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The British Association of Dermatologists

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UK DermSoc Newsletter

Dear Members,

Welcome to the sixth edition of the UK DermSoc newsletter. The academic year is off to a good start and we are pleased to report back on some very successful events. In this edition we look at reports from DermSchool 2015 in Manchester, and the 4th DermSoc National Day in London. We include a summary of a well received talk from the DermSoc National Day on quality improvement, a description of a dermatology rotation as a junior doctor, and an introduction to the new DermSoc National committee.

It has been encouraging to hear about the growth of individual societies across the country, and the creation of new ones such as those at Lancaster and Nottingham. We look forward to hearing from you and working with you this year!

The observant from among you may have noticed the change of the DermSoc logo. We hope that your society will use this logo from now on.

Join the official Facebook group at:

<https://www.facebook.com/groups/dermsocuk>

which aims to improve inter-university communication and promote discussion on upcoming Dermatology opportunities relevant to medical students.

The next edition of the newsletter is due in the spring of 2016 and if you would like to write about your DermSoc activities please send any articles, updates and photographs to dermsocnational@gmail.com and we'll try to incorporate them.

For more information about dermatology and The BAD please visit: <http://www.bad.org.uk/site/616/default.aspx>.

Charity Fundraising: We plan to raise money as individual societies for British Skin Foundation this year. Details will be released on the FB page and via email.

DermSoc National Day, October 2015

By Monty Lyman

The latest DermSoc National Day in the autumn of 2015 was another great success. The room at the BAD house was full of medical students and junior doctors, from Exeter to Edinburgh! Nineteen medical schools were represented, showing the growth of dermatology societies across the country from Lands End to John O'Groats.

We were honoured to have Professor Chris Bunker, past president of the BAD, give three talks on his specialist subjects: TEN, HIV and male genital dermatology. Doctors Mary Glover and Nerys Roberts, paediatric dermatologists from Great Ormond Street and Chelsea and Westminster Hospitals respectively, gave insightful talks into dermatological conditions in children.

There was also an idea sharing session for setting up and running dermatology societies at university. Whilst a number of attendees were not actively involved in dermatology societies at their individual universities, this session helped stimulate discussion about ideas for events and our national fundraising plans.

Doctors and committee members of Dermsoc National gave well-received CV talks on audits, quality improvement and research and there was even a quiz at the end of the day.

The feedback was positive, with the majority of students rating the programme, organisation and venue as excellent. We will endeavour to make the next event, on March 24th 2016, even better. We will be covering different topics so for those of you who want to attend again there will something different for you. There is more information on this event and others on page 8.



Round up from DermSchool 2015

By Anna Ascott

On Monday the 6th of July I had the pleasure of attending the DermSchool conference, presenting to the delegates about DermSoc over the past year.

Medical school exposure to dermatology is minimal. Often it is difficult to appreciate the wide breadth and the relevance of skin disease to every other system in the body, let alone have the opportunity to speak to dermatologists about a career in the specialty! The DermSchool conference provides a day packed full of useful information about the opportunities that are available to you as a medical student or junior.



By the end of the day my conference pack had notes scrawled all over it. I learned useful tips about how to maximise my chances of pursuing a career in dermatology, I enjoyed engaging lecturers from experts in their fields, and the chance to gain practical skills in cryosurgery, punch biopsy and electrosurgery. These practical skills are things that we are unlikely to be exposed to at medical school or during foundation training, and the chance to be taught by registrars provides an informal space to ask lots of questions!

This year, an interesting political discussion was brought into the panel Q and A, which gave me insight into the challenges that pursuing a career in dermatology will hold. However, the most enjoyable part of the day for me was the social afterwards, where I could follow up the talk that myself and Dr Amiee Vyas gave about DermSoc by chatting with delegates over a glass of wine. Dermatology is a small specialty and by coming to DermSchool you are likely to meet your future colleagues! We can bolster our capacity to overcome political challenges and thus provide high quality care to our patients by being a strong network of passionate and caring medics. I believe that this can start as early as medical school, in your DermSoc, and by attending events like DermSchool.

If you are considering a career in Dermatology then attending DermSchool once is a must. The BAD are very generous with travel bursaries, and there is the opportunity to submit an abstract that you can present as a national poster. I hope to see you there in July 2016, where DermSchool will be held in Birmingham.

A brief introduction to quality improvement: what is the difference between audit and QI?

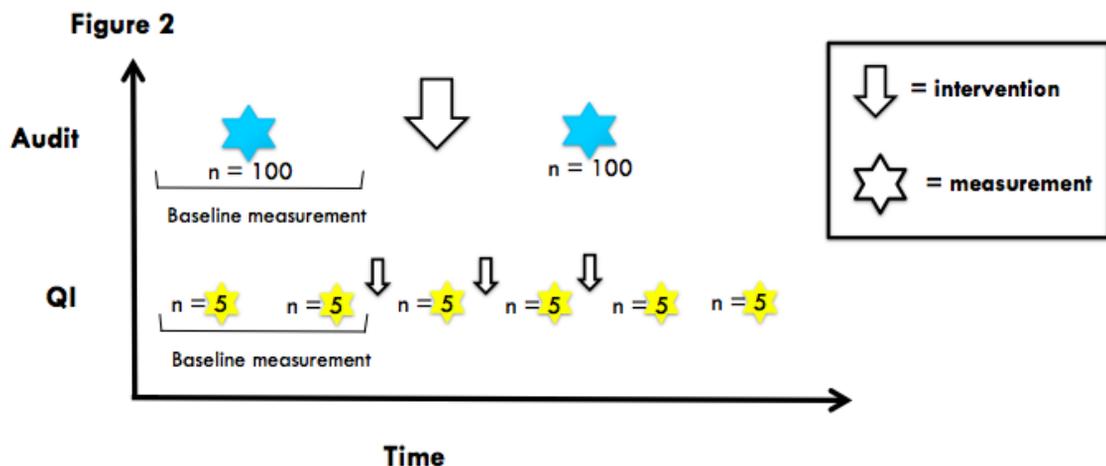
By Anna Ascott

Students and junior doctors undertake audit all the time but often they're a bit of a chore. They can be time-consuming, uninspiring, and feel like a tick box exercise rather than something that actually makes a positive difference to healthcare.

The major issue is this: closing the loop is an essential part of any audit, but in practice this rarely happens. In reality, audit has become all about the collection of lots of data, i.e. the comparison of current practice to a standard. Sadly, a lot of the data that is being collected by students and juniors is gathering dust instead of driving change. One of the fundamental differences between QI and audit is that the emphasis is put back onto the improvement in practice (see figure 1).



Figure 1- Audit Cycle



How is this achieved you may ask? Figure 2 shows a graph of audit and QI over time. Focus on the top part of the graph, which shows the lifecycle of an audit. There has been a baseline audit where we've collected data from 100 patients notes. We then put in an intervention (the arrow) to improve practice. After this we've looked through another 100 patient's notes.

Underneath audit we can see QI over time. Here we've measured 5 patients notes a few times as our 'baseline data'. Once we have our baseline we might have made more than one intervention, because perhaps the first intervention didn't work very well to actually improve practice, so we have to think about what might actually work. After a successful intervention we continue to measure (little and often) to ensure that our intervention has resulted in a sustained change in practice.

Hang on a minute, measuring more than twice? In theory, closing the loop of an audit is measuring at two timepoints, right? Well, have a look at figures 3-6. According to our audit results in figure 3, it looks like our intervention (arrow) has made an improvement to practice... But is that what this graph really shows? Is this really sufficient proof of change? Look at figures 4-6 to show what may have actually happened.



Figure 3

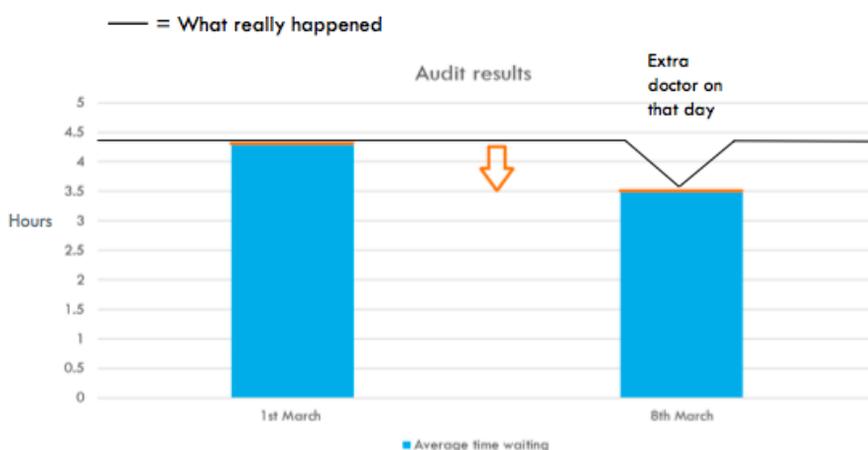


Figure 4

As we've just learnt, with QI you effectively 're-audit' multiple times, but to a much a smaller scale. This makes the whole measurement process much easier, and much less laborious. It's hard to get used to the idea that you don't need a sample size of 50 or 100 measurements. The fact is that if you've measured something 5 times and your intervention didn't work to improve practice two of those times, then why carry on measuring? You know that you need to go back to your intervention, and improve it. Measuring 45 more times isn't going to help you; it'll just be really boring!

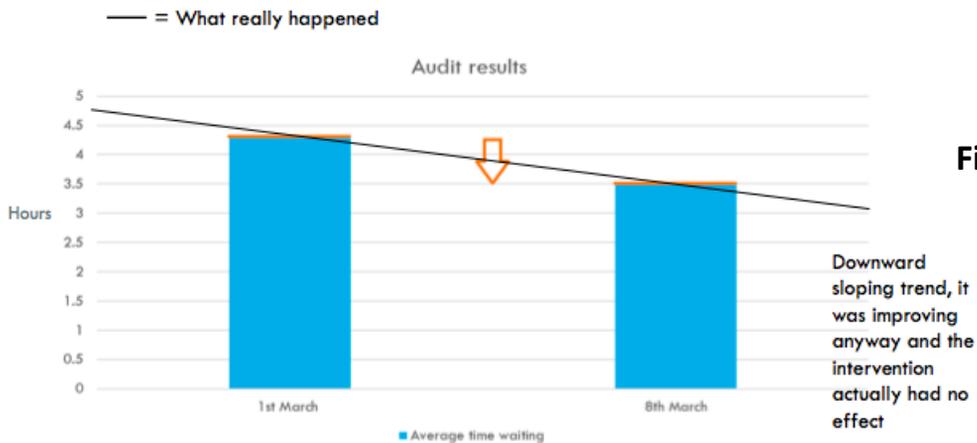


Figure 5

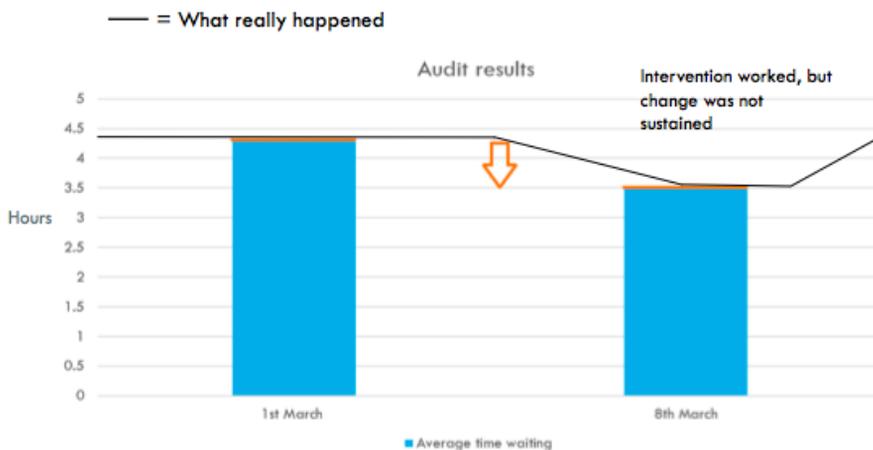


Figure 6

So as you can see with a QI project you are proving that you have made a real improvement in quality, its not just a tick box exercise. It is really satisfying to see the change that *you* have implemented making a positive difference on those around you.

QI projects are creative, they are good for short placements where you can implement change rapidly, and they are an excellent way to develop your leadership and management skills. There are also far more more opportunities to present and publish QI than for audit, gaining lots of points for the CV. You can do a QI project in any aspect of healthcare, and instead of any audit, so get thinking and get improving!

If you want to learn more about quality improvement take a look at these websites: <http://www.ihl.org/education/ihlopenschool/Pages/default.aspx>, http://www.institute.nhs.uk/option.com_quality_and_service_improvement_tools/Itemid,5015.html and <https://www.rcplondon.ac.uk/education-practice/advice/quality-improvement-revalidation-p-cat-tool>

A Job in Dermatology as a Junior Doctor

By Dr Julian Pearce

After the so called 'Dermaholiday' in medical school where as students are given a week or two experiencing an interesting and diverse specialty, how can we gain more experience into the day-to-day job of a Dermatologist?

Something which I was not aware of as a student, was that there are opportunities for junior doctors to have a job in dermatology, or a job with a dermatology component. I had a job in Dermatology, GUM and Rheumatology in South London. I came across this on the FPAS form whilst applying, but some others had heard about this job through word of mouth.

My job had two days a week of dermatology. The first couple of weeks were spent shadowing the consultants and registrars in their different clinics. Although it was a District General Hospital, the department had a variety of general and subspecialist clinics to gain experience in. These included general adult and paediatric dermatology, 2 week wait skin cancer clinics, allergy, phototherapy, patch testing, complex conditions clinics and dermatological minor operations surgeries run by a variety of clinicians including Dermatologists, Plastic Surgeons and General Surgeons with an interest in minor ops.

After I got to know the staff and workings of the department I was given a clinic room to see my own patients. I was encouraged to have my patients reviewed by a senior at first, but as my experience and confidence grew I was able to diagnose and manage more patients myself. Any referrals from other wards in the hospital were seen by the registrar/trust grade doctor at first, and if they necessitated a consultant review (or if particularly interesting!), the department would go on a small ward round. After I had seen patients with suspected skin cancer, I was expected to attend the weekly MDT where I presented the patients I had seen and helped create management plans. I then dictated letters to the patient, their GP and other specialites. I managed to complete an audit during my 4 month job and write up an interesting case as a poster for the annual DermSchool event.

Dermatology is a competitive speciality and the application process demands a lot from us, but even as junior doctors there are great opportunities to gain more experience and maximise your potential to progress towards such an interesting and rewarding career. This job gave me a great sense of autonomy, even as a junior doctor, greatly increasing my Dermatological knowledge and practical experience, giving me a real insight into the day-to-day work of clinicians in the speciality.

Meet your new national DermSoc UK Committee!



Monty Lyman, medical student rep. A fourth year medic at Birmingham.
"Variety is one of the most attractive aspects of Dermatology. The skin is susceptible to the greatest number of diseases of any organ, some of which impact severely on quality of life and some of which are life-threatening. It's a dynamic specialty and there is a great opportunity for research."



Anna Ascott, medical student rep. A fourth year medic at Barts and The London. "I've found skin fascinating for as long as I can remember, and this has continued through medical school. Dermatology is relevant to many different specialties and dermatological problems are common. As a career there are so many different opportunities"



Natasha Lee, junior doctor rep. Foundation doctor, Leeds. "If people are asked to picture an organ, the skin is often forgotten, but it is such a fascinating part of the body! A career in dermatology offers a medical/surgical mix and brings you into contact with patients of all ages which is what I hope to have from a career in medicine."



Bernard Ho, junior doctor rep. CT1, London. "I'm interested in dermatology because of the diagnostic process that is still very much based on history, examinations and focused investigations. It's a specialty that has something for everyone, which makes it even more enjoyable."

Upcoming Events

DermSoc National Day March 24th 2016

The day will be held on March 24th 2016 at Willan House in London. The day will feature topics including the future of working in dermatology, Mohs surgery and there will be engaging talks from world leaders in dermatological research.

Sign up will be released on our Facebook page:

<https://www.facebook.com/groups/dermsocuk/?fref=ts>

DermSchool Birmingham 2016

Registration will open in late January 2016 for this fun, fantastic and free event!

DermSchool is a one day meeting for medical students and junior doctors and is packed with career pearls, a poster session, practical demonstrations and lectures from esteemed dermatologists around the UK.

To express interest, please contact: conference@bad.org.uk