Evidence Brief: Dermatology

Contents

Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

Date of publication: September 2024

Please acknowledge this work in any resulting paper or presentation as:
Evidence Brief: Dermatology. Katy Greenfield and Jo McCrossan. (September 2024). UK: Workforce, Training and Education Knowledge Management Team

There may have been an update to this Evidence Brief - to check you are reading the most current version please see the links below:

- Complete Evidence Brief list – link for Workforce, Training and Education staff
- Complete Evidence Brief list – link for External staff

Key publications – the big picture

BAD Workforce Strategy 2024 September 2024, The British Association of Dermatologists
On the 23rd of March 2024, the BAD held a Workforce Strategy Day at Willan House with its executives and stakeholders (BDNG, PCDS, BMA, Pharmacy Integration Programme, NHSE, GIRFT). The overarching objective covered how the dermatology workforce can be supported and developed. This included utilising nurses, upskilling community pharmacists, growing additional GPwERs and exploring the specialist role of physician associates.

Ensuring equity of access to care when redesigning dermatology pathways February 2023, NHS England
This guidance describes current inequity in accessing dermatology services and considers the potential for service redesign, particularly teledermatology and remote consultations, to further reduce access to care for some people with skin conditions; and suggests actions to provide equitable access.

Written evidence submitted by the British Association of Dermatologists May 2022, Parliament UK
In dermatology in the U.K. we are seeing an increasing shortage of full time equivalent consultant dermatologists. This is fueled by the changing working patterns of consultants with increased part time working and a shortage of National Training Numbers. This is on a background of increasing demand for dermatology expertise year on year in the U.K. Dermatology in the NHS deals with diseases that are disfiguring and cause severe psychological impact on the individual. The illnesses can be debilitating, such as hidradenitis suppurativa, and may need prolonged hospital admission, such as is the case with patients who have Toxic Epidermal Necrolysis and severe immunobullous or inflammatory skin diseases. Without consultant dermatologists to advise on these sickest patients, prolonged admissions, increased morbidity and potentially increasing mortality may ensue.

Creating capacity: Transforming the dermatology service November 2022, Carnall Farrer
This report identifies that capacity could be created if current 2WW suspected skin cancer dermatology pathway, where applicable, is re-designed to include a Teledermatology virtual 2WW pathway.

A Guide to Job Planning for Dermatologists November 2022, British Association of Dermatologists
A guide to job planning for consultants, including managing on-call work and Teledermatology.

GIRFT recommendations address dermatology workforce shortages and call for wider use of technology November 2021, NHS England and NHS Improvement
The Getting It Right First Time (GIRFT) national report for dermatology makes recommendations to recruit and retain skilled clinicians in dermatology, as well as making greater use of new technology. The report highlights a range of recommendations to increase training and optimise the skills of the wider team to help fill the gaps. It also looks at how clinicians can embrace new ways of working to get their diagnoses right first time.

Dermatology: GIRFT Programme National Specialty Report August 2021, NHS England and NHS Improvement
Workforce shortages are a key factor in the increasing use of high-cost locums and other short-term initiatives in an attempt to control waiting lists. Around a third of units have very serious staffing shortages, with some closed to routine dermatology

referrals and only providing an urgent skin cancer service. In some areas of southern England, where neighbouring units have partially or fully closed, there is very limited access to NHS consultant dermatologists.

Workforce shortages have had the greatest impact on people with distressing and disabling skin disorders that are non-cancerous. This is because the NHS prioritises resources to meet cancer targets, including skin cancers. Hospitals are asked to make sure that staff focus on seeing people with skin cancers soon which, if there are shortages of staff, means longer waits for people with non-cancerous but serious skin diseases.

It is essential that shortages in the dermatology medical workforce are addressed if we are to provide equal access to quality dermatology care. We have looked in detail at the issues affecting each of the key workforce groups and have recommended a set of solutions to tackle shortages

Dermatology Training Curriculum August 2021, General Medical Council
This curriculum defines the purpose, content of learning, process of training, programme of assessment and quality management for dermatology higher specialist training leading to the award of completion of training (CCT).

Delivering care and training a sustainable multi-specialty and multi-professional workforce December 2019, British Association of Dermatologists
Key recommendations for improvement:
1. To acknowledge that a critical mass of Dermatology Consultants is required to adequately train and safely supervise complex healthcare teams for service delivery and patient care. Adequate support is required for not only retention, but due to the increasing burden of skin disease, expansion of this cohort of senior clinicians.
2. To provide equity of access for all patients with skin disease, not just those with suspected skin cancer.
3. To ensure equity of access for follow-up as well as new patients.
4. To commission 7-day dermatology services and specialised services.
5. To support all departments to develop technological innovation to improve triage of referrals to secondary care and direct capacity to those patients who need it most.
6. To improve dermatology diagnostic skills in primary care.
7. To conduct focus-group work to determine what dermatology patients want from their consultation and whether these needs vary with disease type and patient age.

Transforming elective care services dermatology January 2019, NHS England
Opportunities to improve dermatology services include: developing clear multidisciplinary pathways and care models that address patients' physical and psychological needs (British Association of Dermatologists, 2014); enabling well supported self-management (Association of the British Pharmaceutical Industry, 2018); better use of teledermatology (British Association of Dermatologists, 2014); a clear model for community dermatology (British Association of Dermatologists, 2013) including how best to use nurses, pharmacists and GPs with extended roles to ensure that patients receive the right treatment and care in the most appropriate setting (Royal College of General Practitioners, 2018); and specialised education for both patients and GPs.

UK Dermatology specialist trainee career intentions March 2018, Clinical and Experimental Dermatology

In summary, the results of the BAD 2016 trainee survey suggest that trainees plan to work on average for 7.6 years in the 10 years following CCT. There was a 50% decrease in trainees who were interested in academic work. This data collection enables the association to consult with the Department of Health, Public Health England and Health Education England, who provide intelligence to the health and care systems to inform workforce planning decisions at a national and local level. This information on careers choices will help predict consultant vacancies and regional workforce distribution and thereby projected workforce demand.

Further investigation is required to understand why trainees are turning from academic careers, which, if confirmed, threatens the future of academic dermatology. Unless national workforce planning takes into account the career plans of trainees that will affect their availability to fill NHS roles, there will be no resolution of the current workforce crisis.

How can dermatology services meet current and future patient needs, while ensuring quality of care is not compromised and access is equitable across the UK? 2015, The King's Fund
There is an uneven distribution of all types of specialist staff, resulting in unmet patient need. Based on recommended numbers of dermatologists from the Royal College of Physicians no region has enough dermatologist consultants, and the South East Coast, North East, and East Midlands have the lowest coverage of consultants. There is a shortage of consultants, particularly in rural or remote areas and there are areas with a high number of consultant vacancies and high use of locums – just over 50% of respondents to a survey undertaken for this project felt that there were not enough consultant dermatologists. However, a similar proportion of survey respondents advocated that new models of working should be explored, spreading the limited consultant resource further and using it more efficiently.

The speciality doctors, specialist nurses and GPwSIs form a significant component of the dermatology workforce. However, in the absence of any national data for these staff groups, we have not been able to determine exactly how many there are in total or their geographical spread. It is also unclear how well integrated they are into the consultant-led service. Overall there isa lack of clear workforce strategies for these staff including: recruitment; retention; formalising training; accreditation; career development and succession planning, though steps are being taken to improve the position for GPwSIs. Where services have been successfully developed using nurses, GPwSIs, and specialty doctors and activity shifted from the consultants it has often been the result of an individual's enthusiasm and expertise, particularly the local consultants.

Dermatology has not been a compulsory part of the GP training, leaving many GPs lacking the necessary diagnostic skills to deal with what is a significant proportion of their workload.

There are also limited numbers of specialist dermatology hospital pharmacists. They could be a valuable source of specialist expertise but there is a lack of clarity around their role as part of a consultant-led multi-disciplinary specialist dermatology service.

Case Studies

Dermatology digital playbook NHS England
This resource provides support to clinical teams and organisations that are looking for digital tools that support the delivery of patient pathways. We concentrate on dermatology services and how to deliver monitoring and support to patients. We welcome feedback on the playbooks, including ideas for further case studies.

Designing a sustainable integrated dermatology service with Somerset ICS 2022, NHS South, Central and West
There is now a greater understanding of the best ways to deliver dermatology services within Somerset, utilising the existing workforce. We provided innovative ideas for securing additional workforce through training and supervision packages to future-proof sustainable services. This includes plans for completing sufficient activity for CPD and re-accreditation requirements of the current workforce.

Delivering care, and training a sustainable multi-specialty and multi-professional workforce: Dermatology Outpatient Case Studies December 2019, British Association of Dermatologists
The case studies are presented in three broad categories:

1. Technology to enhance service delivery;
2. Developing sustainable and integrated teaching models;
3. Developing consultant-led multi-professional and multi-specialty teams.

In each case study the author describes the drivers for change, the barriers they faced and the impact this has had on patient care. The clear themes which emerge serve as models for how to inspire and encourage healthcare professionals to take ownership and implement changes for the mutual benefit of staff and patients alike.

The Star for workforce redesign

More resources and tools are available via the the Star (search for **dermatology**)

Statistics

You can find relevant statistics on the Health and Care Statistics Landscape under **"Health and Care"** and use the **"Skin"** filter.

BAD Workforce Census Report September 2024, The British Association of Dermatologists
The BAD has conducted its own UK Dermatology Workforce Survey, to obtain specific data on the number of Consultant Dermatologists working in the NHS and private healthcare, as well as details about their pattern of work and intentions for the future.

National Data Programme

Workforce, Training and Education staff can look at the WT&E Data and Analytics Service resources including the National Data Warehouse SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Education and training

Enhancing dermatology nursing education in Scotland and Ireland: a multifaceted approach December 2023, British Journal of Nursing *(Abstract only*)*
The purpose of the National Dermatology Improvement Project was to identify the educational requirements of dermatology nurses and understand factors impacting the uptake of education for nurses. An educational needs analysis was performed to evaluate the strengths and weaknesses of current and future

educational provision for all levels of nursing staff. Data were collected from department managers using questionnaires and interviews, and focus groups were held with nursing staff in bands 2-7. The majority of participants felt there was an overall lack of dermatology education, and that most of what was available was peer led and experiential. A number of barriers to the uptake of education were also identified, such as a lack of time, opportunity and motivation. These findings support the need for a nationally coordinated programme of dermatology education with formal and informal education provided for all levels of dermatology nursing staff.

The Skin of Colour Training Day UK: training the medical workforce in ethnic dermatology February 2022, Clinical and Experimental Dermatology
It is with great pleasure that we introduce this special Skin of Colour issue following our first virtual Annual Skin of Colour Training Day, which took place on 29 January 2021. The event was hosted in collaboration with the recently formed British Association of Dermatologists (BAD) Skin Diversity Sub-Committee and The Dowling Club.

Skin of colour (SOC) is an umbrella term used to describe individuals with 'non' white (Fitzpatrick IV–VI) skin types. These skin types are prone to hyperpigmentation and scarring.[1] Although imperfect and vague, the term is often used in the literature to describe people from various racial and ethnic groups including those of African descent as well as Asian (Indian subcontinent, East Asia, Southeast Asia), Middle Eastern, Native Americans and Hispanics.[2]

Barriers and facilitators for implementation of a national recommended specialty core-curriculum across UK medical schools: a cross-sectional study using an online questionnaire March 2022, BMJ Open

There have been concerns of feelings of inadequacy among junior doctors and GPs due to a lack of training at UG levels for some specialties. With over 13 million primary care consultations for skin diseases each year13 and most GP postgraduate training schemes having no dermatology, improving minimum UG dermatology teaching and learning standards across UK medical schools would help address the training gaps experienced by GPs and junior doctors

The objective of our study was to determine the potential barriers and facilitators to implementation of a national recommended UG specialty-specific core curriculum, using dermatology as a representative specialty.

Celebrating 20 years of the UK Dermatology Clinical Trials Network. Part 2: education, training and capacity building February 2022, Clinical and Experimental Dermatology
Much of the UK DCTN education and training work has been shaped and developed using a ‘bottom-up’ approach by trainees, other clinicians and healthcare professionals and changing curriculum needs. Educational opportunities offered by the network are crucial in developing an informed and trained workforce for clinical dermatology research and are critical to its future sustainability and growth. Many of today's UK DCTN trainees will become future leaders in clinical research. The investment of time and effort given freely by senior mentors from across the UK is considerable, but the payback in terms of better research awareness and new trial proposals for the UK DCTN pipeline is clear. The success of the UK DCTN is due to engagement from its membership who share a common vision to deliver better evidence-based care for dermatology patients.

Next steps in dermatology training: choosing to enter higher speciality training and the transition from trainee to consultant

dermatologist November 2020, Clinical and Experimental Dermatology
Although clinical dermatology formed part of the core undergraduate curriculum for most trainees, the median duration of this was less than 2 weeks and was often combined with other specialities such as ophthalmology and ear, nose and throat. Concern surrounding the limited time allocated to undergraduate dermatology has been raised previously. However, dermatology training offers transferrable skills for other specialities such as rheumatology, and is highly relevant to general practice. Our study demonstrates that dermatology was considered as a career by almost two-thirds of trainees during medical school, and almost two-thirds of respondents (63%) undertook a dermatology rotation as part of their foundation training and/or CMT. Dermatology trainees confirmed their decision to pursue a career in dermatology during foundation training. This is consistent with other studies reporting that career choice is chiefly dictated by the postgraduate experiences of junior doctors. However, the scarcity of foundation and CMT rotations that include dermatology suggests that those undertaking these may have already fostered an interest in dermatology during medical school.

Fast-tracking teledermatology into dermatology trainee timetables, an overdue necessity in the COVID era and beyond August 2020, Clinical and Experimental Dermatology *(Abstract only*)*
One way for trainees to become involved in teledermatology would be to shadow a consultant teledermatology clinic list until they become familiar with the technique. Subsequently, the trainee would take on their own reduced teledermatology list in parallel with the consultant, with a review of all trainee cases at the end of each session; the number of cases per session could be built up gradually over time. Consultant clinic templates and job plans would clearly need to be adjusted accordingly. Such an approach would mirror training techniques practised by other visual specialties such as ophthalmology and radiology. At our centre, we have also established a weekly teledermatology multidisciplinary team meeting attended by consultants and trainees, at which challenging cases are discussed for consensus; this not only enhances patient outcome and safety, but also promotes teledermatology training. We propose that such a model could be adopted widely across NHS trusts.

Workforce demographics

Dermatologist Workforce Mobility Recent Trends and Characteristics February 2022, JAMA Dermatology *(Abstract only*)*
Job hopping and other forms of medical practice separation increase operational costs to health care systems and affect patient experiences owing to discontinuity of care and access gaps.1 We sought to determine how frequently dermatologists separate from their practices and to identify physician and practice characteristics associated with practice separation.

Diversity in the Dermatology Workforce: What Can We Do? July 2019, Practical Dermatology
Lack of racial and ethnic diversity in the physician workforce is of concern for several reasons. Underrepresentation of racial and ethnic backgrounds in the medical community means that the insights and rich experience of persons of color are not proportionately influencing the practice of medicine and contributing to the innovation and advancement needed to improve patient care. Additionally, there is evidence that patient care may suffer as a direct consequence of lack of diversity in the medical community. Finally, racial inequity is an injustice that warrants correction.

New ways of working

Implementation of a Web-Based Outpatient Asynchronous Consultation Service: Mixed Methods Study June 2024, Journal of Medical Internet Research
BACKGROUND Asynchronous outpatient patient-to-provider communication is expanding in UK health care, requiring evaluation. During the pandemic, Aberdeen Royal Infirmary in Scotland expanded its outpatient asynchronous consultation service from dermatology (deployed in May 2020) to gastroenterology and pain management clinics.OBJECTIVE We conducted a mixed methods study using staff, patient, and public perspectives and National Health Service (NHS) numerical data to obtain a rounded picture of innovation as it happened.METHODS Focus groups (3 web-based and 1 face-to-face; n=22) assessed public readiness for this service, and 14 interviews with staff focused on service design and delivery. The service's effects were examined using NHS Grampian service use data, a patient satisfaction survey (n=66), and 6 follow-up patient interviews. Survey responses were descriptively analyzed. Demographics, acceptability, nonattendance rates, and appointment outcomes of users were compared across levels of area deprivation in which they live and medical specialties. Interviews and focus groups underwent theory-informed thematic analysis. RESULTS Staff anticipated a simple technical system transfer from dermatology to other receptive medical specialties, but despite a favorable setting and organizational assistance, it was complicated. Key implementation difficulties included pandemic-induced technical integration delays, misalignment with existing administrative processes, and discontinuity in project management. The pain management clinic began asynchronous consultations (digital appointments) in December 2021, followed by the gastroenterology clinic in February 2022. Staff quickly learned how to explain and use this service. It was thought to function better for pain management as it fitted preexisting practices. From May to September 2022, the dermatology (adult and pediatric), gastroenterology, and pain management clinics offered 1709 appointments to a range of patients (n=1417). Digital appointments reduced travel by an estimated 44,712 miles (~71,956.81 km) compared to the face-to-face mode. The deprivation profile of people who chose to use this service closely mirrored that of NHS Grampian's population overall. There was no evidence that deprivation impacted whether digital appointment users subsequently received treatment. Only 18% (12/66) of survey respondents were unhappy or very unhappy with being offered a digital appointment. The benefits mentioned included better access, convenience, decreased travel and waiting time, information sharing, and clinical flexibility. Overall, patients, the public, and staff recognized its potential as an NHS service but highlighted informed choice and flexibility. Better communication-including the use of the term assessment instead of appointment-may increase patient acceptance. CONCLUSIONS Asynchronous pain management and gastroenterology consultations are viable and acceptable. Implementing this service is easiest when existing administrative processes face minimal disruption, although continuous support is needed. This study can inform practical strategies for supporting staff in adopting asynchronous consultations (eg, preparing for nonlinearity and addressing task issues). Patients need clear explanations and access to technical support, along with varied consultation options, to ensure digital inclusion.

Perspectives of community pharmacy staff on commonly encountered skin conditions and the key challenges towards enhancing their role in dermatology March 2024, Skin Health and Disease
This research letter discusses the perspectives of community pharmacy staff on commonly encountered skin conditions and the key challenges towards enhancing their role in this area. A

mixed methods online survey was created, and a total of 174 community pharmacy staff completed the survey. The results highlight the range of conditions currently encountered in community pharmacy and the breadth of challenges facing community pharmacy staff, in particular challenges surrounding providing a differential diagnosis. Community pharmacies are an integral part of the NHS and have a key role in managing skin conditions; however, in order to optimise this role, the perspectives of staff discussed in this letter need to be further explored and addressed.

Perspectives and Experiences of Patient-Led Melanoma Surveillance Using Digital Technologies From Clinicians Involved in the MEL-SELF Pilot Randomized Controlled Trial: Qualitative Interview Study December 2022, JMIR Dermatology
BACKGROUND The growing number of melanoma patients who need long-term surveillance increasingly exceeds the capacity of the dermatology workforce, particularly outside of metropolitan areas. Digital technologies that enable patients to perform skin self-examination and send dermoscopic images of lesions of concern to a dermatologist (mobile teledermoscopy) are a potential solution. If these technologies and the remote delivery of melanoma surveillance are to be incorporated into routine clinical practice, they need to be accepted by clinicians providing melanoma care, such as dermatologists and general practitioners (GPs). OBJECTIVE This study aimed to explore perceptions of potential benefits and harms of mobile teledermoscopy, as well as experiences with this technology, among clinicians participating in a pilot randomized controlled trial (RCT) of patient-led melanoma surveillance. METHODS This qualitative study was nested within a pilot RCT conducted at dermatologist and skin specialist GP-led melanoma clinics in New South Wales, Australia. We conducted semistructured interviews with 8 of the total 11 clinicians who were involved in the trial, including 4 dermatologists (3 provided teledermatology, 2 were treating clinicians), 1 surgical oncologist, and 3 GPs with qualifications in skin cancer screening (the remaining 3 GPs declined an interview). Thematic analysis was used to analyze the data with reference to the concepts of "medical overuse" and "high-value care." RESULTS Clinicians identified several potential benefits, including increased access to dermatology services, earlier detection of melanomas, reassurance for patients between scheduled visits, and a reduction in unnecessary clinic visits. However, they also identified some potential concerns regarding the use of the technology and remote monitoring that could result in diagnostic uncertainty. These included poor image quality, difficulty making assessments from a 2D digital image (even if good quality), insufficient clinical history provided, and concern that suspicious lesions may have been missed by the patient. Clinicians thought that uncertainty arising from these concerns, together with perceived potential medicolegal consequences from missing a diagnosis, might lead to increases in unnecessary clinic visits and procedures. Strategies suggested for achieving high-value care included managing clinical uncertainty to decrease the potential for medical overuse and ensuring optimal placement of patient-led teledermoscopy within existing clinical care pathways to increase the potential for benefits. CONCLUSIONS Clinicians were enthusiastic about the potential and experienced benefits of mobile teledermoscopy; however, managing clinical uncertainty will be necessary to achieve these benefits in clinical care outside of trial contexts and minimize potential harms from medical overuse.

Dermatology outpatient care in the U.K.: modernizing services requires patients as our partners April 2019, British Journal of Dermatology
What changes does the RCP report recommend? In essence, major reform of outpatient services underpinned by better use of the technology that is already available. The report includes 16

principles for good outpatient care (Table 1). The only principle missing from this list is the importance of continuity of care. The RCP report also includes seven exemplar projects from around the U.K., although none relates to dermatology (a missed opportunity, as dermatology is so clearly ahead of most other disciplines in the way we operate outpatient services). How have other disciplines responded to the need to deliver excellent services, with limited resources, in a fiscally challenging environment? In short, they have responded with imagination, creativity and innovation. Incremental innovation with tiny improvements to the existing system occurring year on year has been the norm in the National Health Service (NHS) in recent decades. However, the RCP report acknowledges that healthcare in the U.K. has now reached the stage where this is no longer sufficient; something more radical is needed. Common themes are apparent from these seven projects: additional funding was relatively small or was not required; a greater focus on improving the patient experience; technology was often used to underpin the changes; and collaboration and integration of services between primary and secondary care.

How to set up a psychodermatology clinic June 2014, Clinical and Experimental Dermatology *(Abstract only*)*
Psychodermatology is a recognized subspecialty, but lack of awareness among dermatologists and limitation of resources make the management of these patients challenging. Clinicians are often unsure about the practicalities of setting up a psychodermatology service. There is confusion about which model is best suited to which service, and about the development of a psychodermatology multidisciplinary team.

Workforce supply

The Dermatology Workforce Supply Model: 2015-2030
September 2017, Dermatology Online Journal
This study uses a labor economic stock and flow model, which relies on historical trends in growth to predict future events and to estimate future supply of dermatology providers in the United States. Although the supply of dermatology providers is growing faster than the population, it is unknown whether the workforce is keeping pace with the growing demand for medical and cosmetic dermatology services in the United States. The dermatology workforce would likely face considerable shortages without continued growth in PAs and NPs. Increased investment in the training of nurse practitioners and physician assistants may be one effective strategy for addressing provider shortages within the specialty of dermatology.

Dermatology: a specialty in crisis December 2015, Clinical Medicine
The issues that plague dermatology in the UK are widespread, but there are solutions. Crucially, the UK needs more consultant dermatologists to reflect the growing demand on dermatology services. There is also a requirement for more thorough dermatology training in the undergraduate curriculum to provide basic dermatology skills throughout the medical workforce. This is particularly important as skin diseases are often comorbidities to other diseases. There is a vital need for further mandatory dermatology training in the GP curriculum. A more able primary care workforce would reduce the pressure on secondary care.

Too far, too long, too few: workforce planning in dermatology
December 2012, Clinical and Experimental Dermatology
Demand for dermatology consultants has increased over the past two decades. Estimates for future numbers of dermatology consultants have sometimes been ignored, possibly because of a false belief that general practitioners practising dermatology and telemedicine would result in a decreased demand for dermatologists. Consequently, there are many vacant consultant posts in the UK. Estimating trainee numbers requires prediction

of future demand for consultants over a period of 5–40 years. Our new data should enable accurate increased CfWI allocation of training posts to allow the shortage of British consultant dermatologists to be corrected.

In conclusion, the choice of part-time work and work abroad will result in a loss of 2.3 years per consultant in the first 10 years after completing training. The limited mobility of dermatology trainees indicates that trainee numbers in each region should match projected local demand.

Competency Frameworks

Clinical Dermatology Nursing Role Descriptors: guidance on scope of practiceV2 March 2023, British Dermatological Nursing Group
This document aims to:

- Provide a general consensus on the levels of practice for nurses in dermatology and where relevant link Agenda for Change (AfC) grading
- Support nurses in their career progression
- Support service leads and managers in reviewing workforce requirements and skill mix to support dermatology service provision
- Serve as a framework for education and training development and commissioning
- Facilitate transparency and quality assurance for nursing in dermatology

Dermatology Training Curriculum Implementation August 2021, Joint Royal Colleges of Physicians Training Board
This curriculum defines the purpose, content of learning, process of training, programme of assessment and quality management for dermatology higher specialist training leading to the award of completion of training (CCT). The dermatology curriculum has been developed with the input of consultants actively involved in delivering teaching and training across the UK, trainees, service representatives and lay persons. This has been through the work of the JRCPTB and the Dermatology Specialist Advisory Committee (SAC). The curriculum subcommittee of the SAC report to the SAC and are responsible for updating the curriculum content and assessment methods as necessary. This is an on-going process of review and refinement, with continuous consultation and feedback from the representatives listed above.

Pharmacists in Dermatology British Association of Dermatologists
Pharmacists who work in secondary and tertiary care dermatology departments provide a unique skillset and invaluable expertise. This page provides resources supporting the business case for pharmacists in dermatology and outlining job descriptions for these roles.

Skin Disease Competency Framework 2021, Royal College of Nursing
This competency framework describes the range of knowledge, skills and performance levels required of a ‘responsible person’ working within their specialty to help them achieve safe, effective and accountable practice around the issue of skin health and work-related dermatitis.

Dermatology Nursing Competencies Management And Care Of Patients With Vulval Conditions 2020, The British Dermatological Nursing Group
In 2013 the British Society for the Study of Vulval Disease (BSSVD) published ‘Standards of care for women with vulval conditions’.1 The document identifies five key point standards as follows: Standard 1: Principles of care for women with vulval conditions Standard 2: The multidisciplinary team and models of

care Standard 3: Appropriately trained staff Standard 4: Clinical Governance Standard 5: Patient and public involvement in service development To address these standards the British Dermatological Nursing Group (BDNG) has collaborated with expert clinicians to develop a competency framework/scope of practice to support nurses working in vulval clinic services across the UK. This document will incorporate the BSSVD standards as a guide throughout alongside other identified guidelines and resources.2,3,4,5 For consistency the format of these competencies follows and adapts previous BDNG competency publications available to members on the website.

Dermatology Nursing Competencies: Skin Cancer Nursing Competencies July 2013, British Dermatological Nursing Group
The British Dermatological Nursing Group has collaborated with expert skin cancer nurses to develop this framework, which can be used as an adjunct with the Agenda for Change Knowledge and Skills Framework. Not only will this document look at competencies, it will also focus on nurses' educational development and therefore can be used by individuals as a tool to aid performance and, in the long term, to aid recruitment and retention in the speciality. Understandably the main focus of these competencies is on ensuring clinical quality assurance and maintaining safe and effective practice.

Dermatology Nursing Competencies: Developing dermatology nurses from novice to expert July 2012, British Dermatological Nursing Group
The objectives for competent dermatology nurses will include:

- Providing evidence-based, high-quality, appropriate care in collaboration with patient/carer
- Empowering all to make informed choices
- Recognising and alleviating psychosocial impact of skin disease
- Promoting self-management and independence.

The British Dermatological Nursing Group convened a working party of experienced dermatology nurses to develop this competency-based framework, which can be used as an adjunct with the Agenda for Change Knowledge and Skills Framework. This competency framework looks at the competencies required to develop dermatology nurses from novice to expert, focusing on the nurse's educational development in combination with knowledge and skills.

*Help accessing articles or papers

Where a report/ journal article or resource is freely available the link has been provided. If an NHS OpenAthens account is required this has been indicated. It has also been highlighted if only the abstract is available. If you do not have an OpenAthens account you can self-register here.

If you need help accessing an article, or have any other questions, contact the Knowledge Management team for support england.knowledgemanagement@nhs.net