POST-CCT FELLOWSHIP IN ADVANCED MEDICAL DERMATOLOGY

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Contents

1 Introduction

The need for Consultant Dermatologists who are trained to a higher level in Medical Dermatology than the current CCT standard necessitates development of a post-CCT curriculum in Advanced Medical Dermatology.

A proportion of patients with complex skin disease will require referral to specialised Dermatology services led by consultants with expertise in that particular condition. NHS England in its National Programmes of Care and Specialised Services has defined this pathway:

'Patients will be referred to the specialised Dermatology service only by secondary care consultants, usually Dermatologists…... For each area of specialised Dermatology there are specific referral criteria but the general overarching referral criterion is: *diagnostic uncertainty or management difficulty remaining after consulting colleagues within the same trust.'* [1]

The CCT in Dermatology ensures the holder is able to undertake independent practice in Dermatology to the high standard expected of any Consultant Dermatologist working in the NHS in the UK. The Post-CCT curriculum in Advanced Medical Dermatology sets out the requirements for a Consultant Dermatologist receiving tertiary referrals of patients needing complex investigation, diagnosis and management of rare or severe disease not suitable for or not responding to conventional treatment.

It is recognised that all consultants will continue to learn and develop specialist skills after CCT. The aim of the Post-CCT curriculum in Advanced Medical Dermatology is to enable the Fellowship holder to rapidly acquire skills needed to deliver high quality specialist services for complex Medical Dermatology patients in specific areas of sub-specialisation. Furthermore, it will ensure the sub-specialist training meets an agreed standard.

2 Rationale

2.1 Purpose of the Curriculum

The purpose of this curriculum is to describe the process of training and to define the competencies needed for the award of post-CCT fellowship certification in Advanced Medical Dermatology.

2.2 Development

This curriculum was developed by the British Society for Medical Dermatology and the Specialty Advisory Committee for Dermatology under the guidance of the British Association of Dermatologists (BAD). This ensures the curriculum is aligned to GMC standards for Curricula and

Assessment with relevant stakeholder involvement. The content and teaching/learning methods were agreed by consensus after consultation with leading dermatologists both specialising in Medical Dermatology and experienced in education and training. Further consultation and feedback took place with professional and lay members of the British Society for Medical Dermatology and the British Association of Dermatologists, including feedback from patient representatives.

2.3 Entry requirements

Entrants to a Post-CCT Fellowship in Advanced Medical Dermatology must have successfully completed Core Medical Training or Acute Care Common Stem training and have completed Dermatology Specialty training. They should hold the UK CCT in Dermatology or equivalent. Doctors will undergo competitive selection into Post-CCT Advanced Medical Dermatology Fellowship posts using a nationally agreed person specification.

2.4 Enrolment with BAD

Fellows are required to register for post-CCT specialist training with the BAD Education Board at the start of their training programme. The enrolment process is required for the BAD Education Board to recommend Fellows for Post-CCT Certification at the end of their training, providing all required competences are met through independent external examination.

2.5 Duration of training

Although this curriculum is competency based, the indicative duration of training will be a minimum of one year for full time post-CCT specialty training, adjusted accordingly for flexible training (EU directive 2005/36/EC). It is possible to undertake the training flexibly or to integrate the training into an MD or PhD research programme. Such individualised programmes would require agreement from the BAD Education Board at the outset to determine an indicative length of training.

2.6 Flexible training

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

• Part-time training shall meet the same requirements as full-time training, from which it will differ only in the possibility of limiting participation in medical activities to a period of at least half of that provided for full-time Fellows.

• The competent authorities shall ensure that the total duration and quality of part-time training of specialists are not less than those of full-time Fellows.

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

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

Though indicative timescales are provided, competency-based training allows for ultimate flexibility with prolongation or shortening of time in training. However, any deviation from indicative time in training must be justified and evidenced to the satisfaction of the external advisors and BAD Education Board.

3 Content of learning

3.1 Programme content and objectives

This section contains the content of the curriculum for the Post-CCT Fellowship in Advanced Medical Dermatology. Medical dermatology encompasses benign and malignant inflammatory skin diseases, but for the purposes of this curriculum specifically excludes the sub-specialty areas of Advanced Dermatological Surgery and Mohs, Paediatric Dermatology, Cutaneous Allergy, Photodermatology, Vulval dermatology and Hair and Scalp Disease, as post-CCT fellowships in these subspecialist areas already exist or are in development.

The curriculum will comprise the following elements:

Generic training
Core advanced Medical Dermatology training
Specialised Modules selected according to the trainee's choice

These elements are divided into units to indicate the proportion of the curriculum attributable to each element. The post-CCT certificate will require completion of **5 units**.

All trainees will undertake G*eneric* and C*ore advanced medical dermatology* training, which will comprise **3 units**.

In addition, trainees will choose additional S*pecialised Modules* according to their specialist interest. Not all modules will be undertaken, and the breadth and depth of content of sub-specialist areas will vary depending on the experience available at individual training centres. Some training centres may provide more extensive training in certain specialist areas than others, so the weighting for modules is flexible and can be agreed for each training programme. As an indication, a **1-unit** module would normally entail the experience of **one clinic per week** in that specialist module with some additional time devoted to private study, MDT attendance, administration and seeing acute patients on an ad hoc basis.

Trainees must achieve a total of at least 5 units to complete the curriculum.

3.2 Good Medical Practice

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

https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice

The Framework for Appraisal and Assessment covers the following domains:

Domain 1 – Knowledge, Skills and Performance

Domain 2 – Safety and Quality

Domain 3 – Communication, Partnership and Teamwork

Domain 4 – Maintaining Trust

The "GMP" column in the syllabus defines which of the 4 domains of the Good Medical Practice Framework for Appraisal and Assessment are addressed by each competency. Most parts of the syllabus relate to "Knowledge, Skills and Performance" but some parts will also relate to other domains. Appendix 1 covers the BAD Post-CCT Fellowship educational standards framework including the core training components such as professional skills, leadership, management and research.

3.3 Syllabus

Unit Weighting

Generic competencies

Appendix 1 refers to generic competencies which are acquired during the CCT, but require continued development with on-going practice as a doctor. These competencies are listed in detail in the CCT Dermatology curriculum and are included here as they are of relevance to doctors at all stages of practice regardless of specialty.

Core Advanced Medical Dermatology

These competencies will be undertaken by all trainees and include experience of acute medical dermatology, severe cutaneous drug reactions, eczema and psoriasis.

The above competencies comprise *3 units.*

Specialised Modules

Modules
1 Connective tissue disease and vasculitis
2 Hidradenitis suppurativa, pyoderma gangrenosum, stoma dermatology
3 Immunobullous disease
4 Urticaria and mastocytoses
5 Mucocutaneous GVHD
6 Skin lymphoma
7 Lymphoedema
8 HIV dermatology
9 Oral dermatology
10 Male Genital dermatology

Weighting for the above modules in individual training centres will be based on amount of training offered in the programme. This will be approximated on the basis that 1 clinic per week will give 1 unit of experience.

The following examples illustrate how a training programme may choose to deliver the post-CCT curriculum.

Example 1

A 1-year full time programme including:

Generic training and Core Advanced Medical Dermatology (3 units)

Immunobullous disease, 1 specialised clinic per week (1 unit)

Oral dermatology, alternate week clinic (0.5 unit)

Urticaria and mastocytosis, alternate week clinic (0.5 unit)

Total = 5 units

Example 2

A 1-year full time programme including:

Generic training and Core Advanced Medical Dermatology (3 units)

Skin lymphoma, alternate week clinic (0.5 unit)

Graft versus host disease, alternate week clinic (0.5 unit)

Hidradenitis, PG and stoma dermatology, alternate week clinic (0.5 unit)

Connective tissue disease and vasculitis, alternate week clinic (0.5 unit)

Total = 5 units

Additional sub-specialisms may be considered for inclusion in individual programmes on prior approval from BAD Education Board. For example, if a particular tertiary referral centre wished to provide experience in histiocytic disorders and construct a programme including this, it could be considered for approval before the Fellow commenced the programme.

Thus, each trainee will be able to undertake a bespoke training programme specific to their interests and the available expertise of the training centre.

Each table below contains a broad statement describing the competencies required for Core or Modular training standards. 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. It is acknowledged that the holder of a CCT in dermatology will already have acquired the competencies to practice independently but will not have extensive experience of doing so. The competencies described below are over and above those expected of the just-registered dermatologist insofar as they describe progress through independent practice, competencies needed to supervise and support dermatology trainees, and provide advice to other consultants.

Core Advanced Medical Dermatology

To be able to assess, investigate, diagnose and manage patients presenting with complex medical skin disease.

To be able to diagnose and manage rare skin disorders

To investigate and manage inflammatory skin disease not responding to conventional treatment.

To manage patients with difficult eczema, difficult psoriasis, and severe subtypes of psoriasis requiring second and third line systemic therapy.

To diagnose and manage patients presenting with severe cutaneous adverse drug reactions.

To be able to provide tertiary advice to consultants regarding these patients.

Knowledge	Assessment Methods	GMP
Describe presentation and investigation of complex skin disease	CbD,	1
Describe immunopathology and genetics of different forms of eczema	CbD	1
Understand range of atopic co-morbidities (asthma, food allergy, GI, ophthalmic)	CbD	1
Define treatment options for patients with severe inflammatory skin disease not responding to conventional treatment	CbD,	1
Explain indications for, and use of biological therapy in patients with psoriasis and other inflammatory dermatoses, including options for transitioning between different treatments, and use of combination treatments	CbD,	1
Identify current NICE guidelines for dermatological indications	CbD,	1
Describe pharmacology and safe drug monitoring of all systemic therapies used in dermatology.	CbD,	1
Understand regulations regarding use of off-licence treatments in Dermatology	CbD	1
Describe the pathology and clinical features of all severe cutaneous adverse drug reactions	CbD	1
Skills		
Independently perform assessment of patients with complex eczema and psoriasis not responding to systemic therapy.	CbD, Mini-CEX	1
Assess acutely ill patients presenting with widespread skin disease associated with systemic organ involvement.	CbD, Mini-CEX	1
Formulate management plan for patients presenting with severe inflammatory skin disease in the context of multi-organ involvement.	CbD, Mini-CEX	1
Employ strategy for diagnosing and managing severe drug reactions with or without systemic features.	CbD, Mini-CEX	1
Demonstrate explanation to patients, relatives and other consultant dermatologists of complex treatment options where conventional treatment has failed	CbD, Mini-CEX	1
In patients with dermatitis, interpret investigations such as histology (in cases of diagnostic uncertainty), T-cell gene rearrangement studies, patch testing, and phototesting	CbD, Mini-CEX	1
Provide specific advice to dermatitis patients regarding allergen avoidance, topical treatment application, and habit reversal	CbD, Mini-CEX	1

Interpret histology of common and rare inflammatory skin diseases.	CbD, Mini-CEX	1
Safe and appropriate prescription of off-licence therapeutics in patients with severe skin disease not responding to first and second line treatments	CbD, mini-CEX	1,3
Diagnose and manage patients referred with potential severe cutaneous adverse drug reactions	CbD, mini-CEX	1,3
Behaviours		
Recognise importance of multidisciplinary team working	CbD, Mini-CEX, MSF	1,2
Contribute to and lead multidisciplinary team discussions including specialist nurses and pharmacy	CbD, Mini-CEX, MSF	1,3
Recognise importance of patient involvement in management of complex chronic skin disease and explore patient issues relating to non-adherence.	CbD, Mini-CEX	1
Liaise appropriately with other Consultant Dermatologists over the diagnosis and management of complex medical dermatology patients	CbD, MSF	2,3,4
Support dermatology trainees in acquiring the knowledge and skill above	Cbd, MSF	3,4
Work effectively in a multidisciplinary team with colleagues in general medicine and intensive care medicine over management of severe cutaneous adverse drug reactions	CbD, MSF	3,4
Teaching and Learning Methods		
Attendance at tertiary referral clinics		
Working on an on call rota receiving tertiary referrals to the dermatology team		
Attendance at an appropriate advanced medical dermatology meeting		
Independent study		
Journal club attendance		

Module 1: Connective tissue disease and vasculitis

To be able to investigate, diagnose and treat complex patients with connective tissue disease (CTD) and vasculitides affecting the skin. To be able to give tertiary advice to consultants regarding these patients.		
Knowledge	**Assessment Methods**	**GMP**
Understand pathology and immunopathology of CTDs affecting the skin, including lupus erythematosus (LE), dermatomyositis, systemic sclerosis, mixed connective tissue disease, morphoea and cutaneous vasculitides	CBD	1
Define the range and usage of second and third-line treatment options for these conditions	CBD	1
Be aware of other presentations of tight skin conditions other than systemic sclerosis	CBD	1
Skills		

Develop expertise in the differential diagnosis of connective tissue diseases and vasculitides	miniCEX, CBD	1,2
Perform assessment of patients presenting with different connective tissue diseases and vasculitides	miniCEX, CBD	1,3
Understand and interpret autoantibodies and ENAs including myositis specific antibodies to patients with CTDs	miniCEX, CBD	1
Risk assess those patients most suitable for joint management or referral to other specialties e.g. Rheumatology/Neurology	miniCEX, CBD	1,2,3
Demonstrate explanation to patients and relatives of complex treatment options where conventional treatment has failed	miniCEX, patient survey	1,3,4
Behaviours		
Contribute to and lead multidisciplinary team discussions including specialist nurses and other specialties e.g. Rheumatology	MSF	3,4
Attend multidisciplinary clinics at established centres to learn from others' practise and promote service development	miniCEX, MSF	3,4
Establish links with UK centres of expertise in CTD/vasculitis to permit discussion and referral of the most complex cases	MSF	2,3
Forge links with other dermatologists and other specialties with a similar interest in CTDs & vasculitis (e.g. via BSMD and CTD specific special interest groups)	MSF	2,3,4
Teaching and Learning Methods		
Supervised consultations in outpatients with special interest in connective tissue disease. Taking part on on-call rota where acute presentations of these diseases are assessed. Journal club attendance Keep up-to-date via personal CPD and attendance and presentation at Medical Dermatology and CTD-specific meetings and courses		

Module 2: Hidradenitis suppurativa (HS), pyoderma gangrenosum (PG), stoma dermatology

To be able to investigate, diagnose and treat complex patients with HS, PG or stoma-related skin problems, not responding to first line treatments. To be able to give tertiary advice to consultants regarding these patients.

Knowledge	Assessment Methods	GMP
Describe phenotypic variants of HS and PG.	CbD,	1
Explain range of pathologies presenting as stoma-related skin disease	CbD	1

Understand range of second and third line medical treatment options for HS and PG	CbD	1
Discuss HS risk factors and disease associations and their management	CbD	1
Define the ideal holistic service for HS/ PG patients	CbD	1
Skills		
Perform assessment of patients with stoma-related skin disease to determine diagnosis and cause of disease	CbD, Mini-CEX	1
Perform assessment of HS disease severity using recognised outcome measure instruments and use these measures to accurately monitor patient's treatment progress	CbD, Mini-CEX	1
Distinguish between active and inactive PG and recognise complications	CbD, Mini-CEX	1
Demonstrate explanation to HS/ PG patients of complex and/or combined treatment options where conventional treatment has failed	CbD, PS	1,3
Demonstrate ability to commence biologic therapy in HS and/or PG patients	CbD, Mini-CEX	1,3
Behaviours		
Recognise need for multidisciplinary team work	CbD,	1,2
Contribute to and lead HS multidisciplinary team discussions including surgeons and biologic specialist nurses	CbD, MSF	1,3
Contribute to and lead PG multidisciplinary team discussions including wound healing/ tissue viability team	CbD, MSF	1,3
Teaching and Learning Methods		
Supervised consultations in outpatient clinics with special interest in HS, PG and stoma-related skin problems		
Journal club attendance		
Independent study		
Linking with surgeons to understand surgical treatment options for HS, including theatre attendance for general anaesthetic procedures		
Linking with stoma nurses for exposure to stoma-related skin problems		

Module 3: Immune bullous disease

To be able to investigate, diagnose and treat complex patients with immunobullous skin and mucosal disease. To be able to give tertiary advice to consultants regarding these patients.		
Knowledge	**Assessment Methods**	**GMP**

Describe in detail the clinical presentation, pathology and immunopathology of each immunobullous disease	CbD,	1
Describe the rarer clinical presentations of each disorder	CbD	1
Describe the range of pathological diagnostic techniques used for immunobullous disease, including direct and indirect immunofluorescence and ELISA assays	CbD	1
Be aware of and describe additional research investigations that may be used in the investigation of unusual cases e.g. immunoblotting, immunoprecipitation, immunoelectronmicroscopy, serration pattern analysis and confocal microscopy .Understand the evidence base for treatment options in immunobullous diseases	CbD	1
Understand and describe the range of second and third line treatment options for these conditions and the indications for using them.	CbD	1
Skills		
Perform assessment of patients presenting with immunobullous disease	CbD, Mini-CEX	1
Request an appropriate panel of investigations and interpret the results in the context of the clinical presentation to make a diagnosis	CbD, Mini-CEX	1
Make an appropriate management plan for a patient with an immunobullous disease not responding to first line systemic treatment	CbD, Mini-CEX,	1
Be able to manage patients with immunobullous diseases that only affect the mucosal surfaces in addition to managing those with mucocutaneous disease	CBD, mini-CEX	1
Behaviours		
Recognise need for multidisciplinary team working with immunology and histopathology, oral medicine, maxillo-facial surgery, Ear Nose and Throat surgery, gynaecology.	CbD, PS	1,2
Teaching and Learning Methods		
Supervised consultations in outpatients with special interest in immunobullous disease		
Journal club attendance		
Independent study		

Module 4: Urticaria and Mastocystoses

To be able to investigate, diagnose and treat complex patients with urticaria or mastocytosis, not responding to first line treatments. To be able to give tertiary advice to consultants regarding these patients.

Knowledge	Assessment Methods	GMP
Describe detailed pathology of urticaria	CbD,	1
Explain range of pathologies presenting as mastocytosis in the skin	CbD	1
Understand range of second and third line treatment options for these conditions, including biological agents, and understand the NICE recommendations for these.	CbD	1
Skills		
Perform Assessment of patients with urticaria skin disease to determine diagnosis and cause of disease	CbD, Mini-CEX	1
Distinguish between different clinical subtypes of urticaria	CbD, Mini-CEX	1
Undertake and interpret diagnostic testing for physical urticarias	CbD, PS	1,3
Behaviours		
Recognise need for multidisciplinary team work	CbD, PS	1,2
Teaching and Learning Methods		
Supervised consultations in outpatients with special interest in urticaria.		
Journal club attendance		
Independent study		

Module 5: Muco-cutaneous Graft versus Host Disease

To be able to investigate, diagnose and treat complex patients with muco-cutaneous graft versus host disease. To be able to give tertiary advice to consultants regarding these patients. To be able to oversee use of extracorporeal photopheresis in these patients.

Knowledge Skills	Assessment Methods	GMP
Recognise and define the different clinical features of acute and chronic cutaneous GvHD	CbD, Mini-CEX,	1
Measure therapeutic response of patients with both acute and chronic GVHD using published NIH recommended GvHD specific core measures.	CbD, Mini-CEX,	1
Perform detailed oral and vulval examination and identify features of GvHD	CbD, mini-CEX	1,3

Perform serial quality of life assessments and identify patients requiring support from other services.	CbD, Mini-CEX	1,3
Discuss treatment options with patients, including mucocutaneous specific therapies.	CbD,	1,3
Explain Extracorporeal Photopheresis (ECP) including the procedure itself and its role as a second line treatment option	CbD,	1,2,3
Behaviours		
Recognise need for multidisciplinary team work with transplant Haematologists, and other specialists involved in patients' care.	CbD, PS	1,2
Attend multidisciplinary clinics at established centres in order to develop links and learn from other specialties	CbD, MSF	1,2,3
Teaching and Learning Methods		
Supervised consultations in multidisciplinary outpatient clinics with a special interest in GVHD and ECP.		
Inpatient ward rounds with Haematology Transplant team		
Attend sessions within ECP unit and multidisciplinary meetings relevant to GvHD		
Attendance at and contribution to relevant Specialty Specific Meetings eg: British Society for Skin Care in Immunosuppressed Individuals (BSSCII), European Bone Marrow Transplant Meeting.		
Journal club attendance		
Involvement in relevant Quality Improvement Projects.		
Independent personal study		

Module 6: Skin lymphoma

To be able to investigate, diagnose and treat complex patients with all variants of skin lymphoma. To be able to give tertiary advice to consultants regarding these patients.		
Knowledge	**Assessment Methods**	**GMP**
Describe detailed classification of skin lymphoma as described in the latest WHO-EORTC document for B and TCL.	CbD,	1
Describe range of histopathology of different skin lymphomas, including the range of special stains used to allow differential diagnosis.	CbD	1
Understand range of second and third line treatments and systemic therapy options for these conditions.	CbD, miniCEX	1
Define prognosis accurately in all subtypes of skin lymphoma	CbD, miniCEX	1
Skills		
Perform Assessment of patients presenting with skin lymphoma	CbD, Mini-CEX	1
Accurately diagnose patients presenting with all subtypes of B and T-cell lymphomas in the skin	CbD, Mini-CEX	1

Explain clearly to patients and families the diagnosis and prognosis of complex lymphomas at the point of initial diagnosis or change in stage	CbD, PS	1
Work with colleagues in a multidisciplinary team setting to determine accurate diagnosis and treatment in patients with skin lymphoma	CbD, Mini-CEX, PS	1,3
Behaviours		
Recognise need for multidisciplinary team working with haematology, oncology, radiology and histopathology.	CbD, MMSF	1,2
Recognise the need for clinical trials to define optimum treatment modalities in skin lymphoma	CbD, MSF	1,3
Teaching and Learning Methods		
Consultations in outpatients with special interest in skin lymphoma Attendance at skin lymphoma MDT meetings Attendance of national and international cutaneous lymphoma meetings Journal club attendance Independent study		

Module 7: Lymphoedema

To be able to investigate, diagnose and treat complex patients with lymphoedema. To be able to give tertiary advice to consultants regarding these patients.		
Knowledge	**Assessment Methods**	**GMP**
Describe pathological mechanisms of lymphoedema, including cardiac, liver, genetic, neurological, pharmacological, infective causes.	CbD,	1
Describe the indications for specialist investigations including lymphoscintigraphy, vascular ultrasound, MRI/CT and genetic testing	CbD	1
Understand range of and indications for second and third line treatment options for these conditions, including exercise/ movement, compression, lymphatic massage, and surgical interventions such as liposuction and lymphaticovenular anastomosis.	CbD,	1
Skills		
Perform thorough clinical assessment of patients presenting with lymphoedema	CbD,	1
Diagnose accurately multifactorial components of lymphoedema, recognising potential contributions from cardiac, respiratory, liver, neurological, orthopaedic, pharmacological, genetic, oncological, obesity, infective causes.	CbD, mini-CEX	1,3
Interpret results of specialist investigations and explain these to patients and families	CbD, PS	1, 3

Form appropriate management plan in patients with complex lymphoedema including medical, surgical and combination interventions.	CbD, PS	1,3
Behaviours		
Recognise need for multidisciplinary team working with radiology, orthotics, clinical genetics, vascular surgery, urology, gastroenterology and plastic surgery	CbD, MSF	1,2
Teaching and Learning Methods		
Supervised consultations and working in team with specialist interest in lymphoedema in outpatients, ward referral, and MDTs. Journal club attendance Independent study		

Module 8: HIV Dermatology

To be able to diagnose, investigate, and treat patients with HIV-related dermatoses and cutaneous neoplasms including complex and rare conditions. To be able to give tertiary advice to Consultants regarding such patients. To suspect HIV infection and propose HIV testing in common and rare presenting scenarios (the extended indications for testing).

Knowledge	Assessment Methods	GMP
Explain and understand the immunopathogenesis of HIV and AIDS, including in the skin.	CbD,	1
Explain and understand the epidemiology of HIV and AIDS including HIV related-dermatoses and cutaneous neoplasms.	CbD	1
Explain and understand the strategies (and importance) for prevention, early diagnosis and management of HIV and its complications with and without treatment.	CbD,	1
Explain and understand the specific opportunities that dermatological conditions present for the early diagnosis of HIV; the classical indications and *extended* indications for HIV testing.	CbD,	1
Describe the clinical and histological features of the principal HIV-related dermatoses and cutaneous neoplasms and explain their immunopathogenesis.	CbD,	1
Explain the indications, expectations and limitations for skin biopsy in HIV.	CbD,	1
Explain and understand the rationale, risks and benefits and range of treatment options for HIV-related dermatoses and cutaneous neoplasms including biologics, phototherapy and specialised surgery.	CbD,	1
Explain and understand: the history and current state of antiretroviral therapy in HIV; particularly the virological and pharmacological properties of the different drugs in the different classes available (and under development); the clinical pharmacology of these drugs especially that pertinent to interactions with dermatological agents.	CbD,	1
Skills		
Perform competent clinical assessments (detailed history and systematic examination) of patients presenting with HIV-related dermatoses or cutaneous neoplasms.	CbD, Mini-CEX	1
Formulate a differential diagnosis of dermatological presentations of HIV-related dermatoses or cutaneous neoplasms.	CbD, Mini-CEX	1
Suspect HIV infection in the classical and extended clinical dermatological scenarios.	CbD	1
Explain the indications and benefits of HIV testing to patients.	CbD	1

Perform competent and safe skin biopsies and maximise the information obtained (histologically, bacteriologically, virologically, mycologically).	CbD	1
Communicate the differential diagnosis, management and prognosis of HIV-related dermatoses and cutaneous neoplasms to patients and their partners, GPs and other specialists.	CbD, PS	1,3
Behaviours		
Recognise diversity of sexual choices and behaviours	CbD, MSF PS	1,2
Recognise the importance of multidisciplinary team working with histopathology, sexual health medicine, infectious disease physicians	CbD, MSF PS	1,2
Teaching and Learning Methods		
Supervised consultations in outpatients with Consultants with a special interest in HIV Dermatology		
Attendance at and contribution to a specialised meeting or conference on genital dermatoses		
Independent study		

Module 9. Oral Dermatology

To be able to diagnose, investigate, and treat patients with complex oral disease referred for tertiary opinion		
Knowledge	**Assessment Methods**	**GMP**
Recognise and explain the full range of normal anatomy in the mouth including the terminology.	CbD	1
Recognise and describe the full range of common oral mucosal disorders presenting to Dermatology e.g. lesions of the lips (vascular, pigmented, actinic), lichen planus, infections e.g.range of presentations of candida.	CbD	1
Recognise and explain the presentation of less common acquired and inherited mucocutaneous e.g. immunobullous disorders, lichenoid variants, orofacial granulomatosis, Behcet's syndrome.	CbD	1
Recognise and explain the distinguishing features and differential diagnosis of oral ulceration (there are 40 possible causes)	CbD	1
Explain features suggestive of premalignant or malignant diseases of the oral mucosa particularly in relation to oral lichen planus.	CbD	1
Explain the management approaches to complex inflammatory mucocutaneous diseases and demonstrate an in-depth understanding of therapeutic approaches.	CbD	1

Skills		
Perform competent oral examination including disease scoring methods and PROM relevant to oral disease.	CbD	1
Perform incisional and punch biopsies from the buccal mucosa or lip for diagnosis.	DOPS	1
Perform intralesional triamcinolone injections	DOPS	1
Form appropriate management plan in patients with complex mucocutaneous disorders including medical, surgical and combination interventions	CbD	1
Behaviours		
Recognise the importance of multidisciplinary teamwork in complex Mucocutaneous disease involving the Oral Medicine team, ENT, Gastroenterology, Gynaecology etc	CbD,	1
Recognise when to refer to other dental or oral surgery teams for diagnosis, investigation or treatment.	CbD,	1
Teaching and Learning Methods		
Working in outpatients with Consultants with a special interest in Oral Dermatology.		
Attendance at and contribution to a specialised meeting or conference on Oral Dermatology		
Independent study		

Module 10: Male Genital Dermatology

To be able to diagnose, investigate, and treat patients with penile dermatoses, especially complex and rare conditions. To be able to give tertiary advice to Consultants regarding such patients.		
Knowledge	**Assessment Methods**	**GMP**
Explain and understand the pathogenesis of penile dermatoses, especially lichen sclerosus, erosive lichen planus, penile intraepithelial neoplasia, and penile cancer.	CbD,	1
Describe the pathology of penile dermatoses, especially lichen sclerosus and penile intraepithelial neoplasia.	CbD,	1
Explain and understand the rationale, risks and benefits and range of treatment options for penile dermatoses, including specialised surgery.	CbD,	1
Recognise the features of penile neuropathic pain syndromes	CbD	1
Skills		

Perform competent clinical assessments (detailed history and systematic examination) of patients presenting with genital dermatoses.	CbD, Mini-CEX	1
Formulate a differential diagnosis of penile dermatological presentations (including sexually transmitted disease).	CbD, Mini-CEX	1
Communicate the differential diagnosis, management and prognosis of genital dermatoses and pain syndormes to patients and their partners, GPs and other specialists.	CbD, Mini-CEX, PS	1,3
Behaviours		
Recognise diversity of sexual choices and behaviours	CbD, PS	1,2
Recognise importance of multidisciplinary team working with histopathology, sexual health medicine, urology, paediatrics, psychosexual medicine and histopathology	CbD, PS	1,2
Contribute to and lead MDT discussions	CbD, MSF	
Teaching and Learning Methods		
Supervised consultations in outpatients with Consultants with a special interest in penile dermatoses MDT attendance Journal club attendance Attendance at and contribution to a specialised meeting or conference on genital dermatoses Independent study		

4 Learning and teaching

4.1 The training programme

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

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

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

Appendix 3 covers the BAD guidelines for the Educational Guide for Post-CCT Fellowships including the main duties and responsibilities. Each of the training programmes will have some individual differences, but should be structured to ensure comprehensive cover of the entire curriculum. The sequence of training should ensure appropriate progression in experience and responsibility. The training to be provided at each training site is defined to ensure that, during the programme, the entire curriculum is covered and that unnecessary duplication and educationally unrewarding experiences are avoided.

Each training programme will deliver the *generic competencies* and the *core advanced medical dermatology* competencies. Each programme will also be able to deliver at least 2 units in *specialised modules*. Training programmes in different parts of the UK will have different strengths in terms of delivery of tertiary services and it is not expected that every centre will be able to deliver every *specialised module*. Before starting on a programme, the post-CCT trainee should have the opportunity to choose *specialised modules* according to their interest. Training programme timetables should be approved by the BAD Education Board prior to a trainee starting.

4.2 Teaching and Learning methods

Fellows will learn from practice appropriate to their level of training and to their attachment within the department. Post-CCT Fellows will be expected to deliver service within the NHS appropriate to a newly qualified consultant, but will gain experience of independent practice in advanced medical dermatology in a working environment where there is support from highly experienced specialists.

Fellows will achieve the competencies described in the curriculum through a variety of learning methods. These will include self-directed learning, experiential learning, discussion of complex cases with experienced consultants, attendance at departmental teaching, audit, journal club, morbidity and mortality meetings, attendance at MDTs, attendance at formal courses, teaching and supervision of dermatology trainees. Learning as part of a multidisciplinary team may involve working with experienced consultants in other disciplines, for example haematologists and transplant physicians. It is anticipated that Fellows will attend and contribute to many of the courses run by the British Society of Medical Dermatology.

The degree of responsibility taken by the Fellow will increase as competency increases. Holders of the CCT in Dermatology are considered capable of independent practice and the posts will allow them to undertake this in an environment where mentorship for complex cases is still available. There should be appropriate levels of clinical supervision throughout the programme with increasing clinical independence and responsibility as learning outcomes are achieved.

Direct clinical experience will be the main learning method. It is expected that trainees will experience acute referrals to dermatology as well as attendance at general dermatology clinics and specialist clinics in their chosen modules (see Section 5: Feedback and Supervision).

Involvement in research is desirable but not essential.

The Fellow should have the ability to attend occasional clinics at other tertiary referral centres nationally to experience how other departments run a tertiary referral service.

The Fellow will be subject to Trust appraisal and should maintain a record of CME, reflective diary of experience and record of structured learning events (CbD, Mini CEX and MSF). The Fellow should attend audit meetings and be involved in at least one relevant audit project during the post-CCT Fellowship.

5 Assessment

All doctors post CCT are subject to GMC guidance on appraisal and revalidation and should undertake appraisal according to local hospital Trust requirements via the Responsible Officer. The collection of evidence of practice described here can be used for this purpose as well as demonstrating completion of the certificate of Advanced Medical Dermatology.

The domains of Good Medical Practice will be assessed using both workplace-based assessments and examination of knowledge and clinical skills, which will sample across the domains of the curriculum i.e. knowledge, skills and behaviour. The assessments will be supplemented by structured feedback to Fellows within the Post-CCT Fellowship training programme for Advanced Medical Dermatology. Assessment tools will be both formative and summative and will be selected on the basis of their fitness for purpose.

Assessment methods will be as for CCT curriculum, although there will be no SCE, and the predominant method of assessment will be CbD. A minimum number of satisfactory assessments should be completed during the training programme.

5.1 The assessment system

The purpose of the assessment system is to:

• Enhance learning by providing formative assessment, enabling Fellows to receive immediate feedback, measure their own performance and identify areas for development;

• Drive learning and enhance the training process by making it clear what is required of Fellows and motivating them to ensure they receive suitable training and experience;

• Provide robust, summative evidence that Fellows are meeting the curriculum standards during the training programme;

• Ensure Fellows are acquiring competencies within the domains of Good Medical Practice;

• Assess Fellows' actual performance in the workplace;

• Ensure that Fellows possess the essential underlying knowledge required for their sub-specialty;

• Inform the Convened Panel, identifying any requirements for targeted or additional training where necessary and facilitating decisions regarding progression through the training programme;

• Identify Fellows who should be advised to consider changes of career direction.

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

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

5.2 Assessment Blueprint

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

5.3 Assessment methods

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

• mini-Clinical Evaluation Exercise (mini-CEX)

• Direct Observation of Procedural Skills (DOPS)

• Multi-Source Feedback (MSF)

• Case-Based Discussion (CbD)

• Patient Survey (PS) Page 19 of 36

Other methods of assessment

• Educational Guide's report

• Review of reflective learning diary of cases seen

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.

Multisource feedback (MSF)

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

Mini-Clinical Evaluation Exercise (mini-CEX)

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

Direct Observation of Procedural Skills (DOPS)

A DOPS is an assessment tool designed to assess the performance of a Fellow in undertaking a practical procedure, against a structured checklist. The Fellow receives immediate feedback to identify strengths and areas for development. Procedures in Medical Dermatology are limited but where required can be assessed using this tool.

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, and discharge summary). A typical encounter might be when presenting newly referred patients in the out-patient department. The focus should be on discussing complex cases arising from tertiary referral.

Patient Survey

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

5.4 Decisions on progress (Convened Panel)

The Convened Panel with expert assessors is the formal method by which a Fellow's progression through her/his training programme is monitored and recorded. Trusts are responsible for organising and conducting Convened Panels under supervision of the BAD and SAC. The evidence to be reviewed by Convened Panels and expert assessors should be collected in the Fellow's portfolio. The Panel Decision Aid is included in section 5.5, giving details of the evidence required of Fellows for submission to the Convened Panels.

Assessments

Minimum satisfactory assessments sampled during the year:

10 CbDs

Up to 4 Mini-CEX as felt appropriate by Educational Guides

2 DOPS if appropriate

1 MSF

1 Patient survey

5.6 Final Assessment

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

5.7 Complaints and Appeals

All workplace-based assessment methods incorporate direct feedback from the assessor to the Fellow and the opportunity to discuss the outcome. If a Fellow has a complaint about the outcome from a specific assessment this is their first opportunity to raise it. Appeals against decisions concerning in-year assessments will be handled at Trust level and Trusts are responsible for setting up and reviewing suitable processes. If a formal complaint about an 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

The Post-CCT Fellow will work independently in an environment where they have access to highly experienced mentors providing guidance and advice as required. Outpatient and referral supervision must routinely include the opportunity to personally discuss difficult cases if required. As training progresses the Fellow should have the opportunity for increasing autonomy, consistent with safe and effective care for the patient. Fellows will at all times have a named Educational Guide and Clinical Guide, responsible for overseeing their education (Appendix 3). A named Research supervisor with suitable experience of research will be responsible for overseeing their research activities. Depending on local arrangements these roles may be combined into a single role of Educational Guide. The responsibilities of supervisors have been agreed with the National Association of Clinical Tutors and the Academy of Medical Royal Colleges as below:

Educational 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 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.

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

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

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

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

6.2 Appraisal

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

7 Managing curriculum implementation

The Trusts are responsible for quality management, the GMC/BAD will quality assure the educational providers and they are responsible for local quality control, to be managed by the Trust. The role of the BAD in quality management remains important and will be delivered in partnership with the Trust. The BAD role is one of quality review of Trust processes and this will take place on a regular basis.
Clinical and Educational Guides will be clinicians fully competent in their area of clinical supervision (Appendix 3). They will be appointed by the Trust. They will be trained in supervision, appraisal and assessment. Courses for this will be regularly available in Trust. Nationally there are regular meetings for Educational Supervisors in dermatology, organised by the BAD Education Board. 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 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.
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

On enrolling with the BAD, Fellows will be given the necessary documentation for their portfolio. The Fellow's main responsibilities are to ensure their portfolio and logbook is 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 evaluate 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.
Logbooks (preferably electronic) recording patch tests, skin prick tests and contact urticaria tests must be maintained as indicated in content of learning (3.3 above).

8 Curriculum review and updating

The specialty curriculum will be reviewed and updated with minor changes on an annual basis. Curriculum review is a standing item on the agenda for the SAC and BAD Education Sub-Committee. As clinical practice changes with time, it will be necessary to amend the curriculum accordingly. Advice will be sort from the BSMD and the BAD.
The curriculum should be regarded as a fluid, living document and the SAC/BAD will ensure to respond swiftly to new clinical and service developments. In addition, the curriculum will be subject to three-yearly formal review within the SAC/BAD. This will be informed by curriculum evaluation and monitoring. The SAC/BAD will have available:

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

Evaluation will address:

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

training programmes
• Current training affecting the service
Evaluation will be the responsibility of the BAD and GMC. These bodies must approve any significant changes to the curriculum.
Interaction with the NHS will be particularly important to understand the performance of specialists within the NHS and feedback will be required as to the continuing needs for that specialty as defined by the curriculum.
Fellow contribution to curriculum review will be facilitated through the involvement of Fellows in local faculties of education and through informal feedback during appraisal and BAD/Education Board meetings.
The SAC/BAD will respond rapidly to changes in service delivery. Regular review will ensure the coming together of all the stakeholders needed to deliver an up-to-date, modern specialty curriculum. The curriculum will indicate the last date of formal review monitoring and document revision.

9 Equality and Diversity

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

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

Compliance with anti-discriminatory practice will be assured through:

- monitoring of recruitment processes;
- ensuring all College representatives and Programme Directors have attended appropriate training sessions prior to appointment or within 12 months of taking up post;
- ensuring all College representatives attend or undertake appropriate training sessions as per Trust Regulations and at least every 3 years.
- ensuring trainees 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 practice safely as a physician). All efforts shall be made to ensure the participation of people with a disability in training.

In order to meet its obligations under the relevant equal opportunities legislation, such as the Race Relations (Amendment) Act 2000, the MRCP(UK) Central Office, the Colleges' Examinations

Departments and the panel of Examiners have adopted an Examination Race Equality Action Plan. This ensures that all staff involved in examination delivery will have received appropriate briefing on the implications of race equality in the treatment of candidates.

All Examiner nominees are required to sign up to the following statement in the Examiner application form "I have read and accept the conditions with regard to the UK Race Relations Act 1976, as amended by the Race Relations (Amendment) Act 2000, and the Disabilities Discrimination Acts of 1995 and 2005 as documented above."

In order to meet its obligations under the relevant equal opportunities legislation such as the Disability Discrimination Acts 1995 and 2005, the MRCP(UK) Management Board is formulating an Equality Discrimination Plan to deal with issues of disability. This will complement procedures on the consideration of special needs which have been in existence since 1999 and were last updated by the MRCP(UK) Management Board in January 2005. MRCP(UK) has introduced standard operating procedures to deal with the common problems e.g. Dyslexia/Learning disability; Mobility difficulties; Chronic progressive condition; Blind/Partially sighted; Upper limb or back problem; Repetitive Strain Injury (RSI); Chronic recurrent condition (e.g. asthma, epilepsy); Deaf/Hearing loss; Mental Health difficulty; Autism Spectrum Disorder (including Asperger Syndrome); and others as appropriate. The Academic Committee would be responsible for policy and regulations in respect of decisions on accommodations to be offered to candidates with disabilities.

The Regulations introduced to update the Disability Discrimination Acts and to ensure that they are in line with EU Directives have been considered by the MRCP(UK) Management Board. External advice was sought in the preparation of the updated Equality Discrimination Plan, which has now been published.

10 Appendices

Appendix 1

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

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

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

including:

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

LEADERSHIP

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

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

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

MANAGEMENT

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

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

develop personal skills:

- team working
- motivating
- influencing
- negotiating
- delegating
- managing time (self and others)

EDUCATION OF SELF AND OTHERS

Fellows will be expected to demonstrate that they have negotiated learning

experiences to improve their effectiveness in an education role and have further developed their skills, knowledge and behaviour to:

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

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

- develop links with other organisations, including:

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

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

o CPD
o Appraisal
o Revalidation

- acquire skills needed to increase awareness of the role that management of learning can have within the health care setting

develop the ability to apply the learning theory to the clinical context, in line with GMC's Excellence by Design: standards for postgraduate Curricula
https://www.gmcuk.org/Excellence_by_design___standards_for_postgraduate_curricula_0517.pdf_70436125.pdf
acquire skills needed to enable successful recruitment, interview and selection of medical staff

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

- actively participate in online and local opportunities to meet and learn from
- established researchers
- develop skills in research methodology
- develop critical appraisal skills
- develop statistical analysis skills
- develop knowledge of responsibilities associated with conduct of research, including:
- o maintaining patient safety;
- o research ethics and application;
- o ensuring quality of data;
- o ensuring regulatory compliance;
- o time management;
- o funding opportunities and budget compliance
- work with local Research and Development (R and D) staff
- find and gain agreement from an appropriate established researcher to act as a
- research mentor

Appendix 2

BAD Educational Standards Framework for POST-CCT FELLOWSHIPS

1 Entry criteria
Certificate of Completion of Training (CCT) or equivalent.

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

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

4 Trust responsibilities
To allocate and confirm the role of a suitable consultant within the department to act as a named Educational Guide with responsibility as follows:
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 (see point 8);
To provide annual assessment of the Fellow by review of progress and/or log book, assessments CPD, etc;
To ensure that an appropriate written record is maintained to enable continuity of guidance and feedback to the Fellow as appropriate.
To provide annual appraisal in line with the General Medical Council's (GMC) Good Medical Practice framework and according to BAD's guidelines for specific components of the appraisal process.
To provide a negotiated job plan that allows the Fellow to gain appropriate experience.
To consider giving the Fellow the opportunity to be on the Consultant on-call rota (or other appropriate on-call experience relevant to the seniority and scope of the role).

5 Fellow's responsibility
To work with the Educational Guide to develop and demonstrate attainment of the appropriate skills/knowledge/attitudes sought from the Fellowship and in line with the GMC's Good Medical Practice within the timeframe of the Fellowship.
To provide satisfactory evidence to the BAD of the Fellow's progress

6 Responsibility of BAD
To oversee the post-CCT Fellowship process.
To seek evidence and assess on an annual basis the appropriateness of the Fellowship (this will include feedback from the Fellow and Educational Guide).
To approve successful completion of the fellowship based on recommendation of the external examiner reports

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

8 Educational content
Every Fellow will be looking to develop in their own way with different learning needs. However, the BAD considers the continued development of core skills acquired for CCT to be important. The SAC will advise on the more specific content for the specialist part of the Fellowship.
Each Fellowship framework will be expected to contain core components e.g. Professional Skills, Education of self and others, Leadership, Management and Research. It is suggested that there is an emphasis on at least one of Education, Leadership and Research, or a combination to enable a balanced portfolio.

9 Review
The Educational Guide and Fellow are expected to take part in an ongoing review process as part of their regular meetings (normally once a week). This is a two-way process and should enable the Fellow to receive feedback on progress as well as providing an opportunity to put forward proposals for their ongoing learning and development to enable them to meet the Fellowship framework objectives and their learning needs.
More formal review will take place through the appraisal process (see point 4).

10 Quality assurance
The GMC started a review of Quality Assurance in 2012 which will conclude towards the end of 2013. The conclusions from the review may influence the quality assurance of BAD accredited Post-CCT Fellowships. In the meantime, the relevant SAC will have a crucial role in ensuring quality assurance.
The BAD will provide guidelines for mechanisms for quality assurance which are likely to include an annual assessment of progress of both the employing NHS Trust (or other clinical service provider) and Fellow using the Fellow's educational portfolio, logbooks and department Audits/accreditation, together with feedback from Fellows and Educational Guides.

Appendix 3

BAD Post-CCT Fellowships Guidelines – Educational Guide

As a component of the BAD Post-CCT Fellowship, each clinical service provider

applying for approval to offer a BAD Post-CCT Fellowship is required to allocate and confirm the role of a suitable consultant within the leading department for the Post CCT Fellowship post to act as a named Educational Guide.
An Educational Guide is a nominated consultant who has accepted the role as the individual responsible for supporting, guiding and monitoring the progress of a named Post-CCT Fellow for a specified period of time. Every Post-CCT Fellow should have a named Educational Guide and the Fellow should be informed of the name of their Educational Guide in writing.
In advance of the Post-CCT Fellow taking up their post the Educational Guide should

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

The Educational Guide should have completed training in line with the General Medical Council's Recognition and approval of trainers http://www.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 log book, assessment and CPD
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:
360 degree feedback
Reflective practice e.g. a word limited exercise
Provide details of 2 cases that went well and 2 that did not– What did you do about them? What did you learn from the experience?
What would you want the next person in the Post-CCT Fellowship post to do differently?
What is your personal development plan for next year?
Log book
Audit of results/clinical audit
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 outwith 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.

Appendix 4 List of Contributors

The curriculum was written by the BSMD led by Giles Dunnill and Jenny Hughes. Contributions were received from

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10 References

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