

INTERDEPARTMENTAL PEER REVIEW REPORT
FACILITIES

TRUST:	
---------------	--

CLINICS

Department - dedicated department	ideal	Y
dedicated area	essential	Y
sharing mixed Outpatient Department	unsatisfactory	Y
Paediatric clinic – in dermatology department	essential	Y
in paediatric department	ideal	Y
Surgical session	essential	Y
Pigmented lesion clinic	essential	Y
Plastic surgery/ RT combined clinic	ideal	Y
Vulval clinic	ideal	Y

FACILITIES

Patch testing	essential	Y
UVB/TL01	essential	Y
PUVA	essential	Y
Photographic department	ideal	Y
Camera in department	essential	Y
Journals taken - 2-3	essential	Y
>3	ideal	Y
Histopathology meeting	essential	Y
Microscope in department	essential	Y

NURSE SPECIALIST (F,G or H grade)

No of sessions per week _____

No of nurse led treatments per year _____

Day care unit	essential	Y
Cryotherapy	bonus	Y
Surgery	bonus	Y
Leg ulcer clinic	ideal	Y
Counselling	ideal	Y
Cytotoxic follow up	bonus	Y
Eczema follow up	ideal	Y

SECRETARIAL

Hours / Consultant _____

Dedicated office	essential	Y
PC	essential	Y
Dedicated software	ideal	Y
Diagnostic index	ideal	Y
E-mail	ideal	Y
Consultant office	essential	Y

INPATIENT FACILITIES

No of beds / 100,000	_____	1 – essential	Y
		2 – ideal	Y
Dedicated ward		bonus	Y
Dedicated area		ideal	Y