Preface

This document is produced by the British Association of Dermatologists (BAD) Education Subcommittee, in conjunction with the Joint Royal College of Physicians Training Board (JRCPTB) Dermatology Specialist Advisory Committee (SAC). Led by the BAD Academic Vice President and the Chair of the Dermatology SAC, the Syllabus Guidance is to be used as a supporting document for the GMC 2021 Dermatology Curriculum. It provides detailed competencies to support the high-level Capabilities in Practice (CiPs) outlined in the curriculum.

The competencies listed in the Syllabus Guidance are not exhaustive, nor should they be used as a “tick box” exercise to automatically presume the learner’s ability to practice independently. Instead, the Syllabus Guidance is an accepted agreed standard which should be used to guide both dermatology trainers and trainees. It catalogues the knowledge, skills and behaviours within the scope of practice of a consultant dermatologist working independently in secondary care. Suggested teaching and learning methods are also indicated. Achievement of various competences encompassing the breadth and depth of the Syllabus Guidance can be used as evidence to support attainment of the six generic and seven dermatology-specific CiPs in the 2021 Dermatology Curriculum.
Contents

2021 Dermatology Curriculum Capabilities in Practice ........................................... 5

Developing Professionalism ...................................................................................... 6
- Management and Leadership .................................................................................. 6
- Evidence and Guidelines ...................................................................................... 7
- Audit and Quality Improvement ............................................................................ 8
- Ethical Research .................................................................................................. 9
- Valid Consent ....................................................................................................... 10

Fundamentals of Clinical Practice ........................................................................... 11
- Basic Science of the Skin .................................................................................... 11
- Genetics .............................................................................................................. 12
- Dermatopathology .............................................................................................. 13
- Teledermatology ................................................................................................ 14
- Dermoscopy ......................................................................................................... 15
- Global Health Dermatology ................................................................................. 16
- Health Promotion and Public Health .................................................................... 17

General Dermatology ............................................................................................. 18
- Psoriasis ................................................................................................................ 18
- Atopic Eczema ..................................................................................................... 19
- Acne ...................................................................................................................... 20
- Connective Tissue Disease .................................................................................. 21
- Lichenoid Disorders ............................................................................................ 22
- Urticaria ................................................................................................................ 23
- Paediatric Dermatology ...................................................................................... 24
- Infections and Infestations .................................................................................. 27
- Skin Cancer .......................................................................................................... 28
- Skin of Colour ..................................................................................................... 30
- Psychodermatology ............................................................................................ 31
- Emergency Dermatology ..................................................................................... 32

Therapeutics and Procedural Dermatology ............................................................. 33
- Pharmacology and Therapeutics ......................................................................... 33
- Management of Chronic Disease ....................................................................... 35
- Dermatological Surgery ...................................................................................... 36
- Wound Care and Dressings ............................................................................... 38
- Cosmetic Dermatology ....................................................................................... 39
- Laser Therapy ..................................................................................................... 40

Subspecialty Dermatology for the General Dermatologist ..................................... 41
Cutaneous Allergy, Contact Dermatitis and Occupational Dermatoses .............................................. 41
Contact Urticaria ................................................................................................................................. 42
Skin Prick Testing ............................................................................................................................ 43
Photosensitivity ................................................................................................................................. 44
Photoinvestigation ............................................................................................................................. 45
Phototherapy ....................................................................................................................................... 46
Photodynamic Therapy ....................................................................................................................... 47
Lymphoedema ...................................................................................................................................... 48
Hair Diseases ...................................................................................................................................... 49
Nail Diseases ....................................................................................................................................... 50
Vulval Disease ..................................................................................................................................... 51
Male Genital Disease .......................................................................................................................... 52
Oral Medicine ...................................................................................................................................... 53

Acknowledgements .......................................................................................................................... 54
# 2021 Dermatology Curriculum Capabilities in Practice

## Learning Outcomes – Capabilities in Practice (CiPs)

### Generic CiPs

1. Able to successfully function within NHS organisational and management systems
2. Able to deal with ethical and legal issues related to clinical practice
3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement
4. Is focussed on patient safety and delivers effective quality improvement in patient care
5. Carrying out research and managing data effectively
6. Acting as a clinical teacher and clinical supervisor

### Specialty CiPs

1. **Outpatient dermatology:** managing dermatology patients in the outpatient setting
2. **Acute and emergency dermatology:** managing dermatological emergencies in all environments and managing an acute dermatology service including on-call
3. **Liaison and community dermatology:** working in partnership with primary care and promoting skin health
4. **Skin tumours and skin cancer:** managing a comprehensive skin cancer and benign skin lesion service
5. **Procedural dermatology:** performing skin surgery and other dermatological procedures
6. **Paediatric dermatology:** managing paediatric dermatology patients in all settings
7. **Other specialist aspects of a comprehensive dermatological service including:**
   - 7A) cutaneous allergy
   - 7B) photobiology and phototherapy
   - 7C) genital and mucosal disease
   - 7D) hair and nail disease
## Developing Professionalism

### Management and Leadership

<table>
<thead>
<tr>
<th>Knowledge</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>To be able to manage and lead Dermatology multidisciplinary outpatient services</td>
<td>To be able to manage and deal with work-related issues within a multidisciplinary setting</td>
</tr>
<tr>
<td>Describe how to manage an outpatient clinic</td>
<td></td>
</tr>
<tr>
<td>Describe how to manage on-call work</td>
<td></td>
</tr>
<tr>
<td>Describe how to manage ward referrals</td>
<td></td>
</tr>
<tr>
<td>Identify time and stress management strategies</td>
<td></td>
</tr>
<tr>
<td>Identify strategies to facilitate the discharge of outpatients appropriately</td>
<td></td>
</tr>
<tr>
<td>Describe how to supervise multidisciplinary teams within clinic settings</td>
<td></td>
</tr>
<tr>
<td>Describe local complaints procedures and how to deal with complaints and clinical incidents</td>
<td></td>
</tr>
<tr>
<td>Describe local clinical governance structures</td>
<td></td>
</tr>
<tr>
<td>Identify strategies to reduce communication issues with patients and colleagues in Dermatology and other specialties</td>
<td></td>
</tr>
<tr>
<td>Identify strategies for clinical risk management</td>
<td></td>
</tr>
<tr>
<td>Describe how to write a personal development plan</td>
<td></td>
</tr>
<tr>
<td>Explain how to prepare for an appraisal</td>
<td></td>
</tr>
<tr>
<td>Explain how to negotiate job plans</td>
<td></td>
</tr>
<tr>
<td>Describe how to write a business plan</td>
<td></td>
</tr>
<tr>
<td>Describe how to manage a change project or Quality Improvement activity</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Be able to safely manage outpatient clinics, on call patients and ward referrals with minimal supervision</td>
<td></td>
</tr>
<tr>
<td>Supervise multidisciplinary team members within outpatient clinics</td>
<td></td>
</tr>
<tr>
<td>Demonstrate the ability to run outpatient clinics in a time efficient manner</td>
<td></td>
</tr>
<tr>
<td>Demonstrate the ability to discharge outpatients appropriately</td>
<td></td>
</tr>
<tr>
<td>Manage complaints and clinical incidents in the department</td>
<td></td>
</tr>
<tr>
<td>Demonstrate the ability to lead a clinical governance/audit meeting</td>
<td></td>
</tr>
<tr>
<td>Demonstrate how to write a personal development plan</td>
<td></td>
</tr>
<tr>
<td>Manage a change project or Quality Improvement activity</td>
<td></td>
</tr>
<tr>
<td>Organise an academic meeting</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviours</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to communicate effectively about concerns, complaints and clinical incidents</td>
<td></td>
</tr>
<tr>
<td>Demonstrate appropriate discussion of difficult issues within the multidisciplinary team</td>
<td></td>
</tr>
</tbody>
</table>

### Teaching and Learning Methods

- Direct supervision of Trainer and Educational Supervisor
- Generic and Dermatology-specific management and leadership courses
- Practical supervised experience within department
- Leadership and management textbooks and e-modules
- Online resources such as e-learning for Health Generic modules
- Undertaking a leadership role e.g. audit lead, rota organiser, lead registrar
## Evidence and Guidelines

**To be able to make the optimal use of current best evidence in making decisions about the care of patients**

**To be able to construct evidence-based guidelines and protocols in relation to medical practice**

### Knowledge

- Describe the application of statistics in evidence based medical practice and scientific papers
- Describe and interpret basic statistical results, including statistical significance, p-values, odd ratios, numbers needed to treat
- Describe the advantages and disadvantages of different study methodologies such as randomised control trials, case-controlled cohort
- Describe the principles of critical appraisal
- Describe the levels of evidence and quality of evidence
- Explain the role and limitations of evidence in the development of clinical guidelines and protocols
- Explain the advantages and disadvantages of guidelines and protocols
- Explain the processes that result in nationally applicable guidelines (e.g. NICE and BAD)
- Describe the relative strengths and limitations of both quantitative and qualitative studies, and the different types of each

### Skills

- Be able to search the medical literature including use of PubMed, Medline, Cochrane reviews
- Be able to appraise retrieved evidence to address a clinical question
- Be able to apply conclusions from critical appraisal into clinical care
- Be able to identify the limitations of research
- Contribute to the construction, review and updating of local (and national) guidelines of good practice using the principles of evidence-based medicine such as GRADE methodology

### Behaviours

- Explains the evidence base of clinical care to patients and to other members of the clinical team
- Keep up to date with national reviews and guidelines of practice (e.g. NICE and BAD) for Biological therapies and other treatments for all dermatology conditions
- Aim for best clinical practice (clinical effectiveness) at all times, responding to evidence-based medicine
- Recognises the occasional need to practice outside clinical guidelines
- Encourage discussion amongst colleagues on evidence-based practice e.g. at journal clubs
- Critically review an article to identify the level of evidence or perform systematic review
- Contribute to the development of local or national clinical guidelines and protocol

### Teaching and Learning Methods

- Direct supervision of Trainer and Educational Supervisor
- Journal Clubs
- Participation in local, regional or national guideline committees
## Audit and Quality Improvement

To be able to perform an audit of clinical practice and be able to apply the findings appropriately and complete the audit cycle

### Knowledge
- Describe the different methods of obtaining data for audit including patient feedback questionnaires, hospital sources and national reference data, and QI projects
- Describe the role of audit and quality improvement such as for improving patient care and services, risk management
- Describe the steps involved in completing the audit cycle/quality improvement project
- Explain the working and uses of national and local databases used for audit such as specialty data collection systems and cancer registries
- Explain the working and uses of local and national systems available for reporting and learning from clinical incidents and near misses

### Skills
- Design, implement and complete a full audit cycle, including PSDA (plan, study, do, act)
- Contribute to local and national audit projects as appropriate (e.g. BAD psoriasis audit, biologics register)
- Support audit by junior medical trainees and within the multi-disciplinary team
- Organise and lead a departmental audit meeting

### Behaviours
- Recognise the need for audit in clinical practice to promote standard setting and quality assurance
- Promote audit and quality improvement throughout the health care team

### Teaching and Learning Methods
- Direct supervision of Trainer and Educational Supervisor
- Attendance and participation at audit meetings
## Ethical Research

**To be able to appraise medical literature relevant to dermatology accurately and synthesise information to improve clinical practice**

**To understand the fundamental value of research in driving forward the specialty of dermatology**

### Knowledge

- Outline the GMC guidance on good practice in research
- Describe the principles of research governance
- Outline the differences between audit and research
- Describe how clinical guidelines are produced
- Demonstrate a knowledge of research principles
- Outline the principles of formulating a research question and designing a project
- Identify principal qualitative, quantitative, bio-statistical and epidemiological research methods
- Outline sources of research funding
- Describe the difference between population-based assessment and unit-based studies and explain evaluation of the outcomes for epidemiological work

### Skills

- Develop critical appraisal skills and apply these when reading literature
- Demonstrate the ability to write a clinical or scientific paper
- Apply for appropriate ethical research approval
- Demonstrate the use of literature databases
- Demonstrate good verbal and written presentations skills
- Demonstrate involvement in NIHR portfolio studies
- Present at scientific meetings
- Demonstrate awareness of GMC guidelines for ethical research
- Demonstrate knowledge of funding sources and research organisations

### Behaviours

- Follow guidelines on ethical conduct in research and consent for research
- Show willingness to promote research by involvement in clinical trial and data collection registries

### Teaching and Learning Methods

- Show willingness to promote research by involvement in clinical trial and data collection registries
- Direct supervision of Trainer and Research Supervisor
- Journal clubs
- Attendance and participation at regional and national scientific meetings
- e-Learning modules and attendance at national courses
**Valid Consent**

To be able to obtain valid consent from the patient
To be able to obtain consent in all situations, including when the best option is not clear, and with problems of communication and capacity

<table>
<thead>
<tr>
<th>Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline the guidance given by the GMC on consent, in particular:</td>
</tr>
<tr>
<td>- Describe that consent is a process that may culminate in, but is not limited to, the completion of a consent form</td>
</tr>
<tr>
<td>- Describe the particular importance of considering the patient's level of understanding and mental state (and also that of the parents, relatives or carers when appropriate) and how this may impair their capacity for informed consent</td>
</tr>
<tr>
<td>Describe the social and cultural issues that might affect consent</td>
</tr>
<tr>
<td>Describe that consent should be sought ideally by the person undertaking a procedure</td>
</tr>
<tr>
<td>Describe the concept of “implicit consent”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present all information to patients (and carers) in a format they understand, checking understanding and allowing time for reflection on the decision to give consent</td>
</tr>
<tr>
<td>Provide a balanced view of all care options available</td>
</tr>
<tr>
<td>Able to explain complex treatments meaningfully in layman's terms and thereby to obtain appropriate consent</td>
</tr>
<tr>
<td>Responds appropriately when a patient declines consent even when the procedure would on balance of probability benefit the patient</td>
</tr>
<tr>
<td>Obtains consent in &quot;grey-area&quot; situations where the best option for the patient is not clear</td>
</tr>
<tr>
<td>Obtains consent when there are problems of communication and capacity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect a patient’s rights of autonomy even in situations where their decision might put them at risk of harm</td>
</tr>
<tr>
<td>Do not exceed the scope of authority given by a competent patient</td>
</tr>
<tr>
<td>Do not withhold information relevant to proposed care or treatment and potential side effects in a competent patient</td>
</tr>
<tr>
<td>Do not seek to obtain consent for procedures in which they are not competent to perform, in accordance with GMC/regulatory authorities</td>
</tr>
<tr>
<td>Show willingness to seek advance directives</td>
</tr>
<tr>
<td>Show willingness to obtain a second opinion, senior opinion, and legal advice in difficult situations of consent or capacity</td>
</tr>
<tr>
<td>Inform a patient and seek alternative care where personal, moral or religious belief prevents a usual professional action</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teaching and Learning Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct supervision of Trainer and Educational Supervisor</td>
</tr>
<tr>
<td>Practical supervised experience within the department</td>
</tr>
<tr>
<td>e-Learning modules</td>
</tr>
<tr>
<td>Study of journals and guidelines</td>
</tr>
</tbody>
</table>
# Fundamentals of Clinical Practice

## Basic Science of the Skin

| To be able to describe the structure and function of normal skin |
| To be able to explain the pathophysiological consequences of skin diseases and the mechanisms by which treatment may be effective |

### Knowledge

- Describe anatomy, embryology, physiology, immunology, biochemistry, pharmacology (including drug delivery) and molecular biology of normal skin including basement membrane and appendageal structures, nerves and blood vessels.
- Describe alterations of the above in disease states.
- Describe the interaction of the skin with different environmental insults including infection, ultraviolet radiation, allergens, irritants and pathogens.
- Describe the following in relation to skin in health and disease: angiogenesis and vascular biology; auto-immunity and inflammation; carcinogenesis; cell adhesion/matrix biology; epidermal structure and function including skin barrier; fetal, neonatal and ageing skin; skin pigmentation, hair and cutaneous development; genetic disease; growth factors and signal transduction; immunology.

### Skills

- Applies knowledge of skin biology when assessing and treating patients.
- Selects appropriate therapy on the basis of skin biology.

### Behaviours

- Recognises importance of skin biology for understanding changes in skin in health and disease.

### Teaching and Learning Methods

- Attend trainee seminars within department.
- Journal club review.
- Self-directed learning.
- Online resources such as e-learning for Health e-Dermatology modules.
- Attendance at suitable course.
- Participation in skin research project.
- Attendance at suitable meetings e.g. BSID, BAD, ESDR.
- Research taster weeks.
## Genetics

**To be able to describe the mechanisms that underpin human inheritance and the role of genetic factors in disease**

**To be able to diagnose and treat genetic skin disease, including referral to clinical genetics when appropriate**

**To understand the principles of assessing genetic risk**

**To be able to obtain and communicate information about genetics in a comprehensible, non-directive way**

### Knowledge
- Describe modes of inheritance of single gene disorders
- Describe molecular mechanisms of inherited disease
- Describe principles of recurrence risk for simple chromosomal anomalies
- Explain risk of affected pregnancy in single gene disorders
- Describe methods of prenatal and preimplantation diagnosis
- Describe the difference between genetic screening and testing
- Describe methods of genetic testing including single gene sequencing, targeted panels, exome sequencing and genome sequencing
- Describe support services for those with genetic disorders including patient support groups

### Skills
- Perform complete family history to determine mode of inheritance and draw a family tree
- Determine risk in families with genetic disorders in different modes of inheritance and chromosomal abnormalities
- Communicate risk of affected pregnancy to parents clearly and the reproductive options available
- Organise genetic testing when available and make appropriate referrals to clinical genetics

### Behaviours
- Recognise impact of genetic disease on patients and families
- Recognise multi-system nature of some genetic skin disease and involve consultant colleagues from other specialties where appropriate
- Consult colleagues in clinical genetics appropriately
- Discuss genetic conditions in a non-directive, non-judgemental manner, being aware that people have different personal and cultural attitudes and beliefs about inheritance

### Teaching and Learning Methods
- Supervised consultations in outpatients with special interest in genetic disease
- Journal club attendance
- Independent study and methods agreed by Educational Supervisor and Trainee
- Online resources such as e-learning for Health e-Dermatology modules
- Suitable external course
**Dermatopathology**

**To be able to recognise the microscopic features of diseases of the skin**

**To be able to correctly interpret a written dermatopathology report and to offer discussion and differential diagnosis of the histological features**

**To be able to choose a range of laboratory techniques to optimise diagnostic accuracy**

**To be able to combine clinical assessment with pathological correlation to accurately diagnose skin disease**

### Knowledge

- Define the normal histology of the skin at different sites of the body
- Identify categories of disease process affecting the skin including types of inflammation, degeneration, neoplasia and genodermatoses
- Describe laboratory techniques including the use of special stains, immunohistochemistry, immunofluorescence microscopy, electron microscopy, and molecular techniques and their value in specific skin disorders
- Describe histological features of individual skin diseases
- Explain the relationship of biopsy procedure to histological artefact
- Describe correct handling of specimens including fixation and transport medium

### Skills

- Evaluate histological skin slides, giving appropriate differential diagnosis
- Discuss appropriate differential diagnoses with the histopathology team
- Correlate pathological findings with clinical features to form accurate differential diagnosis
- Interpret special stains/immunohistochemistry correctly

### Behaviours

- Arrange weekly/fortnightly sessions with the histopathologists to discuss relevant histopathology cases
- Regularly review own biopsy specimens with histopathologist
- Recognise importance of histopathology in appropriate cases
- Participate actively in departmental clinicopathological review

### Teaching and Learning Methods

- Individual or small group tuition by pathologist with expertise in skin disease using routine and teaching specimens
- Observation of processes within a histology laboratory
- Attend an appropriate course
- Online resources such as e-learning for Health e-Dermatology modules
- Attend clinicopathological departmental review meetings
- Audit or research project in collaboration with dermatopathologist
- Methods agreed by Educational Supervisor and Trainee
### Teledermatology

**To be able to carry out safe and effective teledermatology consultations with General Practitioners or other Health Care Professionals in Primary, Intermediate or Secondary care**

#### Knowledge
- Demonstrate awareness of the potential benefits and risks of teledermatology in comparison to face-to-face consultation for inflammatory diseases
- Demonstrate awareness of the potential benefits and risks of teledermatology in comparison to face-to-face consultation for skin cancer and lesions
- Describe the role of teledermatology for patient triage from primary to secondary care
- Describe the role of teledermatology for skin cancer diagnosis and management
- Discuss the role of teledermatology in patient management within secondary care, including on-call advice and interspecialty referral
- Describe the benefits and limitations of different mobile devices for teledermatology delivery
- Describe the main principles involved in obtaining high quality medical images
- Demonstrate awareness of the medicolegal issues relating to consent, storage and transfer of patient images
- Demonstrate awareness of Information Technology and governance policy regarding teledermatology
- Demonstrate awareness of the range of teledermatology referral pathways used across the NHS
- Describe the principles of audit for evaluation of teledermatology services

#### Skills
- Demonstrate the ability to take a high quality medical image (localizing and close-up) using a mobile device
- Demonstrate the ability to take a high quality dermoscopic image using a mobile device
- Demonstrate secure transfer and storage of a medical image taken with a mobile device
- Provide a safe and comprehensive teledermatology consultation for a patient with a rash
- Provide a safe and comprehensive teledermatology consultation for a patient with suspected skin cancer

#### Behaviours
- Recognise the importance of good communication between primary and secondary care

#### Teaching and Learning Methods
- Observation of photography skills
- Observation of teledermatology reporting skills
- Participation in teledermatology reporting service
- Online resources including e-learning for Health e-Dermatology modules
- Assessment of understanding of national guidelines for teledermatology and mobile devices
- Methods agreed by Educational Supervisor and Trainee
### Dermoscopy

**To be able to effectively use a dermatoscope to aid in diagnosis of benign and malignant skin lesions and some inflammatory dermatoses**

<table>
<thead>
<tr>
<th>Knowledge</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the light-skin interaction with natural and dermatoscopic light</td>
<td></td>
</tr>
<tr>
<td>Describe the differences between polarised and non-polarised dermatoscopes</td>
<td></td>
</tr>
<tr>
<td>Describe the benefits of dermoscopy in the diagnosis of skin lesions</td>
<td></td>
</tr>
<tr>
<td>Describe the dermoscopic features of melanocytic skin lesions</td>
<td></td>
</tr>
<tr>
<td>Describe the influence of age and skin phenotype on the dermoscopic patterns of melanocytic lesions</td>
<td></td>
</tr>
<tr>
<td>Discuss the role of dermoscopy in the diagnosis of inflammatory skin conditions</td>
<td></td>
</tr>
<tr>
<td>Describe the applications of dermoscopy in hair and nail disorders</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Be able to identify the dermoscopic features of benign and suspicious naevi</td>
<td></td>
</tr>
<tr>
<td>Be able to describe the vascular patterns seen in different skin lesions</td>
<td></td>
</tr>
<tr>
<td>Be able to describe the dermoscopic features of common benign and malignant skin lesions</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviours</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilise appropriate dermoscopy terminology for documentation and communication with colleagues</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teaching and Learning Methods</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Online resources including e-learning for Health e-Dermatology modules</td>
<td></td>
</tr>
<tr>
<td>Relevant books and journal publications</td>
<td></td>
</tr>
<tr>
<td>Appropriate courses</td>
<td></td>
</tr>
<tr>
<td>Discussion of cases with more experienced colleagues</td>
<td></td>
</tr>
</tbody>
</table>
## Global Health Dermatology

To be able to understand the significance of dermatological issues for global health and migrant populations

### Knowledge

- Describe the meaning of global health dermatology
- Be aware of the priorities for delivering dermatological care in resource poor settings and migrant populations
- Be aware of the impact of skin diseases and dermatological skill in the context of neglected tropical disease
- Recognise the most common tropical skin diseases seen in the returning traveller

### Skills

- Demonstrate cultural competence during consultations in terms of verbal and non verbal communication

### Behaviours

- Demonstrate cultural competence when caring for patients from other cultures and backgrounds

### Teaching and Learning Methods

- Independent study and review of key recent publications
- Review and reflection on information on the websites of relevant organisations such as International Foundation for Dermatology
- Attendance at appropriate lectures/educational events for understanding global health issues
- Participation in global health dermatology field work or projects
- Methods agreed by Educational Supervisor and Trainee
Health Promotion and Public Health

To develop the ability to work with individuals and communities to reduce levels of ill health, remove inequalities in healthcare provision and improve the general health of a community

**Knowledge**

- Describe the risks and benefits of skin exposure to ultraviolet radiation, the impact of sunlight exposure on prevalence of skin disease, and appropriate behaviours to minimize risks
- Describe the factors which influence health and illness such as psychological, biological, social, cultural and economic especially poverty and unemployment
- Describe the influence of lifestyle on skin health and disease and the factors that influence an individual to change their lifestyle e.g., the influence of UVR-exposure, including sunny holidays, sun-exposure in the UK, and sunbed use, on skin cancer risk
- Explain the purpose of screening programmes and outline the common programmes available within the UK
- Explain the positive and negative effects of screening on the individual
- Explain the possible positive and negative implications of skin health promotion activities e.g. mole check clinics
- Explain the relationship between the health of an individual and that of a community and vice versa
- Explain the key skin health concerns of communities e.g. vitiligo concerns in skin of colour communities; sun-exposure and vitamin D status in skin of colour communities

**Skills**

- Identify opportunities to prevent skin disease in patients
- Identify opportunities to promote changes in lifestyle and other actions which will positively improve skin health and/or disease outcomes
- Identify the interaction between mental, physical and social wellbeing in the context of skin health
- Counsel patients appropriately on the benefits and risks of screening and skin health promotion activities
- Identify patient's ideas, concerns and health beliefs regarding screening and health promotions programmes
- Be able to work collaboratively with other agencies to improve the skin health of communities

**Behaviours**

- Engage in effective team-working around the improvement of skin health
- Encourage where appropriate screening to facilitate early intervention e.g. cervical screening for young women on immune suppression treatments for their skin disease
- Seek out and utilise opportunities for health promotion and disease prevention including engagement with public health campaigns

**Teaching and Learning Methods**

- Supervised participation in outpatient clinics
- Participation in local, regional or national patient engagement activities
- Attendance at appropriate meetings
- Methods agreed by Educational Supervisor and Trainee
**General Dermatology**

**Psoriasis**

<table>
<thead>
<tr>
<th>To be able to manage patients with psoriasis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge</strong></td>
</tr>
<tr>
<td>Describe the pathogenesis of psoriasis including genetic, immunological and histological changes</td>
</tr>
<tr>
<td>Describe environmental factors and their influence on the clinical presentation of psoriasis</td>
</tr>
<tr>
<td>Demonstrate awareness of the psychological impact of psoriasis and effects on employment and quality of life</td>
</tr>
<tr>
<td>Demonstrate understanding of disease outcome measures such as PASI, DLQI and PEST scoring and their relevance in informing treatment choices and monitoring treatment response</td>
</tr>
<tr>
<td>Demonstrate ability to recognise and manage the various clinical presentations of psoriasis including acute presentations including chronic plaque psoriasis, palmoplantar pustulosis, guttate psoriasis and pustular psoriasis</td>
</tr>
<tr>
<td>Describe the non-cutaneous manifestations of psoriasis and associations with other diseases such as psoriatic joint disease, inflammatory bowel disease, neurologic implications and metabolic syndrome</td>
</tr>
<tr>
<td>Explain the indications, prescribing guidelines and monitoring requirements for systemic therapies, including oral and subcutaneous pharmaceutical drugs</td>
</tr>
<tr>
<td>Explain the indications, prescribing guidelines and monitoring requirements for biologic therapy</td>
</tr>
<tr>
<td>Demonstrate comprehensive knowledge of the range of topical therapies used to manage psoriasis with particular reference to body site</td>
</tr>
<tr>
<td><strong>Skills</strong></td>
</tr>
<tr>
<td>Be able to recognise environmental and drug triggers for psoriasis and provide support and avoidance advice</td>
</tr>
<tr>
<td>Appropriately use DLQI, PASI and PEST scores as part of clinical assessment</td>
</tr>
<tr>
<td>Be able to prescribe topical, systemic and biologic treatment appropriately based on patient assessment in line with current national guidance. Recognise complications of treatment and take appropriate action</td>
</tr>
<tr>
<td><strong>Behaviours</strong></td>
</tr>
<tr>
<td>Signposts and refers patients appropriately for psychological support</td>
</tr>
</tbody>
</table>

**Teaching and Learning Methods**

- Supervised consultations in outpatient clinics
- Experience of urgent presentations of psoriasis in emergency unit/on call/inpatient setting
- Independent study
- Online resources such as e-learning for Health e-Dermatology modules
- Attendance at Regional and National academic meetings
# Atopic Eczema

## To be able to manage patients with atopic eczema

<table>
<thead>
<tr>
<th>Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate an understanding of the multidisciplinary approach to management of severely atopic patients with eczema, asthma, rhinitis and food allergies</td>
</tr>
<tr>
<td>Describe the genetic, immunological and environmental factors affecting skin barrier dysfunction in patients with atopic eczema</td>
</tr>
<tr>
<td>Describe the potential physical, developmental and psychological impact of atopic eczema on patients and their families, and the effects on employment, schooling and quality of life</td>
</tr>
<tr>
<td>Demonstrate how to recognise and manage acute bacterial, herpetic and coxsackie infection in patients with atopic eczema, including long term management to reduce recurrent infections</td>
</tr>
<tr>
<td>Describe patterns of infection that suggest immune deficiency or dysregulation</td>
</tr>
<tr>
<td>Demonstrate a comprehensive knowledge of the range of topical therapies used to manage acute and chronic atopic eczema, including safe prescribing regimens for topical corticosteroids and topical immunomodulators in different age groups and body sites</td>
</tr>
<tr>
<td>Explain the indications, prescribing guidelines and monitoring requirements for commonly prescribed second line therapies for atopic eczema, including oral and subcutaneous drugs and phototherapy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be able to advise on practical aspects of avoidance of irritants, use of soap substitutes, and emollients</td>
</tr>
<tr>
<td>Use appropriate measures to monitor disease activity, response to therapy and impact on quality of life in patients with atopic eczema</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signpost patients and families to additional sources of support</td>
</tr>
<tr>
<td>Refer appropriately to specialist colleagues in allergy, immunology and respiratory medicine</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teaching and Learning Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervised consultations in outpatient clinics</td>
</tr>
<tr>
<td>Experience of urgent presentations of eczema in the emergency unit/on call/inpatient setting</td>
</tr>
<tr>
<td>Independent study</td>
</tr>
<tr>
<td>Online resources such as e-learning for Health e-Dermatology modules</td>
</tr>
<tr>
<td>Attendance at regional and national academic meetings</td>
</tr>
</tbody>
</table>
### Acne

**To be able to manage patients with acne vulgaris**

**To be able to safely prescribe and manage isotretinoin therapy**

<table>
<thead>
<tr>
<th>Knowledge</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Describes the pathogenesis of acne vulgaris</td>
<td></td>
</tr>
<tr>
<td>Describes acne variants and how they might present including acne fulminans, acne conglobata, SAPHO syndrome, PAPA syndrome and gram-negative folliculitis</td>
<td></td>
</tr>
<tr>
<td>Describes disorders which may present with acneiform eruptions such as drug induced acne and occupational acne</td>
<td></td>
</tr>
<tr>
<td>Describes the mechanism of action of acne treatments including topical and systemic therapies</td>
<td></td>
</tr>
<tr>
<td>Describes the side effects of isotretinoin therapy such as mood disorders and teratogenicity</td>
<td></td>
</tr>
<tr>
<td>Awareness of the isotretinoin pregnancy prevention programme for women of child bearing age and explains the need for dual contraception and monthly pregnancy testing</td>
<td></td>
</tr>
<tr>
<td>Demonstrates knowledge of endocrine co-morbidities (hyperandrogenism) related to acne such as polycystic ovarian syndrome, adrenal hyperplasia, and adrenal or ovarian tumours</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Be able to describe and recognise the different types of lesions seen in acne</td>
<td></td>
</tr>
<tr>
<td>Selects appropriate treatment based on assessment of clinical type, severity of acne and presence of scarring</td>
<td></td>
</tr>
<tr>
<td>Considers the psychological impact of acne and offers appropriate support</td>
<td></td>
</tr>
<tr>
<td>Recognises the clinical manifestations that may suggest androgen excess (e.g. menstrual irregularity, hirsutism or signs of virilization)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviours</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Counsels patients appropriately when considering isotretinoin therapy</td>
<td></td>
</tr>
<tr>
<td>Provides appropriate monitoring for patients taking isotretinoin</td>
<td></td>
</tr>
<tr>
<td>Arranges endocrine investigations (DHEA-S, total testosterone, and free testosterone levels) in patients with acne and signs and symptoms of androgen excess and considers onward referral to other specialties (such as endocrinology)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teaching and Learning Methods</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervised consultations in outpatient clinics</td>
<td></td>
</tr>
<tr>
<td>Independent study</td>
<td></td>
</tr>
<tr>
<td>Online resources such as e-learning for Health e-Dermatology modules</td>
<td></td>
</tr>
<tr>
<td>Attendance at Regional and National Academic meetings</td>
<td></td>
</tr>
</tbody>
</table>
# Connective Tissue Disease

**To be able to recognise and appropriately investigate and manage cutaneous manifestations of connective tissue disease**

## Knowledge

- Describe the spectrum of cutaneous presentations of lupus and the non-cutaneous manifestations of lupus
- Identify the role of medications in the pathogenesis of cutaneous lupus and other connective tissue diseases
- Describe the cutaneous and non-cutaneous presentations of dermatomyositis and be aware of the association with malignancy
- Describe the cutaneous and non-cutaneous presentations of systemic sclerosis, limited systemic sclerosis and mixed connective tissue disease
- Demonstrate a comprehensive understanding of the treatments used in cutaneous lupus erythematosus including oral and topical corticosteroids, photo-protection, anti-malarials and steroid sparing agents

## Skills

- Be able to describe and recognise subacute lupus, cutaneous manifestations of systemic lupus and discoid lupus
- Correctly identify medications which are contributing to the clinical presentation in suspected connective tissue disease and makes appropriate changes to drug therapy
- Be able to arrange and interpret appropriate investigations to aid diagnosis of suspected connective tissue disease including autoimmune serology and skin biopsy
- Be able to arrange and interpret appropriate investigations to look for non-cutaneous manifestations of connective tissue disease including blood tests, chest x-ray and urine dipstick

## Behaviours

- Refers patients with connective tissue disease appropriately to rheumatology and tertiary dermatology services

## Teaching and Learning Methods

- Supervised consultations in outpatient clinics
- Independent study
- Online resources such as e-learning for Health e-Dermatology modules
- Attendance at Regional and National Academic meetings
## Lichenoid Disorders

**To be able to recognise, investigate and manage lichenoid disorders**

### Knowledge
- Recognise the term “lichenoid” refers to a range of conditions characterised by a particular type of inflammation on histology
- Describe and recognise the classical clinical features of lichen planus
- Identify triggers which contribute to and influence the presentation of lichen planus such as local skin trauma and infections
- Describe medications commonly implicated in lichenoid drug eruptions
- Describe the spectrum of diagnoses with features of a lichenoid dermatosis such as lichen nitidus, lichen aureus, lichen sclerosus, lichen simplex, lichen striatus and lichen planopigmentosus

### Skills
- Be able to recognise and describe the histological features of lichenoid reaction pattern
- Correctly identify potential drug causes of a lichenoid disorder
- Perform appropriate clinical assessment in patients with lichen planus including examination for mucous membrane, nail, genital and scalp disease
- Recognise lichenoid disorders can be pre-malignant and counsel patients with regards to this
- Be able to provide appropriate topical treatment for patients with lichen planus and consider systemic treatment when indicated

### Behaviours
- Refer patients with mucous membrane, genital disease or hair disease to appropriate specialist clinics when indicated

### Teaching and Learning Methods
- Supervised consultations in outpatient clinics
- Independent study
- Online resources such as e-learning for Health e-Dermatology modules
- Attendance at Regional and National Academic meetings
# Urticaria

## To be able to manage patients with urticaria

### Knowledge
- Describe the clinical findings associated with urticaria and relevant pathomechanisms
- Recognise angioedema as part of urticaria and as non-histaminergic/bradykinin mediated disease
- Demonstrate knowledge of allergic urticaria and anaphylaxis
- Define subtypes of Chronic Urticaria (CSU, CIndU) and identify the importance of distinguishing subtypes
- Describe differential diagnosis of CSU including autoinflammatory conditions, urticarial vasculitis and bradykinin-mediated angioedema
- Describe standard measurements of disease such as UAS
- Describe concepts of urticaria management and explain when to refer to a tertiary urticaria clinic
- Describe the role of IgE in acute urticaria and anaphylaxis
- Describe the aetiology and pathogenesis of chronic spontaneous urticaria
- Recognise the limitations of investigations in CSU

### Skills
- Be able to take a detailed and reliable history and record appropriate details
- Demonstrate recognition of urticaria and angioedema versus other dermatoses
- Communicate treatment plans to GPs, patients, relatives or carers including off label doses of antihistamines
- Be able to refer to specialist urticaria service appropriately

### Behaviours
- Communicate clearly the non-allergic aetiology of urticaria to GPs, patients, relatives and carers

### Teaching and Learning Methods
- Supervised outpatient clinics including in specialist setting when possible
- Independent study
- Online resources such as e-learning for Health e-Dermatology modules
- Appropriate course at regional or national level
## Paediatric Dermatology

**To be able to investigate, diagnose and treat neonates, children and adolescents with skin disease**

### Knowledge

Describe how skin diseases seen in adults may present differently in children

Describe how skin diseases have an effect on children that varies with their stage of development

Describe particular requirements of adolescents and young adults with skin disease and in particular emotional needs, social engagement and independence with treatments

Identify the need for planning and facilitation of transition to adult services

Describe skin diseases common and/or specific to infancy, childhood, and adolescence and those with potentially serious complications or associations:

- **Eczema:** refer to the syllabus section on eczema
  
  Describe the presentations of eczema in different age groups particularly those specific to or more common in childhood

  Describe the signs suggestive of secondary infection in children and how to manage this acutely and with preventative strategies

  Explain the co-existence of food allergy in children with eczema and how to take an appropriate history to explore this

  Describe the difference between IgE and non-IgE allergic mechanisms and the limitation of tests to diagnose non-IgE mechanisms and food intolerances and when to refer to the allergy team

  Describe topical treatments that are suitable for use in children of different ages and with different severities of eczema and how to advise parents

  Describe the range of systemic treatments available for use in children with eczema and their indications, side effects and safe monitoring

  Describe patterns of eczema in children suggestive of contact allergy or photo exacerbated eczema and when to refer

Describe the clinical presentation and treatments of vascular malformations such as capillary malformation, venous malformation, lymphatic malformation, arteriovenous malformation and complex vascular malformations

Describe the clinical features, long-term associations and complications of common naevi such as epidermal and congenital melanocytic naevi

Identify developmental skin anomalies such as skin tags, pits, sinuses, cysts and hair patches and describe when to screen for underlying congenital abnormalities

Describe common paediatric skin lesions including spider naevi, pyogenic granuloma, Spitz naevi, pilomatrixoma, dermoid cysts, café au lait macules and mastocytoma

Describe the clinical features and natural history of haemangiomas and other clinical subtypes associated with complications

Explain the indications for the use of topical and oral beta blockers in the management of haemangioma

Describe the clinical features of benign transient neonatal dermatoses and early management of serious neonatal presentations such as collodion baby, skin fragility and erythroderma

Describe the clinical presentation and management of bacterial, viral and fungal skin infections in children and common infestations such as scabies and head lice

Explain the features of common viral exanthems in children

Describe the presenting clinical features of infantile and childhood acne and any features to suspect underlying endocrine problems

Describe the spectrum of treatments for acne in children and young people and complications and monitoring

Describe presenting signs of psoriasis in children, how they differ from adults and know age-appropriate treatments

Describe the clinical features of papulosquamous rashes in children such as pityriasis lichenoides, pityriasis rubra pilaris, pityriasis rosea, lichen planus, lichen nitidus and lichen striatus
Explain the clinical presentation of vitiligo, its associations and likely prognosis and treatment
Explain the skin signs associated with nutritional deficiencies in children and when to be concerned about underlying malabsorption or metabolic diseases
Identify common and rare causes of blistering in children such as bite reactions and bullous impetigo and describe investigations and early management of staphylococcal scalded skin syndrome and toxic epidermal necrolysis
Identify causes of skin fragility including acquired immunobullous disorders and innate genetic skin fragility conditions such as epidermolysis bullosa and epidermolytic ichthyosis
Describe the clinical features and causes of vasculitis in children
Describe cutaneous features of chronic inflammatory and connective tissue diseases in children such as scleroderma, lupus (including neonatal lupus), dermatomyositis, juvenile idiopathic arthritis and autoinflammatory conditions
Identify signs of malignant and infiltrative disease in children such as neuroblastoma, leukaemia and Langerhan’s cell histiocytosis
Explain when a skin presentation suggests a common genetic condition such as neurofibromatosis, tuberous sclerosis, incontinentia pigmenti, ectodermal dysplasia, ichthyosis or skin fragility conditions
Describe the clinical features, treatment and management of common scalp problems in children including tinea capitis, cradle cap and seborrhoeic dermatitis
Describe common hair problems in children such as alopecia areata, traction alopecia and telogen effluvium and when to investigate and manage appropriately
Describe the normal patterns of hair development in children and the features suggesting a genetic or syndromic hair shaft abnormality
Describe the presentation of common developmental and inflammatory nail problems in children

**Skills**

Be able to interact with children of different ages and their families in order to elicit a detailed history
Demonstrate confidence in examining children of different ages and be able to perform full skin examination as well as limited general physical examination
Demonstrate that physiological parameters vary with age and where to find relevant normal value charts
Recognise children who are severely systemically unwell or potentially septic and call for senior help urgently
Recognise developmental delay and faltering growth using clinical assessment, growth charts and pubertal staging
Be able to appropriately refer children who show faltering growth or are on restrictive diets
Be able to define when appropriate to maintain confidentiality in a child or young person
Recognise the requirements for informed consent in children and young people of different ages and apply the concept of Gillick/Fraser competence
Be able to recognise features in the presentation or examination of a skin condition which suggest physical abuse, sexual abuse, emotional abuse and neglect, including possible fabricated or induced illness
Demonstrate when to raise concerns about lack of engagement with medical services and treatment of medical problems in children and young people
Demonstrate awareness of relevant community and school service agencies and how to work with these to get support for families delivering care at home
Be able to refer children to the local safeguarding team and/or social services
Recognise that prescription of topical and systemic treatments in children varies according to weight, age and developmental level and that it may often be unlicensed
Be able to formulate a management plan that takes into account the feelings and wishes of the child/young person and their family including situations in which no active management is appropriate
Use paediatric specific prescription guides such as the Children’s British National Formulary (BNF)
Perform minor skin surgical procedures in children of different ages including skin biopsy, curettage and cautery, cryotherapy and intralesional steroid injection

Recognise, diagnose and be able to manage common skin diseases in children as well as less common but important and serious conditions

Be able to discuss the prognosis and possible complications for children and young people with vascular malformations and formulate a plan for appropriate monitoring

Be able to decide when proactive management or screening for complications are appropriate for common naevi such as epidermal naevi and congenital melanocytic naevi

Be able to recognise patterns of skin disease that suggest a mosaic or genetic diagnosis

Be able to distinguish clinically between infantile and congenital haemangioma and discuss their prognosis

Be able to explain the possible side effects of beta blocker treatment for haemangioma and the investigations and precautions necessary before and during treatment

Be able to distinguish benign transient neonatal rashes from significant pathological diagnoses such as infection, inflammatory conditions, congenital malformations and genetic skin conditions

Be able to undertake appropriate investigations for skin infection in children including bacterial and viral swabs and skin and hair samples for mycology

Be able to prescribe age appropriate topical and oral treatments for skin infection in children

Recognise the presentation of mucositis such as SJS/TEN triggered by medication or infection and be able to initiate an urgent assessment, diagnosis and management plan involving appropriate members of the MDT including ophthalmology

Be able to identify disease processes associated with systemic vasculitis in children such as Kawasaki disease, Henoch Schonlein Purpura and acute haemorrhagic oedema of infancy and make an initial plan for screening for and managing these

Recognise reaction patterns in children such as urticaria, erythema multiforme, erythema nodosum, granuloma annulare, Gianotti Crosti and be able to identify the likely cause and decide when further investigations are required

**Behaviours**

Participate in family orientated diagnosis and treatment with shared decision making with carers

Recognise importance and roles of different healthcare professionals in child health

Consult paediatric BNF for prescribing at different ages

Consult paediatric colleagues or specialist paediatric dermatologists appropriately

**Teaching and Learning Methods**

Supervised consultations in dedicated paediatric dermatology outpatient clinics

Supervision of paediatric inpatient management

Supervised consultations of paediatric inpatient referrals to the dermatology team

Independent study of paediatric texts and journals

Observation of specialist paediatric nursing staff

Attendance at relevant course

Online resources such as e-learning for Health e-Dermatology modules

Methods agreed by Educational Supervisor and Trainee
## Infections and Infestations

To be able to diagnose and manage viral, bacterial, fungal and parasitic infections of the skin

### Knowledge

- Define the clinical features, investigation and management of infections of the skin and systemic infections with cutaneous manifestations
- Describe normal skin flora and potential pathogens
- Describe clinical features of infections in immunocompromised patients
- Describe clinical features of infections acquired abroad and prevalent in foreign countries
- Explain the mechanism of action, use, dosage and adverse effects of antimicrobial and antiviral therapy
- Describe local systems to deal with outbreaks of infection within hospital or community
- Identify the principles of infection prevention and control including current vaccination programmes
- Identify the principles and mechanisms of antimicrobial resistance
- Describe the appropriateness of antimicrobial agents to treat and prevent infections in line with local guidelines

### Skills

- Perform appropriate history and examination
- Select and perform appropriate testing including obtaining appropriate microbiological samples
- Communicate likely success of treatment and prognosis to patients
- Interpret dermoscopic appearances and microscopic findings of skin scrapings to diagnose fungal infection or scabies

### Behaviours

- Consult with reference laboratory and local antimicrobial guidelines appropriately
- Recognise the importance of and communicate with infection control teams and follow local best practice
- Maintain principles of antimicrobial stewardship e.g. avoiding unnecessary broad-spectrum antimicrobials and be aware of local resistance patterns

### Teaching and Learning Methods

- Independent study
- Supervised outpatient, inpatient and emergency consultations
- Laboratory and infectious disease attachment
- Online resources such as e-learning for Health e-Dermatology modules
- Methods agreed by Educational Supervisor and Trainee
- Audit of antimicrobial prescribing patterns and practices
Skin Cancer

**To be able to diagnose and stage all primary malignant disease of the skin**

**To be able to surgically treat and manage T1 BCCs, T1 SCCs, and T1a/b melanomas**

### Knowledge

- Describe the common and rare clinical, dermoscopic and histopathological features of primary skin cancer such as melanoma, basal cell carcinoma, squamous cell carcinoma, merkel cell carcinoma, angiosarcoma, lymphoma and adnexal carcinomas
- Describe the different clinical subtypes of melanoma and non-melanoma skin cancer, with emphasis on differing locations, clinical appearance and effects on outcomes and therapies
- Describe the role of teledermatology, teledermoscopy and the use of artificial intelligence algorithms in the identification of suspicious skin lesions
- Describe the precursors of skin cancer such as actinic keratosis, bowen’s disease and dysplastic naevi
- Describe the concept of field cancerisation and field dysplasia and its importance in predisposition to skin cancer
- Describe the risk factors for skin cancers including different patterns of UV exposure, age of exposure, risk of sun bed use, individual host risk factors, family history skin cancer risk, and dysplastic naevi
- Describe importance of detailed history in assessing patients with suspected skin cancer
- Describe how to undertake a complete skin examination and detect features such as the ‘ugly duckling’ sign
- Describe benefits of using dermatoscope in skin lesion examination
- Describe how to interpret pathology reports in the context of the clinical case and to make clinicopathological diagnoses
- Identify the indications and need for repeat biopsies and the type of biopsy undertaken
- Define current methods of molecular analysis in diagnosis and treatment of skin cancer such as current advances in understanding of pathways involved in various skin cancers e.g. BRAF pathway in melanoma and hedgehog pathway in basal cell carcinoma
- Describe cancer biology and the importance of common processes such as programmed cell death, check point inhibition and immunological factors
- Define the current AJCC or other approved staging systems for melanoma, non-melanoma skin cancer and skin lymphoma
- Explain common patterns of loco-regional and distant metastatic spread due to melanoma, non-melanoma skin cancer, and skin lymphoma
- Explain the principles and indications as they apply to skin oncology for topical chemotherapy, cryotherapy, photodynamic therapy, surgery including micrographic surgery, radiotherapy, chemotherapy, immunotherapy and electrochemotherapy
- Describe the surgical treatment options in all the common skin cancers e.g. excision, shave, curettage and the indications and pros and cons of each of these methods
- Describe the indications for no surgery as a valid option, uses of non-surgical treatment in precursor lesions and superficial skin cancers including cryotherapy, 5-FU and imiquimod
- Identify the differences, and effects on the patient of lesional and field therapy for actinic keratosis and superficial BCC
- Identify the use and side effects of systemic targeted and immune therapies in malignant melanoma and non-melanoma skin cancer
- Identify the uses and practical delivery of all forms of radiotherapy used to treat skin cancers including electron radiotherapy and brachytherapy
- Describe the importance of skin cancer pathways both locally and regionally in optimal management of skin cancer e.g. indications for referral to plastic, maxillofacial and oculoplastic surgeons
- Define the requirements and approach for breaking bad news, including use of local policies, and the role of the skin oncology Clinical Nurse Specialist
- Identify local and national skin cancer guidelines for follow up and discharge
Explain the requirements for compliance with the National Institute for Health and Clinical Excellence guidance for skin cancer

Identify skin cancer clinical trial methodology and explain outcome measures of response and survival

Define the role of the Skin Oncology Multi-disciplinary Team, its composition and operational policies and the process for peer review

Define how an MDT works and identify protocols on which treatment decisions and recommended surgical margins are made

Describe the importance of skin cancer prevention and screening, both primary, secondary and tertiary and the effects this has with skin cancer rates

Describe the advice given to patients about UV exposure practices and the necessity to maintain Vitamin D levels

Identify indications, efficacy, side effects and tolerability of therapies used to reduce skin cancers in high risk skin cancer patients such as retinoids, field therapies, sunscreens and nicotinamide

Describe high-risk and immunosuppressed patients, those with multiple lesions and excess field damage and genetic syndromes such as Gorlin syndrome

Describe the clinical presentation and treatment for skin cancers in immunosuppressed patients including transplant patients, those on immunosuppressive drugs and HIV/other immunodeficiency patients

**Skills**

Take an accurate history and competently examine all patients with primary malignant disease of the skin

Use the dermoscope as an aid to the diagnosis of benign and malignant skin lesions

Demonstrate competent excision of skin lesions for diagnosis

Integrate clinical and pathological findings to ensure safe and accurate clinico-pathological correlation

Demonstrate accurate diagnosis of primary malignant disease of the skin, and distinguish from benign lesions

Demonstrate accurate diagnosis of loco-regional and distant metastatic skin cancer

Construct a treatment plan for all primary malignant disease of the skin, and present this to a skin cancer Multi-disciplinary Team Meeting

Obtain informed consent for surgical procedures required for treating T1 BCCs, T1 SCCs, and T1a/b melanomas, including all common and serious risks and complications

**Behaviours**

Recognise limits of own skills, experience and techniques including dermoscopy

Participate in and contribute to skin oncology MDT meetings

Participate in and contribute to skin cancer audit

Recognise importance of recent clinical advances, and current National Cancer Research Institute skin cancer trials

**Teaching and Learning Methods**

Independent study and attendance at courses

Supervised consultations in skin cancer clinic

Observation and performance of non-surgical and surgical procedures for treating primary skin cancer under supervision

Observation of procedures for treating loco-regional and distant disease such as lymph node dissection, regional chemotherapy, radiotherapy and chemotherapy

Attendance and participation in departmental skin cancer MDTs

Online resources such as e-learning for Health e-Dermatology modules

Methods agreed by Educational Supervisor and Trainee
### Skin of Colour

To be able to diagnose and manage skin and hair conditions in skin of colour whilst demonstrating cultural competence

#### Knowledge

Define skin of colour and describe the biological differences in skin structure and function in skin of colour

Recognise that certain dermatological conditions may vary in presentation in skin of colour and describe different cutaneous reaction patterns commonly observed

Recognise normal variations in skin of colour, such as Futcher’s lines, oral mucosal hyperpigmentation, longitudinal melanonychia, idiopathic guttate hypomelanosis, lumbosacral dermal melanocytosis and punctate keratosis of the palmar creases

Recognise and describe inflammatory changes in skin of colour appropriately

Describe conditions that are more prevalent in skin of colour such as melasma, keloids, erythema dyschronicum perstans and lichen amyloidosis

Recognise and treat common disorders of hyperpigmentation in skin of colour such as post-inflammatory hyperpigmentation and melasma

Recognise and treat common disorders of hypopigmentation in skin of colour such as post-inflammatory hypopigmentation, vitiligo, pityriasis versicolor and seborrheic dermatitis

Describe appropriate prescribing of hydroquinone containing preparations and discuss potential adverse effects such as exogenous ochronosis

Recognise and treat common hair and scalp disorders in afro-textured hair such as traction alopecia, CCCA, pseudofolliculitis barbae and acne keloidalis nuchae

Recognise cutaneous manifestations of systemic diseases that are more prevalent in skin of colour such as sarcoidosis, SLE and type 2 diabetes

Describe appropriate treatment options for keloids

Describe the incidence, clinical presentation and risk factors of BCC, SCC and melanoma in skin of colour and discuss issues such as diagnostic delay, sun protection and higher mortality rates

#### Skills

Demonstrate culturally appropriate history taking skills when indicated

Demonstrate appropriate hair loss history taking skills in patients with afro-textured hair

Be able to perform intralesional steroid injections for keloid scars

Be able to perform intralesional steroid injections for conditions such as CCCA, where appropriate

Be able to interpret patch tests in darker skin

#### Behaviours

Refer patients to skin of colour specialist and clinic where appropriate

Recognise the impact of cultural beliefs and habits amongst ethnic groups on the skin e.g. hair grooming practices, colourism and skin lightening, hair coverings, prayer nodules, traditional Chinese medicine, herbal skin remedies, homeopathy and ayurvedic medicine

Demonstrate sensitivity when faced with cultural and/or language barriers

Demonstrate use of appropriate language when referring to different ethnic groups

Demonstrate awareness of the misuse of skin lightening agents in certain ethnic groups and their adverse effects

Demonstrate awareness of the psychological impact of pigmentary disorders and hair loss in people of colour

#### Teaching and Learning Methods

Attendance at appropriate skin of colour clinic if available or study of patients within general dermatology clinics

Online resources such as CEBD Skin of Colour Resource and e-learning for Health e-Dermatology modules

Independent study and External courses

Methods agreed by Educational Supervisor and Trainee
## Psychodermatology

<table>
<thead>
<tr>
<th>To be able to diagnose psychiatric morbidity in dermatology patients, both as a primary diagnosis and incidentally</th>
</tr>
</thead>
</table>

### Knowledge
- Describe clinical features, investigation and management of primary psychiatric disease presenting as skin disease to dermatology
- Describe clinical features, investigation and management of primary skin disease presenting with psychosocial comorbidity
- Describe psychiatric differential diagnosis in skin disease
- Define features of anxiety, depression, and risk factors for suicide
- Define the basic use of antidepressants, tranquillisers and antipsychotics, and other psychopharmacological substances used in dermatology
- Describe the role of psychosocial stress in primary skin disease
- Describe the variety and role of basic cognitive therapies
- Define the main points of the Mental Health Act and Mental Capacity Act
- Describe the structure of liaison services to psychiatry and addiction

### Skills
- Perform a basic psychiatric history
- Be able to safely prescribe psychotropic medication for dermatological patients
- Be able to describe and adopt basic communication skills in managing patients with psycho-social comorbidities of dermatological disease
- Perform a basic mental state examination
- Diagnose and manage basic psychiatric comorbidities of dermatological disease (e.g. anxiety and/or depression)
- Evaluate the risk of suicide in a patient

### Behaviours
- Consult and refer to the psychiatric team and to clinical psychology appropriately

### Teaching and Learning Methods
- Independent study
- External approved courses (e.g. Psychodermatology UK annual course)
- Attendance at and participation in specialist psychodermatology clinics where available
- Observation of clinical psychological therapy
- Outpatient consultations with supervision
- Online resources such as e-learning for Health e-Dermatology modules
- Methods agreed by Educational Supervisor and Trainee
# Emergency Dermatology

To be able to prioritise and safely manage acute dermatology patients in all settings, including specialty on-call

## Knowledge

- Describe the differential diagnoses for erythroderma, and diagnostic and management strategies
- Describe the clinical features and management of erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis, angio-oedema and anaphylaxis
- Describe clinical features and management of acute drug reactions, blistering rashes, vasculitis and severe infections
- Define red flags of a dermatological emergency

## Skills

- Perform an accurate and focused history in an acutely unwell dermatology patient
- Demonstrate detailed and correct physical examination including skin, integument, mucous membranes and other relevant body systems
- React appropriately to skin disease of varying severity by prioritising, investigating, and treating with appropriate urgency to the clinical situation
- Select appropriate investigations in urgent clinical situations
- Formulate accurate, complete and appropriate differential diagnosis
- Select appropriate treatment plan and communicate effectively to appropriate members of the healthcare team
- Communicate treatment plan to patient or relatives/carers
- Assess severity of acute skin disease accurately by telephone, and at the bedside during and outside normal hours

## Behaviours

- Recognises potentially serious skin disease
- Recognises urgency of patients requiring immediate assessment and treatment, and differentiates from non-urgent
- Recognises own limitations and chooses appropriately when to ask for help

## Teaching and Learning Methods

- Supervised outpatient clinics
- Ward-based learning, including ward rounds and consultations
- Supervised on call work: observation and performance of assessment of emergency cases including making telephone (or video/remote) assessment and giving appropriate advice including out-of-hours on call
- Planned teaching e.g. registrar training days
- Clinical meetings: departmental, regional and national e.g. Royal Society of Medicine
- Independent study
- Appropriate courses
- Journal club
- Methods agreed by Educational Supervisor and Trainee
## Pharmacology and Therapeutics

### Knowledge
- Describe the mode of action, indications, dosage, side effects, drug interactions, safe monitoring, duration of therapy of topical and systemic agents used in skin disease
- Define sources of evidence-based guidelines for treatments
- Describe the range of adverse drug reactions to commonly used drugs, including complementary medicines
- Identify the range of most commonly encountered photosensitizing drugs
- Identify drugs requiring therapeutic drug monitoring and interpret results
- Describe tools to promote patient safety and prescribing, including electronic clinical record systems and other IT systems
- Describe the effects of age, body size, organ dysfunction and concurrent illness on drug distribution and metabolism
- Describe the roles of regulatory agencies involved in drug use, monitoring and licensing e.g. National Institute for Clinical Excellence (NICE), Committee on Safety of Medicines (CSM), and Healthcare Products Regulatory Agency and hospital formulary committees
- Explain the importance of non-medication based therapeutic interventions
- Describe the stability and shelf life of different preparations
- Explain the choice of base for topical therapy
- Define the responsibilities of the prescriber
- Explain the use of regulations for off-licence drug prescribing
- Describe the quantity of topical therapy required for different body areas

### Skills
- Communicate risks and benefits of systemic therapy to patients
- Evaluate effectiveness of new treatments including use of objective, validated disease severity scoring tools such as PASI, DLQI
- Anticipate and avoid defined drug interactions, including complementary medicines
- Advise patients (and carers) about important interactions and adverse drug effects
- Prescribe appropriately in pregnancy, and during breast feeding
- Make appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)
- Provide comprehensible explanations to the patient, and carers when relevant, for the use of medicines and appropriately use written patient information
- Ensure safe systems for monitoring when “repeat prescribing” for regular review and authorisation e.g. specify safe quantities of topical steroids which can be prescribed in primary care without medical review
- Access evidence-based guidelines where appropriate
- Communicate roles and responsibilities as a prescriber to others e.g. GPs
- Perform appropriate literature searches for adverse drug events

### Behaviours
- Recognise importance of new therapies
- Consult appropriate guidelines such as BAD, NICE Cochrane Library
Recognise roles of supplementary prescribers and nurse prescribers

Recognise the benefit of minimising number of medications taken by a patient to a level compatible with best care

Remain open to advice from other health professionals on medication issues e.g. pharmacy and drug information services

Recognise the importance of resources when prescribing including the role of a Drug Formulary and electronic prescribing systems e.g. awareness of NICE guidance for specific therapies such as biological agents

Ensure prescribing information is shared promptly and accurately between a patient’s health providers, including between primary and secondary care

Participate in adverse drug event reporting mechanisms

Remain up to date with therapeutic alerts, and respond appropriately

Consult relevant journals regarding new therapies

Consult with hospital pharmacy drug information

**Teaching and Learning Methods**

- Observation in general dermatology outpatients and inpatients
- Observation of topical therapy in nurse-led treatment clinics/day treatment centres
- Observation of hospital pharmacy regarding preparation of topical therapies
- Independent study
- Journal club
- Online resources such as e-learning for Health e-Dermatology modules
- External courses
- Methods agreed by Educational Supervisor and Trainee
## Management of Chronic Disease

To be able to interact with patients and facilitate their self-management, working collaboratively and in partnership, with shared decision making

### Knowledge
- Describe the natural history of diseases and illnesses that run a chronic course
- Define the role of rehabilitation services and the multi-disciplinary team to facilitate long-term care
- Describe the concept of quality of life and how this can be measured whilst understanding the limitations of such measures for individual patients e.g. knowledge and utility and application of the Dermatology Life Quality Index
- Describe the concept of patient self-care and the role of the expert patient
- Explain how to compare and contrast the medical and social models of disability
- Identify the key provisions of disability discrimination legislation
- Identify the relationship between local health, educational and social service provision including the voluntary sector
- Describe relevant long-term conditions

### Skills
- Develop and agree a management plan with the patient (and carers), ensuring comprehension to maximise self-care and shared decision-making within care pathways where relevant
- Develop and sustain supportive relationships with patients with whom care will be prolonged and potentially life long
- Provide relevant evidenced based information and where appropriate effective patient education, with support of the multi-disciplinary team
- Promote and encourage involvement of patients in appropriate support networks, both to receive support and to give support to others
- Encourage and support patients in accessing appropriate information

### Behaviours
- Show willingness and support for patients in their own advocacy, within the constraints of available resources and taking into account the best interests of the wider community
- Recognise the potential impact of long-term conditions on the patient, and their family and friends
- Ensure equipment and devices relevant to the patient’s care are discussed and provided
- Put patients in touch with the relevant agency including the voluntary sector from where they can procure the items as appropriate
- Show willingness to facilitate access to the appropriate training and skills in order to develop the patient's confidence and competence to self-care
- Show willingness to maintain a close working relationship with other members of the multi-disciplinary team, including primary and community care
- Show willingness to engage with expert patients and representatives of charities or networks that focus on diseases and recognise their role in supporting patients and their families/carers
- Recognise and respect the role of family, friends and carers in the management of the patient with a long-term condition
- Provides leadership within the multidisciplinary team that is responsible for management of patients with long term conditions and supports development of patient networks

### Teaching and Learning Methods
- Supervised outpatient clinics and methods agreed by Educational Supervisor and Trainee
- Engagement with patient support groups
- Multi-disciplinary team meetings for complex skin disease
**Dermatological Surgery**

**To be able to surgically treat benign and malignant skin disease safely and effectively**

### Knowledge

- Describe cutaneous anatomy from the skin surface down to muscle fascia, and the surface anatomy of the head and neck
- Identify in detail named blood vessels and nerves of the head, neck, and other body sites, where these lie between the skin, and muscle or muscle fascia
- Describe safe and effective local anaesthesia for skin surgery including regional anaesthesia
- Identify the surgical options for treating individual skin lesions at all body sites, including surgical margin required
- Describe the principles and indications for Mohs micrographic surgery
- Describe the principles and indications for nail avulsion
- Identify suturing techniques for wound repair
- Define the indications for direct closure, skin graft repair, repair using random pattern skin flaps
- Identify complications of skin surgery, including medico-legal aspects

### Skills

- Evaluate surgical options for individual skin lesions
- Perform the following surgical procedures:
  - Cryotherapy
  - Shave excision
  - Ellipse and punch skin biopsy
  - Curettage with and without cautery
  - Full thickness skin excision and direct closure using sub-cuticular sutures and skin sutures
  - Dog ear repair
- Demonstrate competence at performing the above procedures on the trunk, limbs and on the head and neck
- Perform at least one cutaneous flap under supervision
- Perform at least one full-thickness skin graft under supervision
- Demonstrate correct aseptic technique with regard to scrubbing, gowning, gloving and site preparation
- Obtain informed consent as per GMC guidelines
- Demonstrate full and appropriate documentation of surgical procedures
- Demonstrate appropriate management of secondary intention healing wounds
- Demonstrate appropriate management of wound healing complications such as infection, dehiscence and overgranulation
- Administer effective local anaesthesia
- Administer effective regional anaesthesia including ring blocks
- Demonstrate effective haemostasis and use of cautery and electrosurgery
- Observe Mohs micrographic surgery
- Observe nail avulsion surgery

### Behaviours

- Participate in surgical audit, including auditing own surgical results against national standards
- Participate in Multidisciplinary Team Meetings for skin cancer
- Recognise limits of own surgical skills
- Consult with plastic surgeons and other surgical specialties appropriately
## Teaching and Learning Methods

<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent study</td>
</tr>
<tr>
<td>Simulation of procedures on skin equivalent</td>
</tr>
<tr>
<td>Observation and performance of procedures under supervision in a day case theatre or outpatient theatre, and follow up in the post-operative period</td>
</tr>
<tr>
<td>Review of training record and outcomes such as completeness of excision and complications</td>
</tr>
<tr>
<td>Online resources such as e-learning for Health e-Dermatology modules</td>
</tr>
<tr>
<td>Suitable external course</td>
</tr>
<tr>
<td>Methods agreed by Educational Supervisor and Trainee</td>
</tr>
</tbody>
</table>
# Wound Care and Dressings

**To be able to diagnose, investigate and manage ulceration and wounds of the skin and post-surgical skin wounds**

**Knowledge**

- Describe the clinical features, investigation, differential diagnosis, and management of skin ulceration and wounds, and leg ulceration.
- Describe the clinical features, investigation and management of ulceration and wounds of the skin related to rarer disorders such as pyoderma gangrenosum.
- Describe the clinical features, investigation and management of ulceration and wounds of the skin in association with diabetes, pressure ulcers and lymphoedema.
- Explain the use of topical and systemic antibiotic therapy in wound care.
- Explain the use of compression bandaging in leg ulceration.
- Describe the options for wound dressings and their cost effectiveness.
- Explain desloughing techniques for wounds and leg ulceration.
- Identify local leg ulcer and wound care provisions e.g. vascular surgeons, pressure ulcer and wound healing teams, leg ulcer clubs.

**Skills**

- Perform adequate history and examination of patients with acute or chronic wounds.
- Perform assessments of wounds with regard to wound edge, wound bed, depth, evidence of infection, odour, exudate and pain.
- Perform and interpret Doppler pressure examination of leg.
- Evaluate suitability for compression bandaging.
- Evaluate suitability for appropriate wound dressings.

**Behaviours**

- Consult nursing and senior members of wound care team.
- Consult colleagues in vascular surgery and other specialties appropriately.

**Teaching and Learning Methods**

- Independent study.
- Supervised specialised outpatient consultations in general dermatology, wound healing or leg ulcer clinics.
- In-patient work.
- Participation in multidisciplinary team with nursing and tissue viability staff.
- External courses.
- Online resources such as e-learning for Health e-Dermatology modules.
- Methods agreed by Educational Supervisor and Trainee.
### Cosmetic Dermatology

**To be able to advise patients considering cosmetic treatments and procedures**

**To be able to diagnose and manage patients with complications of cosmetic treatments and non-surgical cosmetic procedures**

#### Knowledge

- Describe techniques for cosmetic camouflage of skin lesions and conditions
- Describe the pathology and clinical signs of intrinsic and extrinsic skin ageing in a diversity of skin types
- Describe the management for prevention and repair of extrinsic skin ageing in a diversity of skin types
- Describe techniques for non-surgical cosmetic procedures, including botulinum toxin injection, chemical peeling, injection of fillers and hair transplantation
- Describe mechanisms and evidence-base for cosmetic treatment and non-surgical procedures
- Describe complications of non-surgical cosmetic procedures
- Describe regulatory issues relating to non-surgical cosmetic procedures

#### Skills

- Be able to discuss benefits and risks of cosmetic treatments and non-surgical procedures in different clinical situations
- Demonstrate appropriate assessment and counselling to patients considering cosmetic treatments and non-surgical procedures
- Demonstrate appropriate counselling to patients with adverse events secondary to cosmetic treatments and non-surgical procedures
- Perform selective non-surgical cosmetic procedures (optional)

#### Behaviours

- Recognise possible benefits and limitations of cosmetic treatment and non-surgical procedures
- Recognise complications of cosmetic treatments and non-surgical procedures
- Communicate effectively with appropriate colleagues with specialist knowledge
- Recognise current regulatory guidance regarding cosmetic treatments and non-surgical procedures
- Recognise vulnerable patients and support and advise appropriately
- Recognise cultural and ethnic diversity in cosmetic treatments and practices including in skin of colour patients

#### Teaching and Learning Methods

- Independent study of texts and journals
- Attend appropriate courses
- Observation of cosmetic treatments and non-surgical procedures
- Observation and participation in management of patients presenting to dermatology clinics with complications of cosmetic treatments and non-surgical procedures
- Methods agreed by Educational Supervisor and Trainee
# Laser Therapy

**To be able to refer patients appropriately for laser therapy**

## Knowledge
- 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 disorders
- Identify cutaneous disorders suitable for laser treatment
- Identify clinical situations where laser treatment would be hazardous

## Skills
- Discuss benefits and risks of laser surgery in different clinical situations
- Demonstrate appropriate counselling to patients considering laser therapy including skin of colour patients
- Perform selective laser procedures (optional)

## Behaviours
- Recognise possible benefits and limitations of laser therapy
- Communicate with laser specialists

## Teaching and Learning Methods
- Independent study of texts and journals
- Observation of laser treatment for pigmented skin disorders, vascular lesions and ablative treatments performed by senior staff or allied health profession laser operators
- Appropriate courses
- Methods agreed by Educational Supervisor and Trainee
Subspecialty Dermatology for the General Dermatologist

Cutaneous Allergy, Contact Dermatitis and Occupational Dermatoses

| To be able to investigate, diagnose and manage patients with skin allergy, including presentations of contact dermatitis and contact urticaria |
| To be able to investigate, diagnose and manage patients with common occupational dermatoses |

**Knowledge**

- Describe basic science mechanisms involved in allergic and irritant contact dermatitis
- Describe the investigation of contact dermatitis within an occupational setting
- Explain the indications for patch testing and photo patch testing
- Describe common allergens within the British baseline and additional standard series such as medicaments, facial (cosmetic) and corticosteroid series
- Explain the contraindications to patch testing
- Describe the limitations of patch test results
- Explain the use of control patients and testing new allergens

**Skills**

- Perform thorough history taking in patients with suspected contact dermatitis
- Distinguish clinical patterns of dermatitis likely to be associated with cutaneous allergy including occupational dermatoses
- Formulate appropriate pre-patch test diagnosis
- Select appropriate allergens for patch testing and photopatch testing including additional series allergens such as medicaments and facial (cosmetics) series
- Demonstrate application of patch tests and specific instructions given to patients during the patch test procedure
- Read and interpret patch test results accurately
- Interpret material safety data sheets as appropriate
- Evaluate clinical relevance and communicate the test results to patients including within occupational settings
- Distinguish irritant and allergic patch test reaction patterns
- Demonstrate use of the repeated open application test (ROAT)

**Behaviours**

- Recognise the use of patch testing in the assessment of suspected contact dermatitis
- Contribute to the multidisciplinary team including specialist nurses and pharmacy
- Choose appropriate patients for patch testing and recognise the importance of communicating results adequately to patients and clinicians involved in their care

**Teaching and Learning Methods**

- Observation and discussion with senior medical and nursing staff in patch testing department for appropriate number of weeks to achieve competencies
- Supervised outpatient patch test clinics for all 3 visits (Day 0, Day 2, Day 4) in 1 week with specialist practitioners/consultants with expertise in contact dermatitis
- Independent study and attend appropriate course
- Online resources such as e-learning for Health e-Dermatology modules
- Supervised workplace visit to assess occupational dermatoses
- Methods agreed by Educational Supervisor and Trainee
## Contact Urticaria

**To be able to evaluate patients for diagnosis and management of contact urticaria such as latex allergy**

### Knowledge

- Describe pathomechanisms involved in immunological and non-immunological contact urticaria
- Describe common causes of contact urticaria and their occupational relevance such as latex
- Describe clinical patterns of contact urticaria ranging from localized to systemic reactions
- Describe contact urticaria tests and explain correct instructions for patients during the test procedure for skin prick tests and glove challenge test for latex allergy
- Describe medicolegal aspects of contact urticaria including latex allergy (COSHH regulations and latex allergy policies)

### Skills

- Perform thorough history taking in patients with suspected contact urticaria
- Distinguish the clinical patterns of contact urticaria
- Formulate a detailed appropriate pre-contact urticaria test diagnosis
- Select appropriate allergens for contact urticaria testing
- Interpret contact urticaria test results accurately including specific IgE tests, skin prick test and glove challenge tests
- Interpret material safety data sheets as appropriate
- Communicate contact urticaria test results including appropriate glove advice to patients

### Behaviours

- Recognise use of contact urticaria testing in the assessment of suspected contact urticaria in all skin types
- Lead and contribute to the multidisciplinary team including specialist nurses and pharmacy
- Choose appropriate patients for contact urticaria testing and recognise importance of results such as latex allergy

### Teaching and Learning Methods

- Observation and discussion with senior medical and nursing staff in patch testing department performing contact urticaria testing
- Supervised outpatient patch test clinics with specialist consultants with expertise in contact dermatitis
- Independent study
- Appropriate course
- Methods agreed by Educational Supervisor and Trainee
## Skin Prick Testing

To be able to evaluate patients for contact urticaria and type I hypersensitivity and know how to perform skin prick testing safely

<table>
<thead>
<tr>
<th>Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe indications for skin prick testing</td>
</tr>
<tr>
<td>Explain the mandatory precautions and indications for various adrenaline auto-injector devices</td>
</tr>
<tr>
<td>Describe cardiopulmonary resuscitation (CPR) techniques</td>
</tr>
<tr>
<td>Describe precautions necessary for managing and treating latex allergic patients</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform procedures for testing for suspected contact urticaria and type I hypersensitivity</td>
</tr>
<tr>
<td>Demonstrate adrenaline auto-injector use</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise potential dangers of skin prick testing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teaching and Learning Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation and performance of skin prick testing under supervision in outpatients</td>
</tr>
<tr>
<td>Attendance on cardiopulmonary resuscitation (CPR) course</td>
</tr>
<tr>
<td>Methods agreed by Educational Supervisor and Trainee</td>
</tr>
</tbody>
</table>
### Photosensitivity

**To be able to appropriately refer patients for photoinvestigation**

**To be able to diagnose patients with photosensitivity conditions**

**To be able to appropriately manage patients with photosensitivity conditions**

#### Knowledge

- Define the term "photosensitivity"
- Describe the classification of photosensitivity disorders
- Identify through history and examination the clinical features of different photosensitivity conditions
- Explain photodermatoses can present atypically and subtly, with few clinical signs, such as EPP or with other features such as in lupus erythematosus or xeroderma pigmentosum
- Describe common exogenous photosensitisers such as topical, drugs including OTC medications, and diet
- Describe the differences in presentation and investigations between phototoxicity and photoallergy
- Explain how phytophotodermatitis occurs
- Explain that some photogenodermatoses have an increased risk of melanoma and keratinocyte cancers
- Identify the differences clinically and on investigation between photosensitivity and photoaggravation
- Describe that photodermatoses can have major adverse impact on quality of life, psychological welfare and ability to work
- Describe the need for vitamin D supplementation in the majority of secondary and tertiary care patients with photosensitivity
- Explain the approach to photoprotection, with emphasis on behaviour, clothing, hats, window film and sunscreen use, and a range of topical and systemic treatments that are appropriate for different photosensitivity disorders
- Identify UV radiation and visible light reducing sunscreens, and when it is appropriate to prescribe the latter
- Describe prescribing indications, precautions, limitations for systemic agents such as antimalarials, beta-carotene, thalidomide and immunosuppressants
- Identify new and emerging treatments for photodermatoses

#### Skills

- Perform appropriate history and examination of photosensitive patient
- Recognise patterns of clinical features occurring in different photosensitivity conditions and how they assist diagnosis
- Be able to identify patients with suspected photoaggravated conditions who require phototesting
- Select appropriate patients for phototesting and recognise importance of results
- Be able to identify patients who are not appropriate for phototesting and those for whom it is important to exclude photosensitivity
- Be able to identify red flag symptoms or signs to further investigate for a photogenodermatosis or porphyria such as skin pain on sun exposure, abnormal lentigines, easy sunburning, dysmorphic features or poikiloderma, photoexposed site scars and milia
- Communicate management of photosensitivity disorders, including appropriate photoprotective measures, local and systemic treatments, to patients and other health professionals

#### Behaviours

- Recognise possibility of cutaneous photosensitivity in appropriate patients
- Be aware that genetic conditions are often multi-system disorders, and that comprehensive patient management is likely to involve liaison with other healthcare professionals
- Contribute to the multidisciplinary photodiagnostic team

#### Teaching and Learning Methods

- Observation and performance within a specialist outpatient unit dedicated to evaluation of photosensitive patients
Photoinvestigation

**To be able to understand the key components and interpret photoinvestigation in photosensitivity disorders**

**To be able to understand appropriate photoinvestigation tests and how findings impact management**

**Knowledge**

- Define the electromagnetic spectrum, including UVB, UVA, visible light
- Explain minimal erythema dosing and its role in photodermatology
- Describe indications for phototesting and photopatch testing
- Describe the appropriate range of investigations for the photosensitive patient
- Describe procedures for MED testing, photoprovocation testing and photopatch testing
- Describe light sources for MED testing, photoprovocation testing and photopatch testing
- Describe safety procedures for use of ultraviolet radiation sources
- Describe the roles of pathology tests that assist photodiagnosis such as blood, urine, stool and skin samples, including porphyrin and autoantibody tests

**Skills**

- Be able to describe administration of phototesting and photopatch testing
- Interpret results of monochromator testing, photoprovocation testing and photopatch testing
- Interpret results of pathology tests utilised in photodagnosis
- Interpret vitamin D status from circulating 25(OH)D levels
- Communicate test results and diagnosis of photosensitivity disorders to patient and other health professionals
- Select appropriate patients for phototesting and recognise importance of results
- Communicate management of photosensitivity disorders, including appropriate photoprotective measures, local and systemic treatments, to patient and other health professionals

**Behaviours**

- Recognise possibility of cutaneous photosensitivity
- Contribute to the multidisciplinary photodiagnostic team

**Teaching and Learning Methods**

- Observation and performance within specialist outpatient unit dedicated to evaluation of photosensitive patients
- Independent study
- Online resources such as e-learning for Health e-Dermatology modules
- Postgraduate course
- Methods agreed by Educational Supervisor and Trainee
## Phototherapy

### Knowledge

- Describe the mechanisms underlying beneficial and hazardous effects of phototherapy and photochemotherapy on tissue
- Describe indications and contraindications for phototherapy and photochemotherapy
- Describe concomitant medications such as photosensitising drugs or immunosuppressants which require avoidance or caution if prescribed during phototherapy
- Describe which form of therapy should be used and its delivery such as topical, local, systemic, narrow band UVB, UVA1, PUVA
- Explain ultraviolet dosimetry and treatment regimens
- Describe topical or systemic therapies that may be used in addition to the course of phototherapy to optimise the response
- Describe adverse effects of different forms of therapy
- Describe management of patients who have had large numbers of UV treatments and identify those patients who should have annual skin surveillance/monitoring
- Describe phototherapy equipment, MED/MPD test devices and UV protective eyewear
- Describe safety and quality control of UV equipment, including role of the medical physics department
- Describe how clinical governance systems can be used to improve the safety and effectiveness of ultraviolet phototherapy

### Skills

- Be able to communicate the risk-benefit ratio for UVB and for PUVA to patients
- Counsel patients about phototherapy and PUVA and obtain their informed consent
- Be able to select appropriate treatment regimens
- Be able to identify patients failing to respond to treatment, the reasons for this and other management options
- Evaluate the efficacy of UV therapies and be able to apply suitable discharge criteria
- Be able to diagnose and manage adverse events precipitated by phototherapies
- Be able to establish appropriate monitoring and surveillance policies for phototherapy services

### Behaviours

- Contribute to the multidisciplinary team including phototherapy nurses, medical physics and doctors
- Recognise importance of NICE, BAD and BPG guidelines for phototherapies
- Recognise limits of different forms of phototherapies and photochemotherapy

### Teaching and Learning Methods

- Observation and supervised consultations in consultant-led dedicated phototherapy specialist centres
- Supervised performance in outpatient treatment centres
- Observation and work with allied health and phototherapy staff in delivery of phototherapy and photochemotherapy
- Independent study
- Online resources such as e-learning for Health e-Dermatology modules
- Suitable external course
- Methods agreed by Educational Supervisor and Trainee
Photodynamic Therapy

To be able to select appropriate patients for photodynamic therapy (PDT)
To be able to deliver and supervise a basic PDT service for patients with low risk conditions, and to refer patients appropriately to specialist PDT services

Knowledge
- Define the photodynamic reaction
- Describe the mechanisms underlying PDT effects on tissue
- Describe indications and contraindications for PDT
- Describe the advantages and disadvantages of PDT versus other treatment modalities
- Describe response rates and recurrence rates of PDT indications
- Describe the adverse effects of PDT
- Describe available (pro)drugs and light sources
- Describe available regimens and when conventional PDT is used compared with daylight PDT

Skills
- Be able to select an appropriate PDT treatment regimen
- Be able to assess, counsel and obtain informed consent from patients prior to PDT treatment
- Demonstrate application of topical PDT and appropriate instruction of patients during the procedure
- Be able to counsel patients in PDT after-care
- Diagnose and manage adverse events caused by PDT
- Identify patients failing to respond to treatment, the reasons for this and other management options

Behaviours
- Contribute to the multidisciplinary team including nursing, medical physics and medical personnel
- Recognise the importance of access to skin cancer MDT
- Recognise the importance of NICE, BAD/BPG guidelines for PDT
- Recognise limits of photodynamic therapy

Teaching and Learning Methods
- Observation and supervised performance in consultant led PDT clinics and supervised PDT application to patients
- Independent study and suitable external course and Independent study
- Methods agreed by Educational Supervisor and Trainee
### Lymphoedema

**To be able to investigate and manage lymphoedema and lower limb cellulitis**

<table>
<thead>
<tr>
<th>Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the causes of chronic oedema and lymphoedema</td>
</tr>
<tr>
<td>Formulate an appropriate investigation and management plan for chronic lower limb oedema</td>
</tr>
<tr>
<td>Describe the differential diagnosis of an inflamed swollen limb</td>
</tr>
<tr>
<td>Describe how to manage lower limb cellulitis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be able to treat lower limb cellulitis</td>
</tr>
<tr>
<td>Demonstrate an appropriate management plan for an acutely inflamed swollen limb</td>
</tr>
<tr>
<td>Be able to plan management for chronic oedema</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refer to appropriate specialist chronic oedema, lymphoedema or wound healing clinic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teaching and Learning Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultations in outpatient clinics and on acute medical wards</td>
</tr>
<tr>
<td>Independent study such as Rook Book Chapter on Lymphatics and the BLS &quot;Consensus document on the Management of Cellulitis in Lymphoedema</td>
</tr>
<tr>
<td>Introductory Course on the Biology of the Skin, Cambridge</td>
</tr>
<tr>
<td>Attendance at local Lymphoedema clinics</td>
</tr>
<tr>
<td>Online resources such as e-learning for Health e-Dermatology modules</td>
</tr>
</tbody>
</table>
### Hair Diseases

**To be able to investigate, diagnose and manage patients presenting with hair disease to a general dermatology clinic**

#### Knowledge

- Describe normal anagen: telogen ratios and hair growth cycle
- Describe the clinical classification of hair disorders e.g. those affecting hair follicle, hair cycle, and hair shaft
- Describe the common causes of scarring and non-scarring alopecia
- Describe the basic histopathological differences between scarring and non-scarring alopecia, and specific histopathological classifications of scarring alopecia
- Describe appropriate investigations for alopecia including blood tests, skin swabs, mycology, trichoscopy, hair microscopy and scalp biopsies including role of horizontal and vertical sectioning
- Demonstrate awareness of indications, precautions, limitations and monitoring for treatments used in managing hair disease including topical corticosteroids, intralesional corticosteroids, topical diphencyprone, topical minoxidil, anti-malarials, anti-androgens, retinoids, systemic immunosuppressants, JAK inhibitors and antibiotics
- Identify drugs that can frequently cause hair loss and excess hair growth
- Describe appropriate investigations for a patient with suspected hyperandrogenism
- Describe the common causes for hypertrichosis, with appropriate examination, investigations and management options

#### Skills

- Demonstrate appropriate history taking skills in patients presenting with hair disease and record appropriate details in patient record
- Demonstrate detailed and correct physical examination for alopecia including use of trichoscopy and hair pull test
- Recognise patterns of clinical features occurring in different hair disease conditions
- Be able to recognise, diagnosis and manage common causes of scarring and non-scarring alopecia
- Be able to perform appropriate scalp biopsies to evaluate scarring and non-scarring alopecia
- Be able to take hair samples for microscopy and hair/scalp scrapings for mycology
- Demonstrate adequate history taking skills in patients presenting with hypertrichosis, perform a correct physical examination and recognise different patterns of hair growth and manage appropriately

#### Behaviours

- Recognise role of different camouflage methods for scalp and eyebrow alopecia
- Recognise role of hair transplantation for managing certain forms of alopecia
- Recognise importance of clinicopathological correlation in accurately diagnosing alopecia and recognise multiple diagnoses can coexist
- Recognise and be aware of the psychological morbidity associated with hair disease
- Awareness of importance of clinical photography for monitoring hair disease progression and response to treatment
- Recognise importance of endocrinological pathology in patients with hypertrichosis and refer appropriately

#### Teaching and Learning Methods

- Participate in hair dermatopathology case discussions in department
- External training course or conference
- Observation and discussion of cases in a specialist hair clinic
- Independent study/self-directed learning
- Online resources such as e-learning for Health e-Dermatology modules
- Methods approved by Educational Supervisor and Trainee
### Nail Diseases

**To be able to investigate, diagnose and manage patients presenting with nail disease to a general dermatology clinic**

#### Knowledge

- Describe the surface anatomy of the nail unit and understand the different functions
- Describe the biology and keratin profile of the nail matrix and nail bed
- Describe the clinical classification of fungal nail disease
- Describe the variants of nail psoriasis and tools for measuring nail psoriasis severity
- Describe the nail features of common inflammatory nail diseases other than psoriasis and how they can be differentiated
- Describe nail changes in medical and surgical systemic diagnoses
- Describe common traumatic changes in nails
- Describe common malignancies presenting in the nail unit
- Describe warts and their differential diagnosis and management in the nail unit
- Describe benign tumours of the nail unit
- Describe common congenital and autosomal inherited nail diseases
- Describe common pigmentary disorders of the nail unit
- Describe standard investigations for infective, inflammatory and neoplastic nail diseases
- Describe the role of a nail biopsy and the different forms of biopsy and their indications
- Describe topical therapies in inflammatory and infective nail diseases
- Be aware of prescribing indications, precautions, limitations and monitoring for treatments used in managing nail disease including intralesional corticosteroids, retinoids, systemic immunosuppressants and biologic therapies
- Describe common dermoscopy findings in the nail unit
- Describe surgical treatments and their role in different nail diseases
- Describe the role of a podiatrist/chiropodist in the evaluation and management of nail disease

#### Skills

- Demonstrate appropriate history taking skills in patients presenting with nail disease and record appropriate details
- Recognise patterns of clinical features occurring in different nail diseases and which features arise through disease in which underlying part of the nail unit
- Formulate accurate, complete and appropriate differential diagnoses
- Demonstrate recognition, diagnosis and management of common conditions causing nail disease such as psoriasis, fungal infection, eczema, sarcoid, lichen planus, discoid lupus, and alopecia areata
- Demonstrate obtaining a mycology sample from the nail
- Demonstrate effective use of the dermatoscope in evaluating inflammatory, fungal, neoplastic and pigmentary changes of the nail unit

#### Behaviours

- Recognise the role of different cosmetics in the management of some nail problems
- Recognise the functional implications of nail disease
- Recognise the role of careful documentation in the definition of nail disease including photography
- Recognise a risk benefit model for the level of systemic or surgical intervention in nail disease

#### Teaching and Learning Methods

- Participate in dermatopathology sessions where nail pathology is discussed
- Attend courses or education session dedicated to nail disease. e.g. British Hair and Nail Society, European Nail Society, American Nail Council
Observation of senior clinician with experience in nail disease with their evaluation and treatment planning
Online resources such as e-learning for Health e-Dermatology modules
Independent study/self-directed learning

**Vulval Disease**

**To be able to diagnose and manage common vulval disorders in patients presenting to dermatology**

**Knowledge**

- Describe anatomy and physiology of vulva and how it varies between pre-pubertal, reproductive and post-menopausal states
- Describe common vulval disorders and communicate this effectively to the patient, family, GP and paediatrician
- Describe differences between malignant, pre-malignant and benign disease and consider infectious causes
- Describe less common conditions such as lichen sclerosus, lichen planus, vulval eczema, psoriasis, candida vulvitis, vulvodynia, VIN, HPV, HSV, neoplastic and non-neoplastic vulval lumps
- Explain investigations that may be required such as biopsy, sexually transmitted infection screen, microscopy and culture, patch testing
- Describe how different vulval diagnoses can co-exist
- Describe how to use topical and oral treatments appropriately and use of patient information leaflets
- Describe reasons for poor response to treatment including emollients, topical steroids, topical oestrogens, lubricants, anti-fungal treatments and neuropathic pain drugs
- Explain how comorbidites may impact on vulval health, diabetes, incontinence and immune suppression

**Skills**

- Be able to take a comprehensive history from a patient presenting with vulval disease including skin history, sexual history and incontinence history
- Be able to perform vulval examination and describe and document findings clearly with photography if needed
- Be able to perform oral and perianal examination and of general skin if indicated and offer a chaperone if requested
- Be able to identify indications for vulval biopsy, take informed consent and perform this under local anaesthetic
- Be able to explain the importance of including adequate information, including the site, and liaising with histopathologist

**Behaviours**

- Recognise when to refer to allied specialists and maintain confidentiality
- Recognise the importance of the MDT with input from vulval clinics, dermatology, gynaecology, genitourinary medicine, pain clinic, physiotherapy, incontinence services, psychosexual therapy and oral medicine
- Recognise the requirements of patient confidentiality and psychological impact of genital disease on the family and relationships and the wider cultural implications

**Teaching and Learning Methods**

- Observation of, assisting and discussion with senior staff in vulval clinics in dermatology as well as with other specialties such as GUM, gynaecologists and psychosexual therapists
- Independent study
- Online resources such as e-learning for Health e-Dermatology modules
- External course
- Methods agreed by Educational Supervisor and Trainee
### Male Genital Disease

To be able to diagnose and manage common and rare male genital skin disorders in patients presenting to dermatology

<table>
<thead>
<tr>
<th>Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the anatomy, embryology and physiology of the penis, prepuce and scrotum</td>
</tr>
<tr>
<td>Describe common anatomical variants and how anatomy and physiology varies with age</td>
</tr>
<tr>
<td>Describe common male genital disorders such as lichen sclerosus, lichen planus, eczema, psoriasis, infections and communicate this effectively to the patient and their family and carers</td>
</tr>
<tr>
<td>Explain how to differentiate between malignant, pre-malignant and benign disease</td>
</tr>
<tr>
<td>Describe rare male genital conditions such as cellulitis, lymphoedema, extra-mammary Paget's disease</td>
</tr>
<tr>
<td>Describe the range of investigations that may be necessary such as skin biopsy, sexually transmitted disease screening and patch testing</td>
</tr>
<tr>
<td>Explain the use of topical and oral therapies and describe the importance of follow up and the reasons for non-attendance</td>
</tr>
<tr>
<td>Explain when to consider circumcision and when to refer to other specialties</td>
</tr>
<tr>
<td>Describe how comorbidities may impact on male genital health especially obesity, diabetes, incontinence and genital piercing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be able to take a full male genital history including skin history and sexual history</td>
</tr>
<tr>
<td>Be able to perform a systematic examination of the penis, prepuce, scrotum, groins and perineum</td>
</tr>
<tr>
<td>Be able to describe and document examination findings clearly</td>
</tr>
<tr>
<td>Recognise when a penile biopsy should be performed and perform outpatient penile biopsies and interpret histological reports</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise the requirements of patient confidentiality and the psychological impact of genital disease on the family and relationships and the wider cultural implications</td>
</tr>
<tr>
<td>Recognise when to refer to related specialties such as genitourinary medicine, urology and psychosexual therapy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teaching and Learning Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation of, assisting and discussion with senior staff in male genital dermatology clinics as well as with other specialties such as genitourinary medicine and urology</td>
</tr>
<tr>
<td>Independent study</td>
</tr>
<tr>
<td>Online resources such as e-learning for Health e-Dermatology modules</td>
</tr>
<tr>
<td>External course</td>
</tr>
<tr>
<td>Methods agreed by Educational Supervisor and Trainee</td>
</tr>
</tbody>
</table>
## Oral Medicine

**To be able to diagnose and manage oral disorders and oral manifestations of systemic disease in patients presenting to dermatology**

### Knowledge

- Describe normal anatomical variants affecting the oral cavity
- Describe the common oral mucosal disorders including erythema migrans, oral lichen planus, white patches, candida, cheilitis, pigmented lesions, burning mouth syndrome, bacterial and viral infections, epulides and mucocoeles, oral manifestations of systemic disease such as orofacial granulomatosis and genodermatoses
- Describe the distinguishing features and differential diagnosis of oral ulceration such as recurrent ulceration e.g. aphthae and erythema multiforme or persistent ulceration e.g. ulcerative LP, pemphigus, mucous membrane pemphigoid
- Describe features suggestive of premalignant or malignant diseases of the oral mucosa
- Identify the complications of lip biopsy

### Skills

- Be able to undertake an appropriate history for oral or mucocutaneous disease
- Be able to conduct a systematic examination of the peri-oral and oropharyngeal tissues
- Record findings to reflect examination of all sites such as use of a disease severity score
- Perform a simple diagnostic punch biopsy of buccal mucosa (optional)
- Be able to appropriately select therapeutic options for oral disease

### Behaviours

- Recognise when to appropriately refer to the oral medicine department
- Recognise the need for an MDT approach including referrals to ophthalmology and ENT as required

### Teaching and Learning Methods

- Attendance at appropriate oral medicine clinic if available, or study of patients within general dermatology clinics
- Independent study
- Online resources such as e-learning for Health e-Dermatology modules
- External course
- Methods agreed by Educational Supervisor and Trainee
Acknowledgements

The BAD Education Subcommittee was revitalised by Ruth Murphy, as she demitted from her role as SAC Chair, to ensure the entire breadth and depth of dermatology expertise was represented in the training syllabus. Members from each of the BAD-affiliated specialist interest groups joined the committee, chaired by the BAD Academic Vice President, to safeguard the standard of learning content required for general dermatologists with GMC specialist registration.

The leadership of BAD Academic Vice Presidents Mahbub Chowdhury and George Millington, and the Dermatology SAC Chair Tamara Griffiths and Curriculum Lead Sarah Cockayne, in the development of this document is acknowledged with great thanks.

Furthermore, it is with gratitude we acknowledge the crucial support of the JRCPTB Medical Director, Mike Jones and the JRCPTB team, Zoë Fleet, Victoria Ong and Elizabeth Allen; and Siu Tsang for invaluable BAD administrative assistance.

Finally, the significant contribution and expertise from members of the BAD Education Subcommittee, representing affiliated specialist societies, trainees and others must be recognised, without which this document would not have been possible (in alphabetical order):

Ausama Atwan
Jean Ayer
Hazel Bell
Sharon Belmo
Anthony Bewley
Carolyn Charman
Mahbub Chowdhury
Stuart Cohen
David de Berker
Giles Dunnill
Sara Edward
Claire Fuller
Victoria Jolliffe
Manjit Kaur
Ruchika Kumari
John Lear
Raj Mallipeddi
Alexander Marsland
Sheila McSweeney
Rachael Morris-Jones
Eugene Ong
Edel O’Toole
Girish Patel
Lesley Rhodes
Amr Salam
Jane Setterfield
Manu Shah
Jennifer Sharif
Lindsay Shaw
Anita Takwale