

**British Association of Dermatologists' response to NICE query
Clarification on dermoscopy training amongst *appropriate* healthcare
professionals – NICE clinical guideline on the assessment and management of
melanoma (GID-CGWAVE0674)**

The British Association of Dermatologists (BAD) would like to thank NICE for the opportunity to clarify the matter of dermoscopy training in assessing pigmented lesions by appropriate healthcare professionals (CNS, GPs with a special interest, plastic and reconstructive surgeons, dermatologists) in relation to the upcoming NICE clinical guideline on the assessment and management of melanoma.

(1) Dermatologists

Training may be given to all dermatology trainees by supervising consultant dermatologists on the job, and at specific dermoscopy training courses. Competency is assessed like other clinical skills using the various workplace-based assessments (WPBA). Often, this is part of the consultation process so the use of dermoscopy is just one facet of the patient assessment.

Dermoscopy is mentioned in section 2 of the specialty training curriculum under "*Clinical examination*", which requires trainees to "...*use and interpret findings adjunct to basic examination*". Additionally, in section 8 ("*Skin oncology*") trainees are required to "...*describe the common clinical, dermoscopic and histopathological features of primary skin cancer...*" using in Case-based Discussions (CbD) or in the Specialty Certificate Examinations (SCE).

Although dermoscopy is not currently part of the undergraduate curriculum, this may change in the future. In some centres, medical students are shown how to use dermatoscopes and the basic signs to look out for as part of, e.g. half-day sessions on examination skills; they then see them in use in most clinics and when attending MDT meetings.

(2) GPs

There are training courses for GPs run in various centres in the UK either as stand-alone dermoscopy courses or integrated into diplomas. The Primary Care Dermatological Society may be able to advise in more detail

(3) Plastic and reconstructive surgeons

We are uncertain as to whether many plastic surgeons have dermoscopy as part of their training, although some do. Some centres have dermoscopy images reviewed by the whole team in weekly MDT meetings as part of clinical decision making for borderline pigmented lesions – in these instances plastic surgeons may receive training. The regular use of dermoscopy photos in MDTs will vary according to availability of dermoscopy photography in medical image departments and therefore such training cannot be generalised.

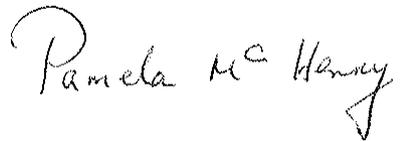
As far as we are aware there are no officially established national competency standards for dermoscopy.

In line with [our official response to the draft guideline](#) recently, the BAD would like to stress that although dermoscopy training is essential for all appropriate healthcare professionals and would help make diagnosis more accurate amongst both specialist and generalist clinicians, it is not a stand-alone skill. It is part of the overall examination of patients with suspected melanoma, lentigo maligna, basal cell carcinoma, seborrhoeic keratoses, lichen planus and many other skin diseases. Its use for diagnosing skin diseases such as melanoma should be taught as part of this overall clinical assessment – history, clinical appearance, dermoscopic appearance and differential diagnosis. The context of such training would be within a 2-week-wait clinic for suspected melanoma (or squamous cell carcinoma), but also in other clinical settings for other diseases. The degree of competency should improve throughout the training period as for other clinical competencies. Full competency would be those expected in a dermatology trainee who was approaching completion of a Certificate of Completion of Training (CCT).

We hope the information above is useful.



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