SPECIALTY TRAINING CURRICULUM

FOR

POST-CCT FELLOWSHIP IN VULVAL DISEASE

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British Association of Dermatologists

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1 Introduction

Dermatology is a broad specialty and includes the diagnosis and management of vulval disease. Many health professionals see patients with vulval disease and most patients can be managed without specialist input. However, more complex assessment requires dermatology input as part of a multi-disciplinary team and the required level of expertise cannot be fully covered by the Dermatology curriculum. The subspecialty of vulval disease requires knowledge, skills and expertise in many interrelated areas. A vulval specialist needs to be able to co-ordinate care for a wide range of vulval patients from children through to old age. Additional training is required to manage rare and complex disease and to identify disease complications.

A vulval service is defined as a multidisciplinary group of health professionals with an interest in vulval disease. Multidisciplinary team working (including, but not limited to, working with gynaecology, genitourinary medicine, specialist physiotherapy, psychosexual therapy and pathology) is an essential component of vulval disease management. The UK service delivery for vulval disease in recent years has involved the setup of such services, often lead by a consultant dermatologist.
It is difficult to achieve the competencies required to develop such a service during the time allocated to basic dermatology training as the vulval component of the current curriculum is usually limited to attending one specialist dermatology clinic for a period of between 4 and 6 months. There is therefore a need to provide additional training for sub-specialisation in vulval disease. A post CCT dermatology trainee who completes this curriculum should be able to develop a specialist vulval service when they take up their consultant post.

Common vulval conditions include lichen sclerosus, eczema, candida vulvitis and psoriasis. Less common conditions include erosive lichen planus, premalignant skin disease and vulvodynia as examples. Many patients require chronic disease management. Whilst many of these conditions can present on other skin sites, there are additional considerations in relation to managing vulval disease because of the nature of the genital area, particularly its relationship to urinary function and sexual function and its significant psychological burden.

In the current climate of providing safe, high-quality, specialised care for patients, there is a growing need to establish formal independent quality standards for training experts in vulval disease. This expert dermatologist should be able to lead a vulval service. A higher level of training and advanced competencies should be expected where a dermatologist spends a major part of their working career in dealing with complex cases and a greater breadth and depth of understanding and specific knowledge is then required.

Post-CCT Fellows will have the opportunity to develop extra skills and experience in vulval disease beyond that found in pre-CCT training. The BAD states that the development of these new training pathways is increasingly important as envisaged by the GMC 2013 “Shaping of Training” paper. The centres delivering this Fellowship will adhere to defined quality standards (as set out in the BSSVD *Standards of Care for Women with a Vulval Condition* document) thus enhancing education, training and professional practice. This will be of benefit to patients, the public and the wider clinical community and will help to address the inconsistent provision of vulval services currently seen in the UK.

This curriculum relates to specialty training in vulval disease. Fellows will enter this following successful completion of training in the speciality of dermatology and having satisfied the requirements for CCT in Dermatology.

The Curriculum is Competency based, but the indicative duration of training is 12 months with indicative numbers of patients seen detailed within the curriculum.

The curriculum has been created by the British Society for Study of Vulval Disease, the British Association of Dermatologists and the Royal College of Physicians through the SAC in Dermatology.

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 the award of a post-CCT certificate of completion of training (post-CCT) in Vulval Disease.

2.2 Development

This curriculum was developed by the British Society for Study of Vulval Disease and the Specialty Advisory Committee for Dermatology under the direction of the British Association of Dermatologists (BAD). This version ensures the curriculum meets GMC standards for Curricula and Assessment.

The content and teaching/learning methods were chosen by consensus after consultation with leading Dermatologists, Gynaecologists and Genitourinary medicine physicians specialising in vulval disease and experienced in training. Further consultation and feedback took place with professional and lay members of the British Society for Study of Vulval Disease and the British Association of Dermatologists. This included feedback from patient representatives.(*TBC we can ask out patient rep)*

2.3 Entry requirements

Entrants to Post-CCT Fellowship in Vulval Disease must have successfully completed Core Medical Training or Acute Care Common Stem training, and have completed Dermatology Specialty training or hold UK CCT in Dermatology.

Doctors will undergo competitive selection into Post-CCT Vulval Disease Fellowship posts using a nationally agreed person specification.

2.4 Enrolment with BAD

Fellows are required to register for specialist training with the BAD Education Unit at the start of their training programmes. Enrolment is required before the BAD Education Unit will be able to recommend Fellows for Post-CCT Certification.

2.5 Duration of training

Although this curriculum is competency based, the duration of training must meet the European minimum of one year for full time specialty training adjusted accordingly for flexible training (EU directive 2005/36/EC).

2.6 Flexible training

Fellows who are unable to work full-time are entitled to opt for flexible 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 Fellows;
- The competent authorities shall ensure that the total duration and quality of part-time training of specialists are not less than those of full-time Fellows.

The above provisions must be adhered to. Ideally 2 flexible Fellows should share one post to provide appropriate service cover.

To date flexible training has inevitably been prolonged. With competency-based training, proof of completion of competencies may enable these Fellows to finish their training in a shorter time. This will be the decision of the trainers in discussion with the SAC.

3 Content of learning

3.1 Programme content and objectives

This section contains the content of the specialist curriculum for Post-CCT Fellowship in Vulval Disease. The duration will usually be 12 months' full time training with 200-250 patients seen.

3.2 Good Medical Practice

With 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 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.

Appendix 1 covers the BAD Post-CCT Fellowship educational standards framework including the core training components such as professional skills, leadership, management and research.

3.3 Syllabus

Each table below contains a broad statement describing the competencies contained in that table. These are divided into 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 5.2 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.

Syllabus Table of Contents

To be able to undertake a detailed assessment, investigation, diagnosis and management of patients presenting with a vulval condition.		
Knowledge	**Assessment Methods**	**GMP**
Explain relevant history and clinical examination points required in a patient presenting with a vulval problem including psychosexual, urinary and pain aspects	CbD	1,3
Explain indication and rational for relevant investigations including sexually transmitted infection screen, microscopy and culture, patch testing	CbD	1,3
Explain the important and limitations of histopathology reports and when to discuss with dermatopathology	CbD	1,3
Explain a framework for the differential diagnoses for vulval pain and itch	CbD	1,3
Explain clinical features, investigation, management, counselling, follow up, risk stratification, communication and self-management strategies with patient and GPs to cover the following conditions ○ lichen sclerosus ○ lichen planus (all types) ○ vulval eczema ○ lichen simplex ○ allergic contact dermatitis ○ irritant contact dermatitis ○ psoriasis ○ candida vulvitis ○ vulvodynia ○ HPV ○ Herpes Simplex Virus (HSV) ○ Malignant and non-malignant vulval lesions ○ vulval intraepithelial neoplasia ○ atrophic vaginitis	CbD	1,3,4
Explain that diagnoses can co-exist	CbD	1,3
Explain the role of second line treatments (e.g. Imiquimod, Tacrolimus).	CbD	1,3
Explain when surgical refashioning procedures of the vulva (e.g. Z-plasty, Fenton's) may be indicated	CbD	1
Explain the basic sexual and psychological dysfunction aspects of vulval disease	CbD	1,3
Explain the pain management options available for women with vulvodynia including ongoing referral	CbD	1,3
Explain the differences between malignant, premalignant and benign disease and ongoing referral	CbD	1,3
Explain the physiological changes of the vulva with the menopause and the clinical value and counselling points with local oestrogen treatment	CbD	1,3
Skills		
Able to take a history to include psychosexual, urinary and pain aspects to support making a diagnosis	CbD, Mini-CEX	1
Able to perform a clinical examination of the vulva to support making a diagnosis	CbD, Mini-CEX	1

Able to carry out /refer for investigations appropriately (e.g. biopsy, sexually transmitted infection screen, microscopy and culture, patch testing).	CbD, Mini-CEX DOPS	1
Able to diagnose and manage vulval disease including initial assessment, counselling, follow up, communication, risk stratification and self-management strategies with patient and GPs. To cover the following ○ lichen sclerosus ○ lichen planus (all types) ○ vulval eczema ○ lichen simplex ○ allergic contact dermatitis ○ irritant contact dermatitis ○ psoriasis ○ candida vulvitis ○ vulvodynia ○ HPV ○ Herpes Simplex Virus (HSV) ○ Malignant and non-malignant vulval lesions ○ vulval intraepithelial neoplasia ○ atrophic vaginitis	CbD, Mini-CEX	1
Able to provide basic psychosexual counselling (e.g. discussion of vaginal trainers for vaginismus) and demonstrates when to refer	CbD, Mini-CEX	1,3,4
Able to diagnose and plan initial management of pre-malignant disease of the vulva, perineum (include Paget's disease and uncertain pigmented lesions) and demonstrates when to refer	CbD, Mini-CEX	1,3
Able to perform appropriate investigations when systemic medical conditions might involve the vulva and demonstrates when to refer	CbD, Mini-CEX	1
Behaviours		
Recognise that skin disease on the vulva can present co-exist with other conditions including systemic disease	CbD, Mini-CEX	1,2
Contribute to multidisciplinary teams including other medical teams, nursing and allied health professionals	CbD, Mini-CEX, MSF	1,3
Recognise importance and limitation of biopsy and swab results	CbD, Mini-CEX	1
Teaching and Learning Methods		
Detailed observation and discussion of issues under supervision in outpatients		
Supervised out patient sessions in gynaecology, colposcopy, pain management, physiotherapy and psychosexual counselling, urogynaecology		
Attend appropriate course		
Attendance at relevant national and international meetings		
Methods agreed by Educational Supervisor and Trainee		

To be able to have the communication and governance skills to set up, run and develop a multidisciplinary vulval service.		
Knowledge	**Assessment Methods**	**GMP**
Explain the value and contribution of colleagues in other disciplines aligned to vulval disease (gynaecology, genitourinary medicine, psychosexual medicine, pain management, physiotherapy, clinical	CbD	1,2,3

psychology, gynaecological oncology, histopathology, oral medicine and urogynaecology)		
Explain the service delivery model of vulval disease based on national set standards of care	CbD	1,2
Skills		
Able to liaises effectively with colleagues in other disciplines aligned to vulval disease (gynaecology, genitourinary medicine, psychosexual medicine, pain management, physiotherapy, clinical psychology, gynaecological oncology, histopathology, oral medicine and urogynaecology)	CbD, Mini-CEX	1,3
Able to chair and/or present at a vulval MDT	CbD, Mini-CEX	1,3,4
Able to evidence quality improvement for the service such as designs or adapts patient information for local use, participates in writing protocols, clinical pathways, service development and evidence-based guidelines, establishes and/or enhances local clinical pathways	CbD, Mini-CEX DOPS	1,2,3,4
Behaviours		
Contribute to multidisciplinary teams learning including other medical teams, nursing and allied health professionals	CbD, Mini-CEX, MSF	1,3
Teaching and Learning Methods		
Detailed observation and discussion of issues under supervision in outpatients		
Supervised out patient sessions in different specialities allied the vulval disease (see above)		
Attendance at relevant national and international meetings		
Methods agreed by Educational Supervisor and Trainee		
Attend appropriate course		

4 Learning and Teaching

4.1 The training programme

The organisation and delivery of postgraduate training is the statutory responsibility of the General Medical Council (GMC) which devolves responsibility for the local organisation and delivery of training to the BAD and SAC. Responsibility for the organisation and delivery of Post-CCT Fellowship training in Vulval Disease is the remit of the employing Trust under supervision of the SAC (Appendix 1-3).

Appendix 1 covers the BAD Post-CCT Fellowship educational standards framework including core training components such as professional skills, leadership, management and research.

Appendix 2 covers the BAD Post-CCT Fellowship educational standards framework for entry criteria, duration of training, selection process, NHS Trust responsibilities and BAD responsibilities.

Appendix 3 covers the BAD guidelines for the Educational Guide for Post-CCT Fellowships including the main duties and responsibilities.

Each training programme will have some individual differences, but should be structured to ensure comprehensive cover of the entire curriculum. The sequence of training should ensure appropriate progression in experience and responsibility. The training to be

provided at each training site is defined to ensure that, during the programme, the entire curriculum is covered and also that unnecessary duplication and educationally unrewarding experiences are avoided.

4.2 Teaching and learning methods

The curriculum will be delivered through a variety of learning experiences. Fellows will learn from practice, clinical skills appropriate to their level of training and to their attachment within the department.

Fellows will achieve the competencies described in the curriculum through a variety of learning methods. There will be a balance of different modes of learning from formal teaching programmes to experiential learning 'on the job'. The proportion of time allocated to different learning methods may vary depending on the nature of the attachment.

This section identifies the types of situations in which Fellows will learn.

Learning with Peers - There are many opportunities for Fellows to learn with their peers. Local postgraduate teaching opportunities allow Fellows of varied levels of experience to come together for small group sessions

Work-based Experiential Learning - The content of work-based experiential learning is decided by the local faculty for education but includes active participation in:

- New patient and review clinics. After initial induction, Fellows will review patients in vulval clinics, under supervision. The degree of responsibility taken by the Fellows will increase as competency increases.
- Clinic sessions with other specialties. Fellows will attend clinic sessions with gynaecology, genitourinary medicine, psychosexual medicine, pain management, physiotherapy, clinical psychology, gynaecological oncology, histopathology, oral medicine and urogynaecology
- Multi-disciplinary team. There are many situations where clinical problems are discussed with clinicians in other disciplines. The role of the MDT with dermatopathology and gynaecologists will be of great learning value. These provide excellent opportunities for observation of clinical reasoning.

The degree of responsibility taken by the Fellow will increase as competency increases. There should be appropriate levels of clinical supervision throughout training with increasing clinical independence and responsibility as learning outcomes are achieved (see Section 5: Feedback and Supervision).

Independent Self-Directed Learning:
Fellows will use this time in a variety of ways depending upon their stage of learning. Suggested activities include:

- Reading, including web-based material
- Maintenance of personal portfolio (self-assessment, reflective learning, personal development plan)
- Maintenance of logbook
- Audit and research projects
- Reading journals
- Achieving personal learning goals beyond the essential, core curriculum

Other learning models:
Each training centre will provide a variety of additional training opportunities in addition to work-based experiential learning. These will include:

- Clinical meetings – departmental and regional clinical meetings where Fellows can participate in the detailed discussion of difficult clinical problems.
- Journal Club, or similar. Usually organised on a departmental basis, and used in a small group format to discuss journal articles, research, textbooks of dermatology, recent national meetings.
- Active participation in audit, both self-directed and departmental meeting to include data collection and presentation

Formal Study Courses and meetings - Time to be made available for formal courses is encouraged, subject to local conditions of service. In particular, attendance at a UK or European vulval disease meeting (organisations which can provide this include the BSSVD and the European Academy of Dermatology and Venereology).

An example weekly timetable and indicative numbers of patients is given below:

	Mon	**Tue**	**Wed**	**Thur**	**Fri**
Am	Research	Vulval clinic MDT	General Dermatology clinic	Skin cancer clinic	*Specialist clinics
Pm	Vulval/ Gynaecology clinic	Audit/Teaching	Theatre list	SPA	Patient admin

***** Fellows will be expected to attend additional clinic sessions with allied specialties to ensure that they achieve the necessary competencies within the syllabus. For example - genitourinary medicine, psychosexual medicine, pain management, physiotherapy, clinical psychology, gynaecological oncology, histopathology, oral medicine and urogynaecology.

Total Patient numbers seen (200-250):

- lichen sclerosus
- lichen planus (all types)
- vulval eczema
- lichen simplex
- allergic contact dermatitis
- irritant contact dermatitis
- psoriasis
- candida vulvitis
- vulvodynia
- HPV
- Herpes Simplex Virus (HSV)
- Malignant and non-malignant vulval lesions
- vulval intraepithelial neoplasia
- atrophic vaginitis

5 Assessment

The domains of Good Medical Practice will be assessed using both workplace-based assessments and examination of knowledge and clinical skills, which will sample across the domains of the curriculum i.e. knowledge, skills and behaviour. The assessments will be supplemented by structured feedback to Fellows within the Post-CCT Fellowship

training programme for Vulval Disease. Assessment tools will be both formative and summative and will be selected on the basis of their fitness for purpose.

5.1 The assessment system

The purpose of the assessment system is to:

- enhance learning by providing formative assessment, enabling Fellows to receive immediate feedback, measure their own performance and identify areas for development;
- drive learning and enhance the training process by making it clear what is required of Fellows and motivating them to ensure they receive suitable training and experience;
- provide robust, summative evidence that Fellows are meeting the curriculum standards during the training programme;
- ensure Fellows are acquiring competencies within the domains of Good Medical Practice*;*
- assess Fellows' actual performance in the workplace;
- ensure that Fellows possess the essential underlying knowledge required for their specialty;
- inform the Convened Panel, identifying any requirements for targeted or additional training where necessary and facilitating decisions regarding progression through the training programme;
- identify Fellows who should be advised to consider changes of career direction.

The integrated assessment system comprises workplace-based assessments. Individual assessment methods are described in more detail below.

Workplace-based assessments will take place throughout the training programme to allow Fellows to continually gather evidence of learning and to provide Fellows with formative feedback. They are not individually summative but overall outcomes from a number of such assessments provide evidence for summative decision making. The number and range of these will ensure a reliable assessment of the training relevant to their stage of training and achieve coverage of the curriculum.

5.2 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.

5.3 Assessment methods

The following assessment methods are used in the integrated assessment system (Appendix 1-2):

Workplace-based assessments (WPBAs)

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

Other methods of assessment

- Clinical supervisors report
- Logbook of patients seen (200-250 patients)
- Logbook of biposies performed

These methods are described briefly below. More information about these methods including guidance for Fellows and assessors is available in the ePortfolio and on the JRCPTB website www.jrcptb.org.uk. Workplace-based assessments should be recorded in the Fellow's ePortfolio and logbook. The workplace-based assessment methods include feedback opportunities as an integral part of the assessment process, this is explained in the guidance notes provided for the techniques.

Multisource feedback (MSF)
This tool is a method of assessing generic skills such as communication, leadership, team working, reliability etc, across the domains of Good Medical Practice. This provides objective systematic collection and feedback of performance data on a Fellow, derived from a number of colleagues. 'Raters' are individuals with whom the Fellows works, and includes doctors, administration staff, and other allied professionals. The Fellow will not see the individual responses by raters, feedback is given to the trainee by the Educational Guide.

Mini-Clinical Evaluation Exercise (mini-CEX)
This tool evaluates a clinical encounter with a patient to provide an indication of competence in skills essential for good clinical care such as history taking, examination and clinical reasoning. The Fellow receives immediate feedback to aid learning. The mini-CEX can be used at any time and in any setting when there is a Fellow and patient interaction and an assessor is available

Direct Observation of Procedural Skills (DOPS)
A DOPS is an assessment tool designed to assess the performance of a Fellow in undertaking a practical procedure, against a structured checklist. The Fellow receives immediate feedback to identify strengths and areas for development.

Case based Discussion (CbD)
The CbD assesses the performance of a Fellow in their management of a patient to provide an indication of competence in areas such as clinical reasoning, decision-making and application of medical knowledge in relation to patient care. It also serves as a method to document conversations about, and presentations of, cases by Fellows. The CbD should include discussion about a written record (such as written case notes, out-patient letter, discharge summary). A typical encounter might be when presenting newly referred patients in the out-patient department.

Patient Survey
Patient Survey address issues, including behaviour of the doctor and effectiveness of the consultation, which are important to patients. It is intended to assess the Fellow's performance in areas such as interpersonal skills, communication skills and professionalism by concentrating solely on their performance during one consultation.

Audit Assessment Tool
The Audit Assessment Tool is designed to assess a Fellow's competence in completing an audit. The Audit Assessment can be based on review of audit documentation OR on a presentation of the audit at a meeting. If possible, the Fellow should be assessed on the same audit by more than one assessor.

5.4 Decisions on progress (Convened Panel)

The Convened Panel with expert assessors is the formal method by which a Fellow's progression through her/his training programme is monitored and recorded. Trusts are responsible for organising and conducting Convened Panels under supervision of the BAD and SAC. The evidence to be reviewed by Convened Panels and expert assessors should be collected in the Fellow's ePortfolio and logbook.

The Panel Decision Aid is included in section 5.5, giving details of the evidence required of Fellows for submission to the Convened Panels.

5.5 Convened Panel Decision Aid

The Convened Panel decision aid shows how the panel can review the Fellow's portfolio for evidence of competence required at the end of each year. The decision aid should be used in conjunction with the syllabus in section 3.3. The decision aid lists the minimum number of satisfactory assessments expected. These assessments should be sampled across the competencies required for that year.
It is not expected that every competence will have been individually assessed, but that a range of different competencies will have been sampled using the assessment methods available. It is the Fellow's responsibility to organise these assessments with their Educational Guide in a timely fashion throughout the training year.

Assessments
Minimum satisfactory assessments sampled during the year: 5 vulval biopsy DOPS 4 mini-CEX 10 CbD 1 MSF 1 patient survey **Other documents to be reviewed at Convened Panel:** **Logbook of vulval cases seen (200-250 patients)** **Log book of vulval biopsies performed** 1 audit assessment Attendance record Educational Guide's report

5.6 Final Assessment

Regular appraisals (at least every 3 months) will be conducted. The penultimate appraisal prior to the anticipated certification date will include an external assessor from outside the training programme. BAD/SAC and the Trust will coordinate the appointment of this assessor. At the end of the training program a Convened Panel with expert assessors will review evidence of competence. This panel will consist of at least 2 vulval service leads.

5.7 Complaints and Appeals

All workplace-based assessment methods incorporate direct feedback from the assessor to the Fellow and the opportunity to discuss the outcome. If a Fellow has a complaint about the outcome from a specific assessment this is their first opportunity to raise it.

Appeals against decisions concerning in-year assessments will be handled at Trust level and Trusts are responsible for setting up and reviewing suitable processes. If a formal complaint about assessment is to be pursued this should be referred in the first instance to the Education Director of the BAD Education Unit.

6 Supervision and feedback

6.1 Supervision

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. Outpatient and referral supervision must routinely include the opportunity to personally discuss all cases if required. As training progresses the Fellow should have the opportunity for increasing autonomy, consistent with safe and effective care for the patient.

Fellows will at all times have a named Educational Guide and Clinical Guide, responsible for overseeing their education (Appendix 3). A named Research supervisor with suitable experience of research will be responsible for overseeing their research activities. Depending on local arrangements these roles may be combined into a single role of Educational Guide.

The responsibilities of supervisors have been agreed with the National Association of Clinical Tutors and the Academy of Medical Royal Colleges as below:

Educational supervisor (guide)
A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified Fellow's educational progress during a training placement or series of placements. The Educational Guide is responsible for the Fellow's Educational Agreement.

Clinical supervisor (guide)
A trainer who is selected and appropriately trained to be responsible for overseeing a specified Fellow's clinical work and providing constructive feedback during a training placement. Some training schemes appoint an Educational Supervisor (Guide) for each placement. The roles of Clinical and Educational Supervisor (Guide) may then be merged.

The Educational Guide will be allocated to the Fellow at the beginning of the year. In addition to day to day supervision, Educational Guides will meet formally with their Fellows four times per year. At the first meeting the educational objectives for the year and a personal development plan (PDP) will be agreed. The PDP should be based firmly on the syllabus objectives for the year. The space for 'methods agreed by Educational Guide and Fellow' should be used to define how the Fellow will acquire the competencies planned for the year. The Fellow and Educational Guide should both sign the educational agreement in the ePortfolio at this time, recording their commitment to the training process.

Subsequent meetings will be a dialogue between Fellow and Educational Guide and will review progress and take into account the supervisor's observations of the Fellow's performance, feedback from other clinical guides, and analysis and review of workplace-based assessments. Attendance at educational events should also be reviewed. The PDP can be modified at these meetings.

Towards the end of the year of training a formal summative assessment of the Fellow's evidence of competencies and training progression will take place. This will provide a structured assessment of the Fellow's progress, based on assessment methods as above and will form the basis of the Educational Guide's report, which will inform the Convened Panel process as supportive evidence.

The Educational Guide, when meeting with the Fellow, should discuss issues of clinical governance, risk management and any report of any untoward clinical incidents involving the Fellow. The Educational Guide should be part of the clinical specialty team. Thus, if the clinical directorate (clinical director) have any concerns about the performance of the Fellow, or there were issues of doctor or patient safety, these would be discussed with the Educational Guide. These processes, which are integral to Fellow development, must not detract from the statutory duty of the trust to deliver effective clinical governance through its management systems.

Opportunities for feedback to Fellows about their performance will arise through the use of the workplace-based assessments, regular appraisal meetings with guides, other meetings and discussions with guides and colleagues, and feedback from Convened Panel.

6.2 Appraisal

A formal process of appraisals and reviews underpins training. This process ensures adequate supervision during training, provides continuity between posts and different supervisors and is one of the main ways of providing feedback to Fellows. All appraisals should be recorded in the ePortfolio and logbook.

7 Managing curriculum implementation

The Trusts are responsible for quality management, the GMC/BAD will quality assure the educational providers and they are responsible for local quality control, to be managed by the Trust. The role of the BAD in quality management remains important and will be delivered in partnership with the Trust. The BAD role is one of quality review of Trust processes and this will take place on a regular basis.

Clinical and Educational Guides will be clinicians fully competent in their area of clinical supervision (Appendix 3). They will be appointed by the Trust. They will be trained in supervision, appraisal and assessment. Courses for this will be regularly

available in Trust. Nationally there are regular meetings for Educational Supervisors in dermatology, organised by the BAD Education Unit. These meetings include updates on new methods of assessment and bench-marking exercises to ensure equitable national standards for workplace-based assessments.

Standards of training and assessment will be regularly reviewed by the BAD using the GMC – recommended tools of the Fellow survey, trainer survey, and programme visits if required.

7.1 Intended use of curriculum by trainers and Fellows

The ePortfolio is web-based and available from the Joint Royal Colleges of Physicians Training Board (JRCPTB) website www.jrcptb.org.uk.

The Educational Guides and trainers can access the up-to-date curriculum from the BAD Education Unit and will be expected to use this as the basis of their discussion with Fellows. Both trainers and Fellows are expected to have a good knowledge of the curriculum and should use it as a guide for their training programme.

Each Fellow will engage with the curriculum by maintaining a portfolio and logbook. The Fellow will use the curriculum to develop learning objectives and reflect on learning experiences.

In addition, it is anticipated that the ePortfolio version of the curriculum and logbook will allow mapping of each assessment to the Fellow's own copy of the syllabus to demonstrate appropriate sampling of the curriculum.

It is important that the Educational Guide is aware of the requirement of each Fellow to cover all the elements of the curriculum. Progress will be reviewed at each Educational Guide meeting and the Convened Panel with expert assessors.

7.2 Recording progress

If Fellows require they could access the ePortfolio via the JRCPTB. The ePortfolio allows evidence to be built up to inform decisions on a Fellow's progress and provides tools to support Fellow's education and development.

The Fellow's main responsibilities are to ensure the ePortfolio and/or logbook are kept up to date, arrange assessments and ensure they are recorded, prepare drafts of appraisal forms, maintain their personal development plan, record their reflections on learning and record their progress through the curriculum.

The Educational Guides's main responsibilities are to use ePortfolio and/or logbook evidence such as outcomes of assessments, reflections and personal development plans to inform appraisal meetings. They are also expected to update the Fellow's record of progress through the curriculum, write end-of-attachment appraisals and supervisor's reports.

Log books (preferably electronic and/or uploaded to the ePortfolio) recording patch tests, skin prick tests and contact urticaria tests must be maintained as indicated in content of learning (3.3 above).

8 Curriculum review and updating

The specialty curriculum will be reviewed and updated with minor changes on an annual basis. Curriculum review is a standing item on the agenda for the SAC and BAD Education Sub-Committee. As clinical practice changes with time, it will be necessary to amend the curriculum accordingly. Advice will be sort from the BSCA and the BAD.

The curriculum should be regarded as a fluid, living document and the SAC/BAD will ensure to respond swiftly to new clinical and service developments. In addition, the curriculum will be subject to three-yearly formal review within the SAC/BAD. This will be informed by curriculum evaluation and monitoring. The SAC/BAD will have available:

- The Fellow's survey, which will include questions pertaining to their specialty (GMC to provide)
- Specialty-specific questionnaires (if applicable)
- Reports from other sources such as Educational Guides, service providers and patients.
- Informal Fellow feedback during appraisal.

Evaluation will address:

- The relevance of the learning outcomes to clinical practice
- The balance of work-based and off-the-job learning
- Quality of training in individual posts
- Feasibility and appropriateness of on-the-job assessments in the course of training programmes
- Current training affecting the service

Evaluation will be the responsibility of the BAD and GMC. These bodies must approve any significant changes to the curriculum.

Interaction with the NHS will be particularly important to understand the performance of specialists within the NHS and feedback will be required as to the continuing needs for that specialty as defined by the curriculum.

Fellow contribution to curriculum review will be facilitated through the involvement of Fellows in local faculties of education and through informal feedback during appraisal and BAD/Education Unit meetings.

The SAC/BAD will respond rapidly to changes in service delivery. Regular review will ensure the coming together of all the stakeholders needed to deliver an up-to-date, modern specialty curriculum. The curriculum will indicate the last date of formal review monitoring and document revision.

9 Equality and diversity

The SAC/BAD will comply, and ensure compliance, with the requirements of equality and diversity legislation, such as the:

- Race Relations (Amendment) Act 2000

- Disability Discrimination Act 1995
- Special Educational Needs and Disabilities Act 2001
- Data Protection Acts 1984 and 1998

The SAC/BAD and Federation of the Royal Colleges of Physicians believes that equality of opportunity is fundamental to the many and varied ways in which individuals become involved with the Colleges, either as members of staff and Officers; as advisers from the medical profession; as members of the Colleges' professional bodies or as doctors in training and examination candidates. Accordingly, it warmly welcomes contributors and applicants from as diverse a population as possible, and actively seeks to recruit people to all its activities regardless of race, religion, ethnic origin, disability, age, gender or sexual orientation.

Deanery quality assurance will ensure that each training programme complies with the equality and diversity standards in postgraduate medical training as set by GMC.

Compliance with anti-discriminatory practice will be assured through:

- monitoring of recruitment processes;
- ensuring all BAD/SAC representatives have attended appropriate training sessions prior to appointment or within 12 months of taking up post;
- ensuring Fellows have an appropriate, confidential and supportive route to report examples of inappropriate behaviour of a discriminatory nature;
- monitoring of College Examinations;
- ensuring all assessments discriminate on objective and appropriate criteria and do not unfairly disadvantage trainees because of gender, ethnicity, sexual orientation or disability (other than that which would make it impossible to practise safely as a physician). All efforts shall be made to ensure the participation of people with a disability in training.

10 References

1. Standards of Care for women with a vulval condition. https://www.pcc-cic.org.uk/sites/default/files/articles/attachments/standards_of_care_vulval_conditions_report.pdf

11 Appendices

Appendix 1

The BAD considers the continued development of core skills acquired for CCT to be important. Each Fellowship framework will be expected to contain core components e.g. Professional Skills, Education of Self and Others, Leadership, Management and Research. It is suggested that, in addition to Professional Skills and Management, there is an emphasis on at least one of Education, Leadership or Research, or a combination to enable a balanced portfolio.

BAD Post-CCT Fellowships Educational Standards Framework – Core Components

Potential learning outcomes, which may be viewed as indicative and exemplary, have been outlined for each of the identified core components. It is expected that each Fellow will approach these according to their learning needs and will articulate their increased knowledge and skills within their portfolio in different ways.

PROFESSIONAL SKILLS
Fellows will be expected to demonstrate that they have continued to develop those professional skills needed by all doctors, as outlined by the General Medical Council's *Good Medical Practice* https://www.gmc-uk.org/static/documents/content/Good_medical_practice_-_English_1215.pdf, including:

- Knowledge skills and performance
- Safety and quality
- Communication, partnership and teamwork
- Maintaining trust

LEADERSHIP
Fellows will be expected to demonstrate that they have negotiated learning experiences to improve their effectiveness in leadership and have further developed their skills, knowledge and behaviour to:

- manage and develop self and personal qualities
- work with others, develop and maintain relationships, build teams and enable successful outcomes
- recognise and address poor performance
- develop networks outside/complementary to medicine
- manage and use resources effectively
- facilitate change
- plan appropriately and achieve results to improve health care services, patient safety
- set direction and communicate the vision.

(examples of relevant additional information are available within the NHS Leadership Academy's Leadership Framework).

MANAGEMENT

Fellows will be expected to demonstrate that they have negotiated learning experiences to improve their effectiveness in management and have further developed their skills, knowledge and behaviour to:

 develop and expand awareness of self and others in the context of a constantly changing NHS and health care system
 understand the pressures on and changes occurring in the NHS and health care system
 understand the allocation of resources and financial governance in the NHS
 understand the interdependency of personal, organisational and NHS goals
 develop the ability to contribute effectively to strategic planning and deliver effective operational management to achieve strategic goals
 develop effective operational management skills according to organisational guidance/policy (e.g. appraisal, interview and selection, disciplinary processes, complaints, clinical governance for the organisation)
 develop skills to manage quality planning, quality control, quality assurance and quality improvement
 recognise and address poor performance
 develop personal skills:

- o Team working
- o Motivating
- o Influencing
- o Negotiating
- o Delegating
- o Managing time (self and others)

EDUCATION OF SELF AND OTHERS

Fellows will be expected to demonstrate that they have negotiated learning experiences to improve their effectiveness in an education role and have further developed their skills, knowledge and behaviour to:

 develop educational understanding within the context of a health care environment (undergraduate, postgraduate and CPD)
 broaden experience of teaching and understanding of work-based learning

- o Locally
- o Regionally
- o University (undergraduate and postgraduate medicine)

 develop links with other organisations, including:

- o Deaneries
- o GMC
- o University (undergraduate and postgraduate medicine)

 develop self-awareness to understand your own learning needs and implement strategies and mechanisms to address these, including active participation in:

- o CPD
- o Appraisal

o Revalidation

 acquire skills needed to increase awareness of the role that management of learning can have within the health care setting and develop the ability to apply the learning theory to the clinical context, in line with the General Medical Council's Excellence by design: standards for postgraduate Curricula https://www.gmc-uk.org/Excellence_by_design___standards_for_postgraduate_curricula_0517.pdf_70436125.pdf

 acquire skills needed to enable successful recruitment, interview and selection of medical staff

RESEARCH

Fellows will be expected to demonstrate that they have negotiated learning experiences to improve their effectiveness in a research practice and evaluation role and have further developed their knowledge, skills and behaviour to:

 actively participate in online and local opportunities to meet and learn from established researchers
 develop skills in research methodology
 develop critical appraisal skills
 develop statistical analysis skills
 develop knowledge of responsibilities associated with conduct of research, including:

o maintaining patient safety;
o research ethics and application;
o ensuring quality of data;
o ensuring regulatory compliance;
o time management;
o funding opportunities and budget compliance

 work with local Research and Development (R and D) staff
 find and gain agreement from an appropriate established researcher to act as a research mentor

Appendix 2

BAD Educational Standards Framework for POST-CCT FELLOWSHIPS

1 Entry criteria

 Certificate of Completion of Training (CCT) or equivalent.

2 Duration

 One year minimum (WTE). This may be extended to two years maximum depending upon the educational objectives of the Fellowship, requirements of the Fellow and in negotiation with the employer. The BAD will not accredit a Fellowship which extends beyond two years.

3 Selection

 Candidates will undergo the normal NHS Trust selection process and will be interviewed by a Trust-based panel in compliance with standard NHS and College guidelines.
 The BAD may require an appropriate representative to take part in the selection process.
 Other clinical service providers offering BAD approved Post-CCT Fellowships will be expected to undertake an equivalent selection and recruitment practice.

4 Trust responsibilities

 To allocate and confirm the role of a suitable consultant within the department to act as a named Educational Guide with responsibility as follows:

- o to ensure that the Post-CCT Fellow gains appropriate clinical experience commensurate with the objectives of the Fellowship;
- o to provide clinical guidance (supervision) as appropriate to the level and experience of the Post-CCT Fellow;
- o to ensure that protected time is set aside (normally 1 hour per week) to enable the Fellow and the named Educational Guide to review cases, discuss progress and issues;
- o to ensure that there is suitable mentorship with appropriate experience to reflect the core skill emphasis of the Fellowship (see point 8);
- o to provide annual assessment of the Fellow by review of progress and/or log book, assessments CPD, etc;
- o to ensure that an appropriate written record is maintained to enable continuity of guidance and feedback to the Fellow as appropriate.

 To provide annual appraisal in line with the General Medical Council's (GMC) *Good Medical Practice* framework and according to BAD's guidelines for specific components of the appraisal process.
 To provide a negotiated job plan that allows the Fellow to gain appropriate experience.
 To consider giving the Fellow the opportunity to be on the Consultant on-call rota (or other appropriate on-call experience relevant to the seniority and scope of the role).

5 Fellow's responsibility

 To work with the Educational Guide to develop and demonstrate attainment of the appropriate skills/knowledge/attitudes sought from the Fellowship and in line with the GMC's *Good Medical Practice* within the timeframe of the Fellowship.
 To provide satisfactory evidence to the BAD of the Fellow's progress (and, if necessary, to provide evidence to the GMC in the event of the introduction of credentialing).

6 Responsibility of BAD

 To oversee the approval of the Fellowship.
 To seek evidence and assess on an annual basis the appropriateness of the Fellowship (this will include feedback from the Fellow and Educational Guide).
 To supervise and oversee the individual Fellow's performance (The BAD will require a letter from the NHS Trust (or other clinical service provider) to confirm that the Fellow has met the objectives of the Fellowship, as approved by the BAD).

7 Suggested timetable

The outline timetable for the Fellow will require approval by the relevant Specialist Advisory Committee (SAC) as part of the approval process for the Fellowship. The timetable will normally consist of:
 A combination of inpatient and outpatient experience, specialist clinics and interventional lists to enable appropriate experience to be gained by the Fellow (this need not take place in the principal employing NHS Trust if appropriate clinical experience is available elsewhere but must be agreed by the both the employer and the other provider and documented formally).
 A total of no more than eight clinical sessions per week, adjusted pro-rata for less than full time Fellows, but no fewer than four clinical sessions.

 Two sessions free from clinical service commitments to enable the Fellow to organise appropriate educational activities for themselves (this need not take place in the principal employing NHS Trust if appropriate educational experience is available elsewhere but must be agreed by both the employer and the other provider and documented formally).
 On-call activity (or other appropriate on-call experience) could be added to the core outline timetable.

8 Educational content

Every Fellow will be looking to develop in their own way with different learning needs. However, the BAD considers the continued development of core skills acquired for CCT to be important. The SAC will advise on the more specific content for the specialist part of the Fellowship.

Each Fellowship framework will be expected to contain core components e.g. Professional Skills, Education of self and others, Leadership, Management and Research. It is suggested that there is an emphasis on at least one of Education, Leadership and Research, or a combination to enable a balanced portfolio.

9 Review

The Educational Guide and Fellow are expected to take part in an ongoing review process as part of their regular meetings (normally once a week). This is a two-way

process and should enable the Fellow to receive feedback on progress as well as providing an opportunity to put forward proposals for their ongoing learning and development to enable them to meet the Fellowship framework objectives and their learning needs.

More formal review will take place through the appraisal process (see point 4).

10 Quality assurance

The GMC started a review of Quality Assurance in 2012 which will conclude towards the end of 2013. The conclusions from the review may influence the quality assurance of BAD accredited Post-CCT Fellowships. In the meantime, the relevant SAC will have a crucial role in ensuring quality assurance.

The BAD will provide guidelines for mechanisms for quality assurance which are likely to include an annual assessment of progress of both the employing NHS Trust (or other clinical service provider) and Fellow using the Fellow's educational portfolio, logbooks and department Audits/accreditation, together with feedback from Fellows and Educational Guides.

Appendix 3

BAD Post-CCT Fellowships Guidelines – Educational Guide

As a component of the BAD Post-CCT Fellowship, each clinical service provider applying for approval to offer a BAD Post-CCT Fellowship is required to allocate and confirm the role of a suitable consultant within the leading department for the Post-CCT Fellowship post to act as a named Educational Guide.

An Educational Guide is a nominated consultant who has accepted the role as the individual responsible for supporting, guiding and monitoring the progress of a named Post-CCT Fellow for a specified period of time. Every Post-CCT Fellow should have a named Educational Guide and the Fellow should be informed of the name of their Educational Guide in writing.
In advance of the Post-CCT Fellow taking up their post the Educational Guide should ensure that they are adequately prepared for the role to:

- ensure safe and effective patient care throughout the Fellowship
- establish and maintain an environment for learning
- teach and facilitate learning
- enhance learning through assessment
- support and monitor educational progress
- guide personal and professional development
- continue own professional development as an educator.

The Educational Guide should have completed training in line with the General Medical Council's *Recognition and approval of trainers* http://www.gmc-uk.org/education/10264.asp.
In addition, the Educational Guide should be familiar with the scope and objectives of the Post-CCT Fellowship post and the BAD educational standards framework and should ensure that they have sufficient identified time agreed within their job plan to carry out the role effectively.

In some cases, a Post-CCT Fellowship post may cross more than one department. However, the clinical service provider should ensure that the Educational Guide who is appointed has responsibility for liaising with the Fellow's key clinical supervisors and for coordinating the feedback, support and guidance for the Post-CCT Fellow.

1 Role and responsibilities of the Educational Guide

Role purpose

The Educational Guide is required to oversee the learning experience, performance and progress of the Post-CCT Fellow and provide guidance to enable the Fellow to gain and/or enhance their skills, knowledge and attitudes to fulfil the objectives of the Fellowship and meet the clinical service need.

2 Main duties and responsibilities

- to ensure that the Post-CCT Fellow gains appropriate clinical experience commensurate with the objectives of the Fellowship;

 to provide clinical guidance (supervision) as appropriate to the level and experience of the Post-CCT Fellow;

 to ensure that protected time is set aside (normally 1 hour per week) to enable the Fellow and the named Educational Guide to review cases, discuss progress and issues;

 to ensure that there is suitable mentorship with appropriate experience to reflect the core skill emphasis of the Fellowship;

 to provide annual assessment of the Fellow by review of progress and/or log book, assessment, CPD, etc;

 to ensure that an appropriate written record is maintained to enable continuity of guidance and feedback to the Fellow as appropriate.

3 Supporting and guiding the Post-CCT Fellow

The responsibility of the Post-CCT Fellow is:

 to work with the Educational Guide to develop and demonstrate attainment of the appropriate skills/knowledge/attitudes sought from the Fellowship and in line with the GMC's *Good Medical Practice* within the timeframe of the Fellowship.

 to provide satisfactory evidence to the BAD of the Fellow's progress (and, if necessary, to provide evidence to the GMC in the event of the introduction of credentialing).

It is suggested that the Educational Guide adopts the following practice to facilitate achievement of the objectives for BAD Post-CCT Fellowships:

Ensuring safe and effective patient care throughout the Fellowship

o To ensure that the Fellow has appropriate departmental/team(s) induction;
o To act to ensure the health, wellbeing and safety of patients at all times;
o To involve Fellows in service improvement;
o To use educational interventions to improve patient care;

Establishing and maintaining an environment for learning

o To be proactive in encouraging the Fellow to share their views on their experience;
o To establish a learning community within their department and/or in relevant areas of the organisation;
o To monitor, evaluate and take steps to address areas for improvement in the Fellow's education and learning;
o To ensure that the Fellow is exposed to appropriately skilled teachers and supervisors;
o To ensure that the Fellow's workload requirements meet the criteria for the Educational Standards Framework and do not compromise any legal/regulatory requirement.

Teaching and facilitating learning

o To demonstrate exemplary subject knowledge and skills;
o To help the Fellow to further develop their self-directed learning;
o To provide effective conversation skill to encourage reflective learning;

o To understand and be able to apply educational frameworks to the Fellow's personal needs;

o To ensure that the Fellow is able to make contributions to clinical practice commensurate with the graduated level of their performance and competence;

Enhancing learning through assessment

o To plan and/or monitor assessment opportunities to support the development of the Fellow and to meet the level and standard expected from attainment of a BAD accredited Post-CCT Fellowship;

o To understand and apply assessment frameworks which are relevant to assessment of the Fellow's skills, knowledge and attitude and complement the normal revalidation process as outlined in the GMC's *The Good medical practice framework for appraisal and revalidation* http://www.gmc-uk.org/static/documents/content/GMC_Revalidation_A4_Guidance_GMP_Framework_04.pdf

For example:

 360 degree feedback

 Reflective practice e.g. a word limited exercise

 Provide details of 2 cases that went well and 2 that did not– What did you do about them? What did you learn from the experience?

 What would you want the next person in the Post-CCT Fellowship post to do differently?

 What is your personal development plan for next year?

 Log book

 Audit of results/clinical audit

o To provide regular feedback to the Fellow that is clear, focussed and aimed at enabling the Fellow to improve specific aspects of their performance.

Supporting and monitoring educational progress

o To explore and agree a learning contract with the Fellow at the beginning of the Fellowship;

o To understand the clinical and core component aspects of the Fellowship and how these might be achieved;

o To identify learning and clinical service needs and discuss and gain agreement from the Fellow on the objectives to be met;

o To facilitate opportunities for a wide-range of relevant learning opportunities and to support the Fellow in accessing these, where appropriate;

o To review and monitor progress through regular, timetabled meetings;

o To ensure that appropriate written records are maintained and shared with the Fellow to enable appropriate feedback and guidance and to provide a record of progress throughout the Fellowship which enables the Fellow to recognise strengths and to address areas of concern;

o To provide guidance for and to monitor the development of the Fellow's portfolio (it is the Fellow's overall responsibility to ensure that their portfolio is maintained and developed and that all supporting documentation is included);

o To respond effectively and efficiently to emerging problems with a Fellow's progress, liaising with Fellow's clinical supervisors for constructive feedback, as appropriate;

o To be proactive in seeking opportunities for support and guidance for Fellows whose learning needs are outwith the scope and responsibility of the Educational Guide.

Guiding personal and professional development

o To ensure that the Fellow participates in multi-source feedback;

o To provide guidance on the development of a portfolio and the overlap with the appraisal and revalidation process;

o To provide guidance on the wider national context of professional development for doctors;

o To act as a positive role model and to continue to develop own skills and techniques relevant to clinical service and personal and professional development.

Continuing own professional development as an educator

o To participate fully in local appraisal, validation and educational development activities;

o To actively evaluate own practice and act on formal (e.g. appraisal) and other (e.g. views of colleagues, patients, trainees, Fellows) feedback received;

o To develop and act on a personal development plan.

Appendix 4

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