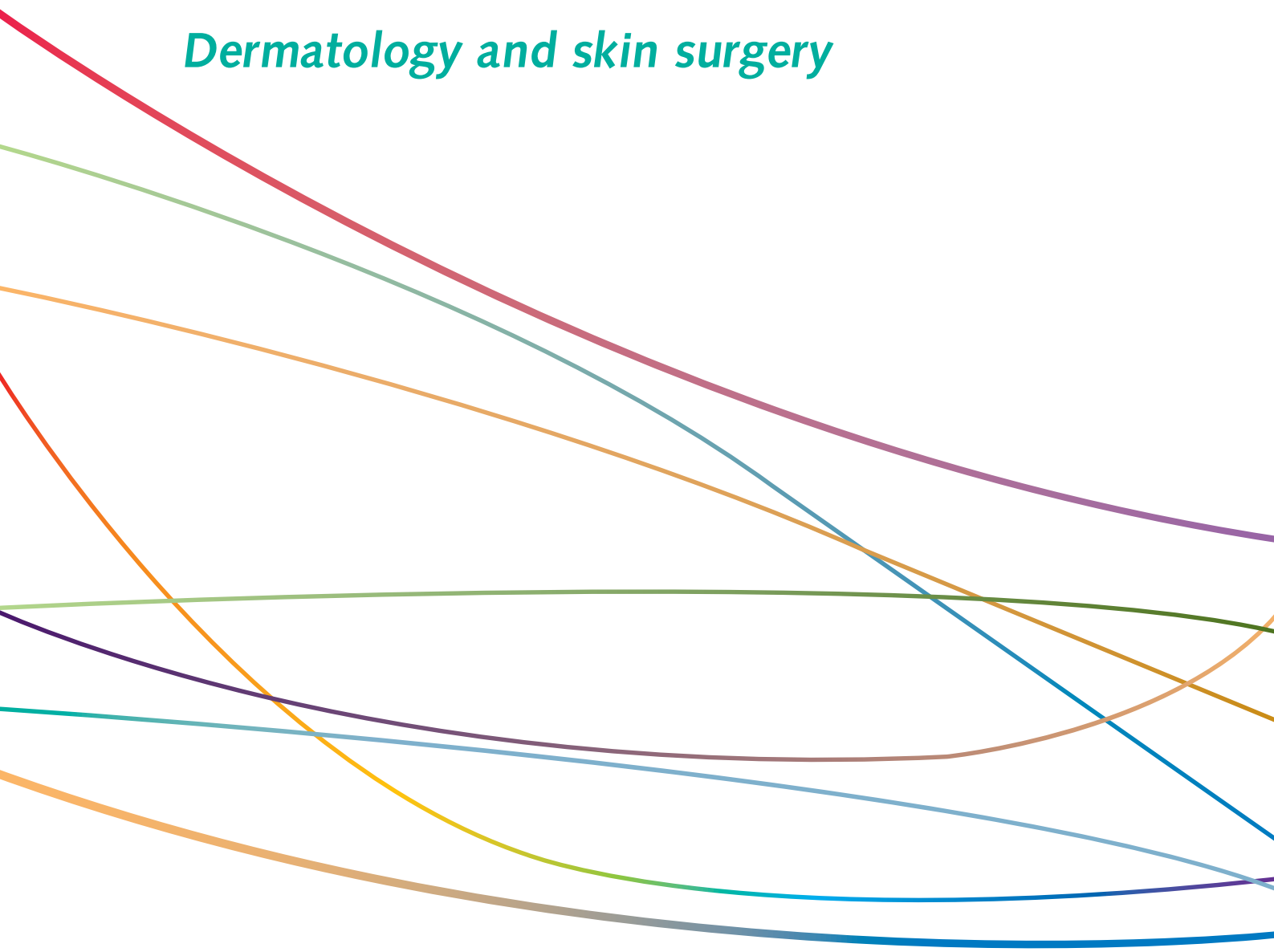
Department of Health

Guidance and competencies for the provision of services using GPs with Special Interests (GPwSIs)

Dermatology and skin surgery



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Guidance and competencies for the provision of services using GPs with Special Interests (GPwSIs)

Dermatology and skin surgery

This guidance should be read (where appropriate) in conjunction with:

Implementing care closer to home: Convenient quality care for patients

Part 3: The accreditation of GPs and Pharmacists with Special Interests

Supporting Q&A

Contents

Foreword

The White Paper *Our health, our care, our say: a new direction for community services*, published in 2006, sets out the vision for the future of care outside hospitals. It reinforces the importance of services provided by healthcare professionals working in community settings. The public involved in the consultation process that informed the White Paper made it clear that while convenient care was important, it must be of high quality.

Many dermatology GPwSIs services have been established around the country and much has been learnt from examples of best practice. All those involved in the delivery of care for patients with skin disease recognise the need to ensure that GPwSIs are suitably qualified, with demonstrable clinical skills and competencies, training and experience. These factors underpin the delivery of safe, high quality care. This document, which, should be read in conjunction with *Implementing care closer to home: Convenient quality care for patients,* describes different models of dermatology services and provides information about the training, accreditation and assessment processes to support the accreditation of dermatology GPwSIs. It also provides guidance for commissioners in respect of the development of community cancer clinicians and skin surgery services.

The guidance has been developed by representatives of the British Association of Dermatologists, the Primary Care Dermatology Society, the Royal College of General Practitioners and, importantly, the Skin Care Campaign (the umbrella organisation representing patient groups). We would like to thank all of those involved in the process.

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1. Introduction

This GPwSI framework for dermatology has been developed by a multidisciplinary working group (see appendix 4) with broad representation from general practitioners, secondary care specialists and patients. It is intended to be used to ensure the commissioning of high quality dermatology services.

This guidance provides more detailed information to guide accreditors towards the kind of evidence and competencies that may be expected to be seen and tested during the nationally mandated accreditation process set out in *Implementing care closer to home: Convenient quality care for patients,* Part 3: *The accreditation of GPs and Pharmacists with Special Interests*.

This framework relates **only** to the specific training and accreditation needs of GPwSIs working in dermatology and skin surgery.

It is designed to help dermatology GPwSIs understand and develop the extended knowledge and skills they require to provide services beyond the scope of their generalist roles. However, such developments are expected to occur as one of a series of integrated options within a negotiated local framework. As outlined in other guidance for commissioners, it is very important that all service providers and patients are involved at all stages of service development.

The breadth of diagnostic skills required to ensure the provision of quality dermatology services is currently unlikely to be acquired by non-medically qualified healthcare professionals. However, the importance of other healthcare professionals in the delivery of dermatology services is well accepted and any models of care should take account of this, (see Figure 1 for examples of this). Reference to other appropriate specialty specific guidance will be relevant for these individuals.

Commissioners need to be reminded that the training and personal development of GPwSIs will require initial and ongoing support from dermatology specialists. Any commissioning framework needs to take account of these requirements.

IMPORTANT NOTE FOR COMMISSIONERS IN RESPECT OF SKIN SURGERY SERVICES

This framework refers to the skills and competencies of GPwSIs in dermatology and skin surgery. Many GPs, who do not consider themselves dermatology GPwSIs, are currently providing skin surgery services within their practices (limited or advanced). This framework does not consider this group of clinicians, but commissioners are reminded that anyone having a surgical procedure performed ought to be confident that:

- the procedure was necessary;
- it was appropriate to have the procedure performed (in relation to agreed local and national low priorities frameworks);
- the appropriate procedure was performed (this requires access to diagnostic skills);
- the clinician performing it was suitably trained;
- the facilities were to the appropriate standard.

To reduce unnecessary and inappropriate skin surgery, good diagnostic skills are essential. All clinicians performing skin surgery should be strongly encouraged to improve their diagnostic skills.

To ensure equity in quality of care, commissioners may wish to use the tools developed within this framework (Appendices 2 and 3) to accredit GPs performing skin surgery in their own practices for their own patients as part of enhanced services frameworks.

In addition, commissioners may also wish to use the accreditation tools in the context of service delivery models that separate diagnosis and management as proposed in the NHS Modernisation Agency's *Action On Plastic Surgery* (AOPS) guidance. These proposals suggested rapid access to specialist diagnostic services supported by suitably trained and accredited skin surgery services delivered as an integrated model across health communities (www.wise.nhs.uk/NR/rdonlyres/BBA564B6-2690-49F9-90A1-E4E2E3A9ACAB/1315/doc2_plastic.pdf).

Figure 1: Models of service delivery

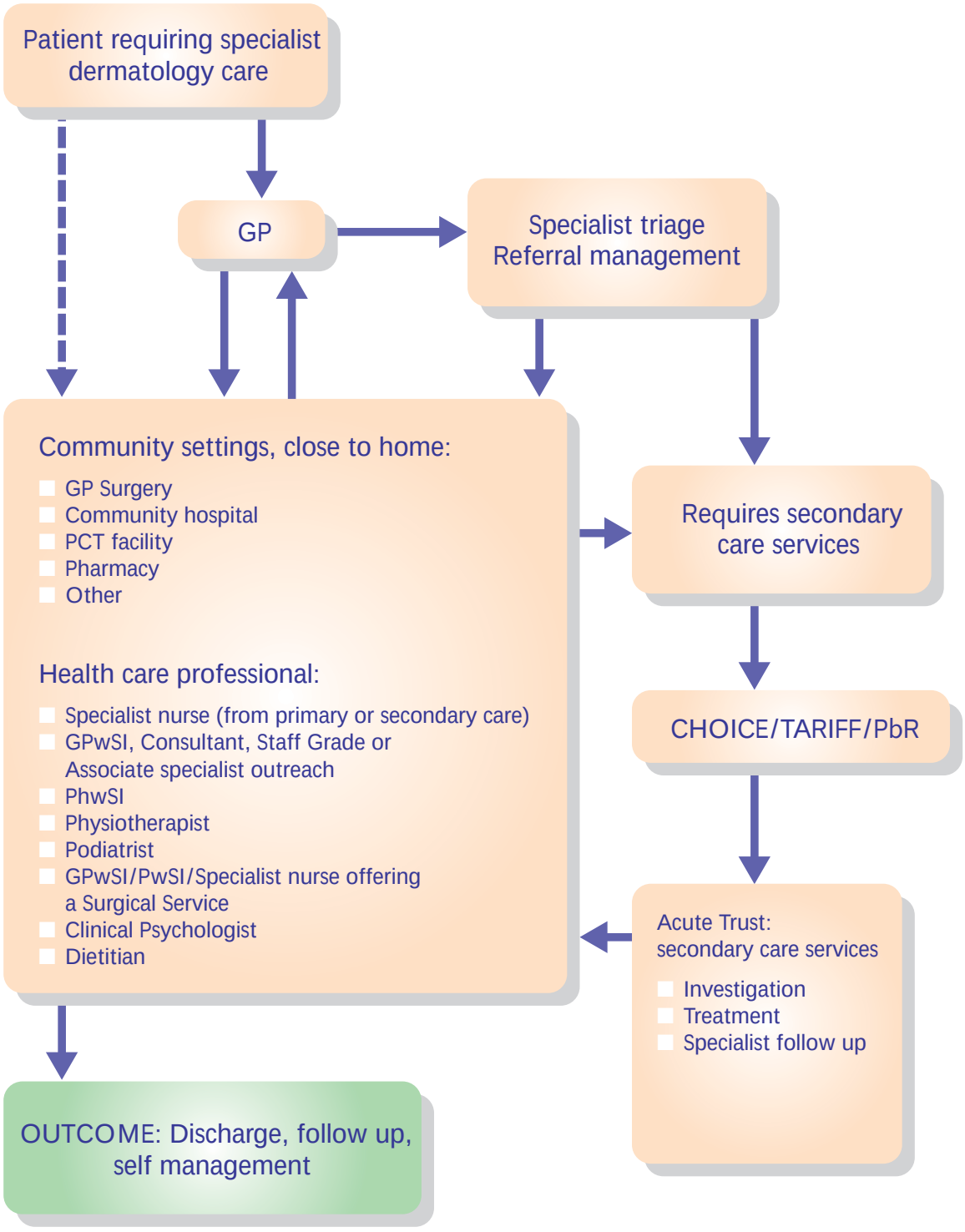
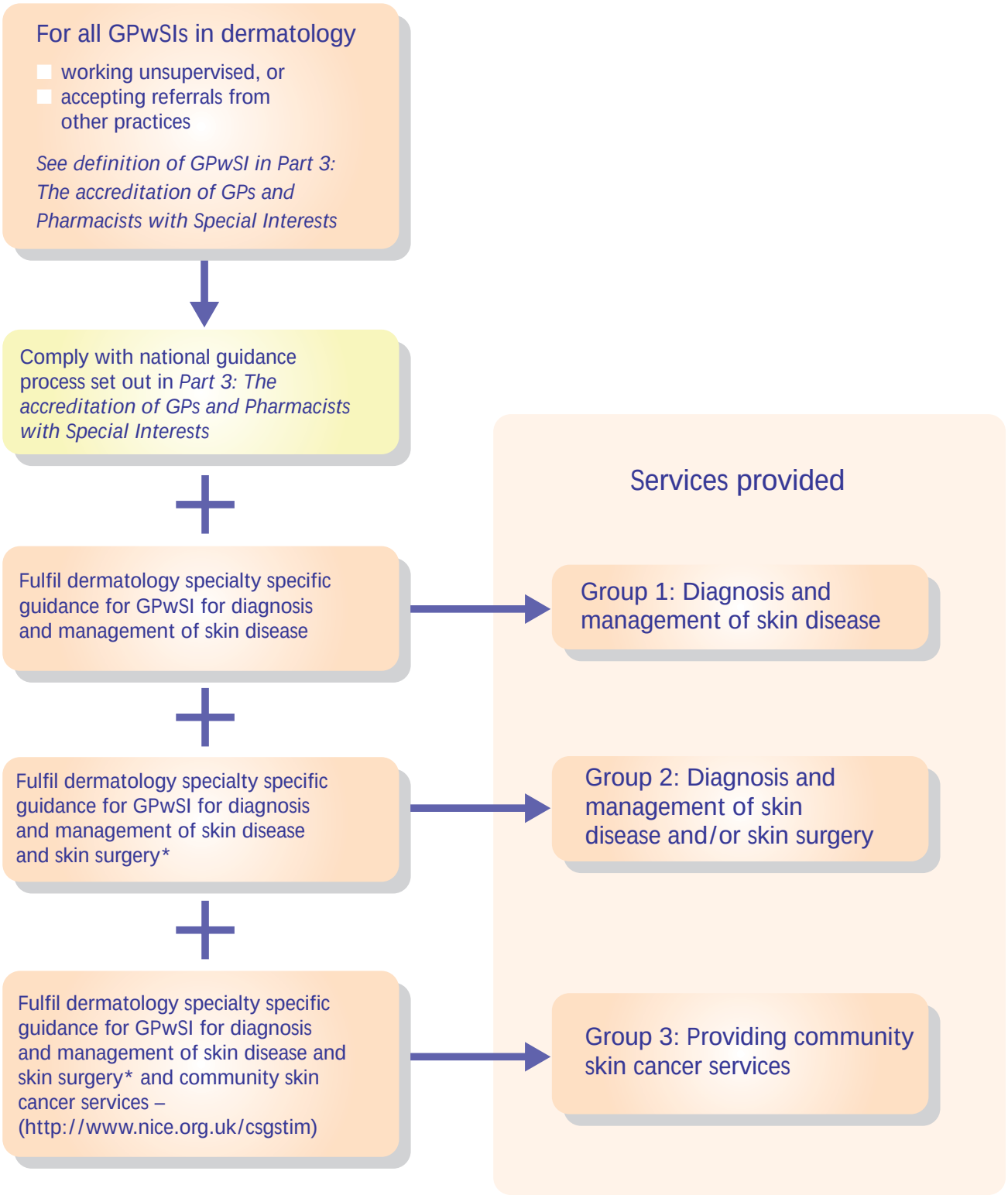


Figure 2: Services and competencies required



*for dermatology GPwSIs performing skin surgery only (groups SS1 & SS2) guidance is included at annex 3. It is expected that such GPwSIs would be part of the integrated dermatology service.

2. The service to be provided

2.1 Potential activities of a GPwSI service in dermatology

The core activities of a dermatology GPwSI service will vary, dependent upon local needs and resources and the skills of the clinician.

The proposed dermatology service is likely to be accredited first, and the dermatology GPwSI will then be accredited in the context of the service to be provided and the competencies required to provide it. Possible models of service include the following:

- a diagnostic and disease management service only with no surgery;
- a diagnostic and disease management service with a limited skin surgery service;
- a diagnostic and disease management service with more advanced surgery;
- a GPwSI dermatology skin surgery service (excluding skin cancer); and
- a community skin cancer service.

Figure 2 provides an overview of the services that a GPwSI might provide and the guidance that relates to the accreditation of each service.

Models of service delivery are expected to reflect the important principles outlined in the *Implementing care closer to home: Convenient quality care for patients* documents. In addition:

- the service model should take account of nationally agreed guidance, eg the National Institute for Health and Clinical Excellence (NICE) skin cancer guidance www.nice.org.uk/page.aspx?o=csgstim
- the model should incorporate examples of nationally agreed good practice: AOPS and Action On Dermatology (AOD) Good Practice Guidance www.wise.nhs.uk/NR/rdonlyres/BBA564B6-2690-49F9-90A1-E4E2E3A9ACAB/1315/doc2_plastic.pdf, www.institute.nhs.uk/Products/ActionOnDermatologyGoodPracticeGuide.htm

See Appendix 1 for points to consider when developing a service model.

Within these clinical areas, it is expected that an accredited GPwSIs service would include aspects of the following:

Clinical

- Assessment, investigation and treatment planning of patients referred to the service.
- Provision of a range of clinical interventions as appropriate to the accredited service, eg skin surgery, liquid nitrogen cryotherapy, management of leg ulcers and the use of oral and topical treatments as indicated.

Education and liaison

- Provision of advice and support to local practitioners through non-face-to-face contact (eg telephone, internet or other means) in the management of those dermatological conditions within the expertise of the GPwSI.
- Provide support and training to GPs and members of the primary healthcare team in the management of common skin conditions to enable other clinicians to develop, maintain and improve their level of competency in the management of skin conditions.
- Liaise with and provide support for other dermatology GPwSIs in the area.

Service development/leadership

- Work with the local secondary care specialists to develop an integrated dermatology service model with care pathways that meet the requirements for the accreditation of the service by the accreditation panel (see Appendix 3 for examples of accreditation requirements).
- In collaboration with other members of the local health community, develop and implement management guidance for primary care practitioners in the care of common dermatological conditions.
- Develop links with other professional groups, pharmacists, health visitors, school nurses, podiatrists and primary care nurses, for the effective shared care for patients with chronic skin conditions.
- Support and develop the role of dermatology specialist nurses working in outreach/close to home settings.
- Become involved in integrated training programmes across primary and secondary care for medical and nursing staff.

The location of the service will also vary depending on the needs of the local community.

3. The support and facilities required

Nationally agreed standards for facilities exist and the *Implementing care closer to home: Convenient quality care for patients* documents refer to these. In addition, there are specific requirements for providing dermatology services which are best considered when accrediting the service. Useful advice can be found at the following link: www.bad.org.uk/healthcare/service/Staffing_and_Facilities_for_Dermatological_Units_Nov_2006.pdf. Though facilities will vary according to the service being provided, the basic requirements for GPwSIs managing a clinical caseload would include some of the following.

- Access to suitably trained dermatology specialist nurse support. Ideally, this would either be for liaison between primary and secondary care, or involve close links to a specialist dermatology nurse (eg as an outreach nursing provision). These models facilitate seamless care. However, development of specialist dermatology skills in a designated in-house community or practice nurse might also be considered.
- A well-lit consultation room with adequate facilities for diagnosis and treatment procedures and operative equipment that meets the requirements necessary for skin surgery.
- Access to liquid nitrogen if cryotherapy is to be performed, with attention to Health and Safety guidance in relation to its storage and use.
- Administrative support and appropriate staff to ensure the clinic runs efficiently and decontamination issues are dealt with in an appropriate manner.
- An adequate means of record keeping.
- Where skin surgery sessions are performed, documentation of lesions, including photographic records as appropriate, are recommended. Close links with local dermatology and histopathology departments.
- GPwSIs are expected to keep their facilities up to date, in keeping with national guidance, and ensure that their patients have access to any innovations in dermatology treatment suited to the primary care setting.
- The facilities are to be accredited and should take account of the Government's *Standards for Better Health* (www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4086665&chk=jXDWU6); this is particularly important in the context of providing skin surgery services where specific national standards need to be met.
- Dermatology services are expected to be provided in well-equipped community hospitals and primary care settings (White Paper, *Our Health, Our Care, Our Say*, 2006, www.dh.gov.uk/assetRoot/04/12/74/78/04127478.pdf).

4. The curriculum and core competencies required

The general practitioner is expected to demonstrate that he/she is a competent and experienced generalist, as well as having the specific competencies and experience for the dermatology special interest area. Generalist skills can be assessed in a number of ways but are readily demonstrated by GPs who have passed the examination of the Royal College of General Practitioners (RCGP) and who are current members of the College. It is expected that the GP will have an ongoing significant commitment to general practice in order to retain excellent generalist skills.

The competencies required to deliver a GPwSI service are seen as a development of generalist skills as outlined by the RCGP and the British Association of Dermatologists (BAD) in *Dermatology for General Practice Trainees,* (1998). In addition to good communication skills, experience in teaching and training healthcare professionals in dermatology and a commitment to cascading knowledge and skills are important.

The following describes the aims of the dermatology GPwSI curriculum, its content, methods of learning and assessment. Although the competencies required will depend on the service being delivered, it is expected that all dermatology GPwSIs involved in the diagnosis and management of skin disease should be able to demonstrate they meet the core competencies set out in this document as part of the accreditation process.

4.1 CURRICULUM

Competent practitioners are able to demonstrate:

- appropriate attitudes (including a non-judgemental approach in respect of patient confidentiality);
- effective communication skills during interaction with patients and colleagues, including the ability to explore people's understanding, reactions and opinions;
- an ability to explain the risks and benefits of treatment options and involve patients in decisions about their management;
- sufficient knowledge and skill in diagnosis to ensure the safe and effective practice of dermatology;
- competence in establishing a differential diagnosis by the appropriate use of history, clinical examination and investigations;
- an ability to carry out minor practical procedures;
- knowledge and application of the NICE guidelines for the management of skin cancers; and
- recognition of their limitations in expertise and knowledge of mechanisms of referral.

Specific knowledge, attitudes and skills

There follows a curriculum for training. Dermatology GPwSIs are expected to have a good knowledge of these curriculum areas. Below is considered to be the minimum core curriculum for any generalist wishing to offer more specialist dermatology diagnosis and management services.

4.2 CURRICULUM (1)

Specific content for training for the dermatology (GPwSI)

Recognition and management of common dermatoses

Eczema
Psoriasis
Acne
Urticaria/angio-oedema
Rosacea
Infections and infestations
Leg ulcers and gravitational disease
Alopecia
Drug rashes
Lichen planus

Recognition and management of non-malignant, pre-malignant and malignant lesions

Benign naevi
Dermatofibroma
Haemangioma
Epidermoid/pilar cysts
Basal cell papilloma
Actinic keratosis
Bowen's disease
Keratoacanthoma
Basal cell carcinoma
Lentigo maligna
Melanoma
Squamous cell carcinoma

Understanding the appropriate use of different diagnostic and investigatory tools

Serology
Histology and the use of different stain techniques
Bacteriology, mycology and virology
Patch testing

Knowledge of the appropriate use of topical agents

Emollients
Vitamin D derivatives
Topical steroids
Antibacterials/topical antibiotics
Topical retinoids
5 Fluorouracil/Efudix
Topical immunosuppressants, eg tacrolimus/pimecrolimus
Imiquimod
Topical diclofenac/Solaraze
Wet wraps/emollient wraps
Leg ulcer dressings
Keratolytic agents

Appropriate use and monitoring of systemic therapy

Antihistamines
Antibiotics
Oral steroids
Retinoids
Narrow-band UVB and PUVA

Appropriate use and monitoring of cytotoxics/immunosuppressants:

Hydroxycarbamide
Azathioprine
Methotrexate
Ciclosporin

Isotretinoin prescribing

The current Medicines and Healthcare products Regulatory Agency (MHRA) view on isotretinoin prescribing is as follows (March 2007):

The Summary of Product Characteristics in the licence for isotretinoin states that it can be prescribed by or under supervision of physicians with expertise in the use of systemic retinoids for the treatment of acne and a full understanding of the risks of isotretinoin and monitoring requirements. This wording is chosen for compliance with other European states but in the United Kingdom refers to consultant dermatologists.

The MHRA position therefore makes it inappropriate for this guidance document to provide a national framework to accredit GPwSIs in the prescribing of isotretinoin. Consultant dermatologists and experienced GPwSIs working within in an integrated service may wish to develop a locally agreed care pathway and accreditation process to facilitate the prescribing of isotretinoin. However, they need to be mindful that this is an 'off-licence' indication and be cognisant of the MHRA view. They may also wish to seek the advice of their professional indemnity organisation.

4.3 CURRICULUM (2)

Teaching and learning

Theoretical training

Practitioners are expected to demonstrate that they have completed recognised training, which may include acknowledgement of prior learning and experience.

This can be acquired in different ways:

- experience (current or previous in a dermatology department);
- successful completion of a diploma in dermatology – this is recommended as a good way of obtaining and demonstrating structured learning;
- self-directed learning via the internet with evidence of the completion of individual tasks; and
- attendance at recognised meetings/lectures/tutorials on specific relevant dermatological topics.

Practical training

Attachment to a secondary care dermatology unit under the supervision of a consultant dermatologist, for 50 clinics is recommended. The training should include experience in the following:

- diagnosis, assessment and management of patients with common skin diseases to the standard accepted for accreditation;
- indications for and use of liquid nitrogen cryotherapy;
- use and application of day treatment and phototherapy;
- management of leg ulcers including Doppler ABPI assessment;
- taking of samples for bacteriology, mycology and virology investigation;
- use of a dermatoscope and its role in supporting the diagnosis of skin lesions;
- use and application of patch testing;
- knowledge of different staining techniques for histological specimens and an understanding when the different stain techniques are indicated; and
- basic minor surgery.

Ways in which this practical training can be achieved include:

- as a clinical assistant or other non-consultant career grade post under the supervision of a consultant dermatologist in the secondary care dermatology service;
- as a GP Registrar undertaking a six-month GP Senior Registrar attachment;
- as part of a GP Registrar vocational training programme;
- during the Foundation Year 2 post; and
- as a clinical placement agreed locally.

The most suitable teaching/learning and assessment methods will vary according to individual circumstances and it is recommended that this be agreed between trainee and trainer in advance.

Within teaching/learning methods

A number of different teaching and learning methods can be utilised including:

- acquiring many of the required competencies during the attachment to a dermatology unit under the supervision of a consultant dermatologist; the latter can sign off each skill as it is acquired in the log-book detailing the required competencies for accreditation;
- a periodic case note review by the supervising consultant;
- attendance at a structured course of lectures/tutorials designed to cover basic dermatology; and
- a combination of clinical assessments and direct observation of practical skills (DOPS), depending on the type of service they offer (see Appendix 2).

Mix of theoretical training, supervised practice and competency-based assessment

Many universities are developing training modules that include theoretical training followed by supervised practice and formal competency-based assessments. Such courses use many of the assessment tools described in this framework. While these courses are no substitute for clinical experience, the use of supervised practice and formal competency-based assessment is likely to become widely accepted, mirroring the robust assessment processes used in undergraduate and post-graduate training. This type of training module would therefore be useful in supporting the training and accreditation process for GPwSIs.

4.4 CURRICULUM (2)

Assessment: evidence of acquisition of competencies

This includes the evidence required to demonstrate competency and criteria for maintenance of competency as defined within this framework. These have been agreed nationally by appropriate stakeholders.

The final accreditation sign-off process is outlined in *Implementing care closer to home: Convenient quality care for patients, Part 3: The accreditation of GPs and Pharmacists with Special Interests,* and includes provision of evidence of the acquisition of appropriate competencies in dermatology.

The assessment of individual competencies will be undertaken by a combination of some (but not all) of the following:

- observed practice using modified mini clinical examination (mini-CEX; see Appendix 2);
- case note review;
- reports from senior professionals in the multidisciplinary team (using 360-degree appraisal tools;
- demonstration of skills under direct observation by a specialist clinician DOPS (see Appendix 2);
- simulated role play objective structured clinical examination (OSCE);

- reflective practice;
- diploma in dermatology (strongly recommended);
- logbook/portfolio of achievement;
- observed communication skills, attitudes and professional conduct;
- demonstration of knowledge by personal study supported by appraisal (+/- knowledge-based assessment); and
- evidence of gained knowledge via attendance at accredited courses or conferences.

While it is envisaged that competency will be assessed across many of the clinical domains set out in Appendix 2, it is expected that the assessment process will be tailored towards the service that the GPwSI will deliver. This will be agreed between the trainer and trainee at the start of the training.

Monitoring and clinical governance

Mechanisms of clinical governance need to be agreed as part of the service accreditation to ensure maintenance of local and nationally agreed standards in respect of patient care, as part of the locally agreed integrated dermatology service.

Maintenance of competencies

Practical arrangements for this should be agreed by all key stakeholders (PCT, primary and secondary care providers) as part of the service accreditation.

GPwSIs are expected to maintain a personal development portfolio to identify their education requirements matched against the competencies required for the dermatology service and evidence of how these have been met and maintained. This portfolio can act as an ongoing training record and logbook and be countersigned as appropriate by an educational supervisor, preferably the local consultant dermatologist, to confirm the satisfactory fulfilment of the required training experience and the maintenance of the competencies enumerated in this document and by the acccreditors. The portfolio should also include evidence of audit and continuing professional development (CPD) and would be expected to form part of the GPwSI annual appraisal.

To develop and maintain skills in dermatology it is important to see a good number of cases regularly. The following is suggested.

- It is important to work at least one session a week in the specialist area in order to obtain adequate exposure to a varied casemix to support CPD.
- There should be at least a monthly joint clinic with the consultant dermatologist for the discussion of difficult cases and as an opportunity for CPD.
- Arrangements for this should be agreed at the end of the training programme.

Community cancer clinicians' requirements may differ and reference should be made to the NICE Improving Outcomes Guidance (IOG) framework and Specialised Commissioning Group implementation guidance. It is envisaged that for this group of GPwSIs, sufficient ongoing professional development can be demonstrated by attendance at four multidisciplinary team meetings a year (two of which should discuss audit), an annual session with a consultant dermatologist and 15 hours (2 days) of CPD, supported by a logbook record of a minimum of 40 surgical procedures for potential skin cancers each year, with more time on prospective audit. In addition, at least one of the community cancer clinician GPwSIs in a network will attend network site specific group meetings.

It is also expected that practitioners will:

- be actively involved in the local dermatology service;
- maintain their competencies through and education (15 hours a year minimum dermatology CPD);
- contribute to local clinical audits at least once a year; and
- if working as part of the local skin cancer team, meet the requirements of the February 2006 NICE IOG for skin cancer (with attendance at multidisciplinary cancer meetings as appropriate).

GPwSIs are expected to monitor service delivery, which incorporates the following:

- clinical outcomes and quality of care;
- follow-up rates;
- referral rates of patients to specialists by the GPwSI;
- access times to the GPwSI service; and
- patient experience questionnaires.

Active membership of a primary care dermatology organisation (www.pcds.org.uk) and/or associate membership of the British Association of Dermatologists (www.bad.org.uk) would provide GPwSIs with opportunities to develop their knowledge and skills.

Re-accreditation

The recommendations for re-accreditation are set out in *Implementing care closer to home – Convenient quality care for patients,* Part 3: *The accreditation of GPs and Pharmacists with Special Interests*.

Appendix 1: Points to consider when developing a service model for dermatology GPwSI services

General

- The types of patients with skin disease suitable for the service should be considered, including age range, symptoms, severity of symptoms, minimum and maximum caseload/frequency and reason for referral.
- It is important that the workload is such that GPwSIs are able to exercise their generalist as well as special interest skills.
- The numbers seen should be sufficient to maintain and develop expertise to justify the need for the services and should be broadly in line with those seen in a comparable hospital-based dermatology clinic.
- Patients referred to the service are unlikely to have acute or emergency skin disease or skin cancer (unless a specific skin cancer service is being developed). Nevertheless, it is expected that the GPwSI will have in place appropriate care pathways to manage such patients if they present unexpectedly to the service.
- Where skin surgery services are being provided across a health community, commissioners are reminded that patients should be reassured about the following:
  - that the procedures being performed are *necessary*;
  - that it is *appropriate* to have the procedure performed (in relation to agreed local and national low priorities frameworks);
  - that the *appropriate* procedure is performed (this requires access to diagnostic skills);
  - that the clinician performing it is suitably trained; and
  - that the facilities are to the appropriate standard.

We recommend that commissioners commission skin surgery services as part of an integrated model of dermatology services.

Local guidelines for the use of the service

- Details will be determined at local level following negotiations between key stakeholders within the local community, including patient groups wherever possible. The service needs to reflect the requirements of the local community.
- Local guidelines for the service should reflect and incorporate nationally agreed guidelines and as such the GPwSI will demonstrate awareness of national relevant advice issued by

organisations such as the BAD; NICE; Department of Health: and the NHS Modernisation Agency. This will include the *Action On Dermatology* good practice guide and the baseline standards for all dermatology departments.

- These guidelines should include the following information for referring clinicians:
  - types of patients to be referred to service, including inclusion and exclusion criteria;
  - referral pathways;
  - response time; and
  - communication pathways.

Appendix 2: Assessment tools

It is expected that, as part of the accreditation process, the assessment of individual competencies will include observation of clinical practice. The recommended clinical assessment tools are the modified mini-CEX (mini clinical examination) and DOPS (direct observation of procedural skills). The following notes are intended to support the effective use of these assessment tools.

- It is strongly recommended that a series of clinical assessments using a modified mini-CEX take place four times during the year of training prior to the GPwSI becoming accredited.
- Each clinical assessment is expected to take the equivalent of one session and should be performed by a consultant dermatologist, ideally an alternative to the training consultant.
- The assessor is expected to be present throughout the session and to make assessments, covering different clinical domains, from a number of patient interactions.
- Several modified mini-CEXs covering different areas are expected to be performed during each of the clinical assessment sessions.
- The subject/areas covered will depend on the type of service the dermatology GPwSI is going to offer. This will be agreed at the start of the training.
- The assessment outcome will be ‘satisfactory’ or ‘unsatisfactory’. Time will be allocated for feedback.
- It is expected that one of the assessments should include a review of case notes and, for those offering a surgical service, a review of histology reports (to consider appropriateness of procedure, completeness of excision etc).
- It is expected that GPwSIs will need training in the recognition and management of conditions normally seen/managed in secondary care and that this knowledge will be acquired via continuing medical education.
- Logbooks – there will be other competencies that are not included but desirable; these can be documented in the GPwSI logbook and signed off by the trainer. This will probably differ for the individual GPwSIs and the detail will need to be agreed with the trainer at the beginning of training.
- For GPwSIs not completing a diploma, it is envisaged that an MCQ will be required in due course; at the moment this is not available. In the meantime, studying for a diploma in dermatology provides a good opportunity for structured learning.

- Clinicians will be expected to demonstrate evidence of 360-degree review using approved tools, for example the BAD 360 degree appraisal tool.
- The DOPS tool will be appropriate for the assessment of practical skills during the DOPS assessment sessions.
- Helpful general and specialty-specific guidance for the use of DOPS and mini-CEX can be found at the following link: www.jchmt.org.uk/assessment/performanceAssessmentDocs.asp

Table 1: Clinical assessment using a modified mini-cex

Subject	Satisfactory	Unsatisfactory	Assessor's comment and signature	Date
Eczema (type)				
Atopic				
Seborrhoeic				
Varicose				
Allergic contact				
Irritant contact				
Psoriasis (type)				
Plaque				
Guttate				
Palmar-plantar				
Pustular				
Erythrodermic				
Lichen planus				
Acne				
Urticaria/angio-oedema				
Rosacea				
Infections				
Infestations				
Leg ulcers				
Gravitational disease				
Diseases of hair, nails, mucosa				
Benign naevi				
Dermatofibroma				
Haemangioma				
Cysts				
Basal cell papilloma				
Actinic keratosis				
Bowen's disease				
Keratoacanthoma				
Basic cell carcinoma (BCC)				
Lentigo maligna				
Melanoma				
Squamous cell carcinoma (SCC)				

Table 2: Direct observation of practical skills sessions (DOPS 1)

Subject	Satisfactory	Unsatisfactory	Assessor's comment and signature	Date
Issues relating to obtaining informed consent				
Practice of aseptic techniques				
Use of local anaesthetic				
Simple suture technique				
Technique for cryotherapy				
Technique for administration of intralesional triamcinolone				
Technique for curettage and cautery				
Technique for performing punch biopsy				
Technique for performing a shave biopsy				
Technique for performing an ellipse excision				

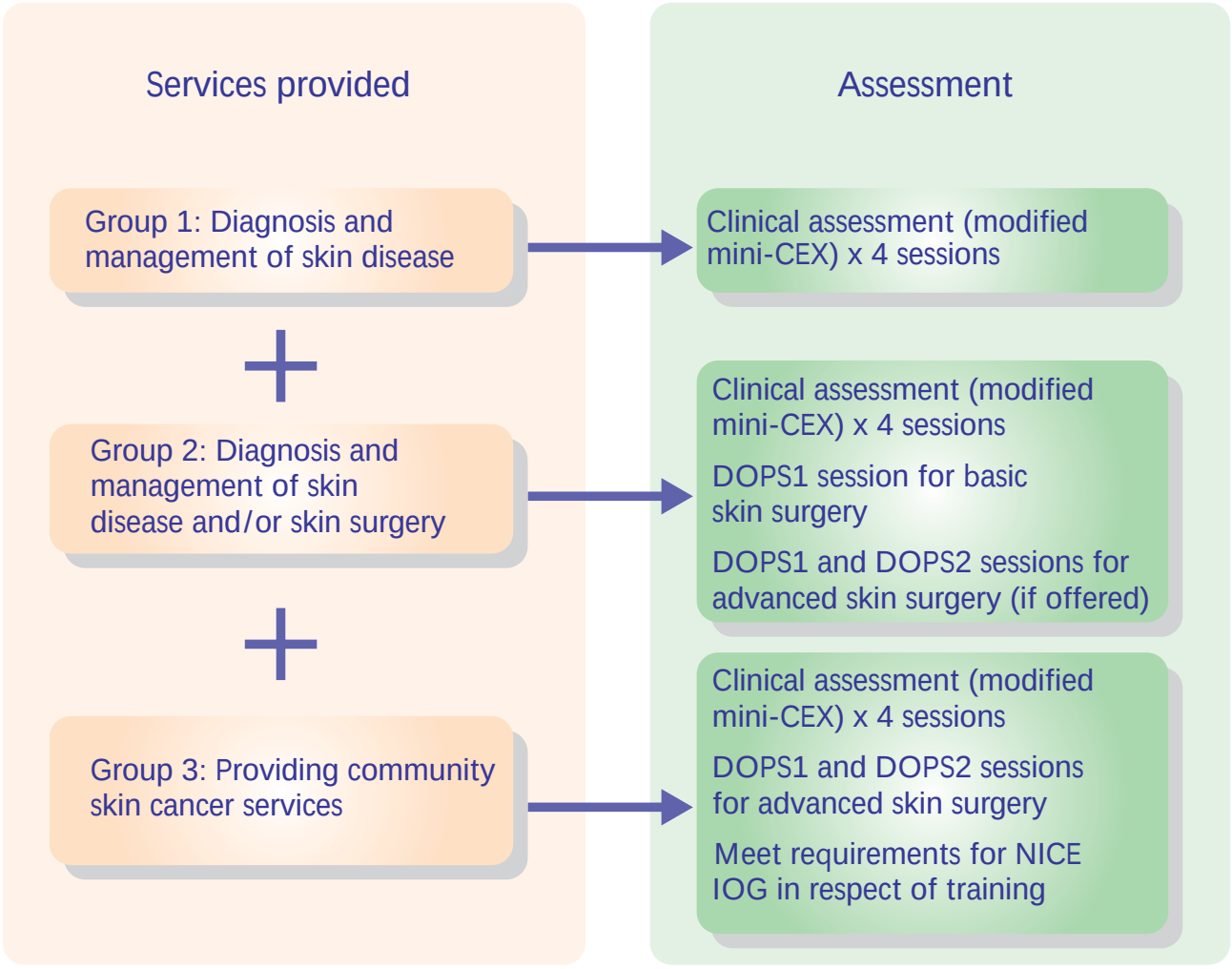
Table 3: Direct observation of practical skills sessions (DOPS 2)

Subject	Satisfactory	Unsatisfactory	Assessor's comment and signature	Date
NICE guidelines for the management of BCC, SCC and malignant melanoma				
Specimen preservation and transportation, histology stains				
Anatomy relevant to area of surgery				
Trunk and limbs: Full excision with appropriate standard wound closure including deep sutures as required and interrupted skin sutures				
Face: Full excision with appropriate standard wound closure including deep sutures as required and interrupted skin sutures.				
Other suture techniques eg mattress sutures				
Subcuticular suturing				
Wound care, including application of steri-strips				

Appendix 3: Assessment requirements

Figure 2 shows the different types of dermatology GPwSI services that could be offered. More details of the expected assessment requirements within the 12-month training period are included here.

Figure 3: Detailed assessment requirements



GPwSI in skin surgery only (Groups SS1 and SS2)

As indicated previously in this document, commissioners are reminded that anyone having a surgical procedure performed should be reassured about the following:

- that the procedure was *necessary*;
- that it was *appropriate* to have the procedure performed (in relation to agreed local and national low priorities frameworks);
- that the *appropriate* procedure was performed (this requires access to diagnostic skills);
- that the clinician performing it was *suitably trained*; and
- that the facilities were to the appropriate standard.

Commissioners are expected to have in place robust clinical governance frameworks to support these principles.

Practitioners performing skin surgery hold the ultimate responsibility for the procedure undertaken. Therefore, these practitioners need appropriate knowledge and skills to support their practice. This is expected to include skin lesion diagnostic skills and it is expected that commissioners of skin surgery take account of this. Any GPwSIs offering a skin surgery service require training in the recognition of benign and malignant skin lesions.

The assessment needs for those GPwSIs who choose to offer only skin surgery services (Groups SS1 & SS2) are as follows:

Figure 4: Assessment needs for skin surgery only

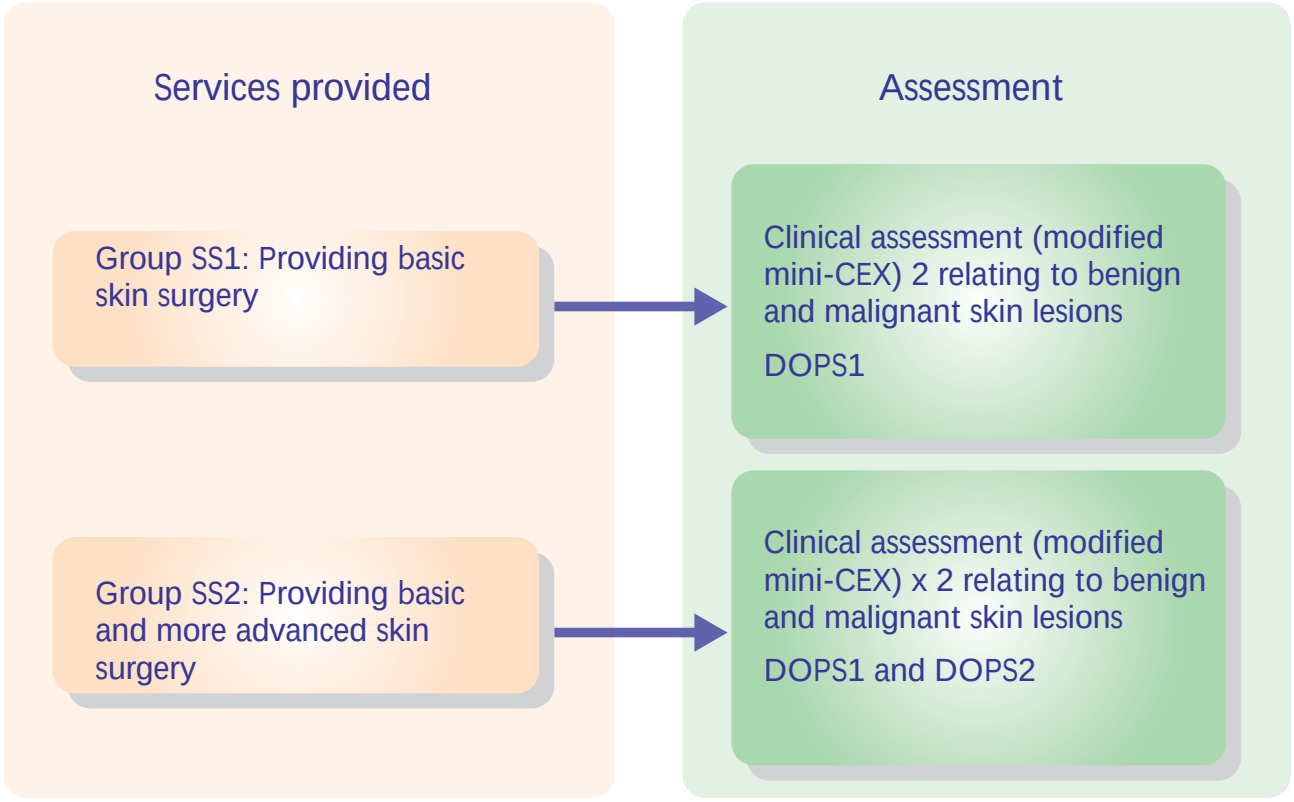


Table 4: Summary of potential models for dermatology GPwSI and skin surgery services with accreditation requirements

Service offered offered	Diagnosis and management of skin disease	Basic skin surgery	Advanced skin surgery	Required clinical assessment and DOPS
Group 1	Yes	No	No	Clinical assessments (modified mini-CEX) x 4
Group 2	Yes	Yes	Yes/No	Clinical assessments (modified mini-CEX) x 4 DOPS 1 and DOPS 1 and 2 for more advanced skin surgery
Group 3	Yes	Yes	Yes	Clinical assessments (modified mini-CEX) x 4 DOPS 1 and DOPS 2 Meet NICE IOG guidance requirements
Group SS1	Diagnosis and management of skin lesions	Yes	No	Relevant clinical assessments (modified mini-CEX) x 2 DOPS 1
Group SS2	Diagnosis and management of skin lesions	Yes	Yes	Relevant clinical assessments (modified mini-CEX) x 2, DOPS 1 and DOPS 2

GPwSI in dermatology

Group 1: GPwSIs offering diagnosis and management of skin disease.

Group 2: GPwSIs offering diagnosis and management of skin disease and basic skin surgery +/- advanced skin surgery.

Group 3: GPwSIs offering diagnosis and management of skin disease and offering varying levels of skin surgery from simple to more advanced. Community skin cancer clinicians.

GPwSI in skin surgery only

Group SS1: GPwSIs offering basic skin surgery.

Group SS2: GPwSIs offering basic skin surgery and more advanced surgery.

Appendix 4: Membership of dermatology GPwSI stakeholder group

Dr Susan Burge	British Association of Dermatologist (BAD)
Dr Denise Carr	Royal College of General Practitioners (RCGP)
Dr Robert Charles-Holmes	British Association of Dermatologist (BAD)
Dr Paul Charlson	Primary Care Dermatology Society (PCDS)
Dr Kate Condon	Primary Care Dermatology Society (PCDS)
Dr Tim Cunliffe	Primary Care Dermatology Society (PCDS) and Department Of Health PwSI Steering Group
Dr Colin Holden	British Association of Dermatologist (BAD)
Mr Peter Lapsley	Skin Care Campaign
Dr Susan MacDonald Hull	British Association of Dermatologist (BAD) and Department Of Health PwSI Steering Group
Dr Inma Mauri-Sole	Primary Care Dermatology Society (PCDS)
Dr Julia Schofield	British Association of Dermatologist (BAD) and Department Of Health PwSI Steering Group

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