

# All opportunities for education must be taken: a dermatology trainee's perspective

**Sir,**

There is currently a significant demand for dermatology services in the UK with just over half the population affected by skin disease each year (Schofield et al, 2009). With certain fields in medicine having precedence in medical school curricula, there will undoubtedly be gaps in our medical knowledge.

This is emphasized in the field of dermatology, where there is often little in the way of dermatology teaching and training in undergraduate curricula (Davies and Burge, 2000). On average, medical students receive no more than 6 days training in dermatology during their undergraduate training even though a quarter of GP appointments concern the skin (Schofield et al, 2009). With general practice being the frontline of dermatology, this is undoubtedly going to have a knock-on effect on a clinician's ability

to diagnose and refer appropriately, adding further strain to secondary care services.

As a first year registrar I spend a significant proportion of my time scrolling through ward referrals and reviewing referral letters in clinics. There is great disparity between referrals in terms of content and the use of appropriate descriptive terminology – from the countless referrals of 'bilateral cellulitis', to the ever meaningful 'rash' query cause and outright blunt statements to come immediately and sort the issue. My all-time favourite is a referral for a case of 'toxic epididymal necrotitis' from my urology colleagues. Thankfully it was neither a dermatological or urological emergency.

We are all busy in our medical lives, already stretched to the limits, but the importance of education must not be forgotten. Whether it is a macule or papule, eczema or psoriasis, if we want a workforce

competent in dermatology, we must ensure adequate time for teaching in dermatology in our curricula. Wherever the occasion may present, clinicians can provide valuable learning opportunities to colleagues and juniors, as long as the recipients are open and enthusiastic to learn.

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Davies E, Burge S. Audit of dermatological content of U.K. undergraduate curricula. *Br J Dermatol.* 2009 May;160(5):999–1005. <https://doi.org/10.1111/j.1365-2133.2009.09056.x>  
Schofield JK, Grindlay D, Williams HC. 2009. Skin conditions in the UK: a health care needs assessment. Nottingham: Centre of Evidence Based Dermatology, University of Nottingham.

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