

A Framework of Competences for the Special Interest Module in Paediatric Dermatology

Version 1: August 2015



Royal College of Paediatrics and Child Health
www.rcpch.ac.uk

CONTENTS

Section 1

Introduction	4
--------------	---

Section 2 General Competences

Knowledge and understanding	6
Skills	6
Leadership and Management	7
Training and Research	7
Communication Skills in Paediatrics	8

Section 3 Practical Procedures and Investigations in Paediatric Dermatology

Pharmacology and Therapeutics	9
-------------------------------	---

Appendix 1

Guidance Checklist for Training	10
---------------------------------	----

Appendix 2

Assessment Guidance	13
---------------------	----

(c) 2015 Royal College of Paediatrics and Child Health

Section 1 Introduction

Who is this book for?

It is for doctors at Level 3 in their General Paediatric training who wish to work towards an expertise in Paediatric Dermatology during Level 3 training or post CCT. It is also a guide for tutors and educational supervisors.

Why do I need it?

This book gives you and your tutors guidance about the competences you need to cover in addition to the Framework of Competences for Level 3 Training in General Paediatrics. It gives you a clear picture of what you have to achieve by the end of this module of training in order to have expertise in this area.

How do I use the book?

You can sit down with the book on your own and use it to help you identify areas of practice that you need to work on and those areas in which you feel fairly confident. You can talk to your tutor about the balance of your experiences and look for ways to ensure you cover all areas you need to. It should be used by Schools and Educational Supervisors to ensure that a programme of training is developed in Level 3 which will allow the trainees to achieve these competences. In determining this programme, liaison with the relevant CSAC is important. In the appendix, there is guidance for training in the module, which the programme must adhere to.

Progression

Following completion of Level 3 training and the module, the CCT holder should be competent to take up a post as a General Paediatrician or a General Paediatrician with a Special Expertise in this area. It is expected that there will be a requirement in paediatric services for consultants with special expertise provided by the module. Such posts will usually form part of a Regional Specialty Network including working with accredited sub-specialties in this area.

A note about the format of this document

This framework sets out the additional competences for the module which should be achieved by the end of Level 3 training. Trainees also have to achieve all the competences in the Level 3 General Paediatric Framework.

Assessment

The statements in this book have been expressed as learning objectives. These are the focus of your training. We will want to assess how well you have achieved these objectives and to be confident that you are fit to practice as a Consultant Paediatrician with expertise in dermatology. The RCPCH Assessment Strategy (GMC approved) for Level 3 Training will be used. Trainees working with their educational supervisors should ensure that the Assessment Strategy is tailored to cover the area of Special Expertise as well as General Paediatrics and that learning and assessment are well documented within the e-portfolio. Further guidance regarding the RCPCH Assessment Strategy and Work Based Assessments can be found in Appendix 2.

Section 2 General Competences in Paediatric Dermatology

Knowledge and Understanding

By the end of the module in Paediatric Dermatology, you will:

- know about common skin conditions in children and adolescents
- know about potentially life threatening conditions that present with skin features, including toxic epidermal necrolysis, Stevens Johnson syndrome, and Epidermolysis Bullosa
- be aware of the differential diagnosis of skin disorders, including congenital and inherited conditions, their presentations and when to suspect there is systemic involvement
- understand the disease associations of dermatological conditions, in particular those associated with rheumatological and genetic disorders
- be aware of guidelines for and demonstrate experience of managing atopic eczema, seborrheic dermatitis, napkin dermatitis, vascular birthmarks, and common skin infections including tinea capitis, acne, psoriasis, transient neonatal pustuloses, hair loss, vitiligo and dermatitis artefacta
- know about topical skin treatments especially use of corticosteroids, calcineurin inhibitors, phototherapy, systemic immunosuppressants and monitoring guidelines
- know about patient completed assessment tools such as children's and infants dermatology quality of life index (CDQLI and IDQLI) those specifically for eczema such as patient orientated eczema measurement (POEM), Cardiff acne disability index and psoriasis disability index
- know about physician completed scoring systems for eczema, psoriasis and acne.

Skills

By the end of the module in Paediatric Dermatology, you will:

- be able to perform an effective assessment of skin conditions in a child or young person which takes into account their developmental

stage

- be able to take an appropriate dermatological history from a child or young person and their parents or carers
- be able to recognise when the presenting skin condition is atypical or represents serious underlying pathology, including infections in patients who are immunocompromised due to systemic therapy or underlying disease
- be able to recognise features in the presentation or investigation of a skin condition which suggest physical abuse, emotional abuse and neglect, including possible fabricated illness or failure to engage in clinic attendances / treatment
- be able to tailor history taking for adolescents to account for adolescent-specific issues such as risk-taking behaviours, and non-adherence to medication
- be able to appropriately triage dermatological conditions and select those that require referral to a paediatric dermatologist/dermatology teams
- recognise when to request the opinion of a dermatologist
- be able to formulate a differential diagnosis for children and young people presenting with dermatological conditions including infections, skin erythema including erythematous rashes, vascular birthmarks and hypo/hyperpigmentation of the skin
- be able to formulate an appropriate plan of initial investigation and treatment based on the differential diagnosis
- be able to interpret investigations that have been requested to establish the differential diagnosis in the child or young person with suspected dermatological conditions
- demonstrate competence in the topical management of atopic eczema, including the use of calcineurin inhibitors, and an understanding of when initiation of immunosuppressive oral agents, (methotrexate, ciclosporin and azathioprine) may be required,
- demonstrate knowledge of British Association of Dermatologists (BAD) guidance on monitoring of systemic immunosuppressants, and competence in the monitoring of systemic

immunosuppressants used for treating eczema in a shared care context

- demonstrate competence in the initiation of propranolol for infantile haemangiomas and in follow up monitoring, adjusting the dose depending on response
- be able to initiate topical treatment for psoriasis and understand the monitoring requirements for those who are on systemic treatment for their psoriasis
- demonstrate competence in prescribing for skin infections whether bacterial, viral, fungal, yeast or mite and whether localised or part of a systemic illness
- demonstrate competence in initiation of treatments for acne vulgaris including topical treatments and antibiotics and follow up monitoring of these patients.

Leadership and Management

By the end of the module in Paediatric Dermatology, you will:

- understand the role of the multidisciplinary team (including nurses) and other professionals involved in the care of children with a spectrum of dermatological conditions
- hold Membership of the British Society for Paediatric Dermatology.

Teaching and Research

By the end of the module in Paediatric Dermatology:

- you will participate appropriately in the audit cycle and the role of clinical audit in good clinical practice
- you will be encouraged to be involved in collaborative multi-centre research specifically to gain experience of both research ethics, research governance and patient recruitment processes.

Communication Skills in Paediatrics

By the end of the module in Paediatric Dermatology, you will:

- be able to describe and explain to children, young people and their parents or carers the rationale for topical and systemic treatments

in terms they will understand

- be able to counsel children, adolescents and parents in the use and monitoring of immunosuppressive agents used in severe diseases
- be able to discuss with parents step up and step down treatment in keeping with the NICE guidelines for management of atopic eczema
- be able to counsel children, adolescents and parents in issues regarding chronic dermatological disorders.

Section 3 Practical Procedures and Investigations in Paediatric Dermatology

Practical Procedures and Investigations

By the end of the module in Paediatric Dermatology you will:

- know the indications for and be able to safely undertake a punch skin biopsy
- know when a technique other than a punch biopsy is required.
- know when diagnosis is aided by imaging (radiographs, ultrasound, CT and MRI scans)
- know when skin lesions need to be excised because of concern regarding malignancy.

Pharmacology and Therapeutics

By the end of the module in Paediatric Dermatology, you will:

- know the short and long term side effects of topical and systemic corticosteroids and be aware of strategies to minimize these
- know when topical calcineurin inhibitors should be used and their short term and potential long term side effects
- understand the indications and contraindications for immunosuppressive agents and their common side effects
- know about prescribing in acne vulgaris including antibiotics, topical treatments and isotretinoin
- know about topical and systemic treatment for psoriasis
- understand use of Propanolol for infantile Haemangiomas, and show understanding of the short and possible long term adverse effects
- know about prescribing for skin infections whether bacterial, viral, fungal, yeast or mite and whether localised or part of a systemic illness.

Appendix 1

Paediatric Standards Checklist

These standards were derived to assist in the assessment of the paediatric training standards in your deanery

Speciality: Special Interest Module in Paediatric Dermatology

The Programme (which may consist of several posts) should provide:

1. Supervision	✓/X
1.1 A clinical supervisor who is a Consultant dermatologist or Associate specialist with special expertise in Paediatric Dermatology or a General Paediatrician with expertise in Dermatology. All supervisors should be trained in assessment and appraisal	
1.2 Evidence that the assessment strategy is being delivered will be assessed by the Paediatric representative on the BSPD training committee at three and six months. Final sign off of the module will be by the BSPD training committee at 12 months	
1.3 Trainers receive appropriate training on the delivery of the assessment strategy	
2. Other Personnel	
2.1 Dermatology Consultant to support and supervise and/or a Consultant General Paediatrician with expertise in Paediatric dermatology. An example of support and supervision is discussion of all cases at the end of each clinic.	
2.2 At least one ST3+ in the dermatology department	
2.3 More than one ST4+ trainee in the paediatric department in which you are working	
3. Service requirements and facilities	
3.1 Specialty specific requirements of subspecialty department: Inpatient facilities for children and access to specialist outpatient clinics in Paediatric Dermatology	

<p>3.2 Specialty specific requirements of related clinical departments that are involved in delivery of the curriculum: Primary Care, Community Paediatrics, PICU, genetics, allergy, rheumatology, ophthalmology and eye screening</p>	
<p>3.3 Specialty specific requirements of service departments relevant to delivery of curriculum (e.g. investigation departments, PAMs departments, surgery or anaesthesia): Day case facilities for skin biopsies and assessment of infants for propranolol in treatment of infantile haemangiomas and access to a neonatal unit so the spectrum of neonatal skin disorders can be experienced</p>	

<p>4. Educational activities and training</p>	
<p>4.1 Specialty specific clinical exposure required to provide sufficient learning opportunities (NB if giving workload data ensure it is explicit whether this is number per annum or number a trainee would be expected to be exposed to over entire programme):</p> <ul style="list-style-type: none"> • Counselling of patients and carers about the use of immunosuppressant therapies • Experience of transitional care and adolescent services to adult dermatology clinics • Experience of managing in-patients (eg acute exacerbation of eczema, eczema herpeticum) • Experience of paediatric dermatology clinics run either by a dermatologist, paediatricians with an interest (or both) or a Paediatric dermatologist 	
<p>4.2 Specialty specific requirements for structured training opportunities to include courses: This should include</p> <ul style="list-style-type: none"> • opportunities Good Clinical Practice training / research modules, teacher / management training, adolescent and transition training • attendance at a Paediatric dermatology course • as a member of the British Society for Paediatric Dermatology expected to attend at least 2 of the 3 annual meetings 	
<p>4.3 Specialty specific requirements for other experiential learning(excluding clinics and ward rounds): Undertaking skin punch biopsies and having knowledge of other types of skin biopsy including those required to diagnose EB</p>	

<p>5. Working patterns</p>	
-----------------------------------	--

5.1 Safe cover arrangements for paediatric department out of hours in line with RCPCH guidance	
5.2 Evidence of compliance with existing employment rules to working time	
5.3 Working intensity and pattern that is appropriate for learning	
5.4 Access to sub-specialty training time which allows achievement of the competences throughout the programme	
5.5 This post forms part of a complete paediatric training programme which provides a minimum of five years of acute clinical experience, including out of hours	

6. Specific Post requirements	
6.1 12 months working within paediatric dermatology clinics and experience of inpatients with skin disorders	

<p>7. Enabled to learn new skills, necessary skills and curriculum coverage (speciality specific)</p> <p>This section can be used to highlight marker conditions to which the trainee should be exposed or the numbers of cases/procedures that the trainee will be expected to see/do. Ensure that it is clear whether any numbers are for whole training programme or per annum</p>	
--	--

<p>7.1 Specialty specific marker conditions trainee should be exposed to: Paediatric dermatology training emphasises the importance of experiencing the following:</p> <ul style="list-style-type: none"> • Atopic eczema • Seborrheic dermatitis • Psoriasis • Skin infections (bacterial, viral, fungal, mite and yeast) • Hair loss • Acne • Newborn transient pustuloses • Infantile haemangiomas • Skin erythemas including viral exanthem, toxic epidermal necrolysis and Stevens Johnson syndrome • Vascular malformations • Melanocytic and epidermal naevi • Morphoea <p>In addition, as wide a spectrum as possible of dermatological disorders. Trainees are expected to develop adolescent-specific skills and understand how to plan and facilitate transition.</p>	
--	--

<p>8. Access to clinics and ward rounds and long term care of patients</p>	
<p>8.1 Specialty specific numbers and types of clinics expected to attend (including outreach clinics): Regular access to supervised clinics to include new and review patients e.g. one OP clinic per week; general paediatric dermatology</p>	
<p>8.2 Specialty specific combined clinics expected to attend: this will depend on what is available locally but the following are recommended Rheumatology clinic - minimum of two Allergy clinic - minimum of two Genetics - minimum of one</p>	
<p>8.3 Specialty specific ward rounds consultant led and independent per week: Recommended that at least twice weekly general paediatric wards are attended for review of inpatients with skin disorders. Depending on local arrangements, rounds undertaken by a visiting dermatologist either consultant or specialist registrar should be attended</p>	
<p>8.4 Specialty specific involvement in transitional care: provision to facilitate transfer to adult dermatology. Required to have experience of adolescent and young adult dermatology cases.</p>	

9. Meetings	
9.1 Specialty specific number and types of MDT meetings expected to be exposed to: Attend and participate in at least two dermatology/histopathology MDT meetings in 12 months	
9.2 Specialty specific multi-professional meetings expected to be exposed to: Attend regional dermatology interest groups Attendance and membership of British Society for Paediatric Dermatology	

10. Clinical audit	
10.1 Participate in clinical audit undertaking at least one audit of a dermatological condition against recognised guidelines, preferably national ones eg BAD or NICE	

11. Teaching appraising and assessing	
11.1 Opportunities for formal and informal teaching	
11.2 For senior trainees: opportunities for involvement of assessment of others	
11.3 For senior trainees: opportunity to be involved in the appraisal of others	

12. Research	
12.1 Involvement in collaborative multi-centre research where these are being undertaken. Strong encouragement to undertake a small study in paediatric dermatology for presentation at one of the three BSPD meetings per year.	

13. Management	
13.1 Experience in leadership skills / organisational issues	

X-ref	Comments

Appendix 2

Assessment Guidance

From 1 August 2015, a revised assessment strategy will come into use for Workplace Based Assessments. New Directly Observed Procedural Skills (DOPS), Mini Clinical Evaluation Exercise (Mini-CEX), and Case Based Discussion (CbD) forms have been introduced onto ASSET. Mini CeX and CbDs now take the format of Supervised Learning Events (SLEs), similar in format to those introduced in the Foundation Programme. DOPs have become summative in nature. The new Handover Assessment Tool (HAT), Leader tool and a paediatric specific Acute Care Assessment Tool (ACAT), have also been introduced. Discussion of Communication (DOC) has replaced the old SAIL assessment. Paediatric trainees are advised to check the RCPCH website for further information on how to carry out these new assessments and what is expected from those involved in the process.

Within the current work based assessment requirements for Level 3 training, paediatric trainees undertaking the special interest module of assessment are recommended to undertake the minimum number of assessments specially related to paediatric dermatology:

Paediatric Case Based Discussion (ePaedCbD):	4 per year
Paediatric Mini Clinical Evaluation Exercise (ePaedMiniCeX):	2 per year
Directly Observed Procedure Skills (DOPS):	1 per relevant procedure
Direct observation of communication (DOC):	3 per year
Multi-Source Feedback (ePaedMSF):	1 per year

(as part of appraisal / revalidation process)

Content of work based assessments

ePaedMiniCeX suggestions include clinic assessment and communication with parents/ carers about use of topical steroids and emollients, starting systemic therapy such as immunosuppressants or Propranolol for infantile haemangiomas.

ePaedCbD suggestions include differential diagnosis and appropriate management plans, psychosocial aspects, child protection, transition to adult services and long term prognosis, with topics such as atopic eczema, psoriasis, skin erythema, skin infections, management of the newborn with a skin condition.

DOPS to include punch skin biopsy, application of emollients, topical steroids and use of appropriate dressings e.g. ulcerated lesions, EB In the newborn, use of wet wraps, use of zinc impregnated bandages with an elasticated bandage. Discussion at time of DOPS to include

- Choice of topical steroids
- Aseptic technique for skin biopsy.

DOCs to assess written communication skills, including importance of sharing care with general practitioners being specific about skin treatments and the quantities which need to be prescribed.

ePaedMSF include feedback from at least 12 health professionals (consultants, seniors, peers, junior doctors, nurses, allied health professionals Including from paediatric dermatology/dermatology/Paediatrician with a special interest in dermatology as well as general paediatrics to provide feedback on work performance.