

**Training Curriculum for Post-CCT
Fellowship
Paediatric Dermatology
May 2012**

This curriculum is adapted from the Specialty Training Curriculum in Dermatology 2010 and Includes RCPCH level 1 competencies.

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1 Introduction

Children with skin disorders referred to secondary care are currently seen by either Paediatricians or Dermatologists (or, rarely, those with dual accreditation) there being no recognised subspecialty training programme in Paediatric Dermatology.

This curriculum relates to further training in paediatric dermatology for trainees who have fulfilled all the requirements for a CCT in dermatology. In order to prevent duplication of the Dermatology curriculum within the text of this document, the current curriculum is attached as an appendix. All the competencies with the exception of occupational dermatoses are relevant to children and young people with skin problems and competency in all aspects of the general dermatology curriculum as applied to paediatrics required to achieve competency at Fellowship level.

The curriculum describes the competencies required for a UK NHS Consultant Dermatologist practising secondary and tertiary level paediatric dermatology that are *over and above* those delivered by current higher specialist training in dermatology. It is anticipated that in order to achieve competency to paediatric dermatology fellowship standard, the programme length will be 1 year. This may vary where the fellow is training flexibly or according to previous experience but it is unlikely that these competencies will be achieved in less than 12 months

It is anticipated that most applicants for the Fellowship will apply following a successful Penultimate Year Assessment. Applicants can only take up the Fellowship once CCT in Dermatology has been attained.

Training centres will apply for training capacity in paediatric dermatology. It is understood that there may be several training centres which the GMC recognise for fellowship training and that some centres may offer expertise in certain sections of the curriculum and that occupancy of these posts may vary from year to year.

This curriculum has been created by the Training Committee of the British Society for Paediatric Dermatology (BSPD). The format of this curriculum follows that of the JCRPTB Specialty Training curriculum for Dermatology.
<http://www.jrcptb.org.uk/Specialty/Pages/Dermatology.aspx>

See appendix 1 for a list of contributors.
See appendix 2 for the Dermatology Curriculum

2 Rationale

2.1 Purpose of the Curriculum

The purpose of this curriculum is to define the process of training and the competencies needed for completion of post-CCT Fellowship training in Paediatric Dermatology.

The format of this curriculum follows that of the August 2010 JCRPTB Specialty Training curriculum for Dermatology and it is understood that all progressive and modular elements of the dermatology curriculum will be met and that after completion of the paediatric dermatology training the competencies will also be applicable in both the progressive and modular elements to paediatric dermatology. This Paediatric Dermatology curriculum has three sections:

a. Dermatology as applied exclusively to paediatric practice

Trainees in dermatology learn generic and specialist skills largely but not exclusively from adult patients. All subspecialties of dermatology (except occupational dermatology) apply to children, and all curriculum areas of dermatology require specific considerations when applied to paediatric practice. This training fellowship will provide an opportunity to develop competencies in general and subspecialty dermatology as applied to babies (including neonates), children and young people. To avoid replication of the whole curriculum this is attached as appendix 2.

b. General paediatrics as applied to dermatology practice

These competencies are those required are the level 1 General Clinical Competencies listed in the RCPCH document "A framework of competencies for basic specialist training in paediatrics (October 2004)" pages 19-22 available at <http://www.rcpch.ac.uk/Training/Competency-Frameworks>. Since the applicants will in most instances not have MRCPCH training it is important that key competencies in dealing with children and young people are reached. These are namely: Development (emotional, social, educational); Growth and nutrition; Adolescence. Whilst they are included in the paediatric dermatology module in the pre-CCT Dermatology curriculum they will be developed further during this fellowship.

c. Advanced paediatric dermatology including genetic dermatology

These additional competencies relate to the workload of a tertiary-level paediatric dermatologist and focus on those conditions with specific presentations in early life such as naevi and congenital malformations, neoplastic conditions and the rare but important inherited skin conditions. The other aspects of paediatric skin diseases such as severe inflammatory dermatoses and surgery are covered in the progressive elements of the dermatology curriculum as applied to paediatrics and mentioned in **section a**.

The trainee in paediatric dermatology may have entered dermatology specialist training with MRCPCH in which case these will already have been attained. However, the trainee will still be required to update skills in Basic Paediatric Life

Support and Child Protection regardless of previous training. These competencies will be at RCPCH Level 1.

2.2 Development

This curriculum was developed by the Training Committee of the British Society for Paediatric Dermatology (BSPD). It was based on a curriculum developed by the BSPD and the SAC in Dermatology required by JCRPTB for the MMC-funded Clinical Fellowship in Paediatric Dermatology at Birmingham Children's Hospital.

2.3 Entry Requirements

Entrants will have fulfilled the requirements for a CCT in Dermatology but will enter Paediatric Dermatology Fellowship Training prior to leaving the training programme. They may have entered specialist Dermatology training from either a paediatric or an adult route.

Doctors will undergo competitive selection into the Paediatric Dermatology Fellowship training using a nationally agreed person specification.

2.4 Enrolment

Entry to Paediatric Dermatology Fellowship is post-CCT in Dermatology. The curriculum is competency-based and is for a minimum of one year adjusted accordingly for flexible training.

2.5 Less than fulltime (flexible) training

Trainees who are unable to work full-time are entitled to opt for LFT training programmes. EC Directive 93/16/EEC requires that:

- Part-time training shall meet the same requirements as full-time training, from which it will differ only in the possibility of limiting participation in medical activities to a period of at least half of that provided for full-time trainees;
- The competent authorities shall ensure that the total duration and quality of part-time training of specialists are not less than those for full-time trainees.

The above provisions must be adhered to. LTFT trainees should undertake a pro rata share of the out-of-hours duties (including on-call and other out-of-hours commitments) required of their full-time colleagues in the same programme and at the equivalent stage.

2.6 Dual CCT

There is currently no specific provision for trainees who wish to achieve a CCT in Paediatrics as well as dermatology. There are currently no dual training programmes (as there are for GIM and dermatology)

3 Content of Learning

3.1 Programme Content and Objectives

This section contains the content of the higher specialist curriculum for paediatric dermatology. The duration will usually be 1 year full time training, adjusted for flexible training.

The 3 aspects of higher training in Paediatric dermatology (see section 2.1) are derived from the following three sources:

a. Dermatology as applied to paediatric practice:

This is an extension of the paediatric module in the current 2010 dermatology curriculum. It expects competencies in all the progressive and modular elements of the general dermatology curriculum as applied to children with the exception of occupational dermatoses.

b. General paediatrics as applied to dermatology practice

The minimum competencies required are the level 1 General Clinical Competencies listed in the RCPCH document "A framework of competencies for basic specialist training in paediatrics (October 2004)" pages 19-22 available at <http://www.rcpch.ac.uk/Training/Competency-Frameworks>. namely: Development (emotional, social, educational); Growth and nutrition; Adolescence

c. Advanced paediatric dermatology and genetics:

This builds on the genetics module in the current dermatology curriculum as above, and also from the 2008 curriculum document developed jointly by C Moss, the BSPD and the Dermatology SAC for the MMC-funded Paediatric Dermatology Clinical Fellowship at Birmingham Children's Hospital. The requirements for genetic knowledge are taken from <http://www.geneticseducation.nhs.uk/teaching-genetics/medical-practitioners/non-genetics-speciality-trainees.aspx>

On completion of higher training in paediatric dermatology the trainee will be expected to have acquired all the competencies described.

3.2 Good Medical Practice

In preparation for the introduction of licensing and revalidation, the General Medical Council has translated Good Medical Practice into a Framework for Appraisal and Assessment which provides a foundation for the development of the appraisal and assessment system for revalidation. The Framework can be accessed at http://www.gmc-uk.org/about/reform/Framework_4_3.pdf

The Framework for Appraisal and Assessment covers the following domains:

Domain 1 – Knowledge, Skills and Performance

Domain 2 – Safety and Quality

Domain 3 – Communication, Partnership and Teamwork

Domain 4 – Maintaining Trust

The “GMP” column in the syllabus defines which of the 4 domains of the Good Medical Practice Framework for Appraisal and Assessment are addressed by each competency. Most parts of the syllabus relate to “Knowledge, Skills and Performance” but some parts will also relate to other domains.

3.3 Syllabus

Each table below contains a broad statement describing the competencies contained in that table. These are divided in to knowledge, skills and behaviours. For each of these the next column lists suitable assessment methods. The “Assessment Methods” shown are those that are appropriate as **possible** methods that could be used to assess each competency. It is not expected that all competencies will be assessed and that where they are assessed not every method will be used. See section 5.1 for more details.

“GMP” defines which of the 4 domains of the Good Medical Practice Framework for Appraisal and Assessment are addressed by each competency. See section 3.2 for more details.

The syllabus for higher training in paediatric dermatology comprises elements over and above the Dermatology CCT syllabus; all pre-CCT competencies should have been attained. However, trainers in paediatric dermatology will remain alert for deficiencies in areas that should already have been covered. For that reason the whole syllabus is included below although the “over and above” elements essential to higher training in paediatric dermatology are reflected in the GMP domains.

Syllabus of Contents

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Section A

Progressive and Modular Elements of paediatric dermatology developed from the August 2010 Dermatology Curriculum

The paediatric dermatology curriculum will build on the progressive and modular elements of the 2010 Dermatology Curriculum(<http://www.jrcptb.org.uk/specialties/ST3SpR/Pages/Dermatology.aspx#Curriculum-Assessment>). All the generic progressive elements from 1-15 from the pre CCT dermatology curriculum will have been attained prior to entry. See Appendix 2

All the progressive and modular elements, with the exception of occupational medicine, are applicable to paediatric dermatology and competencies applicable to children must be attained in all these domains by the end of the fellowship training period.

For clarification, this means that completion of the fellowship will mean competency in the management of all dermatological conditions outlined in the 2010 Dermatology curriculum but demonstrated wholly and exclusively in a paediatric population including babies, neonates and young people. This includes competency in the diagnosis and management of the skin diseases which are specific to infancy childhood and adolescence such as vascular malformations, congenital naevi and genetic skin disorders.

Section B

Level 1 competencies based on the roles and responsibilities of paediatricians developed from the October 2004 Framework of competencies for basic specialist training in paediatrics. The fellowship will build on those competencies already incorporated into the paediatric module of the Dermatology curriculum.

The paediatric dermatology curriculum will develop the minimum general competencies listed in the level 1 general competencies for basic specialist training in paediatrics

The minimum competencies required are the level 1 General Clinical Competencies listed in the RCPCH document "A framework of competencies for basic specialist training in paediatrics (October 2004)" pages 19-22 available at <http://www.rcpch.ac.uk/Training/Competency-Frameworks>. namely: Development (emotional, social, educational); Growth and nutrition; Adolescence

To be able to understand the roles and responsibilities of a paediatrician		
Knowledge	Assessment Methods	Year Attained
<ul style="list-style-type: none"> Understand the duties and responsibilities of a paediatrician in the safeguarding of babies, children and young people 	CbD	F
<ul style="list-style-type: none"> Understand the duties and responsibilities of a paediatrician to support and enable parents and carers to be effective in caring for their children. 	CbD	F
<ul style="list-style-type: none"> Understand and follow the principle that all decision are to be made in the best interests of the child or young person in their care 	CbD	F
<ul style="list-style-type: none"> Develop an understanding of the concept of advocacy for a healthy lifestyle in children and young people and for the protection of their rights 	CbD	F
<ul style="list-style-type: none"> Understand the responsibility of paediatricians to consider all aspects of a child's well being including biological, psychological and social factors 	CbD	F

Good clinical care		
• Effective skills in three-way consultation and examination		
• The need to anticipate and respond sensitively to children and young people who are suggesting unease or unwillingness about a physical examination and begin to develop appropriate strategies to reassure	CbD	F
• Be able to take a history accurately and sensitively that routinely includes biological, psychological, educational and social factors in the child and family	CbD miniCEX	F
• Be able to examine children and young people accurately and sensitively in appropriate settings	mini-CEX	F
• Understand the need to conduct a consultation in such	mini-CEX	F
○ a way that a child or young person and their family may feel able to talk about difficult or emotional issues		
• Know about and begin to develop skills to prevent disruptive or antisocial behaviour in children, families and adolescents in clinical setting and to respond to them if they occur	CbD	F
• Effective skills in paediatric assessment		
• Recognise case histories which suggest serious or unusual pathology in children	CbD	F
• Recognise the diseases and host characteristics which make certain presentation life-threatening in children and know when to ask for help	CbD	F
• Recognise presentation of common disorders in children	mini-CEX, CbD	F
• Assess symptoms and signs accurately	mini-CEX	F
• Knowledge, understanding and recognition of common behavioural, emotional and psychosocial aspects of illness in children and families		
○ Know about normal emotional and behavioural development and how it may affect the child and family at different stages	CbD	F
○ Be able to look at behaviour as a form of communication and to take this into account when interviewing, examining and assessing children	mini-CEX	F
○ Know about the effects of developmental difficulties and physical disease on behaviour and vice versa	CbD	F

○ Know about the multi-disciplinary nature of the Child and Adolescent Mental Health Services	CbD	F
○ Recognise the effects of school and other social settings on childhood illness and vice versa	CbD	F
○ Know the principles of managing common behaviour problems such as temper tantrums, sleep problems, the crying baby, feeding difficulties, oppositional behaviour, enuresis and encopresis, school refusal.	CbD	F
○ Recognise the mental health components of paediatric illness	CbD	F
○ Be able to assess the mental state of children and young people	CbD	F
• Knowledge and skills in safe prescribing of common drugs in paediatrics		
○ Know and understand the pharmacological basis for treatments	CbD	F
○ Be able to prescribe safely for the newborn and for children of all ages	CbD	F
○ Understand the principles of prescribing for newborn babies and breast feeding mothers	CbD	F
○ Know about the licensing of medicines for paediatric patients and unlicensed and off-label use	CbD	F
○ Be able to calculate drugs accurately according to specific doses for weight or age/weight range or on a specific dose/specific area basis	CbD	F
○ Know how to find out information necessary for safe prescribing through the use of paediatric formularies and pharmacy liaison	CbD	F
○ Know how to use the local and national guidelines for the relief of pain in children	CbD	F
○ BE aware of procedures for obtaining consent in children and young people for the administration of drugs	CbD	F
• An understanding of safeguarding and vulnerability in paediatrics		
○ Understand the effects of family composition, socio-economic factors and poverty on child health		
○ Be aware of child health exploitation issues including child prostitution, child labour and children in combat	CbD	F
○ Be aware of the effects of armed conflict on child health	CbD	F
○ Be able to recognise increased needs in children who are fostered, adopted or in residential care	CbD	F
○ Be able to recognise and outline the management of children in need of protection	CbD	F
○ Know about the resources that may be available from health and other agencies, including the voluntary sector and the roles of allied health professionals to support children and their families	CbD	F
○ Have a basic understanding of local interagency structures for joint planning of services	CbD	F
○ Have an understanding of how different disciplines and agencies collaborate locally with respect to looked after children, children's with disabilities and over child protection issues	CbD	F
○ Understand concepts and factors underpinning child protection work	CbD	F
○ Recognise features in presentation, where child		

o protection may be an issue for example where there are patterns o injury, delay in presentation, inconsistencies in the history	CbD	F
o Recognise where families are distressed and need help to prevent child abuse	CbD	F
o Be familiar with the different categories of abuse and recognise that they may occur together; physical, emotional, sexual, neglect, fabrication or falsification /induction of illness in a child	CbD	F
o Understand the emotional impact of abuse on the child, family and on professionals	CbD	F
o Know the local guidelines and national guidance and follow the procedures for cases where child abuse is suspected	CbD	F
o Keep accurate records of all findings and communication with the child, family members and all other professionals	CbD	F
o Recognise the importance of noting all observations of the child's demeanour and interactions with parent and carers	CbD	F
o Understand the need to initiate a safe response where abuse is suspected, whilst treating the family with respect and courtesy at all times	CbD	F
o Begin to understand the ways in which their own beliefs, experience and attitudes might influence professional involvement in child protection work	CbD	F
o Have attended child protection awareness training		
Paediatric and neonatal life support skills		
o Be able to carry out resuscitation using bag, mask ventilation and cardiac compressions		
An understanding of growth, development, health and well-being in paediatrics		
o Understand the variations in relationship between physical, emotional, intellectual and social factors and their influence on development and health	CbD	F
o Be familiar with the patterns of normal development from birth to adulthood	CbD ,mini-CEX	F
o Understand the need for further assessment and investigation of delayed development and how to access this	CbD	F
o Know and understand the principles of screening and monitoring	CbD	F
o Understand the specific health issues, diseases and disorders related to the stages of growth and development	CbD	F
o Know the causes of neurodisability, how disability might affect clinical examination and assessment and understand the need for a multi-disciplinary approach to management	CbD	F
o Recognise deviation from normal patterns of development	CbD	F
o Recognise that child neglect of abuse might affect a child's development	CbD	F
o Be able to identify abnormal patterns of development	CbD	F
o Know the factors which influence health emotional Development		

• Understand the emotional impact of illness and hospitalisation on children and their families	CbD	F
• Understand a child's need for opportunities to play and learn at different ages	CbD	F
• Be able to assess parenting skills and recognise indications of unsatisfactory or unsafe parenting	CbD	F
• Recognise and know the principles of managing common behavioural problems	CbD	F
• Recognise pointers to fabricated and induced illnesses and know how to seek help	CbD	F
• Know the factors that influence social development		
• Know the factors which influence intellectual development	CbD	F
• Understand the vulnerability of a child with learning difficulties		
• Understand the impact of learning difficulties on social and emotional behaviour	CbD	F
• Know about the process of formal statutory assessment of children with possible special educational needs and other educational strategies to support learning and development	CbD	F
• Be able to monitor growth using appropriate tools	CbD	F
• Understand the basic physiology of breast feeding	CbD	F
• Be able to advise a mother about the benefits and risks associated with infant feeding	CbD	F
• Understand the role of nutritional support team specialist nurses, dieticians, psychologists, pharmacists, speech and language therapists in managing feeding and nutrition in paediatrics	CbD	F
• Understand the relationship between nutritional status and disease	CbD	F
• Know about the principles and methods of dietary supplementation	CbD	F
• Recognise cultural and religious issues related to nutrition		
• Understand the effects of obesity on long term health		
• Understand the range of factors, biological ,psychological and social which influence normal growth and puberty	CbD	F
• Be able to identify a family needing nutritional support or advice		
• Understand the different specific and changing health needs of adolescents as inpatients and outpatients	CbD	F
• Understand normal and abnormal pubertal development and its relationship to growth	CbD	F
• Know about contraceptive and sexual health issues and where appropriate advice might be sought		
• Know about the issues around transition from paediatric to adult care in adolescents with chronic conditions	CbD	F
• Recognise risk-taking behaviours, particularly those which pose a threat to chronic disease management	CbD	F
An understanding of health promotion and public health issues in paediatrics		
• Know about screening and surveillance programmes	CbD	F
• Know about the conditions currently screened for		
• Understand the ethical dilemma posed by screening	CbD	F
• Know the roles of health promotion programmes for example to prevent dental decay, smoking, accidents, obesity, sudden infant death	CbD	F
• Be able to recognise when injury may be non-accidental	CbD	F

<ul style="list-style-type: none"> • Understand passive and active immunisation • Understand the principles and the rationale behind the national immunisation policy for children in Britain • Know the indications, contraindications and complications of routine and specific childhood immunisations • Be able to advise parents 	CbD	F
Knowledge of the law regarding paediatric practice		
<ul style="list-style-type: none"> ○ Know the law with regard to consent and confidentiality, in children, young people and adolescents and follow the relevant legal principles in practice 	CbD	F

Section C

Additional competencies over and above those attained in the Dermatology genetics module need to be achieved during higher training in paediatric dermatology.

Advanced genetics as applied to paediatric dermatology

To be able to identify patients with, or at risk of, a genetic condition.

Be familiar with the mechanisms that underpin human inheritance and the role of genetic factors in disease.

Appreciate the heterogeneity in genetic diseases and understand the principles of assessing genetic risk.

Be able to manage genetic aspects of a condition including referring patients to genetic services where appropriate.

Be able to obtain and communicate up-to-date information about genetics in an understandable, comprehensible, non-directive way.

Be familiar with the uses and limitations of genetic testing and be able to use genetic testing appropriately.

Knowledge	Assessment Methods	GMP _ Year
Recognise basic patterns of inheritance	CbD	5 ___ F
Describe DNA as genetic material and how mutations and variants contribute to human disease	CbD	5 ___ F
Describe the chromosomal basis of inheritance	CbD	5 ___ F
Identify single gene disorders in the specialty and their inheritance patterns	CbD	5 ___ F
Be aware of the role of genetic factors in multifactorial inheritance	CbD	5 ___ F
Be aware of the genetic basis of cancer	CbD	5 ___ F
Be aware of the principles of risk estimates for family members of patients with Mendelian diseases	CbD	5 ___ F
Be aware of the principles of recurrence risks for simple chromosome anomalies, e.g. trisomies	CbD	5 ___ F
Be familiar with national guidelines that influence healthcare provision for those with genetic conditions	CbD	5 ___ F
Be aware of support services for those with a genetic condition (e.g. Contact a Family)	CbD	5 ___ F
Be familiar with the organisation of genetics services Know where to access credible genetic information on-line and off-line for self and patient	CbD	5 ___ F
Understand the distinction between genetic screening and genetic testing, and know the differences and similarities between diagnostic, predictive and carrier genetic testing	CbD	5 ___ F
Be aware that 'genetic tests' can include clinical examination, metabolite assays and imaging as well as analysis of nucleic acid	CbD	5 ___ F
Know the clinical indications for ordering genetic tests	CbD	

Skills	CbD	5	F
Draw and interpret a family tree	CbD	<u>5</u>	F
Estimate risk for family members of patients with Mendelian diseases	CbD	<u>5</u>	F
Estimate recurrence risks for simple chromosome anomalies	CbD	<u>5</u>	F
Put patients in touch with suitable support services	CbD, miniCEX	<u>5</u>	F
Understand when and how to make a referral to Clinical Genetics	CbD	<u>5</u>	F
Be able to discuss genetic conditions in a non-directive, non-judgemental manner, being aware that people have different attitudes and beliefs about inheritance	CbD, miniCEX	<u>5</u>	F
Be able to discuss treatment/management and reproductive options available to patients/families with, or at risk of, a genetic condition	CbD, miniCEX	<u>5</u>	F
Know how to organise genetic testing, including how to access help via the local clinical genetics service	CbD	<u>5</u>	F
Be aware that patients may present with a genetic condition of which there is no family history	CbD	<u>5</u>	F
Behaviours	CbD	5	F
Be aware of one's own professional limits in regard to managing genetic conditions and know when and where to seek advice	CbD	<u>5</u>	F
Be aware that, because genetic conditions are often multi-system disorders, comprehensive patient management is likely to involve liaison with other healthcare professionals	CbD	<u>5</u>	F
Recognise the need to offer appropriate referral for comprehensive genetic counselling	CbD	<u>5</u>	F
Be aware that consultations involving the giving and discussion of genetics information may require more time	CbD	<u>5</u>	F
Be aware that genetic information impacts not only on the patient but also on their family	CbD	<u>5</u>	F
Be aware of the ethical issues involved in genetic testing, such as confidentiality, testing children, and pre-symptomatic testing	CbD	<u>5</u>	F
Accept the concepts of informed choice and consent	CbD	<u>5</u>	F

4 Learning and Teaching

4.1 The Training Programme

The organisation and delivery of higher training in paediatric dermatology is currently the responsibility of the supervising consultant. The sequence of training should ensure appropriate progression in experience and responsibility and should ideally be flexible enough to allow the trainee to develop a special interest. It may involve training in more than one centre during the fellowship year.

4.2 Teaching and Learning Methods

The curriculum will be delivered through a variety of learning experiences. The types of situations in which a trainee will learn include:

- Work-based Experiential Learning
- Independent Self-Directed Learning
- Formal Study Courses
- General dermatology and paediatric outpatient clinics
- Ward Referrals and on Call
- Specialist Out Patient Clinics
- Formal Postgraduate Teaching
- Observation of tertiary teledermatology work with supervising consultants

5 Assessment

5.1 Assessment Blueprint

In the syllabus (3.3) the “Assessment Methods” shown are those that are appropriate as **possible** methods that could be used to assess each competency. It is not expected that all competencies will be assessed and that where they are assessed not every method will be used.

5.2 Assessment Methods

The following assessment methods are used in the integrated assessment system:

Workplace-Based Assessments (WPBAs)

- Multi-Source Feedback (MSF)
- mini-Clinical Evaluation Exercise (mini-CEX)
- Direct Observation of Procedural Skills (DOPS)
- Case-Based Discussion (CBD)
- Patient Survey (PS)
- Audit Assessment (AA)
- Teaching Observation (TO)

The fellow will have attained competency in paediatric dermatology when the curriculum has been completed and 10 minCEX, 10 DOPS, 10 Case Base Discussions, 1 patient Survey, 1MSF and 1 audit, sampling a cross section of the paediatric dermatology curriculum have been completed.

6 Supervision and Feedback

All elements of work in training posts must be supervised with the level of supervision varying depending on the experience of the fellow and the clinical exposure and case mix undertaken. It is anticipated that there will be quarterly appraisals to assess adequate progress. There will be an identified Educational Supervisor and relevant clinical supervisors with anticipated commensurate time allocated within job plans.

6.1 Appraisal

A formal process of appraisals and reviews underpins training. This process ensures adequate supervision during training, and is one of the main ways of providing feedback to trainees. A mid-point assessment is particularly important given that this is a 1 year fellowship.

Appendix 1. Contributors

British Society of Paediatric Dermatology Training Committee

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Appendix 2 2010 Dermatology Curriculum

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