Title:
Dermatology and junior doctors – an evaluation of education, perceptions and competencies

Abstract: (Your abstract must use 10pt Arial font and must not be longer than this box)
Dermatology is now established as part of the core curriculum of most UK medical schools & is a recognised component of the curriculum for trainees in general internal medicine. We undertook a survey of junior doctors attending three consecutive preparatory courses for the Membership of the Royal College of Physicians (MRCP) Part II Clinical Examination (PACES – practical assessment of clinical examination skills) during 2006 in order to ascertain the extent of dermatology experience at undergraduate & postgraduate levels. Respondents were also asked to rate statements regarding their perceptions of dermatology using a 10-point Likert scale (1 - strongly disagree, 10 – strongly agree). An individual’s perceived competence in performing routine bed-side dermatological investigations was also assessed.

118 questionnaires were evaluated (100% response rate). The majority of doctors were in their third year of general medical training. Only 4% of respondents expressed a desire to pursue dermatology as a possible career option post-MRCP. One-quarter had undergone a clinical attachment in dermatology as a medical student ranging from two days to two months in duration. 24/118 doctors had some experience in dermatology at either pre-registration house officer or senior house officer level. Significantly, 84% wished for more dermatology exposure at undergraduate level and this increased to 90% at postgraduate level. Despite the possibility of encountering a dermatological condition in their PACES examination, only 20% of doctors felt confident in their ability to describe a rash & only 8% felt confident in initiating basic therapy for a skin complaint. Surprisingly, one third of doctors had never taken a skin swab and 90% had never performed a skin scraping & were unsure how to do so. The majority of doctors however, felt that all junior doctors should be competent in these procedures. Over half expressed that if dermatological training was coupled with internal medicine allowing dual accreditation, they would seriously consider it as a career option. Over 70% agreed that dermatology allows a person to achieve a favourable work-life balance, although a significant proportion (37%) considered it a ‘soft’ option for those wishing to stay in hospital medicine. Most doctors felt that MRCP remained a necessary requirement for dermatologists. The many cutaneous manifestations of systemic disease & the use of potentially toxic systemic therapies were felt to be the most important reasons for possessing this qualification.

Our findings suggest that despite the inclusion of dermatology in medical curricula, junior doctors still lack confidence in even the most basic aspects of the speciality. Increased dermatology training can help address this problem & may correct the misconceptions that many still have regarding the speciality.

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