Dermatology

Specialty Specific Guidance

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in Dermatology. You will also need to read the [CCT curriculum for Dermatology](#).
**Introduction**

This document is designed to provide helpful information and guidance to enable you to make an application for a Certificate of Eligibility for Specialist Registration (CESR) in Dermatology. This is not a standalone document and should be read in conjunction with the [CCT curriculum for Dermatology](https://www.jrcptb.org.uk/specialties/dermatology) – please see the [Dermatology specialty page](https://www.jrcptb.org.uk/specialties/dermatology) on the Joint Royal Colleges of Physicians Training Board (JRCPTB) website for more details. You can [contact us](mailto:contactus@jrcptb.org) for advice before you apply.

**What is the indicative period of training for a Certificate of Completion of Training (CCT) in Dermatology?**

The indicative period of training for a CCT in Dermatology is 6 years and it is unlikely that you would achieve all the learning outcomes required for a CCT in a shorter period of time.

The structure of the training programme (in indicative timescales) is as follows:

- Two years of Internal Medicine (stage 1) or three years of Acute Care Common Stem – Internal Medicine (ACCS-IM) including MRCP (UK) or one of the following alternative pathways:

  - 4 years of Dermatology specialty training

Trainees who have completed two years of core surgical training (CST) or three years of level 1 paediatric training will have transferable capabilities but will require adult general medical capabilities in order to be able to manage general medical problems in adult patients in isolated units, within the context of dermatological disease and without immediate recourse to other specialists.
Trainees from these backgrounds will be able to enter higher specialist dermatology training via one of the following alternative pathways. This is in line with guidance issued via the Academy of Medical Royal Colleges for flexibility in postgraduate training and changing specialties.

- Satisfactory completion of three years of level 1 paediatric training programme with full MRCPCH (UK) or;
- Two years of Core Surgical Training (CST) with full MRCS plus achievement of IMY2 capabilities or;
- Two years of Core Surgical Training (CST) with full MRCS plus 12 months’ experience in medical specialties in a range of acute hospital medical specialties that admit acutely unwell medical patients and manage their immediate follow up.

Applicants need to demonstrate that they have achieved the learning outcomes required for all stages of the curriculum.

Curriculum Framework

The Dermatology curriculum is structured into 13 high-level learning outcomes, known as Capabilities in Practice (CiPs). The CiPs are split into generic and specialty specific capabilities, as outlined below. Acquiring a CESR depends upon you providing evidence that you’re working at the level of being entrusted to perform safely and independently for each CiP.

The first six CiPs are generic and shared across all physician specialties, covering the universal requirements of Good Medical Practice and the Generic Professional Capabilities (GPC) framework.

The remaining seven CiPs describe the clinical tasks or activities which are essential to the practice of Dermatology. The CiPs have been mapped to the GPC domains to reflect the professional generic capabilities required to undertake the clinical tasks.

The range of experience needed to achieve the CiPs is outlined in the curriculum – this covers different settings, contexts, clinical problems, conditions and stages of a person’s life and illness.

This is the specialty specific guidance for Dermatology updated August 2021

Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.
### Generic CiPs
1. Able to function successfully within NHS organisational and management systems
2. Able to deal with ethical and legal issues related to clinical practice
3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement
4. Is focussed on patient safety and delivers effective quality improvement in patient care
5. Carries out research and manages data appropriately
6. Acts as a clinical teacher and clinical supervisor

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

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Submitting your evidence

Please keep the following in mind when gathering your evidence:

- The evaluators want to see quality, relevant evidence to demonstrate the required CiPs. It’s more important to carefully select your evidence and present it in an organised way, than provide large volumes of minimally relevant evidence
- Triangulated evidence will make a stronger application
- Evidence of your recent practice (i.e. less than 5 years old) will be given more weight, as it reflects current capabilities
- Your evidence must be legible

All your evidence, other than qualifications you’re getting authenticated, must be accompanied by a proforma signed by the person who is attesting to the validity and accuracy of your evidence (your verifier). It’s very important that you read an explanation of how to do this in our important notice about evidence.

You will also need to submit translations of any documents that are not in English. Please ensure the translations you submit meet our translation requirements.

Your evidence must be accurate and may be verified at source should we have any queries or justifiable doubts about the accuracy of your evidence. All evidence submitted will be cross checked against the rest of your application and documents.

Anonymising your evidence

It is important that you anonymise your evidence before you submit it to us. You must remove:

- All patient identifying details
- Details of patients’ relatives
- Details of colleagues that you have assessed, written a reference for, or who have been involved in a complaint you have submitted

This includes:

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- Names (first and last)
- Addresses
- Contact details such as phone numbers or email addresses
- NHS numbers
- Other individual patient numbers
- GMC numbers

The following details **don't** need to be anonymised:

- Gender
- Date of birth

It is your responsibility to make sure that your evidence has been anonymised. Evidence which has not been anonymised will be returned to you. More information can be found on our [website](http://www.gmc-uk.org).

**How much evidence to submit**

*As a general guide, most applications are expected to include around 100 electronically uploaded documents. You must ensure that you follow our guidance on how to present and group your evidence in the online application.*

The total number of documents and assessments presented is less important than the quality of the documents, and the breadth of cases covered. This allows the evaluators to form reliable judgements of performance and capabilities.

This guidance on documents to supply is not exhaustive and you may have alternative evidence. You do not necessarily have to supply every type of evidence listed, but you must submit sufficient evidence to address each of the required learning outcomes and the associated capabilities. We recognise that you may not have all the evidence that is required but it will help us process your application.

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more quickly if you ensure that you only submit evidence that is directly relevant. Triangulation of evidence will strengthen an application, and we recommend that you delay submitting an application until you have achieved this.

Your evidence must cover the knowledge, skills and experience to demonstrate the required CiPs in all areas of the curriculum. You should focus on providing good quality evidence, rather than quantity. You are advised to review the curriculum and ARCP decision aid to see what is expected from doctors in training in Dermatology in the UK.

You should bear in mind the following points:

- Evidence should show that you are able to assess and offer a first opinion in any setting and for any age
- Don't duplicate evidence that is relevant to more than one CiP - you should include one copy and list it under each relevant CiP (cross referencing)
- Evidence should only be cross referenced where it adds significant support to a CiP
- Evidence should be provided from a variety of clinical settings.

Our guidance on compiling your evidence will help you to decide what is relevant and what is not. We recommend that you read it carefully.

Organising your evidence

Your evidence will need to be organised to reflect the structure of the online application. You need to gather your evidence by CiP and then attach this under the relevant section in your online application.

Please refer to our user guide for information on grouping and uploading your evidence.

Your evidence must be mapped to the curriculum by providing primary evidence for knowledge, skills and qualifications to demonstrate the required CiPs for all areas of the CCT curriculum for Dermatology. If evidence is missing from any area of the curriculum, your application may be unsuccessful.
You will not be able to compensate for shortfalls in your evidence of training and experience in a particular area, by providing extra evidence in other areas.

**Tips for a successful application**

In our experience, CESR applications fail because they provide inadequate or poor evidence of current capability covering the entire curriculum. Below are some tips for you to consider when making an application:

- Before submitting an application, you should review the current CCT curriculum in conjunction with this document. A strong CESR application will provide evidence to demonstrate that knowledge, skills and experience are equivalent in both the breadth and level of capability, to that set out in the curriculum.

- Provide evidence of your **current capability** in all areas of the curriculum. This includes the maintenance of CiPs and key skills over the last five years – all evidence should be clearly linked to the CiPs.

- Ensure you have evidence demonstrating core medical knowledge and application of this knowledge in practice to the level of two years of Internal Medicine stage 1 training. To demonstrate core internal medical capabilities, applicants need to provide MRCP (UK) or equivalent and evidence showing the application of core skills including outpatient capability. This evidence could include supervised learning events (SLEs) and workplace based assessments (WPBAs) including multisource feedback (MSF). Evidence for alternative core medical knowledge and training can be provided – e.g. MRCPCH, MRCGP, MRCS or MRCPsych. Further detail on evidence to provide is included in the CiPs below.

- Present your evidence in a clear, logical manner. You should refer to our user guide for advice on how to group, title and upload your evidence.

- Ensure your referees can provide detailed support for your key skills across all (or most) areas of the curriculum and understand the requirements for specialist training and registration in Dermatology in the UK.

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- Provide evidence of managing a broad range of patients, as seen daily by Dermatology doctors in the UK
- Provide evidence of your clinical capability across the range of experience, ages and settings
- Ensure your evidence demonstrates you are entrusted to act at consultant level across all of the specialty CiPs

We strongly recommend that you closely match your experiences against the current curriculum and provide evidence of equivalence across all areas.
### How your evidence can be used to demonstrate key capabilities in different CiPs

You will notice that some of the suggested evidence is listed more than once. This is because these documents are relevant to more than one CiP. For example, MSF can be used to demonstrate competence in most CiPs – therefore, you can use the same MSF to demonstrate the required capability across several CiPs.

If you have a document that is relevant to more than one CiP, don’t include multiple copies of it. Instead, provide one copy and list it in your application under each relevant CiP, stating that the document is located elsewhere, and you’d like to cross reference it.

Below is a list of evidence that are relevant to most CiPs – **it is by no means exhaustive, and you are encouraged to submit a variety of evidence.** This list must be supplemented with other forms of evidence as on its own will not completely encompass all the capabilities.

**A description of the assessments below, together with template forms, can be found on the JRCPTB website**

<table>
<thead>
<tr>
<th>Evidence / requirement</th>
<th>About</th>
<th>Minimum expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supervised Learning Events (SLEs)</strong></td>
<td>Case-based discussion and/ or mini-clinical evaluation exercise (mini-CEX)</td>
<td>These should have been undertaken with a consultant. CbDs and Mini-CEX should cover different aspects of Dermatology.</td>
</tr>
</tbody>
</table>

**Workplace Based Assessments (WPBAs)**
<table>
<thead>
<tr>
<th>Direct Observation of Procedural Skills (DOPS)</th>
<th>Evidence of procedural competence covering the range of surgical and non-surgical DOPS to demonstrate capability</th>
<th>Minimum of 10 with at least 2 in past 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Improvement Project Assessment Tool (QIPAT)</td>
<td>Can be used to demonstrate active involvement in service audit or development projects. Should demonstrate completion of an audit or QI cycle.</td>
<td>2, with 1 completed in last 12 months</td>
</tr>
</tbody>
</table>
| Patient Survey (PS) | Formal patient feedback is strong evidence as it's an anonymous feedback exercise. It should include approximately 20 patients. The JRCPTB has a template available on their website. A reflective entry reflecting on the survey must be made. If it is not possible to provide a formal patient survey an applicant could provide alternative evidence. However, this must provide equivalent details and breadth of information. Additional evidence could include:  
  - Thank you letters/cards from patients  
  - Statements from referees  
  - Testimonial letters from colleagues  
  - Feedback from patients/colleagues | Minimum 2, with at least 1 completed within last 12 months’ |
| Teaching observation (TO) | At least one should be completed by a consultant in the specialty. | Minimum of 2, including 1 within past 12 months |
| **Multi Source Feedback (MSF)** | MSF is a strong piece of evidence as it is an anonymous feedback exercise. 
Minimum of one in the year before the application has been submitted – any available from the last five years should also be submitted. 
MSF should include approximately 15 colleagues, and not more than four should be doctors. | 1 completed in last 12 months |

**Other evidence**

**To be included in the portfolio of evidence**
- **Appraisal** is good evidence of engaging with systems, processes and mandatory requirements and demonstrates performance (clinical and non-clinical)
- **Reflective** diaries/ evidence of self-reflection
- **Supervisor report** reports from trainers and supervisors are important evidence to affirm and support capabilities and performance in both clinical and non-clinical activities. JRCPTB provides a Multiple Consultant Report (MCR) template for the purpose of these reports of which there should be four in the last 12 months.
- **Logbooks** must cover the last five years and show the type of procedures you performed and your role in the procedure
- **Training events** (courses, study days, meetings) over the last five years
- **Evidence of seeing patients** over the last five years covering a range of settings, referral contexts, conditions, stages of illness, ages
- **Academic activities**
- **Management activities**
- **Structured reports** | Annual

4 completed in the last 12 months (e.g. MCRs) To demonstrate ongoing CPD
<table>
<thead>
<tr>
<th><strong>Continuing Professional Development (CPD)</strong></th>
<th>Evidence of practical involvement of management</th>
</tr>
</thead>
</table>
| CPD represents the acquisition and maintenance of knowledge, skills and key skills. Courses you may want to provide evidence of include:  
  - Life support  
  - Teaching  
  - Simulation  
  - Management  
  - Research methodology  
  - Business  
  - Communication  
  - Education  
  Examples of evidence could include a personal, reflective diary of learning achievements, in addition to detailed evidence of courses attended. |
### Evidence of training and qualifications

Substantial primary evidence for any previous training towards a medical qualification should **only** be submitted if the training is directly relevant to your CESR capabilities **and** dates from the past five years. Otherwise, certificates of completion are sufficient evidence of training.

| **Primary medical qualification (PMQ)** | If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration. If you do not hold registration, you will need to have your PMQ independently verified by ECFMG before we can grant you full registration with a licence to practise. You can find out more about primary source verification on our website. You only need to get your PMQ verified by ECFMG. The rest of your evidence should be verified in line with our guidance. |
| **Specialist medical qualification(s)** | Please provide an **authenticated copy** of any specialist medical qualifications you hold. Evidence of completion of full MRCP(UK) or equivalent test of knowledge. Alternative tests of knowledge are acceptable for applicants demonstrating alternative core capabilities in paediatrics, surgery, psychiatry or general practice - MRCPCH, MRCS, MRCPysch or MRCGP. The **Specialty Certificate Exam in Dermatology (SCE)** is the test of knowledge set out in the CCT curriculum for Dermatology, therefore applicants need to demonstrate a pass in this exam, or equivalent knowledge. |

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There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty. An evaluation is made based on an applicant’s whole career and therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision.

If your specialist medical qualification is from outside the UK, please ensure that you provide the following evidence in addition to your qualification:
- Training curriculum or examination syllabus
- Formal period assessments completed during training (these may be older than five years)

**Recent specialist training**

If you have worked in posts approved for a specialist training programme for a relevant qualification outside the UK in the past five years, please provide an authenticated copy of the curriculum or syllabus that was in place when you undertook your training.

If a formal curriculum or syllabus (including assessment methods) is not available please provide a letter from the awarding body outlining the content of the training programme or examination.

You must provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, the curriculum must demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement.

If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them.

If you have undertaken approved specialty training towards a CCT or CESR(CP) in this specialty in the UK in the past five years, you should provide a copy of your ARCPs.

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Specialist registration outside the UK

Please provide an authenticated copy of details of the registration requirements of that authority.

Other relevant qualifications and certificates

You may include postgraduate qualifications if they are relevant to associated capabilities e.g. teaching, management, research methodology. Please provide copies of certificates.

Practical Procedures

Below details the practical procedures you will be expected to evidence that you are competent to perform to the level specified. You can provide evidence for these procedures using logbooks and DOPS.

<table>
<thead>
<tr>
<th>Procedures to be able to demonstrate</th>
<th>Level required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curette and cautery</td>
<td>Competent to perform the procedure unsupervised</td>
</tr>
<tr>
<td>Cryotherapy of benign or premalignant lesions</td>
<td>Competent to perform the procedure unsupervised</td>
</tr>
<tr>
<td>Cryotherapy of superficial basal cell cancer</td>
<td>Competent to perform the procedure unsupervised</td>
</tr>
<tr>
<td>Dog ear repair</td>
<td>Competent to perform the procedure unsupervised</td>
</tr>
<tr>
<td>Procedure</td>
<td>Competence</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Excision of lesion on trunk or limbs with direct closure using deep (subcuticular) &amp; surface (percutaneous) sutures</td>
<td>Competent to perform the procedure unsupervised</td>
</tr>
<tr>
<td>Excision of lesion on head and neck with direct closure using deep (subcuticular) &amp; surface (percutaneous) sutures</td>
<td>Competent to perform the procedure unsupervised</td>
</tr>
<tr>
<td>Incisional skin biopsy</td>
<td>Competent to perform the procedure unsupervised</td>
</tr>
<tr>
<td>Punch biopsy</td>
<td>Competent to perform the procedure unsupervised</td>
</tr>
<tr>
<td>Shave excision</td>
<td>Competent to perform the procedure unsupervised</td>
</tr>
<tr>
<td>Small flap repair</td>
<td>Able to perform the procedure under direct supervision</td>
</tr>
<tr>
<td>Genital/ mucosal biopsy</td>
<td>Competent to perform the procedure unsupervised</td>
</tr>
</tbody>
</table>
## Non-surgical procedures

The following procedures must be demonstrated to a level of unsupervised practice.

<table>
<thead>
<tr>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermoscopy</td>
</tr>
<tr>
<td>Dermatology Life Quality Index and other assessment tools e.g. Psoriasis Area Severity Index, Eczema Area Severity Index</td>
</tr>
<tr>
<td>Triamcinolone injection</td>
</tr>
<tr>
<td>Take skin scrapings and nail clippings for mycology</td>
</tr>
<tr>
<td>Wood’s light examination</td>
</tr>
</tbody>
</table>

You should provide evidence for the following procedures to demonstrate knowledge but you are not required to show you can perform them unsupervised.

<table>
<thead>
<tr>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABPI (ankle brachial pressure index) measurement</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergen prick testing</td>
</tr>
<tr>
<td>Botulinum toxin injections for treatment of hyperhidrosis</td>
</tr>
<tr>
<td>Diphencyprone sensitisation</td>
</tr>
<tr>
<td>Iontophoresis</td>
</tr>
<tr>
<td>Minimal Erythema Dose or Minimal Phototoxic Dose (MED or MPD)</td>
</tr>
<tr>
<td>Microscopy of hair shaft</td>
</tr>
<tr>
<td>Microscopy of skin scrapings for fungi</td>
</tr>
<tr>
<td>Microscopy for identification of scabies mite</td>
</tr>
<tr>
<td>Monochromator testing</td>
</tr>
<tr>
<td>Patch test application</td>
</tr>
<tr>
<td>Photopatch testing</td>
</tr>
<tr>
<td>Photoprovocation testing</td>
</tr>
<tr>
<td>Photodynamic therapy</td>
</tr>
<tr>
<td>Take a high-quality teledermatology medical localizing and close-up image using a mobile device</td>
</tr>
</tbody>
</table>

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### Evidence of employment in posts and duties (including training posts)

<table>
<thead>
<tr>
<th>Employment letters and contracts of employment</th>
<th>The information in these letters and contracts <strong>must</strong> match your CV. They will confirm the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- dates you were in post</td>
<td></td>
</tr>
<tr>
<td>- post title, grade, training</td>
<td></td>
</tr>
<tr>
<td>- type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Job descriptions</th>
<th>These <strong>must</strong> match the information in your CV. They will confirm the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- your position within the structure of your department</td>
<td></td>
</tr>
<tr>
<td>- your post title</td>
<td></td>
</tr>
<tr>
<td>- your clinical and non-clinical commitment</td>
<td></td>
</tr>
<tr>
<td>- your involvement in teaching or training</td>
<td></td>
</tr>
</tbody>
</table>

| Rotas                                           | You must provide samples of your rotas from the last three years. These should demonstrate your weekly clinical and non-clinical activities. For example, if you worked a 1:8 rota, you should submit eight consecutive weeks’ rota to represent that placement. |

| Departmental/ Unit annual caseload statistics    | You should provide departmental and unit caseload statistics, activity data, range and scope of work undertaken in a placement from the last three years.                                                 |
Appraisal

Those working in an NHS or managed environment should submit evidence of annual appraisals. A revalidation or appraisal portfolio would be appropriate (if it is completed retrospectively less weight will be given to the information provided).

For non-training posts you should provide evidence of ongoing evaluation of your performance. This may take the format of formal appraisals by the department head or line manager (clinical director, medical director, professor).

For those applicants working in independent practice it is recommended that at least one employer. Appraisal is undertaken and summary documentation of this submitted with the application.

Where an applicant is not based in the UK alternative forms of appraisal are strongly advised. Alternative evidence may include letters (written at the time) commenting on your performance. In addition, where no formal appraisal or assessment forms are available you must provide information on the method of career review or progression.
Generic CiPs
The suggested documentation is given below each CiP and the overall numbers expected are given in the section above. Each piece of evidence can support more than one CiP and you should cross-reference.

CiP 1: Able to function successfully within NHS organisational and management systems

Key skills:

- Aware of, and adheres to, the GMC professional requirements
- Aware of public health issues including population health, social determinants of health and global health perspectives
- Demonstrates effective clinical leadership
- Demonstrates promotion of an open and transparent culture
- Keeps up to date through learning and teaching
- Demonstrates engagement in career planning
- Demonstrates capabilities in dealing with complexity and uncertainty
- Aware of the role and processes for commissioning
- Aware of the need to use resources wisely

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of taking an active role in governance structures, including service development. This may, for example, include the minutes of meetings for governance and unit management in which the applicant has been involved, MDT meetings, and any documented service development initiatives such as QIPAT.

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Evidence of attendance at an NHS / health service management course

CiP 2: Able to deal with ethical and legal issues related to clinical practice

Key skills:

- Aware of national legislation and legal responsibilities, including safeguarding vulnerable groups
- Behaves in accordance with ethical and legal requirements
- Demonstrates ability to offer apology or explanation when appropriate
- Demonstrate ability to lead the clinical team in ensuring that ethical and legal factors are considered openly and consistently

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of ability to assess the mental capacity of patients to make healthcare decisions. Evidence could include:
  - Reflections on cases where you had to assess a patient’s mental capacity
- Evidence of involvement in making best interests’ decisions, such as:
  - Notes
  - Letters
  - Meeting minutes
Awareness of relevant legislation, including mental capacity legislation by completion of an online training course, for example:

- CPD Online Mental Capacity Act: [https://cpdonline.co.uk/course/mental-capacity-act/](https://cpdonline.co.uk/course/mental-capacity-act/)
- SCIE Mental Capacity Act: [https://www.scie.org.uk/e-learning/mca](https://www.scie.org.uk/e-learning/mca)

**CiP 3: Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement**

**Key skills:**

- Communicates clearly with patients and carers in a variety of settings
- Communicates effectively with clinical and other professional colleagues
- Identifies and manages barriers to communication (e.g. cognitive impairment, speech and hearing problems, capacity issues)
- Demonstrates effective consultation skills including effective verbal and non-verbal interpersonal skills
- Shares decision making by informing the patient, prioritising the patient’s goals and wishes, and respecting the patient’s beliefs, concerns and expectations
- Shares decision making with children and young people
- Applies management and team working skills appropriately, including influencing, negotiating, re-assessing priorities and effectively managing complex, dynamic situations

**Suggested documentation:**

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
Evidence of your ability to analyse a patient's communication difficulties:
- Reflective diaries

Feedback from patients, such as a patient survey

Reflective practice entries about patients or families who posed difficulties

Supervised learning event

**CiP 4: Is focused on patient safety and delivers effective quality improvement in patient care**

**Key skills:**
- Makes patient safety a priority in clinical practice
- Raises and escalates concerns where there is an issue with patient safety or quality of care
- Demonstrates commitment to learning from patient safety investigations and complaints
- Shares good practice appropriately
- Contributes to and delivers quality improvement
- Understands basic Human Factors principles and practice at individual, team, organisational and system levels
- Understands the importance of non-technical skills and crisis resource management
- Recognises and works within limit of personal competence
- Avoids organising unnecessary investigations or prescribing poorly evidenced treatments

**Suggested documentation:**
- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Reflective practice entries about patients or families who posed difficulties

*This is the specialty specific guidance for Dermatology updated August 2021*

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Evidence that you have arranged and attended meetings about a patient with Social Services or other non-health organisations. For example:
- Meeting minutes, demonstrating your attendance and participation
- Invites sent from you demonstrating arranging meetings

- Supervised learning event
- Documented evidence of development of procedures to improve inter-service and inter-agency communication, you will need to demonstrate your involvement in the new procedure and its effectiveness
- Specific quality improvement activity, such as a QIPAT
- Copies of letters you have written to NHS and non-NHS services involved with patients

CiP 5: Carries out research and manages data appropriately

Key skills:
- Manages clinical information / data appropriately
- Understands principles of research and academic writing
- Demonstrates ability to carry out critical appraisal of the literature
- Understands the role of evidence in clinical practice and demonstrates shared decision making with patients
- Demonstrates appropriate knowledge of research methods, including qualitative and quantitative approaches in scientific enquiry
- Demonstrates appropriate knowledge of research principles and concepts and the translation of research into practice
- Follows guidelines on ethical conduct in research and consent for research
- Understands public health epidemiology and global health patterns
- Recognises potential of applied informatics, genomics, stratified risk and personalised medicine and seeks advice for patient benefit when appropriate

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Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of completion of Good Clinical Practice (GCP) training:
  - www.nihr.ac.uk/health-and-care-professionals/learning-and-support/good-clinical-practice
- Documented evidence of research activity. This may include evidence of:
  - Helping in a project
  - Reviewing research papers / grants
  - Writing and co-authoring research papers
  - Contributing to research projects
- Presentations – either lectures (podium presentations) or poster presentations
- Publications

CiP 6: Acts as a clinical teacher and clinical supervisor

Key skills:

- Delivers effective teaching and training to medical students, junior doctors and other healthcare professionals
- Delivers effective feedback with action plan
- Able to supervise less experienced trainees in their clinical assessment and management of patients
- Able to supervise less experienced trainees in carrying out appropriate practical procedures

This is the specialty specific guidance for Rehabilitation Medicine

Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.
- Able to act as a clinical supervisor to doctors in earlier stages of training

**Suggested documentation:**

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Completion of relevant training course(s), such as management or leadership courses
- Feedback from formal teaching sessions to medical and non-medical staff:
  - Teaching Observation SLE (TO)
Specialty Specific CiPs

Applicants must demonstrate that they are currently practising at the level of ‘entrusted to act independently’ in all specialty CiPs. Further detail regarding the descriptors for the key skills in each specialty specific CiP can be found in the curriculum.

Specialty CiP 1: Outpatient dermatology: managing dermatology patients in the outpatient setting

Key skills:

- Demonstrate professional behaviour with regards to patients, carers, colleagues and others
- Demonstrates effective consultation skills
- Demonstrates high level clinical skills and use of appropriate investigational tools to establish dermatological diagnoses in secondary care
- Demonstrates appropriate use of assessment tools with regards to disease severity and impact on quality of life (e.g. PASI, EASI, MASI, PEST, HiSCR, DLQI)
- Demonstrates understanding of dermatopathology and laboratory techniques, ensuring appropriate investigation and clinicopathological correlation as necessary
- Formulates and explains an appropriate management plan, taking into account patient preferences with focus on patient-centred care and shared decision making
- Practices holistically in understanding psychosocial impact and mental health issues relating to dermatological disease
- Demonstrates appropriate awareness of comorbidities and complex medical disease in relation to patients’ dermatology conditions to enable holistic patient management, including how inflammatory skin diseases affect patients systemically e.g. severe psoriasis associated with cardiovascular disease
- Demonstrates understanding of and follows local and national guidelines and clinical trial protocols
- Demonstrates safe and effective prescription, management and monitoring of advanced systemic dermatological therapeutics such as immunomodulators, immunosuppressants, biologics, antimalarials, and retinoids, as well as topical therapy
- Demonstrates awareness of the role of research (including immunological research) in understanding and management of dermatological disease
- Demonstrates efficient time management skills in the general secondary outpatient clinic (indicative numbers 5
new and 8 review patients per clinic at end of training) and ability to discharge appropriately

- Liaises with other specialty and primary care services when appropriate
- Demonstrates ability to supervise multidisciplinary and multi-professional teams to deliver outpatient dermatology service

- Shows awareness of patient journey and appropriate grading of referrals, ensuring patients are seen at the right place and right time
- Demonstrates understanding of importance of clinical and educational governance

**Suggested documentation:**

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Minimum of **one of each** of the below supervised learning events (SLEs):
  - CbDs
  - Mini-CEX
  - ACAT
- Specialty Certificate Examination
- Quality improvement activity, such as a QIPAT
- Direct observation of procedural skills such as DOPS
- Feedback from patients, such as patient survey
- Reflective practice entries about patients or families who posed difficulties

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Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).
Specialty CiP 2: Acute and emergency dermatology: managing dermatological emergencies in all environments and managing an acute dermatology service including on-call

Key skills:

- Demonstrates professional behaviour with regards to patients, carers, colleagues and others
- Demonstrates prompt assessment and safe management of common and rare dermatological emergencies encountered in all settings
- Formulates and explains an appropriate diagnostic and management plan, taking into account level of urgency and clinical risk
- Demonstrates appropriate understanding of investigational tools and dematopathology required in the acute setting with recognition of need for clinicopathological correlation as necessary
- Demonstrates clinical leadership, complex decision-making and risk management to ensure safe, effective, holistic and timely care for patients
- Demonstrates effective telephone and teledermatology assessment and triage of referrals from GP and other specialties
- Demonstrates good clinical judgement and appropriate telephone advice to colleagues on management of dermatologic disease
- Demonstrates appropriate dermatological management of inpatients under the care of other specialties
- Appropriate management of dermatology inpatients with common and rare skin disease, including management of related or unrelated medical comorbidities
- Provides clinical leadership and good team working skills with dermatology inpatients, including those with complex medical conditions
- Recognises the need to liaise with other specialty services where appropriate
- Recognises and manages the deteriorating patient and refers appropriately to intensive care or high dependency unit
- Demonstrates safe prescription and delivery of specialist dermatological treatments, with recognition and management of complications

This is the specialty specific guidance for Dermatology updated August 2021

Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.
- Demonstrates understanding of and follows local and national guidelines and clinical trial protocols
- Delivers patient-centred care including shared decision making
- Ensures continuity of patient care through appropriate transfer of information with safe and effective handover and discharge planning

**Suggested documentation:**

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Minimum of **one** of each of the below supervised learning events (SLEs):
  - CbDs
  - Mini CEXs
  - ACAT
- Specialty Certificate Examination
- Quality improvement activity, such as a QIPAT
- Direct observation of procedural skills, such as DOPS
- Feedback from patients, such as patient survey
- Reflective practice entries about patients or families who posed difficulties
- Independent study and teaching or courses attended if appropriate

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Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).
Specialty CiP 3: Liaison and community dermatology: working in partnership with primary care and promotion of skin health

Key skills:

- Demonstrates professional behaviour with regards to patients, carers, colleagues and others
- Demonstrates ability to deliver holistic dermatology care across the primary-secondary care interface with understanding of leadership and management of teams of allied health professionals
- Understands and takes into account psychosocial impact and mental health issues relating to dermatological disease
- Able to communicate with primary care teams appropriately with understanding of what primary care can offer
- Demonstrates effective telephone and teledermatology assessment with triage of referrals from GPs and multi-professional colleagues
- Demonstrates appropriate telephone advice to colleagues for diagnosis and management of dermatologic disease
- Recognises need for escalation from primary to secondary care for dermatological conditions
- Demonstrates engagement with public health issues relating to dermatological disease and promotion of skin health
- Understands issues relating to migrant populations and delivery of dermatological care in areas with poor resource
- Demonstrates safe prescribing and monitoring of topical and systemic therapies using shared-care protocols

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**Suggested documentation:**

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Minimum of **one** of each of the below supervised learning events (SLEs):
  - CbDs
  - Mini CEXs
  - ACAT
- Specialty Certificate Examination
- Quality improvement activity, such as a QIPAT
- Direct observation of procedural skills, such as DOPS
- Feedback from patients, such as patient survey
- Reflective practice entries about patients or families who posed difficulties
- Independent study and teaching or courses attended if appropriate
- Reflective log of triage and emergencies
- Reflection on attachments in general practice observing GPs, community nurses and the administration processes in primary care

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Specialty CiP 4: Skin tumours and skin cancer: managing a comprehensive skin cancer and benign skin lesion service

Key skills:

- Able to diagnose and manage primary malignant disease of the skin including common and rare tumours, using the dermatoscope as appropriate
- Able to diagnose and manage benign tumours of the skin and its appendages including common and rare lesions, using the dermatoscope as appropriate, thus avoiding unnecessary procedures
- Able to accurately assess loco-regional and metastatic skin cancer and manage with a multi-professional approach
- Able to identify, assess and effectively manage high risk skin cancer patients, e.g. immunosuppressed patients, dysplastic naevus syndrome, genodermatoses
- Demonstrates understanding of skin cancer prevention and screening
- Understands advanced topical and systemic medical management of skin cancer, including immunotherapy and signalling pathway inhibitors
- Follows local and national guidelines and clinical trial protocols
- Safe and effective prescription, management and monitoring of dermatological medical therapeutics relating to skin cancer and pre-cancer
- Understands non-surgical methods of skin cancer management e.g. radiotherapy
- Demonstrates appropriate use of diagnostic imaging tools for primary and metastatic skin cancer e.g. dermoscopy, photography, CT or MRI scans
- Demonstrates appropriate understanding of dermatopathology and importance of clinicopathological correlation
- Demonstrates professional behaviour with regards to patients, carers, colleagues and others
- Delivers patient-centred care including shared decision making
- Demonstrates effective consultation skills including challenging circumstances and breaking bad news
- Ability to lead and work collaboratively within a skin cancer multidisciplinary team containing allied surgical specialties, oncologists, radiologists, histopathologists
● Able to effectively manage an outpatient skin cancer two week wait clinic, including appropriate triage and discharge (indicative number: 15 new patients per clinic by end of training, when trainee reviewing patients without personally performing surgical procedures)

● Demonstrates ability to supervise multidisciplinary and multi-professional teams to deliver outpatient dermatology two week wait service

**Suggested documentation:**

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Minimum of one of each of the below supervised learning events (SLEs):
  - CbDs
  - Mini-CEX
  - ACAT
- Specialty Certificate Examination
- Direct observation of procedural skills, such as DOPS
- Feedback from patients, such as patient survey
- Reflective practice entries on clinic attachments in e.g. medical and clinical oncology, independent study and teaching or courses attended if appropriate
- Independent study and teaching or courses attended if appropriate
- Reflective log of triage and emergencies
- Evidence of attendance and participation in skin cancer MDTs

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Specialty CiP 5: Procedural dermatology: performing skin surgery and other dermatological procedures

Key skills:

- Understands clinical differential diagnoses prior to skin surgery to optimise care
- Understands indications for full scope of dermatology surgical procedures
- Able to appropriately perform surgical diagnostic procedures safely e.g. punch, shave, simple excision
- Demonstrates knowledge of dermatopathological issues underpinning diagnostic biopsy to maximise outcome
- Able to perform appropriate surgical procedures for skin cancer management e.g. wide excision.
- Demonstrates compliance with national guidelines on excision margins
- Understands indications for advanced surgical procedures e.g. Mohs micrographic surgery, flaps and graft repairs
- Able to obtain valid consent, including understanding of capacity
- Able to manage post-operative care, wound healing and complications
- Able to perform cryotherapy for benign and precancerous or malignant lesions appropriately
- Demonstrates ability to lead team delivering a surgical dermatology service
- Understands use of laser therapy in dermatological disease and refers appropriately
- Understands cosmetic dermatological procedures and can provide evidence-based counselling
- Can diagnose complications from nonsurgical cosmetic procedures and counsel appropriately

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)

Minimum of one of each of the below supervised learning events (SLEs):
  - CbDs
  - Mini-CEX
  - ACAT

Specialty Certificate Examination

Direct observation of procedural skills, such as DOPS

Feedback from patients, such as patient survey

Reflection on cases encountered, attachments/observation in e.g. laser therapy, independent study and teaching or courses attended if appropriate

Specialty CiP 6: Paediatric dermatology: managing paediatric dermatology patients in all settings

Key skills:

- Demonstrates professional behaviour in relation to paediatric patients and their carers
- Demonstrates ability to take relevant paediatric history from patients and their carers
- Able to diagnose and manage the same range of common and rare dermatologic disease in children as are found in adults, with the exception of occupational dermatoses
- Able to diagnose and manage common and rare conditions unique to neonatal, infant and paediatric population such as genodermatoses, congenital lesions, infectious disease
- Able to triage and prioritise urgency of skin disease in paediatric population, escalate care when required and discharge appropriately
- Formulates and explains an appropriate management plan, taking into account patient and family preferences with focus on patient-centred care and shared decision making
- Able to triage and prioritise urgency of skin disease in paediatric population, escalate care when required and discharge appropriately
- Shows safe and effective prescription, management and monitoring of topical and advanced systemic dermatological therapeutics in children with understanding of evidence for off-license use
- Demonstrates understanding of and follows local and national guidelines and clinical trial protocols
- Demonstrates appropriate understanding of dermatopathology and laboratory techniques with clinicopathological correlation as necessary
- Demonstrates appropriate use of assessment tools with regards to normal development, disease severity and impact on quality of life
- Understands and takes into account psychosocial impact and mental health issues relating to dermatological disease in paediatric patient
- Demonstrates ability to identify vulnerable children and engage in appropriate safeguarding
- Demonstrates appropriate liaison with primary care and paediatric services
- Demonstrates appropriate communication skills, sensitivity and professional behaviour towards paediatric patients, carers and multidisciplinary team

**Suggested documentation:**

| Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR) |
| Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF) |
| Minimum of one of each of the below supervised learning events (SLEs): |
|  - CbDs |
|  - Mini-CEX |
|  - ACAT |
| Specialty Certificate Examination |

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- Direct observation of procedural skills, such as DOPS
- Feedback from patients, such as patient survey
- Reflection on cases encountered, clinic attachments, independent study and teaching or courses attended if appropriate

**Specialty CiP 7: Other specialist aspects of a comprehensive dermatological outpatient service including:**

7A) cutaneous allergy

7B) photobiology and phototherapy

7C) genital and mucosal disease

7D) hair and nail disease

**Key skills:**

7A  Ability to select patients appropriately for cutaneous allergy investigation
- Ability to perform standard contact dermatitis investigations appropriately including allergen selection, test interpretation and communication of avoidance advice
- Ability to diagnose and manage all forms of urticaria including use of advanced therapeutics e.g. biologics
- Ability to refer patients with cutaneous allergy appropriately for tertiary care

7B

- Ability to counsel and select patients appropriately for phototherapy and photochemotherapy
- Ability to supervise safe and appropriate delivery of phototherapy and photochemotherapy by allied health professionals
- Ability to counsel and select patients appropriately for photodynamic therapy
- Ability to supervise safe and appropriate delivery of photodynamic therapy by allied health professionals
- Ability to diagnose and manage photosensitive dermatological disease
- Ability to refer photosensitive disease appropriately for tertiary care
- Ability to diagnose and manage common and rare genital or oral dermatological disease, including premalignancy and malignancy
- Recognises normal and anatomical variants relating to genitalia and oral cavity
- Ability to diagnose and manage cutaneous disease with oral and mucosal manifestations
- Demonstrates understanding of patient confidentiality issues and psychosocial impact of genital and mucosal dermatological disease
- Ability to refer genital and mucosal dermatological disease appropriately for tertiary care
- Ability to liaise with multidisciplinary specialists appropriately
- Understanding of dermatopathology and clinicopathological correlation

7C

- Ability to diagnose and manage common and rare diseases of the hair and nails
- Ability to diagnose and manage cutaneous disease with skin and hair manifestations
- Understanding of dermatopathology and clinicopathological correlation
- Ability to refer appropriately for tertiary care

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**Suggested documentation:**

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Minimum of **one** of each of the below supervised learning events (SLEs):
  - CbDs
  - Mini-CEX
  - ACAT
- Specialty Certificate Examination
- Direct observation of procedural skills, such as DOPS
- Feedback from patients, such as patient survey
- Reflection on cutaneous allergy attachment, cases encountered, other clinic attachments/ observation e.g. units that specialise in evaluation of photosensitive patients, GUM, Oral Medicine where possible, independent study and teaching or courses attended if appropriate