

## GP Specialty Training Programme

# Dermatology

### Relevant Sections of the RCGP Curriculum

- 2.02 Patient safety and quality of care
- 2.03 The GP in the wider professional environment
- 2.04 Enhancing professional knowledge
- 3.21 Care of people with skin problems

### Learning Needs

To help identify learning needs in relation to the GP Curriculum the GPStR we recommend that you review the document below and highlight those areas where you feel less, this should be completed before the initial meeting of the GPStR with their Clinical Supervisor. In this meeting an educational plan for the post can be drawn up that identifies how these learning needs can be addressed and how and when they will be assessed, please record this as a placement planning meeting in your ePortfolio.

### Assessments and Reviews

During this 6 month post it is the responsibility of the GPStR to arrange the following with their Clinical Supervisor:

- A placement planning meeting reviewing the learning objectives and producing an educational plan (within the first 3 weeks of the post)
- 3 CBD assessments
- 3 mini-CEX assessments
- COPs – optional suggestions- cryotherapy, curettage/shave excision, excision of skin lesions, suturing, taking skin surface specimens for mycology
- An end of post meeting to discuss your progress and entering the Clinical Supervisor's Report on the e-Portfolio

Please note that this is the minimum requirement for assessments and your Clinical Supervisor may feel that more are required in order for you to meet the required competency areas.

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## Learning Objectives & Assessment in Dermatology

What the GPStR can learn (adapted from AKT content guide)

### SKIN PROBLEMS

#### Symptoms and signs

- Birthmarks
- Blisters
- Dry skin and scaling
- Erythema
- Hair loss and hirsutism
- Hyperhidrosis
- Hyper- and hypo-pigmentation
- Nail dystrophies
- Pruritus
- Purpura, petechiae
- Pustules, boils
- Rashes and eruptions
- Scaly and itchy scalp
- Skin lesions – including dermal and subcutaneous lesions
- Ulceration including leg ulcers and pressure sores

#### Investigations

- Investigations such as skin and nail sampling, immunological tests including patch and prick testing, biopsy, photography and dermoscopy
- Relevant blood tests for underlying causes of skin conditions e.g. lupus, thyroid disease

#### Specific conditions

- Acne rosacea, rhinophyma, perioral dermatitis
- Acne vulgaris including indications and side effects of isotretinoin, hidradenitis suppurativa
- Blistering diseases including pemphigoid, pemphigus, porphyria
- Drug- related skin eruptions such as Stevens-Johnson syndrome, toxic epidermal necrolysis
- Eczema: infantile, childhood, atopic, seborrhoeic, contact allergic, irritant, (including occupational), discoid
- Hair disorders including alopecia, hirsutism, fungal infection, infestations including lice
- Infections; viral (e.g. warts, molluscum contagiosum, herpes simplex and zoster), bacterial (e.g. staphylococcal + MRSA, streptococcal), fungal (skin, nails), spirochaetal (Lyme disease, syphilis), TB, infestations (scabies, lice), travel-acquired (e.g. leishmaniasis)
- Lichen planus, granuloma annulare, lichen sclerosus, morphea
- Light sensitive disorders such as polymorphic light eruption, porphyria, drug reactions
- Light treatments such as UVB, PUVA
- Pityriasis rosea
- Pruritus either generalised or localized – underlying non-dermatological causes such as thyroid disease and iron-deficiency
- Psoriasis; guttate, plaque, flexural, scalp, nails, pustular and erythrodermic. Associated morbidity; physical such as cardiovascular disease and psychological such as depression

- Psychiatric associations of skin disease such as dermatitis artefacta, depression
- Recurrent suppurative conditions such as hydradenitis
- Skin manifestations of internal disease including pyoderma gangrenosum, systemic lupus erythematosus (SLE) and discoid lupus erythematosus (DLE), necrobiosis lipoidica, erythema nodosum, erythema multiforme, dermatitis herpetiformis, dermatomyositis, vitamin and mineral deficiencies such as scurvy
- Skin tumours including benign lesions such as pigmented naevi, dermatofibroma, cysts and malignant lesions such as malignant melanoma, squamous cell carcinoma, basal cell carcinoma, mycosis fungoides, Kaposi's sarcoma, metastatic tumours. Lesions with malignant potential such as solar keratoses, Bowen's disease, cutaneous horns and keratoacanthoma
- Ulcers – distinguishing arterial and varicose, vasculitic, malignant
- Urticaria, angio-oedema and allergic skin reactions including adverse drug reactions
- Vitiligo, hyperpigmentation such as acanthosis nigricans
- Wounds including burns and scalds, scar formation and complications