



**INSTITUTE  
OF MEDICINE**

ROYAL COLLEGE OF  
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN  
**DERMATOLOGY**

OUTCOME-BASED EDUCATION – OBE 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 Education Department. The Curriculum undergoes an annual review process by the National Specialty Directors and the RCPI Education Department. The Curriculum is approved by Dr Richard Watchorn and Dr Sinead Field, National Specialty Directors, the Specialty Training Committee and the Institute of Medicine.**

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1.0	01 July 2024	Mariangela Esposito	New OBE Curriculum

### *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 is 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.

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## 1. INTRODUCTION

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

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### 1.1. 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.

### 1.2. 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.

### 1.3. 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.

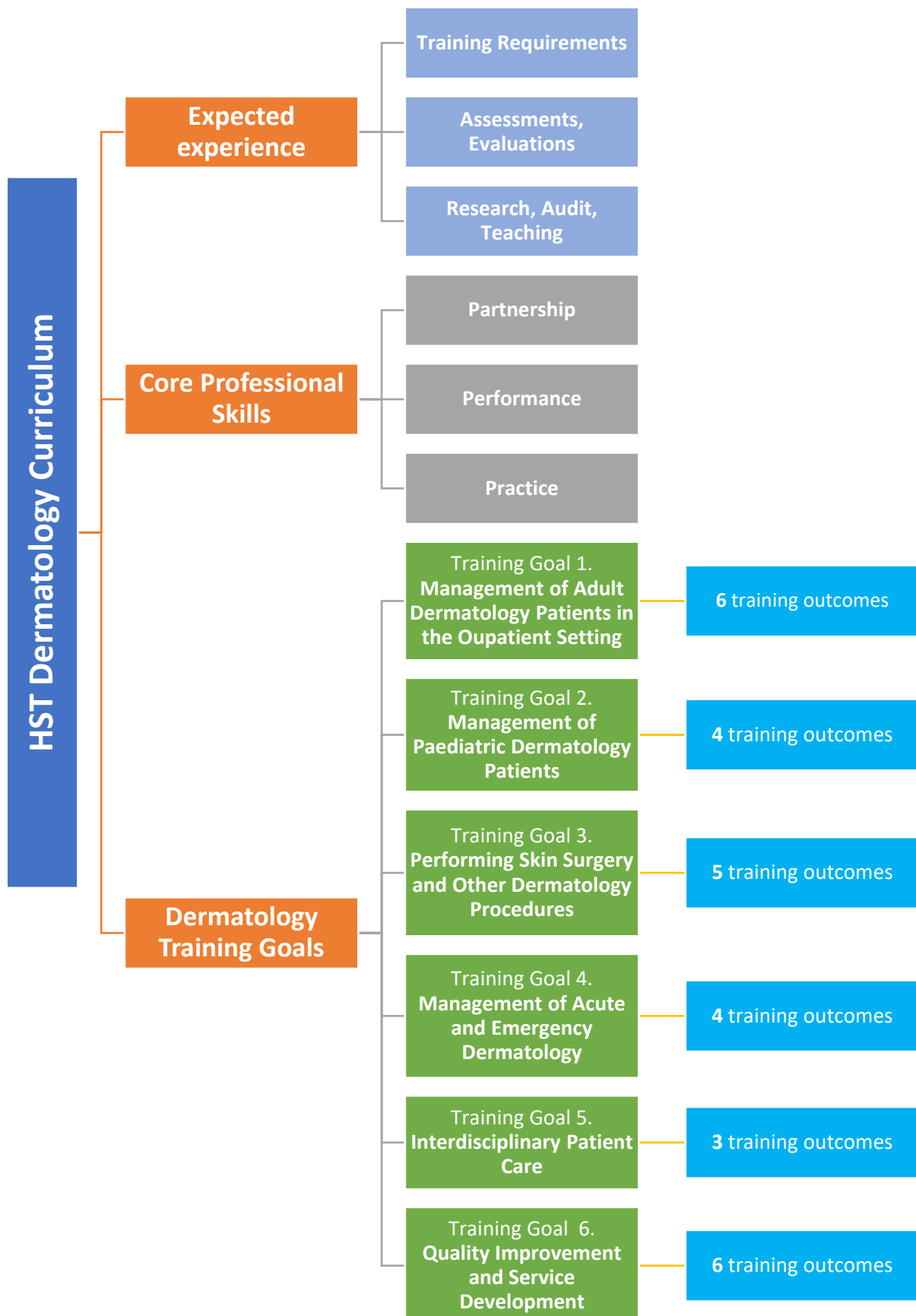
It is important to note that ePortfolio is a digital repository designed to reflect Curriculum requirements. It facilitates recording of progress through HST and evidence that training is valid and appropriate. While a complete ePortfolio is essential for HST certification, Trainees and Trainers should 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.

#### 1.4. Reference to Rules and 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](#).

### 1.5. Overview of Curriculum Sections and Training Goals



## 2. EXPECTED EXPERIENCE

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*This section details the training experience and the service provision tasks that all Trainees are expected to complete throughout the Higher Specialist Training.*

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## 2.1. Duration and 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.

## 2.2. 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 <b>at least 6 months</b> in this setting and record weekly attendance on ePortfolio	
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, <b>not as DOPS</b> . Although the list of procedures and DOPS may be similar, not all procedures need to be assessed formally by a supervisor via a DOPS. <b>The recommended list of DOPS to record on ePortfolio is listed below.</b>
	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	<b>6 months</b> 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	
Laser Treatments (half-day clinical sessions)	Record 4 examples over the course of HST	

### 2.3. Hospital-based learning and 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)

### 2.4. Assessments and 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.

<b>WORKPLACE-BASED ASSESSMENTS</b>		
<b>DOPS</b>	<b>Expected Experience</b>	<b>ePortfolio Form</b>
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	
<b>CASE-BASED DISCUSSION (CBD)</b>	<b>Expected Experience</b>	<b>ePortfolio Form</b>
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		
Other (the Trainee should agree relevant CBD with assigned Trainer)		
<b>MiniCEX</b>	<b>Expected Experience</b>	<b>ePortfolio Form</b>
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.

## 2.5. Research, Audit and 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**.

## 2.6. 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.

## 2.7. Summary of Expected Experience

Experience Type	Trainee is expected to	ePortfolio form
<b>Rotation Requirements</b>	Complete all requirements related to the posts agreed	n/a
<b>Personal Goals</b>	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
<b>On-call Commitments</b>	Partake in 1 on-call experience in the different posts attended	Clinical Activities
<b>Clinics</b>	Attend Clinics as indicated in the <a href="#">table above</a> and as agreed with Trainer. Record attendance per each post on ePortfolio	Clinics
<b>Ward Rounds/Consultations</b>	Gain experience in clinical handover and ward rounds as indicated in the <a href="#">table above</a> and as agreed with Trainer. Record attendance per each post on ePortfolio	Clinical Activities
<b>Procedures, Practical/Surgical Skills</b>	Gain experience in procedural, practical, surgical skills as indicated in the <a href="#">table above</a> and as agreed with Trainer. Record experience on ePortfolio	Procedures, Skills & DOPS
<b>Emergencies/Complicated Cases</b>	<u>Desirable, not expected</u> : gain experience in clinical emergencies/complicated cases	Cases
<b>Additional/Special Experience</b>	Gain additional/special experience as indicated in the <a href="#">table above</a> and as agreed with Trainer. Record cases on ePortfolio	
<b>Relatively Unusual Cases</b>	<u>Desirable, not expected</u> : gain experience in clinical relatively unusual cases	
<b>Chronic Cases/Long term care</b>	<u>Desirable, not expected</u> : gain experience in chronic/long term cases	
<b>Management Experience</b>	Gain experience in clinical management and leadership functions as agreed with Trainer. Record attendance per each post on ePortfolio	Management Experience
<b>Deliver Teaching</b>	Record on ePortfolio episodes where you have delivered teaching as indicated above in <a href="#">section 2.5.</a>	Delivery of Teaching
<b>Research</b>	<u>Desirable Experience</u> : actively participate in research, seek to publish a paper and present research at conferences or national/international meetings	Research Activities
<b>Publication</b>	<u>Desirable Experience</u> : complete 1 publication during the training programme	Additional Professional Activities
<b>Presentation</b>	Deliver 1 oral presentation or poster per each year of training	Additional Professional Activities
<b>Audit</b>	Complete and report on 1 audit or Quality Improvement (QI) per each year of training, either to start, continue or complete	Audit and QI
<b>Attendance at Hospital Based Learning</b>	Attend different activities as indicated above in <a href="#">section 2.3.</a> Record attendance on ePortfolio	Attendance at Hospital Based Learning
<b>National/International Meetings</b>	Attend 1 per year of training. Record attendance on ePortfolio	Additional Professional Activities

<b>Teaching Attendance</b>	Attend courses and Study Days as detailed in the <a href="#">Teaching Appendix</a> . Record attendance on ePortfolio	Teaching Attendance
<b>Workplace-based Assessments</b>	Complete all the workplace-based assessment as outlined in the <a href="#">table above</a> and as agreed with Trainer. Record respective form on ePortfolio	CBD/DOPS/Mini-CEX
<b>Quarterly and/or End-of-Post Assessments</b>	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
<b>End of Year Evaluation</b>	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

### 3. CORE PROFESSIONAL SKILLS

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*This section includes the Medical Council guidelines for medical professional conduct, regarding Partnership, Performance and Practice.*

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

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## Partnership

### Communication and interpersonal skills

- Facilitate the exchange of information, be considerate of the interpersonal and group dynamics, and have a respectful and honest approach
- Engage with patients and colleagues in a respectful manner
- Actively listen to the thoughts, concerns, and opinions of others
- Consider data protection, duty of care and appropriate modes of communication when exchanging information with others

### Collaboration

- Collaborate with patients, their families, and colleagues to work in the best interest of the patient, for improved services and to create a positive working environment
- Work cooperatively with colleagues and team members to deliver an excellent standard of care
- Seek to build trust and mutual respect with patients
- Appropriately share knowledge and information, in compliance with GDPR guidelines
- Take on-board available, relevant feedback

### Health Promotion

- Communicate and facilitate discussion around the effect of lifestyle factors on health and promote the ethical practice of evidence-based medicine
- Seek up-to-date evidence on lifestyle factors that:
  - negatively impact health outcomes
  - increase risk of illness
  - positively impact health and decrease risk factors
- Actively promote good health practices with patients individually and collectively

### Caring for patients

- Take into consideration patient's individuality, personal preferences, goals, and the need to provide compassionate and dignified care
- Be familiar with
  - Ethical guidelines
  - Local and national clinical care guidelines
- Act in the patient's best interest
- Engage in shared decision-making and discuss consent



## Performance

### **Patient safety and ethical practice**

- Put the interest of the patient first in decisions and actions
- React in a timely manner to issues identified that may negatively impact the patient's outcome
- Follow safe working practices that impact patient's safety
- Understand ethical practice and the medical council guidelines
- Support a culture of open disclosure and risk reporting
- Be aware of the risk of abuse, social, physical, financial, and otherwise, to vulnerable persons

### **Organisational behaviour and leadership**

- The activities, personnel and resources that impact the functioning of the team, hospital, and health care system
- Understand and work within management systems
- Know the impacts of resources and necessary management
- Demonstrate proficient self-management

### **Wellbeing**

- Be responsible for own well-being and health and its potential impact on the provision of clinical care and patient outcomes
- Be aware of signs of poor health and well-being
- Be cognisant of the risk to patient safety related to poor health and well-being of self and colleagues
- Manage and sustain own's physical and mental well-being

## Practice

### **Continuing competence and lifelong learning**

- Continually seek to learn, improve clinical skills and understand established and emerging theories in the practice of medicine
- Meet career requirements including those of the medical council, employer, and training body
- Be able to identify and optimise teaching opportunities in the workplace and other professional environments
- Develop and deliver teaching using appropriate methods for the environment and target audience

### **Reflective practice and self-awareness**

- Bring awareness to actions and decisions and engage in critical appraisal of own's work to drive lifelong learning and improve practice
- Pay critical attention to the practical values and theories which inform everyday practice
- Be aware of own's level of practice and learning needs
- Evaluate and appraise decisions and actions with consideration as to what you would change in the future
- Seek to role model good professional practice within the health service

### **Quality assurance and improvement**

- Seek opportunities to promote excellence and improvements in clinical care through the audit of practice, active engagement in and the application of clinical research and the dissemination of knowledge at all levels and across teams
- Gain knowledge of quality improvement methodology
- Follow best practices in patient safety
- Conduct ethical and reproducible research

## 4. SPECIALTY SECTION – DERMATOLOGY TRAINING GOALS

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

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## 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 paediatric skin lesions.

#### 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 and 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.

#### 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)

### 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 phototesting 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 and 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 and 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

## 5. APPENDICES

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*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)*

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## ASSESSMENT APPENDIX

### Workplace-Based Assessment and 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 and 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.**

<b>WORKPLACE-BASED ASSESSMENTS</b>	
<b><i>CBD   Case Based Discussion</i></b>	<p>This assessment is developed in three phases:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>3. Feedback: The Trainer provides constructive feedback to the Trainee.</li> </ol> <p>It is good practice to complete at least one CBD per quarter in each year of training.</p>
<b><i>DOPS   Direct Observation of Procedural Skills</i></b>	<p>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.</p>
<b><i>MiniCEX   Mini Clinical Examination Exercise</i></b>	<p>The Trainer is required to observe and assess the interaction between the Trainee and a patient. This assessment is developed in three phases:</p> <ol style="list-style-type: none"> <li>1. The Trainee is expected to conduct a history taking and/or a physical examination of the patient within a standard timeframe (15 minutes).</li> <li>2. The Trainee is then expected to suggest a diagnosis and management plan for the patient based on the history/examination.</li> <li>3. The Trainer assesses the overall Trainee's performance by using the structured ePortfolio form and provides constructive feedback.</li> </ol>
<b><i>Feedback Opportunity</i></b>	<p>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)</p>
<b>MANDATORY EVALUATIONS</b>	
<b><i>QA   Quarterly Assessment</i></b>	<p>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.</p>
<b><i>EOPA   End of Post Assessment</i></b>	<p>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.</p>
<b><i>EOYE   End of Year Evaluation</i></b>	<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>
<b><i>PYE   Penultimate Year Evaluation</i></b>	<p>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.</p>
<b><i>FYE   Final Year Evaluation</i></b>	<p>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.</p>

## TEACHING APPENDIX

### RCPI Taught Programme

The new 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

