



Training Curriculum
for
**Post-CCT Fellowship in
Hair and Scalp Disorders**

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1. Introduction

The specialty training curriculum for dermatology defines competency-based requirements leading to the award of a Certificate of Completion of Training (CCT). This curriculum outlines the competencies required to complete a Post-CCT fellowship in the clinical and pathological study of hair.

Scalp and hair disorders, affecting adults and children, are commonly encountered in general dermatology clinics. Management of symptoms and halting clinical progression can be challenging. Additionally, hair loss is a source of significant psychological distress for patients.

The subspecialty of hair requires skill and expertise in the practise of procedural techniques, trichoscopy, hair microscopy, dermatopathology in addition to an understanding of evidence-based medicine relating to the field. The breadth of this knowledge cannot be covered by the specialty curriculum in dermatology and establishing dedicated fellowships will provide the training required to manage the needs of these complex patients. Successful completion of this fellowship will provide the knowledge and skillset required to manage complex patients in specialist hair clinics.

The Fellowship will commence 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.

The curriculum has been created by the British Hair and Nail Society in conjunction with the British Association of Dermatologists (BAD).

2. Rationale

2.1 Purpose of the curriculum

The purpose of this curriculum is to define the process of training and the competencies required for the award of a Clinical and Pathological Post CCT Fellowship in Hair and Scalp Disorders.

2.2 Development

The requirements and standards outlined in this curriculum were selected by consensus after consultation with leading dermatologists specialising in hair and experienced in training. Further consultation and feedback took place with members of the British Hair and Nail Society and the British Association of Dermatologists.

2.3 Entry Requirements

Entrants to the Post-CCT Fellowship in Hair and Scalp Disorders must have completed Dermatology Specialty training or hold UK CCT in Dermatology or demonstrate an equivalent level of specialist training awarded through a non-UK training programme.

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

2.4 Enrolment with the 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 a minimum of one year for full time specialty training adjusted accordingly for flexible training.

2.6 Flexible training

The fellowship posts are expected to be for one year on a full-time basis. It may be possible for less than full time training to take place. This will require discussion with the Trust where the fellowship takes place. This would result in the fellowship lasting longer than 12 months to achieve equivalency.

3. Content of Learning

3.1 Programme Content and Objectives

This section contains the content of the specialist curriculum for the Post-CCT Fellowship in Hair and Scalp Disorders.

3.2 Good Medical Practice

In preparation for the introduction of licensing and revalidation, the General Medical Council has translated Good Medical Practice into a Framework for Appraisal and Assessment which provides a foundation for the development of the appraisal and assessment system for revalidation. The Framework can be accessed at

https://www.gmc-uk.org/static/documents/content/The_Good_medical_practice_framework_for_appraisal_and_revalidation_-_DC5707.pdf

The Framework for Appraisal and Assessment covers the following domains:

- Domain 1 – Knowledge, Skills and Performance
- Domain 2 – Safety and Quality
- Domain 3 – Communication, Partnership and Teamwork
- Domain 4 – Maintaining Trust

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

3.3 Syllabus

Each table outlines 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.

1. Biology of Hair and Hair Research

Comprehensive understanding of the anatomy and physiology relating to hair		
Knowledge	Assessment Methods	GMP
Describe hair follicle morphogenesis	CbD	1
Explain in detail the anatomy of the hair follicle and follicular unit	CbD	1
Describe the factors affecting the hair growth cycle	CbD	1
Explain the expression of keratins in the hair follicle and the role of desmosomes	CbD	1
Explain the role of hair follicle stem cells	CbD	1
Explain the mechanisms of hair follicle immune privilege	CbD	1
Describe the factors influencing hair growth	CbD	1
Skills		
Apply knowledge of hair biology when assessing and treating patients	CbD, mini-CEX	1
Identify follicular structures on histological specimens	DOPS	1
Demonstrate understanding of clinical research assessment techniques and appropriate outcome measures; and their limitations	CbD, DOPS	1
Behaviours		
Recognise importance of hair biology in the cause and treatments of hair disorders	CbD, mini-CEX	1
Demonstrate critical appraisal skills when assessing research papers and performing literature reviews	CbD, DOPS	1
Teaching and Learning Methods		
Independent study		
Attendance at suitable courses / meetings		
Participation in a clinical / translational research project		

2. History Taking and Examination

To be able to evaluate in detail patients who present with hair disorders and to undertake thorough investigation, formulate diagnoses and devise management plans

Knowledge	Assessment Methods	GMP
Recognise importance of different elements of history, including chronicity of symptoms, medical history and medications, diet, menstrual history, family history, styling history and product history	CbD	1
Undertakes a thorough history and evaluation of the psychological well-being of the patient and identifies signs of depression, anxiety, and/or dysmorphophobia	CbD, mini-CEX, DOPS	1
Explain importance of the pattern of hair loss on clinical examination with interpretation of relevant findings	CbD, mini-CEX	1
Explain likely causes and risk factors for conditions relevant to mode of presentation	CbD, mini-CEX	1
Recognise importance of social issues and cultural practices related to hair styling	CbD, mini-CEX	1
Skills		
Performs psychological impact assessment with use of appropriate scoring systems and identifies when patients would benefit from further psychological support	mini-CEX, DOPS	1
Explain findings on trichoscopy and relates this in the context of a differential diagnosis	CbD, mini-CEX, DOPS	1
Interpret results of fungal scrapings, hair shaft microscopy and Wood's light	CbD, mini-CEX, DOPS	1
Identify appropriate patients for scalp biopsy and performs biopsy at appropriate site(s)	CbD, mini-CEX, DOPS	1
Explain non-invasive and semi-invasive tools in the diagnosis and quantification of hair loss including; questionnaires, clinical severity scales, photographic views and techniques, use of the FotoFinder, Folliscope and Trichogram with an understanding of the limitations of these scoring systems	CbD, mini-CEX, DOPS	1
Behaviours		
Recognise that the patient's agenda and the history should inform examination, investigation and management	CbD, mini-CEX, MSF	1
Communicate honestly and sensitively with the patient (and carers)	mini-CEX, MSF	1,3
Recognise importance of patient comfort when carrying out surgical procedures	DOPS, MSF	1,3

Teaching and Learning Methods

Independent study
 Observation and performance of skills under supervision in clinic, laboratory and theatre setting
 Attendance at suitable courses / meetings
 Maintenance of a case log of biopsies performed
 Maintenance of a case log of hair microscopy performed

3. Non-scarring Alopecia

Competence in the assessment and management of non-scarring alopecia

Knowledge	Assessment Methods	GMP
Describe the pathogenesis, clinical findings, histopathological features and treatment of non-scarring alopecias	CbD	1
Understand when further investigations are indicated to clarify the diagnosis	CbD	1
Explain the role of nutrition in hair loss with reference to evidence-based medicine	CbD	1
Understand and relate existing evidence-based medicine when devising a management plan	CbD	1
Explain the indications, method of administration, side effects and contraindications of intralesional steroid injections	CbD, mini-CEX, DOPS	1
Explain the indications, method of administration and side effects of dithranol and diphencyprone (DPC)	CbD, mini-CEX, DOPS	1
Explain the indications, method of administration, side effects and contraindications of Platelet Rich Plasma (PRP)	CbD, mini-CEX, DOPS	1
Explain the mechanism of action, indications, side effects, safety profile and evidence relating to JAK inhibitors	CbD	1,2
Explain chemotherapy-induced alopecia and its management	CbD	1
Skills		
Demonstrate findings on trichoscopy relevant to non-scarring alopecias	CbD, mini-CEX, DOPS	1
Perform and interpret results of light microscopy and apply this in the formulation of the diagnosis and in the management plan	mini-CEX, DOPS	1
Prescribe and safely monitors treatment used in the management of non-scarring alopecia including topical minoxidil, oral minoxidil and anti-androgen therapy	CbD, mini-CEX	1,2
Communicate risks and benefits of topical, intra-lesional and systemic therapy to patients	CbD, mini-CEX, DOPS	1
Prescribe appropriately in pregnancy and during breast feeding	CbD	1

Behaviours		
Manage patient expectations appropriately	mini-CEX, MSF	1,4
Demonstrate consideration for psychological wellbeing of patients	mini-CEX, MSF	4
Teaching and Learning Methods		
Independent study		
Presentation/Publication of cases		
Attendance at relevant courses		
Attendance at journal club		
Attendance at scalp cooling/wig fitting		

4. Scarring Alopecia

Competence in the assessment and management of lymphocytic, neutrophilic and mixed scarring alopecia		
Knowledge	Assessment Methods	GMP
Describe the pathogenesis, clinical, histopathological features and treatment of the different causes of scarring alopecia	CbD	1
Understand when further investigations are indicated to clarify the diagnosis	CbD	1
Understand and relate existing evidence-based medicine when devising a management plan	CbD	1
Skills		
Demonstrate findings on trichoscopy relevant to scarring alopecias	CbD, mini-CEX, DOPS	1
Prescribe and safely monitor systemic treatment used in the management of scarring alopecia	CbD	1,2
Communicate risks and benefits of systemic therapy to patients	CbD, mini-CEX	1
Behaviours		
Manage patient expectations appropriately	mini-CEX, MSF	1,4
Demonstrate consideration for psychological wellbeing of patients	mini-CEX, MSF	4
Teaching and Learning Methods		
Independent study		
Presentation/Publication of cases		
Attendance at relevant courses		
Attendance at journal club		

5. Paediatric Hair Disorders

To be able to investigate, diagnose and treat neonates, children and adolescents with hair disorders

Knowledge	Assessment Methods	GMP
Describe the causes of localised non scarring and scarring alopecia in children	CbD	1
Describe the causes of generalised alopecia in children	CbD	1
Describe the major disorders associated with hypotrichosis	CbD	1
Describe the clinical features and management of hair shaft abnormalities associated with increased hair fragility	CbD	1
Describe the clinical features and management of hair shaft abnormalities not associated with increased hair fragility	CbD	1
Identify paediatric specific pharmacology/prescribing practices including the use of unlicensed medicines	CbD	1
Define features of neglect or child abuse	CbD	1

Skills		
Elicit comprehensive history from parents /carers and children	CbD, mini-CEX	1
Demonstrate findings on trichoscopy relevant to hair shaft abnormalities	CbD, mini-CEX, DOPS	1
Understand when and how to make a referral to Clinical Genetics	CbD	1
Recognise neglect and child abuse and refers appropriately to local safeguarding team and /or social services	CbD	1,3

Behaviours		
Participate in family orientated diagnosis and treatment	mini-CEX, MSF	1,3
Consult paediatric colleagues or specialist paediatric dermatologists appropriately	CbD, MSF	1,2,3
Recognise impact of genetic disease on patients and families and is aware that consultations involving the giving and discussion of genetic information may require more time	CbD, mini-CEX, MSF	1

Teaching and Learning Methods
Independent study
Attendance at a suitable course
Attendance at clinical genetics clinics
Methods agreed by Educational Supervisor and Trainee

6. Hirsutism and Hypertrichosis

Competence in the diagnosis and management of excessive hair growth		
Knowledge	Assessment Methods	GMP
Explain the classification and causes of hirsutism	CbD	1
Explain the assessment of a patient with suspected Polycystic Ovary Syndrome	CbD	1
Explain the use of topical, oral and cosmetic therapy in the management of hirsutism	CbD	1
Explain the localized, generalised, congenital and acquired causes of hypertrichosis	CbD	1
Explain the therapies available in the management of hypertrichosis	CbD	1
Skills		
Interpret results of the hormonal profile	CbD, DOPS	1
Understand when and how to make a referral to Endocrinology	CbD	1
Behaviours		
Identify the psychological impact of excessive hair growth and considers need for further psychological support	mini-CEX, MSF	1
Teaching and Learning Methods		
Independent study Attendance at a suitable course Attendance at Endocrinology clinic Observe laser hair removal / electrolysis		

7. Disorders of the Scalp

Competence in history taking, investigations, diagnosis and management of infective and inflammatory conditions of the scalp		
Knowledge	Assessment Methods	GMP
Explain the pathogenesis, clinical features and management of infantile and adult seborrheic dermatitis	CbD	1
Identify and explain the management of inflammatory scalp conditions (psoriasis, eczema) and pityriasis amiantacea	CbD, mini-CEX	1
Describe the clinical findings, diagnosis and management of infection including Tinea capitis and Pediculosis capitis	CbD, DOPS, mini-CEX	1

Explain the clinical presentation and management of benign and malignant follicular tumours	CbD	1
Identify the symptoms associated with trichodynia and explain the management of this, recognising the role of psychological support	CbD, mini-CEX	1
Skills		
Counsel patients on correct application of topical treatments and recognise when additional cosmetic and psychological support is necessary	CbD, mini-CEX, MSF	1
Counsel patients appropriately with respect to risk of transmission, contact precautions and treatment of contacts relating to infective disorders of the scalp	CbD, mini-CEX, MSF	1,2
Behaviours		
Identify specific investigations for diagnosis of scalp infections	CbD, mini-CEX	1,2
Teaching and Learning Methods		
Self-directed learning		
Attend appropriate course		
Methods agreed by Educational Supervisor and Trainee		

8. Hair Transplantation, Psychology and Cosmetics

Understands the practice of hair transplantation and the use of cosmetics in the management of hair disorders

Knowledge	Assessment Methods	GMP
Explain techniques relating to hair transplantation	CbD, mini-CEX	1
Describe how to formulate a long-term plan of non-surgical treatment to complement surgical interventions	CbD	1
Explain the indications and contraindications of hair transplantation	CbD	1
Understand the constituents of cosmetic hair colouring	CbD	1
Skills		
Demonstrate ability to counsel patients on hair products including shampoos, conditioners and thickening formulations	CbD, mini-CEX	1
Explain how to optimise care for ethnic hair	CbD, mini-CEX	1
Understand when to sensitively begin discussions on the use of wigs and understand the types of wigs available, explaining the benefits and disadvantages	CbD, mini-CEX, MSF	1
Understand when to sensitively begin discussions on the use of wigs and understand the types of wigs available, explaining the benefits and disadvantages	CbD, mini-CEX, MSF	1

Understand different methods of cosmetic camouflage and be familiar with the range of available cosmetic products	CbD, mini-CEX	1
Describe tools to identify psychological distress in those suffering hair and scalp disorders	CbD	1
Behaviours		
Demonstrate understanding of the significant psychological distress of hair loss and consider psychological intervention and patient support group referral	CbD, mini-CEX, MSF	1
Understands role of trichologists in the management of hair scalp disorders	CbD	1
Demonstrates understanding and sensitivity in the management of ethnic and cultural practices of hair styling	CbD, mini-CEX, MSF	1
Assess patient expectations prior to hair transplantation	CbD, mini-CEX, MSF	1
Teaching and Learning Methods		
Self-learning and appropriate courses		
Attend hair transplant clinics		
Observe wig consultation / hair system fitting		
Attend trichology consultation		
Attend clinical psychology support session		
Attend patient support group		

9. Scalp Histopathology

Competence in the histopathological analysis of scalp specimens		
Knowledge	Assessment Methods	GMP
Explain the process of specimen dissection, macroscopic description and block selection in neoplastic and non-neoplastic hair disease	CbD, DOPS	1
Describe the histopathological features of non-pathological and pathological processes and patterns of hair disease	CbD, DOPS	1
Identify histopathological findings relating to follicular tumours	CbD, DOPS	1
Explain the principles of hair biopsy tissue sampling in relation to the modified proforma of the North America Hair Research Society (NAHRS) classification	CbD, DOPS	1
Explain the principles of common molecular pathology techniques	CbD, DOPS	1
Understand the role and significance of immunofluorescence, special stains and immunohistochemistry in the analysis of hair specimens	CbD, DOPS	1
Skills		

Demonstrate dexterity in performing dissection safely and accurately, without damage to tissues	DOPS	1
Demonstrate how to set up and operate a microscope ergonomically	CbD, DOPS	1
Examine a specimen under microscopy – commenting on the epidermis, distribution and number of terminal follicles, location of the bulb, presence of inflammation and cell type	CbD, DOPS	1
Evaluate follicle number, size and phase in a specimen using horizontal and vertical sectioning	DOPS	1
Discuss limitations and advantages of horizontal and vertical sectioning	CbD	1

Behaviours

Recognise the principles of laboratory processing within surgical pathology and cytopathology	CbD, DOPS	1
Recognise the work of the technical staff in preparing slides	CbD, mini-CEX, MSF	1
Demonstrate the importance of accuracy and attention to detail during specimen description and block selection	CbD, DOPS	1
Recognise cost–benefit issues when considering use of additional techniques	CbD	1

Teaching and Learning Methods

Independent study
 Use of digital pathology to further knowledge
 Attendance at suitable course
 Participation in histopathological reporting
 Maintenance of logbook

4. Learning and Teaching

4.1 The Training Programme

Responsibility for the organisation and delivery of Post-CCT Fellowship training in hair disorders is the remit of the employing Trust under the supervision of the SAC. Each training programme will have some individual differences but should be structured to ensure comprehensive cover of the entire curriculum. This may require training in more than one centre during the fellowship.

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.

Work-based Experiential Learning – 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 6: Feedback and Supervision).

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 outpatient specialist hair clinics, under supervision
- After initial induction, fellows will carry out scalp biopsies under supervision until competent to practise independently
- Clinical and academic sessions with other allied care providers including hair transplant surgeons, histopathological specialists, scientists and researchers
- It is envisioned that there will be a strong dermatopathology component of the fellowship. The Fellow will be expected to acquire competence in the analysis of histopathological cases with analysis of both horizontal and vertical specimens
- Participation in clinical and/or laboratory-based research should form a component of the weekly schedule of the Fellow

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 and journals
- Developing knowledge and skills in the microscopic and histological analysis of hair specimens with maintenance of a logbook
- Attending hair transplant centres and clinics practising Platelet Rich Plasma
- Developing competency in laboratory skills
- Maintenance of personal portfolio (self-assessment, reflective learning, personal development plan)
- Audit and research projects
- Achieving personal learning goals beyond the essential core curriculum

Formal Study Courses and meetings - Time to be made available for formal courses is encouraged, subject to local conditions of service. No single course is considered compulsory.

5. Assessment

5.1 Assessment Blueprint

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

5.2 Assessment Methods

The following assessment methods (Appendix 3) are used in the integrated assessment system:

Workplace-based assessments (WPBAs)

- mini-Clinical Evaluation Exercise (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

Logbook of histopathological cases and hair microscopy

These methods are described briefly below. More information about these methods including guidance for Fellows and assessors is available on the British Association of Dermatologists website. Workplace-based assessments should be recorded in the Fellow’s portfolio. 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.

Further information about these methods including guidance for Fellows and assessors is found on the JRCPTB website www.jrcptb.org.uk.

Assessments
Minimum satisfactory assessments sampled during the year: 10 CbD 4 mini-CEX 4 DOPS 1 MSF 1 Patient survey 1 Audit assessment Educational supervisor’s report
Other documents to be reviewed at Convened Panel: Logbook of reviewed histopathological cases and hair microscopy

5.3 Final Assessment

It is anticipated that there will be quarterly appraisals to assess adequate progress. These should be recorded in the portfolio.

The Educational Guide, a member of the SAC and two British Hair and Nail Society representatives with an expertise in hair disorders (to provide external review), will decide whether the Fellow has successfully completed the fellowship. This Convened Panel will determine the outcome in the final two months of training.

The Fellow will also provide feedback to the SAC about the quality of the Fellowship.

5.4 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 Board.

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 4). 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 e-Portfolio at this time, recording their commitment to the training process.

Subsequent meetings will be a dialogue between the 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) has 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 the 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 e-Portfolio.

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 roles assigned to clinicians fully competent in their area of clinical supervision (Appendix 4). They will be appointed by the Trust. They will be trained in supervision, appraisal and assessment. Courses for this will be regularly available in the 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 e-Portfolio 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 Board 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 e-Portfolio 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

The Fellow's main responsibilities are to ensure the e-Portfolio 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 Guide's main responsibilities are to use the e-Portfolio and/or logbook to evidence 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.

8. Curriculum review and updating

The specialty curriculum will be reviewed and updated with minor changes on an annual basis as necessary. Curriculum review is a standing item on the agenda for the BAD Education Board. As clinical practice changes with time, it will be necessary to amend the curriculum accordingly. Advice will be sought from the BSDS.

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

- The Fellows' survey, which will include questions pertaining to their specialty
- Specialty-specific questionnaires (if applicable)
- Reports from other sources such as educational supervisors, programme directors, specialty deans, service providers and patients
- Fellow representation on the SAC of the JRCPTB
- 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

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 College meetings.

The BAD Education Board will respond rapidly to changes in service delivery. Regular review will ensure collaboration 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 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 BAD believes that equality of opportunities is fundamental to the many and varied ways in which individuals become involved, either as members of staff and officers; as advisers from the medical profession; as members of the 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.

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 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. Appendices

Appendix 1

Contributors

Salford Royal NHS Foundation Trust - Contributors

Dr Donna Cummins – Specialist Registrar

Dr Matthew Harries – Consultant Dermatologist and Honorary Senior Lecturer

External Contributors

Dr Iskander Chaudhry – Consultant Histopathologist

Dr David de Berker – Consultant Dermatologist

Dr Nilofer Farjo – Hair Restoration Surgeon

Dr Bessam Farjo – Hair Restoration Surgeon

Dr Susan Holmes – Consultant Dermatologist

Professor Victoria Jolliffe – Consultant Dermatologist

Dr Manjit Kaur – Consultant Dermatologist

British Hair and Nail Society – Executive Committee

Dr Anita Takwale – President

Dr Nekma Meah – Secretary

Dr Jennifer Jones – Treasurer

Dr Yusur-Al-Nuaimi – Clinical Hair Lead

Dr Jairabanu Kassim – Junior Doctor Representative

Dr Rona Applewaite – SAS Representative

Dr Dhruv Laheru – Clinical Nail Lead

Appendix 2 SpR Dermatology Curriculum

Appendix 3 Assessment methods

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.

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, outpatient letter, discharge summary). A typical encounter might be when presenting newly referred patients in the out-patient department.

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.

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

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.

Patient Survey

The 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.

Appendix 4 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.gmcuk.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 logbook, 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

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

Establishing and maintaining an environment for learning

- To be proactive in encouraging the Fellow to share their views on their experience
- To establish a learning community within their department and/or in relevant areas of the organisation
- To monitor, evaluate and take steps to address areas for improvement in the Fellow's education and learning

- To ensure that the Fellow is exposed to appropriately skilled teachers and supervisors
- 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

- To demonstrate exemplary subject knowledge and skills
- To help the Fellow to further develop their self-directed learning
- To provide effective conversation skill to encourage reflective learning;
- To understand and be able to apply educational frameworks to the Fellow's personal needs
- 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

- 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
- 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.gmcuk.org/static/documents/content/GMC_Revalidation_A4_Guidance_GMP_Framework_04.pdf

For example:

- MSF
- 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?
- Logbook
- Audit of results/clinical audit
- 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

- To explore and agree a learning contract with the Fellow at the beginning of the Fellowship;
- To understand the clinical and core component aspects of the Fellowship and how these might be achieved;
- To identify learning and clinical service needs and discuss and gain agreement from the Fellow on the objectives to be met;
- To facilitate opportunities for a wide range of relevant learning opportunities and to support the Fellow in accessing these, where appropriate;
- To review and monitor progress through regular, timetabled meetings;
- 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;

- 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);
- To respond effectively and efficiently to emerging problems with a Fellow's progress, liaising with Fellow's clinical supervisors for constructive feedback, as appropriate;
- To be proactive in seeking opportunities for support and guidance for fellows whose learning needs are outside the scope and responsibility of the Educational Guide.

Guiding personal and professional development

- To ensure that the Fellow participates in multi-source feedback;
- To provide guidance on the development of a portfolio and the overlap with the appraisal and revalidation process;
- To provide guidance on the wider national context of professional development for doctors;
- 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

- To participate fully in local appraisal, validation and educational development activities;
- To actively evaluate own practice and act on formal (e.g. appraisal) and other (e.g. views of colleagues, patients, trainees, Fellows) feedback received;
- To develop and act on a personal development plan.