



**INSTITUTE
OF MEDICINE**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

International Clinical Fellowship Programme in
**ADVANCED MEDICAL
DERMATOLOGY**

OUTCOME-BASED EDUCATION – OBE CURRICULUM



This ICFP curriculum in Advanced Medical Dermatology was developed in 2025 by Dr Asad Salim, the Dermatology Training Committee, and the RCPI Workplace Education Team. It is approved by the Institute of Medicine.

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Table of Contents

1.	INTRODUCTION.....	3
1.1.	ICFP Overview	4
1.2.	ICFP in Advanced Medical Dermatology.....	4
1.3.	Training Programme Duration and Organisation of Training	5
1.4.	Programme Management.....	5
1.5.	ePortfolio	5
2.	CORE PROFESSIONAL SKILLS	6
3.	SPECIALTY SECTION - Training Goals in Advanced Medical Dermatology.....	7
	Training Goal 1: General Dermatology.....	8
	Training Goal 2: Diagnosis and Management of Skin Infections and Infestations	9
	Training Goal 3: Dermatological Formulations and Systemic Therapy.....	10
	Training Goal 4: Basic Dermatological Surgery	11
	Training Goal 5: Occupational and Contact Dermatology	12
	Training Goal 6: Phototherapy.....	13
4.	COMPLEMENTARY TRAINING AND EDUCATIONAL ACTIVITIES	14
4.1	Training Activities.....	14
4.2	Educational Activities.....	14
4	ASSESSMENT GUIDELINES.....	15
	Formative Assessment	15
	Summative Assessment	15
	WBAs in use at RCPI.....	15
	Recording WBAs on ePortfolio.....	15
5	SUMMARY TABLE OF EXPECTED EXPERIENCE	17

1. INTRODUCTION

This section includes information on the structure and management of this Clinical Fellowship Programme (ICFP). For specific policies and procedures, please contact your Programme Coordinator.

1.1. ICFP Overview

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 active clinical environments, to enhance and improve the individual's medical training and learning and, in the medium to long term, the health services in their own countries.

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

Core elements of all programmes include:

- Patient care that is appropriate, effective and compassionate in 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.

1.2. ICFP in Advanced Medical Dermatology

This ICFP aims to offer comprehensive training in Advanced Medical Dermatology, with broad clinical exposure across inpatient, outpatient, and public health settings.

The curriculum is aligned with the Royal College of Physicians of Ireland (RCPI) Higher Specialist Training (HST) in Dermatology, and reflects the principles set out by the European Union of Medical Specialists (UEMS) and relevant national standards for consultant-level competence.

1.3. Training Programme Duration and Organisation of Training

The period of clinical training provided for this ICFP is 2 years.

Each post within the programme has a named trainer/educational supervisor and programmes are under the direction of Dr Sinead Field and Dr Richard Watchorn.

Successful completion of this ICFP will result in the participant being issued with a formal Certificate of completion for the International Fellowship Programme by the Royal College of Physicians of Ireland. This Certificate will enable the participant's training body in their sponsoring home country to formally recognise and accredit their time spent training in Ireland.

Appointed International Fellows are:

- Enrolled with RCPI and are under the supervision of a consultant doctor registered on the Specialist Division of the Register of Medical Practitioners maintained by the Irish Medical Council and who is an approved consultant trainer.
- Registered on the Supervised Division of the Register of Medical Practitioners maintained by the Medical Council in Ireland.
- Agreeing on a training plan with their trainers at the beginning of each training year.
- 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 in Ireland.

1.4. Programme Management

- Coordination of the training programme lies with the Training Team at RCPI.
- The training year usually runs from July to July in line with National Higher Specialist Training programmes.
- Each International Fellow will be issued with a training agreement on appointment to the training programme and will be required to adhere to all policies and procedures relating to ICFP.
- Annual evaluations usually take place between April and June each year.
- International Fellows will be registered to the ePortfolio and will be expected to fulfil all requirements relating to the management of yearly training records.

1.5. ePortfolio

International Fellows will be required to keep their ePortfolio up to date and maintained throughout the programme. The ePortfolio will be countersigned as appropriate by the supervising Trainer to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies set out in the Curriculum. This will remain the property of the International Fellow and must be produced at the End of Year Evaluation meeting. At the End of Year Evaluation, the ePortfolio will be examined. The results of any assessments and reports by the named trainer/educational supervisor, together with other material capable of confirming the Fellow's achievements, will be reviewed.

2. CORE PROFESSIONAL SKILLS

This section refers to the core professional skills that every International Fellow training in Ireland is expected to comply with. These are detailed by the Irish Medical Council as Guidelines for Good Professional Practice.

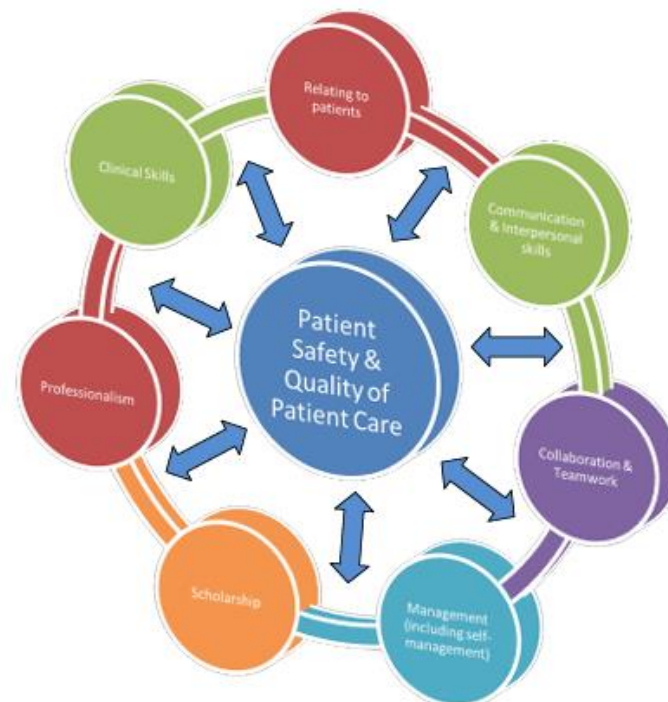
*The Medical Council has defined **eight domains of good professional practice**.*

These domains describe a framework of competencies applicable to all doctors across the continuum of professional development from formal medical education and training through to maintenance of professional competence. They describe the outcomes which doctors should strive to achieve and doctors should refer to these domains throughout the process of maintaining competence.



Comhairle na nDochtúirí Leighis
Medical Council

Eight Domains of Good Professional Practice as devised by Medical Council



3. SPECIALTY SECTION - Training Goals in Advanced Medical Dermatology

This section includes the Specialty Training Goals that the International Fellow should achieve by the end of the ICFP.

Each Training Goal is broken down into specific and measurable training outcomes. Per each training outcome, International Fellows can record workplace-based assessments (DOPS, MiniCEX, CBD) and Feedback Opportunity on ePortfolio.

Specialty Training Goals

Training Goal 1: General Dermatology

Training Goal 2: Diagnosis and Management of Skin Infections and Infestations

Training Goal 3: Dermatological Formulations and Systemic Therapy

Training Goal 4: Basic Dermatological Surgery

Training Goal 5: Occupational and Contact Dermatology

Training Goal 6: Phototherapy

Training Goal 1: General Dermatology

By the end of the Fellowship, the International Fellow is expected to assess and manage a broad range of both common and complex dermatoses, across inpatient and outpatient settings. Fellows will apply diagnostic reasoning, select appropriate investigations, formulate differential diagnoses, and manage treatment plans.

OUTCOME 1 – CONDUCT SPECIALIST DERMATOLOGICAL ASSESSMENTS

Elicit clinical history and perform structured examinations of the skin, mucous membranes, hair, and nails. Recognise patterns of symptoms and physical signs, and consider systemic associations where appropriate.

OUTCOME 2 – INVESTIGATE AND INTERPRET DERMATOLOGICAL FINDINGS

Select and apply relevant investigations, including histology, mycology, and immunofluorescence. Understand their indications, limitations, and diagnostic value. Integrate investigation results with clinical findings to support diagnostic reasoning.

OUTCOME 3 – DIAGNOSE AND MANAGE DERMATOSES

Demonstrate knowledge of the pathophysiology, natural history, and treatment of a wide spectrum of skin conditions, including:

- Melanoma and non-melanoma skin cancer
- Psoriasis, eczema, and other papulosquamous disorders
- Lichen planus and lichen sclerosus
- Drug eruptions and urticaria
- Pigmentary disorders
- Bullous diseases, reactive erythemas, and vasculitis
- Hair, nail, sebaceous and sweat gland disorders
- Skin disease associated with systemic pathology
- Mucous membrane involvement

Identify atypical presentations and rare dermatoses. Initiate appropriate treatment and escalate care when needed. Formulate working and differential diagnoses based on clinical examination and investigations.

OUTCOME 4 – MANAGE DERMATOLOGICAL CARE

Prescribe and supervise treatment using appropriate topical, systemic, or procedural approaches. Provide information and advice to patients and other healthcare providers, ensuring treatment plans are managed effectively. Tailor treatment plans according to patient needs and monitor progress through follow-up care.

Training Goal 2: Diagnosis and Management of Skin Infections and Infestations

By the end of the Fellowship, the International Fellow is expected to demonstrate competence in recognising, investigating, and managing common and uncommon viral, bacterial, fungal, and parasitic skin infections and infestations.

OUTCOME 1 – DIAGNOSE AND MANAGE VIRAL INFECTIONS

Recognise, assess, and manage the cutaneous manifestations of viral infections, including warts (digital, periungual, plane, filiform, plantar, genital), herpes simplex types 1 and 2, herpes zoster, and common viral exanthemata. Select appropriate investigations to confirm diagnosis, and understand the natural history, complications, and likely outcomes of each condition. Demonstrate knowledge of available physical treatment modalities, including cryotherapy, diathermy, curettage, and laser therapy. Understand the biology and oncogenic potential of relevant viruses. Counsel patients clearly on treatment options, prognosis, and the indications for intervention versus natural resolution.

OUTCOME 2 – INVESTIGATE AND TREAT BACTERIAL SKIN INFECTIONS

Diagnose and manage primary and secondary bacterial skin infections, including cellulitis, impetigo, MRSA, and mycobacterial diseases such as tuberculosis, atypical infections, and leprosy. Understand normal skin flora, pathogen carriage, and the principles of managing deep or disseminated infections, especially in immunocompromised or migrant patients. Select, collect, and interpret appropriate specimens (e.g. blood cultures, swabs, split-skin smears). Initiate topical or systemic antibiotics based on clinical context, with knowledge of appropriate agents, dosing, and potential adverse effects. Follow local antimicrobial guidelines and MRSA protocols, and liaise with microbiology and infection control teams to ensure coordinated care.

OUTCOME 3 – DIAGNOSE AND TREAT FUNGAL INFECTIONS

Identify and manage superficial fungal infections of the skin, nails, hair, and mucosa. Recognise clinical signs of subcutaneous and systemic mycoses, including rare presentations. Demonstrate understanding of dermatophyte and non-dermatophyte organisms, their epidemiology, and diagnostic methods. Collect and interpret skin scrapings, nail clippings, and hair samples using potassium hydroxide mounts, microscopy, and culture. Understand when clinical diagnosis is sufficient and when mycological confirmation is required. Prescribe antifungal agents with knowledge of their mechanisms, spectrum of activity, tissue kinetics, dosing, duration, and potential side effects.

OUTCOME 4 – RECOGNISE AND MANAGE PARASITIC INFESTATIONS

Diagnose and manage common ectoparasitic infestations, including lice and scabies, and less common conditions such as cutaneous leishmaniasis, larva migrans, and onchocerciasis. Perform diagnostic procedures such as skin snips and microscopic identification of scabetic burrow, isolate acarus or eggs. Recognise sensitisation eruptions associated with ectoparasites. Provide guidance on patient treatment, contact management, resistance patterns, and strategies for recurrence prevention.

OUTCOME 5 – APPLY PUBLIC HEALTH PRINCIPLES IN INFECTION MANAGEMENT

Demonstrate understanding of the public health implications of transmissible skin infections and infestations. Recognise duties relating to contact tracing, outbreak prevention, and patient education. Collaborate with microbiologists and infection control services as appropriate.

Training Goal 3: Dermatological Formulations and Systemic Therapy

By the end of the Fellowship, the International Fellow is expected to demonstrate an understanding of the principles underlying topical skin therapy, including the use of systemic therapy for severe inflammatory skin disease and immunotherapy for acquired autoimmune blistering disease.

OUTCOME 1 – PRESCRIBE AND SUPERVISE TOPICAL DERMATOLOGICAL THERAPIES

Demonstrate competence in the prescription, supervision, and explanation of topical and systemic therapies for dermatological conditions. Apply knowledge of pharmacology, formulations, immunotherapy, and collaborative prescribing to support the treatment of inflammatory and autoimmune skin diseases.

OUTCOME 2 – UNDERSTAND PHARMACOLOGY AND INDICATIONS OF SYSTEMIC AGENTS

Demonstrate knowledge of systemic medications used in dermatology, including indications, mechanisms of action, monitoring requirements, and adverse effects. This includes agents such as methotrexate, cyclosporine, hydroxyurea, azathioprine, acetrein and isotretinoin, dapsone, sulphasalazine, antimalarials, colchicine, thalidomide, and biologics.

OUTCOME 3 – INITIATE AND MONITOR SYSTEMIC THERAPIES

Assess suitability for systemic therapy based on diagnosis, comorbidities, and laboratory findings. Initiate and adjust therapy with appropriate monitoring protocols, identifying and managing side effects. Ensure accuracy in prescribing and engage patients in shared decision-making by providing clear explanations of risks, benefits, and alternatives.

OUTCOME 4 – TAILOR THERAPY IN AUTOIMMUNE AND SEVERE INFLAMMATORY CONDITIONS

Apply therapeutic protocols for autoimmune blistering diseases, including selection of therapies such as pulsed methylprednisolone, pulsed cyclophosphamide, and IV gamma globulin. Consider combination therapy where indicated and liaise with other specialists in complex cases.

OUTCOME 5 – PROMOTE ADHERENCE AND PATIENT UNDERSTANDING

Educate patients on treatment goals, application techniques, and potential side effects. Tailor information to the individual's needs. Promote adherence through follow-up and shared treatment planning.

Training Goal 4: Basic Dermatological Surgery

By the end of the Fellowship, the International Fellow is expected to competently perform basic dermatological surgical procedures in both outpatient and inpatient settings. This includes the selection, planning, execution, and aftercare of minor diagnostic and therapeutic interventions, with a focus on safety, appropriate technique, and patient-centred care.

OUTCOME 1 – ASSESS SURGICAL INDICATIONS AND PLAN PROCEDURES

Demonstrate the ability to assess patients and determine appropriate indications for dermatological surgery, including diagnostic and therapeutic interventions. Select the appropriate technique based on lesion type, location, and patient factors.

OUTCOME 2 – PERFORM CORE DERMATOLOGICAL SURGICAL TECHNIQUES

Perform a range of basic dermatological procedures, including punch biopsy, shave biopsy, curettage, cautery, cryotherapy, and full-thickness excision with primary closure. Demonstrate adherence to aseptic technique. Deliver appropriate post-operative instructions to patients, including wound care and signs of complications. Ensure proper handling, labelling, and submission of specimens for histopathological examination.

Training Goal 5: Occupational and Contact Dermatology

By the end of the Fellowship, the International Fellow is expected to assess, investigate, and manage patients with occupational and contact dermatoses and contact urticaria, including allergic and irritant contact dermatitis. The International Fellow should be competent in the use of patch and photo-patch testing, understand the implications of occupational skin disease, and be capable of delivering workplace-relevant dermatological advice.

OUTCOME 1 – DIAGNOSE AND INVESTIGATE CONTACT DERMATITIS

Elicit focused occupational and exposure histories in patients with suspected allergic or irritant contact dermatitis. Recognise the role of workplace, industrial, and environmental factors in dermatoses, and determine when to pursue patch or photo-patch testing. Recognise presentations suggestive of contact urticaria or type I hypersensitivity reactions and determine when prick testing is indicated. Conduct pre-test evaluations and generate clinical hypotheses to guide testing strategy.

OUTCOME 2 – CONDUCT AND INTERPRET PATCH AND PHOTO-PATCH TESTING

Demonstrate knowledge of allergens contained within the European and British Contact Dermatitis Society Standard Series. Apply allergens using appropriate patch and photo-patch protocols. Instruct patients on test precautions and timing. Read and interpret results in line with standard procedures, recognising when testing is contraindicated or inconclusive. Explain the side effects of testing and when to perform control testing or repeated open application tests.

OUTCOME 3 – COUNSEL AND SUPPORT PATIENTS WITH OCCUPATIONAL DERMATOSES

Provide clear advice on allergen avoidance and inform patients and employees about the methods and means of avoiding industrial exposures to potentially hazardous agents. Communicate results and management strategies in a clear and supportive manner. Liaise with occupational health and advise on the avoidance of specific industrial exposures when relevant.

OUTCOME 4 – PREPARE AND EXPLAIN DERMATOLOGICAL MEDICAL REPORTS

Assess patients with suspected occupational or contact dermatoses for the purpose of medical reporting. Clearly explain the methodology used in patch or photo-patch testing, and accurately document findings. Support the preparation of written medical reports, including interpretation of results and relevance to occupational or environmental exposures.

Training Goal 6: Phototherapy

By the end of the Fellowship, the International Fellow is expected to demonstrate competence in the diagnosis, investigation, and management of photosensitive diseases, understanding the pathogenesis and clinical presentation of various photosensitive conditions, and the application of appropriate diagnostic tests.

OUTCOME 1 – IDENTIFY AND DIFFERENTIATE PHOTOSENSITIVE DERMATOSES

Recognise photosensitive rashes and disorders, including those caused by immunological, metabolic, drug-induced, and genetic factors. Conduct history taking and skin examinations, recognising photosensitivity and identifying relevant clinical signs. Make decisions about further investigations such as photo-patch/patch/MED testing, porphyrin studies, and diagnostic biopsy as necessary.

OUTCOME 2 – PERFORM AND INTERPRET PHOTODIAGNOSTIC TESTING

Conduct standardised investigations including minimal erythema dose (MED) testing, broadband/narrowband phototesting, photo-patch testing, porphyrin analysis, and lupus serology. Interpret test results in conjunction with clinical findings to inform diagnosis. Understand the principles and diagnostic relevance of tests such as minimal erythema dose (MED), phototesting, photo-patch testing, and porphyrin analysis.

OUTCOME 3 – MANAGE PHOTOSENSITIVE DISEASES

Manage patients with photosensitive diseases through appropriate pharmacological and non-pharmacological therapies, focusing on photoprotection and patient education. Provide clear management plans and counsel patients on long-term treatment expectations and lifestyle modifications.

4. COMPLEMENTARY TRAINING AND EDUCATIONAL ACTIVITIES

4.1 Training Activities

The International Fellow is expected to participate in different Training Activities in a variety of settings, such as Outpatient Clinics; Ward Rounds; Consultations; Emergencies/Complicated Cases; Grand Rounds; Multidisciplinary Team Meetings; Clinical Audits.

Specific requirements for this ICFP are outlined in the final section of this document ([Summary Table of Expected Experience](#)).

4.2 Educational Activities

The International Fellow will also be invited to attend all Institute of Medicine Study Days and could be eligible to complete the HST Taught Programme in Dermatology.

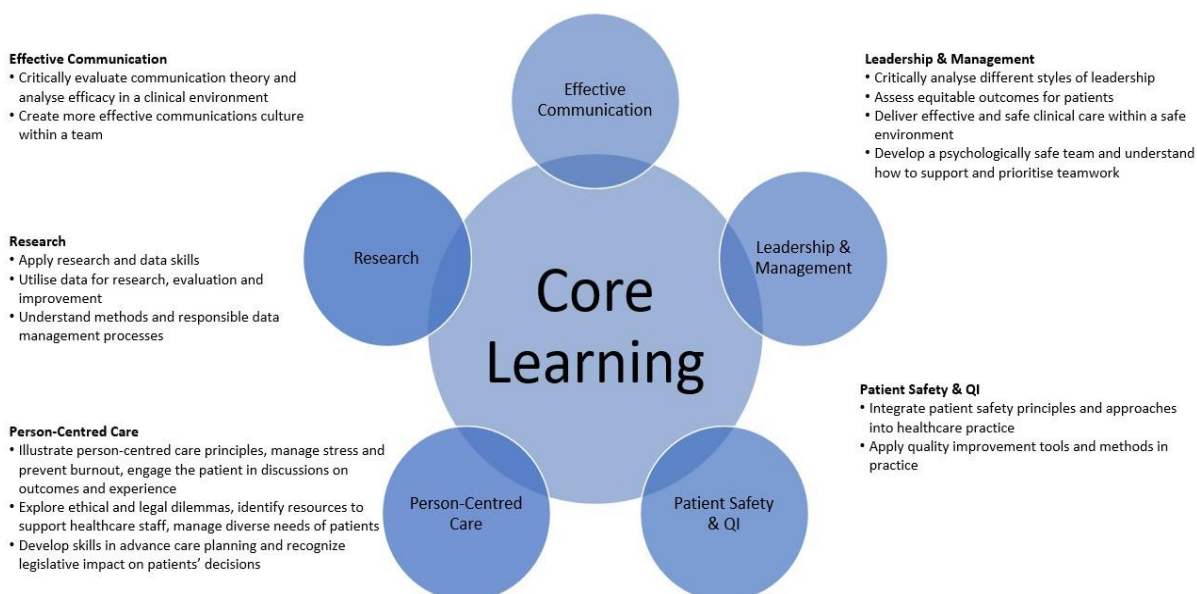
The RCPI Taught Programme consists of a series of modular elements. Content delivery is a combination of self-paced online material, live virtual tutorials, and in-person workshops, all accessible in one area on the RCPI's virtual learning environment (VLE), RCPI Brightspace.

The live virtual tutorials are delivered by Tutors related to Dermatology and they will use specialty-specific examples throughout each tutorial.

International Fellows can be assigned to a tutorial group with the HST Trainees from the Institute of Medicine starting in July.

The assigned supervisor/clinical lead determines whether it is appropriate for the International Fellow to attend the Taught Programme or portions of it.

The diagram below illustrates the content covered by the Taught Programme.



4 ASSESSMENT GUIDELINES

The progression of the International Fellow throughout the programme is monitored and evaluated, making use of both formative and summative assessments.

Formative Assessment

- Focuses on continuous feedback and developmental growth.
- Includes multiple opportunities for reflection, discussions, and skill evaluations throughout the training period.
- Helps identify areas for improvement and supports ongoing learning.

Summative Assessment

- Provides a final judgment of competency at various stages of training.
- Involves formal evaluations and workplace-based assessments.
- Used to assess whether the trainee meets the necessary standards to progress in training or achieve certification (e.g. examination).

WBAs in use at RCPI

Workplace-based assessments (WBAs) refer to those assessments used to evaluate Trainees' daily clinical practices employed in their work setting. These are primarily based on the observation of Trainees' performance by Trainers.

RCPI employs a variety of WBAs with different focuses:

- Observation of clinical practice: this can be evaluated using structured assessments such as via MiniCEX and DOPS.
- Discussion of clinical cases: this can be formally evaluated via Case Based Discussion (CBD) and it is mostly used to assess clinical judgment and decision-making.
- Informal Feedback: this can be gathered by different trainers, colleagues and recorded via Feedback Opportunity Form available on ePortfolio.
- Mandatory Evaluations: these are bound to specific events or times of the academic year. For these at RCPI we use the Quarterly Assessment/End of Post Assessment and End of Year Evaluation.

Recording WBAs on ePortfolio

It is expected that WBAs are logged on an electronic portfolio. Every International Fellow has access to an individual ePortfolio where they must record all their assessments, including WBAs. By recording assessments on this platform, ePortfolio serves both the function to provide an individual record of the assessments and to track International Fellows' progression.

Below is a table of all the assessments available for this ICFP and a brief explanation of each.

WORKPLACE-BASED ASSESSMENTS	
CBD Case Based Discussion	<p>This assessment is developed in three phases:</p> <ol style="list-style-type: none"> 1. Planning: The International Fellow selects two or more medical records to present to the Trainer who will choose one for the assessment. International Fellow and Trainer identify one or more training goals in the curriculum and specific outcomes related to the case. Then the Trainer prepares the questions for discussion. 2. Discussion: Prevalently, based on the chosen case, the Trainer verifies the International Fellow's clinical reasoning and professional judgment, determining the International Fellow's diagnostic, decision-making and management skills. 3. Feedback: The Trainer provides constructive feedback to the International Fellow. It is good practice to complete at least one CBD per quarter in each year of training.
DOPS Direct Observation of Procedural Skills	<p>This assessment is specifically targeted at the evaluation of procedural skills involving patients in a single encounter.</p> <p>In the context of a DOPS, the Trainer evaluates the International Fellow while they are performing a procedure as a part of their clinical routine. This evaluation is assessed by completing a form with pre-set criteria, then followed by direct feedback.</p>
MiniCEX Mini Clinical Examination Exercise	<p>The Trainer is required to observe and assess the interaction between the International Fellow and a patient. This assessment is developed in three phases:</p> <ol style="list-style-type: none"> 1. The International Fellow is expected to conduct a history taking and/or a physical examination of the patient within a standard timeframe (15 minutes). 2. The International Fellow is then expected to suggest a diagnosis and management plan for the patient based on the history/examination. 3. The Trainer assesses the overall International Fellow's performance by using the structured ePortfolio form and provides constructive feedback.
Feedback Opportunity	<p>Designed to record as much feedback as possible. It is based on observation of the International Fellows in any clinical and/or non-clinical task. Feedback can be provided by anyone observing the International Fellow (peer, other supervisors, healthcare staff, juniors). It is possible to turn the feedback into an assessment (CDB, DOPS or MiniCEX)</p>
MANDATORY EVALUATIONS	
QA Quarterly Assessment	<p>As the name suggests, the Quarterly Assessment recurs four times in the academic year, once every academic quarter (every three months).</p> <p>It frequently happens that a Quarterly Assessment coincides with the end of a post, in which case the Quarterly Assessment will be substituted by completing an End of Post Assessment. In this sense the two Assessments are interchangeable, and they can be completed using the same form on ePortfolio.</p>
EOPA End of Post Assessment	<p>However, if the International Fellow will remain in the same post at the end of the quarter, it will be necessary to complete a Quarterly Assessment. Similarly, if the end of a post does not coincide with the end of a quarter, it will be necessary to complete an End of Post Assessment to assess the end of a post.</p> <p>This means that for every specialty and level of training, a minimum of four Quarterly Assessment and/or End of Post Assessment will be completed in an academic year as a mandatory requirement.</p>
EOYE End of Year Evaluation	<p>The End of Year Evaluation occurs once a year and involves the attendance of an evaluation panel composed of the National Specialty Directors (NSDs); the Specialty Coordinator attends too, to keep records of and facilitate the meeting. The assigned Trainer is not supposed to attend this meeting unless there is a valid reason to do so. These meetings are scheduled by the respective Specialty Coordinators and happen sometime before the end of the academic year (between April and June).</p>

5 SUMMARY TABLE OF EXPECTED EXPERIENCE

This table offers a blueprint of all the activities that are part of this ICFP, it summarises the type and frequency of the expected experience that should be completed and then recorded on the ePortfolio.

Experience Type	Required/ Desirable	Expected Frequency
Training Plan		
Personal Goals Plan (Copy of agreed Training Plan for the module signed by both International Fellow & Trainer at the beginning of the Training year)	Required	1 per year
Sample of Weekly Timetable (per post)	Required	1 per post
Training Activities		
Outpatient Clinics		
Dermatology Clinics (a minimum of 4 general dermatology clinics per week) Can include Paediatric Dermatology, Infectious Diseases, GUM, Laser, Systemic Dermatology Therapy, Lupus and phototherapy, photo testing, patch test clinic others	Required	170
Emergencies/Complicated Cases	Desirable	1
Procedures/Practical Skills/Surgical Skills		
Patch testing	Required	1
Photo-patch	Desireable	1
Skin Biopsy	Required	1
Shave excision	Required	1
Full-thickness excision with primary closure	Required	1
Suturing techniques	Required	1
Curettage	Required	1
Use of Cautery and diathermy	Required	1
Cryotherapy	Required	1
Photodynamic therapy (<i>Required as part of Photodermatology Module</i>)	Desirable	1
Scabetic Burrow, Isolate acarus or eggs – Identify Microscopically	Desireable	1
Additional/Special Experience Gained		
Contact and occupational dermatitis (6 months clinical attendances, to include interpretation of patch tests)	Required	1
MDT	Required	50
Photo-testing	Desirable	4
Other	Desirable	1
Relatively Unusual Cases	Desirable	1
Chronic Cases/Long-term care	Required	1
Management experience	Desirable	1
Educational Activities		
Mandatory Courses		
ACLS	Desirable	1
Skin Biology	Desireable	1
Advanced Medical Dermatology	Required	1
Attendance at in-house activities		
Grand Rounds	Required	5

Experience Type	Required/ Desirable	Expected Frequency
Journal Club	Required	5
MDT Meetings	Required	10
Dermatopathology (slide and biopsy interpretation, in weekly sessions)	Required	20
Attend In-House teaching when available	Required	1
Delivery of Teaching		
Tutorial	Required	4
Study Days	Required	6
Research	Desirable	1
Audit activities and Reporting (1 per year either to start or complete, Quality Improvement (QI) projects can be uploaded against audit)	Required	1
Publications	Desirable	2
Presentations	Desirable	2
National/International meetings	Desirable	3
Additional Qualifications	Desirable	1
Assessments and Evaluations		
DOPS	Required	4
CBD Management of severe eczema, psoriasis, cutaneous lupus, severe drug reaction, management of a photo-dermatosis	Desireable	4
Mini-CEX	Desireable	4
Quarterly Assessments	Required	3
End of Year Evaluation	Required	1