



Frequently Asked Questions

Are there a minimum number of workplace-based assessments (WPBAs), which must be submitted? Must it match the number required by CCT Trainees?

Over their four years of training, the current specialty trainees in Dermatology are expected submit:

- 16 Surgical DOPS
- 8 Non Surgical DOPS
- 40 CBD
- 16 Mini-CEXs
- 2 MSFs
- 4 teaching observations
- 4 patient surveys

There is no set number of WPBAs required by equivalence must be demonstrated.

WPBAs, however, are an accepted and objective measure of knowledge / performance so it is important to try and include as many as possible. Incorporate them into your weekly practice. If you discuss an interesting case with a senior colleague, ask them to complete a CBD for you at that time, or if you inject a patient with intralesional triamcinolone, ask an experienced clinic nurse to complete a Non Surgical DOPS. Have the forms printed out and carry them with you for easy access and then load them onto the ePortfolio if you have one.

Other options to demonstrate knowledge, skills and experience include: submission of a series of cases evidenced in letters to GPs, strengthened with follow up letters to support correct diagnosis and outcomes if possible; and Reflective Learning after conferences.

Multi-Source Feedback (MSFs), patient surveys, and teaching observations (TOs) and feedback are required. Complete the standard forms to demonstrate these skills.

How are “competences” in the specialty quantified?

The list of relevant competences is listed in the Dermatology Blueprint. A number of WPBAs include assessment metrics to reflect the level of competence. WPBAs are designed to demonstrate trainee progression through escalating levels of competence.

Which evidence should I provide for RITAs, ARCPs and training assessments as I am not in a training post?

The following evidence can be provided:

- DoH Appraisal Forms 4 & 5 and Annual Review of PDP for last 5 years
- 360 degree Multi Source Feedback appraisal
- Mini CEX and DOPS assessments
- Reflective Learning experiences
- Discretionary Points award letters
- Letter of Award of. BAD Travel Fellowship
- Ticket confirming your assessment of trainees’ WPBAs
- Ticket Code Request to take part in MSF of GP VTS Trainee doing Dermatology Post
- Anonymised Record of Input in MSF of Colleague
- Learning, Teaching & Assessment in Dermatology Course
- Completed Appraisal Training course

You do not need to be on a training post to engage in WPBA. The forms can be downloaded from [JRCPTB website](#). You can also use appraisals forms or reports from supervisors.

Will completion of the Dermatology Specialty Certificate Examination (SCE) help?

It is not essential but will provide good primary evidence of Dermatology knowledge. The curriculum blueprint denotes acceptable means to evidence competencies; the SCE is documented as an appropriate measure of competency for approximately 40% of the curriculum. Success in the exam may reduce the amount of other evidence you need to submit. In future the Dermatology SCE may be mandatory for successful CESR application.

Is it necessary to have spoken or presented at international meetings?

No it isn't essential, but evidence of presentations can be useful in demonstrating competencies in the absence of the SCE examination.

Is it necessary to have peer-reviewed publications in Journals or any research involvement for the application to be successful?

Not essential but is recommended, as it would be expected for a UK CCT trainee as per the curriculum.

What evidence should I provide for Medical Reports?

If possible, you should provide anonymised medical reports. Examples include reports for insurance companies, letters to solicitors, War Pensions Agency, DLA. Evidence of attendance of Medico-legal workshops is also useful.

Do we need to shadow specialised dermatology clinics such as skin lymphoma clinics or GUM clinics including HIV clinics, radiotherapy sessions etc?

Attendance at a number of GUM clinics is deemed essential. The dermatology curriculum 2010 (page 66) advises observation, assistance and discussion with senior staff in STI OPD. It does not specify a number of clinics, but 4-8 is widely quoted.

Similarly, ideally you should attend as many specialised clinics as possible in other areas such as oral medicine, cutaneous lymphoma, skin cancer MDT, patch test and photobiology. You could ask the registrars in your unit or your region to establish what sort of specialist clinics, approximate number of sessions they do and contact details of consultants that allow doctors observing in their clinics.

If this has not been feasible in a certain module then it may be appropriate to demonstrate skills, knowledge and experience in alternative ways. Examples include: providing a case report of a patient you have managed that required referral to a tertiary centre that specialised in this field, including the responses received, or a specific educational course that includes academic and clinical exposure.

How can I demonstrate competence in 'delivering bad news'?

CBDs with an experienced skin cancer nurse as well as attendance at advanced communication skills courses and patient feedback can be helpful. Consider doing a Reflective Practice.