

Dermatology

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Definition

General practice dermatology refers to the assessment, treatment and referral of disorders affecting the skin, nail, hair or mucous membranes.

Rationale

Skin conditions account for 15.6 out of every 100 patient encounters in general practice, accounting for 10.4% of total reasons of encounters making skin complaints one of the most common presentations in Australian general practices.¹

In addition to being a major source of patient morbidity, skin conditions can be the first presentation of serious systemic disease including infection and malignancy. Skin cancers are a major and increasing source of premature death in Australia,^{2,3} highlighting the importance of prompt diagnosis and management.

The five domains of general practice – dermatology

Communication skills and the patient-doctor relationship

Clinicians must be able to take an accurate and complete history as skin conditions may reflect serious systemic or psychiatric disturbance.

In addition, skin diseases may be influenced by lifestyle, work, psychological state, cultural practices, geography and travel.

Skin conditions also impact on the patient's family and community. When chronic, their full assessment demands special attention to the long term physical, psychological and social impact of the disease on that patient. A patient's own conception of their disease can markedly affect the management and outcomes

Applied professional knowledge and skills

Clinicians require knowledge of regional anatomy relevant to skin surgery. They need to be able to describe skin lesions using standard dermatological terms. Clinicians also require knowledge of the clinical and historical features of major common diseases including:

- eczemas: atopic, contact and seborrhoeic
- psoriasis
- acne
- rosacea
- urticaria
- bacterial infections: cellulitis, erysipelas, impetigo
- viral infections: herpes simplex, herpes zoster, warts, pityriasis rosea, exanthems, enanthems
- fungal infections: dermatophytes, pityriasis versicolor, candidiasis
- insect infections: lice, scabies
- benign growths: epidermoid cysts, seborrhoeic keratoses, solar lentigos
- malignancy and premalignant conditions: solar keratosis, basal cell carcinoma, squamous cell carcinoma, keratoacanthoma, melanoma
- pruritus
- hair diseases: alopecia areata, androgenic alopecia and telogen effluvium
- nail diseases: fungal, psoriatic, neoplastic nails disease
- ulcers: including venous, arterial, malignant and pressure ulcers
- systemic lupus erythematosus, lichen planus, purpura, keratosis pilaris, sarcoidosis.

General practitioners need to be able to perform a competent skin examination, choose appropriate investigations and perform appropriate dermatological procedures. Such procedures may include:

- biopsy: shave, punch, and excisional biopsy
- cryotherapy
- diathermy
- curettage
- skin and nail scrapings for fungal disease
- skin swabs for bacterial or viral disease
- dermoscopy.

Clinicians must also be able to recognise life threatening dermatological emergencies including:

- meningococcal septicaemia
- ocular Herpes simplex and zoster
- toxic epidermal necrolysis and Stevens-Johnson syndrome
- erythroderma: exfoliative dermatitis and pustular psoriasis
- Kawasaki disease
- scalded skin syndrome
- angioedema/anaphylaxis
- pemphigus vulgaris
- necrotising fasciitis
- polyarteritis nodosum
- eczema herpeticum
- periorbital cellulitis
- spider and snake bites.

Population health and the context of general practice

Population based preventive general practice medicine includes patient education about the avoidance of environmental hazards such as solar radiation, workplace or household exposures that may cause skin problems.

Skin condition morbidity and mortality is significant, and public health measures exist to help reduce the health burden of adverse outcomes such as disease notification requirements.

While each patient presenting with a skin condition is unique, some significant skin conditions are more common among particular groups within Australia. Indigenous Australians are prone to streptococcal skin disease and to secondary renal disease. Travellers can present with unusual skin problems such as cutaneous larvae migrans. The vulnerability to skin cancers including melanoma is increased in the highly immune suppressed, especially transplant recipients. Refugees may have tropical skin infections or dermatological manifestations of systemic diseases uncommon in Australia (eg. tuberculosis).

Professional and ethical role

Managing skin conditions may involve a team approach using specialist colleagues in dermatology, plastic surgery or skilled nursing staff. It is important to acknowledge the limitations within general practice and refer patients in a timely and appropriate manner when necessary.

Organisational and legal dimensions

Clinicians need to recognise which dermatological treatments are appropriate to the general practice setting, and to refer those which are not; referral strategies need to be in place. Accurate documentation of examinations, care and patient outcomes is an essential organisational requirement to ensure quality in patient care. Clinicians need to be aware of standards required for practical procedures (eg. infection control) and ensure that their practice complies with these.

Learning objectives across the GP professional life

Medical student

Communication skills and the patient-doctor relationship

- Demonstrate how to establish rapport with a patient, carer and/or parent
- Describe the impact of skin disease on work, daily life and psychological wellbeing
- Demonstrate how to take a history of skin problem without neglecting other health issues
- Describe patient concerns and understanding about their skin problem
- Describe the impact on of patient concerns and understanding on the individual and their family
- Demonstrate patient friendly explanations the pathological process, natural history and treatment of their condition.

Applied professional knowledge and skill

- Describe skin anatomy, physiology and function
- Describe the manner in which skin disease manifests
- Describe the aetiology, symptoms, examination and investigative techniques to be able to diagnose and manage the common dermatological diseases
- Recognise skin signs of serious or life threatening illness
- Clearly summarise a history of the presenting skin problem
- Describe the skin condition using standard dermatological terms
- Demonstrate the how to perform a sensitive, thorough skin examination which includes hair, nails and mucous membranes
- Describe the investigative techniques useful for diagnosis
- Outline the commonly used topical and systemic therapy available for common skin conditions
- Describe the major side effects of the most commonly used medications, especially topical steroids
- Understand the principles of basic skin surgery.

Population health and the context of general practice

- Appreciate the infectious nature of some skin diseases and be aware of the infection control measures needed for patients, siblings, parents and the school or work environment
- Describe how some occupations, hobbies and lifestyle influence and cause several skin diseases
- Outline the genetics and familial aspects of some skin diseases including atopic dermatitis and psoriasis
- Describe the impact of complementary therapies such as herbal cream allergies on skin conditions (eg. calendula cream in eczema can cause a severe allergic reaction).

Professional and ethical role

- Demonstrate the skills needed to explain conditions, their treatment and prognosis to colleagues and patients
- Demonstrate empathy for people with skin diseases
- Describe the difference between 'cure' and 'control' of skin disease
- Appreciate that not all treatments are available, cost effective or equally preferred by all patients with the same skin condition
- Describe the goals and relevance of public health campaigns (eg. 'slip, slop, slap').

Organisational and legal dimensions

- Describe the importance of informed consent for procedures.
- Describe the need for accurate and contemporaneous notes for skin conditions.

Learning objectives across the GP professional life

Prevocational doctor

Assumed level of knowledge – medical student

Communication skills and the patient-doctor relationship

- Describe the patient's experience of the skin disease.
- Integrate a comprehensive patient centred approach into the assessment and management for people with skin disease.

Applied professional knowledge and skills

- Be able to distinguish between what is primarily a skin disease and a dermatological manifestation of a systemic disease (eg. rash on the face may be a manifestation of systemic lupus erythematosus).
- Manage emergency dermatological presentations.
- Demonstrate the appropriate selection and use of local anaesthetic agents.
- Describe best practice use for skin antiseptics.
- Describe and perform basic skin surgery, including the excisional biopsy of small skin lesions.
- Manage skin wounds through primary and secondary intention healing.
- Safe and appropriate use of diathermy and cryotherapy.

Population health and the context of general practice

- Describe the relationship between skin diseases and the physical environment.
- Describe the impact of skin disease in psychological, social and financial terms.
- Demonstrate that the promotion and practice of the principles of preventative care is highly relevant to the skin, including sun protection measures and the prevention of occupational dermatoses.

Professional and ethical role

- Demonstrate that the potential risks and complications of procedures undertaken in the hospital environment are acknowledged when counselling patients for informed consent.
- Demonstrate provision of information for skin problems for patients.
- Demonstrate up-to-date knowledge about clinical decision making for general practice skin conditions and management.
- Demonstrate the processes involved in informing other treating doctors – especially the patient's GP – of the patient's course, outcome and clinical needs in a timely and accurate way.

Organisational and legal dimensions

- Describe the notification requirements of major diseases and the mechanisms through which notification occurs.
- Demonstrate compliance with hospital protocols on infectious disease control such as in managing methicillin resistant *Staphylococcus aureus* (MRSA).
- Demonstrate accurate and contemporaneous recording of skin symptoms, signs and treatments undertaken.
- Describe clear referral pathways for patients with skin symptoms.
- Demonstrate unambiguous and appropriate discharge plans for patients.
- Describe personal limitations in knowledge and the importance of seeking appropriate advice.
- Demonstrate the adoption of a team approach to patient care.

Learning objectives across the GP professional life

Vocational registrar

Assumed level of knowledge – prevocational doctor

Communication skills and the patient-doctor relationship

- Demonstrate how patients are allowed to communicate their concerns, fears and expectations.
- Demonstrate patient engagement about their understanding of their skin condition, including reinforcing helpful beliefs and correcting any troubling misconceptions (eg. 'is my psoriasis contagious?').
- Demonstrate how the results of patients' current and past treatments, including any complementary medicine, are recorded and reviewed.
- Integrate the negotiation of an effective long term management plan (especially important in the management of chronic illness).
- Demonstrate how to reinforce patient understanding of the difference between control and cure.
- Confirm patient understanding of the condition problem and the agreed management plan.

Applied professional knowledge and skills

- Demonstrate how to take an appropriate history and conduct a thorough skin examination rather than making a 'spot diagnosis'.
- Where appropriate, use a dermatoscope for additional help in assessing pigmented and nonpigmented lesions (this may involve a special course of personal study).
- Be able to confidently diagnose the dermatological problems often seen in general practice.
- Demonstrate ability to critically interpret investigations, including biopsy.
- Demonstrate ability to diagnose and manage the major dermatological problems particular to paediatrics, pregnancy and the aged.
- Describe medication side effects that may manifest as skin symptoms, effectively mimicking other dermatological diseases, including the viral exanthems.
- Describe the major disorders of the hair and nails including fungal diseases and local malignancy.
- Demonstrate ability to write prescriptions for useful extemporaneous preparations.
- Demonstrate recognition of serious dermatological conditions, including rare conditions, and arrange management.
- Demonstrate competency in performing basic procedures such as obtaining skin scrapings, sampling for bacterial microscopy and culture, viral sampling, punch biopsy, and formal excisional biopsy.

Population health and the context of general practice

- Describe the financial and time burden of some skin treatments for many patients and their families.
- Describe how exposure to irritants and allergens at home and in the workplace may precipitate skin disease (eg. eczema, contact dermatitis).
- Outline the prevention of skin cancer including patient discussion of sun protection and the general practice surveillance of high risk groups, including in familial forms of dysplastic naevi and melanoma.
- Apply your knowledge of sun skin damage by participating in community and workplace related education and policy strategies.
- Describe how the implications of skin disease outbreaks in the general community demand unique strategies in their management beyond treating the individual patient (eg. scabies, lice, impetigo, herpes zoster and meningococcal disease); this is especially applicable in schools, nursing homes and hospitals.

Professional and ethical role

- Demonstrate maintenance of professional standards of practice.
- Identify areas requiring further knowledge and have strategies for addressing these areas.
- Outline personal limitations in skill or knowledge and describe how to be prepared to ask for help.
- Demonstrate how to avoid vulnerable anatomical structures during skin surgical procedures (eg. temporal branch of facial nerve).
- Demonstrate the important surface landmarks for the facial, accessory and marginal mandibular nerves.
- Demonstrate sensitivity to the potential lifelong misery and stigma of some skin conditions, including visible birthmarks, psoriasis or acne.

Organisational and legal dimensions

- Demonstrate that a reliable record system is in place for all biopsies, investigations and excisions sent from the practice.
- Outline clear practice mechanisms are in place for the transmission of relevant information to patients about their test results.
- Demonstrate a clear paper or computer record of the flow of information.
- Demonstrate ability to make contemporaneous, legible and accurate notes.
- Describe potential work related compensation issues with respect to skin disease (eg. allergic contact dermatitis).
- Where appropriate, demonstrate how patients can access reliable information about skin diseases, which may include printed brochures from recognised authorities.

Learning objectives across the GP professional life

Continuing professional development

Assumed level of knowledge – vocational registrar

Communication skills and the patient-doctor relationship

- Describe the personal impact of visible and possibly stigmatising skin conditions on a person.
- Demonstrate ability to assess the emotional and financial impact of skin diseases.
- Describe how mental illness can be associated with or exacerbated by skin disease.
- Describe the importance of counselling patients who have unrealistic expectations; it is important to be realistic about expectations with regard to time frames and treatment outcomes (eg. in acne treatment).
- Describe methods to improve counselling skills for patients with complex management needs (eg. for acne, psoriasis, eczema and vitiligo).

Applied professional knowledge and skills

- Demonstrate review of ongoing skills and methods to confidently diagnose and manage the skin diseases commonly arising within the local practice population and community (eg. a patient audit may provide guidance as to what the common local diseases are).
- Describe the long term management of depression in chronic skin disease.
- Demonstrate confident and competent use of a dermatoscope.
- Demonstrate confident and competent performance of skin procedures.
- Describe dermatological treatment complications.
- Demonstrate increasing knowledge in skin complications of systemic disease (eg. diabetes, peripheral vascular disease, immunocompromised, obesity).
- Describe the psychiatric manifestation of skin disease such as trichotillomania, body dysmorphism, delusions of infestation (parasitophobia).
- Demonstrate improvement in ulcer management skills.

Population health and the context of general practice

- Describe the particular skin problems of immunosuppressed patients including organ transplant patients.
- Demonstrate ready access to recommended exclusion periods for the childhood exanthems.

Professional and ethical role

- Demonstrate regular participation in dermatology updates.
- Where appropriate, demonstrate further and higher learning in dermatology, including learning advanced surgical techniques (eg. flaps, grafts and complex repairs), advanced diagnostic skills of pigmented lesions, and diploma and masters courses in dermatology.
- Demonstrate regular reflection of personal limitations in dermatology and refer when appropriate.
- Demonstrate informed consent for all dermatological procedures.

Organisational and legal dimensions

- Demonstrate practice processes for reliable and sterile equipment for all dermatological procedures.
- Demonstrate compliance with sterilisation methods and maintain instruments and sterilisation procedures to RACCGP standards.⁴
- Demonstrate the provision of patient space and privacy for disrobing, examination and treatment.
- Describe the establishment of links with dermatology and surgical colleagues for ongoing patient dermatologic treatments.

- Demonstrate processes for staff training and protocols for tray presentations, equipment, waste disposal, cleaning and sterilisation.
- Demonstrate access to cardiopulmonary resuscitation in the event of an emergency during a skin procedure including ongoing staff training education.
- Demonstrate appropriate follow up policies are in place for patient recall, result notification and action required, and that these policies are enacted.
- Demonstrate compliance with communicable notification requirements.

References

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