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News & Views

FAMILY PHYSICIANS WITH SPECIAL INTEREST IN DERMATOLOGY

M Leelavathi *MMed (FamMed UKM), GDFPD (Singapore)*. Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia

Address for correspondence: Dr Leelavathi Muthupalaniappen, Lecturer, Department of Family Medicine, Faculty of Medicine, Kompleks Pendidikan Perubatan Canselor Tuanku Jaffar, Universiti Kebangsaan Malaysia, Jalan Yaacob Latif, 56000 Kuala Lumpur. Tel 03-91455555 ext 6123, Fax 03-91738153, drleela@mail.hukm.ukm.my

INTRODUCTION

The concept of Family Physicians with special interest in a particular field of medicine is currently gaining popularity. It is a new trend in medicine, at least in countries where there is lack of specialists in the many disciplines of medicine. There is also an increasing need to reduce demand for secondary and tertiary care services by developing community based services. Training of Family Physicians in a particular field helps to provide better clinical services and procedures, appropriate referral to secondary or tertiary hospitals, redesign patient care pathways catering to the needs in the community and to raise the standards of clinical care for a specific chronic disease in a particular locality.[1]

Family Physicians with special interest are by definition able to supplement their core generalist role with additional high quality clinical service to meet the needs of their patients at the community level. This may require a scope beyond their core professional role or they may even conduct procedures which are normally not undertaken by their colleagues. Hence they would need to acquire appropriate skills and competencies to deliver those services without direct supervision.[1]

Clinical exposure in the field of dermatology is usually limited to about one to two months during undergraduate training and another month during the training to be a Family Physician. With this limited experience it may be difficult for a Family Physician to diagnose and treat skin conditions confidently. Hence there is a need for structured training programs in dermatology.

At the moment, in Malaysia there is no national system for training or accreditation of Family Physicians with special interest in dermatology. The common practice is by doing a part time or full time diploma either locally or overseas. Most training programs offered are based on distant learning modules.[3-5] However there is lack of clinical exposure with these programs. Another option would be to do full time attachment for gaining "hands on" experience or a combination of both.[2] Learning dermatology is essentially based on clinical and practical experience of looking at a variety of skin conditions and their presentations in addition to the theoretical knowledge. Continuity of care and follow up of patients during training is essential to monitor treatment response. This is because treatment response may vary among patient and need to be modified accordingly. Clinical exposure also gives an opportunity to the physician to offer counseling which is an integral part of managing chronic skin diseases which require long term follow up such as psoriasis, eczema and leprosy.

SELECTION OF TRAINING CENTER

Probably the most effective method of training a Family Physician with interest in Dermatology is a combination of concurrent clinical attachment and a structured program. A full time attachment for at least one year will be beneficial as this enables trainees to maximize participation in all academic, clinical and outpatient activities. An intensive training will help trainees be more confident in the diagnosis and management of common skin conditions. Facilities provided at the center should match the type of service that is planned to be provided at the Primary Care setting on completion of the training.

A full time commitment on the trainee's part implies that they must be prepared to lead a student's life again. This means that trainees should be able to allot a few hours in a day to do regular studies which include brushing up the basic knowledge, and update oneself with the latest practice and management guidelines in dermatology while providing service at the same time. The addition of a research project during this period is recommended. This would increase depth of knowledge and contributes to upgrade the field of interest. For a large number of us, the responsibility of having a family and a full time practice may sometimes be an important deciding factor to enable one to pursue and remain in a program.

The selection of an appropriate center for the training of Dermatology for Family Physicians should be based on a few things. Ideally it should be an academically focused center with a good number of Clinical-Pathological Conferences, case presentation and two way discussion with trainers. Facilities for day care procedures and the number of qualified experienced trainers are essential prerequisites to provide guidance and close monitoring of trainees during these procedures. Clinical attachment is better done at a tertiary referral center where there is a team of experienced dermatologists, pathologists and oncologists who provide combined care for patients. A good patient load comprising of new and follow up patients will enable trainees to get clinical exposure to a variety of skin diseases, different clinical manifestations and disease progress. In addition to General

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Dermatology, an exposure to subspecialty services such as Genitourinary Medicine, Hansen's disease, Autoimmune and immunobullous diseases, Pediatric Dermatology, Dermatologic Surgery and Allergy/ Contact Dermatitis exposure would be beneficial.

SELECTION OF PROGRAM

Selection of structured program from the ones that are already available[3-6] will mainly depend on the trainee themselves. Online distant learning programs are now widely available. The important criteria to look for will be duration, course content (common Asian skin conditions) and its relevance to the anticipated practice. Most distant learning programs vary from nine months to one year. With the in-house courses, trainees would be required to complete the entire course in a designated center e.g. in United Kingdom.[6] Distant learning modules would require the trainee to contribute certain number of hours in a week for online assignments, tutorial and conferences. The number of hands-on sessions provided by any these modules are important.[5] Some of the programs require trainees to prepare assignments within a speculated time. These assignments are based on the Problem Based Learning (PBL) method which is useful because this is how patient presents at the outpatient clinic.[4] These assignments are assessed and returned to the trainee with feedback on areas to improve and references to be looked up. The preparation for these assignments requires intensive literature search which at the end of the day helps the trainee to identify resource centers and dermatology practice guidelines of good standard which can be applied in their practice later. Method of assessment in terms of examination, whether the components of the examination cover the depth of theory, practical application and management issues, gives an idea of outcome of the program. The last but not the least important factor to consider is the cost of the program and the type of qualification awarded which may range from a certificate to a post graduate diploma in Dermatology.

A comprehensive training will enable the Family Physician to diagnose and manage skin conditions more accurately and confidently. Only cases that can be managed adequately at the primary care should be followed up and practitioners would be able to identify cases that need referral to a tertiary care. This includes patients whose diagnosis is in doubt, cases requiring biopsy (if facilities for biopsy or pathologist are not available) or further management that requires specialized therapy such as phototherapy or even a suspected skin malignancy. Practitioners will be able to recognize dermatological emergencies, drug reactions and channel these cases to tertiary care for appropriate admission and inpatient management. Coordinated care between the Family Physicians and the Dermatologist will help enhance further the existing skin care for patients.

It must be emphasized that training of a Family Physician in dermatology does not make one a dermatologist. The expert opinion in dermatology is still in the hands of a dermatologist who is an Internal Medicine Physician trained in the field of dermatology for 3 years (advanced masters in dermatology or an equivalent qualification). A Dermatologist is better trained to handle complicated dermatological cases as skin forms an integral part of Internal Medicine, an area where a Family Physician has limited experience.

One issue that can be expected to arise is the possibility of lack of standardization in the services provided by Family Physicians graduating from these different training programs. Further training in primary care would therefore require an accreditation process to evaluate the services provided by Family Physicians with special interest. This could probably be done at the national level by a selected committee comprising of Dermatologists and Family Physicians. Trained Family Physicians in dermatology can help reduce patient load at the tertiary center, provide skin care at the community level and facilitate easier access for patients in need of dermatological services in the future.

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