes. ❑ An understanding of how antifungal drugs work, their spectrum of activity, their <i>in vitro</i> activity against various fungi and their kinetics in affected tissues. ❑ Knowledge of the appropriate dose, treatment duration plus likely and possible side effects of antifungal drugs. ❑ The epidemiology, clinical manifestations and complications and methods of diagnosis of rare 	<p>common dermatophytes and yeasts in culture should be learned.</p> <ul style="list-style-type: none"> ❑ Fungal infections which may be treated on clinical grounds alone should be differentiated from those which must have the diagnosis confirmed mycologically and this ability must be assessed independently. ❑ Having made the decision to treat, the appropriate topical or systemic modality must be selected and the best drug chosen. This ability must be assessed independently. ❑ There should be an ability to suspect a diagnosis of a subcutaneous 	<p>confirmed by independent examination.</p>	
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	<p>fungal infections including both subcutaneous and systemic mycoses.</p>	<p>mycosis or a cutaneous manifestation of a systemic fungal infection. As such patients will rarely present at the clinic this should be carried out via tutorials or attendance at an appropriate course.</p> <ul style="list-style-type: none"> □ There should be some knowledge of the investigative techniques and therapy for subcutaneous and systemic infection. 		
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PARASITIC INFESTATIONS

Objective	Subject Matter	Teaching/Learning Methods	Assessment	Evidence of Competence to be included in record
<p>To provide the trainee with the skill and knowledge to diagnose and correctly manage ectoparasitic diseases of the skin.</p>	<ul style="list-style-type: none"> ❑ History taking to determine whether a parasitic disease is likely. Such diseases are contagious and the existence of a family history of symptoms or in fellow pupils in the case of school children is especially important. ❑ There must be an ability to suspect those rashes that are often non-specific that may be associated with ectoparasites. Such parasites include both lice and scabies. ❑ The ability to recognise a live 	<ul style="list-style-type: none"> ❑ Discussion with senior staff. ❑ Observe and perform under supervision. ❑ Personal study. ❑ Postgraduate education case. ❑ Clinical experience. 	<ul style="list-style-type: none"> ❑ Detailed history taking and recognition of likely cutaneous reactions assessed. ❑ Discussion as to likely diagnoses with senior staff. ❑ Observation of the trainee isolating an acarus from a burrow and correctly identifying it. ❑ The ability to identify "nits" and live lice should be checked by an independent observer. ❑ Less common infestations should be discussed in tutorial groups and appropriate courses as they are not 	<ul style="list-style-type: none"> ❑ Diagnosis to be assessed by an independent observer. ❑ The ability to remove an acarus from the head of a scabetic burrow and correctly identify to be assessed by an independent observer. ❑ Management of individual patients and outbreaks in institutions assessed by an independent observer. ❑ Correctly maintained and up-to-date log book. ❑ Satisfactory score from the relevant MCQ.

	<p>head louse and an empty egg case or 'nit' in the scalp.</p> <ul style="list-style-type: none"> ❑ The ability to recognise lice and egg cases in the seams of clothing in the case of body louse infection. ❑ The ability to recognise pubic or crab lice both in terms of the live louse attached to pubic, axillary or other body hair and the ability to recognise 'nits' in those hairs plus less common sites such as eyelashes. ❑ The ability to recognise a scabetic burrow, to isolate an acarus or acarus eggs from the head of the burrow and accurately identify them by means of microscopy. 		<p>commonly seen in the clinic.</p> <ul style="list-style-type: none"> ❑ Appropriate choice and scope of treatment assessed. ❑ The trainee should be assessed on the ability to manage outbreaks of lice in schools and scabies in institutions. 	
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	<ul style="list-style-type: none"> ❑ To recognise that sensitisation eruptions associated with ectoparasites may result from less common parasites such as Cheyletiella. ❑ The ability to understand that such parasites mainly emanate from domestic animals should be recognised. ❑ There should be knowledge of less common infestations such as cutaneous leishmaniasis, cutaneous larva migrans and onchocerciasis. <p>Testing for these organisms by means of diagnostic skin snips and appropriate blood samples should be recognised.</p>			
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RADIOTHERAPY AND DERMATOLOGICAL ONCOLOGY

Objective	Subject matter	Teaching and learning method	Assessment	
<p>To provide the trainee with the knowledge skills and experience to diagnose and manage patients with potentially fatal skin tumours, in particular, vascular lesions such as Kaposi's sarcoma or angiosarcoma, malignant melanoma, cutaneous lymphoma and other types of skin cancer not amenable to surgery. To impart understanding as to the biological behaviour of these tumours and to identify those patients that need to be managed within a multi-disciplinary setting. To understand the indications for radiotherapy, chemotherapy and</p>	<ul style="list-style-type: none"> ❑ History taking and examination of patients with the above conditions. ❑ Clinical diagnosis with appropriate use of skin biopsy or excision. ❑ A proper interpretation of the pathology and the value of immunohistochemical stains. ❑ A proper knowledge as to the use of molecular analysis in the diagnosis and treatment. ❑ Knowledge of the staging investigations necessary for each type of skin tumour. ❑ Detailed knowledge of skin-directed treatments, in 	<ul style="list-style-type: none"> ❑ Presentation and casenote review of cases to a consultant dermatologist/oncologist. ❑ Review of clinical competence by consultant dermatologist/oncologist. ❑ Independent observation of communication skills in an oncology setting. ❑ Review of logbook of cases seen. ❑ Satisfactory performance on viva or MCQ test. ❑ Record of attendance at relevant courses workshops. ❑ Publications. 	<ul style="list-style-type: none"> ❑ Satisfactory progress confirmed by training dermatologist/oncologist. ❑ Satisfactory communication skills assessed by consultant dermatologist/oncologist. ❑ Confirmation of attendance in dermato-oncology clinics. ❑ Record of attendance at relevant courses. 	

<p>adjuvant therapy.</p>	<p>particular phototherapy and topical chemotherapy.</p> <ul style="list-style-type: none"> ❑ An understanding as to the principles of radiotherapy and the different treatment options available for cutaneous lesions, i.e. superficial, electron beam or total skin electron beam radiotherapy. An ability to recognise sites of previous radiotherapy treatment. ❑ An understanding as to the principles of chemotherapy and the clinical indications for using single agent or multi-agent regimes. A knowledge of the contraindications to chemotherapy. 			
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	<ul style="list-style-type: none"> ❑ An understanding as to the uses of interferon in cutaneous oncology, including its use as adjuvant therapy in malignant melanoma. ❑ Understanding the principles of clinical trials in oncology, in particular definition of partial or complete response, disease-free survival, overall survival and disease-specific survival. ❑ An ability to impart to patients the likely benefits and side effects of radiotherapy, chemotherapy and adjuvant therapy. ❑ An understanding of the Calman-Hine proposals for cancer care in the UK and 			
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	awareness of which patients require referral to a specialist centre.			
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DRESSINGS AND WOUND CARE

Ulceration of the skin, particularly leg ulcers, is a common management problem. In addition other forms of skin defect either secondary to disease, artefact or post surgical also require to be dealt with from time to time.

Objective	Subject matter	Teaching and learning method	Assessment	Evidence of competence for inclusion in the records
Provide the trainees with the skills and knowledge to properly care for such patients both in terms of topical medicaments and dressing recommendations.	<ul style="list-style-type: none"> ❑ Venous leg ulceration including Doppler and pulse oximetry assessment methods ❑ Arterial leg ulceration ❑ Management of superficial ulcers secondary to blistering diseases ❑ Management of severe blistering diseases such as pemphigoid, pemphigus and toxic epidermal necrolysis from the topical point of view. ❑ Diabetic skin complications 	<ul style="list-style-type: none"> ❑ Observe and discuss management of cases with both senior medical staff and nursing staff ❑ Observe and perform Doppler examination under supervision ❑ Observe and perform pulse oximetry investigation under supervision ❑ Explain the principles of systemic antibiotic treatment in wound care ❑ Explain the principles of topical 	<ul style="list-style-type: none"> ❑ Ability to select appropriate methods of therapy to be confirmed by independent observer. ❑ Assessment of patient suitability for varying degrees of compression to be assessed by independent observer. ❑ Review of casenotes in non responsive cases. 	<ul style="list-style-type: none"> ❑ Satisfactory completion of log book ❑ Confirmation by trainer that an adequate number of cases have been satisfactorily managed and that the principles of wound care have been properly explained.

	<ul style="list-style-type: none"> ❑ Management of artefact <p>Management of wound dehiscence/break down in dermatological surgery</p>	<p>anti-infective treatment in wound care</p> <ul style="list-style-type: none"> ❑ Explain the principles of compression bandaging and how appropriate methods can be selected. ❑ Define availability of dressings, their relative merits and cost effectiveness ❑ Explain those desloughing techniques that are available. ❑ Define which medicaments are best for desloughing purposes. ❑ Explain the therapeutic use of maggots. 		
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PSYCHODERMATOLOGY

The mental health and psychological well being of dermatology patients is a concern for the specialty: dermatology out-patients have a higher prevalence of psychiatric disorders than the general population and dermatology in-patients have more than general medical in patients; delusions of parasitosis, dysmorphophobia, trichotillomania) some may be secondary or reactive (depression) and some may be related to addiction (alcohol and other drugs); it has been claimed that the effective treatment of up to 30% of dermatology outpatients requires the recognition of psychological factors and their psychological and pharmacological management; drugs used in dermatology may have psychiatric complications and psychotropic drugs are important causes of dermatological complications.

Objective	Subject Matter	Teaching & learning methods	Assessment	Evidence of competence for inclusion in record
To provide the trainee with the knowledge of psychosocial disability and skills to be able to identify serious or incidental psychiatric morbidity in patients presenting with or being followed up for skin disease	<ul style="list-style-type: none"> • Psychiatric history taking and mental state examination • Psychiatric differential diagnosis (DSM IV) especially the recognition of psychosis and depression and the assessment of suicide risk • Differential diagnosis of 'psychodermatoses' (dermatitis artefacta, delusions of parasitosis, 	<ul style="list-style-type: none"> • Observation of and discussion with senior staff • Observe and perform under supervision • Clinical experience • Personal study (books and journals) • Counselling/psychotherapy course 	<ul style="list-style-type: none"> • Case notes review and discussion with trainer • Clinical observation by trainer • Trainers reports 	<ul style="list-style-type: none"> • Log book • Satisfactory reports

	<p>dysmorphophobia, trichotillomania)</p> <ul style="list-style-type: none">• Basic utility of antidepressants, tranquilisers and antipsychotics• Access to services: liaison psychiatry; addictions			
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DERMATOLOGICAL FORMULATION AND SYSTEMIC THERAPY

All of the topical preparations and an appreciable majority of the systemic therapies used in the management of dermatological disease will be unfamiliar to a trainee entering the specialty. Furthermore the use of commonplace systemic therapies, such as corticosteroids, in the management of skin disease is specialized in the dosing and assessment of outcome. It is preferable that experience is gained: (i) working closely with a pharmacist skilled in compounding of topical preparations for dermatological use; and (ii) in a specialist clinic dealing with severe inflammatory diseases – the equivalent of one such clinic per week for six months would be required.

Objective	Subject matter
To provide the trainee with an understanding of the principles underlying topical skin therapy; the use of systemic therapy for severe inflammatory skin disease; and immunotherapy for acquired autoimmune blistering disease.	Topical therapy and formulation <ul style="list-style-type: none">❑ Dermatological prescribing – when to use cream, ointment, gel, lotion, etc.❑ Quantities of topical preparations required to treat specific surface area.❑ Dilutions❑ Compounding, including choice of base.❑ Stability and shelf life of preparations.

SYSTEMIC THERAPY

1. Inflammatory dermatoses

- Methotrexate
- Cyclosporin
- Hydroxyurea
- Azathioprine
- Acitretin and Isotretinoin
- Dapsone
- Sulphasalazine
- Antimalarials
- Thalidomide
- Colchicine

2. Acquired autoimmune blistering disorders

- Pulsed methyl prednisolone
- Pulsed cyclophosphamide
- Intravenous gamma globulin

For (1) and (2) the trainee should be expert on

- Indications for use.
- Drug interactions.
- Monitoring for side-effects.
- Duration of therapy.
- Combination therapy - risks and benefits

3. Awareness of new systemic immune response modifiers.

Teaching and learning methods

- Observation of consultant dermatologist
- Discussion with consultant dermatologist.
- Discussion with pharmacist.
- Postgraduate education course - eg, Skin Therapy Update, Consultant's Course.
- Personal study including specialist journals and British National Formulary.

Assessment

- Review of patients.
- Case notes review and discussion with supervisor.
- Discussions with dermatology pharmacist

- ❑ Identification of adverse events or drug interactions in treated patients. Define how such adverse events and interactions are to be avoided.

Evidence of Competence for inclusion in records.

- ❑ Log book experience - history of cases treated with systemic therapy.
- ❑ Written report from pharmacist.
- ❑ Supervisor/trainers report confirming that trainee is knowledgeable and safe in the handling of dermatological drugs.

DERMATOLOGY AND PRIMARY HEALTH CARE

It is important that trainees develop an understanding of the organisation, problems and expectations present in Primary Health Care so that optimum benefit results from an outpatient referral, both to the patient as well as the General Practitioner.

SpR's will vary in their exposure to General Practice prior to HPT. Some undergraduate courses now contain considerable General Practice experience and similar experience may be included in some GPT programmes. Trainees with a minimal exposure to Primary Health Care may require to spend a *few* sessions in General Practice in order to familiarise themselves with the work.

Objective	Subject matter	Teaching and learning method	Assessment	Evidence of competence
<p>To recognise the presentation and management of dermatological problems in the primary care setting.</p> <p>To understand more about the organisation of a health centre.</p> <p>To understand the process of referral and the importance of good communication between primary and secondary care.</p> <p>To understand and support the role of practice nurses, district nurses and health visitors in the care of patients with chronic skin problems.</p>	<p>Adult and paediatric patients presenting to the GP with dermatological disease.</p> <p>Patients in the health centre and community with chronic skin problems such as leg ulcers, eczema and psoriasis.</p> <p>The administrative process of the health centre.</p>	<p>Observation of General Practitioners and nurses in surgeries and participation in decisions made concerning dermatological problems.</p> <p>Provision of a teaching session for the practice e.g. a clinic for discussing the management of more complex cases or a demonstration of minor surgery/cryotherapy.</p>	<p>Trainee to confirm that the factual element of the above objectives have been met.</p>	<p>Written confirmation if appropriate from lead GP of attendance and participation.</p>

MANAGEMENT AND MARKETING SKILLS

Objective	Subject matter	Teaching and learning method	Assessment	Evidence of competence for inclusion in record
<p>To provide the trainee with the skills and knowledge necessary to understand the administrative structure and function of the NHS and to apply relevant business and management skills to the administrative tasks of a dermatology Consultant.</p>	<ul style="list-style-type: none"> ❑ Structure and function of the NHS. ❑ Business planning. ❑ Management skills. ❑ Personnel selection. ❑ Negotiation skills. 	<ul style="list-style-type: none"> ❑ Attendance at departmental administrative meetings. ❑ Postgraduate education course. ❑ Personal study. <p>Observation at personnel selection interviews.</p>	<ul style="list-style-type: none"> ❑ Satisfactory completion of a business plan. ❑ Satisfactory completion of appropriate postgraduate course. 	<ul style="list-style-type: none"> ❑ Correctly maintained and up-to-date log book. ❑ Satisfactory report from educational supervisor.

AUDIT

All trainees should be actively involved in audit and should prepare at least 4 topics for formal discussion at departmental or regional audit meetings during their training.

Objective	Subject matter	Teaching and learning method	Assessment	Evidence of competence for inclusion in record
To provide the trainee with the skills and knowledge necessary to understand the principles of clinical audit and apply them to dermatology.	<ul style="list-style-type: none"> ❑ Principles of medical audit. ❑ Methods of audit in dermatology. 	<ul style="list-style-type: none"> ❑ Attendance at local and regional audit meetings. ❑ Personal study. ❑ Postgraduate education course. ❑ Participation in medical audit. 	<ul style="list-style-type: none"> ❑ Audit topics presented. 	Correctly maintained and up-to-date log book. Educational supervisors report.

RESEARCH AND RESEARCH METHODOLOGY

Trainees should have the opportunity to undertake one or more significant research projects during specialist registrar training. Although some trainees will already have undertaken projects or even higher degrees, the following paragraphs assume limited exposure to research methodology prior to specialist training. The variety of possible subject matter and project duration makes specific recommendations impossible, but all projects should demonstrate relevance to dermatological knowledge or care provision. All projects should also conform to current ethical and scientific standards.

Objectives	Subject Matter	Teaching and learning Method	Assessment	Evidence of competence for inclusion in the records
<ul style="list-style-type: none"> ❑ To be familiar with the basic principles of biomedical research. These include the use of scientific method, the need for careful planning to address specific and relevant questions, and the consideration of ethical implications for all forms of biomedical research. ❑ To be competent in information gathering and collation, including both printed and 	<p>Possible research projects may encompass fields as varied as epidemiology or public health, observational or interventional clinical studies, or laboratory based research, including the use of animal models. Relevant and worthwhile projects arising out of the trainee's own interests, rather than those of the</p>	<ul style="list-style-type: none"> ❑ All projects should be supervised by an appropriately experienced and active researcher.. ❑ Whenever possible, the trainee should be involved in study design and ethics committee submission, rather than simply carrying out a pre-existing project. ❑ Specific and adequate protected time to conduct the 	<ul style="list-style-type: none"> ❑ Clear, well-referenced, thoughtful and relevant project proposals and protocols, ethical committee submissions etc. ❑ Regular and systematic recording of method, experimental findings or other outcomes. ❑ Explain appropriate use of methods, 	<p>It is not assumed that every project will result in a publication or thesis, or if it does, that this will be completed during the period of training. The emphasis is on the acquisition of useful research skills, and evidence of this may be sought at any stage during the project.</p> <ul style="list-style-type: none"> ❑ Project proposals, protocols and submissions developed by the

<p>electronic material.</p> <ul style="list-style-type: none"> ❑ To be able critically to read and assess published material. ❑ To be able to design studies which will give clear answers to specific and relevant questions. ❑ To be familiar with the pitfalls of study design including, where appropriate, the use of statistical power calculations. ❑ To be competent in scientific record-keeping. ❑ To recognise the multidisciplinary and collaborative nature of scientific endeavour, and to be able to identify and acquire skills and knowledge from outside sources. ❑ To gain experience in the practical use of one 	<p>department, may be supported where possible but appropriate supervision will be needed.</p>	<p>project, including personal study time in preparation and reporting phases, should be made available in the trainee's timetable.</p> <ul style="list-style-type: none"> ❑ The provision of resources necessary for a successful outcome must be addressed before the start of the study. ❑ Supervisors should actively encourage and facilitate contact with other disciplines and researchers. Study leave must be adequate to include attendance at scientific meetings. ❑ The trainee should keep a written record of progress and results. ❑ Supervision should 	<p>including understanding of their reliability and limitations.</p> <ul style="list-style-type: none"> ❑ Competent interpretation of results, including appropriate statistical analysis. ❑ Production of clear, well-organised, and thoughtful written reports. ❑ Competent and clear oral presentation of project. 	<p>trainee.</p> <ul style="list-style-type: none"> ❑ Lab-book or other data record to be available on request. ❑ Record of supervision meetings and conclusions arising. ❑ Seminars and oral presentations given. ❑ Presentation of results at meetings. ❑ Scientific reports published or in preparation. ❑ Satisfactory and appropriately verified supervisor's report. <p>Ability to discuss relevance and value of project during training assessment.</p>
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<p>or more specific methodologies. This experience should include understanding limitations and reproducibility.</p> <ul style="list-style-type: none"> ❑ To be able to write a properly structured and referenced scientific report, including papers intended for publication in peer-reviewed journals. ❑ To demonstrate the ability to communicate clearly in oral form all aspects of the project, from its rationale to the implications of the findings. 		<p>occur at planned intervals, not only when problems arise, and time should be set aside for the purpose.</p> <ul style="list-style-type: none"> ❑ The trainee must be encouraged to present progress orally at all stages ❑ The trainee should be encouraged to submit papers for presentation at regional, national or international scientific meetings. ❑ The trainee should play a major role in the reporting of results. 		
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MEETINGS AND COURSES

Details of meetings suitable for training purposes are available from the British Association of Dermatologists.

It is recognised that approved training rotations will sometimes have gaps in certain specialist areas. Courses are the means by which training can be augmented to fill in such gaps. It follows therefore that courses deemed to be essential will vary from programme to programme and it is not possible to draw up a national list of essential courses. It is expected that Postgraduate Deans in collaboration with RSA's /STA's will always allow SpR's to attend courses in subjects where there is some deficiency in local training. Equally SpR's should not expect to be allowed to attend those courses where there is a local special interest and training is deemed to be more than adequate.

The following is a list of subjects where attendance at a course is essential if there is not adequate local expertise.

Biology of the skin

Dermatological Surgery

Contact Dermatitis

Photodermatology

Dermatopathology

Dermatology Epidemiology

Paediatric Dermatology

Communication and counselling skills

Statistics

Administration skills relating to NHS

Regional Meetings

Regular attendance at local regional dermatology meetings e.g. Scottish Dermatological Society, South West of England and Wales Dermatology Society, Royal Society of Medicine (monthly Thursday afternoon meeting).

National Meetings

The following meetings should be attended at least twice and preferably regularly during the 4-year training programme.

British Association of Dermatologists Annual Meeting

British Society of Investigative Dermatology Annual Meeting

International Meetings

Attendance once at the following meetings during the four-year training period is encouraged:

American Academy of Dermatology Annual Meeting

European Academy of Dermatology and Venereology Annual Meeting

European Society of Dermatology Research Annual Meeting

Society of Investigative Dermatology Annual Meeting.

TRAINEES SHOULD BE ENCOURAGED TO APPLY FOR THE TRAVEL FELLOWSHIPS THAT ARE AVAILABLE THROUGH THE BAD.

