Audit points, dataset and methodology in quality standards in Dermatology

Introduction and Methodology

Audit and Dataset topics

Database

With guideline author contribution
Acitretin
Actinic keratosis
Alopecia areata
Azathioprine
Basal cell carcinoma
Biologics
Bowen's disease
Bullous pemphigoid
Contact allergy
Cutaneous lymphoma
Ciclosporin
Hydroxychloroquine
Isotretinoin
Lichen sclerosus
Malignant melanoma
Pemphigus vulgaris
Photodynamic therapy
Squamous cell carcinoma
Stevens-Johnson syndrome and toxic epidermal necrolysis
Tinea capitis
Urticaria
Vitiligo
Viral warts

Phototherapy service
- Phototherapy facilities and policies
- Systemic PUVA service
- Narrow band UVB service
- Topical PUVA

Coordinated by Dr David de Berker (Chair, Health Informatics sub-committee), with contributions from leads of all current BAD guidelines

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Introduction and Methodology

The BAD has commissioned a group of members to define a minimum dataset in Dermatology that can be used to characterise the quality of a service and be a tool for comparison between services. This has been divided into quantitative and qualitative measures. This document concerns itself with defining the quantitative measures.

In 2010, the government published its vision for the NHS "Transparency in Outcomes – a Framework for the NHS". This proposed that 'Process Measures' should be replaced by 'Outcome Measures' forming an NHS Outcome Framework with 5 domains:

1. Preventing people from dying prematurely
2. Enhancing quality of life for people with long-term conditions
3. Helping people recover from episodes of ill health or following injury
4. Ensuring people have a positive experience of care
5. Treating and caring for people in a safe environment and protecting them from avoidable harm

The quantitative measures were mapped to these 5 domains.

Method

The BAD has worked with members over the last 16 years to produce evidence-based clinical guidelines. One of the elements in these guidelines is a set of audit points. These recommended audit points have been used as the basis for creating the quantitative minimum dataset. Lead authors of each of the BAD guidelines (http://www.bad.org.uk/healthcare-professionals/clinical-standards/clinical-guidelines) were asked to work with their author group to define the 3-5 audit points they would use as quality indicators in relation to the topic of the guideline. They were asked to outline the data item in 3 forms:

1.General outline and definition.
2.Exact term(s).
3.Methodology for seeking this data item such that audit data can be comparable between services.

Results

All authors responded. Their contributions provided between 3 and 5 audit points with data items and method for their collection in 27 areas of Dermatology. These areas are those defined within the published and draft BAD clinical guidelines.

For each dataset slight alterations were made to some proposals where there was apparent ambiguity or lack of clarity about the methodology of data collection. In most areas the methodology attempts to attribute data to the clinician seeing the patient, or the consultant in charge of the team as well as the service in general. This aspect of the process is seen as a useful tool for measuring and improving one's own practice. It should also help in identifying systemic areas for improvement where individual practice is not a significant factor.

Undertaking local audits

The BAD is providing Excel templates with drop down fields for use as data collection proformas for each of the audits. This will increase the consistency of data collection between institutions and increase the likelihood of meaningful comparisons and benchmarking. It will facilitate data management and interpretation. The package means that Dermatology services will be able to pick any one of 27 areas of audit and choose to undertake an "off the shelf audit". The package will contain:

- A national evidence-based clinical guideline as reference standard
- A nationally agreed set of audit points with methodology
- A data collection proforma

This format will diminish the amount of work required to set up a local quality audit in any of the specified areas and will represent a package that is easy to use for junior doctors and special module medical students working with Dermatology departments. In some instances it will also enable quality benchmarking with intermediate or primary care Dermatology services.

Interaction between MDS, Guideline group, Dermatology Curriculum and Audit group

At present this draft dataset does not cover all areas of Dermatology as not all areas are covered by current BAD clinical guidelines. There is potential for interaction between the BAD Therapy & Guidelines sub-committee, minimum dataset group and those writing the curriculum for training in Dermatology to define

areas of further development. The dataset is also a starting point for facilitating audits as outlined by the BAD audit group.

Future electronic patient development

To make best use of the 26 datasets, it is necessary that the data to be measured is recorded within the patient record or other system holding patient data, such as waiting times in a patient administration system. Most Dermatology departments are still reliant on paper records and limited searchable histopathology and other results databases. One bonus of this project is to provide Dermatology departments with some core data items that should be made available in any electronic patient record of the future.

Basic Dermatology Database

For any data set to be meaningful, it is necessary to be able to find the patients to whom the dataset applies. Their main clinical label for identification is their diagnosis. This means that a diagnostic index is the single most central requirement of an audit process in a department. The diagnostic index needs to have certain characteristics:

1. Easy to enter data
2. Understood and used universally in order that significant cases are not omitted. Cases that are difficult to code or managed in circumstances where coding falls down are likely to have specific risks attached to their care.
3. Standardised in order that the terms are recognisable across institutions
4. Searchable with ease by those using the diagnostic index
5. Have regular data quality checks

Where audit applies to specific drugs or procedures, systems have to be in place for the identification of all patients treated with these modalities. The quality and safety of a clinical environment is likely to be greatly increased if the 2 following quality indicators apply:

Qualitative

There is a prospective system in place for the identification of all patients according to their diagnosis, investigations undertaken, medications and procedures undergone. These features need to be linked directly to the patient identifier within the same searchable system such that they can be assessed as a single record.

Quantitative

The service is able to identify the last consecutive 50 patients in each of the following diagnostic, investigation, treatment or procedure categories:

Acitretin
Alopecia areata
Azathioprine
Basal cell carcinoma
Biologics
Bowen's disease (squamous cell carcinoma *in situ*)

Bullous pemphigoid
Ciclosporin
Contact allergy
Cutaneous lymphoma
Hydroxychloroquine
Isotretinoin

Lichen sclerosus
Malignant melanoma
Narrow band UVB service
Pemphigus vulgaris
Phototherapy facilities and policies
Phototherapy service

Photodynamic therapy
Squamous cell carcinoma
Stevens-Johnson syndrome and toxic epidermal necrolysis
Systemic PUVA service
Tinea capitis

Topical PUVA
Urticaria
Viral warts
Vitiligo

Database Audit

Use of Data Systems in Dermatology	
Dataset correspondent	David de Berker
Comments	Currently no guideline exists to define the broader characteristics of systems for data collection in Dermatology. Any system in place should be able to capture the points below.
Audit points	
Point 1	
Description	To be able to identify all patients with the following clinical and histological diagnostic labels seen in the last 36 months.
Data items	1.Actinic keratosis 2.Alopecia areata 3.Basal cell carcinoma 4.Bowen's disease 5.Bullous pemphigoid 6.Contact allergy 7.Cutaneous lymphoma 8.Lichen sclerosus 9.Malignant melanoma 10.Pemphigus vulgaris 11.Squamous cell carcinoma 12.Stevens-Johnson syndrome and toxic epidermal necrolysis 13.Tinea capitis 14.Urticaria 15.Viral warts 16.Vitiligo
Collection methodology	Searchable departmental systems that include clinical diagnoses should be checked against other systems, such as pathology and skin cancer MDT coding systems. High quality data audits should entail periods of prospective parallel data collection for 3 months to compare with indexing system. Failings in coding process should be analysed and attributed to systems or individuals.
Royal College of Physician Domains	1, 2, 3, 4, 5.
Point 2	
Description	To be able to identify all patients treated with following medications/modalities in the last 36 months and to identify their doses.

Data items	1.Acitretin 2.Azathioprine 3.Biologics 4.Ciclosporin 5.Hydroxychloroquine 6.Isotretinoin 7.Narrow band UVB service 8.Photodynamic therapy 9.Phototherapy service 10.Systemic PUVA service 11.Topical PUVA
Collection methodology	Searchable departmental systems that include clinical diagnoses should be checked against other systems, such as pathology and skin cancer MDT coding systems. High quality data audits should entail periods of prospective parallel data collection for 3 months to compare with indexing system. Failings in coding process should be analysed and attributed to systems or individuals.
Royal College of Physician Domains	1, 2, 3, 4, 5.
Point 3	
Description	All patients undergoing procedures or investigations should have them clearly associated with their diagnosis and management. This gives a defined limited dataset to each patient.
Data items	1.Patient identifier 2.Diagnosis 3.Investigations undertaken and their results 4.Procedures undertaken 5.Medications requiring monitoring prescribed within Dermatology
Collection methodology	50 consecutive new patients and 50 consecutive follow up patients to be searched 6 months retrospectively.
Royal College of Physician Domains	1, 2, 3, 4, 5.

Audit topics

Acitretin

British Association of Dermatologists' guidelines on the efficacy and use of acitretin in dermatology AD Ormerod, E Campalani and MJD Goodfield, BJD, Vol. 162, No.5, May 2010 (p952-963)	
Dataset correspondent	Tony Ormerod
Comments	
Audit points	
Point 1	
Description	Acitretin therapy is not being used in women of childbearing potential where there is a suitable alternative.
Data items	1.Documentation of child bearing potential 2.Log of consideration or trial of alternative treatments
Collection methodology	Evidence will be obtained by a case note audit of 5 female patients receiving acitretin for each consultant (who uses this drug in their clinical practice) commencing at a time prior to registration of the audit to enable sample size. Patients need to be identified through medication database or similar and should be chosen on the basis of arising consecutively on that system.
Royal College of Physician Domains	5.
Point 2	
Description	Where Acitretin is used in a woman of childbearing potential contraception is discussed and undertaken for 3 years after stopping the drug.
Data items	1.Documentation of pregnancy prevention discussion 2.Documentation of pregnancy prevention measures
Collection methodology	Evidence will be obtained by a case note audit of 5 female patients receiving acitretin for each consultant (who uses this drug in their clinical practice) commencing at a time prior to registration of the audit to enable sample size and to be at least 4 years from commencement of audit. Patients need to be identified through medication database or similar and should be chosen on the basis of arising consecutively on that system.
Royal College of Physician Domains	4, 5.
Point 3	
Description	Three-monthly laboratory tests are ordered including liver function and lipids.
Data items	1.Liver function test results every 3 months 2.Full fasting lipid results every 6 months

Collection methodology	Evidence will be obtained by a case note audit of 5 patients receiving acitretin for each consultant (who uses this drug in their clinical practice) commencing at a time prior to registration of the audit to enable sample size. Patients need to be identified through medication database or similar and should be chosen on the basis of arising consecutively on that system.
Royal College of Physician Domains	4, 5.

Audit topics

Actinic keratosis

Guidelines for the management of actinic keratoses D de Berker, JM McGregor and BR Hughes, BJD, Vol. 156, No. 2, February 2007 (p222-230)	
Dataset correspondent	David de Berker
Comments	Adapted from guideline
Audit points	
Point 1	
Description	Patients will be given information concerning their diagnosis and sun damage.
Data items	1.Record of information types and patient information leaflets
Collection methodology	Review of 50 consecutive case notes, including patient copy letters, identified through diagnostic index starting from 12 months before the registration of the audit. Results to be reported for the service and per clinician.
Royal College of Physician Domains	2, 3, 4.
Point 2	
Description	The patient will be adequately informed concerning the nature of any treatment when given.
Data items	1.Record of documented explanation in clinic, information types and patient information leaflets
Collection methodology	Review of 50 consecutive case notes, including patient copy letters, identified through diagnostic index starting from 12 months before the registration of the audit. Results to be reported for the service and per clinician.
Royal College of Physician Domains	2, 3, 4.
Point 3	
Description	Evidence that the GP is provided with advice concerning how to evaluate and manage further actinic keratoses when they develop.
Data items	1. Information in GP letter concerning future diagnosis and treatment
Collection methodology	Review of 50 consecutive case notes, including patient copy letters, identified through diagnostic index starting from 12 months before the registration of the audit. Results to be reported for the service and per clinician.
Royal College of Physician Domains	2, 3, 4, 5.
Point 4	

Description	Evidence that high risk patients and their GPs are aware of their status. This includes organ transplant recipients, those with multiple or large actinic keratoses or previous squamous cell carcinoma. GPs should be aware of need for low threshold for referral.
Data items	1.GP letter to contain message stating high risk and need for early referral
Collection methodology	Review of 50 consecutive case notes, including patient copy letters, identified through diagnostic index starting from 12 months before the registration of the audit. Results to be reported for the service and per clinician.
Royal College of Physician Domains	2, 3, 4, 5.

Audit topics

Alopecia areata

Guidelines for the management of Alopecia Areata AG Messenger, J McKillop, P Farrant, AJ McDonagh and M Sladden, BJD, Vol. 166, No. 5, May 2012 (p916-926)	
Dataset correspondent	Andrew Messenger
Comments	The guideline was written in 2003 and is currently under review for updating. The audit points are based on the original document, but are not within the original document.
Audit points	
Point 1	
description	Documented clinical history should contain information on age at onset, history or remissions, other diseases including thyroid disease and treatments tried to date. The severity and type of alopecia (patchy, total, universal or ophiasis) and the presence of nail changes should be recorded.
data items	1. Duration of present episode 2. History of previous episodes 3. Other systemic conditions 4. Treatments to date 5. Disease severity and pattern 1.Nail appearance
collection methodology	Case note review based on 20 consecutive AA cases within the previous 5 years.
Royal College of Physician Domains	1, 3, 4
Point 2	
description	Clinical note should record the outcome of the consultation, whether treatment was instituted and information on the disease provided.
data items	1. Documentation of treatment offered, strength and its duration 1.Documentation of information provided to inform patient of the disease
collection methodology	Case note review based on 20 consecutive AA cases within the previous 5 years.
Royal College of Physician Domains	1, 3, 4
Point 3	
description	Information should be provided for specific treatments, e.g. contact immunotherapy, PUVA and systemic steroids, including those requiring patient consent, e.g. diphencyprone.

data items	1. Documentation of information provided – to inform patient of the treatment to enable informed consent where appropriate
collection methodology	Case note review based on 20 consecutive AA cases within the previous 5 years.
Royal College of Physician Domains	1, 3, 4

Azathioprine

Guidelines for prescribing azathioprine in dermatology AV Anstey, S Wakelin and NJ Reynolds, BJD Vol. 151, No. 6, December 2004 (p1123)	
Dataset correspondent	Simon Meggitt
Comments	Adapted from national guideline. Pre-treatment screening is an important part of the safety profile for use of azathioprine. Any element of the "checklist for starting azathioprine" could be used as an audit point.
Audit points	
Point 1	
Description	Compliance with pre-treatment assessment for patients starting azathioprine, including baseline assessment of TPMT enzyme activity and the provision of written patient information.
Data items	1.Thiopurine methyl transferase result pre-treatment 2.Documentation of patient information leaflet provision
Collection methodology	Evidence will be obtained by a case note audit of 5 patients receiving azathioprine for each consultant (who uses this drug in their clinical practice) commencing 12 months prior to the registration of the audit. Patients need to be identified through medication database or similar and should be chosen on the basis of arising consecutively on that system.
Royal College of Physician Domains	4, 5.
Point 2	
Description	Compliance with monitoring recommendations (at least three-monthly full blood count and liver function test when stable but weekly for the first 1 month of therapy)
Data items	1.Log of blood test results
Collection methodology	Evidence will be obtained by a case note audit of 5 patients receiving azathioprine for each consultant (who uses this drug in their clinical practice) commencing 12 months prior to the registration of the audit. Patients need to be identified through medication database or similar and should be chosen on the basis of arising consecutively on that system.
Royal College of Physician Domains	5.
Point 3	
Description	Monitoring of the provision of sun awareness advice to patients on long-term azathioprine
Data items	1.Documentation in notes of sun awareness and/or skin cancer discussion

Collection methodology	Evidence will be obtained by a case note audit of 5 patients receiving azathioprine for each consultant (who uses this drug in their clinical practice) commencing 12 months prior to the registration of the audit. Patients need to be identified through medication database or similar and should be chosen on the basis of arising consecutively on that system.
Royal College of Physician Domains	5.

Checklist for starting azathioprine

1.Explain the onset of therapeutic benefit with azathioprine is slow and may not be apparent for 2-3 months. Patient expectations need to be realistic.

2.Emphasise the need for toxicity monitoring with regular blood tests. Patients unable to comply should not be given the drug.

3.Explain if usage is for a licensed or unlicensed indication. For unlicensed indications give a clear explanation of prescribing precedent.

4.Advise patients to seek urgent medical attention if they develop signs or symptoms of azathioprine hypersensitivity, bone marrow suppression or liver impairment. Specifically warn patient about:

a) High fever/severe flu-like illness
b) Unexplained bruising
c) New onset jaundice

5.Ensure there are no contraindications to azathioprine use.

6.Check results of baseline investigations:

a) FBC
b) Urea and electrolytes
c) Liver blood tests
d) TPMT activity (rarely also genotype)
e) Hepatitis B and C serology
f) HIV serology, especially in high risk groups
g) VZV serology (if no history of varicella)

7.Give special consideration to the following:

a) Children and the elderly
b) Hepatic and renal impairment
c) Pre-malignancy i.e. CIN and actinic keratoses
d) Breast feeding
e) VZV non-immune: immunisation required
f) HBV Non-immune: immunisation required
g) Positive HIV serology

8.Advise on the need for a yearly influenza vaccination.

9.Discuss the possible increased risk of malignancy with long-term use:

- Give advice on sunscreens and sun avoidance
- Caution regarding avoidance of pregnancy
- Warn about potential drug interactions (also detailed in the PIL)
- When possible, formulate a plan for duration and eventual withdrawal of therapy
- Supply with a PIL (if not previously) and record provision in case notes

Back to azathioprine dataset

Audit topics

Basal cell carcinoma

Guidelines for the management of basal cell carcinoma NR Telfer, GB Colver, CA Morton, BJD, Vol. 159, No. 1, July 2008 (p35)	
Dataset correspondent	John Lear
Comments	The Guideline on cutaneous squamous cell carcinoma was written in 2002 and has been updated 2009. The latest version is not available in the peer reviewed literature.
Audit points	
Point 1	
Description	Recurrent basal cell carcinoma should be discussed at the LSMDT.
Data items	1.Recurrent basal cell carcinomas discussed at MDT 2.All recurrent basal cell carcinomas within that period
Collection methodology	MDT records and histopathology systems should be reviewed for all BCCs and the recurrent tumours identified and counted for a given period that provides a sample of 20 recurrent tumours. The numbers found in the 2 systems should be reconciled. Tumours should be attributed to individual clinicians to highlight if there is a systemic problem or one related to individual practice.
Royal College of Physician Domains	2, 4.
Point 2	
Description	Incompletely excised basal cell carcinoma should be discussed at the LSMDT.
Data items	1. Incompletely excised basal cell carcinomas discussed at MDT 2. All incompletely excised basal cell carcinomas within that period
Collection methodology	MDT records and histopathology systems should be reviewed for all BCCs and the incompletely excised tumours identified and counted for a given period that provides a sample of 20 recurrent tumours. The numbers found in the 2 systems should be reconciled. Tumours should be attributed to individual clinicians to highlight if there is a systemic problem or one related to individual practice.
Royal College of Physician Domains	1, 5.
Point 3	
Description	An annual audit of completeness of excision of basal cell carcinoma should be undertaken on the basis of individual clinicians surgically treating basal cell carcinoma at all levels irrespective of level of practice.

Data items	1.Incomplete excision defined per deep or lateral margin 2.Excision of less that 1mm defined per deep and lateral margin 3.Excision by 1mm or more per deep and lateral margin 4.Size of tumour in mm 5.Location of tumour 6.Histological type of tumour
Collection methodology	All basal cell carcinomas treated surgically during normal clinical practice should be included in the audit to a minimum of 30 tumours per individual clinician. Tumours must be consecutive. Data must be corroborated by available pathology results.
Royal College of Physician Domains	1, 2, 4, 5.
Point 4	
Description	Mohs micrographic surgery should be offered for all morphoeic or recurrent basal cell carcinoma of the central face.
Data items	1.MDT record of consideration of Mohs surgery for morphoeic and recurrent basal cell carcinoma 2.Clinical documentation in patient record of discussion of Mohs surgery
Collection methodology	MDT records and histopathology systems should be reviewed for all incompletely excised and morphoeic BCCs. Their clinical notes should be examined to corroborate the MDT discussion. The audit should cover a period that allows examination of 20 tumours. Tumours should be attributed to individual clinicians to highlight if there is a systemic problem or one related to individual practice.
Royal College of Physician Domains	1, 2, 4, 5.

Audit topics

Biologics

British Association of Dermatologists' guidelines for biologic interventions for psoriasis 2009 CH Smith, AV Anstey, JNWN Barker, AD Burden, RJG Chalmers, DA Chandler, AY Finlay, CEM Griffiths, K Jackson, NJ McHugh, KE McKenna, NJ Reynolds, AD Ormerod, BJD, Vol. 161, No. 5, November 2009 (p987-1019)	
Dataset correspondent	Catherine Smith
Comments	The audit standards are based in large part on NICE guidance. This guidance is issued as a series of separate reports on individual Biologic agents. The BAD guidance is for the use of Biologic therapy for psoriasis generally.
Audit points	
Point 1	
Description	Compliance with pre-treatment assessment of patients referred for biologic therapies.
Data items	1.PASI score 2.DLQI score
Collection methodology	Evidence will be obtained by a case note audit of 20 patients commencing a Biologic commencing 12 months prior to the registration of the audit. Patients need to be identified through medication database or similar and should be chosen on the basis of arising consecutively on that system.
Royal College of Physician Domains	1, 2, 4, 5.
Point 2	
Description	All U.K. patients starting biologic therapy who fulfil entry criteria should be given the opportunity to be registered with the British Association of Dermatologists Biologic Intervention Register.
Data items	1.Log of biologic patients registered with BADBIR as a fraction of all patients started on Biologics
Collection methodology	Evidence will be obtained by a case note audit of 20 patients commencing a Biologic commencing 12 months prior to the registration of the audit. Patients need to be identified through medication database or similar and should be chosen on the basis of arising consecutively on that system.
Royal College of Physician Domains	1, 2, 4, 5.
Point 3	

Description	Compliance with withdrawal recommendations for biologic therapies in patients who fail to respond adequately or develop significant adverse events. 90% of patients on biologic therapy for chronic plaque psoriasis demonstrate either PASI 75 and/or at least PASI 50 and DLQI reduction of 5 points (cf to baseline) for the duration of therapy.
Data items	1.PASI score 2.DLQI score
Collection methodology	Evidence will be obtained by a case note audit of 40 patients commencing a Biologic commencing no sooner than 6 months prior to the registration of the audit. Patients need to be identified through medication database or similar and should be chosen on the basis of arising consecutively on that system.
Royal College of Physician Domains	5.
Point 4	
Description	A patient satisfaction survey should be undertaken to determine level of satisfaction with the service as distinct from level of satisfaction with the medication.
Data items	1. Patient satisfaction survey of biologic therapy service
Collection methodology	Evidence will be obtained by a case note audit of 40 patients commencing a Biologic commencing no sooner than 6 months prior to the registration of the audit. Patients need to be identified through medication database or similar and should be chosen on the basis of arising consecutively on that system.
Royal College of Physician Domains	2, 4.

Audit topics

Bowen's disease (squamous cell carcinoma *in situ*)

Guidelines for the management of squamous cell carcinoma *in situ* (Bowen's disease): update 2014 CA Morton, AJ Birnie, DJ Eedy, BJD, Vol. 170, No. 2, February 2014 (p245-260)	
Dataset correspondent	Colin Morton
Comments	Adapted from national guideline. An audit of outcome is thought desirable but not practical given the difficulty and expense of follow up for this group of patients.
Audit points	
Point 1	
Description	Clear documentation must be recorded of the type of therapy and treatment regimen.
Data items	1.Type of therapy 2.Treatment regimen (dose, frequency)
Collection methodology	Evidence will be obtained from records of 20 consecutive cases of patients with SCC *in situ* (clinical or histological diagnosis) through examination of clinical records of the type of therapy and treatment regimen, commencing 12 months prior to the date of registering the audit. All lesions must be attributed to individuals and data must be reported for the individuals as well as for the overall audit. Clinical response should be recorded to confirm that an assessment of clinical response has been made.
Royal College of Physician Domains	5.
Point 2	
Description	Clear documentation must be recorded of the discussion with the patient on the choice of therapy
Data items	1.Documented discussion on therapy options
Collection methodology	Evidence will be obtained from records of 20 consecutive cases of patients with SCC *in situ* (clinical or histological diagnosis) through examination of clinical records that the choice of therapy was discussed with patients, commencing 12 months prior to the date of registering the audit. All lesions must be attributed to individuals and data must be reported for individuals as well as for the overall audit.
Royal College of Physician Domains	5.
Point 3	
Description	SCC in situ occurring below the knee should NOT be treated with radiotherapy.
Data items	1. Location of disease

Collection methodology	Data items in audit point 1 combined with disease location enables the team to audit this exclusion. Evidence will be obtained from records of 20 consecutive cases of patients with SCC *in situ* (clinical or histological diagnosis) through examination of clinical records identified through pathology systems, commencing 12 months prior to the date of registering the audit. All lesions must be attributed to individuals and data must be reported for individuals as well as for the overall audit. This audit point makes the assumption that all cases sent for radiotherapy have had a prior diagnostic biopsy.
Royal College of Physician Domains	4, 5.

Audit topics

Bullous pemphigoid

Guidelines for the management of bullous pemphigoid VA Venning, K Taghipour, MF Mohd Mustapa, AS Highet and G Kirtschig, BJD, Vol. 167, No. 6, December 2012 (p1200-1214)	
Dataset correspondent	Vanessa Venning
Comments	Adapted from national guideline based on bullous pemphigoid guideline group discussion 2010.
Audit points	
Point 1	
Description	Clear documentation must be recorded of the relevant and important co-morbidities of diabetes and hypertension.
Data items	1.Clinical entry of diabetic and hypertensive history 2.Investigation result of baseline blood sugar 3.Investigation result of baseline blood pressure
Collection methodology	Evidence will be obtained from blood sugar and blood pressure levels of 5 consecutive cases of patients with BP.
Royal College of Physician Domains	1, 2, 4, 5.
Point 2	
Description	Patients intended for oral corticosteroid treatment must receive provision for bone protection
Data items	1.Clinic entry of risk factors for osteoporosis 2.Clinic entry of bone protection therapies
Collection methodology	Evidence will be obtained from records of 5 consecutive cases of patients with BP. Results to be presented per consultant and for the whole service.
Royal College of Physician Domains	2, 4, 5.
Point 3	

Description	Patient satisfaction with the outcome of the treatment, on control of their symptoms, must be recorded
Data items	1.Formal or informal evidence of patients satisfaction with the control of their symptoms
Collection methodology	Evidence will be obtained from records of 5 consecutive cases of patients with BP diagnosed at least 12 months prior to audit. Results to be presented per consultant and for the whole service.
Royal College of Physician Domains	2, 4.
Point 4	
Description	Patients treated with systemic medication for BP must have clear documentation of pre-treatment tests (e.g. full blood count, liver function test, glucose, renal function, blood pressure) and appropriate tests during follow-up.
Data items	1. Pre-treatment tests: full blood count, urea and electrolytes, liver function test and thiopurine methyl transferase 2. Monitoring/follow-up test: full blood count and liver function test
Collection methodology	Evidence will be obtained from records of 5 consecutive cases of patients with BP treated with systemic medication.
Royal College of Physician Domains	1, 4, 5.

Audit topics

Contact allergy

Guidelines for care of contact dermatitis J Bourke, I Coulson, J English, BJD, Vol. 160, No. 5, May 2009 (p946-954)	
Dataset correspondent	Ian Coulson
Comments	Adapted from national guideline, where qualitative elements are emphasised above quantitative data items. Below are the data items. They require one of the key quality standards to be met is data capture: to record investigation results on an electronic database with a minimum data set. This in turn enables the audit activities given below.
Audit points	
Point 1	
Description	To be able to undertake audits on most frequent allergens.
Data items	1.Site of onset of dermatitis 2.Duration; 3.Gender, 4.Atopy, 5.Hand dermatitis, 6.Leg dermatitis, 7.Face dermatitis 8.Details of occupation and leisure activities; 9.Patch test results including type (allergic/irritant) and severity of reaction; 10.Relevance of positive tests, occupational or otherwise; 11.Final diagnosis.
Collection methodology	Review of annual data over previous 12 months.
Royal College of Physician Domains	2, 3, 4, 5.
Point 2	
Description	To be able to audit frequency of multiple allergies and their associations.
Data items	1.Site of onset of dermatitis 2.Duration; 3.Gender, 4.Atopy, 5.Hand dermatitis, 6.Leg dermatitis, 7.Face dermatitis 8.Details of occupation and leisure activities; 9.Patch test results including type (allergic/irritant) and severity of reaction; 10.Relevance of positive tests, occupational or otherwise; 11.Final diagnosis.
Collection methodology	Review of annual data over previous 12 months.

Royal College of Physician Domains	2, 3, 4, 5.
Point 3	
Description	To be able to determine frequency of irritant over and allergic contact reactions.
Data items	1.Site of onset of dermatitis 2.Duration; 3.Gender, 4.Atopy, 5.Hand dermatitis, 6.Leg dermatitis, 7.Face dermatitis 8.Details of occupation and leisure activities; 9.Patch test results including type (allergic/irritant) and severity of reaction; 10.Relevance of positive tests, occupational or otherwise; 11.Final diagnosis.
Collection methodology	Review of annual data over previous 12 months.
Royal College of Physician Domains	2, 3, 4, 5.
Point 4	
Description	To be able to determine frequency and types of reactions in patient subgroups.
Data items	1.Site of onset of dermatitis 2.Duration; 3.Gender, 4.Atopy, 5.Hand dermatitis, 6.Leg dermatitis, 7.Face dermatitis 8.Details of occupation and leisure activities; 9.Patch test results including type (allergic/irritant) and severity of reaction; 10.Relevance of positive tests, occupational or otherwise; 11.Final diagnosis.
Collection methodology	Review of annual data over previous 12 months.
Royal College of Physician Domains	2, 3, 4, 5.

Audit topics

Cutaneous lymphoma

Guidelines for the management of primary cutaneous T-cell lymphomas SJ Whittaker, JR Marsden, M Spittle and R Russell Jones,) BJD, Vol. 149, July 2003 (p1095)	
Dataset correspondent	Sean Whittaker
Comments	Dataset adapted to align with National Cancer Intelligence Network guideline.
Audit points	
Point 1	
Description	WHO EORTC classification must be used, with tumour phenotype and note of folliculotropism and large cell transformation.
Data items	1.Tumour phenotype 2.Folliculotropism +/- 3.Large cell transformation +/-
Collection methodology	Review of 20 consecutive case notes per MDT from within a 3 year period.
Royal College of Physician Domains	1, 3.
Point 2	
Description	Performance status to be recorded in all patients.
Data items	Performance status Codes and Values: WHO/ECOG Performance Status (Code order) 0: Fully active, able to carry on all pre-disease performance without restriction 1: Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g. light housework, office work 2: Ambulatory and capable of self care but unable to carry out any work activities: up and about more than 50% of waking hours 3: Capable of only limited self care, confined to bed or chair more than 50% of waking hours 4: Completely disabled, cannot carry on any self care, totally confined to bed or chair 9: Not known
Collection methodology	Review of 20 consecutive case notes per MDT from within a 3 year period.
Royal College of Physician Domains	1, 2, 3, 4, 5.

Point 3	
Description	Sezary count at outset and according to clinical evolution.
Data items	1.Sezary count
Collection methodology	Review of 20 consecutive case notes per MDT from within a 3 year period.
Royal College of Physician Domains	1, 5.
Point 4	
description	Annual log of treatment.
data items	1.Treatment summary of cumulative treatments
collection methodology	Review of 20 consecutive case notes per MDT from within a 3 year period.
Royal College of Physician Domains	5.

Audit topics

Ciclosporin

Guideline pending	
Dataset correspondent	John Berth Jones
Comments	
Audit points	
Point 1	
Description	Patients undergoing long-term treatment with ciclosporin should be followed up by, or under the supervision of, the Consultant Dermatologist supervising this treatment at intervals of two to three months. Two month intervals are preferred, but three month intervals are acceptable for selected cases where the treatment dose and the skin disease are stable. Audit standard is 100% follow up within 3 months.
Data items	1.Log of follow up intervals
Collection methodology	Evidence will be obtained by a case note audit of 5 patients receiving ciclosporin for each consultant (who uses this drug in their clinical practice) commencing 12 months prior to the registration of the audit. Patients need to be identified through medication database or similar and should be chosen on the basis of arising consecutively on that system.
Royal College of Physician Domains	4, 5.
Point 2	
Description	Patients undergoing long-term treatment with ciclosporin should have renal function monitored. Serum creatinine should be monitored at each follow up visit and be measured at least every 3 months.
Data items	1.Log of blood test results
Collection methodology	Evidence will be obtained by a case note audit of 5 patients receiving ciclosporin for each consultant (who uses this drug in their clinical practice) commencing 12 months prior to the registration of the audit. Patients need to be identified through medication database or similar and should be chosen on the basis of arising consecutively on that system.
Royal College of Physician Domains	4, 5.
Point 3	
Description	Patients undergoing long-term treatment with ciclosporin should undergo regular monitoring of blood pressure at intervals of two to three months. 100% of patients should have measurements at least every 3 months.
Data items	1.Blood pressure measurements

Collection methodology	Evidence will be obtained by a case note audit of 5 patients receiving ciclosporin for each consultant (who uses this drug in their clinical practice) commencing 12 months prior to the registration of the audit. Patients need to be identified through medication database or similar and should be chosen on the basis of arising consecutively on that system.
Royal College of Physician Domains	5.

Audit topics

Hydroxychloroquine

Hydroxychloroquine and Ocular Toxicity Recommendations on Screening 2009	
Dataset correspondent	Stephen Jones
Comments	Adapted from national guideline.
Audit points	
Point 1	
Description	Maximum dosage of hydroxychloroquine should not exceed 6.5mg/kg lean body weight daily (typically 200-400mg).
Data items	1.Dose of hydroxychloroquine 2.Weight of patient in kg
Collection methodology	Evidence will be obtained by a case note audit of 5 patients receiving hydroxychloroquine for each consultant (who uses this drug in their clinical practice) during the previous year. Patients need to be identified through medication database or similar and should be chosen on the basis of arising consecutively on that system.
Royal College of Physician Domains	2, 4, 5.
Point 2	
Description	Enquire about formal optometry in the last 12 months, or undertake Snellen chart eyesight check requiring ability to read N6 or N8 lines with corrected vision (at baseline and at annual review).
Data items	1.Documentation within clinical record of enquiry and response with respect to visual impairment not corrected by spectacles
Collection methodology	Evidence will be obtained by a case note audit of 5 patients receiving hydroxychloroquine for each consultant (who uses this drug in their clinical practice) during the previous year. Patients need to be identified through medication database or similar and should be chosen on the basis of arising consecutively on that system.
Royal College of Physician Domains	2, 4, 5.
Point 3	
Description	If visual impairment is suspected, the patient should be advised to consult an optometrist. If impairment is correctable with refraction, treatment can commence. Any relevant abnormality detected by the optometrist would be referred to an ophthalmologist in the normal way.
Data items	1.Documentation within clinical record of advice to patient and result of optometry prior to commencement of treatment.

Collection methodology	Evidence will be obtained by a case note audit of 5 patients receiving hydroxychloroquine for each consultant (who uses this drug in their clinical practice) during the previous year. Patients need to be identified through medication database or similar and should be chosen on the basis of arising consecutively on that system.
Royal College of Physician Domains	2, 4, 5.

Audit topics

Isotretinoin

Advice on the safe introduction and continued use of isotretinoin in acne in the UK 2010 MJD Goodfield, NH Cox, A Bowser, JC McMillan, LG Millard, NB Simpson, AD Ormerod, BJD, Vol. 162, No. 5, June 2010 (p1172-1179)	
Dataset correspondent	Tony Ormerod
Comments	Adapted from national guideline.
Audit points	
Point 1	
Description	Female patients of childbearing potential receiving isotretinoin will have signed the 'acknowledgement of PPP information' form indicating that they have received appropriate information.
Data items	1. Log acknowledgement forms
Collection methodology	Evidence will be obtained by a case note audit of 10 female patients receiving isotretinoin for each consultant (who uses this drug in their clinical practice) commencing at least 12 months prior to registration of the audit. Patients need to be identified through medication database or similar and should be chosen on the basis of arising consecutively on that system.
Royal College of Physician Domains	4, 5.
Point 2	
Description	All patients will have serum lipids checked prior to starting treatment and at least once during treatment.
Data items	1.Documentation of pre-treatment serum lipids 2.Documentation of subsequent serum lipids
Collection methodology	Evidence will be obtained by a case note audit of 10 patients receiving isotretinoin for each consultant (who uses this drug in their clinical practice) commencing at least 12 months prior to registration of the audit. Patients need to be identified through medication database or similar and should be chosen on the basis of arising consecutively on that system.
Royal College of Physician Domains	4, 5.
Point 3	
Description	All females of childbearing potential will have pregnancy tests before treatment and at monthly intervals and at 5 weeks after treatment.

Data items	1.Log of pregnancy test results at time = 0, monthly and at 5 weeks after completion of isotretinoin therapy
Collection methodology	Evidence will be obtained by a case note audit of 10 female patients receiving isotretinoin for each consultant (who uses this drug in their clinical practice) commencing at least 12 months prior to registration of the audit. Patients need to be identified through medication database or similar and should be chosen on the basis of arising consecutively on that system.
Royal College of Physician Domains	4, 5.
Point 4	
Description	The number of pregnancies occurring in patients taking isotretinoin with a target of 0% pregnancies as the standard to be achieved (note these must be reported on the yellow card system).
Data items	1.Log of pregnancies occurring during treatment or within 5 weeks of stopping isotretinoin
Collection methodology	Evidence will be obtained by a case note audit of all female patients receiving isotretinoin for each consultant (who uses this drug in their clinical practice) during a 12 month period commencing at least 24 months prior to registration of the audit. Patients need to be identified through medication database or similar and should be chosen on the basis of arising consecutively on that system.
Royal College of Physician Domains	4, 5.
Point 5	
Description	There will be documentation of mental health and mood state for all patients commencing isotretinoin, both at the assessment for treatment and at each follow-up appointment.
Data items	1.Documentation of mental health and mood state pre-treatment 2.Documentation of mental health and mood state at each follow up treatment
Collection methodology	Evidence will be obtained by a case note audit of 10 patients receiving isotretinoin for each consultant (who uses this drug in their clinical practice) commencing at least 12 months prior to registration of the audit. Patients need to be identified through medication database or similar and should be chosen on the basis of arising consecutively on that system.
Royal College of Physician Domains	4, 5.

Audit topics

Lichen sclerosus

British Association of Dermatologists' guidelines for the management of lichen sclerosus 2010 SM Neill, FM Lewis, FM Tatnall, NH Cox, BJD, Vol. 163, No. 4, October 2010 (p672-682)	
Dataset correspondent	Fiona Lewis
Comments	
Audit points	
Point 1	
Description	A biopsy will be performed in all patients with clinically active disease that is unresponsive to adequate treatment with an ultra-potent topical corticosteroid within 4 months of trial of therapy unless there is a clearly documented contraindication.
Data items	1.Histopathology result 2.Documentation of date of commencing ultra-potent steroid 3.Documentation of response to ultra-potent steroid m
Collection methodology	Retrospective notes audit undertaken on the last 10 consecutive cases (new and follow up) with none being new patient within the last 6 months. Results to be analysed both by service and individual clinician.
Royal College of Physician Domains	1, 4.
Point 2	
Description	Follow-up arrangements will be in place for patients with ongoing disease. Arrangements will be documented in the notes and may involve primary and/or secondary care. The GP and patient will have a written communication defining these arrangements.
Data items	1. Documented follow up arrangements for patients with symptomatic disease 2. Documented communication of these arrangements to the patient and GP
Collection methodology	Retrospective notes audit undertaken on the last 10 consecutive cases (new and follow up) with none being new patient within the last 6 months. Results to be analysed both by service and individual clinician.
Royal College of Physician Domains	1, 4, 5.
Point 3	
Description	Patients with genital LS must be aware of the need to report any suspicious lesions within the affected skin.
Data items	1. Documentation of conversation and written material (provided to patient) describing risk of malignant transformation must be in the notes

Collection methodology	Retrospective notes audit undertaken on the last 10 consecutive cases (new and follow up) with none being new patient within the last 6 months. Results to be analysed both by service and individual clinician.
Royal College of Physician Domains	1, 2, 4, 5.
Point 4	
Description	Histology will always be reported on male circumcision specimens.
Data items	1. Histopathology report for all circumcision specimens
Collection methodology	Retrospective notes audit undertaken on the last 10 consecutive cases (new and follow up) of men with penile lichen sclerosus, with none being new patient within the last 6 months. Results to be analysed both by service and individual clinician.
Royal College of Physician Domains	1, 2, 4, 5.

Audit topics

Malignant melanoma

Revised U.K. guidelines for the management of cutaneous melanoma 2010
JR Marsden, JA Newton-Bishop, L Burrows, M Cook, PG Corrie, NH Cox, ME Gore, P Lorigan, R MacKie, P Nathan, H Peach, B Powell, C Walker, BJD, Vol. 163, No. 2, August 2010 (p238-256)

Dataset correspondent	Jerry Marsden
Comments	
Audit points	
Point 1	
Description	Patients with suspected melanoma should be seen within 2 weeks of referral.
Data items	1.Waiting times data 2.Time from consultant upgrade of non-2 week wait referral to review in clinic 3.Number of melanoma patients coming through the non-2WW pathway
Collection methodology	Hospital waiting times data systems. Review all 2 week wait referrals over a volume of 50 referrals. Corroborate with review of 50 consecutive cases seen in the 2 week wait service. Review all melanoma diagnoses over a 12 month period from pathology coding. Identify referral pathway (2WW, non-2WW upgraded or non-2WW) and first clinic (2WW or non-2WW).
Royal College of Physician Domains	1, 4.
Point 2	
Description	Comparison and appropriateness of stated clinical, and measured histological, surgical margins (referenced to the standards described in these guidelines).
Data items	1. Documented clinical margins in notes 2. Documented histological margins in histopathology report 3. Documented Breslow thickness in histopathology report 4. Documented ulceration and mitotic count if <1.0mm Breslow
Collection methodology	MDT records, operation notes and histopathology systems should be reviewed for all melanomas and to identify clinical records. Data items should be extracted per patient. Data items for each patient should be reconciled to determine appropriateness for guideline. Tumours should be attributed to individual clinicians to highlight if there is a systemic problem or one related to individual practice.
Royal College of Physician Domains	1, 4, 5.
Point 3	
Description	All patients with melanoma should be discussed in a skin cancer MDT.

Data items	1. MDT discussion of melanoma
Collection methodology	MDT records and histopathology systems should be reviewed for all melanomas identified and counted for a given period that provides a sample of 40 tumours. The numbers found in the 2 systems should be reconciled. Tumours should be attributed to individual clinicians to highlight if there is a systemic problem or one related to individual practice.
Royal College of Physician Domains	1, 2, 4, 5.
Point 4	
Description	All patients diagnosed with malignant melanoma, including in situ disease, should be offered an education session with a skin cancer clinical nurse specialist.
Data items	1.Documentation of offer of CNS consultation or documentation of that consultation
Collection methodology	MDT records and histopathology systems should be reviewed to obtain consecutive cases of 40 melanomas and to identify clinical records. Data items should be extracted per patient. Patients should be attributed to individual clinicians to highlight if there is a systemic problem or one related to individual practice.
Royal College of Physician Domains	1, 2, 4, 5.

Audit topics

Pemphigus vulgaris

Guidelines for the management of pemphigus vulgaris KE Harman, S Albert and MM Black, BJD Vol. 149, No. 5, November 2003 (p926)	
Dataset correspondent	Karen Harman
Comments	Adapted from national guideline.
Audit points	
Point 1	
Description	All patients will have diagnosis explored with routine histopathology, and direct immunofluorescence.
Data items	1.Histopathology report 2.Immunofluorescence report (direct)
Collection methodology	Retrospective review of records of last 10 consecutive patients seen with pemphigus. Audit will be reported for the service and by individual clinician.
Royal College of Physician Domains	4, 5.
Point 2	
Description	Blood glucose and blood pressure should be documented elements of clinical history (?diabetic, ?hypertensive) and initial investigation.
Data items	1.Clinical entry of diabetic and hypertensive history 2.Investigation result of baseline blood glucose 3.Investigation result of baseline blood pressure 4.Investigation result of baseline weight
Collection methodology	Retrospective review of records of last 10 consecutive patients seen with pemphigus. Audit will be reported for the service and by individual clinician.
Royal College of Physician Domains	1, 2, 4, 5.
Point 3	
Description	Where patients are treated with oral corticosteroid there is record of them receiving bone protection as defined by local Trust guidelines or the Royal College of Physicians. http://www.rcplondon.ac.uk/pubs/books/glucocorticoid/glucocortConcise.pdf
Data items	1.Clinic entry of risk factors for osteoporosis 2.Clinic entry of bone protection therapies

Collection methodology	Retrospective review of records of last 10 consecutive patients seen with pemphigus. Audit will be reported for the service and by individual clinician.
Royal College of Physician Domains	2, 4, 5.

Audit topics

Photodynamic therapy

Guidelines for topical photodynamic therapy: update CA Morton, KE McKenna, LE Rhodes, BJD, Vol. 159, No. 6, December 2008 (p1245-1266)	
Dataset correspondent	Colin Morton
Comments	Adapted from national guideline.
Audit points	
Point 1	
Description	Initial clinical clearance rates of actinic keratosis, Bowen's disease and superficial basal cell carcinoma at 3 months after last treatment to be at least 75% lesions – feasible as case note audit, but precise clearance rates for AK difficult to determine.
Data items	1.Documentation of clinical outcome at between 3 and 6 months
Collection methodology	Evidence will be obtained of sustained clinical response of >75% and good-excellent cosmetic outcome in >80-% 12 months after completion of last treatment, by examination of clinical records of the first 50 patients receiving topical PDT, commencing 24 months prior to the date of registering the audit. All lesions must be attributed to individuals prescribing the treatment and data must be reported for individuals as well as for the overall audit. A response rate of <75% and/or good/excellent cosmesis in <80% should trigger a protocol review.
Royal College of Physician Domains	4, 5.
Point 2	
description	Sustained clearance rates of Bowen's disease and superficial basal cell carcinoma at 12 months after last treatment of at least 75% lesions.
data items	1.Documentation of clinical outcome at after 12 months
Collection methodology	Evidence will be obtained of sustained clinical response of >75% and good-excellent cosmetic outcome in >80-% 12 months after completion of last treatment, by examination of clinical records of the first 50 patients receiving topical PDT, commencing 24 months prior to the date of registering the audit. Where circumstances have required discharge, patients should have a limited postal questionnaire. All lesions must be attributed to individuals prescribing the treatment and data must be reported for individuals as well as for the overall audit. A response rate of <75% and/or good/excellent cosmesis in <80% should trigger a protocol review.
Royal College of Physician Domains	4, 5.

Point 3	
Description	Recurrence rates at 24 months post-treatment in Bowen's disease and at 24–36 months in superficial basal cell carcinoma of no more than 20% lesions.
Data items	1.Documentation of clinical outcome at 24-36 months
Collection methodology	Evidence will be obtained of sustained clinical response of >75% and good-excellent cosmetic outcome in >80-% 12 months after completion of last treatment, by examination of clinical records of the first 50 patients receiving topical PDT, commencing 24 months prior to the date of registering the audit. Where circumstances have required discharge, patients should have a limited postal questionnaire. All lesions must be attributed to individuals prescribing the treatment and data must be reported for individuals as well as for the overall audit. A response rate of <75% and/or good/excellent cosmesis in <80% should trigger a protocol review.
Royal College of Physician Domains	2, 4, 5.
Point 4	
Description	All patients receiving PDT will have clear documentation of doses.
Data items	1.PDT dose
Collection methodology	Evidence will be obtained by examination of treatment records of the first 50 patients receiving topical PDT, commencing 24 months prior to the date of registering the audit.
Royal College of Physician Domains	4.

Audit topics

Squamous cell carcinoma

Multi-professional guidelines for the management of the patient with primary cutaneous squamous cell carcinoma 2009 RJ Motley, PW Preston, CM Lawrence - Update of the original guideline which appeared in BJD, Vol. 146, No. 1, January 2002 (p18-25).	
Dataset correspondent	R J Motley
Comments	The Guideline on cutaneous squamous cell carcinoma was written in 2002 and has been updated 2009. The latest version is not available in the peer reviewed literature.
Audit points	
Point 1	
Description	The interval, measured in days, from the clinical diagnosis, (whether by GP or Specialist) of SCC, to the completion of definitive treatment should be within 62 days (1, 4), where the diagnosis of SCC is confirmed.
Data items	2.Date of referral 3.Date of definitive treatment
Collection methodology	Hospital Cancer waiting times data sources, reviewed by service and individual consultant retrospectively based on 50 consecutive cases within the previous 12 months.
Royal College of Physician Domains	1, 4.
Point 2	
Description	The surgical excision margin (determined clinically at the time of surgery and recommended: 4mm for well-defined, low risk tumours and 6mm for high risk tumours) is appropriate for the clinical features of the tumour and clearly documented in the medical notes. (1,5)
Data items	1. Surgical excision margin
Collection methodology	Retrospective notes audit undertaken on 50 consecutive cases in the last 12 months and analysed both by service and individual clinician.
Royal College of Physician Domains	1, 5.
Point 3	
Description	The pathology report to include the following: histopathological subtype, degree of differentiation, tumour depth, level of invasion, presence or absence of perineural, vascular or lymphatic invasion, and a comment on the peripheral and deep margins of excision.

Data items	1.Histopathological subtype, 2.Degree of differentiation, 3.Tumour depth, 4.Level of invasion, 5.Presence or absence of perineural, vascular or lymphatic invasion, 6.Comment on the peripheral and deep margins of excision
Collection methodology	Retrospective review of 50 consecutive cases of SCC within the last 12 months analysed by service and pathologist.
Royal College of Physician Domains	1, 5.
Point 4	
Description	For SCCs treated by other than excision, clinical justification for the choice of treatment must be documented in the patient's medical record.
Data items	1.Reason for non-excision treatment choice
Collection methodology	Retrospective notes audit undertaken on 50 consecutive cases in the last 12 months and analysed both by service and individual clinician.
Royal College of Physician Domains	1, 2, 4, 5.

Audit topics

Stevens-Johnson syndrome and toxic epidermal necrolysis

UK guidelines for the management of Stevens-Johnson syndrome/toxic epidermal necrolysis in adults 2016 D Creamer, SA Walsh, P Dziewulski, LS Exton, HY Lee, JKG Dart, J Setterfield, CB Bunker, MR Ardern-Jones, KMT Watson, GAE Wong, M Philippidou, A Vercueil, RV Martin, G Williams, M Shah, D Brown, P Williams, MF Mohd Mustapa, CH Smith – *in press, Br J Dermatol and J Plast Reconstr Aesthet Surg*	
Dataset correspondent	Daniel Creamer
Comments	Adapted from multi-professional national clinical guideline involving dermatologists (including oral and urogenital specialists), a histopathologist, burns/plastic surgeon specialists, a burns anaesthetist, intensive care specialists, an ophthalmologist, a dermatological clinical nurse specialist and a patient.
Audit points	
Point 1	
Description	All patients with SJS/TEN should have their SCORTEN assessed on admission.
Data items	1. Documented evidence in clinical records of SCORTEN assessment on admission.
Collection methodology	Evidence will be obtained through review of hospital records of all SJS/TEN cases in the last 5 years.
Royal College of Physician domains*	1, 2, 3, 4, 5
Point 2	
Description	All patients with SJS/TEN should have their drug causality assessment undertaken within the first 24 hours of admission.
Data items	1. Documented evidence in clinical records of drug causality assessment within the first 24 hours of admission.
Collection methodology	Evidence will be obtained through review of hospital records of all SJS/TEN cases in the last 5 years.
Royal College of Physician domains*	1, 2, 3, 4, 5
Point 3	
Description	All patients with SJS/TEN should be seen by an ophthalmologist within 24 hours of admission, with daily ocular assessments made throughout the acute phase.

Data items	Documented evidence in clinical records of: 1. ophthalmology consultation within 24 hours of admission 2. daily ocular assessments throughout the acute phase
Collection methodology	Evidence will be obtained through review of hospital records of all SJS/TEN cases in the last 5 years.
Royal College of Physician domains*	1, 2, 3, 4, 5
Point 4	
Description	All patients with SJS/TEN should have an initial assessment of mouth and urogenital tract involvement undertaken within the first 24 hours of admission, with daily oral and urogenital assessments made throughout the acute phase.
Data items	Documented evidence in clinical records of: 1. mouth and urogenital tract assessment within 24 hours of admission 2. daily oral and urogenital assessments throughout the acute phase
Collection methodology	Evidence will be obtained through review of hospital records of all SJS/TEN cases in the last 5 years.
Royal College of Physician domains*	1, 2, 3, 4, 5
Point 5	
Description	At discharge: 1. contact should be made with the patient's GP 2. all SJS/TEN patients should be counselled about future avoidance of the culprit drug(s) 3. a MedicAlert bracelet/amulet should be requested
Data items	Documented evidence in clinical records of: 1. contact with the patient's GP 2. counselling the patient about future avoidance of the culprit drug(s) 3. a request for a MedicAlert bracelet/amulet
Collection methodology	Evidence will be obtained through review of hospital records of all SJS/TEN cases in the last 5 years.
Royal College of Physician domains*	1, 2, 3, 4, 5

Audit topics

Tinea capitis

Guidelines for the management of tinea capitis EM Higgins, IC Fuller, CH Smiths, BJD, Vol. 143, No. 1, July 2000 (p53)	
Dataset correspondent	Claire Fuller
Comments	Adapted from national guideline.
Audit points	
Point 1	
Description	If tinea capitis is suspected, specimens should be taken to confirm the diagnosis as systemic therapy will be required.
Data items	1.Mycology test result
Collection methodology	All patients identified through clinical diagnostic index to have corresponding result identified in mycology laboratory data system. To be undertaken for 20 consecutive cases from previous 12-36 months. Results should be attributed to the service and individual clinicians.
Royal College of Physician Domains	3, 4, 5.
Point 2	
Description	Children should be allowed to return to school once they have been commenced on appropriate systemic and adjuvant topical therapy.
Data items	1.School return advice should be documented in the clinical record
Collection methodology	20 consecutive records from previous 12-36 months should be identified by clinical or mycology databases and reviewed for data item. Results should be attributed to the service and individual clinicians.
Royal College of Physician Domains	3, 4.
Point 3	
Description	Has the patient been given effective therapy?
Data items	1.Documentation of clinical treatment to match current guideline
Collection methodology	20 consecutive records from previous 12-36 months should be identified by clinical or mycology databases and reviewed for data item. Results should be attributed to the service and individual clinicians.
Royal College of Physician Domains	2, 4, 5.

Point 4	
Description	Family members as well as other close contacts should be screened (both for tinea capitis and corporis) and appropriate mycological samples taken preferably using the brush technique, even in the absence of clinical signs.
Data items	1.Documentation of examinations or arrangements made for examinations by third party
Collection methodology	20 consecutive records from previous 12-36 months should be identified by clinical or mycology databases and reviewed for data item. Results should be attributed to the service and individual clinicians.
Royal College of Physician Domains	45.

Audit topics

Urticaria and angioedema

Guidelines for evaluation and management of urticaria in adults and children CEH Grattan and FY Humphreys, BJD, Vol. 157, December 2007 (p1116-1123)	
Dataset correspondent	Clive Grattan
Comments	Adapted from national guideline.
Audit points	
Point 1	
Description	Use of oral corticosteroids should be restricted to short courses of no more than 1 week in patients with acute urticaria, angio-oedema of the mouth or severe exacerbations of chronic ordinary urticaria not responding to first line treatment with H1 anti-histamines.
Data items	1.Use, dose and duration of treatment with oral corticosteroids should be documented in the clinical record
Collection methodology	Sequential records of fifty patients attending specialist urticaria clinics should be reviewed retrospectively for evidence in the hand written notes and typed correspondence.
Royal College of Physician Domains	2, 3, 4, 5.
Point 2	
Description	Immunomodulatory treatments should only be recommended or prescribed for patients who have already had an adequate trial of first line treatment with H1 antihistamines and appropriate second line (targeted) treatments.
Data items	1.Treatment log in notes
Collection methodology	Sequential records of twenty five patients with chronic ordinary urticaria attending specialist urticaria clinics should be reviewed retrospectively for evidence in the hand written notes and typed correspondence.
Royal College of Physician Domains	3, 4, 5.
Point 3	
Description	Lesional skin biopsy has been performed or ordered to look for evidence of urticarial vasculitis if spontaneous weals consistently last at least 24 hours and/or leave bruising as they resolve.
Data items	1.Duration of lesions 2.Presence or absence of bruising

Collection methodology	Sequential records of twenty five patients with chronic ordinary urticaria attending specialist urticaria clinics should be reviewed retrospectively for evidence in the hand written notes and typed correspondence.
Royal College of Physician Domains	2, 4, 5.
Point 4	
Description	Blood has been checked for thyroid autoantibodies and thyroid function in all patients who have not responded completely to first line treatment with an H1 antihistamine at its licensed dose.
Data items	1.Thyroid autoantibody result 2.Thyroid function test
Collection methodology	Sequential records of twenty five patients with chronic ordinary urticaria attending specialist urticaria clinics should be reviewed retrospectively for evidence in the hand written notes and typed correspondence.
Royal College of Physician Domains	2, 3.
Point 5	
Description	Patients are advised to avoid aspirin or other non-steroidal anti-inflammatory drugs.
Data items	1.Record of Non steroidal anti inflammatory drug ingestion 2.Record of advice to patient
Collection methodology	Sequential records of twenty five patients with chronic ordinary urticaria attending specialist urticaria clinics should be reviewed retrospectively for evidence in the hand written notes and typed correspondence.
Royal College of Physician Domains	2, 3, 4, 5.

Audit topics

Vitiligo

Guidelines for the management and diagnosis of vitiligo DJ Gawkrodger, AD Ormerod, L Shaw, I Mauri-Sole, ME Whitton, MJ Watts, AV Anstey, J Ingham and K Young, BJD, Vol. 159, No. 5, November 2008 (p1051-1076)	
Dataset correspondent	David Gawkrodger
Comments	Adapted from national guideline.
Audit points	
Point 1	
Description	As part of the initial assessment the patient's skin type should be noted.
Data items	1.Documentation of skin type
Collection methodology	Evidence will be obtained through examination of clinical records obtained through diagnostic coding. All lesions must be attributed to individuals and data must be reported for individuals as well as for the overall audit. This audit makes the assumption that all cases sent for radiotherapy have had a prior diagnostic biopsy.
Royal College of Physician Domains	4, 5.
Point 2	
Description	Sustained clearance rates of Bowen's disease and superficial basal cell carcinoma at 12 months after last treatment of at least 75% lesions.
Data items	1.Documentation of clinical outcome at after 12 months
Collection methodology	Evidence will be obtained of sustained clinical response of >75% and good-excellent cosmetic outcome in >80-% 12 months after completion of last treatment, by examination of clinical records of the first 50 patients receiving topical PDT, commencing 24 months prior to the date of registering the audit. Where circumstances have required discharge, patients should have a limited postal questionnaire. All lesions must be attributed to individuals prescribing the treatment and data must be reported for individuals as well as for the overall audit. A response rate of <75% and/or good/excellent cosmesis in <80% should trigger a protocol review.
Royal College of Physician Domains	4, 5.
Point 3	

Description	Recurrence rates at 24 months post-treatment in Bowen's disease and at 24–36 months in superficial basal cell carcinoma of no more than 20% lesions.
Data items	1.Documentation of clinical outcome at 24-36 months
Collection methodology	Evidence will be obtained of sustained clinical response of >75% and good-excellent cosmetic outcome in >80-% 12 months after completion of last treatment, by examination of clinical records of the first 50 patients receiving topical PDT, commencing 24 months prior to the date of registering the audit. Where circumstances have required discharge, patients should have a limited postal questionnaire. All lesions must be attributed to individuals prescribing the treatment and data must be reported for individuals as well as for the overall audit. A response rate of <75% and/or good/excellent cosmesis in <80% should trigger a protocol review.
Royal College of Physician Domains	2, 4, 5.
Point 4	
Description	All patients receiving PDT will have clear documentation of doses.
Data items	1.PDT dose
Collection methodology	Evidence will be obtained by examination of treatment records of the first 50 patients receiving topical PDT, commencing 24 months prior to the date of registering the audit.
Royal College of Physician Domains	4.

Audit topics

Cutaneous viral warts

Guidelines for management of cutaneous warts JC Sterling, S Handfield-Jones, PM Hudson, BJD, Vol. 144, No. 1, January 2001 (p4)	
Dataset correspondent	Jane Sterling
Comments	Adapted from national guideline.
Audit points	
Point 1	
Description	Where liquid nitrogen is used, the dosing should be documented.
Data items	1.Dose of liquid nitrogen documented in notes as duration and number of cycles
Collection methodology	Evidence will be obtained through examination of clinical records of 20 cases of cryotherapy treatment for cutaneous warts. The cases could either be collected retrospectively from patients identified from a diagnostic database or prospectively if such a database does not exist. The standard should be that 100% of patients treated with cryotherapy for cutaneous viral warts will have the treatment regime recorded in the notes at each cryotherapy treatment.
Royal College of Physician Domains	3, 4, 5.
Point 2	
Description	A patient information leaflet should be given as part of cryotherapy.
Data items	1.Use of patient information leaflet should be documented in the notes
Collection methodology	Evidence will be obtained through examination of clinical records of 20 cases of cryotherapy treatment for cutaneous warts. The cases could either be collected retrospectively from patients identified from a diagnostic database or prospectively if such a database does not exist. The standard should be that 100% of patients treated with cryotherapy for cutaneous viral warts will have been given a patient information leaflet regarding cryotherapy at the start of cryotherapy treatment.
Royal College of Physician Domains	3, 4, 5.

Audit topics

Phototherapy Service General Data Set

Guidelines for dosimetry and calibration in ultraviolet radiation therapy: a report of a British Photodermatology Group workshop DK Taylor, AV Anstey, AJ Coleman, BL Diffey, PM Farr, J Ferguson, S Ibbotson, K Langmack, JJ Lloyd, P McCann, CJ Martin, H du P Menage, H Moseley, G Murphy, SD Pye, LE Rhodes, S Rogers, BJD, Vol. 146, No. 5, May 2002 (p755-763)	
Dataset correspondent	David K Taylor
Comments	The general running of a phototherapy service requires technical and clinical safety to be measured and audited in more than one sphere. This results in a division of a minimum dataset into a section for the medical physics department, the estates department and the clinical team. Checks on safety and consistency of equipments and policies vary in frequency from interaction with each patient to an annual review of electrical equipment. It is necessary for there to be regular meetings within the phototherapy service to enable cross-checking of data and matters arising. These should be at least monthly with good access between all team members to enable communication at other times. There should be a review of the entire service at least annually to scrutinise safety logs and policies.
Audit points	
Point 1	*Medical physics*
Description	Whole-body treatments should be given in ventilated cabins surrounding the patient with radiation sources wherever possible, and it is recommended that obsolete apparatus be replaced. (American Joint Committee on Cancer classification: BIII)
Data items	1.Function of ventilation system check
Collection methodology	There should be an annual log of maintenance that includes check of cabin adequacy and ventilation.
Royal College of Physician Domains	4, 5.
Point 2	*Medical physics*
Description	Phototherapy clinics should use a UV radiometer to measure irradiances from all UV treatment equipment. The meter should have minimal response outside the UV band and be chosen for dynamic range, linearity and angular sensitivity. (BIII)
Data items	1. Log of UV irradiances for all equipment
Collection methodology	At annual service review, there should be a check of irradiance measurements to determine that they are being made at regular intervals and that values are within accepted ranges.
Royal College of Physician Domains	4, 5.
Point 3	*Medical physics*

Description	The meter should be calibrated annually for each type of UV source in use, identifying the method, its traceability to known national standards and the waveband over which irradiance is measured. Irradiance over the full UV band of 250–400 nm should also be measured, in addition to any other band width, to facilitate intercomparisons. (BIII)
Data items	1.Log of metre calibration
Collection methodology	At annual service review, there should be a check of the meter calibration record.
Royal College of Physician Domains	3, 4, 5.
Point 4	*Medical physics*
Description	Built-in UV dosimeters in cabins should agree closely with directly measured irradiance values. Where agreement is outside reasonable tolerance (± 10%), the built-in meter may need adjusting. The supplier or the person responsible for the equipment should be consulted for advice. (BIII)
Data items	1.Log of dosimeter comparisons
Collection methodology	At annual service review, there should be a check of the meter calibration record.
Royal College of Physician Domains	3, 4, 5.
Point 5	*Medical physics or estates*
Description	Electrical equipment should be tested for compliance with electrical safety standards, and staff should be trained to operate the equipment correctly. Annual checks are acceptable, and written records should be kept. (BIII)
Data items	1.Log of annual electrical compliance check
Collection methodology	At annual service review, there should be review of the annual electrical compliance check.
Royal College of Physician Domains	3, 4, 5.
Point 6	*Medical physics*
Description	Skin irradiances should be measured regularly by the Direct or Indirect Methods, and used to calculate exposure times and to check built-in meters. Measurement every 25–50 h of usage is acceptable, but after installing new lamps, which degrade more quickly when new, re-measure after 10–15 h. (BIII)
Data items	1.Log of skin irradiance checks 2.Log of checks after new lamp installation
Collection methodology	At annual service review, there should be review of the frequency and values of both data items.

Royal College of Physician Domains	3, 4, 5.
Point 7	
	Clinical team
Description	Patient doses should be prescribed in J cm/2 (or derived units), and cumulative doses calculated and recorded at the end of treatment courses, to quantify lifetime exposure to therapeutic UV. (BII-i)
Data items	1.Patient cumulative dose
Collection methodology	Retrospective notes audit undertaken on 50 consecutive cases in the last 12 months and analysed both by service and individual clinician. To contain clear record of each dose and summed cumulative dose at the end of treatment.
Royal College of Physician Domains	3, 4, 5.
Point 8	*Clinical team*
Description	MED／MPD techniques should be described fully, including the site(s) of test(s), the criteria used to assess erythema, the methodology of masking and exposing test sites, including any devices used for this, and the sequence of doses used (or the ratio between adjacent exposures). (BII-iii)
Data items	1.Service policy be in place for MED/MPD techniques.
Collection methodology	At annual service review, there should be review of the MED/MPD technique.
Royal College of Physician Domains	3, 4, 5.

Audit topics

Systemic PUVA

British Photodermatology Group guidelines for PUVA BJD, Vol. 130, No. 2, Feb 1994 (p246-255)	
Dataset correspondent	Tsui Chin Ling
Comments	The guideline on systemic PUVA is being updated. Evidence should be obtained thorough examination of clinical records of all cases of systemic PUVA commencing 12 months prior to the date of registering the audit. The clearance rate / degree of improvement should be sought. All treatment must be attributed to an individual and must be reported for the individual as well as for the overall audit. The clinical diagnosis, characteristics of the disease, and other adjunct treatment should be included in the audit to inform the context of individual cases and the work of individual clinicians.
Audit points	
Point 1	
Description	There should be clear documentation of instances of burning.
Data items	1.Burning log per patient 2.Burning log per service
Collection methodology	There should be a clear system of recording and recalling episodes of burning. Episodes should be graded. The audit should look at all episodes of burning within a unit every 6 months, interpreting the result in the context of total numbers of treatments and total numbers of patients treated. In addition, a retrospective burn episode audit of the first 50 patients commenced consecutively from 12 months before the registration of the audit should occur annually. Results of the audits should be expressed as number of burns episodes/grade of burn/patient treatment/year and also episodes of burn/grade of burn in the sample of 50 through the course of their treatment.
Royal College of Physician Domains	4, 5.
Point 2	
Description	Staff delivering therapy should have recognised training in systemic PUVA therapy.
Data items	1. Staff training record
Collection methodology	At annual service review, training status of each member involved in delivery of PUVA should be documented.
Royal College of Physician Domains	4, 5.
Point 3	
Description	Patients should have systemic PUVA information leaflet.

Data items	1.Use of patient information leaflet should be documented in the notes
Collection methodology	Retrospective notes audit undertaken on 50 consecutive cases in the last 12 months and analysed both by service and individual clinician.
Royal College of Physician Domains	3, 4, 5.
Point 4	
Description	There should be clear documentation about advising patient on risk of skin carcinogenicity on sun-exposed skin.
Data items	1.Documentation of discussion with patient on skin cancer risks
Collection methodology	Retrospective notes audit undertaken on 50 consecutive cases in the last 12 months and analysed both by service and individual clinician.
Royal College of Physician Domains	3, 4, 5.
Point 5	
Description	There should be clear documentation about providing advice on eye protection and UV protection following each treatment.
Data items	1.Documentation of advice
Collection methodology	Retrospective notes audit undertaken on 50 consecutive cases in the last 12 months and analysed both by service and individual clinician.
Royal College of Physician Domains	3, 4, 5.

Audit topics

Narrow band UVB

No formal current Guideline	
Dataset correspondent	Tsui Chin Ling
Comments	Evidence should be obtained thorough examination of clinical records of the first 30 cases of NBUVB commencing 12 months prior to the date of registering the audit. The clearance rate / degree of improvement should be sought. All treatment must be attributed to an individual and must be reported for the individual as well as for the overall audit. The clinical diagnosis, characteristics of the disease, and other adjunct treatment should be included in the audit to inform the context of individual cases and the work of individual clinicians.
Audit points	
Point 1	
Description	There should be clear documentation of instances of burning.
Data items	1.Burning log per patient 2.Burning log per service
Collection methodology	There should be a clear system of recording and recalling episodes of burning. Episodes should be graded. The audit should look at all episodes of burning within a unit every 6 months, interpreting the result in the context of total numbers of treatments and total numbers of patients treated. In addition, a retrospective burn episode audit of the first 30 patients commenced consecutively from 12 months before the registration of the audit should occur annually. Results of the audits should be expressed as number of burns episodes/grade of burn/patient treatment/year and also episodes of burn/grade of burn in the sample of 30 through the course of their treatment.
Royal College of Physician Domains	4, 5.
Point 2	
Description	Staff delivering therapy should have recognised training in Narrow band UVB therapy.
Data items	1. Staff training record
Collection methodology	At annual service review, training status of each member involved in delivery of Narrow band UVB should be documented.
Royal College of Physician Domains	4, 5.
Point 3	
Description	Patients should have Narrow band UVB information leaflet.

Data items	1.Use of patient information leaflet should be documented in the notes
Collection methodology	Retrospective notes audit undertaken on 50 consecutive cases in the last 12 months and analysed both by service and individual clinician.
Royal College of Physician Domains	3, 4, 5.
Point 4	
Description	There should be clear documentation about advising patient on risk of skin carcinogenicity on sun-exposed skin.
Data items	1.Documentation of discussion with patient on skin cancer risks
Collection methodology	Retrospective notes audit undertaken on 50 consecutive cases in the last 12 months and analysed both by service and individual clinician.
Royal College of Physician Domains	3, 4, 5.

Audit topics

Topical PUVA

Guidelines for topical PUVA: a report of a workshop of the British Photodermatology Group SM Halpern, AV Anstey, RS Dawe, BL Diffey, PM Farr, J Ferguson, JLM Hawk, S Ibbotson, JM McGregor, GM Murphy, SE Thomas, LE Rhodes, BJD, Vol. 142, 2000 (p22-31)	
Dataset correspondent	Tsui Chin Ling
Comments	Evidence should be obtained thorough examination of clinical records of the first 20 cases of topical PUVA commencing 12 months prior to the date of registering the audit. The clearance rate / degree of improvement should be sought. All treatment must be attributed to an individual and must be reported for the individual as well as for the overall audit. The clinical diagnosis, characteristics of the disease, and other adjunct treatment should be included in the audit to inform the context of individual cases and the work of individual clinicians.
Audit points	
Point 1	
Description	There should be clear documentation of instances of burning.
Data items	1.Burning log per patient 2.Burning log per service
Collection methodology	There should be a clear system of recording and recalling episodes of burning. Episodes should be graded. The audit should look at all episodes of burning within a unit every 6 months, interpreting the result in the context of total numbers of treatments and total numbers of patients treated. In addition, a retrospective burn episode audit of the first 20 patients commenced consecutively from 12 months before the registration of the audit should occur annually. Results of the audits should be expressed as number of burns episodes/grade of burn/patient treatment/year and also episodes of burn/grade of burn in the sample of 20 through the course of their treatment.
Royal College of Physician Domains	4, 5.
Point 2	
Description	Staff delivering therapy should have recognised training in topical PUVA therapy.
Data items	1. Staff training record
Collection methodology	At annual service review, training status of each member involved in delivery of topical PUVA service should be documented.
Royal College of Physician Domains	4, 5.
Point 3	

description	Patients should have topical PUVA information leaflet.
Description	1.Use of patient information leaflet should be documented in the notes
Data items	Retrospective notes audit undertaken on 20 consecutive cases in the last 12 months and analysed both by service and individual clinician.
Royal College of Physician Domains	3, 4, 5.
Point 4	
Description	There should be clear documentation about advising patient on risk of skin carcinogenicity on sun-exposed skin.
Data items	1.Documentation of discussion with patient on skin cancer risks
Collection methodology	Retrospective notes audit undertaken on 20 consecutive cases in the last 12 months and analysed both by service and individual clinician.
Royal College of Physician Domains	3, 4, 5.

Audit topic