

Dermatology ARCP Decision Aid – August 2014

The table that follows specifies the targets that have to be achieved for a satisfactory ARCP outcome at the end of each training year. **This document replaces all previous versions from August 2014.**

Trainees should demonstrate engagement with the curriculum and exploration of competencies listed in medical dermatology for approximately 50% of core presentations by end year 1; 100% of core presentation by end year 2. In years 3 and 4 the trainee should be consolidating their experience in the core presentations and gaining further experience in the many rarer disorders which may present. It is not expected that the trainee will be experienced in every single disease, some of which may only present once every 5-10 years, but they should be equipped to deal with rarer diagnoses and be able to use clinical and other resources to manage such patients.

Year	Requirements
ST3 (year 1 specialty training)	<p>Minimum satisfactory assessments sampled across year 1 competencies of progressive elements of curriculum plus any modules undertaken during the year. Assessment should be performed proportionally through the training year with structured feedback to aid trainee development:</p> <p>Supervised learning events (SLEs): 4 mini-CEX 8 CbD</p> <p>Other assessments: 4 surgery DOPS 2 non surgical DOPS* 1 MSF 1 patient survey 1 Teaching Observation 1 audit or quality improvement assessment</p> <p>Other documents to be reviewed at ARCP: Attendance record Educational supervisor's report, which should include feedback from 4-6 Multiple Consultant Reports (MCR) over the year Research supervisor's report</p>
ST4 (year 2 specialty training)	<p>Minimum satisfactory assessments sampled across year 2 competencies of progressive elements of curriculum plus any modules undertaken during the year. Assessment should be performed proportionally through the training year with structured feedback to aid trainee development:</p> <p>Supervised learning events (SLEs): 4 mini-CEX 8 CbD</p> <p>Other assessments: 4 surgery DOPS 2 non surgical DOPS* 1 patient survey 1 Teaching Observation 1 audit or quality improvement assessment</p>

	<p>Other documents to be reviewed at ARCP: Attendance record Educational supervisor's report, which should include feedback from 4-6 Multiple Consultant Reports (MCR) over the year Research supervisor's report</p>
<p>ST5 –PYA (year 3 specialty training)</p>	<p>Minimum satisfactory assessments sampled across year 3 competencies of progressive elements of curriculum plus any modules undertaken during the year. Assessment should be performed proportionally through the training year with structured feedback to aid trainee development:</p> <p>Supervised learning events (SLEs): 4 mini-CEX 8 Cbd</p> <p>Other assessments: 4 surgery DOPS 2 non surgical DOPS* 1 MSF 1 patient survey 1 Teaching Observation 1 audit or quality improvement assessment</p> <p>Other documents to be reviewed at ARCP: Attendance record Educational supervisor's report, which should include feedback from 4-6 Multiple Consultant Reports (MCR) over the year Research supervisor's report SCE attempt/pass</p>
<p>ST6 (year 4 specialty training)</p>	<p>Minimum satisfactory assessments sampled across year 4 competencies of progressive elements of curriculum plus any modules undertaken during the year. Assessment should be performed proportionally through the training year with structured feedback to aid trainee development:</p> <p>Supervised learning events (SLEs): 4 mini-CEX 8 Cbd</p> <p>Other assessments: 4 surgery DOPS 2 non surgical DOPS* 1 patient survey 1 Teaching Observation 1 audit or quality improvement assessment</p> <p>Other documents to be reviewed at ARCP: Attendance record Educational supervisor's report, which should include feedback from 4-6 Multiple Consultant Reports (MCR) over the year Research supervisor's report SCE pass</p>

***Non surgical DOPS can be performed for:**

PASI + DLQI scoring	Photodynamic therapy
Patch test application	Botox injections
Identification of scabies mite	Iontophoresis
Microscopy of skin scrapings for fungi	IL Triamcinolone injections
Woods light exam	Monochromator testing
Application of TCA to xanthelasma	Photopatch testing
Microscopy of hair shaft	ABPI measurement
Allergen prick testing	DCP sensitization
MED Testing	Photodynamic therapy

In addition to the above for medical dermatology, the following conditions are considered to be 'core presentations':

Pruritus	Connective tissue diseases
Eczema	Urticaria / angio oedema
Viral Warts	Vasculitis
Common bacterial and fungal infections	Leg ulcers
Psoriasis	Cutaneous Lymphoma
Immunobullous disease	Systemic diseases presenting in the skin
Lichen planus	Drug reactions
Acne vulgaris and Rosacea	Emergency presentations
Cutaneous Lupus	Connective tissue diseases