INSTITUTE
OF MEDICINE

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

DERMATOLOGY

OUTCOME BASED EDUCATION CURRICULUM

This Curriculum of Higher Specialist Training in Dermatology was developed in 2023 by a working group led by Dr Cliona Feighery, Consultant Dermatologist, and the RCPI Workplace Education Team. The Curriculum undergoes an annual review process by the National Specialty Directors and the RCPI Education Department. The Curriculum is approved by Dr Chantal Cotter and Dr Lindsey Paul, National Specialty Directors, the Specialty Training Committee and the Institute of Medicine.

Version	Date Published	Last Edited By	Version Comments
2.0	July 2026	Stephen Capper	Slight wording edits include: Outcome 2 in Training Goal 2 Outcome 1 in Training Goal 3 Outcome 6 in Training Goal 6 Updates to the Core Professional Skills section to explicitly align with the *Eight Domains of Good Professional Practice*.

National Specialty Directors' Foreword

The HST Dermatology Programme aims to deliver expert Consultant Dermatologists with a comprehensive breadth of clinical and academic skills.

This Curriculum is designed to produce well-rounded graduates with the ability to manage the spectrum of varied dermatological presentations and disorders while supporting the development of subspecialty expertise and academic interests.

The RCPI Outcome Based Education (OBE) project concerns the transition of the current minimum requirements model of the Dermatology Curriculum and training across to OBE, aligning with other countries in Europe, Australia and the USA.

This project was a key initiative of the RCPI's Strategic Plan 2021–2024 which aims to enhance the quality of Ireland's BST and HST training programmes to ensure they reflect international best practices and standards. This will involve a considerable change to both the structure and assessment of the Curriculum and as such requires input from multiple stakeholders to ensure that any changes are valid and robust.

A focused workshop took place involving NSDs and Dermatology Trainers from several training sites in order to ensure that multiple perspectives were captured, and discussion could take place.

We began by conducting an initial review of the specialty section of the current Dermatology Curriculum, with specific emphasis on the content. The highly varied nature of the specialty is reflected in the Curriculum, which covers inflammatory dermatology in adults and children, skin cancer, lesion assessment, infections and infestations, psychocutaneous disease, cutaneous allergy, genodermatoses, vascular anomalies, surgical and non-surgical procedures, lasers, dermatological emergencies, and dermatopathology. These have been categorised under six Training Goals, each with specific training outcomes outlined in the Specialty Section of the following document.

We are grateful to all those who participated in this process and are excited to be part of the ongoing evolution of the HST Dermatology programme with our colleagues in the RCPI and Trainers around the country.

Table of Contents

INTRODUCTION

This section includes an overview of the Higher Specialist Training programme and of this Curriculum document.

Purpose of Training

This programme is designed to provide the training and professional development necessary to work as a Consultant Dermatologist providing expert care to patients with dermatological presentations and diseases. This is achieved by completing Dermatology training in approved training posts, under the supervision of certified Trainers, in order to satisfy the outcomes listed in the Curriculum. Each post provides a Trainee with a named Trainer and the programme is under the direction of the National Specialty Directors for Dermatology.

Dermatology is concerned with the structure, functions and appearance of the skin, hair, nails and mucous membranes, and the impacts on these of both primary and systemic diseases affecting the integument. The Dermatologist will be expected to correctly diagnose the conditions presenting and be competent to advise on the management of diseases affecting the skin and its appendages. Besides the pathological processes involved and the physical impact of each condition, psycho-social effects must also be understood. The potential benefit and the risks of specific treatments must be learned.

Purpose of the Curriculum

The purpose of the Curriculum is to guide the Trainee towards achieving the educational outcomes necessary to function as an independent Dermatologist. The Curriculum defines the relevant processes, content, outcomes, and requirements to be achieved. It stipulates the overarching goals, outcomes, expected learning experiences, instructional resources and assessments that comprise the Higher Specialist Training (HST) programme. It provides a framework for certifying successful completion of HST programme.

In keeping with developments in medical education and to ensure alignment with international best practice and standards, the Royal College of Physicians (RCPI) have implemented an Outcomes Based Education (OBE) approach. This Curriculum design differs from traditional "minimum requirement" designs in that the learning process and desired end-product of training (outcomes) are at the forefront of the design to provide the essential training opportunities and experiences to achieve those outcomes.

How to Use the Curriculum

Trainees and Trainers should use the Curriculum as a basis for goal-setting meetings, delivering feedback, and completing assessments, including appraisal processes (Quarterly Assessments/End of Post Assessment, End of Year Evaluation). Therefore, it is expected that both Trainees and Trainers familiarise themselves with the Curriculum and have a good working knowledge of it.

Trainees are expected to use the Curriculum as a blueprint for their training and record specific feedback, assessments and training events on ePortfolio. The ePortfolio should be updated frequently during each training placement.

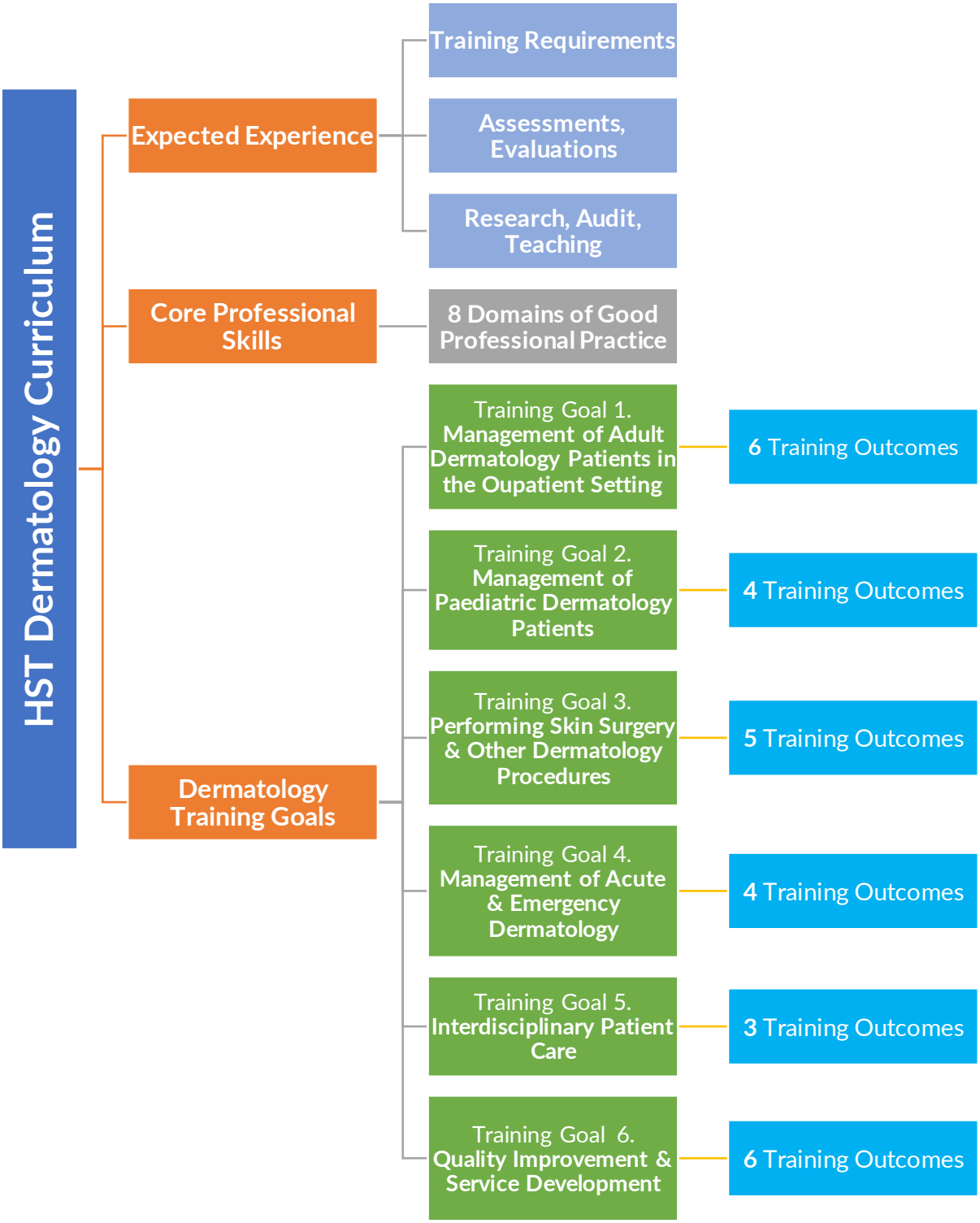
It is important to note that ePortfolio is a digital repository designed to reflect Curriculum requirements. It facilitates recording of progress through HST and evidence that training is valid and appropriate. While a complete ePortfolio is essential for HST certification, Trainees and Trainers should always refer to the Curriculum in the first instance for information on the requirements of the training programme.

Please note: It is the responsibility of the Trainee to keep an up-to-date ePortfolio throughout the programme as it reflects their individual training experience and it documents that they have successfully met training standards as expected by the Medical Council.

Reference to Rules & Regulations

Please refer to the Training Handbook for rules and regulations associated with training. Policies, procedures, relevant documents, and Training Handbooks can be accessed on the RCPI website by following this link.

Overview of Curriculum Sections & Training Goals



EXPECTED EXPERIENCE

This section details the training experience that all Trainees are expected to complete over the course of Higher Specialist Training.

Duration & Organisation of Training

The duration of HST in Dermatology is 5 years. A minimum of three years must be spent in clinical posts provided by the Dermatology HST scheme; while all 5 years can be completed in HST training posts, Trainees are encouraged to consider Out of Clinical Programme (OCPE) training opportunities as part of their programme (see below).

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

It is essential for all Dermatology HST Trainees to spend a minimum of one year in a dermatology department based in the greater Dublin area.

Core Training

The earlier years of Dermatology HST are usually directed towards acquiring a broad general experience of Dermatology under appropriate supervision. An increase in the content of hands-on experience follows naturally, and, as confidence is gained and abilities are acquired, the Trainee will be encouraged to assume a greater degree of responsibility and independence.

Thereafter the programme aims to become more flexible in terms of sequence of training and can be adjusted to meet Trainees' training needs.

Trainees must spend the first two years of training in clinical posts in Ireland before undertaking any period of research or out of programme clinical experience (OCPE).

Out of Clinical Programme Experience (OCPE)

Trainees can undertake one, or more years out of their HST programme to pursue research, further education, special clinical training, lecturing experience or other relevant experiences.

OCPE must be preapproved, and retrospective credit cannot be applied.

It must be noted that even if Trainees can undertake more than one year to complete their OCPE of choice, RCPI would award a maximum of 12 months of training credits towards the achievement of CSCST. In certain circumstances, RCPI may award no credits. The decision of whether to award credits for one year may differ from specialty to specialty and it is discretionary by the NSDs of each respective specialty.

For more information on OCPE, please refer to the RCPI website (here).

Training Principles

During the period of training the Trainee must take increasing responsibility for seeing patients, undertaking ward consultations, making decisions and operating at a level of responsibility which would prepare them for practice as an independent Consultant. Over the course of HST, Trainees are expected to gain experience in a variety of hospital settings.

Core Professional Skills

Generic knowledge, skills and attitudes support competencies that are common to good medical practice in all the medical and related specialties. It is intended that all Trainees should re-affirm those competencies during HST. No timescale of acquisition is imposed, but failure to make progress towards meeting these important objectives at an early stage would cause concern about a Trainee's suitability and ability to become an independent specialist. For more information on the Core Professional Skills, please check the respective section in this Curriculum.

Clinics, Ward Rounds, Consultations, Training Activities

Attendance at Clinics, participation in Ward Consults, performing specific procedures, are required elements of HST. The timetable and frequency of attendance should be agreed with the assigned Trainer at the beginning of the post.

This table provides an overview of the expected experience that a Specialist Registrar in Dermatology should gain during the course of HST. All these activities should be recorded on ePortfolio using the respective form.

Where there is a numeric reference for a training activity, this should be interpreted as an indication of the ideal frequency rather than a minimum requirement. However, Trainees are recommended to exceed these numbers and to always seek advice from their Trainers to agree on the frequency of each training requirement. Each Trainee may need to record training experiences at a different frequency, depending on their rotations, posts and level of training.

CLINICS		
Clinic	**Expected Experience**	**ePortfolio Form**
General Dermatology	Attend a maximum of 6 per week, in the first year of HST. Continue recording ongoing attendance on ePortfolio over the course of HST.	Clinics
Paediatric Dermatology in Tertiary Referral Paediatric Hospital	Spend **at least 6 months** in this setting and record weekly attendance on ePortfolio	Clinics
WARD ROUNDS/CONSULTATIONS		
Type	**Expected Experience**	**ePortfolio Form**
Ward Consult	Ongoing throughout training, record each consult on ePortfolio	Clinical Activities
PROCEDURES, PRACTICAL/SURGICAL SKILLS		
Type	**Expected Experience**	**ePortfolio Form**
Dermatological Surgery Sessions (Including but not limited to: skin biopsy, full thickness excision, shave excision, curettage)	At least 1 surgery session per week in year 1. Record on ePortfolio	Procedures, Skills & DOPS* *Please note: these listed here are to be recorded as procedures on ePortfolio, **not as DOPS**. Although the list of procedures and DOPS may be similar, not all procedures need to be assessed formally by a supervisor via a DOPS. **The recommended list of DOPS to record on ePortfolio is listed below.**
	Continue to maintain competence throughout training. Record on ePortfolio	
Photodermatology and phototherapy	Record on ePortfolio a minimum 12 sessions in year 2 or 3	

ADDITIONAL/SPECIAL EXPERIENCE		
Type	**Expected Experience**	**ePortfolio Form**
Contact and occupational dermatitis	**6 months** clinical attendances, ideally in year 2, to include interpretation of patch tests. Record 1 over the course of HST	Additional Special Experience
MDT Skin Cancer Clinic	Record 12 examples over the course of HST	Additional Special Experience
Laser Treatments (half-day clinical sessions)	Record 4 examples over the course of HST	Additional Special Experience

Hospital-Based Learning & In-House Commitments

On average, once a month, Trainees are expected to attend in-house commitments, e.g.:

- **Dermatology Grand Rounds**
- **Journal Club**
- **MDT Meeting**
- **Dermatopathology** (slide and biopsy interpretation)

Assessments & Evaluations

Trainees are expected to:

- Complete **4 quarterly assessments per training year** (1 Assessment per quarter)
- Complete **1 end of post assessment at the end of each post** (this can replace the quarterly Assessment if happening at the end of a post, for more information, please check the Assessment Appendix at the end of this document)
- Complete **1 end of year evaluation at the end of each training year**
- Complete all the **workplace-based assessments** as outlined in the table below and as agreed with Trainer.

This table offers an indication of the minimum workplace-based assessments to be recorded on ePortfolio, frequency and quality of assessment may vary depending on the feedback provided by the assigned Trainer.

WORKPLACE-BASED ASSESSMENTS		
DOPS	**Expected Experience**	**ePortfolio Form**
Skin Biopsy	Record on ePortfolio at least 1 DOPS assessment over the course of HST	Procedures, Skills &DOPS (record as DOPS assessment on ePortfolio – needs to be signed off by Trainer)
Shave excision	Record on ePortfolio at least 1 DOPS assessment over the course of HST	
Full thickness excision	Record on ePortfolio at least 1 DOPS assessment over the course of HST	
Curettage	Record on ePortfolio at least 1 DOPS assessment over the course of HST	
Use of Cautery and diathermy	Record on ePortfolio at least 1 DOPS assessment over the course of HST	
Cryotherapy	Record on ePortfolio at least 1 DOPS assessment over the course of HST	
CASE-BASED DISCUSSION (CBD)	**Expected Experience**	**ePortfolio Form**
Generalised blistering eruption	Record on ePortfolio at least 4 CBD per each year of training (it is recommended to record 1 CBD per quarter to be reviewed at the Quarterly Assessment)	Case Based Discussion
Erythrodermic patient		
Severe drug reaction		
Paediatric Dermatological emergency/acute case		
Teledermatology (3 CBD during HST)		
Other (the Trainee should agree relevant CBD with assigned Trainer)		
MiniCEX	**Expected Experience**	**ePortfolio Form**
Agree type of MiniCEX with assigned Trainer	Record on ePortfolio at least 2 MiniCEX per each year of training	Mini-CEX

For more information on evaluations, assessment and examinations, please refer to the Assessment Appendix at the end of this document.

Research, Audit & Teaching Experiences

Trainees are expected to complete the following activities:

- Complete **1 Audit or Quality Improvement Project**, per each year of training
- Attend **1 National or International Meeting**, per each year of training
- Deliver **1 Lecture, 4 Tutorial/Bedside teaching** per each year of training
- Deliver **1 Oral presentation or Poster** per year

In addition, it is desirable, but not expected that Trainees attempt to:

- Complete **1 research project and/or 1 publication**, over the course of HST
- Attend **Committee Meetings**
- Pursue **additional qualification.**

Teaching Attendance

Trainees are expected to attend the majority of the courses and study days as detailed in the Teaching Appendix, at the end of this document.

In addition to this Trainees are expected to attend National Dermatology Weekly Teaching sessions facilitated by Consultants and NSDs on Zoom.

Summary of Expected Experience

Experience Type	Trainee is Expected to	ePortfolio Form
Rotation Requirements	Complete all requirements related to the posts agreed	n/a
Personal Goals	At the start of each post complete a Personal Goals form on ePortfolio, agreed with Trainer and signed by both Trainee and Trainer	Personal Goals
On-call Commitments	Partake in 1 on-call experience in the different posts attended	Clinical Activities
Clinics	Attend Clinics as indicated in the table above and as agreed with Trainer. Record attendance per each post on ePortfolio	Clinics
Ward Rounds/Consultations	Gain experience in clinical handover and ward rounds as indicated in the table above and as agreed with Trainer. Record attendance per each post on ePortfolio	Clinical Activities
Procedures, Practical/Surgical Skills	Gain experience in procedural, practical, surgical skills as indicated in the table above and as agreed with Trainer. Record experience on ePortfolio	Procedures, Skills & DOPS
Emergencies/Complicated Cases	Desirable, not expected: gain experience in clinical emergencies/complicated cases	Cases
Additional/Special Experience	Gain additional/special experience as indicated in the table above and as agreed with Trainer. Record cases on ePortfolio	Cases
Relatively Unusual Cases	Desirable, not expected: gain experience in clinical relatively unusual cases	Cases
Chronic Cases/Long term care	Desirable, not expected: gain experience in chronic/long term cases	Cases
Management Experience	Gain experience in clinical management and leadership functions an as agreed with Trainer. Record attendance per each post on ePortfolio	Management Experience
Deliver Teaching	Record on ePortfolio episodes where you have delivered teaching as indicated above.	Delivery of Teaching
Research	Desirable Experience: actively participate in research, seek to publish a paper and present research at conferences or national/international meetings	Research Activities
Publication	Desirable Experience: complete 1 publication during the training programme	Additional Professional Activities
Presentation	Deliver 1 oral presentation or poster per each year of training	Additional Professional Activities
Audit	Complete and report on 1 audit or Quality Improvement (QI) per each year of training, either to start, continue or complete	Audit and QI
Attendance at Hospital Based Learning	Attend different activities as indicated above. Record attendance on ePortfolio	Attendance at Hospital Based Learning
National/International Meetings	Attend 1 per year of training. Record attendance on ePortfolio	Additional Professional Activities

Teaching Attendance	Attend courses and Study Days as detailed in the Teaching Appendix. Record attendance on ePortfolio	Teaching Attendance
Workplace-based Assessments	Complete all the workplace-based assessment as outlined in the table above and as agreed with Trainer. Record respective form on ePortfolio	CBD/DOPS/Mini-CEX
Quarterly and/or End-of-Post Assessments	Complete a Quarterly Assessment/End of post assessment with Trainer 4 times in each year. Discuss progress and complete the ePortfolio form with your Trainer	Quarterly Assessments/End-of-Post Assessments
End of Year Evaluation	Prepare for the End of Year Evaluation by ensuring the portfolio is up to date and the End of Year Evaluation form is initiated with the assigned Trainer	End of Year Evaluation

CORE PROFESSIONAL SKILLS

This section includes the Irish Medical Council guidelines for medical professional conduct.

*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.

These principles are woven into training practice and feedback is formally provided in the Quarterly Assessments, End of Post, and End of Year Evaluation.

Core Professional Skills

The Core Professional Skills (CPS), updated in 2026, define the standards of professional practice expected of all doctors in postgraduate training across RCPI specialties. Aligned with the *Eight Domains of Good Professional Practice* (**Irish Medical Council, 2024**), they provide the standards of practice across the continuum of professional development, from formal medical education and training through the maintenance of professional competence.

The CPS are embedded within the formal structures of training and are developed through clinical practice, workplace-based learning, supervision, and structured educational activity. CPS are assessed through workplace-based assessment, quarterly assessments, and ePortfolio evidence, ensuring that Trainees embed professionalism in their practice. Within this, the RCPI Taught Programme provides structured educational content through which CPS standards are addressed and contextualised across all levels of training.

Within each domain identified by the Medical Council, the cross-speciality RCPI Clinical Working Group has articulated key areas of professional practice and relevant expectations for training. Collectively, the domains support professionalism as a core component of safe, effective, and patient-centred care.

1 Patient Safety and Quality of Patient Care

Doctors must place patient safety and quality of care at the centre of practice, ensuring accountability to patients, their profession, and their organisation. This requires addressing risks, managing incidents, preventing infection, and driving continuous improvement within governance and ethical standards. By embedding safety and accountability into practice, doctors protect patients from preventable harm, strengthen trust, and uphold professional integrity.

Quality Improvement

- Apply quality improvement methods (e.g., audit, evaluation) to monitor and enhance care.
- Analyse and interpret patient, staff, and system data to inform service improvements.

Patient Safety and Incident Management

- Apply safe practices in prescribing, procedures, referrals, infection prevention and control, care transitions, and near-patient diagnostics.
- Identify, escalate, and report risks, incidents, near-misses, and notifiable events in line with statutory and professional duties.
- Participate in open disclosure after adverse events, in line with statutory duty.

Infection Prevention and Control

- Implement evidence-based infection prevention and control, including hand hygiene, aseptic technique, safe PPE use, and safe management of medical devices and clinical environments.

System Safety and Governance

- Demonstrate understanding of local governance structures, reporting systems, and escalation pathways.
- Recognise and escalate organisational or service barriers (e.g., unsafe premises, processes, or systems) that compromise patient safety or timely access to care.

Antimicrobial Resistance

- Understand behavioural, social, environmental, and geographic drivers of antimicrobial resistance in clinical decision-making.

2 Relating to Patients

Doctors must foster respectful, person-centred clinical relationships that uphold patient autonomy, dignity, and trust. This requires clear communication, protection of confidentiality, and supporting informed consent, while recognising individual needs and potential barriers to care. By practising with fairness and shared responsibility, doctors enable patients to participate meaningfully in decisions about their care and contribute to safer, more equitable outcomes.

Person-Centred Care

- Deliver care that upholds dignity, autonomy, and individual preferences, considering cultural context and social determinants of health.
- Communicate clearly and accessibly, adapting to patients' language, literacy, cognitive ability, and circumstances.

Confidentiality

- Protect confidentiality across all communications, applying data-protection legislation and managing required disclosures appropriately.
- Explain limits to confidentiality where required (e.g. safeguarding, public health, or legal duties).

Informed Consent and Shared Decision-Making

- Assess capacity and ensure discussions allow sufficient time to explain risks, benefits, and alternatives, and, where relevant, the purpose and implications of complex or sensitive procedures (e.g., genetic testing).
- Support patient autonomy through informed consent and shared decision-making, respecting valid Advance Healthcare Directives when capacity is lacking.
- Identify, address or escalate cultural and social barriers to participation in healthcare decisions.

Information and Care Navigation

- Provide clear, balanced, and evidence-based information to help patients understand their care options, make informed decisions, and access appropriate services or supports.
- Coordinate referrals and share relevant information to support continuity and navigation of care pathways.

Relationships and Boundaries

- Build respectful relationships with patients while maintaining professional boundaries.
- Be clear about the limits of competence and refer patients when required.

Health Promotion and Preventive Care

- Provide evidence-based health promotion and preventive care advice, tailored to individual risk factors.

3 Communication and Interpersonal Skills

Doctors must communicate clearly, compassionately, and safely with patients, families, and colleagues to support trust, understanding, and shared decision-making. This requires adapting communication to meet individual needs, handling challenging conversations with sensitivity, upholding professional boundaries, and ensuring accuracy in records, correspondence, and handovers. By communicating effectively across all settings, doctors reduce risk, ensure patient understanding, and promote safe, coordinated care.

Clinical Communication and Documentation

- Take accurate, structured histories and explain diagnoses, care plans, and clinical decisions with clarity and empathy.
- Apply handover protocols to ensure safe care transitions.
- Maintain complete, timely, and legible documentation to support continuity, safety, and compliance

Patient Communication and Comprehension

- Confirm and document patient understanding of information shared, including risks, benefits, alternatives, and limitations.
- Apply health literacy principles across verbal, written, digital, and visual formats.
- Deliver difficult news clearly and with empathy.
- Adapt communication to patient capacity, language, literacy, cognitive ability, or culture, involving interpreters, advocates, or supports (e.g., written materials) as required.

Safeguarding

- Conduct safeguarding discussions respectfully, protecting dignity, confidentiality, and legal compliance.
- Escalate safeguarding concerns through appropriate channels.

Complaints and Regulatory Communication

- Respond promptly and professionally to patient complaints and enquiries.
- Reduce complaint risk through clear communication, accurate records, and timely follow-up.
- Engage constructively with organisational and regulatory complaint processes and contribute to service learning.

Open Disclosure

- Participate in supervised open disclosure discussions after adverse events using honest, transparent, and compassionate communication, in line with statutory and professional standards.

Team Dialogue

- Engage in respectful and constructive dialogue with colleagues to support shared understanding and safe decisions.
- Identify and escalate communication breakdowns that may compromise patient safety.

4 Collaboration and Teamwork

Doctors must work collaboratively with colleagues across disciplines and services to deliver safe, coordinated, and high-quality care. This requires contributing to shared decisions, respecting team roles, and maintaining open and constructive communication. By promoting collaboration and teamwork, doctors strengthen service delivery, promote shared accountability, and foster continuous improvement in team-based care.

Governance and Organisational Awareness

- Understand local governance and leadership structures relevant to your role, including responsibilities and lines of accountability.
- Raise clinical, safety, resource, or organisational concerns through appropriate channels in line with governance and escalation policies

Team Coordination and Integrated Care

- Build effective working relationships with interprofessional teams, recognising the roles of all members.
- Share accountability for decision-making and care coordination, recognising the risks of fragmentation.
- Ensure continuity of care by providing timely, accurate discharge summaries.

Organisational Leadership and Team Culture

- Contribute to leadership by facilitating shared decision-making, coordinating care, and supporting junior colleagues.
- Foster psychological safety by promoting respectful communication, shared learning, and open dialogue.
- Manage conflict to support respectful, functional, and safe team environments.

Team Learning and Development

- Engage in structured team-based learning (e.g., case reviews, safety forums), to inform service improvement and professional development.
- Provide and receive feedback constructively to support team development and patient care quality.

5 Management (Including Self-Management)

Doctors must manage workload, time, and personal wellbeing to ensure safe and effective clinical practice. This requires prioritising tasks, recognising limits, escalating concerns appropriately, and engaging constructively with organisational systems and processes. By balancing personal capacity with service demands, doctors protect patients from harm, prevent burnout, and support the safe and sustainable delivery of healthcare.

Health, Wellbeing, and Development

- Monitor personal health and performance, recognising fatigue or burnout, and seek support when needed.
- Set and review professional development goals informed by reflection, supervision, and feedback.

Workload and Task Management

- Prioritise tasks to deliver timely, safe, and effective care.
- Coordinate rotas, leave, handovers, and cover to maintain service continuity.
- Communicate availability and scheduling clearly to colleagues.

Administrative Competence

- Complete documentation and administrative tasks accurately and on time.
- Engage with training and professional development, including preparation, participation, and submission of required materials.
- Fulfil supervisory and/or line-management responsibilities where appropriate (e.g., supporting colleagues, approving leave, and contributing to performance assessments).
- Use operational tools (e.g., rotas, workflows, IT systems) effectively to support safe and coordinated care.

Sustainability and Environmental Stewardship

- Order, prescribe, investigate, and deliver care responsibly, ensuring clinical necessity while adopting resource-conscious and sustainable approaches.
- Be aware of organisational sustainability initiatives (e.g., green prescribing, waste reduction).

Systems and Safety Engagement

- Recognise how system pressures (e.g. staffing levels) affect patient safety.
- Contribute to local safety monitoring, governance, and service improvement activities within role and training scope.

6 Patient Safety and Quality of Patient Care

Doctors should maintain and advance their professional competence through lifelong learning, supervision, reflection, teaching, and research. This requires engaging critically with evidence, translating learning into practice improvement, and contributing to the education and development of colleagues. By integrating inquiry, reflection, and shared learning into their work, doctors strengthen decision-making, enhance patient safety, and uphold professional standards.

Evidence-Based Practice

- Apply research evidence, guidelines, and clinical data appropriately to inform patient care.
- Use audit, service evaluation, and quality improvement data to evaluate and improve practice.

Lifelong Learning and Scope of Practice

- Comply with training and development requirements within your training programme (e.g., maintaining your ePortfolio).
- Set and evaluate learning goals informed by reflection, feedback, and supervision.
- Use insights from audits, reviews, and adverse events to improve practice.
- Recognise limits in knowledge or skill and seek supervision or escalate when required.

Teaching and Role Modelling

- Teach, supervise, and support colleagues and teams using effective communication and evidence-based practice.
- Share clinical knowledge to strengthen team learning and service improvement.
- Model professionalism, clinical integrity, critical thinking and reflective practice in everyday work.

Research and Dissemination

- Undertake audit, research, or service evaluation, disseminating and communicating findings through professional or academic channels.
- Comply with legal, institutional, and ethical standards in research activities.

Innovation and Digital Literacy

- Apply health informatics, telehealth, and emerging technologies with attention to safety, evidence base, and ethical considerations.
- Evaluate risks, benefits, and limitations of digital innovations, including AI, to ensure safe and effective patient care.

7 Professionalism

Doctors must uphold integrity, accountability, and respect in all aspects of clinical care, leadership, and professional practice. This requires complying with legal and regulatory duties, maintaining confidentiality and professional boundaries, and acting with fairness in healthcare delivery. By modelling professionalism, doctors build trust, protect patients, and promote safe, inclusive healthcare systems.

Statutory and Ethical Duties

- Comply with legal and regulatory requirements, reporting unsafe or unprofessional behaviours, and engaging with investigations and complaints.
- Fulfil safeguarding duties, including mandatory reporting of child protection and vulnerable adult concerns.
- Uphold professional boundaries across all settings to protect patient dignity, autonomy, and trust.
- Protect patient data in line with GDPR and professional standards.
- Declare and transparently manage conflicts of interest in clinical, research, and public activities.

Resource Use and Stewardship

- Use diagnostic, prescribing, and other clinical resources responsibly and fairly, ensuring clinical justification.
- Integrate sustainability principles into practice, balancing immediate patient needs with long-term system and environmental responsibility.

Advocacy, Equity and Fair Practice

- Treat patients and colleagues with dignity and respect, ensuring care is free from discrimination.
- Advocate for fair access to, and equitable experience within, healthcare by recognising and addressing diverse needs and social or structural barriers, inclusive of disability and socioeconomic disadvantage.

Antimicrobial Stewardship

- Prescribe antimicrobials responsibly, selecting agents, dosing, and duration appropriately.
- Participate in stewardship initiatives, such as audits, surveillance, and outbreak management.

Professional Leadership and Accountability

- Represent the profession with integrity, modelling leadership that promotes a culture of safety, openness, and professional accountability.
- Take responsibility for patient safety by identifying and escalating risks, and contributing to learning (e.g., AAR, NIMS).
- Manage personal or team workload pressures, escalating where necessary to maintain safe practice.
- Recognise and respond to signs of stress or impaired performance in self and colleagues, addressing appropriately to safeguard wellbeing and team function.

Public and Online Professional Conduct

- Uphold professional standards in all online and social media activity, recognising that the same expectations apply as in face-to-face communication.
- Maintain patient confidentiality and clear boundaries, separating personal and professional use, and directing patient contact through formal channels.
- Ensure that public communications are accurate, evidence-based, and compliant with regulatory standards.

8 Clinical Skills

Doctors must maintain and apply clinical skills that enable safe, accurate, and effective assessment, diagnosis, and treatment across all stages of patient care. This requires integrating patient history, examination findings, investigations, and patient context to inform clinical reasoning, safe prescribing, and appropriate escalation or referral. By applying these skills responsibly, doctors support patient safety, ensure continuity of care, and deliver high-quality outcomes across healthcare settings. This Domain addresses the professional and ethical responsibilities that underpin the safe application of practice, complementing specialty-specific technical competencies.

Assessment and Reasoning

- Conduct comprehensive assessments, with consent, integrating history, examination, investigations, and patient context.
- Apply structured reasoning to generate differential diagnoses and safe management plans, using evidence and guidelines.
- Recognise uncertainty, limits of competence, or impaired performance, and escalate or seek supervision when required.
- Take account of the patient's psychological, social, and contextual factors where clinically relevant to safe decision-making.
- Use digital tools responsibly to support assessment, decision-making, and care delivery.

Transfer of Care

- Refer or transfer patients as required, contributing to collaboration, coordination, and continuity across services.

Records and Communication

- Maintain accurate and timely records and correspondence to support safe handover, discharge, and care transitions, complying with legal and data protection standards.

Complex Care Planning

- Initiate and participate in discussions regarding high-risk or complex care, including end-of-life care and advanced planning, ensuring shared decision-making.
- Provide person-centred care for patients with life-limiting illness, including pain and symptom control, and family support.

Safe Prescribing

- Prescribe safely and appropriately, selecting the correct drug, dose, route, and duration, and ensure monitoring or handover where required.

SPECIALTY SECTION – DERMATOLOGY TRAINING GOALS

This section includes the Dermatology Training Goals that the Trainee should achieve by the end of Higher Specialist Training.

Each Training Goal is broken down into specific and measurable Training Outcomes.

Under each Outcome there is an indication of the suitable and recommended training/learning opportunities and assessment methods.

In order to achieve the Outcomes it is recommended to agree on the most appropriate type of training and assessment methods with the assigned Trainer.

Training Goal 1 – Management of Adult Dermatology Patients in the Outpatient Setting

By the end of year 1 of Dermatology Training, the Trainee is expected to achieve proficiency in history-taking, physical examination, formulation of a differential diagnosis and development of a basic management plan.

By the end of Dermatology Training, the Trainee is expected to perform a comprehensive assessment and be able to evaluate the various advanced treatment strategies appropriate to the complexity of the patient.

Outcome 1 – Assessment and management of inflammatory dermatoses

For the Trainee to demonstrate proficiency in assessment and management of inflammatory dermatoses.

Training/learning opportunities

- Feedback Opportunity
- Case Based Discussion (CBD) or Mini-CEX, as appropriate and as agreed with Trainer
- Optional specialty clinics e.g. hidradenitis suppurativa clinic, systemic medication clinic, connective disease clinic, hair clinic
- Study days
- Course: Biology of the Skin
- IAD Meetings

Outcome 2 – Assessment and management of skin cancer and benign tumours

For the Trainee to be able to demonstrate proficiency in assessment and management of skin cancer and benign tumours.

Training/learning opportunities

- Feedback Opportunity
- Case Based Discussion (CBD) or Mini-CEX, as appropriate and as agreed with Trainer
- Optional specialty clinics e.g., pigmented lesion clinic, lymphoma clinic, organ transplant clinic
- Study days
- Course: Dermoscopy
- IAD Meetings
- MDT

Outcome 3 – Assessment and management of infections and infestations

For the Trainee to demonstrate proficiency in assessment and management of infections and infestations.

Training/learning opportunities

- Feedback Opportunity
- Case Based Discussion (CBD) or Mini-CEX, as appropriate and as agreed with Trainer
- Study days
- IAD Meetings

OUTCOME 4 – ASSESSMENT AND MANAGEMENT OF CUTANEOUS ALLERGY

For the Trainee to demonstrate proficiency in assessment and management of cutaneous allergy.

Training/learning opportunities

- Feedback Opportunity
- Case Based Discussion (CBD) or Mini-CEX, as appropriate and as agreed with Trainer
- Mandatory clinics: Patch Test
- Photopatch testing – where available
- Skin prick testing, attend Clinics
- Study days
- Course: Contact Dermatitis
- IAD Meetings

OUTCOME 5 – ASSESSMENT AND MANAGEMENT OF PSYCHOCUTANEOUS MEDICINE

For the Trainee to demonstrate proficiency in assessment and management of psychocutaneous medicine.

Training/learning opportunities

- Feedback Opportunity
- Case Based Discussion (CBD) or Mini-CEX, as appropriate and as agreed with Trainer
- Use of psychological tools, e.g. patient assessment questionnaires

OUTCOME 6 – DERMATOLOGY DAY CARE

For the Trainee to demonstrate proficiency in dermatology day care for example phototherapy and wound care.

Training/learning opportunities

- Feedback Opportunity
- Case Based Discussion (CBD) or Mini-CEX, as appropriate and as agreed with Trainer

Training Goal 2 – Management of Paediatric Dermatology Patients

By the end of Dermatology Training, the Trainee is expected to achieve proficiency in history-taking, physical examination, formulation of a differential diagnosis and development of a management plan. The Trainee should be able to evaluate the various advanced treatment strategies appropriate to the complexity of the patient.

Outcome 1 – Assessment and management of inflammatory dermatoses and infections

For the Trainee to demonstrate proficiency in assessment and management of inflammatory dermatoses and infections.

Training/learning opportunities

- Feedback Opportunity
- Case Based Discussion (CBD) or Mini-CEX, as appropriate and as agreed with Trainer
- Clinics: Paediatric Dermatology

Outcome 2 – Assessment and management of paediatric skin lesions

For the Trainee to be able to demonstrate proficiency in assessment and management of peadiatric skin lesions, including awareness of child safeguarding principles and the ability to recognise skin findings that may raise safeguarding concerns.

Training/learning opportunities

- Feedback Opportunity
- Case Based Discussion (CBD) or Mini-CEX, as appropriate and as agreed with Trainer
- Clinics: Paediatric Dermatology

Outcome 3 – Assessment and management of vascular anomalies

For the Trainee to be able to demonstrate proficiency in assessment and management of vascular anomalies.

Training/learning opportunities

- Feedback Opportunity
- Case Based Discussion (CBD) or Mini-CEX, as appropriate and as agreed with Trainer
- Clinics: Paediatric Dermatology
- Vascular Anomalies MDT

Outcome 4 – Assessment and management of genodermatoses

For the Trainee to be able to demonstrate proficiency in assessment and management of genodermatoses including Epidermolysis Bullosa (EB).

Training/learning opportunities

- Feedback Opportunity
- Case Based Discussion (CBD) or Mini-CEX, as appropriate and as agreed with Trainer
- Clinics: Paediatric Dermatology
- EB MDT

Training Goal 3 – Skin Surgery & Other Dermatological Procedures

By the end of Dermatology Training, there are several procedural skills that the Trainee must become proficient in. The Trainee is expected to recognise the indications, consent for and safely perform, and recognise, and manage complications of these procedures.

OUTCOME 1 – DERMATOLOGICAL SURGICAL PROCEDURES

For the Trainee to demonstrate proficiency in dermatological surgical procedures, and to develop an understanding of the role, indications, and pathways for Mohs micrographic surgery within dermatological practice.

Training/learning opportunities

- Feedback Opportunity
- DOPS
- Case Based Discussion (CBD) or Mini-CEX -as appropriate and as agreed with Trainer
- Study Days
- Course: British Society for Dermatological Surgery Course (or equivalent)
- Observation of Mohs micrographic surgery sessions (where available)
- Understanding referral pathways, indications, and multidisciplinary coordination for Mohs surgery

OUTCOME 2 – DERMATOLOGICAL NON-SURGICAL PROCEDURES

For the Trainee to demonstrate proficiency in dermatological non-surgical procedures.

Training/learning opportunities

- Feedback Opportunity
- DOPS
- Case Based Discussion (CBD) or Mini-CEX -as appropriate and as agreed with Trainer
- Procedures: e.g. triamcinolone injection, cryotherapy, skin scrapings, wood light examination
- Study Days

OUTCOME 3 – PHOTOTESTING

For the Trainee to demonstrate proficiency in phototesting.

Training/learning opportunities

- Study Days
- Course: Photoderm
- Attendance at photesting unit

OUTCOME 4 – LASER DERMATOLOGY

For the Trainee to demonstrate an understanding of the use of LASER in dermatology.

Training/learning opportunities

- Attend at least 2 LASER Clinics
- Course: LASER safety training course

OUTCOME 5 – COSMETIC DERMATOLOGY

For the Trainee to gain basic awareness of the concepts of cosmetic dermatology.

Training/learning opportunities

- Feedback Opportunity – as appropriate

Training Goal 4 – Management of Acute & Emergency Dermatology

By the end of Dermatology Training, the Trainee is expected to manage dermatological emergencies in all environments and manage an acute Dermatology service, including on-call.

OUTCOME 1 – ACUTE AND EMERGENCY DERMATOLOGICAL CONDITIONS

For the Trainee to demonstrate proficiency in identification and management of acute and emergency dermatology conditions in the outpatient setting.

Training/learning opportunities

- Feedback Opportunity
- Case Based Discussion (e.g. Generalised blistering eruption, Erythrodermic patient, Severe Drug Reaction, Paediatric Dermatological emergency/acute case)
- Mini-CEX as agreed with Trainer
- Study Days

OUTCOME 2 – DERMATOLOGICAL SURGICAL EMERGENCIES AND COMPLICATIONS

For the Trainee to demonstrate proficiency in management of dermatological surgical emergencies and/or complications.

Training/learning opportunities

- Feedback Opportunity
- Study Days
- Course: ACLS, British Society for Dermatological Surgery Course (or equivalent)

OUTCOME 3 – IDENTIFICATION AND TRIAGE OF ON CALL/OFF SITE ACUTE AND EMERGENCY DERMATOLOGICAL CONDITIONS

For the Trainee to demonstrate proficiency in identification and triage of on call/off site acute and emergency dermatological conditions.

Training/learning opportunities

- Feedback Opportunity
- Case Based Discussion (CBD) or Mini-CEX -as appropriate and as agreed with Trainer

OUTCOME 4 – IDENTIFICATION AND MANAGEMENT OF INPATIENT ACUTE AND EMERGENCY DERMATOLOGICAL CONDITIONS

For the Trainee to demonstrate proficiency in identification and management of acute and emergency dermatological conditions in the inpatient setting.

Training/learning opportunities

- Feedback Opportunity
- Case Based Discussion (CBD) or Mini-CEX -as appropriate and as agreed with Trainer
- Study Days

Training Goal 5 – Interdisciplinary Patient Care

By the end of Dermatology Training, the Trainee is expected to work in partnership with other specialties (medical and non-medical) in the hospital and in off-site settings.

OUTCOME 1 – BASIC UNDERSTANDING OF DERMATOPATHOLOGY

For the Trainee to demonstrate basic understanding of dermatopathology and clinico-pathological correlation.

Training/learning opportunities

- Feedback Opportunity
- Attendance at Dermatopathology MDT meetings
- Study Days
- Dermopathology Course

OUTCOME 2 – COLLABORATION WITH OTHER SPECIALTIES & ALLIED HEALTH PROFESSIONALS

For the Trainee to demonstrate effective collaboration with other specialties and allied health professionals within the hospital setting.

Training/learning opportunities

- Feedback Opportunity
- Attendance at MDT meetings

OUTCOME 3 – LIAISON DERMATOLOGY

For the Trainee to demonstrate proficiency in liaison dermatology (off site patient care).

Training/learning opportunities

- Feedback Opportunity

Training Goal 6 – Quality Improvement & Service Development

By the end of Dermatology training, the Trainee should be able to operate independently and efficiently as a treating clinician within the existing management structures and actively participate in improving those structures.

Outcome 1 – Conducting Audit

For the Trainee to be proficient in conducting audit in relation to relevant KPI.

Training/learning opportunities

- Feedback Opportunity
- Audit
- Presentation of audit locally (mandatory)
- Presentation of audit nationally (desirable)

Outcome 2 – Quality Improvement Project

For the Trainee to undertake a quality improvement project.

Training/learning opportunities

- Feedback Opportunity
- QI project
- Presentation of QI project locally (mandatory)
- Presentation of QI project nationally (desirable)

Outcome 3 – Understanding service development

For the Trainee to develop an understanding of services development and related needs.

Training/learning opportunities

- Feedback Opportunity
- MDT meetings
- QI project
- Committee Membership
- Presentations

Outcome 4 – Report writing

For the Trainee to understand and gain competence in report writing.

Training/learning opportunities

- Feedback Opportunity
- Medico-legal report writing
- Handling complaints (in house training where available)
- Complex transfer letters

OUTCOME 5 – SERVICE DELIVERY AND TRIAGE

For the Trainee to demonstrate knowledge of service delivery and triage.

Training/learning opportunities

- Feedback Opportunity
- Grading of letters with consultant supervision (final year)
- Management meetings

OUTCOME 6 – TELEDERMATOLOGY

For the Trainee to understand the role, governance, and practical application of teledermatology within the Irish healthcare system, and to competently utilise teledermatology as part of safe and effective service delivery.

Training/learning opportunities

- Feedback Opportunity
- Case Based Discussion (CBD)
- Participation in teledermatology clinics or virtual triage sessions (where available)
- Engagement with service development initiatives involving digital dermatology

APPENDICES

This section includes two appendices to the Curriculum.

The first one is about Assessment (i.e. Workplace Based Assessments, Evaluations etc).

The second one is about Teaching Attendance (i.e. Taught Programme, Specialty-Specific Learning Activities and Study Days)

ASSESSMENT APPENDIX

Workplace-Based Assessment & Evaluations

The expression "workplace-based assessments" (WBA) defines all the assessments used to evaluate Trainees' daily clinical practices employed in their work setting. It is primarily based on the observation of Trainees' performance by Trainers. Each observation is followed by a Trainer's feedback, with the intent of fostering reflective practice.

Relevance of Feedback for WBA

Although "assessment" is the keyword in WBA, it is necessary to acknowledge that feedback is an integral part and complementary component of WBA. The main purpose of WBA is to provide specific feedback for Trainees. Such feedback is expected to be:

- **Frequent**: the opportunities to provide feedback are preferably given by directly observed practice, but also by indirectly observed activities. Feedback is expected to be frequent and should concern a low-stake event. Rather than being an assessor, the Trainer is an observer who is asked to provide feedback in the context of the training opportunity presented at that moment.
- **Timely**: preferably, the feedback should be a direct conversation between Trainer and Trainee in a timeframe close to the training event. The Trainee should then record the feedback on ePortfolio in a timely manner.
- **Constructive**: the recorded feedback would inform both Trainee's practice for future performance and committees for evaluations. Hence, feedback should provide Trainees with behavioural guidance on how to improve performance and give committees the context that leads to a rating, so that progression or remediation decisions can be made.
- **Actionable**: to improve performance and foster behavioural change, feedback should include practical and contextualised examples of both Trainee's strengths and areas for improvement. Based on these examples, it is necessary to outline a realistic action plan to direct the Trainee towards remediation/improvement.

Types of WBAs in use at RCPI

There is a variety of WBAs used in medical education. They can be categorised into three main groups: *Observation of performance*; *Discussion of clinical cases*; *Feedback*; *Mandatory Evaluations*.

As WBAs at RCPI we use *Observation of performance* via MiniCEX and DOPS; *Discussion of clinical cases* via CBD; *Feedback* via Feedback Opportunity.

Mandatory Evaluations are bound to specific events or times of the academic year, for these at RCPI we use: Quarterly Assessment/End of Post Assessment; End of Year Evaluation; Penultimate Year Evaluation; Final Year Evaluation.

Recording WBAs on ePortfolio

It is expected that WBAs are logged on an electronic portfolio. Every Trainee 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 Trainees' progression.

Formative & Summative Assessment

The Trainee can record any WBA either as formative or summative with the exception of the *Mandatory Evaluations* (Quarterly/End of Post, End of Year, Penultimate Year, Final Year evaluations).

If the WBA is logged as formative, the Trainee can retain the feedback on record, but this will not be visible to an assessment panel, and it will not count towards progression. If the WBA is logged as summative it will be regularly recorded and it will be fully visible to assessment panels, counting towards progression.

WORKPLACE-BASED ASSESSMENTS	
CBD **|***Case Based Discussion***	This assessment is developed in three phases: 1. Planning: The Trainee selects two or more medical records to present to the Trainer who will choose one for the assessment. Trainee 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 Trainee's clinical reasoning and professional judgment, determining the Trainee's diagnostic, decision-making and management skills. 3. Feedback: The Trainer provides constructive feedback to the Trainee. It is good practice to complete at least one CBD per quarter in each year of training.
DOPS **|** *Direct Observation of Procedural Skills*	This assessment is specifically targeted at the evaluation of procedural skills involving patients in a single encounter. In the context of a DOPS, the Trainer evaluates the Trainee 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.
MiniCEX **|** *Mini Clinical Examination Exercise*	The Trainer is required to observe and assess the interaction between the Trainee and a patient. This assessment is developed in three phases: 1. The Trainee is expected to conduct a history taking and/or a physical examination of the patient within a standard timeframe (15 minutes). 2. The Trainee is then expected to suggest a diagnosis and management plan for the patient based on the history/examination. 3. The Trainer assesses the overall Trainee's performance by using the structured ePortfolio form and provides constructive feedback.
Feedback Opportunity	Designed to record as much feedback as possible. It is based on observation of the Trainees in any clinical and/or non-clinical task. Feedback can be provided by anyone observing the Trainee (peer, other supervisors, healthcare staff, juniors). It is possible to turn the feedback into an assessment (CDB, DOPS or MiniCEX)
MANDATORY EVALUATIONS	
QA **|***Quarterly Assessment***	As the name suggests, the Quarterly Assessment recurs four times in the academic year, once every academic quarter (every three months). 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. However, if the Trainee 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. 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.
EOPA **|** *End of Post Assessment*	
EOYE **|** *End of Year Evaluation*	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).
PYE **|** *Penultimate Year Evaluation*	The Penultimate Year Evaluation occurs in place of the End of Year Evaluation, in the year before the last year of training. It involves the attendance of an evaluation panel composed of the National Specialty Directors (NSDs) and an External Member who is a recognised expert in the Specialty outside of Ireland; 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.
FYE **|** *Final Year Evaluation*	In the last year of training, the End of Year Evaluation is conventionally called Final Year Evaluation, however, its organisation is the same as an End of Year Evaluation.

TEACHING APPENDIX

RCPI Taught Programme

The RCPI Taught Programme consists of a series of modular elements spread across the years of training.

Delivery will be 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 will be delivered by Tutors related to this specialty and they will use specialty-specific examples throughout each tutorial. Trainees will be assigned to a tutorial group and will remain with their tutorial group for the duration of HST.

Trainees will receive their induction content and timetable ahead of their start date on HST. Trainees must plan the time to complete their requirements and must be supported with the allocation of study leave or appropriate rostering.

As the HST Taught Programme is a mandatory component of HST, it is important that Trainees are released from service to attend the Virtual Tutorials and, where possible facilitated with the use of teaching space in the hospital.

Specialty-Specific Learning Activities (Courses & Workshops)

Trainees will also complete specialty-specific courses and/or workshops as part of the programme.

Trainees should always refer to their training Curriculum for a full list of requirements for their HST programme. When not sure, Trainees should contact their Programme Coordinator.

Study Days

Study days vary from year to year, they comprise a rolling schedule of hospital-provided topic-specific educational days and national/international events selected for their relevance to the HST Curriculum.

Trainees are expected to attend the majority of the study days available and **at least 4 per training year**.

Dermatology Teaching Attendance Requirements

RCPI Taught Programme

Modularised content available on Brightspace

Specialty-Specific Learning Activities

Specialty Courses

- British Society for Dermatological Surgery Course (or equivalent)
- Contact Dermatitis
- Dermatopathology Course
- Photodermatology Course
- Skin Biology Course
- Dermoscopy Course

Hospital-Based Courses

- ACLS
- Laser Safety Course

Teaching Sessions

- National Dermatology Weekly Teaching Sessions facilitated by Consultants and NSDs on Zoom

Study Days

Trainees are expected to attend the majority of the study days available and

at least 4 per training year