

What is a dermatologist?

Training

Dermatologists are specialist physicians who diagnose and treat diseases of the skin, hair and nails. All dermatologists are medically qualified, and undertake the same university training as other doctors. After qualifying, they spend at least 4 years training in general (internal) medicine, to get experience of other medical specialties (e.g. emergency medicine, rheumatology, cardiology). During this time, dermatologists must pass the exams to become Members of the Royal College of Physicians (MRCP).

After passing the MRCP exam, future dermatologists find a training post. Competition for places on these schemes is usually intense. Training posts are usually based in university teaching hospitals, although each 'rotation' will include a period at a district general hospital to provide broader experience. Most training posts are for 4 years, but this is frequently extended, often by 2 or more years, for research leading to an MD or PhD degree and/or to develop expertise in one of the dermatological subspecialties (e.g. dermatological surgery, paediatric dermatology, contact allergy, photobiology). Trainee dermatologists develop a research interest and publish papers in scientific journals.

Once training is completed, dermatologists are awarded a Certificate of Completion of Specialist Training (CCST), and can then apply for consultant posts in either teaching or district general hospitals. This means that the dermatologist is "accredited" and is on the GMC "Specialist Register". Once appointed to a consultant post, the dermatologist will join a department where there are usually one or two other dermatologists; some departments, especially in teaching hospitals, may be much larger. In the UK, one dermatologist will serve a population of approximately 100000, although it is recognised that many more are needed. Consultant dermatologists are a relatively scarce resource in the NHS, given that 20 - 25% of consultations with a General Practitioner are related to skin disease.

What does a dermatologist treat?

The range of patients seen by dermatologists is wide and includes new born infants to the very elderly. There are over 2000 skin diseases but about 20 of these account for 80% of the workload. Inflammatory skin diseases such as eczema and psoriasis are common and without treatment produce significant disability. Severe acne in teenagers is also a common reason for referral.

Skin cancer is now increasing greatly, partly due to the ageing UK population and partly due to sun exposure and other factors. Dermatologists are at the centre of research into the causes and treatment of skin cancer. Management of skin cancer comprises up to 50% of the workload. Many dermatologists work mainly in skin cancer surgery.

How do I see a dermatologist?

Access to dermatologists is by referral from a General Practitioner. People may be referred to make a diagnosis or because they need special treatment or the patient may request to see a specialist. If you are seen in an NHS hospital then it is likely that you will be seen by a member of a team of doctors lead by an accredited Consultant Dermatologist who is responsible for your care.

Government initiatives are having confusing effects so that people referred on by their General Practitioner (GP) for expert help may no longer always see a fully trained and accredited dermatologist. You can ask about the qualifications of the individual to whom you are being referred, as, if you are being referred to an 'intermediate clinic' it is unlikely that you will be seeing an accredited consultant dermatologist.

It is often confusing trying to identify if a person is an accredited specialist. The terms “Consultant”, “Specialist” and “Dermatologist” are sometimes used by non-accredited doctors who are not on the GMC specialist register. If you are in any doubt then look up the doctor on the [GMC website](#) to see if they are on the specialist register.

You can exercise your rights and demand to see an accredited specialist to get the correct diagnosis and a treatment plan, after which your GP or a doctor in an intermediate clinic may be able to continue your care.

Be aware of the current ‘healthcare climate’ and exercise your right to expert care if your GP cannot diagnose or adequately treat your skin condition. For more information about access to care, please [click here](#).

Who's who in dermatology

Consultant Dermatologist: This is a doctor who has worked for at least four years as a doctor before training as a specialist registrar in dermatology for a further four years. They may have spent additional time training in research or in a particular specialty area to get expertise before taking up a consultant post. The Consultant will lead a team of doctors and nurses and has responsibility for all those patients under their care. Most consultants are involved also in training of doctors, and management of the NHS. Many also teach medical students and do medical research in their specialist area publishing the results of any advances in journals, books and at conferences. Some advise government about NHS changes. Consultants are accredited which means they are on the specialist register of the GMC.

Specialist registrar (StR) in Dermatology. He or she will have already qualified as a doctor and then worked for about 4 years as a general hospital doctor. In this post they are undergoing 4 years specialist dermatology training to become a consultant. There are approximately 200 dermatology StRs in the UK.

An **ST1 or ST2 doctor** (used to be SHO). This person will have qualified as a doctor and already worked for at least a year in a hospital post. During their training they will be spending some specific time in dermatology.

An **F1 or F2 doctor** will have qualified as a doctor and be in the first two years working as a hospital doctor.

A **specialist doctor in Dermatology** will have spent at least two years working in dermatology. These doctors are often not aiming to train as a consultant but wish to work as a member of a consultant led hospital dermatology team. With time some of these doctors become very experienced and may eventually apply to become consultants.

An **associate specialist in Dermatology** is a doctor who must have been qualified for at least 10 years, with a proportion of this being in dermatology either as a registrar or as a Staff Grade doctor. These doctors usually devote the whole of their time to dermatology and are usually one of the most experienced members of the hospital team. They are allowed to work independently, although patients are still always the ultimate responsibility of the consultant dermatologist. Some of these doctors eventually apply to become consultants.

A **staff grade dermatologist** will have worked for some years as a hospital doctor before working in dermatology under the supervision of a consultant. . Staff grade doctors may have many years of experience in dermatology and some eventually apply to become consultants.

A **hospital practitioner (HP)** and clinical assistant are qualified doctors, who are usually trained as general practitioners and. work for one or two half days per week in a hospital department under the

supervision of a consultant.

A **general practitioner with a specialist interest (GPwSI)** is a relatively new classification of doctor. A GPwSI will have qualified as a doctor and then trained as a general practitioner. . A GPwSI is not employed by a hospital but by primary care to care for people with skin disease who do not necessarily need to go to hospital. All GPwSIs spend some of their time as a General Practitioner and some time linked with the local dermatology department to ensure optimal patient care. There are government guidelines concerning the training, experience and supervision of GPwSIs, but unfortunately some doctors and NHS employers have chosen in the past to ignore these guidelines.

A **specialist nurse** has trained as a nurse and been promoted to the level of sister or charge nurse. She/He will have worked in Dermatology for several years and may run specific clinics for patients with psoriasis or eczema, phototherapy sessions, leg ulcer clinics etc. In addition, some specialist nurses will have gained extra qualifications and can prescribe medicines, or carry out operations.