

## ARCP Decision Aid for Dermatology 2021

This decision aid provides guidance on the requirements to be achieved for a satisfactory ARCP outcome at the end of each training year. This document is available on the JRCPTB website <https://www.jrcptb.org.uk/training-certification/arcp-decision-aids>

Evidence	Notes	Year 1 (ST3) requirement	Year 2 (ST4) requirement	Year 3 (ST5) requirement	Year 4 (ST6) requirement
<b>Educational supervisor (ES) report</b>	Indicative one per year but must cover the training year since last ARCP (up to the date of the current ARCP) or from start of training if ST3. Will include ratings on CiPs plus feedback on MCRs & assessments below	Confirms meeting or exceeding expectations and no concerns	Confirms meeting or exceeding expectations and no concerns	Confirms meeting or exceeding expectations and no concerns	Confirms will meet all requirements needed to complete training
<b>Generic capabilities in practice (CiPs)</b>	Mapped to <a href="#">Generic Professional Capabilities (GPC) framework</a> & assessed using global ratings. Trainees should record self-rating to facilitate discussion with ES. ES report will record rating for each generic CiP	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training
<b>Specialty capabilities in practice (CiPs)</b>	Trainees must complete self-rating to facilitate discussion with ES. ES report will confirm entrustment level for each CiP as per Table 1	ES to confirm minimum level s expected	ES to confirm minimum level s expected	ES to confirm minimum level s expected	ES to confirm level 4 in all specialty CiPs by end of training
<b>Multiple consultant report (MCR)</b>	Indicative minimum number is shown. Each MCR is completed by a clinical supervisor (CS). The ES should not complete an MCR for their own trainee	4	4	4	4

Evidence	Notes	Year 1 (ST3) requirement	Year 2 (ST4) requirement	Year 3 (ST5) requirement	Year 4 (ST6) requirement
<b>Multi-source feedback (MSF)</b>	Indicative minimum 12 raters including 3 consultants & mixture of other staff (medical & non-medical). MSF report must be released by ES & feedback discussed with trainee before ARCP. If significant concerns raised, additional MSFs may be required.	1	1	1	1
<b>Patient survey</b>	Minimum of 20 patients. ES will feed results back to trainee and complete patient survey form	1	1	1	1
<b>Supervised learning events (SLEs):</b>  Acute care assessment tool (ACAT)	In dermatology, CS could use ACAT to assess situations where trainee is interacting with several patients on call. Enables global feedback on triage & prioritising patients. Each ACAT must include minimum of 5 cases. This tool is not for assessment of management of individual cases	optional	optional	optional	optional
Outpatient care assessment tool (OPCAT)	In dermatology, CS could use OPCAT to assess situations where trainee is interacting with several patients in clinic. Enables global feedback on planning/ leading clinics. Each OPCAT must include minimum of 5 cases. This tool is not for assessment of management of individual cases	optional	optional	optional	optional

Evidence	Notes	Year 1 (ST3) requirement	Year 2 (ST4) requirement	Year 3 (ST5) requirement	Year 4 (ST6) requirement
Case-based discussion (CbD) and mini-clinical evaluation exercise (mini-CEX)	Indicative minimum number to be carried out. Trainees are encouraged to undertake more & supervisors may require additional SLEs if concerns are identified. SLEs should be undertaken throughout the training year by a range of assessors. Structured feedback should be given to aid the trainee's personal development	8 CbD 4 mini-CEX	8 CbD 4 mini-CEX	8 CbD 4 mini-CEX	8 CbD 4 mini-CEX
<b>Practical procedures:</b> surgical & non-surgical Direct Observation of Procedural Skills (DOPS)	Indicative minimum numbers. Surgical procedures should achieve level indicated in Table 2  Non-surgical procedures are listed in Table 3	4 surgical 2 non-surgical	4 surgical 2 non-surgical	4 surgical 2 non-surgical	4 surgical 2 non-surgical
<b>Quality improvement (QI) project</b>	Project to be assessed with quality improvement project tool (QIPAT)	1	1	1	1
<b>Teaching observation (TO)</b>	Can be based on any instance of formalised teaching by the trainee which is observed by the assessor	1	1	1	1
<b>Research supervisor report (RSR)</b>	To cover training year since last ARCP. ES to do RSR if trainee not actively engaged in research yet.	1	1	1	1
<b>Dermatology SCE</b>		Not required	Not required	Attempt/pass	Pass

**Table 1: Outline grid of minimum levels expected for Dermatology specialty CiPs by end of each training year**

**Level descriptors**

Level 1: Entrusted to observe only – no clinical care; Level 2: Entrusted to act with direct supervision; Level 3: Entrusted to act with indirect supervision;

Level 4: Entrusted to act unsupervised

Specialty CiP	Specialty training				CCT
	ST3	ST4	ST5	ST6	
1. <b>Outpatient dermatology:</b> managing dermatology patients in the outpatient setting	2	3	3	4	CRITICAL PROGRESSION POINT
2. <b>Acute and emergency dermatology:</b> managing dermatological emergencies in all environments and managing an acute dermatology service including on-call	2	3	3	4	
3. <b>Liaison and community dermatology:</b> working in partnership with primary care and promoting skin health	2	3	3	4	
4. <b>Skin tumours and skin cancer:</b> managing a comprehensive skin cancer and benign skin lesion service	2	3	3	4	
5. <b>Procedural dermatology:</b> performing skin surgery and other dermatological procedures	2	3 (with suitable case selection)	3 (with suitable case selection)	4	
6. <b>Paediatric dermatology:</b> managing paediatric dermatology patients in all settings	2	2	3	4	
7. <b>Other specialist aspects of a comprehensive dermatological service including:</b> 7A) cutaneous allergy 7B) photobiology and phototherapy 7C) genital and mucosal disease 7D) hair and nail disease	2	2	3	4	

## Table 2: Practical procedural skills - surgical

Trainees must be able to outline the indications for the procedures listed in the table below and recognise the importance of valid consent, aseptic technique, safe use of analgesia and local anaesthesia, minimisation of patient discomfort, and requesting help when appropriate. For all practical procedures the trainee must be able to appreciate and recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary. Please see further information below.

Surgical Procedures	Year 1 (ST3)	Year 2 (ST4)	Year 3 (ST5)	Year 4 (ST6)
Curette and cautery	can perform unsupervised			
Cryotherapy of benign or premalignant lesions	can perform unsupervised			
Cryotherapy of superficial basal cell cancer		can perform unsupervised		
Dog ear repair				can perform unsupervised
Excision of lesion on trunk or limbs with direct closure using deep (sub-cuticular) & surface (percutaneous) sutures		satisfactory supervised practice	can perform unsupervised	
Excision of lesion on head and neck with direct closure using deep (sub-cuticular) & surface (percutaneous) sutures			satisfactory supervised practice	can perform unsupervised
Incisional skin biopsy	can perform unsupervised			
Punch biopsy	can perform unsupervised			
Shave excision		can perform unsupervised		
Small flap repair				satisfactory supervised practice
Genital/ mucosal biopsy				can perform unsupervised

The procedures must be achieved by the end of the indicated year of training but can be achieved in earlier years if the opportunity arises. When a trainee has been signed off as being able to perform year 1 and 2 procedures independently, they are not required to have any further assessment (DOPS) of that procedure unless they or their educational supervisor think that this is required (in line with standard professional conduct). However, excisions will require more than one assessment on different areas of the head and neck or body due to variability of underlying anatomical structures.

## Table 3: Practical procedural skills - non-surgical

The following procedures must be achieved to a level of unsupervised practice by end of ST6

Procedure
Dermoscopy
Dermatology Life Quality Index and other assessment tools eg Psoriasis Area Severity Index, Eczema Area Severity Index
Triamcinolone injection
Take skin scrapings and nail clippings for mycology
Wood's light examination

The following procedures can be used to demonstrate learning, but are not essential for the trainee to be able to perform themselves

Procedure	
ABPI (ankle brachial pressure index) measurement	Microscopy for identification of scabies mite
Allergen prick testing	Monochromator testing
Botulinum toxin injections for treatment of hyperhidrosis	Patch test application
Diphencyprone sensitisation	Photopatch testing
Iontophoresis	Photoprovocation testing
Minimal Erythema Dose or Minimal Phototoxic Dose (MED or MPD)	Photodynamic therapy
Microscopy of hair shaft	Take a high-quality teledermatology medical localizing and close-up image using a mobile device
Microscopy of skin scrapings for fungi	Take a high-quality teledermatology dermoscopic image using a mobile device