



**IRISH COMMITTEE  
ON HIGHER  
MEDICAL TRAINING**

ROYAL COLLEGE OF  
PHYSICIANS OF IRELAND

INTERNATIONAL CLINICAL FELLOWSHIP TRAINING IN

# DERMATOLOGY



**This curriculum of training in Dermatology was developed in 2016 and undergoes an annual review by Dr Asad Salim, National Specialty Director, and Leah O’Toole, Head of Postgraduate Training and Education, and by the Dermatology Training Committee. The curriculum is approved by the ICHMT.**

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## Introduction

The International Clinical Fellowship Programme (ICFP) provides a route for overseas doctors wishing to undergo structured and advanced postgraduate medical training in Ireland. The ICFP enables suitably qualified overseas postgraduate medical trainees to undertake a fixed period of active training in clinical services in Ireland.

The purpose of the ICFP is to enable overseas trainees to gain access to structured training and in active clinical environments that they cannot get in their own country, with a view to enhancing and improving the individual's medical training and learning and, in the medium to long term, the health services in their own countries.

This Programme will allow participants to access a structured period of training and experience as developed by the Royal College of Physicians of Ireland to specifically meet the clinical needs of participants as defined by their home country's health service.

### Aims

Upon satisfactory completion of the ICFP, the doctor will be **competent** to undertake comprehensive medical practice in their chosen specialty in a **professional** manner, in keeping with the needs of the healthcare system.

**Competencies**, at a level consistent with practice in the specialty, 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.
- Capability to be a scholar, contributing to development and research in the field of the chosen specialty.
- Professionalism.
- Ability to understand health care and identify and carry out system-based improvement of care.

### Professionalism

Medical professionalism is a core element of being a good doctor. Good medical practice is based on a relationship of trust between profession and society, in which doctors are expected to meet the highest standards of professional practice and behaviour. It involves partnership between patient and doctor that is based on mutual respect, confidentiality, honesty, responsibility and accountability. In addition to maintaining clinical competence, a doctor should also:

- Show integrity, compassion and concern for others in day-to-day practice
- Develop and maintain a sensitive and understanding attitude with patients
- Exercise good judgement and communicate sound clinical advice to patients
- Search for the best evidence to guide professional practice
- Be committed to continuous improvement and excellence in the provision of health care whether working alone or as part of a team

Prior to commencing their sponsored clinical placements, all participants will also be required to undergo the mandatory screening requirements of the relevant clinical site/service including occupational health assessment and Garda/Police clearance.

## Training Programme Duration & Organisation of Training

The period of clinical training that will be provided under the International Clinical Fellowship Programme (ICFP) for medical specialities is up to 3 years, after which the overseas doctors will be required to return to their country of origin. It should be noted that the standard programme length is two years and that to progress to the third year of training, trainees must hold the full MRCPI/UK.

- Each ICFP is developed by the Royal College of Physicians of Ireland will be specifically designed so as to meet the training needs of participants to support the health service in their home country.
- All appointees to the ICFP will be assessed by the Royal College of Physicians of Ireland to ensure that they possess the necessary requirements from a training and clinical service perspective.
- Each overseas doctor participating in the ICFP will be enrolled with the Royal College of Physicians of Ireland and will be under the supervision of a consultant doctor who is registered on the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council and who is an approved consultant trainer.
- Appointees to the ICFP will normally be registered on the Supervised Division of the Register of Medical Practitioners maintained by the Medical Council in Ireland.
- Appointees will agree a training plan with their trainers at the beginning of each training year.
- For the duration of their International Medical Graduate (IMG) programme and associated clinical placements, all participants will remain directly employed and directly paid by their sponsoring state at a rate appropriate to their training level in Ireland and benchmarked against the salary scales applicable to NCHD's in Ireland;
- Successful completion of an ICFP will result in the participant being issued with a formal Certificate of completion for the Fellowship Programme by the Royal College of Physicians of Ireland. This Certificate will enable the participant's parent training body in their sponsoring home country to formally recognise and accredit their time spent training in Ireland.

The training programme offered will provide opportunities to fulfil all the requirements of the curriculum of training. There will be posts 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 Specialist Director of the relevant medical speciality to be confirmed by the College. Programmes will be as flexible as possible consistent with curricular requirements, for example to allow the trainee to develop their sub-specialty interest.

### ePortfolio logbook

Each trainee is responsible for maintaining an up-to-date record of progress through training and compiling a portfolio of achievements for presentation at each annual assessment review. 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.

Up-to-date training records and an ePortfolio of achievements will be maintained by the trainee throughout. The training records 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 training plan. They will remain the property of the trainee and must be produced at their annual assessment review.

Trainees must co-operate with the College in completing their training plan.

It is in a trainee's own interest to maintain contact with the Royal College of Physicians of Ireland, and to respond promptly to all correspondence relating to training. At review, your ePortfolio will be examined.

**Review**

A consultant trainer/educational supervisor will be identified for each participant in the programme. He/she will be responsible for ensuring that the educational potential of the post is translated into effective training which is being fully utilized. Only departments approved for Training by the Royal College of Physicians of Ireland and its constituent training bodies will be used.

The training objectives to be secured should be agreed between each 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. In each year trainees undergo a formal review by an appropriate panel. The panel will review in detail the training record, will explore with the trainee the range of experience and depth of understanding which has been achieved and consider individual trainer's reports. An opportunity is also given to the trainee to comment on the training being provided; identifying in confidence any deficiencies in relation to a particular post.

A quarterly and annual review of progress through training will be undertaken on behalf of the International Clinical Fellowship Programme (ICFP). These will include assessments and reports by educational supervisors, confirmation of achievements and the contents of the ePortfolio will be reviewed. At some or all of these annual reviews a non-specialty assessor will be present capable of addressing core competencies.

The award of a Certificate of completion will be determined by a satisfactory outcome after completion of the entire series of assessments.

## **Generic Components**

**This chapter covers the generic components which are relevant to international 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 trainees with differing application levels in practice.**

## 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
- 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 in accordance with data protection legislation 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)

- Preventing and managing near misses and adverse events.
- When and how to report a near miss or adverse event
- 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

- Safe working practice, role of procedures and protocols in optimal practice
- The importance of standardising practice through the use of checklists, and being vigilant
- Safe healthcare systems and provision of a safe working environment
- Awareness of the multiple factors involved in failures
- 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 in system failures
- The important of informing a person of authority of systems or service structures that may lead to unsafe practices which may put patients, yourself or other colleagues at risk
- Awareness of the Irish Medical Councils policy on raising concerns about safety in the environment in which you work

**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
- Ethical and legal decision making skills
- Minimising errors during invasive procedures by developing and adhering to best-practice guidelines for safe surgery
- Minimising medication errors by practicing safe prescribing principles
- Ability to learn from errors and near misses to prevent future errors
- Managing errors and near-misses
- Using relevant information from complaints, incident reports, litigation and quality improvement reports in order to control risks
- Managing complaints
- Using the Open Disclosure Process Algorithm

**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
- RCPI HST Leadership in Clinical Practice
- RCPI Ethics programmes
- Medical Council Guide to Professional Conduct and Ethics
- Reflective learning around ethical dilemmas encountered in clinical practice
- Quality improvement methodology course - recommended

## 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 of 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 notifiable infectious disease
- Understanding the increased risk of infection to patients in surgery or during an invasive procedure 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

- Practicing 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
- Personal Protective Equipment Training Course (In hospital)

## 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-awareness including preferences and biases
- Personal psychological strengths and limitations
- Understand how personality characteristics, such as need for approval, judgemental tendencies, needs for perfection and control etc., affect relationships with patients and others
- 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
- 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 in straightforward and complex 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
- RCPI Ethics programmes
- Wellness Matters Course (Mandatory)
- RCPI HST Leadership in Clinical Practice course

## 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
- How to negotiate cultural, language barriers, dealing with sensory or psychological and/or intellectual impairments and how to deal with challenging or aggressive behaviour
- Knowing how and when to break bad news
- How to communicate essential information where difficulties exist, how to appropriately utilise the assistance of interpreters, chaperones, and relatives.
- How to deal with anger and 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 a concise, written, verbal, or electronic, problem-orientated statement of facts and opinions
- The legal context of status of records and reports, of data protection confidentiality
- Freedom of Information (FOI) issues
- Understanding of the importance of legible, accessible, records to continuity of care
- Knowing when urgent contact becomes necessary and the appropriate place for verbal, telephone, electronic, or 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 of continuity of care to outcome, within and between phases of healthcare management
- The importance of completion of tasks and documentation, e.g. before handover to another team, department, specialty, including identifying outstanding issues and uncertainties
- Knowledge of the required attitudes, skills and behaviours which facilitate continuity of care including, 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 and retain attention avoiding 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 the risks of information overload
- Tailoring the communication of information to the level of understanding of the recipient
- Strategies to achieve the level of understanding necessary to gain co-operation and partnership; 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, and assistance available
- The importance of obtaining and recording accurate and full information, seeking confirmation from multiple sources
- Knowledge of how to establish facts, identify issues and respond quickly and appropriately to a complaint received

**SKILLS**

- Ability to appropriately elicit facts, using a mix of open and closed-ended questions
- 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 realistic objectives, identifying and prioritising outstanding problems
- Using language, literature (e.g. leaflets) diagrams, educational aids and resources appropriately
- 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
- RCPI Ethics programmes
- 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 (online) – An Introduction
- Effective Teaching and Supervising Skills course (online) - recommended
- Educational Assessment Skills course - recommended
- Performing audit (online) 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 online course
- RCPI HST Leadership in Clinical Practice
- Annual audit
- Consultant feedback on management and leadership skills
- Involvement in hospital committees

## 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
- Understand the clinical significance of reference ranges, positive and negative predictive value and potential risks of inappropriate tests
- The procedures for 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, and change strategies applicable to smoking, alcohol, drug abuse, and lifestyle
- 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
- An understanding of the need and appropriate use of problem-orientated discharge notes, letters, more detailed case reports, concise out-patient reports and focused reviews
- 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
- Involve patients' in solving their health problems, by providing information and education
- Availing of support provided by voluntary agencies and patient support groups, as well as expert services e.g. detoxification / psychiatric services
- Act in accordance with, up to date standards on palliative care needs assessment
- Valuing contributions of health education and disease prevention to health in a community
- Compile accurate and appropriate detailed medical notes and care reports including the 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)
- Transfer information in an appropriate and timely manner

- 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, including complex discharge
- 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 tools (e.g. ISBAR)

**ASSESSMENT & LEARNING METHODS**

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

## 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
- Know the difference between an early and late drug allergy, and drug side-effects
- Good Clinical Practice guidelines for seeing and managing patients who are on clinical research trials
- Best practice in the pharmacological management of cancer pain
- The management of constipation in adult patients receiving palliative care

### 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
- Take and record an accurate drug allergy history and history of 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
- Guidance for health and social care providers - Principles of good practice in medication reconciliation (HIQA)

## Specialty Section

### Core Dermatology Modules

- Basic Dermatology
- General Dermatology
- Dermatopathology
- Infections & Infestations
- Dermatological Formulation & Systemic Therapy
- Basic Dermatological Surgery

## 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

- Mini CEX

## 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) immunfluorescence.
- 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

- Mini CEX

## 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 Dermopath teaching
- Case Based Discussion (CBD)

## 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

- Mini CEX

## 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

- Mini CEX

## 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

- Mini CEX

## 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 acarous or eggs and identify microscopically.
- Able to recognise sensitisation eruptions associated with ectoparasites.

### ASSESSMENT & LEARNING METHODS

- Mini CEX

## 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

## Basic Dermatological Surgery

**Objective:** To provide the trainee with the skills and knowledge necessary to be able to carry out basic dermatological surgery on a patient presenting at both an in-patient and out-patient hospital setting.

### KNOWLEDGE

#### Appropriate indication and technique of basic dermatological surgery

- Appropriate technique and indication of core dermatology skills such as punch biopsies and excisional biopsies
- Appropriate diagnostic and therapeutic intervention in terms of site, medium and interpretation of the result

### SKILLS

- Punch biopsy
- Shave biopsy
- Curettage
- Cautery Cryotherapy

### ASSESSMENT & LEARNING METHODS

- DOPS - Punch biopsy
- DOPS - Shave biopsy
- DOPS - Curettage
- DOPS - Cautery Cryotherapy

## **Optional Dermatology Modules**

Contact Dermatitis  
Photopatch Testing  
Paediatric Dermatology and Genetics  
Cutaneous Laser Therapy  
Photodermatology  
Advanced Medical Dermatology

## 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

## 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

## 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

## 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
- Photodermatology Course Study Day (Desirable)
- American Academy Meeting (Desirable)

## Advanced Medical Dermatology

**Objective:** To acquire an understanding of the principles of advanced medical dermatology, equipping the trainee with the knowledge and tools to manage patients with complex dermatological conditions. To recognise the dermatological side effects of other interventions and to manage them effectively in a multidisciplinary team.

### KNOWLEDGE

#### Experience and expertise in:

- Complex psoriasis
- Complex eczema
- Connective tissue diseases
- Dermatological manifestations of oncological diseases and in particular the newer drugs
- Consult dermatology

### SKILLS

- Understand the indications for systemic therapy in psoriasis, eczema and connective tissue disease
- Appreciate the work-up required prior to commencement of these therapies
- Ability to counsel patients regarding the benefits and risks of individual therapies
- Understanding of related diseases and how to screen for these.
- Ability to consult with other specialties as appropriate
- Ability to take a comprehensive medication history and awareness of specific dermatological side effects of drugs
- Awareness of the unique side effects of oncological treatments including GVHD

### ASSESSMENT & LEARNING METHODS

- CBD
- DOPS
- Psoriasis meeting (desirable)
- Medical Dermatology meeting (desirable)

## 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	Personal Goals Form
<b>Section 2 - Training Activities</b>				
<b>Outpatient Clinics</b>				Clinical Activities
Dermatology Clinics (a minimum of 4 general dermatology clinics per week) Can include Paediatric Dermatology, Infectious Diseases, GUM and others	Required	160	Year of Training	
<b>Ward Rounds/Consultations - In-Patients and Ward Rounds (ward rounds twice weekly)</b>			Year of Training	Clinical Activities
Consultant Led	Required	30	Year of Training	
SpR Led	Required	30	Year of Training	
Consultations	Required	5	Year of Training	
Dermatological Surgery Sessions (a minimum of 1 session per week)	Required	40	Year of Training	
<b>Emergencies/Complicated Cases</b>	Desirable	1	Year of Training	Cases
<b>Procedures/Practical Skills/Surgical Skills</b>				Procedures
Patch testing	Required	1	Year of Training	
Skin Biopsy	Required	1	Year of Training	
Shave excision	Required	1	Year of Training	
Full thickness excision	Required	1	Year of Training	
Suturing techniques	Required	1	Year of Training	
Curettage	Required	1	Year of Training	
Use of Cautery and diathermy	Required	1	Year of Training	

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Direct microscopy and culture	Required	1	Year of Training	
Cryotherapy	Required	1	Year of Training	
Photodynamic therapy ( <i>Required as part of Photodermatology Module</i> )	Desirable	1	Year of Training	
Scabetic Burrow, Isolate acarus or eggs – Identify Microscopically	Required	1	Year of Training	
<b>Additional/Special Experience Gained</b>			Year of Training	Cases
Contact and occupational dermatitis (6 months clinical attendances, to include interpretation of patch tests)	Required	1	Year of Training	
Other	Desirable	1	Year of Training	
<b>Relatively Unusual Cases</b>	Desirable	1	Year of Training	Cases
<b>Chronic Cases/Long term care</b>	Desirable	1	Year of Training	Cases
<b>Management experience</b>	Desirable	1	Year of Training	Management Experience
<b>Section 3 - Educational Activities</b>				
<b>Mandatory Courses</b>				Course Attendance
ACLS	Required	1	Training Programme	
British Surgical Dermatology Society Surgery Workshop (or equivalent)	Desirable	1	Training Programme	
Ethics Foundation	Desirable	1	Training Programme	
Ethics for General Medicine	Desirable	1	Training Programme	
An Introduction to Health Research Methods	Desirable	1	Training Programme	
HST Leadership in Clinical Practice (Year 3+)	Required	1	Training Programme	
Mastering Communication (Year 1)	Required	1	Training Programme	
Performing Audit (Year 1)	Required	1	Training Programme	
Wellness Matters	Desirable	1	Training Programme	
<b>The below courses are 'Required' if that Optional Module has been selected</b>			Year of Training	
Contact Dermatitis – <i>Contact Dermatitis Module</i>	Desirable	1	Year of Training	
Dermatopathology Course – <i>Dermatopathology Module</i>	Desirable	1	Year of Training	
Laser Safety Course (in-hospital) – <i>Cutaneous Laser Therapy Module</i>	Desirable	1	Year of Training	
<b>Attendance at in-house activities</b>				Attendance at hospital based learning
Grand Rounds	Required	5	Year of Training	

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
Journal Club	Required	5	Year of Training	
MDT Meetings	Required	10	Year of Training	
Dermatopathology (slide and biopsy interpretation, in weekly sessions)	Required	20	Year of Training	
Radiotherapy and Oncology (1 of each)	Desirable	2	Year of Training	
Attend In-House teaching when available	Required	1	Year of Training	
<b>Delivery of Teaching</b>				Delivery of Teaching
Tutorial	Required	4	Year of Training	
Bedside Teaching	Required	4	Year of Training	
<b>Study Days (min 6 per year)</b>	Required	6	Year of Training	Study Day Attendance
<b>Research</b>	Required	1	Year of Training	Research Activities
<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	Audit & QI
<b>Publications</b>	Desirable	1	Year of Training	Additional Professional Experience
<b>Presentations</b>	Desirable	1	Year of Training	Additional Professional Experience
<b>National/International meetings</b>	Desirable	1	Year of Training	Additional Professional Experience
<b>Additional Qualifications</b>	Desirable	1	Year of Training	Additional Professional Experience
<b>Section 4 - Assessments</b>				
<b>DOPS (As per procedures)</b>	Required	10	Training Programme	DOPS
<b>CBD</b>	Required	1	Year of Training	CBD
<b>Mini-CEX</b>	Required	6	Year of Training	Mini CEX
<b>Quarterly Assessments</b>	Required	3	Year of Training	Quarterly Assessments/End-of-Post-Assessments
<b>Annual Evaluation of Progress (AEP)</b>	Required	1	Year of Training	End of Year Assessment