



**IRISH COMMITTEE  
ON HIGHER  
MEDICAL TRAINING**

ROYAL COLLEGE OF  
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN  
**DERMATOLOGY**



**This curriculum of training in Dermatology was developed in 2010 and undergoes an annual review by Dr Michelle Murphy National Specialty Director, Dr Ann O’Shaughnessy, Head of Education, Innovation & Research and by the Dermatology Training Committee. The curriculum is approved by the Irish Committee on Higher Medical Training.**

Version	Date Published	Last Edited By	Version Comments
6.0	01.07.2016	Alexandra St John	Changes made to minimum requirements document

## Table of Contents

<b>INTRODUCTION .....</b>	<b>5</b>
AIMS.....	5
ENTRY REQUIREMENTS.....	6
DURATION & ORGANISATION OF TRAINING .....	7
FACILITIES NECESSARY FOR SPECIALIST TRAINING: .....	11
FLEXIBLE TRAINING .....	12
TEACHING, RESEARCH & AUDIT.....	13
EPORTFOLIO .....	14
ASSESSMENT PROCESS.....	14
ANNUAL EVALUATION OF PROGRESS .....	15
FACILITIES .....	16
<b>GENERIC COMPONENTS.....</b>	<b>17</b>
STANDARDS OF CARE.....	18
DEALING WITH & MANAGING ACUTELY ILL PATIENTS IN APPROPRIATE SPECIALTIES.....	21
GOOD PROFESSIONAL PRACTICE .....	23
INFECTION CONTROL .....	25
THERAPEUTICS AND SAFE PRESCRIBING .....	27
SELF-CARE AND MAINTAINING WELL-BEING.....	29
COMMUNICATION IN CLINICAL AND PROFESSIONAL SETTING .....	31
LEADERSHIP .....	33
QUALITY IMPROVEMENT .....	35
SCHOLARSHIP.....	36
MANAGEMENT .....	37
<b>SPECIALTY SECTION .....</b>	<b>39</b>
BASIC DERMATOLOGY .....	40
SKIN BIOLOGY .....	40
GENERAL DERMATOLOGY.....	41
DERMATOPATHOLOGY .....	42
CONTACT DERMATITIS, OCCUPATIONAL AND INDUSTRIAL SKIN DISEASE .....	43
CONTACT DERMATITIS.....	43
PHOTOPATCH TESTING .....	44
OCCUPATIONAL DERMATITIS AND INDUSTRIAL SKIN CONDITIONS .....	45
PRICK AND INTRADERMAL TESTING .....	46
PREPARATION OF SOCIAL WELFARE AND MEDICO-LEGAL REPORTS.....	47
PAEDIATRIC DERMATOLOGY AND GENETICS .....	48
INTERVENTIONAL DERMATOLOGY .....	49
DERMATOLOGICAL SURGERY.....	49
CUTANEOUS LASER THERAPY .....	51
RADIOTHERAPY AND DERMATOLOGICAL ONCOLOGY .....	52
PHOTODERMATOLOGY.....	53
PHOTODIAGNOSIS.....	53
PHOTOTESTING .....	54
PHOTOTHERAPY/PHOTOCHEMOTHERAPY .....	55
GENITO-URINARY MEDICINE .....	56
INFECTIONS, INFECTIOUS DISEASES, INFESTATIONS AND THE SKIN.....	57
VIRAL INFECTIONS.....	57
BACTERIAL INFECTIONS .....	58
FUNGAL INFECTIONS .....	59
PARASITIC INFESTATIONS.....	60
TREATMENT MODALITIES .....	61
DRESSING AND WOUND CARE.....	61
DERMATOLOGICAL FORMULATION AND SYSTEMIC THERAPY .....	62
DERMATOLOGY AND PRIMARY HEALTHCARE .....	63

COSMETIC DERMATOLOGY .....	64
<b>DOCUMENTATION OF MINIMUM REQUIREMENTS FOR TRAINING .....</b>	<b>65</b>

## Introduction

Dermatology is concerned with the structure, functions and **appearance** of the skin, hair, nails and mucous membranes (mouth and genitalia), and the impacts on these of both primary and systemic diseases affecting the integument. The Dermatologist will be expected to correctly diagnose the conditions presenting and be competent to advise on the management of diseases affecting the skin and its appendages. Besides the pathological processes involved and the physical impact of each condition, psycho-social effects must also be understood. The potential benefit and the risks of specific treatments must be learned. The Dermatologist may later wish to develop to a greater extent particular aspects of the subject such as paediatric dermatology, or occupational dermatoses.

Besides these specialty specific elements, trainees in Dermatology must also acquire certain core competencies which are essential for good medical practice. These comprise the generic components of the curriculum.

## Aims

Upon satisfactory completion of specialist training in Dermatology, the doctor will be **competent** to undertake comprehensive medical practice in that specialty in a **professional** manner, unsupervised and independently and/or within a team, in keeping with the needs of the healthcare system.

**Competencies**, at a level consistent with practice in the specialty of Dermatology, will include the following:

- Patient care that is appropriate, effective and compassionate dealing with health problems and health promotion.
- Medical knowledge in the basic biomedical, behavioural and clinical sciences, medical ethics and medical jurisprudence and application of such knowledge in patient care.
- Interpersonal and communication skills that ensure effective information exchange with individual patients and their families and teamwork with other health professionals, the scientific community and the public.
- Appraisal and utilisation of new scientific knowledge to update and continuously improve clinical practice.
- The ability to function as a supervisor, trainer and teacher in relation to colleagues, medical students and other health professionals.
- Capability to be a scholar, contributing to development and research in the field of Dermatology.
- Professionalism.
- Knowledge of public health and health policy issues: awareness and responsiveness in the larger context of the health care system, including e.g. the organisation of health care, partnership with health care providers and managers, the practice of cost-effective health care, health economics and resource allocations.
- Ability to understand health care and identify and carry out system-based improvement of care.

**Professionalism:**

Being a good doctor is more than technical competence. It involves values – putting patients first, safeguarding their interests, being honest, communicating with care and personal attention, and being committed to lifelong learning and continuous improvement. Developing and maintaining values are important; however, it is only through putting values into action that doctors demonstrate the continuing trustworthiness with the public legitimately expect. According to the Medical Council, Good Professional Practice involves the following aspects:

- Effective communication
- Respect for autonomy and shared decision-making
- Maintaining confidentiality
- Honesty, openness and transparency (especially around mistakes, near-misses and errors)
- Raising concerns about patient safety
- Maintaining competence and assuring quality of medical practice

**Entry Requirements**

Applicants for Higher Specialist Training (HST) in Dermatology must have a certificate of completion in Basic Specialist Training (BST) in General Internal Medicine and obtained the MRCPI.

BST should consist of a minimum of 24 months involved with direct patient care supervised by senior clinicians and based on a clinical curriculum and professional and ethical practice learnt through mentorship by senior clinicians and supported by RCPI's mandatory courses.

**BST in General Internal Medicine (GIM) is defined as follows:**

- A minimum of 24 months in approved posts, with direct involvement in patient care and offering a wide range of experience in a variety of specialties.
- At least 12 of these 24 months must be spent on a service or services in which the admissions are acute and unselected.
- Assessment of knowledge and skills gained by each trainee during their clinical experience. This assessment takes place in the form of the mandatory MRCPI examination (\*The MRCPI examination was introduced as mandatory for BST as of July 2011)
- For further information please review the BST curriculum

Those who do not hold a BST Certificate and MRCPI must provide evidence of equivalency.

Entry on the training programme is at year 1. Deferrals are not allowed on entry to Higher Specialist training.

## Duration & Organisation of Training

The duration of HST in Dermatology is 5 years; one year of which **may** be gained from a period of full-time research. Higher Specialist Training in Dermatology must provide the ability to diagnose and manage the full range of diseases that can affect the skin and its appendages. These include primary diseases of the skin and diseases of the mucous membranes (mouth and genitalia), hair and nails and systemic diseases with skin involvement. To achieve these goals, the trainee must have ready access to advice from a consultant at all times, both in the outpatient department and on the ward.

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

It is essential for all dermatology SpRs to spend a minimum of one year in a dermatology department based in Ireland outside of the greater Dublin area. This is in order to ensure exposure and training to deal with a different case mix and service provision provided in these centres. A second year is desirable but not essential.

It is **essential** for all trainees in Dermatology to complete the following elements of the curriculum:

- **In-Patients and Day-Care Treatment:**  
For the first year, and for at least one of the remaining years of HST, the trainee must be responsible for the day-to-day management of Dermatology in-patients and, where such facilities exist, for day-care patients. These patients should be seen in facilities dedicated to the care of Dermatology patients, and, preferably, in a dedicated Dermatology Ward. A senior trainee or consultant should provide supervision at least twice weekly during the first year and at least once weekly thereafter. The trainee must also be involved in the management of Paediatric in-patients.
- **Ward Referrals:**  
The trainee must have a regular commitment to seeing hospital in-patient referrals for at least **three of the five years of HST**, and should become familiar with the skin problems of patients in intensive care units. Trainees should also see dermatological problems arising in Paediatric patients and in neonates. During the first year, the trainee will be expected to accompany a consultant or senior trainee, and thereafter will be given increasing responsibility for carrying out consultations independently. Ready access to consultant advice should, however always be readily available.
- **Out-Patient Clinics:**  
During the first year the trainee must do at least two general Dermatology out-patients clinics per week. For at least two of the remaining years, the trainee must do a minimum of two general Dermatology clinics weekly and should see both new and review patients. Sufficient time must always be made available for the supervising consultant to teach and advise the trainee during these clinics. The trainee must also attend a clinic dedicated to paediatric dermatology, at least once weekly for six months (or pro rata equivalent) preferably during year two or three.

- **Contact Dermatitis:**  
All dermatologists need to understand the indications for patch testing. Most will need to continue to be familiar with the techniques and the interpretation of results. A few will wish to specialise further. Most consultant dermatologists in a general hospital setting will not have access to a specialised contact/occupational dermatitis clinic and will need to provide patch testing services and advice on occupational skin problems as part of their day-to-day general dermatological practice. Each Specialist Registrar in Dermatology must be equipped during their training with the necessary skills to provide such a service. All trainees must therefore gain experience under supervision within a recognised contact dermatitis clinic. Such an attachment should provide the opportunity for new patients to be assessed, a plan of investigation to be decided, the results to be interpreted and a plan of care to be provided for the patient.
- **Preparation of Medico Legal Reports:**  
In a general dermatological practice, it is common for the opinion of the Consultant to be sought by a solicitor or the Department of Social Welfare on whether or not an eruption is occupationally related. It is the individual Consultant's choice as to whether he or she undertakes this work but nevertheless all trainees must be familiar with the issues involved.
- **Prick and Intradermal Testing:**  
Prick testing for the presence of type I (immediate) hypersensitivity is a very specialised investigation often performed in specialist contact clinic units. It would not normally be expected to be used as a day-to-day test in a general hospital Dermatology setting. Nevertheless, the diagnostic benefits of prick testing must be appreciated by the trainee, as must the indications for specialist referral for the procedure. These matters are particularly pertinent to the subject of latex allergy.
- **Occupational Dermatitis:**  
Occupational skin problems are so common that they will inevitably play a big part in every dermatologist's day-to-day practice. A detailed knowledge of the role of occupation in skin disease, the effects of occupation on endogenous skin problems, methods of reducing industrial exposure to potentially noxious agents and how to advise patients and employees, is vital for every Dermatology trainee.
- **Paediatric Dermatology:**  
Many Trainees will enter Dermatology without experience of paediatrics. It is therefore important that the Trainee has the opportunity to gain experience and feel confident in the care of children with skin disease. It is mandatory that this experience is gained in a tertiary paediatric hospital for a period of 6 months doing paediatric dermatology.
- **Dermatological Surgery:**  
In order to treat benign and malignant skin tumours safely and effectively the dermatologist must be competent to perform such surgical procedures as:
  - o Skin biopsy
  - o Shave excision
  - o Full thickness excision
  - o Curettage
  - o Cautery and Diathermy
  - o Suturing

Attendance at a regular skin surgery session at least once weekly during the first year and weekly during at least one further year is essential. Also, the trainee is encouraged to attend at the British Surgical Dermatological Society's basic surgery/other relevant workshops.

- **Genito-Urinary Medicine:**  
Trainees in Dermatology should acquire a basic understanding of how sexually transmitted infections (STIs) are diagnosed and managed. To this end the Trainee should attend at least 4 clinic sessions in the department of genitor- urinary medicine.
- **Infections and Infestations:**  
Infections, particularly viral disease, are amongst the most common of all skin diseases and knowledge of their proper diagnosis, prognosis and treatment are crucial to the Dermatology curriculum.
- **Dermatological Preparations Therapies and Procedures:**  
All of the topical preparations and an appreciable majority of the systemic therapies used in the management of dermatological disease will be unfamiliar to a trainee entering the specialty. Furthermore the use of commonplace systemic therapies, such as corticosteroids, in the management of skin disease is specialised in the dosing and assessment of outcome. It is preferable that experience is gained (i) working closely with a pharmacist skilled in compounding topical preparations for dermatological use; and (ii) in a specialist clinic dealing with severe inflammatory diseases – the equivalent of one such clinic per week for six months would be required.  
Though it is **not** essential to be fully competent in the performance of all the procedures or techniques involved in the following specialised areas of dermatological practice, it is important that the trainee fully understands their clinical applications and value in diagnosis or treatment:
  - o Laser therapy
  - o Phototesting

- **Courses and Meetings:**

Meetings suitable for training purposes are outlined below:

It is recognised that approved training rotations will sometimes have gaps in certain specialist areas. Courses are the means by which training can be augmented to fill such gaps. In order to identify these gaps it is mandatory that each individual Trainer and SpR agree early in the SpRs time spent with that Trainer and appropriate course(s) for the SpR to attend. This should happen on an annual basis.

Regular attendance at local meetings (e.g., The Munster Dermatology Group and Dublin Area Regional Meetings) is expected.

National Meetings:

Attendance is **mandatory** at the following National Meetings during training:

- o The Irish Association of Dermatologists Meetings RAMI Meetings  
It is mandatory for all SpRs to present at least once at the RAMI Registrar's Prize during the course of training.

International Meetings:

Attendance at the following meetings is encouraged:

- British Association of Dermatologists Annual Meeting
- American Academy of Dermatology Annual Meeting
- European Academy of Dermatology & Venereology Annual Meeting
- European Society of Dermatology Research Annual Meeting
- Royal Society of Medicine Meetings
- Society of Investigative Dermatology Annual Meeting

SpRs are encouraged to present at these meetings.

While no particular order or sequence of training will be imposed and programmes offered should be flexible i.e. capable of being adjusted to meet trainees' needs, trainees must spend the first two years of training in clinical posts in Ireland before undertaking any period of research or out of programme clinical experience (OCPE). The earlier years will usually be directed towards acquiring a broad general experience of Dermatology under appropriate supervision. An increase in the content of hands-on experience follows naturally, and, as confidence is gained and abilities are acquired, the trainee will be encouraged to assume a greater degree of responsibility and independence.

If an intended career path would require a trainee to develop further an interest in a sub-specialty within Dermatology (e.g. Paediatric Dermatology, Contact Dermatitis), this should be accommodated as far as possible within the training period, re-adjusting timetables and postings accordingly.

“Generic” knowledge, skills and attitudes support competencies which are common to good medical practice in all the Medical and related specialties. It is intended that all Specialist Registrars should re-affirm those competencies during Higher Specialist Training. No time-scale of acquisition is offered, but failure to make progress towards meeting any of these important objectives **at an early stage** would cause concern about a SpR's suitability and ability to become independently capable as a specialist.

## Facilities Necessary for Specialist Training:

These will be assessed by ICHMT visitors who will make appropriate recommendations. The following are basic requirements:

- o A desk in a SpR designated room.
- o Ready access to computer facilities and the internet.
- o Ready access, close to where patients are seen in the clinic, to major Dermatology and medical reference texts.
- o Access, either within the main training department of the rotation, or at the hospital medical library, to the following (as a minimum provision):

### Books:

General:

- o The latest edition of "Rook's Textbook of Dermatology"
- o The latest edition of a least one major US Dermatology textbook

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

- o Dermatology
- o Contact Dermatitis/Occupational Dermatology
- o Paediatric Dermatology
- o Dermatology Surgery
- o Genetics of Skin Diseases
- o Genito-Urinary/Vulval Diseases
- o Infectious Diseases including HIV
- o Dermatoepidemiology: evidence based Dermatology
- o Photodermatology

### Journals:

At least **five** Dermatology journals should be taken regularly by the department and be available for use by the trainee (see also Internet access above).

## Flexible Training

### National Flexible Training Scheme – HSE NDTP

The HSE NDTP operates a National Flexible Training Scheme which allows a small number of Trainees to train part time, for a set period of time.

#### Overview

- Have a well-founded reason for applying for the scheme e.g. personal family reasons
- Applications may be made up to 12 months in advance of the proposed date of commencement of flexible training and no later than 4 months in advance of the proposed date of commencement
- Part-time training shall meet the same requirements as full-time training, from which it will differ only in the possibility of limited participation in medical activities to a period of at least half of that provided for full-time trainees

### Job Sharing - RCPI

The aim of job sharing is to retain doctors within the medical workforce who are unable to continue training on a full-time basis.

#### Overview

- A training post can be shared by two trainees who are training in the same specialty and are within two years on the training pathway
- Two trainees will share one full-time post with each trainee working 50% of the hours
- Ordinarily it will be for the period of 12 months from July to July each year in line with the training year
- Trainees who wish to continue job sharing after this period of time will be required to re-apply
- Trainees are limited to no more than 2 years of training at less than full-time over the course of their training programme

### Post Re-assignment – RCPI

The aim of post re-assignment is to support trainees who have had an unforeseen and significant change in their personal circumstances since the commencement of their current training programme which requires a change to the agreed post/rotation.

#### Overview:

- Priority will be given to trainees with a significant change in circumstances due to their own disability, it will then be given to trainees with a change in circumstances related to caring or parental responsibilities. Any applications received from trainees with a change involving a committed relationship will be considered afterwards
- If the availability of appropriate vacancies is insufficient to accommodate all requests eligible trainees will be selected on a first come, first serve basis
- No existing trainee can be disadvantaged by the reassignment

\*\*All training requirements as outlined in the curriculum must still be met.

For further details on all of the above flexible training options, please see the Postgraduate Specialist Training page on the College website [www.rcpi.ie](http://www.rcpi.ie)

## Training Programme

The training programme offered will provide opportunities to fulfil all the requirements of the curriculum of training for Dermatology in both general hospitals and teaching hospitals. Each post within the programme will have a named trainer/educational supervisor and programmes will be under the direction of the National Specialty Director for Dermatology. Programmes will be as flexible as possible consistent with curricular requirements, for example to allow the trainee to develop a sub-specialty interest.

The experience gained through rotation around different departments is recognised as an essential part of HST. A Specialist Registrar may **not** remain in the same unit for longer than 2 years of clinical training; or with the same trainer for more than 1 year.

Where an essential element of the curriculum is missing from a programme, access to it should be arranged, by day release for example, or if necessary by secondment.

## Teaching, Research & Audit

All trainees are required to participate in teaching. They should also receive basic training in research methods, including statistics, so as to be capable of critically evaluating published work.

A period of supervised research relevant to Dermatology is considered highly desirable and will contribute up to 12 months towards the completion of training. Some trainees may wish to spend two or three years in research leading to an MSc, MD, or PhD, by stepping aside from the programme for a time. For those intending to pursue an academic path, an extended period of research may be necessary in order to explore a topic fully or to take up an opportunity of developing the basis of a future career. Such extended research may continue after the CSCST is gained. However, those who wish to engage in clinical medical practice must be aware of the need to maintain their clinical skills during any prolonged period concentrated on a research topic, if the need to re-skill is to be avoided.

Trainees are required to engage in audit during training and to provide evidence of having completed the process.

## ePortfolio

The trainee is required to keep their ePortfolio up to date and maintained throughout HST. The ePortfolio will be countersigned as appropriate by the trainers to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies set out in the Curriculum. This will remain the property of the trainee and must be produced at the annual Evaluation meeting.

The trainee also has a duty to maximise opportunities to learn, supplementing the training offered with additional self-directed learning in order to fulfil all the educational goals of the curriculum. Trainees must co-operate with other stakeholders in the training process. It is in a SpR's own interest to maintain contact with the Medical Training Department and Dean of Postgraduate Specialist Training, and to respond promptly to all correspondence relating to training. "Failure to co-operate" will be regarded as, in effect, withdrawal from the HST's supervision of training.

At the annual Evaluation, the ePortfolio will be examined. The results of any assessments and reports by educational supervisors, together with other material capable of confirming the trainee's achievements, will be reviewed.

## Assessment Process

The methods used to assess progress through training must be valid and reliable. The Curriculum has been re-written, describing the levels of competence which can be recognised. The assessment grade will be awarded on the basis of direct observation in the workplace by consultant supervisors. Time should be set aside for appraisal following the assessment e.g. of clinical presentations, case management, observation of procedures. As progress is being made, the lower levels of competence will be replaced progressively by those that are higher. Where the grade for an item is judged to be deficient for the stage of training, the assessment should be supported by a detailed note which can later be referred to at the Annual Evaluation Meeting. The assessment of training may utilise the Mini-CEX, DOPS and Case Based Discussions (CBD) methods adapted for the purpose. These methods of assessment have been made available by HST for use at the discretion of the NSD and nominated trainer. They are offered as a means of providing the trainee with attested evidence of achievement in certain areas of the Curriculum e.g. competence in procedural skills, or in generic components. Assessment will also be supported by the trainee's portfolio of achievements and performance at relevant meetings, presentations, audit, in tests of knowledge, attendance at courses and educational events.

## Annual Evaluation of Progress

### Overview

The HST Annual Evaluation of Progress (AEP) is the formal method by which a trainee's progression through her/his training programme is monitored and recorded each year. The evidence to be reviewed by the panel is recorded by the trainee and trainer in the trainee's e-Portfolio.

There is externality in the process with the presence of the National Specialty Director (NSD), a Chairperson and an NSD Forum Representative. Trainer's attendance at the Evaluation is mandatory, if it is not possible for the trainer to attend in person, teleconference facilities can be arranged if appropriate. In the event of a penultimate year Evaluation an External Assessor, who is a consultant in the relevant specialty and from outside the Republic of Ireland will be required.

### Purpose of Annual Evaluation

- Enhance learning by providing formative Evaluation, enabling trainees to receive immediate feedback, measure their own performance and identify areas for development;
- Drive learning and enhance the training process by making it clear what is required of trainees and motivating them to ensure they receive suitable training and experience;
- Provide robust, summative evidence that trainees are meeting the curriculum standards during the training programme;
- Ensure trainees are acquiring competencies within the domains of Good Medical Practice;
- Assess trainees' actual performance in the workplace;
- Ensure that trainees possess the essential underlying knowledge required for their specialty;
- Inform Medical Training, identifying any requirements for targeted or additional training where necessary and facilitating decisions regarding progression through the training programme;
- Identify trainees who should be advised to consider a change in career direction.

### Structure of the Meeting

The AEP panel speaks to the trainee alone in the first instance. The trainee is then asked to leave the room and a discussion with the trainer follows. Once the panel has talked to the trainer, the trainee is called back and given the recommendations of the panel and the outcome of the AEP.

At the end of the Evaluation, all panel members and the Trainee agree to the outcome of the Evaluation and the recommendations for future training. This is recorded on the AEP form, which is then signed electronically by the Medical Training Coordinator on behalf of the panel and trainee. The completed form and recommendations will be available to the trainee and trainers within their ePortfolio.

### Outcomes

- Trainees whose progress is satisfactory will be awarded their AEP
- Trainees who are being certified as completing training receive their final AEP
- Trainees who need to provide further documentation or other minor issues, will be given 2 weeks (maximum 8) from the date of their AEP to meet the requirements. Their AEP outcome will be withheld until all requirements have been met.
- Trainees who are experiencing difficulties and/or need to meet specific requirements for that year of training will not be awarded their AEP. A date for an interim AEP will be decided and the trainee must have met all the conditions outlined in order to be awarded their AEP for that year of training. The "Chairperson's Overall Assessment Report" will give a detailed outline of the issues which have led to this decision and this will go the Dean of Postgraduate Specialist Training for further consideration.
- Trainees who fail to progress after an interim Evaluation will not be awarded their AEP.

The Dean of Postgraduate Training holds the final decision on AEP outcomes. Any issues must be brought to the Dean and the Annual Chairperson's Meeting for discussion.

## Facilities

A consultant trainer/educational supervisor has been identified for each approved post. He/she will be responsible for ensuring that the educational potential of the post is translated into effective training which is being fully utilized. The training objectives to be secured should be agreed between trainee and trainer at the commencement of each posting in the form of a written training plan. The trainer will be available throughout, as necessary, to supervise the training process.

All training locations approved for HST have been inspected by the medical training department. Each must provide an intellectual environment and a range of clinical and practical facilities sufficient to enable the knowledge, skills, clinical judgement and attitudes essential to the practice of Dermatology to be acquired.

Physical facilities include the provision of sufficient space and opportunities for practical and theoretical study; access to professional literature and information technologies so that self-learning is encouraged and data and current information can be obtained to improve patient management.

Trainees in Dermatology should have access to an educational programme of e.g. lectures, demonstrations, literature reviews, multidisciplinary case conferences, seminars, study days etc, capable of covering the theoretical and scientific background to the specialty. Trainees should be notified in advance of dates so that they can arrange for their release. For each post, at inspection, the availability of an additional limited amount of study leave for any legitimate educational purpose has been confirmed. Applications, supported if necessary by a statement from the consultant trainer, will be processed by the relevant employer.

## **Generic Components**

**This chapter covers the generic components which are relevant to HST trainees of all specialties but with varying degrees of relevance and appropriateness, depending on the specialty.**

**As such, this chapter needs to be viewed as an appropriate guide of the level of knowledge and skills required from all HST trainees with differing application levels in practice.**

## Standards of Care

**Objective:** To be able to consistently and effectively assess and treat patients' problems

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care; Relating to Patients; Communication and Interpersonal Skills; Collaboration and Teamwork; Management (including Self-Management); Clinical Skills.

### KNOWLEDGE

#### Diagnosing Patients

- How to carry out appropriate history taking
- How to appropriately examine a patient
- How to make a differential diagnosis

#### Investigation, indications, risks, cost-effectiveness

- The pathophysiological basis of the investigation
- Knowledge of the procedure for the commonly used investigations, common or/and serious risks
- Understanding of the sensitivity and specificity of results, artefacts, PPV and NPV
- Understanding significance, interpreting and explaining results of investigations
- Logical approach in choosing, sequencing and prioritising investigations

#### Treatment and management of disease

- Natural history of diseases
- Quality of life concepts
- How to accurately assess patient's needs, prescribe, arrange treatment, recognise and deal with reactions / side effects
- How to set realistic therapeutic goals, to utilise rehabilitation services, and use palliative care approach appropriately
- Recognising that illness (especially chronic and/or incapacity) has an impact on relationships and family, having financial as well as social effects e.g. driving

#### Disease prevention and health education

- screening for disease, (methods, advantages and limitations),
- health promotion and support agencies; means of providing sources of information for patients
- Risk factors, preventive measures, strategies applicable to smoking, alcohol, drug abuse, lifestyle changes
- Disease notification; methods of collection and sources of data

#### Notes, records, correspondence

- Functions of medical records, their value as an accurate up-to-date commentary and source of data
- The need and place for specific types of notes e.g. problem-orientated discharge, letters, concise out-patient reports
- Appreciating the importance of up-to-date, easily available, accurate information, and the need for communicating promptly e.g. with primary care

#### Prioritising, resourcing and decision taking

- How to prioritise demands, respond to patients' needs and sequence urgent tasks
- Establishing (clinical) priorities e.g. for investigations, intervention; how to set realistic goals; understanding the need to allocate sufficient time, knowing when to seek help
- Understanding the need to complete tasks, reach a conclusion, make a decision, and take action within allocated time
- Knowing how and when to conclude

**Handover**

- Know what are the essential requirements to run an effective handover meeting
  - Sufficient and accurate patients information
  - Adequate time
  - Clear roles and leadership
  - Adequate IT
- Know how to prioritise patient safety
  - Identify most clinically unstable patients
  - Use ISBAR (Identify, Situation, Background, Assessment, Recommendations)
  - Proper identification of tasks and follow-ups required
  - Contingency plans in place
- Know how to focus the team on actions
  - Tasks are prioritised
  - Plans for further care are put in place
  - Unstable patients are reviewed

**Relevance of professional bodies**

- Understanding the relevance to practice of standards of care set down by recognised professional bodies – the Medical Council, Medical Colleges and their Faculties, and the additional support available from professional organisations e.g. IMO, Medical Defence Organisations and from the various specialist and learned societies

**SKILLS**

- Taking and analysing a clinical history and performing a reliable and appropriate examination, arriving at a diagnosis and a differential diagnosis
- Liaising, discussing and negotiating effectively with those undertaking the investigation
- Selecting investigations carefully and appropriately, considering (patients') needs, risks, value and cost effectiveness
- Appropriately selecting treatment and management of disease
- Discussing, planning and delivering care appropriate to patient's needs and wishes
- Preventing disease using the appropriate channels and providing appropriate health education and promotion
- Collating evidence, summarising, recognising when objective has been met
- Screening
- Working effectively with others including
  - Effective listening
  - Ability to articulate and deliver instructions
  - Encourage questions and openness
  - Leadership skills
- Ability to prioritise
- Ability to delegate effectively
- Ability to advise on and promote lifestyle change, stopping smoking, control of alcohol intake, exercise and nutrition
- Ability to assess and explain risk, encourage positive behaviours e.g. immunisation and preventive measures
- Ability to enlist patients' involvement in solving their health problems, providing information, education
- Availing of support provided by voluntary agencies and patient support groups, as well as expert services e.g. detoxification / psychiatric services
- Valuing contributions of health education and disease prevention to health in a community
- Compiling adequate case notes, with results of examinations, investigations, procedures performed, sufficient to provide an accurate, detailed account of the diagnostic and management process and outcome, providing concise, informative progress reports (both written and oral)
- Maintaining legible records in line with the Guide to Professional Conduct and Ethics for Registered Medical Practitioners in Ireland
- Actively engaging with professional/representative/specialist bodies

**ASSESSMENT & LEARNING METHODS**

- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace)
- Audit
- Medical Council Guide to Professional Conduct and Ethics

## Dealing with & Managing Acutely Ill Patients in Appropriate Specialties

**Objectives:** To be able to assess and initiate management of patients presenting as emergencies, and to appropriately communicate the diagnosis and prognosis. Trainees should be able to recognise the critically ill and immediately assess and resuscitate if necessary, formulate a differential diagnosis, treat and/or refer as appropriate, elect relevant investigations and accurately interpret reports.

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care, Clinical Skills.

### KNOWLEDGE

#### Management of acutely ill patients with medical problems

- Presentation of potentially life-threatening problems
- Indications for urgent intervention, the additional information necessary to support action (e.g. results of investigations) and treatment protocols
- When to seek help, refer/transfer to another specialty
- ACLS protocols
- Ethical and legal principles relevant to resuscitation and DNAR in line with National Consent Policy
- How to manage acute medical intake, receive and refer patients appropriately, interact efficiently and effectively with other members of the medical team, accept/undertake responsibility appropriately
- Management of overdose
- How to anticipate / recognise, assess and manage life-threatening emergencies, recognise significantly abnormal physiology e.g. dysrhythmia and provide the means to correct e.g. defibrillation
- How to convey essential information quickly to relevant personnel: maintaining legible up-to-date records documenting results of investigations, making lists of problems dealt with or remaining, identifying areas of uncertainty; ensuring safe handover

#### Managing the deteriorating patient

- How to categorise a patients' severity of illness using Early Warning Scores (EWS) guidelines
- How to perform an early detection of patient deterioration
- How to use a structured communication tool (ISBAR)
- How to promote an early medical review, prompted by specific trigger points
- How to use a definitive escalation plan

#### Discharge planning

- Knowledge of patient pathways
- How to distinguish between illness and disease, disability and dependency
- Understanding the potential impact of illness and impairment on activities of daily living, family relationships, status, independence, awareness of quality of life issues
- Role and skills of other members of the healthcare team, how to devise and deliver a care package
- The support available from other agencies e.g. specialist nurses, social workers, community care
- Principles of shared care with the general practitioner service
- Awareness of the pressures/dynamics within a family, the economic factors delaying discharge but recognise the limit to benefit derived from in-patient care

**SKILLS**

- BLS/ACLS (or APLS for Paediatrics)
- Dealing with common medical emergencies
- Interpreting blood results, ECG/Rhythm strips, chest X-Ray, CT brain
- Giving clear instructions to both medical and hospital staff
- Ordering relevant follow up investigations
- Discharge planning
- Knowledge of HIPE (Hospital In-Patient Enquiry)
- Multidisciplinary team working
- Communication skills
- Delivering early, regular and on-going consultation with family members (with the patient's permission) and primary care physicians
- Remaining calm, delegating appropriately, ensuring good communication
- Attempting to meet patients'/ relatives' needs and concerns, respecting their views and right to be informed in accordance with Medical Council Guidelines
- Establishing liaison with family and community care, primary care, communicate / report to agencies involved
- Demonstrating awareness of the wide ranging effects of illness and the need to bridge the gap between hospital and home
- Categorising a patients' severity of illness
- Performing an early detection of patient deterioration
- Use of structured communication tool (e.g. ISBAR)

**ASSESSMENT & LEARNING METHODS**

- ACLS course
- Record of on call experience
- Mini-CEX (acute setting)
- Case Based Discussion (CBD)
- Consultant feedback

## Good Professional Practice

**Objective:** Trainees must appreciate that medical professionalism is a core element of being a good doctor and that good medical practice is based on a relationship of trust between the profession and society, in which doctors are expected to meet the highest standards of professional practice and behaviour.

**Medical Council Domains of Good Professional Practice:** Relating to Patients, Communication and Interpersonal Skills, Professionalism, Patient Safety and Quality of Patient Care.

### KNOWLEDGE

#### Effective Communication

- How to listen to patients and colleagues
- Disclosure – know the principles of open disclosure
- Knowledge and understanding of valid consent
- Teamwork
- Continuity of care

#### Ethics

- Respect for autonomy and shared decision making
- How to enable patients to make their own decisions about their health care
- How to place the patient at the centre of care
- How to protect and properly use sensitive and private patient information according to Data Protection Act and how to maintain confidentiality
- The judicious sharing of information with other healthcare professionals where necessary for care following Medical Council Guidelines
- Maintaining competence and assuring quality of medical practice
- How to work within ethical and legal guideline when providing clinical care, carrying research and dealing with end of life issues

#### Honesty, openness and transparency (mistakes and near misses)

- When and how to report a near miss or adverse event
- Knowledge of preventing and managing near misses and adverse events. Incident reporting; root cause and system analysis
- Understanding and learning from errors
- Understanding and managing clinical risk
- Managing complaints
- Following open disclosure practices
- Knowledge of national policy and National Guidelines on Open Disclosure

#### Raising concerns about patient safety

- The importance of patient safety relevance in health care setting
- Standardising common processes and procedures – checklists, vigilance
- The multiple factors involved in failures
- Safe healthcare systems and provision of a safe working environment
- The relationship between ‘human factors’ and patient safety
- Safe working practice, role of procedures and protocols in optimal practice
- How to minimise incidence and impact of adverse events
- Knowledge and understanding of Reason’s Swiss cheese model
- Understanding how and why systems break down and why errors are made
- Health care errors and system failures
- human and economic costs

**SKILLS**

- Effective communication with patients, families and colleagues
- Co-operation and collaboration with colleagues to achieve safe and effective quality patient care
- Being an effective team player
- Ability to learn from errors and near misses to prevent future errors
- Using relevant information from complaints, incident reports, litigation and quality improvement reports in order to control risks
- Minimising errors during invasive procedures by developing and adhering to best-practice guidelines for safe surgery
- Minimising medication errors by practicing safe prescribing principles
- Using the Open Disclosure Process Algorithm
- Managing errors and near-misses
- Managing complaints
- Ethical and legal decision making skills

**ASSESSMENT & LEARNING METHODS**

- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): prioritisation of patient safety in practice
- Patient Safety (on-line) – recommended
- RCPI HST Leadership in Clinical Practice
- Quality improvement methodology course - recommended
- RCPI Ethics programmes (I-IV)
- Medical Council Guide to Professional Conduct and Ethics
- Reflective learning around ethical dilemmas encountered in clinical practice

## Infection Control

**Objective:** To be able to appropriately manage infections and risk factors for infection at an institutional level, including the prevention of cross-infections and hospital acquired infection

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care; Management (including Self-Management).

### KNOWLEDGE

#### Within a consultation

- The principles of infection control as defined by the HIQA
- How to minimise the risk of cross-infection during a patient encounter by adhering to best practice guidelines available (including the 5 Moments for Hand Hygiene guidelines)
- The principles of preventing infection in high risk groups e.g. managing antibiotic use to prevent *Clostridium difficile*
- Knowledge and understanding the local antibiotic prescribing policy
- Awareness of infections of concern, e.g. MRSA, *Clostridium difficile*
- Best practice in isolation precautions
- When and how to notify relevant authorities in the case of infectious disease requiring notification
- In surgery or during an invasive procedure, understanding the increased risk of infection in these patients and adhering to guidelines for minimising infection in such cases
- The guidelines for needle-stick injury prevention and management

#### During an outbreak

- Guidelines for minimising infection in the wider community in cases of communicable diseases and how to seek expert opinion or guidance from infection control specialists where necessary
- Hospital policy/seeking guidance from occupational health professional regarding the need to stay off work/restrict duties when experiencing infections the onward transmission of which might impact on the health of others

### SKILLS

- Practising aseptic techniques and hand hygiene
- Following local and national guidelines for infection control and management
- Prescribing antibiotics according to antibiotic guidelines
- Encouraging staff, patients and relatives to observe infection control principles
- Communicating effectively with patients regarding treatment and measures recommended to prevent re-infection or spread
- Collaborating with infection control colleagues to manage more complex or uncommon types of infection including those requiring isolation e.g. transplant cases, immunocompromised host
- In the case of infectious diseases requiring disclosure:
  - Working knowledge of those infections requiring notification
  - Undertaking notification promptly
  - Collaborating with external agencies regarding reporting, investigating and management of notifiable diseases
  - Enlisting / requiring patients' involvement in solving their health problems, providing information and education
  - Utilising and valuing contributions of health education and disease prevention and infection control to health in a community

**ASSESSMENT & LEARNING METHODS**

- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): practicing aseptic techniques as appropriate to the case and setting, investigating and managing infection, prescribing antibiotics according to guidelines
- Completion of infection control induction in the workplace

## Therapeutics and Safe Prescribing

**Objective:** To progressively develop ability to prescribe, review and monitor appropriate therapeutic interventions relevant to clinical practice in specific specialities including non-pharmacological therapies and preventative care.

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care.

### KNOWLEDGE

- Pharmacology, therapeutics of treatments prescribed, choice of routes of administration, dosing schedules, compliance strategies; the objectives, risks and complications of treatment cost-effectiveness
- Indications, contraindications, side effects, drug interaction, dosage and route of administration of commonly used drugs
- Commonly prescribed medications
- Adverse drug reactions to commonly used drugs, including complementary medicines
- Identifying common prescribing hazards
- Identifying high risk medications
- Drugs requiring therapeutic drug monitoring and interpretation of results
- The effects of age, body size, organ dysfunction and concurrent illness or physiological state e.g. pregnancy on drug distribution and metabolism relevant to own practice
- Recognising the roles of regulatory agencies involved in drug use, monitoring and licensing e.g. IMB, and hospital formulary committees
- Procedure for monitoring, managing and reporting adverse drug reaction
- Effects of medications on patient activities including potential effects on a patient's fitness to drive
- The role of The National Medicines Information Centre (NMIC) in promoting safe and efficient use of medicine
- Differentiating drug allergy from drug side effects
- Good Clinical Practice guidelines for seeing and managing patients who are on clinical research trials

### SKILLS

- Writing a prescription in line with guidelines
- Appropriately prescribing for the elderly, children and pregnant and breast feeding women
- Making appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)
- Reviewing and revising patients' long term medications
- Anticipating and avoiding defined drug interactions, including complementary medicines
- Advising patients (and carers) about important interactions and adverse drug effects including effects on driving
- Providing comprehensible explanations to the patient, and carers when relevant, for the use of medicines
- Being open to advice and input from other health professionals on prescribing
- Participating in adverse drug event reporting
- Taking a history of drug allergy and previous side effects

**ASSESSMENT & LEARNING METHODS**

- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): prioritisation of patient safety in prescribing practice
- Principles of Antibiotics Use (on-line) – recommended
- Guidance for health and social care providers - Principles of good practice in medication reconciliation (HIQA)

## Self-Care and Maintaining Well-Being

### Objectives:

1. To ensure that trainees understand how their personal histories and current personal lives, as well as their values, attitudes, and biases affect their care of patients so that they can use their emotional responses in patient care to their patients' benefit
2. To ensure that trainees care for themselves physically and emotionally, and seek opportunities for enhancing their self-awareness and personal growth

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care, Relating to Patients, Communication and Interpersonal Skills, Collaboration and Teamwork, Management (including self-management).

### KNOWLEDGE

- Self knowledge – understand own psychological strengths and limitations
- Understand how own personality characteristics (such as need for approval, judgemental tendencies, needs for perfection and control) affect relationships with patients and colleagues
- Knowledge of core beliefs, ideals, and personal philosophies of life, and how these relate to own goals in medicine
- Know how family-of-origin, race, class, religion and gender issues have shaped own attitudes and abilities to discuss these issues with patients
- Understand the difference between feelings of sympathy and feelings of empathy for specific patients
- Know the factors between a doctor and patient that enhance or interfere with abilities to experience and convey empathy
- Understanding of own attitudes toward uncertainty and risk taking and own need for reassurance
- How own relationships with certain patients can reflect attitudes toward paternalism, autonomy, benevolence, non-maleficence and justice
- Recognise own feelings (love, anger, frustration, vulnerability, intimacy, etc) in “easy” and difficult patient-doctor interactions
- Recognising the symptoms of stress and burn out

### SKILLS

- Exhibiting empathy and showing consideration for all patients, their impairments and attitudes irrespective of cultural and other differences
- Ability to create boundaries with patients that allow for therapeutic alliance
- Challenge authority appropriately from a firm sense of own values and integrity and respond appropriately to situations that involve abuse, unethical behaviour and coercion
- Recognise own limits and seek appropriate support and consultation
- Work collaboratively and effectively with colleagues and other members of health care teams
- Manage effectively commitments to work and personal lives, taking the time to nurture important relationship and oneself
- Ability to recognise when falling behind and adjusting accordingly
- Demonstrating the ability to cope with changing circumstances, variable demand, being prepared to re-prioritise and ask for help
- Utilising a non-judgemental approach to patient's problem
- Recognise the warning signs of emotional ill-health in self and others and be able to ask for appropriate help
- Commitment to lifelong process of developing and fostering self-awareness, personal growth and well being
- Be open to receiving feedback from others as to how attitudes and behaviours are affecting their care of patients and their interactions with others
- Holding realistic expectations of own and of others' performance, time-conscious, punctual
- Valuing the breadth and depth of experience that can be accessed by associating with professional colleagues

**ASSESSMENT & LEARNING METHODS**

- On-going supervision
- Ethics courses
- RCPI HST Leadership in Clinical Practice course
- RCPI Physician Wellbeing and Stress Management
- RCPI Building Resilience in a Challenging Work Environment

## Communication in Clinical and Professional Setting

**Objective:** To demonstrate the ability to communicate effectively and sensitively with patients, their relatives, carers and with professional colleagues in different situations.

**Medical Council Domains of Good Professional Practice:** Relating to Patients; Communication and Interpersonal Skills.

### KNOWLEDGE

#### Within a consultation

- How to effectively listen and attend to patients
- How to structure an interview to obtain/convey information; identify concerns, expectations and priorities; promote understanding, reach conclusions; use appropriate language.
- How to empower the patient and encourage self-management

#### Difficult circumstances

- Understanding of potential areas for difficulty and awkward situations, knowing how and when to break bad news, how to negotiate cultural, language barriers, dealing with sensory or psychological and/or intellectual impairments, how to deal with challenging or aggressive behaviour
- How to communicate essential information where difficulties exist, how to appropriately utilise the assistance of interpreters, chaperones, and relatives.
- How to deal with anger, frustration in self and others
- Selecting appropriate environment; seeking assistance, making and taking time

#### Dealing with professional colleagues and others

- How to communicate with doctors and other members of the healthcare team; how to provide concise, problem-orientated statement of facts and opinions (written, verbal or electronic)
- Knowledge of legal context of status of records and reports, of data protection (confidentiality), Freedom of Information (FOI) issues
- Understanding of the relevance to continuity of care and the importance of legible, accessible, records
- Knowing when urgent contact becomes necessary and the appropriate place for verbal, telephone, electronic, written communication
- Recognition of roles and skills of other health professionals
- Awareness of own abilities/limitations and when to seek help or give assistance, advice to others; when to delegate responsibility and when to refer

#### Maintaining continuity of care

- Understanding the relevance to outcome of continuity of care, within and between phases of healthcare management
- The importance of completion of tasks and documentation (e.g. before handover to another team, department, specialty), of identifying outstanding issues and uncertainties
- Knowledge of the required attitudes, skills and behaviours which facilitate continuity of care such as maintaining (legible) records, being available and contactable, alerting others to avoid potential confusion or misunderstanding through communications failure

**Giving explanations**

- The importance of possessing the facts, and of recognising uncertainty and conflicting evidence on which decisions have to be based
- How to secure, retain attention avoid distraction
- Understanding how adults receive information best, the relative value of the spoken, written, visual means of communication, use of reinforcement to assist retention
- Knowledge of risks of information overload
- Interpreting results, significance of findings, diagnosis, explaining objectives, limitations, risks of treatment, using communication adjusted to recipients' ability to comprehend
- Ability to achieve level of understanding necessary to gain co-operation (compliance, informed choice, acceptance of opinion, advice, recommendation)

**Responding to complaints**

- Value of hearing and dealing with complaints promptly; the appropriate level, the procedures (departmental and institutional); sources of advice, assistance available
- The importance of obtaining and recording accurate and full information, seeking confirmation from multiple sources
- Knowledge of how to establish facts, identifying issues and responding quickly and appropriately to a complaint received

**SKILLS**

- Ability to elicit facts, using a mix of open and closed-ended questions appropriately
- Using "active listening" techniques such as nodding and eye contact
- Giving information clearly, avoiding jargon, confirming understanding, ability to encourage co-operation, compliance; obtaining informed consent
- Showing consideration and respect for other's culture, opinions, patient's right to be informed and make choices
- Respecting another's right to opinions and to accept or reject advice
- Valuing perspectives of others contributing to management decisions
- Conflict resolution
- Dealing with complaints
- Communicating decisions in a clear and thoughtful manner
- Presentation skills
- Maintaining (legible) records
- being available, contactable, time-conscious
- Setting (and attempting to reach) realistic objectives, identifying and prioritising outstanding problems
- Using language, literature (leaflets) diagrams, educational aids and resources appropriately
- Ability to establish facts, identify issues and respond quickly and appropriately to a complaint received
- Accepting responsibility, involving others, and consulting appropriately
- Obtaining informed consent
- Discussing informed consent
- Giving and receiving feedback

**ASSESSMENT & LEARNING METHODS**

- Mastering Communication course (Year 1)
- Consultant feedback at annual assessment
  - Workplace based assessment e.g. Mini-CEX, DOPS, CBD
  - Educational supervisor's reports on observed performance (in the workplace): communication with others e.g. at handover. ward rounds, multidisciplinary team members
- Presentations
- Ethics courses
- RCPI HST Leadership in Clinical Practice Course

## Leadership

**Objective:** To have the knowledge, skills and attitudes to act in a leadership role and work with colleagues to plan, deliver and develop services for improved patient care and service delivery.

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care; Communication and Interpersonal Skill; Collaboration and Teamwork; Management (including Self-Management); Scholarship.

### KNOWLEDGE

#### Personal qualities of leaders

- Knowledge of what leadership is in the context of the healthcare system appropriate to training level
- The importance of good communication in teams and the role of human interactions on effectiveness and patient safety

#### Working with others

- Awareness of own personal style and other styles and their impact on team performance
- The importance of good communication in teams and the role of human interactions on effectiveness and patient safety

#### Managing services

- The structure and function of Irish health care system
- Awareness of the challenges of managing in healthcare
  - Role of governance
  - Clinical directors
- Knowledge of planning and design of services
- Knowledge and understanding of the financing of the health service
  - Knowledge of how to prepare a budget
  - Defining value
  - Managing resources
- Knowledge and understanding of the importance of human factors in service delivery
  - How to manage staff training, development and education
- Managing performance
  - How to perform staff appraisal and deal effectively with poor staff performance
  - How to rewards and incentivise staff for quality and efficiency

#### Setting direction

- The external and internal drivers setting the context for change
- Knowledge of systems and resource management that guide service development
- How to make decisions using evidence-based medicine and performance measures
- How to evaluate the impact of change on health outcomes through ongoing service evaluation

**SKILLS**

- Effective communication with patients, families and colleagues
- Co-operation and collaboration with others; patients, service users, carers colleagues within and across systems
- Being an effective team player
- Ability to manage resources and people
- Managing performance and performance indicators

**Demonstrating personal qualities**

- Efficiently and effectively managing one-self and one's time especially when faced with challenging situations
- Continues personal and professional development through scholarship and further training and education where appropriate
- Acting with integrity and honesty with all people at all times
- Developing networks to expand knowledge and sphere of influence
- Building and maintaining key relationships
- Adapting style to work with different people and different situations
- Contributing to the planning and design of services

**ASSESSMENT & LEARNING METHODS**

- Mastering Communication course (Year 1)
- RCPI HST Leadership in Clinical Practice (Year 3 – 5)
- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): on management and leadership skills
- Involvement in hospital committees where possible e.g. Division of Medicine, Drugs and Therapeutics, Infection Control etc.

## Quality Improvement

**Objective:** To demonstrate the ability to identify areas for improvement and implement basic quality improvement skills and knowledge to improve patient safety and quality in the healthcare system.

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care; Communication and Interpersonal Skills; Collaboration and Teamwork; Management; Relating to Patients; Professionalism

### KNOWLEDGE

#### Personal qualities of leaders

- The importance of prioritising the patient and patient safety in all clinical activities and interactions

#### Managing services

- Knowledge of systems design and the role of microsystems
- Understanding of human factors and culture on patient safety and quality

#### Improving services

- How to ensure patient safety by adopting and incorporating a patient safety culture
- How to critically evaluate where services can be improved by measuring performance, and acting to improve quality standards where possible
- How to encourage a culture of improvement and innovation

#### Setting direction

- How to create a 'burning platform' and motivate other healthcare professionals to work together within quality improvement
- Knowledge of the wider healthcare system direction and how that may impact local organisations

### SKILLS

- Improvement approach to all problems or issues
- Engaging colleagues, patients and the wider system to identify issues and implement improvements
- Use of quality improvement methodologies, tools and techniques within every day practice
- Ensuring patient safety by adopting and incorporating a patient safety culture
- Critically evaluating where services can be improved by measuring performance, and acting to raise standards where possible
- Encouraging a culture of improvement and innovation

#### Demonstrating personal qualities

- Encouraging contributions and involvement from others including patients, carers, members of the multidisciplinary team and the wider community
- Considering process and system design, contributing to the planning and design of services

### ASSESSMENT & LEARNING METHODS

- RCPI HST Leadership in Clinical Practice
- Consultant feedback at annual assessment
- Involvement in hospital committees where possible e.g. Division of Medicine, Drugs and Therapeutics, Infection Control etc.

## Scholarship

**Objective:** To develop skills in personal/professional development, teaching, educational supervision and research

**Medical Council Domains of Good Professional Practice:** Scholarship

### KNOWLEDGE

#### Teaching, educational supervision and assessment

- Principles of adult learning, teaching and learning methods available and strategies
- Educational principles directing assessment methods including, formative vs. summative methods
- The value of regular appraisal / assessment in informing training process
- How to set effective educational objectives and map benefits to learner
- Design and delivery of an effective teaching event, both small and large group
- Use of appropriate technology / materials

#### Research, methodology and critical evaluation

- Designing and resourcing a research project
- Research methodology, valid statistical analysis, writing and publishing papers
- Ethical considerations and obtaining ethical approval
- Reviewing literature, framing questions, designing a project capable of providing an answer
- How to write results and conclusions, writing and/or presenting a paper
- How to present data in a clear, honest and critical fashion

#### Audit

- Basis for developing evidence-based medicine, kinds of evidence, evaluation; methodologies of clinical trials
- Sources from which useful data for audit can be obtained, the methods of collection, handling data, the audit cycle
- Means of determining best practice, preparing protocols, guidelines, evaluating their performance
- The importance of re-audit

### SKILLS

- Bed-side undergraduate and post graduate teaching
- Developing and delivering lectures
- Carrying out research in an ethical and professional manner
- Performing an audit
- Presentation and writing skills – remaining impartial and objective
- Adequate preparation, timekeeping
- Using technology / materials

### ASSESSMENT & LEARNING METHODS

- Health Research – An Introduction
- Effective Teaching and Supervising Skills course (online) - recommended
- Educational Assessment Skills course - recommended
- Performing audit course –mandatory
- Health Research Methods for Clinicians - recommended

## Management

**Objective:** To understand the organisation, regulation and structures of the health services, nationally and locally, and to be competent in the use and management of information on health and health services, to develop personal effectiveness and the skills applicable to the management of staff and activities within a healthcare team.

**Medical Council Domains of Good Professional Practice:** Management.

### KNOWLEDGE

#### Health service structure, management and organisation

- The administrative structure of the Irish Health Service, services provided in Ireland and their funding and how to engage with these for best results
- Department of Health, HSE and hospital management structures and systems
- The national regulatory bodies, health agencies and patient representative groups
- Understanding the need for business plans, annual hospital budgets, the relationship between the hospital and PCCC

#### The provision and use of information in order to regulate and improve service provision

- Methods of collecting, analysing and presenting information relevant to the health of a population and the apportionment of healthcare resources
- The common ways in which data is presented, knowing of the sources which can provide information relevant to national or to local services and publications available

#### Maintaining medical knowledge with a view to delivering effective clinical care

- Understanding the contribution that current, accurate knowledge can make to establishing clinical effectiveness, best practice and treatment protocols
- Knowledge of sources providing updates, literature reviews and digests

#### Delegation skills, empowerment and conflict management

- How to assess and develop personal effectiveness, improve negotiating, influencing and leadership skills
- How to manage time efficiently, deal with pressure and stress
- How to motivate others and operate within a multidisciplinary team

### SKILLS

- Chairing, organising and participating in effective meetings
- Managing risks
- Managing time
- Delegating tasks effectively
- Managing conflicts
- Exploring, directing and pursuing a project, negotiating through the relevant departments at an appropriate level
- Ability to achieve results through an understanding of the organisation and its operation
- Ability to seek / locate information in order to define an issue needing attention e.g. to provide data relevant to a proposal for change, establishing a priority, obtaining resources
- Ability to make use of information, use IT, undertake searches and obtain aggregated data, to critically evaluate proposals for change e.g. innovative treatments, new technologies
- Ability to adjust to change, apply management, negotiating skills to manage change
- Appropriately using management techniques and seeking to improve these skills and personal effectiveness

**ASSESSMENT & LEARNING METHODS**

- Mastering Communication course
- Performing Audit course
- RCPI HST Leadership in Clinical Practice
- Annual audit
- Consultant feedback on management and leadership skills

Involvement in hospital committees

## Specialty Section

## Basic Dermatology

**Objective:** To know and understand the structure and function of normal skin and the macroscopic and microscopic changes that can occur as a result of injury and disease. The trainee must be competent to carry out and correctly interpret the results of, a specialist assessment in patients presenting with any dermatosis in order to arrange effective treatment.

### Skin Biology

**Objective:** To provide the trainee with the knowledge of the structure and function of normal skin and an understanding of the consequences of various diseases and the means by which treatment may be effective.

#### KNOWLEDGE

- Structure and function of skin in health and disease; age related and racial differences; effects on structure and function of various diseases
- Understands and is able to explain the effects on the skin of various disease and their treatment
- Appreciate the importance of structure related to function of human skin

#### SKILLS

- Have a thorough knowledge of how abnormalities in structure relate to function of the skin.
- Understand how basic structure is used for clinical testing.
- Relate knowledge of structure to applied disciplines such a dermatopathology.

#### ASSESSMENT & LEARNING METHODS

- Skin biology course
- CBD (Case Based Discussion)

## General Dermatology

**Objective:** To provide the trainee with the skills and knowledge necessary to be able to carry out specialist assessment and management of a patient presenting with a dermatosis in both an in-patient and out-patient hospital setting. The following dermatoses are included under General Dermatology, and the requirements of the curriculum apply to each:

- Melanoma
- Non melanoma skin cancer
- Vulval intraepithelial neoplasia (VIN)
- Psoriasis
- Eczema
- Lichen planus
- Lichen sclerosis
- Other papulosquamous disorders
- Drug eruptions
- Urticaria and other similar allergic reactions
- Pigmentary disorders
- Skin disease associated with systemic pathology
- Bullous diseases
- Reactive erythemas and vasculitis
- Hair and nail disease
- Sebaceous and sweat gland disorders
- Disorders of mucus membranes
- Vulvar dysaesthesia

### KNOWLEDGE

#### Recognition, diagnosis and appropriate management of the dermatoses (listed above).

- Diagnostic significance of patterns of symptoms, of abnormal physical features, investigations; their pathophysiological basis.
- Natural history of these diseases, their aetiologies. Treatment: general principles and management, objectives, agents/techniques available, benefits and risks (see also “Communication Skills” Generic Section).
- Investigations, techniques and indications for (including histology, mycology) immunfluoresence.
- Able to elicit symptoms and carry out an appropriate physical examination of the skin and other relevant systems in patients.
- Selects investigations appropriately, capable of forming a differential/working diagnosis.
- Providing information and advice to patient, other healthcare providers, prescribing, arranging, managing, supervising treatment of patients with a dermatosis.

### SKILLS

- Appreciate how to diagnose common and uncommon manifestations of the common dermatoses, including but not limited to those listed above.
- Understand how to generate a relevant differential diagnosis.
- Appreciate the possibility of rare and uncommon dermatoses and know how to diagnose and investigate them.
- Be able to relate diagnoses and treatment options to patients in an easily understood manner.

### ASSESSMENT & LEARNING METHODS

- CBD

## Dermatopathology

**Objective:** To ensure the trainee understands and is able to discuss the significance of written dermatopathology reports in relation to distinguishing histological features and differential diagnosis: is able to recognise microscopic appearances of diseases of the skin, utilising appropriate laboratory techniques.

### KNOWLEDGE

**Normal histology, histopathology of main disease processes and individual diseases affecting the skin, histological techniques employed.**

- Histological appearances of the skin in health and “normal” variability: effects of inflammation, degeneration, neoplasia and genodermatoses. Histological changes characterising in individual skin disorders
- The principles of the histological techniques available (including special staining and immunocytochemical techniques) and their diagnostic value
- Correct biopsy procedures, handling, fixation of specimens, and transport media possibility and recognition of artefacts.
- Appreciate how to obtain the optimal sample for the dermatopathology test requested.
- Understand the importance of a good clinical history when submitting a specimen for dermatopathology.
- Have a working knowledge of the histology and pathology of the skin in order to be able to communicate effectively with the dermatopathologist.

### SKILLS

- 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 recognise the microscopic features of disease affecting the skin.
- To be able to select and use effectively the range of laboratory techniques available to optimising diagnostic accuracy.

### ASSESSMENT & LEARNING METHODS

- Weekly dermatopathology conference

## Contact Dermatitis, Occupational and Industrial Skin Disease

**Objective:** As most dermatologists will not have direct access to a specialised contact dermatitis/occupational dermatitis clinical trainees need to be able to provide patch testing services and give advice on occupational and industrial skin problems. Occupational skin problems are so common that detailed knowledge of the role of occupation as a cause of skin problems and the effects of occupation on an existing skin disease must be acquired. The dermatologist will be required to advise patients and employees on the means and methods of avoiding industrial exposures to potentially hazardous agents.

### Contact Dermatitis

**Objective:** To understand the indications for patch testing and be familiar with the techniques and interpretation of results in patients suspected of having contact dermatitis or an occupational dermatosis. Trainees must have gained experience (under supervision) at a specialised contact dermatitis clinic. To provide the trainee with knowledge and skills in the diagnosis, investigation and management of patients with contact dermatitis and contact urticaria. The trainee should also be able to explain the methodology used when writing medical reports.

#### KNOWLEDGE

##### Patch testing

- Know the indications for patch testing and know when patch testing is contra-indicated or would give inconclusive results.
- Know which allergens are contained within the European and British Contact Dermatitis Society Standard Series and in what situations additional allergens may need to be tested.
- Know how to apply allergens and to instruct patients during the patch test procedure. Know the common range of application times and reading procedure for patch tests (both those are generally available and those that apply to the clinic where the trainee is attached).
- Know basic mechanisms involved in irritant and allergic contact dermatitis.
- Know how to assess patients for medical legal reports
- Focused history taking from patients with suspected contact dermatitis and the ability to make a pre-patch test diagnosis.
- Ability to request and prepare products e.g. cosmetics for patch testing.
- Ability to undertake testing including products brought to the clinic by the patient (when indicated).
- Explain the side effects of patch testing.
- Explain the use of a repeated open application tests in assessment of patients.
- Explain when testing control patients is indicated.
- Explain procedures involved and be able to test patients who present with suspected contact urticaria and/or type I hypersensitivity (see patch testing and prick testing – indications and contra-indication).
- Appreciate the indications for patch testing.

#### SKILLS

- Understand how and when to use relevant specialist batteries of patch tests.
- Have a thorough knowledge of the potential risks and limitations of patch testing.
- Be able to interpret the relevance of positive and negative results.
- Be able to relate results to patients in an easily understood manner

#### ASSESSMENT & LEARNING METHODS:

- DOPS: Patch testing
- Contact dermatitis course
- CBD

## Photopatch Testing

**Objective:** To provide the trainee with the skills and knowledge to be able to decide which patients would benefit from photopatch testing, carry out testing, interpret the results and counsel the patients.

### KNOWLEDGE

- Indications for photopatch testing, contra-indications, interpretation of results..
- History and examination of a patient suspected of photocontact dermatitis and making decisions about which test agents should be patch tested.
- Ability to conduct UV exposure, then read and record photopatch test reactions.
- Correctly interpret photopatch test results and counsel patients accordingly.

### SKILLS

- Understand how to interpret positive and negative tests.
- Appreciate the investment in time by the patient and nursing staff in performing the test.
- Understand how to counsel the patient with regard to test results.

### ASSESSMENT & LEARNING METHODS

- DOPS
- CBD
- Contact Dermatitis course

## **Occupational Dermatitis and Industrial Skin Conditions**

**Objective:** To provide the trainee with the skills and knowledge to be able to diagnose and manage patients with dermatitis or other skin problems caused or aggravated by their occupation.

### **KNOWLEDGE**

- Role of occupation in causing skin problems and the effects of occupation on endogenous skin disease.
- Potentially irritant and damaging agents, methods of reviewing and reducing exposure.
- Provision of occupational health services.
- Appropriate history taking and the ability to gather information from the workplace (i.e. site visits).
- Able to make appropriate decisions concerning patient investigation (e.g. patch testing).

### **SKILLS**

- Understand the role of a patient's occupation in relation to their skin complaint.
- Appreciate the importance of liaising with an Occupational Health Physician.

### **ASSESSMENT AND LEARNING METHODS:**

- CBD
- Contact Dermatitis course

## Prick and Intradermal Testing

**Objective:** To provide the trainee with the skills and knowledge to decide which patients would benefit from prick testing and to be able to explain the practical aspects and perform prick and intradermal testing. To have knowledge of when allergen specific IgE testing (RAST) can be helpful in the management of patients with presumed contact allergies, possible type I hypersensitivity or contact urticaria.

### KNOWLEDGE

- Prick testing and intradermal testing procedures.
- Indications for prick and intradermal testing, mandatory precautions, resuscitation techniques.
- Application of RAST in the management of patients.
- Latex-free protocols and advice to patients.
- Capable of cardio-pulmonary resuscitation.
- Appreciates the underlying mechanisms of this form of skin testing.
- Appreciate the limitations of this form of skin testing.
- Understand the complications of this form of testing and have the ability to deal with them.

### SKILLS

- Able to perform safely and interpret correctly results of prick and intradermal testing procedures.

### ASSESSMENT & LEARNING METHODS

- DOPS: Skin testing
- ACLS

**Preparation of Social Welfare and Medico-Legal Reports**

**Objective:** To provide the trainee with the skills and knowledge to be able to assess patients for DSW and medico legal claims and to write appropriate reports.

**KNOWLEDGE****Preparation of reports**

- Understand and be able to explain legal issues of how and when to examine a patient on behalf of a solicitor.
- Understand the duty of the Consultant to the court.
- Focused history taking and examination of patients for medico legal claims.

**SKILLS**

- Investigation of a patient seen for the purposes of a medico legal report.
- Preparation of a medical legal report.
- Be able to provide a medical report when requested in a thorough and unbiased manner.

**ASSESSMENT & LEARNING METHODS:**

- CBD
- Study Day

## Paediatric Dermatology and Genetics

**Objective:** To provide the trainee with the knowledge and skills to feel confident in the diagnosis, investigation and treatment of children with skin disease. To have a basic understanding of genetics and genetic counselling relevant to Dermatology.

### KNOWLEDGE

- Knowledge of dermatological diseases in childhood
- How to obtain a history and physical examination from birth onwards
- Paediatric pharmacology/prescribing in skin disease.
- Treatment, including (with paediatrician) in patient management.
- Basic genetics, genetic counselling in skin disease. Immunology in skin disease including management of atrophy.
- Relating to children of all ages and communicating with them and their parents, educating and providing advice.
- Forming a (differential) diagnosis, arranging appropriate investigation and planning management.
- Growth, metabolic and nutritional monitoring in children.
- Appropriate use of social services and community agencies.

### SKILLS

- Appreciates the anxiety suffered by patients and relatives.
- Understand genetic testing and its implications.
- Appreciate the role played by nursing and allied health staff.

### ASSESSMENT & LEARNING METHODS

- CBD
- Mini-CEX

## Interventional Dermatology

**Objective:** To acquire the surgical skills necessary to treat benign and malignant skin tumours effectively and the knowledge to refer appropriately for more specialised surgical treatment, photodynamic therapy and/or radiotherapy. To be familiar with cryotherapy and laser treatment as applied to lesions of the skin and be capable of advising on the selection of patients and of providing support during treatment.

## Dermatological Surgery

**Objective:** To provide the trainee with the knowledge, skills and confidence to diagnose and treat benign and malignant skin tumours safely and effectively. To impart understanding of the differing biological behaviours of different types of skin tumour, and a knowledge of the indications for more specialised techniques such as micrographic surgery.

### KNOWLEDGE

#### Management of skin tumours, surgical techniques

- Clinical diagnosis of benign and malignant skin lesions, appropriate use and interpretation of skin biopsy.
- Comprehensive knowledge of cutaneous anatomy from skin to fascia, surface anatomy of the head and neck, the vasculature of the face and the facial nerve.
- Use of Cryotherapy; indications for radiotherapy, safe use of local anaesthetics, digital ring blocks.
- Cosmetic effects of skin surgery/medico legal aspects of skin surgery.
- Indications for skin grafts, skin flaps, micrographic surgery, biopsy of nail/nail matrix.
- History taking and physical examination of patients with pigmented lesions.
- Capable of performing the following surgical procedures:
  - Skin biopsy
  - Shave excision
  - Full thickness excision
  - Curettage
  - Suturing techniques
  - Choices of sutures
  - The use of Cautery and Diathermy
  - Correction of “dog-ear” tissue protrusion
- Management of second intention wounds, postoperative care, wound dressing, management of complications including immediate and delayed haemorrhage, wound infection and dehiscence.
- Multidisciplinary team meetings

### SKILLS

- Understand the underlying anatomy of the area to be operated on.
- Appreciate the role of “Mohs”, plastic and ENT surgeons in dermatologic surgery.
- Appreciate the potential complications of surgery and how to remediate these.
- Appreciate the need to adequately counsel the patient before and after surgical intervention.

**ASSESSMENT & LEARNING METHODS:**

- Case-Based Discussion.
- Weekly skin surgery session
- Attendance at the British Surgical Dermatology Society basic surgery workshops/relevant workshops.
- Personal audit of postoperative results (with photographic records), logbook of operations: review of cases where pathology requires complete excision.
- DOPS:
  - Skin biopsy
  - Shave excision
  - Full thickness excision
  - Curettage
  - Suturing techniques
  - Choices of sutures
  - The use of Cautery and Diathermy
  - Correction of “dog-ear” tissue protrusion

## Cutaneous Laser Therapy

**Objective:** To acquire an understanding of the principles governing laser treatment of skin conditions, and be able to identify lesions suitable for treatment, advising patients appropriately. The performance of some laser procedures and the supervision of patients undergoing laser treatment is desirable.

### KNOWLEDGE

#### Laser treatment and its management

- The physical characteristics of laser light, the output from lasers used for cutaneous disorders, basic safety procedures, risk factors for laser treatment.
- Laser-skin interactions, disorders suitable for laser treatment and circumstances where such treatment is contra-indicated or hazardous.
- Ability to select appropriately for laser treatment (e.g. pigmented and vascular lesions, and for ablation).
- Competent to advise patients appropriately on common responsive skin disorders.
- Able to supervise patients undergoing laser treatment.
- Knowledge of indications for laser

### SKILLS

- Understand the indications for laser therapy.
- Understand the basic science of laser therapy.
- Appreciate the difference between therapeutic and aesthetic laser therapy.
- Appreciate the need to ensure that the patient has a realistic expectation of the potential benefit of laser therapy.

### ASSESSMENT & LEARNING METHODS

- Core Dermatological Surgery Course.
- Observation of pigmented, vascular and ablative laser treatments as performed by senior staff and/or allied health profession laser operators (6 half day clinical sessions recommended).
- CBD

## Radiotherapy and Dermatological Oncology

**Objective:** To provide the trainee with the knowledge, skills and experience necessary to correctly diagnose and manage patients with potentially fatal skin tumours **not** amenable to surgery, and an understanding of the pathology and behaviour of such conditions as e.g. Kaposi's sarcoma or angiosarcoma, malignant melanoma, cutaneous lymphoma, some skin cancers, so as to be able to recognise indications for radiotherapy, chemotherapy and other adjuvant therapies in a multidisciplinary setting.

### KNOWLEDGE

#### Evaluation of malignant lesions and their management using radiotherapy Chemotherapy and combinations of treatment modalities

- Interpretation of the pathology and immunohistochemical stains.
- Knowledge as to the proper use of molecular analysis in diagnosis and treatment and of the staging investigations necessary for each type of skin tumour.
- Detailed knowledge of skin-directed treatments, in particular phototherapy and topical chemotherapy.
- An understanding as to the principles of radiotherapy and the different treatment options available for cutaneous lesions, i.e. superficial, electron beam or total skin electron beam radiotherapy.
- An understanding as to the principles of chemotherapy and the clinical indications for using single agent or multi-agent regimes. Knowledge of the contra-indications to chemotherapy.
- An understanding as to the use of interferon in cutaneous oncology, including its use as adjuvant therapy in malignant melanoma.
- Understanding the principles of clinical trials in oncology, in particular definition of partial or complete response, disease-free survival, overall survival and disease-specific survival.
- History taking and physical examination of patients with above conditions, with appropriate use of skin biopsy or excision to confirm clinical diagnosis.
- An ability to impart to patients the meaning of the diagnosis, the likely benefits and side effects of radiotherapy, chemotherapy and adjuvant therapy.
- Able to identify those patients whose disease needs to be managed in a

### SKILLS

- Appreciate the need for a multidisciplinary approach to these therapies.
- Understand the indications for these therapies
- Appreciate the psychological and physical demands placed on the patient by these therapies.

### ASSESSMENT & LEARNING METHODS

- Attendance at multidisciplinary team meetings
- CBD
- Attendances at treatments sessions

**Photodermatology**

**Objective:** To be capable of identifying, investigating, correctly diagnosing and managing patients with a photosensitive disease.

**Photodiagnosis**

**Objective:** To provide the trainee with the knowledge and skills to be able to define the clinical diagnosis and plan the investigation and management of patients with a photosensitive disease.

**KNOWLEDGE****Diagnosis and management of photosensitive diseases**

- Know and understand the pathogenesis of photosensitivity and the different mechanisms and conditions through which it may become manifest
- Indications for phototesting (see phototesting and photopatch testing sections)
- History taking and examination of patients with photosensitivity, ability to recognise and differentiate photosensitive rashes
- Able to make decisions about additional investigation by photopatch/patch/MED testing, porphyrin, LE studies and diagnostic biopsy
- Ability to conduct investigations (see phototesting/photopatch testing sections) and interpret the results
- Therapy, management, counselling of patient

**SKILLS**

- Appreciate that sunlight may be playing a role in the patient's complaint
- Understand the relevance of tests in photodiagnosis and how to interpret them

**ASSESSMENT & LEARNING METHODS**

- CBD
- DOPS:
  - Phototesting
  - Photopatch testing
- Photodermatology Course Study Day
- American Academy Meeting (optional)

## Phototesting

**Objective:** To provide the trainee with the skills and knowledge required to identify patients who would benefit from phototesting, to conduct phototesting, interpret the results, and counsel the patient.

### KNOWLEDGE

- Indications for phototesting (monochromator/provaction testing), contra-indications, interpretation of results.
- Able to make decisions regarding which light source(s) should be used; dosimetry, wavelength and dose ranges.
- Ability to administer metered UV exposure then read and record responses.
- Correctly interpret phototest reactions and counsel patients accordingly.

### SKILLS

- Appreciate the indications for phototesting
- Be able to counsel patients with positive results taking into account the lifestyle implications of a positive result.

### ASSESSMENT & LEARNING METHODS

- CBD
- DOPS

## Phototherapy/Photochemotherapy

**Objective:** Trainee will be provided with the skills and knowledge to decide the indications and protocols for phototherapy and photochemotherapy, so as to be able to arrange treatment (including MED/MPD testing), and assess the risks and likely outcome, for the patient.

### KNOWLEDGE

#### Phototesting

- Know the indications and contraindications for phototherapy/photochemotherapy.
- Know which form of therapy should be used and its delivery (e.g. local, topical, systemic, whether broadband UVB, narrowband UVB, or PUVA).
- Understand the principals of ultraviolet dosimetry and treatment regimens.
- Knowledge of adverse effects of different forms of therapy.
- Know how to set-up a new service.
- Able to explain risks and benefit with patients prior to commencing therapy.
- Demonstrates ability to follow protocols from MED/MPD testing as well as therapy.
- Makes appropriate arrangements for follow-up of patients who have had large number of treatments and who are recognised to be at risk of developing skin cancer.

### SKILLS

- Understand the indications for and complications of these therapies.
- Appreciate the need to tailor therapy for each patient.
- Understand the need to liaise regularly with the nursing staff administering therapy.
- Appreciate the need to consider phototherapy as part of a rotational or combined therapy.
- Understand how to use the machines - operate, calibrate and test
- Knowledge of correct operational policies for phototherapy

### ASSESSMENT & LEARNING METHODS

- CBD
- DOPS
- Photodermatology course

## Genito-Urinary Medicine

**Objective:** To be able to recognise and advise on the management of the mucocutaneous manifestations of sexually transmitted diseases (STDs) and AIDS.

To provide the trainee with the skills and knowledge to suspect the presence of STD presenting as a dermatological problem, to explain to the patient the importance of attending at a specialist GUM clinic and to arrange an appropriate referral. The importance of a non-judgemental approach must be recognised, tact and confidentiality in dealing with patients and their relations, particularly when serological and HIV testing is necessary.

### KNOWLEDGE

**NOTE: Attendance at up to 8 GUM clinics is required.**

#### GUM, STD and AIDS

- Know and be able to recognise the mucocutaneous manifestations of:
  - Syphilis
  - Gonorrhoea
  - Herpes
  - Candidiasis
  - AIDS
- Know and understand the infectivity transmission, incubation periods, and pathogenesis of the common STDs and the principles and public health importance of contact tracing.
- Know and understand the principles of treatment of STDs and management strategies employed.
- Know and be able to recognise the micro-cutaneous manifestations of:
  - Syphilis
  - Gonorrhoea
  - Herpes
  - Candidiasis
  - AIDS
- Able to differentiate other non-malignant, pre-malignant, malignant diseases of the male and female genitalia.
- Able to decide correctly and explain the need for serological, HIV and AIDS tests, and to appreciate the significance and likely impact of the results.

### SKILLS

- Demonstrates respect and consideration for patients and their concerns.
- Appreciate the need for confidentiality in a sympathetic but practical, non-judgemental approach.

### ASSESSMENT & LEARNING METHODS

- CBD
- Attend GUM Clinics

## Infections, Infectious Diseases, Infestations and the Skin

**Objective:** Infections, particularly those caused by viral agents are among the most commonly encountered of the skin diseases. The particular agent responsible, whether viral, bacterial, fungal or parasitic, must be correctly recognised and appropriate specific and/or supportive treatment properly arranged.

### Viral Infections

**Objective:** The trainee must be able to recognise, provide advice and arrange treatment, where indicated, of the cutaneous manifestations of viral infections including:

- **Warts; digital, periungual, plane, filiform, plantar, genital**
- **Herpes simplex type 1 and type 2, herpes zoster**
- **Common viral exanthemata**

### KNOWLEDGE

#### Recognition and treatment of viral infections

- Become familiar with the clinical appearance of cutaneous viral infections and the appearances of the common viral exanthemata.
- Know when and what tests must be carried out to confirm the diagnosis.
- Know the natural history, complications and likely outcome in each case.
- Knowledge of all physical treatment methods for viral infections including cryotherapy, diathermy, curettage and laser therapy and the likely success rates of various treatment methods including long term cosmetic results.
- Knowledge of biology and oncogenic potential of viruses.
- History taking in a patient with probable viral infection, appropriate investigation and treatment.
- Patient counselling whether to recommend treatment or to advise that the disease is best left to run its course.

### SKILLS

- Be aware of differential diagnosis.
- Appreciate potential for anxiety in patients.

### ASSESSMENT & LEARNING METHODS

- CBD

## Bacterial Infections

**Objective:** To provide the trainee with the skill and knowledge to be able to diagnose and treat bacterial infection of the skin and counsel the patient appropriately.

### KNOWLEDGE

#### Primary and secondary bacterial infection

- Knowledge of the normal skin flora and the carriage of potential pathogens. Biology of the common skin pathogens and diagnosis and management of subsequent disease.
- The principals of management of deep or disseminated bacterial infections with skin manifestations that may occur in normal or immunocompromised patient.
- The diagnosis and management of mycobacterial infections of the skin including tuberculosis, atypical mycobacterial infection and diseases such as leprosy which may present in immigrants and disease complications.
- The choice, dosage and adverse effects of antibiotics.
- There must be knowledge of the local system for dealing with hospital based infections, particularly outbreaks of MRSA.
- Ability to recognise when the patient's history and/or clinical appearance suggests a primary or secondary bacterial infection.
- Ability to take appropriate specimens for bacteriological testing and in particular to differentiate whether blood cultures or swabs from the affected area are most appropriate. Collecting split-skin smears.
- The ability to decide whether systemic antibiotic therapy or topical antibiotic/antiseptic therapy is most appropriate.

### SKILLS

- Be aware of the therapeutic options.
- Appreciate patient concerns particularly with regard to MRSA.

### ASSESSMENT & LEARNING METHODS

- CBD

## Fungal Infections

**Objective:** To provide the trainee with the knowledge and skills to be able to diagnose and appropriately treat superficial fungal infection. In addition, the trainee should have some knowledge of subcutaneous fungal infection and the skin manifestations of systemic fungal infections.

### KNOWLEDGE

#### Fungal infections of the skin, its appendages and mucous membranes

- Know the clinical features of fungal disease affecting the skin, hair, nails and mucous membranes.
- An appreciation of the principals of mycological diagnosis and the morphological differences between dermatophytes and non-dermatophytes and non-dermatophytes.
- The epidemiology, clinical manifestations and complications and methods of diagnosis of rare fungal infections including both subcutaneous and systemic mycoses.
- An understanding of how antifungal drugs work, their spectrum of activity, their in vitro activity against various fungi and their kinetics in affected tissues; the appropriate dose, treatment duration plus likely and possible side effects of antifungal drugs.
- Some fungal infections which may be treated on clinical evidence alone should be differentiated from those which must have the diagnosis confirmed mycologically and this ability must be demonstrated.
- There should be an ability to suspect a diagnosis of a **subcutaneous** mycosis and also recognise the cutaneous manifestation of underlying systemic fungal infection (via tutorials or attendance at an appropriate course). There should be some knowledge of the investigative techniques and therapy for subcutaneous and systemic infection.
- Appreciate the value of microscopy in the clinical setting.
- Understand the importance of liaising with a microbiologist.

### SKILLS

- Ability to differentiate primary and secondary fungal pathogens
- Ability to take skin scrapings, hair samples and nail clippings for direct microscopy and culture.
- Ability to interpret potassium hydroxide mounts of skin scrapings and to recognise common dermatophyte fungi culture.

### ASSESSMENT & LEARNING METHODS

- DOPS: Direct microscopy and culture (Skin scrapings, hair samples and nail clippings)
- CBD

## Parasitic Infestations

**Objective:** To provide the trainee with the skill and knowledge to diagnose and correctly manage ectoparasitic diseases of the skin.

### KNOWLEDGE

#### Recognition and treatment of parasitic infestations

- Common (lice and scabies) and less common (chyletiella, cutaneous leishmaniosis, larva migrans and onchocerciasis) infestations, their epidemiology and spread, clinical manifestations and effects.
- Typical sites, appearance, diagnostic methods including skin snip and serology.
- Ability to recognise lice and egg case in scalp, body hair, clothing.
- Select and arrange appropriate treatment (subject and contacts) and advise re preventing recurrences.

### SKILLS

- Be aware of uncommon but important parasitic infections.
- Resist prejudicial behaviour.
- Recognise public health duties.
- Able to recognise scabetic burrow, isolate acarus or eggs and identify microscopically.
- Able to recognise sensitisation eruptions associated with ectoparasites.

### ASSESSMENT & LEARNING METHODS

- DOPS: Recognise scabetic burrow, isolate acarus or eggs and identify microscopically
- CBD

## Treatment Modalities

**Objective:** To provide the trainee with the knowledge and skills necessary to plan, advise on, arrange or provide treatment for dermatological conditions which is appropriate to the patient's needs. Such treatments may include topical medicaments, dressings, and a wide spectrum of systemic therapies. Trainees must understand the principles of dermatological prescribing, the mechanisms by which the agents employed produce their effects and undesirable side effects, and their potential for harm.

## Dressing and Wound Care

**Objective:** Ulceration of the skin (e.g. leg ulcers, ulceration secondary to a skin disease, artefact or post-surgical) is a common management problem. The trainee must be capable of providing advice on the care of such patients, using topical medications and dressings appropriately.

## KNOWLEDGE

### Venous and arterial ulceration, skin problems in diabetes, ulceration occurring in blistering diseases, following trauma

- Know and understand the pathogenesis of venous, arterial, vasculitic and other causes of ulceration and skin problems occurring in diabetes and secondary to blistering diseases.
- The place and methods of Doppler and pulse oximetry.
- The principles and methods of compression bandaging, topical anti-infective wound care and systemic antibiotic treatment.
- Choice and suitability of dressings, their relative methods and cost-effectiveness.
- Desloughing techniques available, suitability and efficacy: the therapeutic use of maggots.
- Able to select appropriately for the patient's needs from the various topical and systemic treatments available, dressings and compression bandages.

## SKILLS

- Be aware of the usefulness of different dressings in different clinical scenarios.
- Appreciate the need to liaise with nursing colleagues.
- Appreciate the vital importance of patient education in applying dressing.
- Perform correctly (under supervision) Doppler examinations and pulse oximetry.

## ASSESSMENT & LEARNING METHODS

- CBD

## Dermatological Formulation and Systemic Therapy

**Objective:** To provide the trainee with an understanding of the principles underlying topical skin therapy: the use of systemic therapy for severe inflammatory skin disease; and immunotherapy for acquired autoimmune blistering disease.

### KNOWLEDGE

#### Principles underlying topical skin therapy

- Topical treatments available and their formulation.
- Dermatological prescribing – when to use cream, ointment, gel, lotion etc.
- Dilutions and quantities of topical preparations required to treat specific surface areas.
- Compounding, including choice of base stability and shelf life of preparations.
- Aware of, and keep abreast of the studies with the newer systemic modifiers of immune/inflammatory responses
- Produce topical dermatological preparations of a satisfactory quality while working with an appropriately skilled pharmacist.
- Accuracy and efficacy in prescribing
- The indications for use, dosage and duration of therapy, drug interactions, side-effects (monitoring) and risks including combination therapy of:
  - In Inflammatory Dermatoses:
    - Methotrexate
    - Cyclosporine
    - Hydroxyurea
    - Azathioprine
    - Acetretin and Isoretinoin
    - Dapsone
    - Sulphasalazin
    - Antimalarials
    - Thalidomide
    - Colchicine
  - In Autoimmune Blistering Disorders:
    - Pulsed methylprednisolone
    - Pulsed cyclophosphamide
    - IV gamma globulin
- Benefits and pitfalls of formulation

### SKILLS

- Appreciate the various vehicles for delivery of topical medications to the skin and the appropriate use of these.
- Understand the side effects of systemic medications prescribed.
- Appreciate that a medication history is a vital part of a dermatology evaluation.
- Willing to explain to patients, purpose benefits, risks of treatment.
- Respect patient's right to choose.
- Willingness to share care with GP

### ASSESSMENT & LEARNING METHODS

- Mini-CEX
- CBD

## Dermatology and Primary Healthcare

**Objective:** It is important that trainees develop an understanding of the organisation, problems and expectations of the primary health care services. Trainees who have had only a minimal exposure to Primary Care may need to spend **a few** sessions in a General Practice

To be able to appreciate how Dermatology problems present in the primary care setting: to understand the reasons for referral and the role of the primary care services in providing continuing care.

### KNOWLEDGE

- Adult and paediatric problems presenting in primary care, process of referral, effective communication.
- Health centre organisation, roles of practice nurse, district nurse and health visitors (e.g. in chronic skin problems).
- Liaise with colleagues in General practice

### SKILLS

- Appreciate that GP follow-up is an integral part of dermatology patient care.
- Understand that primary care services such as practice nurses or public health nurses have a role to play in delivery of dermatology care.

### ASSESSMENT & LEARNING METHODS

- Assessment throughout training

## **Cosmetic Dermatology**

**Objective:** To be able to advise patients considering cosmetic treatment. To be able to diagnose and manage patients with complications of cosmetic therapy

### **KNOWLEDGE**

- Techniques for cosmetic camouflage of skin lesions
- Techniques for cosmetic procedures on skin, including Botulimum toxin injection, chemical peeling, injection of fillers and hair transplantation
- Pathology and clinical signs of chronological skin aging and photodamage
- Complications of cosmetic treatments
- 

### **SKILLS**

- Discuss and advise on cosmetic treatments including limitations and complications of treatment
- Recognise and assess complications of cosmetic treatments

### **ASSESSMENT AND LEARNING METHODS**

- CBD

## Documentation of Minimum Requirements for Training

- These are the minimum number of cases you are asked to document as part of your training. It is recommended you seek opportunities to attain a higher level of exposure as part of your self-directed learning and development of expertise.
- You should expect the demands of your post to exceed the minimum required number of cases documented for training.
- If you are having difficulty meeting a particular requirement, please contact your specialty coordinator.

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
<b>Section 1 - Training Plan</b>				
<b>Personal Goals Plan</b> (Copy of agreed Training Plan for your current training year signed by both Trainee & Trainer)	Required	1	Training Post	Form 052
<b>Personal Goals Review Form</b>	Required	1	Training Post	Form 137
<b>Weekly Timetable</b> (Sample Weekly Timetable for Post/Clinical Attachment)	Required	1	Training Post	Form 045
<b>On Call Rota</b>	Required	1	Training Post	Form 064
<b>Section 2 - Training Activities</b>				
<b>Outpatient Clinics: (Should not exceed 6 clinics in years 1 and 2 and should not exceed 5 clinics in subsequent training years)</b>				
General Clinics (a minimum of 4 general dermatology clinics per week during year 1) General Clinics	Required	420	Training Programme	Form 001
Spend a minimum of 6 months performing paediatric dermatology in a tertiary referral paediatric hospital (minimum of 10 records of in-patients experience)	Required	40	Training Programme	Form 001
Infectious Diseases clinic	Required	1	Training Programme	Form 001
Genito-urinary Clinic (attendance at minimum of 4 clinics required)	Required	4	Training Programme	Form 001
<b>Ward Rounds/Consultations - In-Patients and Ward Rounds (ward rounds twice weekly in year 1) In-Patients and Ward Rounds (ward rounds once weekly during 2 of the remaining years)</b>				
Consultant Led	Required	80	Training Programme	Form 002
SpR Led	Required	80	Training Programme	Form 002
Consultations	Required	10	Training Programme	Form 002
Dermatological Surgery Sessions (a minimum of 1 session per week during year 1) Dermatological Surgery Sessions (a minimum of 52 more over the remaining period)	Required	92	Training Programme	Form 002

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
<b>Emergencies/Complicated Cases</b>	Desirable	1	Training Programme	Form 003
<b>Procedures/Practical Skills/Surgical Skills</b>				
Photodermatology and phototherapy (minimum 12 sessions in year 2 or 3)	Required	12	Training Programme	Form 004
Patch testing	Required	1	Training Programme	Form 004
Photopatch testing	Required	1	Training Programme	Form 004
Skin Testing (for immediate hypersensitivity reactions)	Required	1	Training Programme	Form 004
Skin Biopsy	Required	1	Training Programme	Form 004
Full thickness excision	Required	1	Training Programme	Form 004
Correction of "dog ear" tissue protrusion	Required	1	Training Programme	Form 004
Shave excision	Required	1	Training Programme	Form 004
Curettage	Required	1	Training Programme	Form 004
Use of Cautery and diathermy	Required	1	Training Programme	Form 004
Cryotherapy Microscopy for fungal hyphae and ectoparasites	Required	1	Training Programme	Form 004
Photodynamic therapy	Required	1	Training Programme	Form 004
<b>Additional/Special Experience Gained</b>				
Contact and occupational dermatitis (6 months clinical attendances, ideally in year 2, to include interpretation of patch tests)	Required	1	Training Programme	Form 005
MDT Skin Cancer Clinic	Required	12	Training Programme	Form 005
Laser Treatments (half-day clinical sessions)	Required	4	Year of Training	Form 005
<b>Relatively Unusual Cases</b>	Desirable	1	Training Programme	Form 019
<b>Chronic Cases/Long term care</b>	Desirable	1	Training Programme	Form 066
<b>Management experience</b>	Desirable	1	Training Programme	Form 110
<b>Section 3 - Educational Activities</b>				
<b>Mandatory Courses</b>				
Ethics I Professionalism	Required	1	Training Programme	Form 006

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Ethics II Ethics & Law	Required	1	Training Programme	Form 006
Ethics III Research	Required	1	Training Programme	Form 006
Health Research – an Introduction (exemptions can be discussed and approved by the NSD)	Required	1	Training Programme	Form 006
HST Leadership in Clinical Practice (Year 3+)	Required	1	Training Programme	Form 006
Mastering Communications (Year 1)	Required	1	Training Programme	Form 006
Performing Audit (Year 1)	Required	1	Training Programme	Form 006
ACLS	Required	1	Training Programme	Form 006
British Surgical Dermatology Society Surgery Workshop (or equivalent)	Required	1	Training Programme	Form 006
Contact Dermatitis	Required	1	Training Programme	Form 006
Dermatopathology Course	Required	1	Training Programme	Form 006
Laser Safety Course (in-house)	Required	1	Training Programme	Form 006
Photodermatology Course	Required	1	Training Programme	Form 006
<b>Attendance at in-house activities (a mix of at least 3 of the following)</b>				
Grand Rounds	Required	10	Year of Training	Form 011
Journal Club	Required	10	Year of Training	Form 011
MDT Meetings	Required	10	Year of Training	Form 011
Dermatopathology (slide and biopsy interpretation, in weekly sessions throughout 2 of the training years)	Required	80	Training Programme	Form 011
Radiotherapy and Oncology (2 of each)	Required	4	Training Programme	Form 011
<b>Examinations – once per year</b>	Required	1	Year of Training	Form 012
<b>Delivery of Teaching</b>				
Lecture	Required	4	Year of Training	Form 013
Tutorial	Required	4	Year of Training	Form 013
Bedside Teaching	Required	4	Year of Training	Form 013
<b>Research</b>	Desirable	1	Year of Training	Form 014
<b>Audit activities and Reporting</b> (1 per year either to start or complete, Quality Improvement (QI) projects can be uploaded against audit)	Required	1	Year of Training	Form 135
<b>Publications</b>	Desirable	1	Year of Training	Form 016

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
<b>Presentations</b>	Required	1	Year of Training	Form 017
<b>National/International meetings</b>	Required	1	Year of Training	Form 010
<b>Additional Qualifications</b>	Desirable	1	Year of Training	Form 065
<b>Committee Attendance</b>	Desirable	1	Year of Training	Form 063
<b>Section 4 - Assessments</b>				
<b>DOPS</b>				
Patch testing	Required	1	Training Programme	Form 021
Photopatch testing	Required	1	Training Programme	Form 021
Phototesting	Required	1	Training Programme	Form 021
Skin Testing (for immediate hypersensitivity reactions)	Required	1	Training Programme	Form 021
Skin Biopsy	Required	1	Training Programme	Form 021
Shave excision	Required	1	Training Programme	Form 021
Full thickness excision	Required	1	Training Programme	Form 021
Curettage	Required	1	Training Programme	Form 021
Use of Cautery and diathermy	Required	1	Training Programme	Form 021
Correction of "dog ear" tissue protrusion	Required	1	Training Programme	Form 021
Direct microscopy and culture	Required	1	Training Programme	Form 021
Cryotherapy	Required	1	Training Programme	Form 021
Photodynamic therapy	Required	1	Training Programme	Form 021
<b>CBD</b>	Required	1	Year of Training	Form 020
<b>Mini-CEX</b>	Required	2	Year of Training	Form 023
<b>Quarterly Assessment</b>	Required	4	Year of Training	Form 092