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1. THE AUDIT

- 1.1 In 2016, the Dermatology Council for England (DCE) audited the dermatology education of every medical school in England via Freedom of Information (FOI) requests. Of the 22 schools in England, 20 responded to the audit.
- 1.2 Whilst the audit highlighted areas of good practice, it also revealed that there were key inconsistencies in undergraduate dermatology education in the UK. There appeared to be high levels of variation in the presence of dermatology in curriculum content, in the assessment of dermatology knowledge and in the opportunity for clinical placements for students.
- 1.3 In 2015, the Teachers of Undergraduate Dermatology sub-committee of the British Association of Dermatologists (BAD) conducted an in-depth assessment of undergraduate curricula. This audit should be read in conjunction with the BAD's findings and viewed as a follow-up to its data.
- 1.4 Perhaps the most concerning finding of the 2015 audit was that at some medical schools, it may be possible to complete undergraduate education without ever completing any formal dermatology focused education. **15% of schools reported that dermatology education was not compulsory for their students.**¹ This is the same figure that was reported by the BAD in 2015.²

CURRICULUM CONTENT

- 1.5 The course allocation given to dermatology was difficult to quantify, due to the qualitative nature of the responses provided. However, the audit made clear that course content and structures were highly variable with responses raising serious questions about the standardisation of dermatology education.
- 1.6 When asked to calculate the number of dermatology focused lectures that students received, reported levels varied from as little as 1 identifiable lecture up to as much as 6 weeks of course time. A similar level of variation was seen in the provision of tutorials. Again estimates ranged from as low as 0 identifiable tutorials up to as high as 7.
- 1.7 In addition, **15% of schools were unable to identify any lectures or tutorials that provided specific dermatology education, citing the blended nature of the course.**
- 1.8 Dermatology education may be delivered by a variety of methods, and the number of lectures and tutorials does not in and of itself indicate cause for concern. However, at least 10% of schools

¹ 3 out of 20 schools reported that dermatology was not compulsory

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<http://onlinelibrary.wiley.com/doi/10.1111/bjd.15206/abstract?systemMessage=WOL+Usage+report+download+page+will+be+unavailable+on+Friday+27th+January+2017+at+23%3A00+GMT%2F+18%3A00+EST%2F+07%3A00+SGT+%28Saturday+28th+Jan+for+SGT%29++for+up+to+2+hours+due+to+essential+server+maintenance.+Apologies+for+the+inconvenience.>

were unable to identify dermatology specific lectures and did not appear to bolster their teaching hours with any clinical placements or tutorials.

- 1.9 The method of delivery for dermatology teaching also varied widely and **5% of schools only offered identifiable dermatology teaching via e-lectures**. Though web-based learning should be welcomed to supplement other methods of teaching, guidance from the British Association of Dermatologists (BAD) suggests it should not be the only form of dermatology education.
- 1.10 The FOI questions did not specifically address curriculum content, but some schools voluntarily provided this information. The General Medical Council has previously recommended that all schools should define a core curriculum, common to all students and encompassing application of knowledge.³
- 1.11 Again the responses were hard to quantify but demonstrated a significant variation in course content suggesting high levels of asymmetry between the core curricula for each school.⁴ For example, of the 7 schools that provided information on their course content only 4 cited teaching on taking and presenting a dermatological history. This has previously been listed as an essential clinical skill by the BAD for undergraduate students.⁵

CLINICAL PLACEMENT

- 1.12 The BAD have previously recommended that students should complete at least 10 half days of clinical experience during their undergraduate education.⁶
- 1.13 **From the answers provided, it appeared that for 10% of schools it was actually possible for students to graduate without having ever completed any form of dermatology placement at all.**⁷
- 1.14 **In schools that did offer dermatology placements, it was often unclear whether these were mandatory. Up to 30% of schools failed to clarify whether dermatology placements were compulsory for all students.** Given the nature of the answers, it is possible that the figure may actually be far higher than suggested here.
- 1.15 For those schools that did offer placements, there appeared to be significant variation in the amount of time spent in dermatology. Whilst the length of time was again hard to quantify, the evidence suggested that at least 30% of schools offering placements did not meet the minimum time recommendation of 10 half days of clinical experience.

FORMAL ASSESSMENT

- 1.16 In addition to dermatology forming a part of the core curriculum, students must also be assessed for their essential skills. **5% of schools reported that they did not have a discrete dermatology assessment and there was significant variation in how students were assessed.**
- 1.17 Answers about how schools measured the undergraduate training of their students varied widely, with some using logbooks, formative assessment, and surveys of course, whilst others reported simply measuring dermatology education through general examinations.
- 1.18 These results support the findings of 2015 assessment, which noted that summative assessment of dermatology was only mandatory in 57% of medical schools.⁸

³ http://www.gmc-uk.org/Tomorrow_s_Doctors_1214.pdf_48905759.pdf

⁴ For instance one school reported covering: terminology, dermatology examinations, common skin conditions, referral to specialists and paediatric infections whilst another simply referred to providing lectures on dermatology examinations and moles, papules and tumours.

⁵ [http://www.bad.org.uk/library-media/documents/BAD%202016%20revised%20UG%20Curriculum%20\(UK\).pdf](http://www.bad.org.uk/library-media/documents/BAD%202016%20revised%20UG%20Curriculum%20(UK).pdf)

⁶ <http://www.bad.org.uk/healthcare-professionals/education/education-resources>

⁷ One school could not identify any dermatology placements, whilst another suggested that they were only occasionally available and had to be selected by students.

⁸ N2

AMENDMENTS TO THE CURRICULUM

- 1.19 In the 2015 investigation by the Teachers of Undergraduate Dermatology sub-committee they identified important omissions against the recommendations of the BAD.
- 1.20 Following on from this study in 2015, the DCE found that 15% of schools were referencing the BADs guidance in their curriculums. In addition, at least 5% had recently amended their dermatology curriculum and a further 10% were planning to further increase their dermatology provision. Though more remains to be done, these results do show progress in the last 18 months.

2. CONCLUSIONS

- 2.1 Previous research demonstrates that 24% of the population consults a GP each year because of a skin complaint and skin disease is one of the most common reasons for a new consultation with GPs.⁹
- 2.2 Given the incidence of dermatology in primary care, it is clearly important for undergraduate medical students to be educated to a consistent degree on skin disease.
- 2.3 Whilst the responses to the audit were hard to quantify, due to their qualitative and variable nature, it is clear that insufficient attention is being given to ensure suitable dermatology teaching at undergraduate level across all schools. **Whilst areas of good practice were highlighted, it is clear that several schools are still falling down on key markers such as lectures, tutorials and clinical placements.**
- 2.4 Though some medical schools have recently reviewed their dermatology curriculum, for which they should be applauded, progress has not yet been universal.

3. RECOMMENDATIONS

- The Dermatology Council for England calls upon all medical schools to review their dermatology training and to ensure that they have a defined core curriculum for dermatology.
- The Dermatology Council for England calls upon all medical schools to ensure that clinical placements in dermatology are available for all of their students, confirming to the recommended standard of at least 10 half-day sessions (and preferably more).
- The Dermatology Council for England calls on the Government to support medical schools in implementing these recommendations.

⁹ Schofield JK, Grindlay D, William HC. *Skin Conditions in the UK: A Health Care Needs Assessment* (2009)