



Skin Problems

One in a series of curriculum statements produced by the Royal College of General Practitioners:

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- 3 Personal and Professional Responsibilities**
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Key messages

- The management of skin problems in primary care is a key competence for general practice.
- Traditionally undergraduate and postgraduate training in skin problems has been very limited.
- Diagnosis and urgent referral of potential melanomas can save lives.
- Skin disfigurement causes considerable psychological distress.

Introduction

Approximately a quarter of the population are affected by skin problems that would benefit from medical care. Most skin problems are managed in primary care, yet both undergraduate and postgraduate training for health professionals dealing with skin disease has been described by the All Party Parliamentary Group on Skin (APPGS) as inadequate. It seems clear, therefore, that some referrals to specialists are inappropriate.^{1,2} The current level of medical training among doctors, nurses and pharmacists in no way reflects the prevalence of these diseases. To address the current inadequacies, dermatology must be incorporated into all undergraduate and postgraduate training curricula.

There are excellent multiprofessional training opportunities in primary care. A multiprofessional approach, combining the training of pharmacists, nurses and general practitioners (GPs), would greatly benefit patients and help to promote greater integration in local services. Team training programmes should draw on the experience of consultant dermatologists and enable knowledge to be shared with nurses, pharmacists and GPs.

Rationale for this curriculum statement

The APPGS first addressed the issue of training in a report entitled *An Investigation into the Adequacy of Service Provision and Treatments for Patients with Skin Diseases in the UK* in 1997.³ The report highlighted a general inadequacy in non-specialist dermatology training and prompted a more detailed inquiry to be undertaken in 1998. The report was followed by a second piece of work – *Enquiry into the Training of Healthcare Professionals Who Come into Contact with Skin Diseases* – in July 1998.⁴ It set out what were regarded as the desirable levels of dermatology training for GPs, dermatologists, nurses, occupational physicians and pharmacists. It concluded that training was only adequate at consultant level, whilst GPs, nurses and pharmacists received little or no training.

In 2004, following an APPGS meeting in the House of Commons on the subject, the Group decided to conduct a short inquiry to examine progress to date and to highlight what further action might be required. The inquiry examined the training of five key groups of health professionals: consultant dermatologists, non-consultant career grade doctors, GPs, nurses and pharmacists. The Group reported in 2004.⁵

While it recognised that around 15% of GP consultations concern dermatological problems it was concerned that there was no obligation for specialty registrars (GP) to undertake any formal training in dermatology. It was also concerned that little progress on the undergraduate medical curriculum had been made with the level of training in dermatology continuing to vary widely across the country, rarely exceeding a total of 14 days. It said that this in ‘no way equips doctors to diagnose and manage skin complaints once they reach general practice’.

The APPGS welcomed the RCGP’s review of the GP training curriculum and the development of this curriculum statement on skin problems as ‘a very promising development’ and ‘hoped that this review will lead to a significant shift in GP competencies’. They made the following recommendations to improve dermatology training among GPs:

- A minimum level of undergraduate dermatology training should be provided in all medical schools within three years
- Dermatology training should immediately be made a key part of the new GP curriculum

- All GP trainers should have sufficient training and experience in dermatology to support the education of specialty registrars (GP)
- Directors of postgraduate GP education should actively promote dermatology as part of the GP curriculum
- The British Association of Dermatologists (BAD) should seek to foster better relationships with directors of postgraduate GP education
- All dermatologists should be encouraged to become involved in the training and continuing professional development of GPs with a special interest in dermatology.

This RCGP curriculum statement aims to guide specialty registrars and their trainers as part of the RCGP's GP training curriculum to improve the knowledge and skills of GPs entering practice.

UK health priorities

In the UK, *15 per cent of consultations in primary care relate to problems with the skin*, and skin problems are a common reason for injury and disablement benefit or periods of certified incapacity to work.^{6,7,8} In 1991–2, they were the fourth commonest reason for people consulting with their GPs in England and Wales.⁹

The vast majority of skin problems can be managed in primary care, relieving pressure on secondary care services. Some GPs will wish to develop a special interest in the subject, enabling them to provide an enhanced service in the community and improve the patient's experience.

Learning Outcomes

The following learning objectives describe the knowledge, skills and attitudes that a GP requires when managing patients with skin problems. This curriculum statement should be read in conjunction with the other RCGP curriculum statements in the series. The full range of generic competences is described in the *core* RCGP curriculum statement 1, *Being a General Practitioner*.

Primary care management

- Manage primary contact with patients who have a skin problem.
- Work with patients to empower them to look after their own health and take responsibility for managing their skin problems.
- Promote skin wellbeing by applying health promotion and disease prevention strategies appropriately including sun protection, occupational health advice and hand care.
- Coordinate care with other primary care health professionals, dermatologists and other appropriate specialists, leading to effective and appropriate acute and chronic disease management including prevention and rehabilitation.
- Make timely appropriate referrals on behalf of patients to specialist services, especially to rapid-access pigmented lesion (sometimes called skin cancer, mole or melanoma) clinics.

The knowledge base

Symptoms:

Key issues in the diagnosis of skin problems will be eliciting of the appropriate signs and symptoms and subsequent investigation and/or referral of people presenting with:

- Rashes
- Hair loss
- A disorder of their nails
- Itch (also known as pruritus)
- Pigmented skin lesions
- Signs of infections of the skin
- Bruising or purpura
- Lumps in and under the skin
- Photosensitivity and the red face.

Common and/or important skin conditions:

- Eczema

- Psoriasis
- Generalised pruritus
- Urticaria and vasculitis
- Acne and rosacea
- Infections (bacterial, viral and fungal)
- Infestations including scabies and head lice
- Leg ulcers and lymphoedema
- Skin tumours (benign and malignant)
- Disorders of hair and nails
- Drug eruptions
- Other less common conditions such as the bullous disorders, lichen planus, vitiligo, photosensitivity, pemphigus, pemphigoid, discoid lupus, granuloma annulare and lichen sclerosus.

Investigations:

- Ability to take specimens for mycology from skin, hair and nail
- Basic interpretation of histology reports
- Skin biopsy.

Treatment:

- Those commonly used in primary care (including an awareness of appropriate quantities to be prescribed and how to apply them)
- Principles of protective care (sun care, occupational health and hand care)
- An awareness of specialised treatments, such as retinoids, ciclosporin, phototherapy and methotrexate
- The indications for, and the skills to perform, curettage, cautery and cryosurgery.

Emergency care:

- Acute treatment of people presenting with skin problems or symptoms thought to be due to skin problems and appropriate referral if necessary. Including:
 - ◆ angioedema and anaphylaxis
 - ◆ meningococcal sepsis
 - ◆ disseminated herpes simplex
 - ◆ erythroderma
 - ◆ pustular psoriasis
 - ◆ severe nodulo-cystic acne
 - ◆ toxic epidermal necrolysis
 - ◆ Stevens-Johnson syndrome
 - ◆ necrotising fasciitis.

Prevention:

This will involve the following risk factors:

- Sun exposure
- Fixed factors: family history and genetics

- Occupation and care of the hands.

Genetics:

- Describe how genetic factors influence the inheritance of common diseases such as psoriasis and atopic eczema.

Person-centred care

- Appreciate the importance of the social and psychological impact of skin problems on the patient's quality of life, including, for example, the effects of disfigurement or sleep deprivation as a result of itching.
- Identify the patient's health beliefs regarding skin problems and either reinforce, modify or challenge these beliefs as appropriate.

Specific problem-solving skills

- Intervene urgently when patients present with an emergency skin problem (see 'knowledge base' for examples).
- Demonstrate a reasoned approach to the diagnosis of skin symptoms using history, examination, incremental investigations and referral.

A comprehensive approach

- Advise patients appropriately regarding lifestyle interventions including skin protection and occupational health advice.
- Describe the side effects of common medicines used to prevent and treat other conditions that may cause skin problems.

Community orientation

- Describe the rationale for restricting certain investigations and treatments in the management of skin problems, e.g. prescribing of retinoids, access to phototherapy.
- Describe the importance of occupational risk in the aetiology of skin disease.

A holistic approach

- Recognise how disfigurement and cosmetic skin changes fundamentally affect patients' confidence, mood and interpersonal relationships.
- Appreciate the importance of the social and psychological impact of skin problems on the patient's quality of life, including, for example, the effects of disfigurement.
- Recognise the impact that skin problems have on fitness to work.
- Appreciate the importance of the social and psychological impact of skin problems on the patient's family, friends, dependants and employers.
- Empower patients to self-manage their skin conditions as far as practicable, e.g. eczema.

Contextual aspects

- Recognise how common skin problems are among the general population.
- Recognise the risk of inappropriate referrals and under-referral.
- Describe the need for close collaboration with primary care and specialist services in the management of many skin problems, e.g. pigmented lesions, psoriasis.

Attitudinal aspects

- Ensure that skin problems are not dismissed as trivial or unimportant by healthcare professionals.
- Empower patients with chronic skin problems to manage the effects of disfigurement.

Scientific aspects

- Describe and implement the key national guidelines that influence healthcare provision for skin problems (e.g. the NHS cancer plan 2000).

Psychomotor skills

- Describe the indications for and be able to demonstrate that they have the skills to perform:
 - ◆ curettage, cautery and cryosurgery
 - ◆ skin biopsy.
- Demonstrate the ability to take specimens for mycology from skin, hair and nail.

Further Reading

Examples of relevant texts and resources

- ASHTON R AND LEPPARD B. *Differential Diagnoses in Dermatology* Oxford: Radcliffe Medical Press, 2004
- BRITISH MEDICAL ASSOCIATION AND ROYAL PHARMACEUTICAL SOCIETY OF GREAT BRITAIN. *The British National Formulary* London: BMJ Books, updated annually
- BRITISH MEDICAL ASSOCIATION, ROYAL PHARMACEUTICAL SOCIETY OF GREAT BRITAIN, ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH. *The Neonatal and Paediatric Pharmacists Group BNF for Children* London: BMA, 2005
- BURGE S, COLVER G, LESTER R. *Simple Skin Surgery* Oxford: Blackwell Science, 1996
- BUXTON P (ed.). *ABC of Dermatology* (with CD-ROM) London: BMJ Publications, 2003
- DAWBER R, COLVER G, JACKSON A. *Cutaneous Cryosurgery: principles and clinical practice* London: Martin Dunitz, 1992
- DU VIVIE A. *Atlas of Dermatology* London: Churchill Livingstone, 2002
- GAWKRODGER DJ. *Dermatology: an illustrated colour text (2nd edn)* London: Churchill Livingstone, 2002
- GAWKRODGER DJ. *Rapid Reference Dermatology* London: Mosby, 2004
- HETTIARATCHY S, PAPINI R, DZIEWULSKI P. *ABC of Burns* London: BMJ Books, 2004
- HUNTER J, SAVIN J, DAHL M. *Clinical Dermatology* Oxford: Blackwell Science, 2002
- JONES R, BRITTEN N, CULPEPPER L, et al. (eds). *Oxford Textbook of Primary Medical Care* Oxford: Oxford University Press, 2004
- LAWRENCE C AND COX N. *Physical Signs in Dermatology* London: Mosby, 1998
- LEVINE GM, CALNAN CD, WHITE GM. *Colour Atlas of Dermatology* London: Mosby, 2003
- MACKIE R. *Clinical Dermatology: an Oxford Core Text* Oxford: Oxford University Press, 2003
- WARRELL D, COX TM, FIRTH JD, et al. (eds). *Oxford Textbook of Medicine (4th edn)* Oxford: Oxford University Press, 2004

Web resources

British Association of Dermatologists

The British Association of Dermatologists is the central and long-established association of practising UK dermatologists: its aim is to continually improve the treatment and understanding of skin disease. On its site it provides information sheets about skin diseases, written and approved by dermatologists, as well as general information about the skin, dermatology in the UK and current issues in skin disease.

www.bad.org.uk

Dermatology Online Atlas – DermIS.net

The largest dermatology information service available on the internet. It offers elaborate image atlases complete with diagnoses and differential diagnoses, case reports and additional information on almost all skin disease.

<http://dermis.multimedica.de/dermisroot/en/home/index.htm>

eBNF (drug formulary): skin

www.bnf.org/bnf/bnf/current/ [requires registration]

National Library for Health and Public Health Specialist Library

The aim of the National Library for Health (NLH) is to provide clinicians with access to the best current know-how and knowledge to support health care-related decisions. Patients, carers and the public are also welcome to use the site, because the NLH is open to all. The ultimate aim is for the Library to be a resource for the widest range of people both directly and indirectly.

The main priority for the NLH is to help the NHS achieve its objectives. However, it is also aimed at those healthcare professionals who are working in the private sector where common standards should apply. For example, the National Screening Committee is not only an NHS advisory committee, but its mission is also to promote the health of the whole population and its recommendations are relevant to the private sector. Part of the content of the NLH such as Clinical Evidence and Cochrane Library is licensed from commercial providers. There are two other groups of health and care professionals whose needs will also be met by the NLH – those working in public health and in social care. The Public Health Specialist Library is intended for all public health professionals, many of whom work in local government. It has been developed by the Health Development Agency.

www.library.nhs.uk www.library.nhs.uk/publichealth/

Primary Care Dermatology Society

Affiliated to the British Association of Dermatologists the Primary Care Dermatology Society (PCDS) is the leading national society for GPs with a special interest in dermatology and reflects the growing importance that GPs are attaching to this specialty. This website provides PCDS members, affiliated organisations and interested members of the public with a rich information resource specific to the field of dermatology.

www.pcds.org.uk

Skin Care Campaign

The Skin Care Campaign (SCC) is an umbrella organisation representing the interests of all people with skin diseases in the UK.

www.skincarecampaign.org/

Interesting papers

ATHERTON DJ. Topical corticosteroids in atopic dermatitis *BMJ* 2003; 327: 942–3

FRY A AND VERNE J. Preventing skin cancer *BMJ* 2003; 326: 114–15

LITTLE P, KEEFE M, WHITE J. Self-screening for risk of melanoma: validity of self mole counting by patients in a single general practice *BMJ* 1995; 310: 912–16

PEILE E. Kawasaki and learning to stay vigilant about conditions that are rare but important *BMJ* 2003; 327: 919

WEBSTER GF, POYNER T, CUNLIFFE B. A UK primary care perspective on treating acne *BMJ* 2002; 325: 475–9

WONG CSM, STRANGE RC, LEAR JT. Basal cell carcinoma *BMJ* 2003; 327: 794–8

Promoting Learning about Skin Problems

Work-based learning – in primary care

This is probably the best place for a GP to learn how to manage skin problems because of the wealth of clinical material that presents. There is no substitute for clinical experience supported by a GP trainer and experienced members of the primary healthcare team.

Work-based learning – in secondary care

Some GP training programmes will contain placements of varying length with dermatologists and specialist dermatology nurses who manage patients with a range of skin problems in the acute setting. Most specialist care is, however, provided in outpatient or clinic settings. These are ideal places for seeing concentrated groups of patients with skin problems. They provide opportunities to observe both common and rare skin conditions and specialist treatments.

Specialty registrars should also take the opportunity to attend dermatology clinics when working in other hospital posts and should also consider attending specialist clinics and working with specialist dermatology nurses during their general practice placements.

Non-work-based learning

Many postgraduate deaneries provide courses on skin problems. Other providers include universities and the Royal College of General Practitioners, including:

- Diploma in Practical Dermatology, organised by the Department of Dermatology, University of Wales College of Medicine
- The North West England Faculty of the RCGP, in association with the University of Central Lancashire.

Learning with other healthcare professionals

The RCGP is keen to encourage the provision of multiprofessional training opportunities in primary care. A multiprofessional approach, combining the training of pharmacists, nurses and GPs, would greatly benefit patients and help to promote greater integration in local services. Team training programmes should draw on the experience of consultant dermatologists, specialist dermatology nurses and GPs with Special Interest to enable knowledge to be shared with nurses, pharmacists and GPs.

Tissue viability, management of ulcers, use of dressings and wet wrappings are specialisms in which nursing colleagues have particular expertise. Many hospitals have a dermatology nurse who could be a great source of help on topical therapies and chronic skin disease management.

References

- 1 ROYAL COLLEGE OF GENERAL PRACTITIONERS. *Training in Dermatology for General Practice Taskforce Learning General Practice Dermatology* London: RCGP, 2000
- 2 THE ALL PARTY PARLIAMENTARY GROUP ON SKIN (APPGS). *Report on Dermatological Training for Health Professionals* London: Houses of Parliament, 2004
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- 7 DEPARTMENT OF SOCIAL SECURITY. *Social Security Statistics 1994* London: HMSO, 1994
- 8 HEALTH AND SAFETY COMMISSION. *Annual Report 1991–92* London: HMSO, 1992
- 9 ROYAL COLLEGE OF GENERAL PRACTITIONERS. *Training in Dermatology for General Practice Morbidity Statistics from General Practice Fourth National Study 1991–2* London: RCGP, 1995

