



**BRITISH ASSOCIATION
OF DERMATOLOGISTS**
HEALTHY SKIN FOR ALL



June 2023

AGM Reports 2023

Produced by the BAD Officers, Members and SIGs
A summary of achievements from July 2022-June 2023

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PRESIDENT'S REPORT, Professor Mabs Chowdhury

The 2023 AGM marks my first full year as President of the British Association of Dermatologists and the halfway point in my term of office. I am pleased to report that the BAD is in good financial health and is making excellent progress on the five-year strategic plan that started in 2021. While I will focus on the work done by the BAD in the 2022 financial year, I hope you will have been following developments in 2023 through our regular member communications.

The last 12 months have been exciting in many respects for the BAD. Some of the uncertainty caused by the pandemic regarding our income streams, events, and ways of working began to recede and we started to see good progress on the BAD's overall strategy and infrastructure investment.

Strategy

The BAD five-year strategy runs until 2026. The strategy's overall goal is to ensure that the BAD is the 'go-to' body for everything skin health-related. The strategy is structured around three key themes:

- Promoting the best possible standards of care for people with skin conditions
- Influencing and fostering collaborative skin-specific research
- Working collaboratively to support and strengthen education and training for all those involved in dermatology service provision.

Our Transformation Quality Improvement and Clinical Standards Units have led the way by publishing vital guidelines, providing patient information, setting service standards, and providing countless other resources which help us to provide the best possible care for our patients.

Our Research Unit, with Academic Vice-President, Professor Richard Warren, has developed and is now implementing a new BAD research strategy published on our website. The team is already doing a huge amount, running numerous workstreams, registries and events. However, this new research strategy marks an even more ambitious programme of support for British dermatology research so watch this space.

Our Education Team was transformed in the last year. A new Officer role (Education VP) was established, and we hired a new Director of Education, along with a team of skilled educators and formed a new faculty. The team is now responsible for GPwER, CESR, post-CCT and event accreditation. Work also started on the BAD's Learning Site which was launched in 2023. I look forward to seeing the positive impact this work will have on dermatology education for all dermatology professionals.

Infrastructure investments

Like many organisations, the BAD found that the pandemic disrupted some of our key workstreams. It brought into focus the need for flexibility in how we deliver education and events and made the strong case for greater investment in our digital platforms. Hence, we started or completed a number of projects to support this in the last 12 months or so.

Not only will it improve what the BAD can offer our members and other healthcare professionals, but it will also open up new revenue streams and audiences for the BAD, which will help fund future work.

These projects included the launch of the new BAD website in May 2022, the release of new referral management guidelines, and the start of a new online learning platform project, which was launched in 2023.

Thank you to our dedicated BAD staff led by Simon Morrison CEO and Nina Goad Deputy CEO, the Executive Committee and Trustees, and hundreds of members contributing to our numerous sub-committees and other key workstreams to continue this important work for the benefit of the public and our patients.

2022-2023: HEADLINES & HIGHLIGHTS

The last 12 months were a very good year for the BAD – albeit one that was full of changes! We started an ambitious programme of digital transformation, went back to an in-person Annual Meeting, undertook a major change to our journal publishing arrangements, and more. We have tried to summarise the whole year with some highlights from each of the BAD teams and lots of thanks for sterling work across all the workstreams.

British College of Dermatology

The British College of Dermatology (BCD) strategy is to collaborate with our stakeholders and be the hub for education and training in dermatology for the medical and multi-professional workforce. Our education strategy day was held in March 2023 and a full report will follow. Please see further details in the Education VP report.

It's been a year of huge change for the Education department, as they look to deliver the new BCD strategy. Dr Tamara Griffiths stepped into her new Officer role as Education Vice-President, and Barbara Mason joined as Director of Education, together with a growing team of education specialists and BCD faculty members. Tamara will start as President-elect post-AGM to be replaced by Professor Mini Singh as next Education VP.

One of the major workstreams of the team in 2022 was the development of the BAD's new learning site, which was launched in 2023. We hope that this website will be a crucial hub for dermatology education, and the go-to place for enhancing multi-professional knowledge through online, interactive, and self-guided study. Thank you to the BSDS and BDNG who developed the first 4 online courses. We are very grateful to Dr Vindy Ghura and Dr Dina Ismail who led the development of the BSDS sessions along with other key contributors.

The Education team are also responsible for our accreditation services including CESR assessment and post-CCT fellowships in a range of sub-specialties. They also played a vital role in organising and hosting successful dermatology educational courses such as CESR Workshops, the Foundation Year Masterclass and StR training events.

Clinical Standards

The Clinical Standards team, led by M. Firouz Mohd Mustapa, is responsible for a wide range of workstreams relating to clinical services, including the development of BAD guidelines and patient information leaflets with new QR codes.

A total of 25% of the top 100 most accessed British Journal of Dermatology (BJD) articles in 2022 consisted of BAD clinical guidelines. Five BAD clinical guidelines appeared in the top 10 of the most accessed BJD articles in 2022, accessed more than 15,000 times each. Six more clinical guidelines ranked in the top 30. We also published five new BAD clinical guidelines in the BJD.

Work on BAD patient information leaflets (PILs) has continued, with an impressive 43 PILs updated and 5 new PILs created in 2022. In terms of BAD national clinical audits, we participated in the audit for the management of adults with SJS/TEN. We also assisted the Therapy & Guidelines sub-committee with numerous consultations pertaining to clinical guidelines, technology appraisals and highly specialised technology appraisals.

Throughout the year, the team also supported the BAD Retinoids Working Group in engaging with the MHRA on the review of the neuropsychiatric and psychosexual adverse effects associated with isotretinoin.

Throughout the year, the team also supported the BAD Retinoids Working Group in engaging with the

MHRA on the review of the neuropsychiatric and psychosexual adverse effects associated with isotretinoin and preparations of corresponding implementation tools, the Medicines Working Group in dealing with medicines shortages, and the Dupilumab Ocular Complications Working Group in preparing an upcoming UK guidance (with the Royal College of Ophthalmologists) on managing people with ocular surface disorders as a result of dupilumab therapy for their atopic dermatitis.

Transformation Quality Improvement Unit

The team, led by Tania von Hospenthal and Clinical VP Chris Bower, continued to do excellent work in supporting the commissioning and provision of dermatology services through their publications, guidance, and interventions, including the development of dermatology referral guidelines. Please see Chris Bower's report for further details.

The TQIU are working collaboratively with GIRFT (Nick Levell), NOTP (Tanya Bleiker and Julia Schofield) and NHSE. Thank you to everyone for their tireless contributions. Julia will be speaking at the annual meeting to update us on the NOTP workstreams. Please see all the valuable resources signposted on the BAD website including the Teledermatology section and Demand and Capacity covering skin cancer pathways, outpatient missed appointments and PIFU.

Communications

The Communications team, led by Matt Gass, is responsible for external communications including media requests, social media promotion of our events and services, and the creation of our awareness campaigns e.g. nail gel acrylate allergy, sun awareness week. They also develop and maintain the BAD websites.

The biggest project over the last 12 months for the communications team was the launch of the new BAD website. This project was a complete overhaul, from design, to navigation and content and was a major undertaking. I hope you will agree this is now much easier to navigate and the Patient Hub has been accessed over 1 million times!

Working with the Transformation Quality Improvement Unit, we successfully built and launched the dermatology referral management platform which now sits on the BAD website. The team also developed new brand materials for the organisation, including all our documentation, design materials, and member communications. In addition to this, the team established the first codified BAD Marketing Strategy, to support the promotion of all the BAD's work.

Conferences and Events

Over the course of 2022-2023, our Conference and Events team led by Chris Garrett, delivered an educational programme of 34 events. Through this work, we have provided CPD updates and education to over 4,700 consultant dermatologists, trainees and other HCPs to enable them to deliver better medical care to the public.

Following a brief period of adaptation to online-only events, 2022 saw our successful return to an in-person meeting in Glasgow, with over 1200 face-to-face attendees and another 500 accessing the post-event virtual platform. Furthermore, a sold-out exhibition area generated income (approx. £680k) for the BAD to enable us to continue all our strategic activities. The 2023 conference in Liverpool seems to be on target for very high in-person attendance, if not the highest to date.

The team also worked on the hybrid events model and moved towards a return to in-person events as well as continuing, where required, to host virtual courses. In addition, the team did excellent work over the last year on improving the sustainability of the BAD events programme.

Research

The BAD's first Research Strategy Day took place in 2022, with the research strategy resulting from this event now published on our website. Thank you to Shehnaz Ahmed for her hard work across the Research and Publishing teams. Please see Professor Richard Warren's annual report for details on new registries being supported by BAD funding.

For ongoing registries, ASTAR recruited 446 patients by the end of 2022, as well as 25 sites. BADBIR recruited 20,768 patients by the end of 2022, together with 166 sites.

2022 saw the first BAD-NDRS' Get Data Out campaign. This was the first time that cancer data was published by the National Disease Registration Service (NDRS). The press release for this campaign, issued by the communications team, was picked up by 50 press outlets. The BAD was delighted to help fund the 2022 Wellcome Trust Genomics for Dermatologists course, which BADGEM organised successfully.

UKKCC secured £300,000 of funding from the British Skin Foundation to begin building a biobank across the country to collect 60 fresh cSCC tumours and 240 archival tissues. In October 2022, the BAD and Dundee University signed a collaboration agreement for this project with the aim of recruiting 20 centres during 2023.

Publishing

The BAD transferred the publishing operations for the BJD and CED over to Oxford University Press, while continuing to publish Skin Health and Disease (SHD) with Wiley.

Our flagship journal, BJD, achieved an increase in the impact factor, which in 2022 was 11.113, ranking 3rd among dermatology journals. CED, our educational journal, also rose to 16th place, with an impact factor of 4.481. SHD achieved indexing on PubMed Central, which is an important step for a journal towards getting indexed on PubMed.

In February 2022, we published *Dermatology Training: The Essentials*, the BAD's educational textbook mapped to the August 2021 curriculum, with over 1000 copies sold to date. We are in discussions to translate this book to other languages such as Chinese and Spanish for a wider international reach.

Overall, the BAD journals reached 7,000 institutions worldwide in 2022. Additionally, our philanthropic initiatives extended low-cost or free access to 4,000 institutions in developing countries, which is fantastic.

National Workforce Plans

Our recent BAD Freedom of Information request on workforce staffing levels sent to all UK trusts and health boards showed 863 (677 WTE) consultants, with 189 locums and 148 vacancies, and 286 (232 WTE) trainees. Following on from our BAD Workforce Summit in 2022, the latest BAD multi-professional workforce survey was sent in May 2023 to all consultants in order to ascertain the working practices of our dermatologists and their clinical service staffing levels. This is especially important to produce accurate workforce statistics to target local service needs including other HCPs.

Unfortunately, the publication of the government's Workforce plans has been delayed repeatedly and we hope there will be workforce indicative numbers included. We are collaborating with the RCP, RCGP, BDNG, PCDS, patient support groups, and other stakeholders to extend pressure to include required numbers of medical students, GPs, nurses and multi-professional healthcare workers. Discussions are ongoing regarding extra dermatology training numbers with some re-allocation of training places. Please see Dr Bryan McDonald's annual report.

Collaborations with Royal Colleges and external stakeholders

I have attended regular RCP Council and Medical Specialties RCP Board meetings and I have highlighted dermatology can continue to collaborate with the RCP in many relevant areas. The RCP President Sarah

Clarke will be speaking at our annual meeting, and I have met with Vice Presidents John Dean (clinical), Olwen Williams (Wales) and Ramesh Arasaradnam (academic). Our BAD strategic aims are very much aligned with the RCP's outpatient services workstream, digital strategy and leadership skills development. I was invited to speak at the regional RCP Update in Cardiff in November 2022 and ran an interactive session on dermatological emergencies which was well received.

Encouraging meetings were held with Professor Kamila Hawthorne, Chair of RCGP and Professor Simon Gregory, Medical Director for Primary and Integrated Care at HEE (now NHSE) with Tamara Griffiths and Mini Singh, to plan the future educational needs for GP training with potentially 1000s of extra GP training numbers.

Successful Awards and Key Appointments

Dr Adam Daunton has been appointed as Editor-in-Chief for Clinical Experimental and Dermatology journal (CED). He will be Editor-elect for 6 months and take over in Jan 2024 from Alexa Shipman who has done a fantastic job in the last few years to focus the CED as the BAD's educational journal.

Dr Ewan Langan has started as Editor-in-Chief of Skin Health and Disease (SHD). We thank George Millington, now Deputy Editor, for his role as founding Editor-in-Chief for SHD.

The BAD's most prestigious award, the Sir Archibald Gray Medal 2023 has been awarded to Professor John McGrath and Dr Portia Goldsmith has been named as the 2023 Clinician of the Year. Many congratulations to John and Portia who are both worthy recipients of these superb accolades for years of dedicated service to dermatology patients.

Professor Brian Diffey was awarded the RCP Baly Medal 2022, and this is a significant achievement for a lifetime of distinguished work in physiology, medical physics and photobiology. Dr Deirdre Buckley, last President of BSCA, was awarded the RCP Bisset Hawkins Medal 2022 for services to public health and occupational dermatology during the pandemic.

Dr Sidra Khan will be taking over as the Global Health Lead from Professor Richard Weller. Professor Mini Singh has been appointed as Education Vice-President to replace Tamara Griffiths, who will be taking over as President-elect.

Dr Rachel Abbott and her colleagues have done sterling work on our BAD sustainability agenda. Congratulations to the Dermatology Sustainability UK Group, on being awarded the 2023 'Green Prize' for leading a collaboration of dermatologists evaluating the environmental impact of dermatological surgery across the UK.

Dr Michele Murdoch, Consultant Dermatologist at West Herts Teaching Hospitals NHS Trust was awarded the 2022 ILDS Certificate of Appreciation Award in Humanitarian Dermatology. Professor Andrew Finlay CBE, Professor of Dermatology in the School of Medicine at Cardiff University, was bestowed the 2022 ILDS Certificate of Appreciation Award in International Leadership. Both awards will be presented during the AGM by Dr Claire Fuller, IFD Chair.

Dr Tanya Bleiker, our immediate past president, has started with gusto as the Clinical Director for NHSE National Outpatient Transformation to lead all specialties including dermatology. The national Specialised Dermatology Clinical Reference Group (CRG) at NHS England and Improvement (NHSEI) was changed to a Respond and Advise CRG in July 2022. The two unfunded appointed Clinical Leads for Dermatology are Tanya Bleiker (under NHSEI Internal Medicine Programme of Care (PoC)) and Steve Keohane for Skin Cancer (under NHSEI Cancer PoC) and are chairing a new joint NHSEI/BAD working party group (WPG).

Finally Thank You!

Thanks to the following Trustees who will be demitting in June 2023:

Dr Maneesha Vatve

Dr Rachel Montgomery

Dr Shamali Hoque

Dr Pallavi Gupta

Dr Gina Kavanagh

Dr Iqra Ashraf

A big thank you to all our Officers and Executive Committee members, without you the BAD would not be able to deliver the strategic aims and we value immensely your selfless and tireless work for the benefit of our patients. I have hugely appreciated your support and valuable counsel in the last 12 months and welcome to all our new Officers and Trustees.

Thank you to all of you as contributing members and patient representatives who are sitting freely on our many sub-committees and workstreams. Your continued help and expertise is much appreciated.

Finally, I would like to thank our demitting Officers for their huge contributions over the last few years including Dr Bryan McDonald, Honorary Secretary and Dr Tamara Griffiths, Education VP. Professor Richard Warren, as Academic VP, has organised a fantastic scientific programme and conference in Liverpool. Thank you to Richard and the whole team, many congratulations on a hugely successful meeting.

Please do enjoy the Liverpool Annual Meeting and I look forward to seeing all of you!

HONORARY TREASURER'S REPORT, Professor Nick Levell

For the year ended 31 December 2022, the Association has achieved total consolidated income of £7,245,124 (2021: £5,376,641). Total consolidated expenditure has totalled £6,070,319 (2021: £5,108,406) resulting in an overall consolidated surplus of income over expenditure after losses on investments of £726,007 (2021: £666,738).

Group accounts year end 31st December 2022

Funds b/fwd 1 st January 2022	12,344,851
Income	7,245,124
Expenditure	6,070,319
Less unrealised loss on investments	448,798
Funds c/fwd 31 st December 2022	13,070,858

The funds carried forward include:

Restricted funds	£ 190,304
Designated funds	£5,523,189
Fixed asset reserve	£3,099,899
General reserves	£4,257,466

BSF Donation

Within the above we have accrued the annual donation to the BSF of £200,000. The same amount has been awarded each year since 2018.

Investments

Investment portfolio update

- Inception (14/02/17) portfolio value = £639,983 (plus £500,000 deposited 23/03/2017 and £1,500,000 deposited 17/05/18)
- Previous portfolio value (April 2022) - £3,466,873
- Current portfolio value (April 2023) - £3,252,369

The BAD has adopted a long-term investment policy and therefore the funds will remain invested.

Membership Fees 2024

The proposed annual subscription rates for 2024 are as follows:

	2024	2023
Ordinary	£351.00	£334.00
Trainee	£ 70.00	£ 67.00
Honorary	£ 0.00	£ 0.00
Honorary (with Journal)	£103.00	£ 98.00
Associate	£200.00	£190.00
Student	£ 12.00	£ 11.00
Honorary Overseas	£ 0.00	£ 0.00
Retired	£ 0.00	£ 0.00
Retired (with Journal)	£ 86.00	£ 82.00
Junior	£ 70.00	£ 67.00
Healthcare Professional	£200.00	£190.00

CLINICAL VICE PRESIDENT'S REPORT, Dr Chris Bower

Service Improvement Committee

The Service Improvement Committee (SIC) was formed in 2022, with the first meeting being held in September 2022. The committee has representative dermatologists from England, the devolved nations as well as BDNG, PCDS and a patient representative. The work done by the SIC is discussed at the committee meetings. Thank you to all the members of this committee for their ongoing contribution.

The meetings are an opportunity for colleagues to share their challenges and experiences with each other. Meetings have covered service issues and other issues ranging from high-cost drug access, 2WW pressures, Advice and Guidance and staffing.

Members of the committee have provided input into the Yearly Workforce Survey for Dermatology, Homecare Services Survey, Provision of Inpatient Services Report and NICE Skin Cancer Quality Standard consultation.

NHSE Specialised Dermatology Working Party Group (WPG)

We have been providing administration support for the newly reformed NHSE Specialised Dermatology WPG, made up of external stakeholders, taking a national overview of different workstreams.

Artificial intelligence (AI) Working Party Group (WPG)

DICOM standards are available on the BAD website. We are working with the international DICOM working group with the view of the standards being adopted nationally. We are working with notified bodies to support their processes and help develop a more robust regulation process.

NHS Digital Registries

We have been working with NHSE in order to pursue sponsorship for the digital registries. We require a Section 254 in order for this work to proceed. We are investigating further the Section 254 process given the merger between NHSE and NHS Digital.

Local Service Issues

The TQIU have been working with Trusts on a number of issues, including assisting with harm reviews and case note audits. We have also been working closely with commissioners on community dermatology tenders.

ACADEMIC VICE PRESIDENT'S REPORT, Professor Richard Warren

Roles:

1. Member of the Research Sub-committee and oversight of research (e.g. registries) supported by the BAD
2. Develop a 5-year research strategy for the BAD
3. Organising the annual BAD meeting 2023
4. Derschool/Dermsoc

Research Strategy

The BAD's research strategy document has been published online, although an iterative document, it's now clear to the BAD membership and other stakeholders the BAD's intent around increasing UK research capacity. A key part of early strategic importance was to free time for the AVP to focus exclusively on research; this was done by the appointment of an Education Vice President. This will also allow future VPs from either a research or education background to focus on their key strength.

The research strategy document is being shared with potential BAD partners, such as the NIHR, with meetings set up to discuss future avenues of combined working that would facilitate the implementation of the BAD's research strategy. Working closely with the CEO and research team, an additional funding commitment to research has been approved for the next 3 years (acknowledging the BAD funds a lot of research already) to allow implementation of the strategy. Expanding drug safety registries in new disease areas has been part of the strategy in year 1; with the BAD in principle supporting 3 new registries for patients on treatments for alopecia areata (UK GRASS), hidradenitis suppurativa (H-STRONG) and vitiligo (VIRTUAL-UK). Such studies will help to grow UK wide infrastructure to facilitate research in British Dermatology and be key to replicating the huge success of existing BAD registries.

As part of the research strategy, improving accessibility to research for all was felt to be a key objective. Some excellent videos and podcasts from undergraduates and junior/senior doctors are now available on the BAD website, giving ideas and inspiration of how to get into research at various stages including for those who wish to do research as part of a mainly clinical job plan. In addition, the BAD Research Grid (to go live in July 2023) is available to guide trainees on suitable research courses to attend, depending on their interest. Of course, the GRID also helps in guiding towards courses which help to meeting curriculum objectives but hopefully for most it goes well beyond this!

Update Current Research

Numerous BAD projects across many disease domains continue to successfully deliver clinically relevant research. You may have seen many posters/talks and papers from the BAD-NDRS team delivering data on skin cancer incidence, both rare and common, which is assisting in service planning for the future. The UKKCC initiative now has ethics in place to add a more basic science angle to skin cancer research supported by the BAD. BADBIR and ASTAR continue to publish data which is informing guideline development and clinical practice.

Annual Meeting

The annual meeting in Liverpool 2023 has had record numbers of registrations (at the time of writing). The meeting will have a key theme showcasing research supported by the BAD e.g. the various registries in inflammatory skin disease and cancer – fitting in well with the launch of the BAD's research strategy.

DermSchool/DermSoc

There is a fantastic program in Liverpool ahead of the annual meeting. Poster submissions have been excellent and interest at undergraduate and junior doctor level in dermatology remains strong.

Update on AVP

Elections for the next AVP have been completed with Dr Mike Ardern Jones, current chair of the BAD research committee being elected, taking office in July 2023 – many congratulations Mike.

EDUCATION VICE PRESIDENT'S REPORT, Dr Tamara Griffiths

Much has been achieved during the inaugural year of the BAD Education Vice Presidency, primarily embedding the British College of Dermatology (BCD) as the hub of dermatology education and training across the healthcare workforce.

The BCD is the education arm of the BAD, work is led and supported by the six-member Education Team, consisting of Education Director (Barbara Mason), Education Manager (Ines Willis), three Officers: Education (Lisa Gwilliam); Accreditation (Shelley Gilchrist-Burnard); Digital Learning (Sebastian Laphorne), and Education Coordinator (Susan Simpson).

The Education Strategy Day took place on 11 March 2023, to generate an agreed collaborative approach for the development and widescale delivery of dermatology education and training. Professor Kamila Hawthorne, Chair of the RCGP gave the keynote lecture, with further multi-professional contributions from nursing and pharmacy colleagues, in addition to patient representation. Further input was provided by the Dermatology SAC, GIRFT-lead, special interest groups (BSDS, BSPAD, BSCA, BPG, BSSVD and BCDG), as well as Education team members, BAD Officers and members. A document summarising the event was submitted highlighting key themes and agreed next steps, underscoring the increasingly complex political landscape driving education and training, due to its critical role in service development.

The BCD Faculty was founded this year, to establish a community of educationalists within our specialty; to develop and deliver evidence-based education and training in a strategic manner; and to grow and develop dermatology leaders in education. There are currently 14 faculty members, with expansion to include four-nation representation. Work thus far includes design of learning content and support of various BCD accreditation programmes.

The BCD online learning site <https://learning.bcd.org.uk/> has launched! In March 2023 it opened with a free portal to members (via login to the BAD website), with plans for roll out and access expansion. Current content includes superb interactive modules including Advancement Flap Repair for trainees and surgical modules produced in collaboration with the BSDS, featuring Surgical Anatomy, and Local Anaesthetic. In addition, a module on Acute Dermatology and Nursing Management has been produced in partnership with the BDNG. The Education Team are working on developing new content on referral of Basal Cell Carcinomas and modules for GPs and pharmacists. The aim is for our LMS to become the go to online learning resource for dermatology education and training across healthcare. Furthermore, there is scope for 'blended' programmes where online modules will be supported by face-to-face training.

BCD Accreditation programmes include Certificate of Eligibility for Specialist Registration (CESR), GP with Extended Role (GPwER), post-CCT fellowships and course and event accreditation for partner agencies. In 2022 successful accreditation includes: 19 CESRs; 13 GPwERs; 8 post-CCT fellowships (7 Mohs/Advanced Surgery; 1 Hair & Scalp Disease). We are working with specialist interest groups to promote post-CCT fellowships in Advanced Paediatric Dermatology, Advanced Medical Dermatology, Cutaneous Allergy, Vulval Disease and Photodermatology, aligned with SAC-approved curricula and the BCD accreditation programme, which is critical for service provision, succession planning and retention of these important skill sets.

Further workstreams: The Nursing Workstream, chaired by Karina Jackson, has completed role descriptors for bands 2-8 in conjunction with the BDNG and RCN, to promote standardisation and create clear progression pathways. The Patient Engagement Workstream, chaired by Emma Rush, has progressed work on the Patient Hub accessed via the BAD website, which provides support not only for specific conditions, but on how to navigate the healthcare system, with the aim to support patient communities. The Pharmacy Workstream, co-chaired by William Price, and the Physician Associate Workstream have developed sample job descriptions and business cases, available on the BAD website, to facilitate expansion of clinical teams in secondary care. Anja Weidman and Stephanie Gallard contributed to the

Royal Pharmaceutical Society Community Pharmacist Consultation Services education programme, which together with four other specialties, delivered 765 online events with over 12,500 session attendances over 12 months.

The Vulval Workstream, chaired by Caroline Owen, has updated clinical standards co-badged with the RCOG and BSSVD, providing quality assurance frameworks to support patients with vulval disease and inform both service providers and commissioners. The Undergraduate Workstream, chaired by Minal Singh, successfully delivered the Foundation Year Masterclass in Dermatology designed by Amr Salam and co-led with Tom King in September and March. The CESR Workstream, led by Ava Lee, delivered workshops for applicants in November and March. The Digital Innovation Workstream, chaired by Ruth Murphy, has led the collaboration with Health Education England's Topol Fellowship Programme, aimed to develop leaders in digital health innovation. The BAD has co-funded two 12-month fellowships this year, congratulations to Richard Barlow (Sandwell and West Birmingham) and Stephen Ali (Swansea) who were successfully awarded in January.

And finally...I wish to congratulate Professor Minal Singh who is the new Education Vice President, as I demit to step into the President-Elect role. Starting as BAD Education Lead in 2015, a role which was elevated to the inaugural Education Vice President seven years later, has been a tremendous honour and privilege, demonstrating the BAD's commitment to education alongside clinical service and research. I have been inspired and humbled working with multi-professional, multi-disciplinary stakeholders to develop and consolidate the British College of Dermatology, and most importantly would like to thank past and present Officers, BAD senior management team, colleagues and friends for their wisdom, collaboration and support. Wishing Mini all the very best!

HONORARY SECRETARY'S REPORT, Dr Bryan McDonald

This year has been busy in the British Association of Dermatologists (BAD) with the staff working hard throughout the year to support the multiple different work streams. The result of this has been to provide help, advice and guidance to dermatologists, departments, members of the public and other persons, allowing the association to support the care of patients. I wish to thank all of the staff, and everyone who has volunteered, for the time they have given to improve the care of patients.

However, this year has seen ongoing work in departments up and down the country to recover from COVID19 and also to deal with increasing backlogs as well as adjusting to new ways of working. Almost a week doesn't go by without new issues coming to light, whether due to staff shortages, increasing demands, lack of medications due to shortages or changes in the way we work.

The BAD has been working to assess new ways of working and new technologies to see how these can be integrated into pathways to improve patient care, balancing this with the need to make sure that there is adequate testing of newer technologies. This work will be ongoing, as new developments occur at a rapid pace and dermatology in the U.K. may look very different in 10 years from the present.

However, we need to concentrate on more immediate issues, and one that has had a significant input of time and energy over the last year, is to address workforce shortages. We have tried to gather data to help us understand the present landscape of dermatology workforce coverage in the U.K. Further information is still needed for completeness, and we are working on this presently. However, we have moved forward to try and work towards solutions and this year we have forged close working relationships with other organisations to look at how we can address the future need for dermatology care in the U.K.

To this end a workforce summit was held. The outcomes were that all specialties are having similar difficulties and the only way to get more dermatology trainees via the NTN route would be to take from other specialties, which is unlikely to happen. Therefore, alternative ways of training need to be utilised, with support for accreditation of colleagues from around the world wanting to come to the U.K.

Another important point to come out of the summit was the need to consider the patient journey and the skills of the clinician that sees the person at each stage. We need to have ways to move patients with more complex diseases to see more specialist services, but those with less severe disease should be managed in secondary, intermediate or even primary care. This starts with risk stratification to keep care close to the patient and creating a pyramid of care based on need, i.e., most patients kept at the base (primary care) and very few getting to specialist services.

We also need to work towards de-escalating care. This is important to free up limited specialist care and patients should be de-escalated once stabilised. PIFU will help with this, as will monitoring clinics and the development of pathways back to intermediate or primary care, using a step down model.

We therefore are working to help define what each grade of person can do, from community pharmacist to quaternary specialist, and criteria that would be needed to trigger not just a step up in care, but also those that would allow a step down in care. By freeing up specialists, this will help to free up capacity for secondary and tertiary care.

The future of dermatology will probably need to move to a greater mix of multiple different clinicians, such as nurses and nurse consultants, physician associates, pharmacists, etc. These will allow patients to be seen by the right person, with the right skills for the complexity of their disease at that right stage in their patient journey, with both upward and downward movement of patients. Only by having a skill mixed

service with good contralateral flow, is it likely that we will be able to manage the increasing demand in the U.K. for dermatology services and this work will continue to help dermatology to adjust to the new and ever-changing landscape of healthcare.

PROGRESS AGAINST BAD STRATEGIC PLAN – YEAR 2

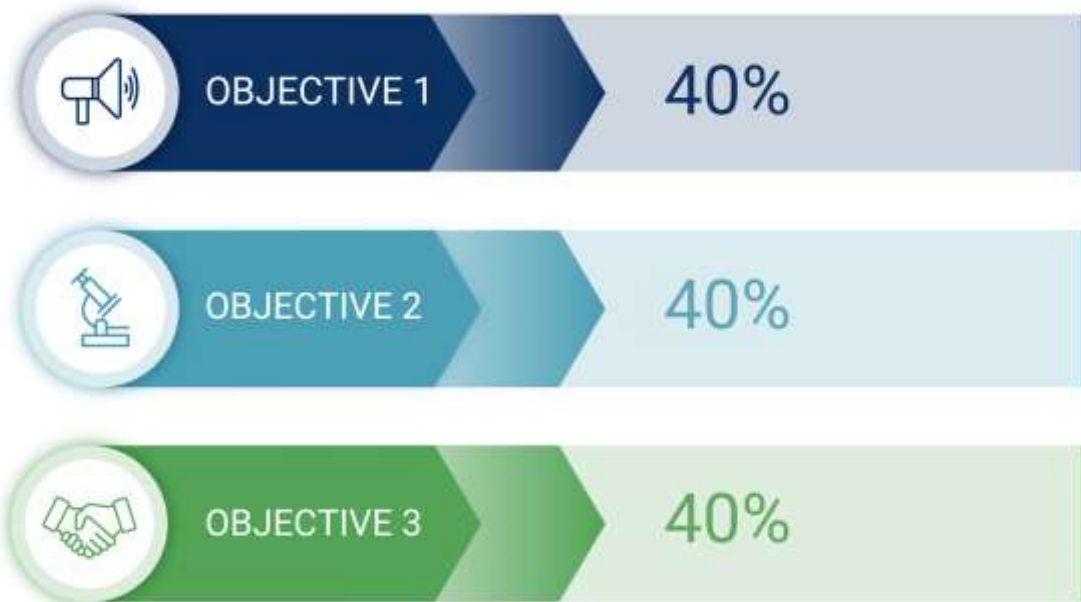
OBJECTIVE 1 Achievements



OBJECTIVE 2 Achievements



OBJECTIVE 3 Achievements



Objective 1

To promote the best possible standards of care for people with skin conditions, reducing regional variation and improving equality of access to quality care for all.

Objective 2

To influence and foster collaborative skin specific research for the benefit of all.

Objective 3

To work collaboratively with other professional organisations to support and strengthen the education and training of all those involved in skin healthcare provision, promoting standards for the improvement and maintenance of skin health.

PUBLISHING REPORTS

BJD Report by Dr John Ingram, BJD Editor-in-Chief

Following a 12-month transition period, the first issues of BJD published with Oxford University Press (OUP) went live from January 2023 and our OUP website is fully operational, including enhanced search functions. I would like to thank Shehnaz Ahmed and our BAD publishing office team, along with Claire Bonnett at Wiley and Adam Gilbert at OUP, for making the transition so smooth.

Our Covid publications continue to attract large numbers of citations and BJD published another key paper at the end of 2022 detailing the Mpox outbreak, supporting a rise in our impact factor to 11.1, maintaining our ranking of third out of the 68 dermatology journals.

The success of the BJD continues to be underpinned by the expertise of our editorial team and it was great to meet up with the BJD senior team of section editors (SEs) for an in-person Strategy Day in London in July 2022. The meeting will become an annual fixture, complementing a virtual meeting for the wider BJD team of associate editors during the winter.

In keeping with dermatology being a very visual specialty, BJD will be placing additional emphasis on figures and images going forward. We already have a visual table of contents with a figure from each paper pulled into the contents page where possible. In partnership with OUP, we will be encouraging submission of visual abstracts, which provide a summary figure of the paper. Another recent journal enhancement is requiring all original articles to provide a plain language summary (PLS) at the submission stage, ensuring the PLS is part of the peer review process. This supports BJD's mission to disseminate research findings to patients and the public, as well as to clinicians and researchers. Previously, BJD was fortunate to have a voluntary team of PLS writers, Celia Moss, Rod Hay, Richard Logan, and Chris Lovell, who kindly stepped in for papers without a PLS and a debt of gratitude is owed to them. Our Patient Associate Editors, Olivia Hughes and Bernd Arents, continue to link with patient societies to highlight relevant PLS articles.

David Zheng, Case Western Reserve University School of Medicine, and Rebecca McCarthy, Blizzard Institute, London were appointed as our next BJD Editorial Trainees, prevailing from a large set of excellent applicants. They will work within BJD's Digital Media section, supporting our social media outputs. BJD now has 11,000 followers on Twitter and 14,000 followers on Instagram. Multiple episodes of BJD Talks, our Podcast, are now available via the BJD website and Apple Podcasts.

BJD's institutional reach increased to 8,145 institutions in 2022, up from 7,689 in 2021. There were 1.95 million full text downloads of BJD articles in 2022, 20% being from USA and 10% from China. Transfer of rejected articles to other BAD journals is going well, with 99% of rejected articles being offered for transfer. In 2022, authors agreed for transfer to CED for 62 papers and to SHD for 185 papers.

The time has come to commence succession planning for the next BJD Editor-in-Chief (EiC), which will allow a seamless transition when I finish as EiC in 12 months' time (July 2024). By the time you read this report, the Editor-Elect will have been appointed following interviews in June, so watch this space!

CED Report by Dr Alexa Shipman, CED Editor-in-Chief

I would like to firstly welcome Adam Daunton as Editor Elect and congratulate him on his successful application. Dr Daunton has already been responsible for extending our CPD article categories with the Athena and video articles, working on special issue collections and increasing our commercial sponsorship. I would like to extend my gratitude to all who have served tirelessly and without

recompense on our behalf, editors, peer reviewers and authors, and welcome all our new team members. I rely heavily on my co-editors too, who handle a large number of papers, namely Mohzeh Zamiri, Paul Yesudian, Khaylen Mistry, Joelle Dobson, Tanveer Chohan and Eduardo Calonje. This is my last AGM report as EiC and it has been a memorable experience working for CED for the last 5 years. It has been extremely educational and an enormously positive experience working with so many enthusiastic and hard-working people. I would strongly recommend getting involved if you have an interest and please do contact us if you want to get involved with peer reviewing or paper handling.

The other significant change that has occurred this year is the move to Oxford University Press as our new publisher. A lot of very hard work went on behind the scenes and so I would like to ensure we thank our incredibly hard-working BAD Publishing staff, Shehnaz, Jide, John and Laura and last but not least Adam Gilbert and his team at OUP. We hope that our CPD modules will now be easier to access and complete and will link to the article seamlessly. We hope that you like the new publishing platform and can search for images using the advanced search option by keywords – you can then download and use them as slides for your educational purpose. We will continue to improve the process, so do please feel free to sign up to the system and have a go at the multiple-choice questions and receive your CPD certificates. They are also good opportunities for exam practice for people intending to take the dermatology specialty examination.

We continue to work on special issues with the hope of producing collections regarding dermoscopy, artificial intelligence and transgender skin issues. As always this would not be possible without the help from colleagues to name a few: Stephen Hayes, Jonathan Bowling, Rubeta Matin and David Wen.

We continue to receive a high number of submissions, 1,821 in 2022. This number greatly increased during COVID and it has not dropped back to pre-COVID levels yet, although we are seeing a small decrease. Nevertheless, we continue to reject or offer transfer to SHD for about three quarters of papers submitted to us. We will be changing our article guidelines to match the *British Journal of Dermatology* meaning that we are increasing our word and reference limits, now that we are online only, as so far some of our rejections are because papers are just too large to ever fit our current criteria. Downloads are also high, there were 451.34k full-text downloads in 2022.

Our new impact factor is not out at the time of writing, but we hope to maintain our position in the ranking of dermatology journals. Whilst impact factor is not the primary driver for an educational journal, a better ranking does help us attract better articles and encourages more people to peer review for us, which can remain a struggle. A huge thanks to all who do peer review for us. If we have not invited you, but you would like to help, please do contact us as we always welcome expressions of interest. We also continue to run a peer review course for anyone interested in attending, via the BAD. It is a practical hands-on course that takes a small group through the process of reviewing a paper – a must for anyone daunted to try peer review. Again, I would like to express my appreciation to all who help me run this course and to Prof Finlay for his input and experience.

SHD Report by Dr George Millington, Founding Editor in Chief, Deputy Editor and Ewan Langan, Editor in Chief

Skin Health and Disease (SHD), the first new journal from the BAD in decades, continues to achieve great things in 2022-2023. It has grown from a mere 43 in Sept 2020 to over 300 submissions by the end of 2022. It is the only purely open access (OA) journal from the BAD. We remain increasingly profitable (see Table 1).

SHD – Table 1	2020 (launch in Sept 2020)	2021	2022
Total Income	£4,737	£69,821	£114,242
Total Costs	£14,480	£16,427	£18,862
Shared Profits	£-16,963	£45,364	£86,247
Return to BAD	£-8,491	£14,191	£43,124

We had our first meeting of the International Editorial Advisory Board in 2022 and our second formal editorial team meeting recently. We are already listed on PUBMED Central, but we are still in the process of gaining full membership, a key step in securing our first impact factor. We do not migrate to OUP until January 2025 and so Wiley remains our publisher for now.

SHD is an international, multidisciplinary journal, covering all aspects of dermatology from basic science to translational and clinical research. The journal has published ten issues to date, including two special editions focused on psychodermatology and skin cancer. We can now announce our third special issue which will focus on skin biology and ageing.

Although the journal is listed on PubMed, we're still in the process of gaining full membership, a key step in securing our first impact factor. With new article categories, including Scientific/Research letters and Images in Dermatology, and a clear social media presence we're striving to attract even more high-quality submissions, hallmarked with robust methodology, scientific validity and reliability. In addition, we've developed a competitive pricing plan, with APC discounts available on several article types and waivers and discounts to corresponding authors based in low- and lower middle-income countries.

In January this year, George Millington handed over the Editorship to Ewan Langan. However, George has kindly agreed to stay on as the Deputy Editor.

BAD Publishing report – overall, Shehnaz Ahmed, Director of Research and Publishing

It has been an eventful year, especially the past 6 months, ensuring that we continue to publish regular content while transferring new papers to our publisher, Oxford University Press. The BAD has moved their publishing from Wiley to OUP; this transfer completed on 1 Jan 2023. Some of the content was freely available on OUP's site for the first three months to ensure no disruption, but all articles except open access are behind access. We are grateful to our authors, Editors in Chiefs, Editors, reviewers and both publishers who worked with us to ensure a smooth transition.

Some of the changes we have made:

- authors now retain copyright,
- changed the proof design for BJD and CED so they are similar and reflect the BAD brand,
- the advanced search for images on both journals,
- images on the home pages,
- graphical abstracts for BJD and
- video embedding within articles.

The CED CPD platform has a more seamless way to logging in from CPD article straight to the MCQ. OUP's login page on BJD and CED is an easier process for our members. We look forward to receiving feedback, so please do email me at shehnaz@bad.org.uk.

It has also been a very successful year for the journals as the metrics below show. The impact factor only tells part of the story but what is reassuring is the overall 'health' of the BAD journals from the metrics below. SHD has made tremendous progress just looking at the submission data below.

Table 1. Journal metrics

BJD	2020	2021	2022	2023 YTD (22 May)
Submissions	3546	2891	2699	950
Acceptance Rate	16%	18%	17%	16%
Time to First Decision	23 days	27 days	31 days	21 days
Impact Factor	7.0	9.3	11.11	11.11
Downloads/Views	1.9 million	2.4 million	1.95 million	243.5k
VCE (Visits with content engagement)				144.9k
Time to Early View	53 days	59 days	54 days	44 days

CED	2020	2021	2022	2023 YTD (22 May)
Submissions	1756	1913	1821	721
Acceptance Rate	22%	28%	25%	23%
Time to First Decision	32 days	28 days	33 days	34 days
Impact Factor	1.977	3.47	4.48	4.48
Downloads/Views	358.8K	526.5K	451.3k	62.2k
VCE (Visits with content engagement)				96.3k
Time to Early View	44 days	49 days	46 days	41 days
CPD completion rate	62.60%	79%	60%	54%

SHD	2020	2021	2022	2023 YTD (22 May)
Submissions	43	176	331	145
Acceptance Rate	60%	51%	42%	34%
Time to First Decision	15 days	16 days	22 days	24 days
Downloads/Views	2.4k	36.26K	77.8k	28.7k
Time to Early View	36 days	32 days	28 days	34 days

Dermatology Training - The Essentials

BAD's educational book continues to do well. For the first quarter of 2023, we sold 128 copies and over 1000 copies by end of Dec 22.

REPORTS FROM THE ELECTED REPRESENTATIVES

North East Representative, Dr Maneesha Vatve

RVI Newcastle:

We were awarded funding through a business case application early this year. This was for the recruitment of three further consultants, two Physician Associates and two Advanced Care Practitioners. Recruitment so far has seen the appointment of two consultants, two PAs and recruitment is ongoing for the remaining posts. We also have three returning consultants working on temporary contracts helping with surgical capacity, digital skin cancer work and melanoma. This diverse workforce (including many nurse prescribers and speciality doctors) as well as the ability to increase our capacity flexibly helps to address both the backlog of general dermatology and ongoing demand from referrals and skin cancer. We have also brought in extra capacity with the use of insourcing to increase new patient capacity and help with the backlog of patients waiting.

Innovation has been used this year to tackle the increasing need for skin cancer assessment. All BCC, SCC and melanoma referrals are now triaged digitally where possible which has greatly improved referral to treatment time for these patients. Surgical capacity and wait remains a challenge but this has been improved greatly by offsite capacity, the new day treatment centre at Freeman Hospital as well as outsourcing small amounts of work. We have developed new ways of working in terms of patient monitoring clinics, nurse led clinics, remote prescribing and continue to utilise patient initiated follow up.

Telephone clinics are being used to create physical space and video clinics are being used to assess new patients suitable for further therapies for eczema / psoriasis. This is used in combination with videos giving information on systemic therapies. A further trial is also underway of a digital diagnosis and management clinic (DDM), this would allow patients to be managed much earlier using referral images and allowing management to be initialled and information, treatment, and communication to be sent remotely.

Within Newcastle we currently have 14 trainees (SpR / ACF's), two are currently away on leave and 4 are engaged in research or undertaking PhD's. Our trainees have recently been very active in participation in conferences / courses including ISID in Tokyo and AAD in New Orleans, we were able to offer them help with this through our educational fund.

From a research perspective, Newcastle and the region benefited from the award of a NIHR Biomedical Research Centre (BRC) that commenced on 1 December 2022. The skin and oral disease theme is co-led by Professors Muzlifah Haniffa and Nick Reynolds. BRC funding underpins important research infrastructure and funds pump-priming research posts for trainees. Dr Henry Grantham commenced an MRC/BAD funded 3 year fellowship in September 2022. Neil Rajan has been elected to the ESDR board. In addition, he is now chair of the BSID and will be the chair of the BAD genetic medicine section from July.

James Cook University Hospital, Middlesbrough:

Recruitment/staffing/workforce - We have appointed 3 specialty doctors and aim to recruit another consultant next year with reduced working of some senior clinicians.

Research - We continue to pursue high quality research both commercial and NIHR. We are trying to develop our own research study which will look at the role of oestrogen in lichen sclerosis in adult women.

Clinical - At James Cook (JCUH) Middlesbrough - we are doing not so bad with our waiting list of up to 6 months and we are keeping a close eye on long waiters. Advice and guidance done within 2 working days by the on-call consultants. We have several 2 week- wait ASIs but we are piloting a photograph clinic. Tele-dermoscopy has been launched which is piloted at several GP practices currently. Many GPwER are helping the see and treat model for the 2 week wait model.

We currently provide 24/7 on-call service to the Teesside area and find that we get called from neighbouring sites and some of our neighbouring trusts have stopped providing on-call services, especially on the weekends and evenings.

We have started the complex SCC clinic which is a combined clinic along with plastics and Specialist skin cancer nurses to see patients with multiple SCCs and on immunosuppression. PDT services have been expanded with PDT services at James Cook site as well as one life.

Training - 1 of our trainees who was a transfer has been on sick and is going on maternity leave and therefore we have had gaps in the Rota. We hope to get two full-time and 1 part-time trainee from August.

Successes - The 3 specialty doctors who have been appointed work very well within the department and have covered Rota gaps for registrars when needed and they are doing their own clinics and getting trained.

Technology/AI - already mentioned the tele dermoscopy has been launched and we are looking into mole mapping equipment to help with other skin cancer patients with multiple atypical naevi.

Capacity/waiting lists - up to 6 months and we are keeping a close eye on long waiters. Advice and guidance - 100% within 2 working days by the on-call consultants.

Referral pathways - we have intermediary services run by GPs with extended roles who are managing simpler dermatology diagnoses and treatments. Our referral proforma is strict, and most patients referred to James Cook in secondary care are complex patients requiring second-line medication or biologics.

Infrastructure - we have been in our new department for more than a year now after COVID and a lot of new staff have been recruited. We have had some teething issues with training our nurses which has caused longer phototherapy waiting lists. This has improved dramatically now with more nurses getting trained.

Overall, this year has been a challenge with 1 of our senior staff members off sick for an extended period of time. We recruited three speciality doctors who we are training. We have been lucky to have our senior member of the staff returned after sick leave and continuing to work with us. When the other senior member of the staff is retiring returning 50%. This will lead to its own challenges for the year 2023-24.

County Durham and Darlington NHS Foundation Trust:

We have been working hard at reducing the long waiters and we have no 78-week waiters and 65-week waiters but there are many patients waiting on 18-week pathway.

Teletriage for 2ww referrals is going well and reducing demand for 2ww appointments by 30% average. 2ww targets are being met at 96% in our trust.

We have appointed an administrator for teledermatology who phones patients following their teletriage 2ww appointment to inform them of their benign diagnosis.

We have also appointed a biologics administrator to handle all biologics prescription queries and renewals which has reduced workload of prescriptions and reduced duplication of biologics prescriptions significantly.

Business cases are under way to recruit 3 more consultants to address demand capacity mismatch.

Outpatient space to do clinics continues to be a challenge despite introducing 3 session working during and after covid.

With respect to training over the last year, we have had on average 3 trainees: a rotating trainee from the RVI, and between 1 and 2 full-time trainees from the South of the region, all getting good exposure with

consultant supervised general and 2 week wait clinics and supervised theatre sessions with facial surgery. Training occurs at our main site at Durham as well as peripheral sites at Sunderland and Bishop Auckland. We incorporate weekly team learning points and weekly CME sessions with consultant-led clinical teaching and additional training on teledermatology. Trainee feedback has been positive and demonstrated a continued improvement over the last few years. Two final year trainees have stayed on to join the department as consultants. CESR training has been successful also, with another doctor achieving this (coming to a total of 4 successful applications in the last few years).

With 2 research nurses, the department has increased our recruitment for a number of observational studies such as BADBIR, BSTOP and A*STAR and have taken on a new PI in other studies such as at the patch test genotype-phenotype study. Commercial studies in psoriasis and hand eczema are ongoing across the region. The department has been successful in a contingency funding bid for a 3rd research nurse to help recruit across peripheral sites such as Sunderland, Bishop Auckland and Darlington.

Yorkshire and the Humber Representative, Dr Rachel Montgomery

Workforce continues to be a significant issue. Many centres have Consultants recently retired or nearly retired. Recruitment remains strong only in Leeds where there is a very large Consultant body, but the peripheral sites are struggling to recruit. Scunthorpe has merged with Hull to try and overcome this. Many appointments are locum Consultant posts. There are a number of CESR trainees throughout the region. Only a small proportion of trainees are retained locally after CCT. However, many of these are not taking up substantive posts and undertaking locum work.

In many areas expansion of Dermatology Departments is being limited by a lack of clinical space.

Centres are very active in research with updates from Leeds and Harrogate. These sites recruit to a large number of NIHR portfolio studies. Dr Alison Layton at Harrogate is co-clinical lead for the HHR Yorkshire & Humber Research Network Role. This is linked closely to the Novel Skin Research Centre at York University through HYMS. HYMS have recently secured NIHR funding for an Academic Research Fellow in Dermatology.

All centres struggling with the clinical demand and insourcing reported from Leeds, York and Rotherham.

Teledermatology very successful. Leeds discharge one third of 2WW referrals from clinical images. Lots of centres identifying that a large number of 2WW referrals are still inappropriate. York is one of the largest providers of A&G with up to 320/week. However, primary care dermoscopy equipment is ageing and needs replacing. Teledermatology work is time consuming in job planned time and substituting from face-to-face clinical work.

Many centres are utilising Patient Initiated Follow Ups.

Community Dermatology Providers are helping with clinical pressures and in many areas have excellent links with secondary care. There are more opportunities in this area to streamline pathways and patient care.

North West Representative, Dr John Newsham

Key themes across the region this year:

- Sustained 2 week-wait demand.
- Rising urgent and routine general dermatology waits.
- Challenges around meeting the 78-week treatment target.
- Reliance on additional activity/support.

- Consultant workforce shortages.
- Access to NHS England commissioned drugs licensed for treatment.

In almost all services in the region from which I have heard this year there have been challenges with meeting 2 week wait demand which continues to rise. The conversion of new patient slots to 2 week wait slots has been a standing theme; impacting on urgent and routine general dermatology appointments.

Larger services in particular have faced significant challenges in ensuring there are no patients waiting longer than 78 weeks for treatment from referral. Heroic efforts have been made to bring about a better position particularly by the end of March 2023 with assistance from insourcing companies and extra-contractual work.

A continued theme has been consultant workforce challenges particularly in relation to smaller Dermatology services who sadly continue to struggle to recruit colleagues. There have been successful Consultant recruitments at Manchester Foundation Trust.

Most services are running some form of advice & guidance and/or teledermatology services and in Bury a community imaging centre for 2 week wait referrals is being piloted by the Northern Care Alliance.

Colleagues from smaller (and some larger) services in the region have highlighted challenges around gaining access to licensed specialist commissioned/delivered medicines such as Adalimumab for Hidradenitis Suppurativa and Dupilumab for children. These teams have been supported in conversations by the BAD as to how this might be improved but the situation remains challenging for colleagues and importantly our patients in accessing these treatments.

As always, I am extremely grateful to the feedback from all members across the region throughout the year and in particular to clinical leads/directors for services.

East Midlands Representative, Dr Rabi Nambi

Overall, the situation is the same but has at least not worsened. Recruitment has been successful at Nottingham and other trusts. We need a new research lead, and they will be appointed soon. The trainee numbers have been expanded and a new academic fellow appointed. CESR posts have been created. Waiting lists have been managed innovatively with mega clinics and teledermatology. Some areas are coming back to secondary care after being out with private providers. The AG tariff for paediatric dermatology has been enhanced to reflect the work done.

Leicester have used AI to triage 2-week referrals and around 20 percent is redirected to GPs by AI and 20 percent is referred back by physical triage. Teledermatology is increasingly being used for 2 week wait referrals. Teledermatology has also been widely used in ERS to treat and triage appropriately. Mega clinics for both general dermatology and skin cancers are being held in the region. No issues with infrastructures overall.

West Midlands Representative, Dr Ajoy Bardhan

Themes:

1. Capacity-demand mismatch: particularly with respect to rapid access cancer. Repurposing of medical dermatology and specialist dermatology activity in some trusts in order to meet 2WW and FDS targets, leading to a growing backlog of displaced medical dermatology. This has been mitigated, in part, in some trusts by in-sourcing and out-sourcing.
2. Workforce: larger departments appear to be well-staffed, though certain smaller units continue to

lose staff through retirement and migration to larger units. There are difficulties in recruiting nursing and administrative staff across the region, however.

3. Estate / physical space: several departments are operating at full capacity with no room for expansion; three-session working being explored by UHB.
4. Teledermatology services implemented across the region, with ongoing refinement of pathways and processes across rapid access, general advice & guidance and referral triage pathways.
5. AI: UHB continues to work with Skin Analytics AI for 2WW. Use of AI in primary care pilot funded by NHSX awarded to Skin Analytics collaborating with UHB.
6. Training: feedback from across the region generally positive. Preparation in progress for planned HEE-led redistribution of NTN's resulting in loss of trainees from West Midlands. Out-of-programme fellowships in Epidermolysis Bullosa continue at Solihull Hospital, UHB; post-CCT fellowship in paediatric dermatology hosted at Birmingham Children's Hospital.
7. Research: University of Birmingham affiliated Dermatology Research Group continues to flourish with a broad portfolio of projects and collaborators spanning basic science and clinical research. Success reflected in appointing 3 new NIHR-funded academic clinical fellows following open multi-specialty competition in successive years.
8. ICB reconfiguration: discussions ongoing with local intermediate providers, with apparently varying appetite for dermatology workload depending on locale.
9. Private providers: concerns persist around both quality and modus operandi of 'cherry-picking' of private providers destabilising local NHS services.

Abbreviated trust reports:

Hereford: successfully recruited associate specialists with subspecialty interests to overcome the challenges of recruiting consultants to ruralities. Successful teledermatology integration and working with interface specialties has helped maintain service viability. However, concerns arising around mounting referrals from failing neighbouring services with 'cherry-picking' private providers destabilising delicately balanced services. A plea from Hereford to the BAD to consider how to support smaller rural departments, including trainees (with a view to subsequent transition to consultant posts) to ensure long-term viability.

Worcestershire – loss of 2 full-time consultants and nursing staff; difficulties in recruiting new substantive consultants. Further loss of specialist nursing staff across skin cancer and phototherapy.

Walsall & Wolverhampton – completed merger with fully-staffed 12 consultant service. Mohs surgery service due to open Summer 2023. Concerns around quality of local private community providers persist.

University Hospitals Coventry & Warwickshire– trust repurposed bespoke dermatology department during Covid-19. Resultant ongoing loss of physical capacity for surgery, phototherapy and PDT; reduced clinic space. Fragmentation of clinical department and off-site administration. Good trainee feedback in spite of these challenges. Dr Imtaz Ahmed has announced his retirement after over 20 years at the trust.

South Warwickshire – 5.4 WTE consultants. 1 WTE vacancy. 1 long-term locum. Long waiting times for routine appointments, but meeting cancer targets. Current premises to be demolished to make way for new building/hospital entrance, with relocation to disused GP practice 1 mile way.

Dudley – fully established consultant and nursing teams. Department nominated for Trust awards in recognition of achievements.

City & Sandwell – reduced number of substantive consultants in post, though currently filled with locum consultants on specialist register. Further substantive post to be advertised. Newly recruited nursing staff including systemics/biologics and skin cancer CNS. JSD and Clinical Fellow engaged in CESR pathway.

University Hospitals Birmingham (Solihull and Queen Elizabeth Hospitals) - 30 consultants. Dr Phil Preston has moved from Worcestershire to Solihull. Cutaneous Lymphoma vacancy at QEHB filled. Recent recruitments into nursing vacancies across sites, including skin cancer nurse consultant. Meeting cancer targets following considerable efforts to overcome backlog. Supported in part by in-sourced and out-sourced clinicians, partly funded by NHSE. Massive (>1000%) increase in A&G. Skin Analytics AI pathway continues to be refined and developed with early data suggesting improved rates of safe discharge of benign lesions. Growing academic research programme led by Professors Heagerty and Scarisbrick.

East of England Representative, Dr Marc Wallace

Increasing Demand and Capacity Challenges:

Reflecting the National picture, the East of England region continues to face significant increase in general demand for dermatology services, with a notable additional increase in 2ww referrals. This surge in demand has not been met with sufficient capacity, resulting in long waiting times for patients. Areas in the region are grappling with recruitment issues and there are concerns re: addressing succession planning for experienced staff.

Adaptation and Integration:

Despite the capacity and resource constraints, teams in the region are all actively adapting to the situation in an admirable manner amidst challenging circumstances. They are flexibly exploring technological solutions and new service models to address the overwhelming demand. Efforts are widely being made to strengthen cross-specialty collaboration, fostering more streamlined pathways and patient care.

Teaching, Training and Research:

Again, despite significant resource limitations and clinical pressures, the East of England region has continued to engage greatly in teaching, training, and research. Undergraduate and Postgraduate teaching is still being regularly delivered and units remain research active. Additionally, training programs are being developed to enhance the skills of groups such as allied health care professionals/nursing staff.

Backlogs and Concerns:

Like others nationally, the region has concerns regarding backlogs within the dermatology services. The impact on inflammatory dermatoses is becoming more prevalent, and there is a pressing need to address the backlog of patients awaiting care. Urgent attention and strategic planning are required to alleviate the strain on the system and ensure timely access to appropriate care but there are no immediately obvious quick solutions as existing resources have been stretched way beyond capacity and 'low hanging fruit' has already been plucked.

Overall Summary:

Like other areas, the East of England region is experiencing significant challenges in its dermatology services. The increasing demand, coupled with capacity issues and recruitment difficulties in areas, poses substantial difficulties. However, the teams are actively adapting to the situation by embracing technology and fostering integration. Despite resource constraints, the region's commitment to teaching, training, and research remains strong. Addressing backlogs and ensuring timely access to care are critical areas that require focused attention and support at a systemic level.

Thames Valley and Wessex Representative, Dr Alia Ahmed

Summary of main concerns:

1. Lack of room availability for extra clinics/capacity.

2. Lack of recruitment into Consultant Dermatologist positions (with retirements coming up in the next 5-10 years), loss of NTNs compounds this.
3. Reliance on locums – direct discussion with locums reveals that the rate of pay is far more attractive than substantive (and less stressful).
4. Third party referral/patient management companies being recruited to deal with backlog/referral rate/A+G (including 2WW) – 18 week, Xyla, Health Harminie.
5. 2WW demand outstripping capacity and adding unacceptable burden to inflammatory dermatoses backlog.
6. Limited capacity for minor ops.

Summary of achievements and milestones:

1. Recruitment of specialty doctors, GPSIs.
2. Increased number of nurse-led clinics and prescribers.
3. Improving access to teledermatology services.
4. Use of WLI clinics to meet demand and clear backlog is being utilised.
5. Use of PIFU and 'intelligent' triage and A+G is rising.
6. Refurbishment to allow extra space for minor ops in some Trusts.

Additional Comments:

1. Consistently dissatisfied with third party services but concerns are not acted upon as Trusts still need to be able to manage waiting lists.
2. More signposting to advice regarding A+G and job plan/workload management is required.

North London Representative, Dr Gabriela Petrof

1. Trusts across the region continue to experience pressures with 2 week wait referrals. Combined with reduction in fixed term staff due to end of contracts, 2ww patients are seen up to 6 weeks after referral. Some referrals are being diverted to other Trusts. Trusts are working hard to appoint new staff in order to provide capacity in the longer term.
2. Some Trusts are trialling shared Consultants with other larger Trusts.
3. Some Trusts report waiting times of 12 months for new general appointments.
4. Follow-ups struggling to find capacity as there is pressure to see new patients.
5. The lack of data for follow ups is concerning.
6. Some Trusts report lack of space for admin/consulting rooms/operating theatres.
7. Virtual consultations continue to be integral to the dermatology services across the region.
8. Some Trusts have received grants from pharmaceutical companies to employ biologics administrators and develop biologics services due to lack of staff.

South London Representative, Dr Shamali Hoque

Recruitment/Staffing/Workforce:

10 new Consultant Posts have successfully been recruited including 5 joint posts between Lewisham & Greenwich NHS Trust and Guys & St Thomas Hospital. These joint posts have enabled recruiting into small DGH Dermatology Departments which have previously proven difficult.

GSTT Dermatology Paediatric Pharmacist – first of its kind nationally.

Several new Nursing posts have been created and recruited including a unique Band 8 Joint Dermatology and Rheumatology post at Lewisham NHS Trust.

Research:

Guys & St Thomas Hospital have a wide portfolio of investigator-led and commercial clinical trials across paediatric dermatology, adult medical dermatology and skin cancer services. Lead on two national dermatology studies, the Atopic eczema Systemic TherApy Register (A-STAR) and the first platform trial in dermatology (BEACON). Professor Catherine Smith has been appointed NIHR Senior Investigator and Dr Satveer Mahil awarded an NIHR Advanced Fellowship. In addition, Professor Sinead Langan, who holds an honorary position at the Institute, has been appointed Professor of Clinical Epidemiology at the London School of Hygiene and Tropical Medicine. UHL and GSTt continue to have strong R&D links helped by the multiple joint Consultant Posts between the 2 sites.

Training:

There has been a loss of one NTN in South London.

Successes:

1. *"Skin Matters" working group*. This was a unique collaboration between ICS leaders, Lewisham & Greenwich NHS Trust, Secondary care Management leaders including CEOs, Primary Care GPs and Community Dermatology and GPwERs, Pharmacists and Nurses. It involved several workshops and led to significant changes in delivery of care, referral pathways including triage and Teledermatology, recruitment of secondary care Consultants including a Dermatology Consultant with a special interest in community Dermatology and Nurse recruitment. The Skin Matters group meet twice a month – consisting of Dermatology Consultants, Community Dermatology teams / GPwERs, secondary care management and a Skin Matters Lead Administrator. All new General non-2 week referrals will now be triaged by Community Dermatology GPwERs. There are weekly MDT with Community Dermatology and secondary care Consultants. Due to its success, this model of the initial unique process involving different staff members, is now being applied to other specialities.

2. *South East London Dermatology Network* – this is a collaboration between Guys & St Thomas', Lewisham & Greenwich NHS Trust and Kings College Hospital, Community Dermatology and Nursing Leads at these sites. This has allowed collaboration between 4 sites, including mutual aid for seeing 2-week referrals if one Trust has reduced capacity and merging of pathways and services including Teledermatology.

Technology/AI:

The South East London Dermatology Network has recently introduced Teledermatology for all 2-week referrals aged 18-50. This is a significant change in Pathway design and collaboration between 4 sites. The model consists of patients attending to see a medical photographer on site in secondary care and the images are then reviewed by a Consultant Dermatologist.

South West Representative, Dr Shalini Narayan

The main theme across the region continues to be pressures on managing the demands of ever-increasing A&G and 2WW referrals. The 2WW burden has impacted negatively on general dermatology access at many centres.

Recruitment of consultant and nursing staff remains a challenge at most centres, with many relying on consultant locums.

On a positive note, regarding recruitment, the southwest has gained national training numbers- Severn region gained 2 additional NTN's (for 1 cycle of training) in August 2022, and 1 further NTN in the redistribution of numbers for August 2023.

Peninsula region gained 1 NTN (for 1 cycle of training) in August 2022, and 1 further NTN in the redistribution for August 2023.

There has been a merger of Yeovil and Taunton trusts and dermatology services, but there are concerns around serving a larger catchment with the current consultant staffing levels, and withdrawal of some support from Bristol.

Royal Devon University Healthcare has secured a pharmacist to work in the dermatology department.

There remains a threat that the dermatology department at Royal United Hospital, Bath, may be moved off the acute site. No conclusion has been reached to date.

United Hospitals Bristol and Weston Trust is soon concluding its 1-year pilot of AI teledermatology (Skin Analytics). The results will feed into the formal quantitative health economic analysis for the NHSE Accelerated Access Collaborative final report.

The region has had focus from NHSE South West which has looked at differences in services and access across the region, particularly with regard to biologics prescribing. It has led to greater dialogue between ICB and clinical leads and is looking at the future use of our technology to improve outcomes.

Northern Ireland and ROI Representative, Dr Nabla McLoone

This last year has seen a significant increase in dermatology outpatient waiting times across Northern Ireland amidst ongoing financial restraints. Dermatologists across the province, alongside colleagues from the Department of Health, continue to work together through the MIDAS (Modernising and Improving Dermatology Activity and Strategy) Group addressing key areas of concern and looking to ensure equity of care across trust boundaries. The consultant workforce has seen the appointment of two new consultants over the last year, one to the Southern trust and a second to a long-term vacant post in the Northern Trust. There are currently unfilled posts in the Belfast and Western areas. Two trainees obtained CCST this year and their replacement positions have already been successfully recruited. There is a recognition of the ever-increasing workload imposed by the rising incidence and complexity of skin cancers and the key role played by cancer nurse specialists. Workforce planning includes an expansion of cancer nurse specialists' posts. The Northern Ireland Cancer Network (NICaN) Complex Skin and Melanoma Clinical Reference Group produced clinical management guidelines for skin cancer in 2022 providing clear pathways for the management of these patients. Regional Photo-triage for red flag referrals has been successfully rolled out across Northern Ireland, with all trusts seeing increasing referrals from primary care via this pathway. There are still some ongoing issues with clinical and dermoscopy image quality which hopefully, with increasing user experience and newer dermoscopy devices, will improve over time. The Phototriage working group are currently working on expanding the pathway to include basal cell carcinomas.

Scotland Representative, Dr Gina Kavanagh

Greetings from sunny Scotland where I write my last report before handing over to Professor Richard Weller at the SDS AGM this week.

Let me report positive happenings as we share the same challenges that all regions seem to be facing and providing equity of services remains problematic.

The Scottish Skin Cancer Annual Meeting at the Royal College of Surgeons of Edinburgh in March was a great success, bringing all relevant Specialties together with a great line up of local, national and international experts. We're looking forward to a two-day AGM in Glasgow, and always great to meet up in person.

East and West Scotland training days continue for the trainees, and the SDS trainee reps have organised their own conference in Glasgow in October.

Dr Allan Mathews leads the Scottish Paediatric Special Interest Group who meet biannually, and Dr Mohzeh Zamiri leads the National Epithelial Genetics meeting every 4 months.

Fiona MacDonald from Glasgow has enlisted volunteers to read over the newly edited Dermatology Pathways which will be published shortly, and also leads the Dermatology Specialty Delivery Group re: the Modernising Patient Pathway Programme.

Prof Colin Fleming and Dr Colin Morton continue to lead on developing AI in Dermatology.

Wishing Richard Weller every success in leading the SDS over the next two years, with heartfelt thanks to Dr Fiona Craig (SDS Secretary, Forth Valley), and Dr Alison Honan (Assistant Secretary, Ayrshire). Their hard work has been hugely appreciated, and well beyond the call of duty.

Wales Representative, Dr Natalie Stone

Dermatology issues in Wales mirror those in the rest of the UK with long waiting times for general dermatology and routine lesion patients but all centres are managing their USCs in a timely manner. Notable progress since the last report includes successful recruitment to consultant posts in both Cwm Taff and Aneurin Bevan University Healthboards. We will also be welcoming 3 new trainee registrar posts in August. Ongoing concerns are the lack of any substantive consultants in Hywel Dda Healthboard (West Wales) and Bangor in the North where the service is being maintained by locum consultant staff.

The Welsh Dermatology Planned Care Board has now been repositioned under the umbrella of the Welsh NHS executive and renamed the Welsh Dermatology Clinical Implementation Network (CIN). The Dermatology CIN is building on the previous successes of the planned care programme, with delivery of the Welsh Teledermoscopy programme, led by Ausama Atwan, which initially supported services in Hywel Dda, but has now been established for all healthboards. Other work streams include expanding Advice and Guidance support and developing national referral guidelines. Dermatology is being used as a pilot speciality to develop comprehensive outpatient data sets, which will be an exciting project.

The Welsh Dermatology Forum and Governance group have had 2 successful face-to-face meetings in the past year, in Ludlow (Oct '22) and Abergavenny (May '23). This provides a welcome social/networking opportunity which is enjoyed by all. All Wales audits performed and presented this year include Mycosis fungoides management and Omalizumab prescribing. We are looking forward to meeting again in Chester in the Autumn.

Cardiff and Vale:

10 Consultants (8.2 WTE).

2 SAS doctors; 5SpRs; 2 clinical fellows.

Main issues are long waiting lists.

Successes to highlight - teledermoscopy service, virtual group acne service.

Newport (Aneurin Bevan University Healthboard):

11 Consultants (9.7 WTE); 1 consultant locums (1 WTE).

2 SAS doctors (1.6 WTE); 9 (1.1 WTE) trust doctors; 2 SpRs; 2 Clinical fellows.

Negotiations taking place to secure a functioning dermatology day unit and in-reach/ out-reach nursing team to ensure care for general dermatology patients.

Successes to highlight - teledermoscopy service running now for 10 years - 43,000 patients seen via this pathway.

Cwm Taf Morgannwg Healthboard (Royal Glamorgan, Methyr Tydfil, Bridgend – Princess of Wales):

Royal Glam/Methyr 5 consultants (4.3 WTE).

POWH 5 consultants (4.6 WTE).

2 SpRs and 1 clinical fellow.

Long waiting lists in RCT area are being addressed by WLIs and outsourcing.

Working to address the shortfalls, especially at RGH, with regards to accommodation, recruitment and waiting lists; SLA for low-risk BCC excision via primary care in Methyr area in progress.

Restarting regional laser services post pandemic, being the only referral Center for paediatric port wine stains for south and west Wales Lists restarting in July after a 3 year hiatus.

Swansea Bay University Healthboard:

5 (4.4 WTE) consultants.

3 (2 WTE) SAS doctors; 3 (2.1 WTE) Trust grade doctors; 2 SpRs.

Main issues are lack of nursing staff to run the phototherapy and day treatment services.

Successes to highlight - reduction of waiting lists, successful 'high volume' clinics.

Hywel Dda Healthboard:

No substantive dermatology consultants, 2 locum dermatology consultants (2.0 WTE); 1 consultant plastic surgeon (0.4 WTE).

2 Speciality doctors (2WTE).

Virtual Group Consultations for acne patients highly successful.

Betsi Cadwaladr Healthboard (Wrexham (North East); Glan Clwyd (North Central); Bangor (North West):

Wrexham - 4 substantive consultants – 1 Locum to be converted to Specialist grade.

Glan Clwyd - 4.4 WTE Consultants.

Bangor – No substantive consultants – currently 2 locum consultants.

5 SpRs rotate across the North Wales training programme.

Outsourcing longest wait patients.

Trainee Representative, Dr Iqra Ashraf

Training in the post-pandemic era

Trainees have continued to benefit from a myriad of face-to-face and virtual educational events.

The BAD successfully delivered the 102nd Annual meeting in Glasgow. The face-to-face format return of the meeting was welcomed by all, and the pre-conference trainee session was attended by over 200 delegates.

The annual StR training event ran virtually over 2 days in November 2022. This course featured a breadth of clinical and non-clinical topics. The non-clinical topics covered aimed to enhance knowledge in non-clinical areas such as executive leadership and self-awareness which were highlighted as being deficient in a previously conducted BAD training survey assessing preparedness for the transition from trainee to consultant dermatologist.

National Dermatology Trainee Committee (NDTC) & Education Board

Members of the NDTC have continued to meet virtually throughout the year and face-to-face annually at the BAD Annual meeting. We have discussed several regional training issues including variability in the provision of subspeciality training opportunities such as patch testing clinics for LTFT trainees, out-of-hours (OOH) commitment, study leave and redistribution of training numbers. We have supported colleagues' development of constructive solutions at local, regional, and national levels.

Farewell

As my term ends, I would like to take this opportunity to thank the BAD for their ongoing support and guidance, and for continuing to champion high-quality dermatology training. I have benefited from an excellent array of opportunities as the National Trainee Representative and am pleased to be handing over to Dr Mitesh Patel, Specialty Trainee in London, who will begin in post as Trainee Representative when I demit in June 2023. I wish him all the best in this role.

No report received from:

South East Coast Representative, Dr Pallavi Gupta

REPORTS FROM THE BAD ADVISORS AND REPRESENTATIVES

SAC Chair of the JRCPTB, Dr Niall Wilson

Committee

The Dermatology SAC is responsible for overseeing higher specialist training in Dermatology in the UK and its remit includes the dermatology curriculum, recruitment, workforce planning, CESR applications and liaison with specialist societies and academic dermatology.

The committee's lead roles have changed significantly in the last 12 months.

- Chair - Dr Niall Wilson
- Vice chair and workforce lead – Dr Shalini Narayan
- CESR lead – Dr Helen Young
- Recruitment leads – Dr Chris Bower and Dr Richard Goodwin
- E-portfolio lead – Dr Emily McGrath
- Curriculum lead – Dr Matthew Scorer
- Academic and SCE lead – Prof Eugene Healy

Meetings are held three times yearly and are now exclusively online.

Curriculum

The 2021 Dermatology curriculum is now firmly embedded and is generally working well. There are a few minor issues with some of the capabilities in practice (CIPs) but these are being addressed through the e-portfolio.

Recruitment

Dermatology continues to be highly competitive. National recruitment takes place over two rounds – typically in March and September. The interview process is now virtual which is not ideal, but it is unlikely that there will ever be a return to a face-to-face process. National recruitment continues to deliver very highly skilled trainees to programmes around the country.

CESR

CESR applications continue to increase in Dermatology and are assessed by a unique combination of SAC and BAD members. From July 2023 all applications will be assessed against the 2021 curriculum. Changes in CESR legislation will probably necessitate a change in the Speciality Specific Guidance (SSG) given to applicants.

Redistribution of training numbers

This is a nationally led process aimed at addressing health inequalities across England. This involves the proposed redistribution of medical speciality training posts from urban areas to parts of the country which have poorer access to specialist care – predominantly rural and coastal areas. Both the SAC and BAD have been actively involved in meetings surrounding the redistribution but have limited influence on the process. Final details on which areas are going to be winners and losers in the reallocation of training numbers have been very difficult to ascertain and the situation remains fluid at the current moment.

The International Foundation of Dermatology (IFD) and the International League of Dermatological Societies (ILDS), Dr Claire Fuller

The **International Foundation for Dermatology (IFD)** is the programme through which the ILDS carries out its global health dermatology activities. The IFD's overarching goal for 2020-2023 is to improve the provision of, access to and understanding of skin health and skin health services specifically in low resource areas. This is achieved by:

1. Improving skin health knowledge through education, training and resource development.
2. Forming strategic global health partnerships and networks to facilitate knowledge transfer and capacity development.
3. Improving responses to skin disease through engagement with local, regional and international policy makers.

As the IFD, and communities around the world, adjusted to the new normal after the COVID-19 pandemic, projects were resumed, and new initiatives were started. During the past years, it became clear that virtual participation can play an important role global collaboration and many projects are now incorporating this in their plans such as the hybrid Migrant Health Summit and NNN Skin Cross Cutting Group Meeting.

The **Regional Dermatology Training Centre (RDTC)** in Moshi, Tanzania is a long-term collaborator of the IFD and remains a major strategic partner in the mission to improve skin health in the African region. The IFD is extremely thankful for the generous donation provided by the British Association of Dermatologists (BAD), which has contributed towards:

- The 28th Annual CME was held successfully as a hybrid meeting in January 2023, with a large number of in-person attendees for the first time since the pandemic.
- Scholarships were provided for 19 students on the two-year Advanced Diploma in DermatoVenereology (AADV).
- Scholarships for 6 MMed Residents to enable them to complete their dermatology training over five years.
- Supporting activities for World Leprosy Day 2022.

In 2022, the IFD awarded **10 DermLink grants** totalling over \$47,000 for field work and community projects in nine countries. Over 4,400 lives have been directly impacted by these projects since they started near the end of 2022 in Malawi, Burundi, the Pacific Islands, Madagascar, Nigeria, Indonesia, Tajikistan, Sri Lanka, and Ethiopia. You can find an update on these projects [here on the ILDS website](#).

The IFD continues to **support community dermatology and training in areas of low resource**, including providing dermato-surgery training for 60 residents in Cambodia and dermatological training for healthcare and community workers, ranging from common skin conditions to neglected tropical skin diseases and sexually transmitted infections and diseases in Mexico.

The **Community Skin Health Journal (CSH)** is the formal publication of the IFD and aims to reach frontline healthcare workers without comprehensive dermatological training. Since June 2022, issues 18(1) and 18(2) were published online and 10,500 hardcopies were distributed globally for each issue in English. These issues are now being translated into Portuguese, in addition to French, Spanish and Simplified Chinese.

IFD **strategic global health partnerships** have evolved and expanded:

- The annual meeting of the International Alliance for the Control of Scabies (IACS) was held online, ensuring increased accessibility to attendees from areas of low resource.

- The International Alliance for Global Health Dermatology (GLODERM) launched the Mentorship Programme with 7 mentor-mentee pairs starting in September 2022 and 10 more mentor-mentee pairs starting at the WCD2023. The GLODERM Trainee Committee Education Webinar Series continued for a 3rd year and offered 10 free monthly lectures in a range of dermatological topics as well as professional development sessions. The webinars were attended by 331 individuals from 59 countries with the recordings reaching an additional 2,303 individuals.
- The Migrant Health Dermatology Working Group has organised a one-week field mission to Lebanon where they will provide dermatological training to frontline healthcare workers, daily dermatology consultations to refugees in the Bekaa Valley, and host dermatology clinics in Beirut, where the local population faces significant hardships because of the socio-economic crisis. The mission will also facilitate the collection of data on the health needs of the local population, which will include epidemiological data on skin and sexually transmitted infections (STIs) affecting migrant groups.
- The NTD NGO Network Skin Cross Cutting Group (NNN-SCCG) organised a well-attended hybrid session during the annual NNN Conference in Nepal in September 2022. The NNN-SCCG has been instrumental in supporting the World Health Organisation in the launch of the WHO NTD Roadmap in 2020 and ensuring an integrated approach to addressing Skin NTDs culminating with the first WHO Skin NTDs meeting at WHO headquarters in Geneva in March 2023 chaired by dermatologists from the UK (Rod Hay, Michele Murdoch and Claire Fuller) as well as from other areas of the world (Esther Freeman & Rie Yotsu). This is the first-time dermatology has been so front and centre of WHO based initiatives and an encouraging result after years of advocacy, leading to acknowledgment of the important contribution dermatology as to make for universal health coverage.

In the last 6 months of 2023 and in 2024, the IFD will continue supporting skin health initiatives in low resource areas in line with strategic priorities:

- Develop a new IFD Strategy for the period 2023-2027.
- Support the organisation of the 3rd (hybrid) Migrant Health Summit to raise awareness of the skin health challenges faced by migrants and refugees and sharing best practice in the global health dermatology community.
- Launch the Albinism Working Group and organise the first Albinism Summit focusing on prevention and management of skin cancer for people with albinism particularly in the tropics.
- Develop the GLODERM Podcast Series with support from international experts to inspire future dermatologist change-makers around the world, whilst raising awareness on key skin health topics in the field of global health dermatology.

Willan Library, Professor Nick Levell

After 10 years as your Willan Librarian, I hand over the bookmark of history to Daniel Creamer. Daniel will be the fifth Willan Librarian and I wish him good travels through the mysterious history of skin disease to build further our collection of historical books. The BAD book collection is divided into two. The Willan Library at the London RCP contains historical books pre-1920. The Bateman Collection at Willan House in Fitzroy Square contains more modern books, some more unusual texts such as the Rook references, used for the first edition of the Rook book, and duplicate texts from 19th century UK dermatology. In 2023, we added to the Bateman Collection several new texts on skin of colour written by dermatologists over the last 20 years. The Bateman collection contains old editions of the BJD and CED (and its predecessor which was the Transactions of the St John's). We are still missing a few editions of the BJD from before 1920. Many Dermatologists collect old books and each year we add to the collections due to kind donations and bequests. Space is limited so we do not take duplicates, but please do consider the Willan Library. Over the last ten years, we have successfully catalogued the whole Library, and this is now

available electronically on the BAD website: my sincere thanks to Lesley Exton (and to the RCP librarians) for her ongoing hard work in this. Considerable effort is required in keeping a library in order, as entropy and chaos cause books to disappear or mysteriously move. Lesley has remained in control. My thanks also to Dr Alexa Shipman who spent many hours over the last decade arranging for many of our historical books to be scanned, in collaboration with the Wellcome Institute. Nearly all of our old books are available online, via the historical area of the BAD website, so more accessible for research and with reduced damage due to handling. Previously the Willan Librarian was appointed, often only when the departing librarian became too frail to continue, but as the BAD is modernising, it was time for a fixed term with elections. Therefore, I approached the BAD officers with a proposal for action, this was adopted, elections elected, and Dr Creamer succeeded as the BAD Librarian. May the books be with you!

The Skin Investigation Society (THESIS), Chair, Professor Mike Ardern-Jones

The Skin Investigation Society (THESIS) was established in 1990 and is now in its 33rd year as an informal research group, consisting of registrars (SpRs), research fellows and recently - appointed consultants. The aim of THESIS is to encourage young dermatologists to pursue a theme of research, hopefully towards a higher degree, in addition to high quality publications.

The THESIS meetings evolved into the THESIS / BAD / BSID Research Course and has since evolved into the **BAD Research Course: THESIS/BSID/UKDCTN**. We had a successful meeting June 2022 at BAD house and look forward to the next on 9th June 2023. We have so far held 18 meetings, 5 of them in Bristol and 13 in London.

The format of each meeting is to have numerous registrar or research fellow presentations and open discussion about how best to do research, so that those new to dermatology may learn from those a little more experienced, additional wisdom being provided by invited "approachable advisers" and speakers.

The Skin Investigation Society Library was formed at the Willan House in 1991, and currently houses ~250 theses from research studies in the UK and elsewhere, covering a fascinating range of subjects. We are always on the lookout for new additions to the library, young or old. Clive Archer (THESIS librarian) will organise the THESIS Library. He can be contacted via the Academic Administrator at the B.A.D.

We accept self-nominations for the Clive Archer THESIS Fellowships annually. Theses are eligible for submission once the work has been approved for the award of a higher degree. Theses completed during a calendar year should be submitted by the following 1st March. A condition of the award is to have accepted an invitation to speak at the THESIS / BAD / BSID Research course, and successful candidates will be invited to present their work at the BAD annual meeting.

Information about all THESIS activities is available on the THESIS section of the B.A.D. website.

I am standing down as THESIS chair and look forward to the next chapter in this research focussed society under the banner of the BAD Research Course: THESIS/BSID/UKDCTN led by Dr Steve Smith and Dr Amy Foulkes.

UEMS Representative, Dr Ruth Murphy

The UEMS advocates for equal access to training for dermatology and venereology. As the dermatology representative I participate in activities linked to specialty. Some of this centres around curriculum development, both pre- and post-CCT, neither of which we employ nationally in the UK.

This year there have been meetings in Madeira and Austria. Dermatologists are all experiencing increasing demands and are encouraging the use of remote technologies to improve patient care. All countries appear to report challenges to access dermatology care.

Educational Surveys

Following the autumn and spring meetings two surveys have been carried out in member countries to investigate the curriculum content for each country for tele dermatology and wound healing.

Training numbers

The number of registrars training to be dermatologists within each country is always an area of interest for the UEMS. In the UK though, there is particular interest in how many dermatologists on the specialist register by the CESR route were trained overseas. This data will be prospectively collected by the British College of Dermatologists for submission next year.

Political Advocacy

This year the two areas where there has been a strong political voice has been in equality, diversity and inclusivity and to drive education to meet European targets to improve the healthcare of those with HIV/AIDS, TB, Hep B.

I look forward to participating in future events in 2023-24.

No report received from:

Chair of the NHS National Casemix Expert Working Group, Dr Sheru George

REPORTS FROM THE BAD SUB-COMMITTEE CHAIRS

Therapy & Guidelines Sub-Committee, Chair, Dr Ser-Ling Chua

Clinical guidelines

- Updated clinical guidelines for NB-UVB (Goulden & Ling *et al.*) and SCC *in situ* (Sharma *et al.*), and new guideline for delusional infestation (Ahmed *et al.*) have been published officially in the September 2022, February 2023 and October 2022 issues of the BJD, respectively.
- Five BAD clinical guidelines appeared in the top 10 of the most accessed BJD articles (of any type) in 2022 – cutaneous squamous cell carcinoma (Keohane *et al.* 2022), chronic urticaria (Sabroe *et al.* 2021), vitiligo (Eleftheriadou *et al.* 2021), biologics for psoriasis (Smith *et al.* 2020) and basal cell carcinoma (Nasr *et al.* 2021), each was accessed more than 15,000 times in the 12-month period. Six more guidelines appeared in the top 30 – rosacea (Hampton *et al.* 2021), hidradenitis suppurativa (Ingram *et al.* 2018), onychomycosis (Ameen *et al.* 2014), lichen sclerosus (Lewis *et al.* 2018), adult Stevens-Johnson syndrome/toxic epidermal necrolysis (Creamer *et al.* 2016) and cutaneous lupus erythematosus (O’Kane *et al.* 2021). Twenty-five percent of the top 100 most accessed BJD articles last year were made up of BAD guidelines.
- The GRADE methodology continues to be implemented for all clinical guideline projects.
- Other projects at various stages of development include new topics on Behçets (jointly badged with the BSR), Merkel cell carcinoma, nodular prurigo and lichen planus (in collaboration with the BSSVD), as well as updates for acitretin, alopecia areata, bullous pemphigoid, onychomycosis, Stevens-Johnson syndrome/toxic epidermal necrolysis (adults) and methotrexate.
- Upcoming projects include updates for actinic keratosis, PUVA, cutaneous warts and primary cutaneous lymphomas.

The NICE model for guideline development continues to be adopted, where technical analyses are carried out by four Guideline Research Fellows in the Clinical Standards Unit (drafting systematic review protocols, reading full-text papers, data extraction, data synthesis, critical appraisal, summarising evidence, etc.) and they present their systematic review findings to each guideline development group (GDG) at meetings for discussion and formulating recommendations. Our gratitude goes to all GDG leads and members who dedicate their free time in producing the BAD’s clinical guidelines which reach a wide audience internationally to help patient care, enhance the reputation of British dermatology and boost the BJD’s citations and standing.

Research is ongoing in publishing all BAD guidelines as ‘living’ articles such that periodic and *ad hoc* updates could be considered when new evidence emerges, as opposed to waiting 3-5 years for the next update. Such living guidelines will be published online only, which contributes to the BAD’s sustainability objectives.

Patient Information Leaflets (PILs)

- Preliminary consideration is under way to apply for a new certification scheme for PILs launched by the Patient Information Forum (the PIF TICK) to signify quality information and trustworthiness for patients, which replaces NHS England’s Information Standard scheme.
- A total of:
 - 5 new PILs have been written over the past year;

- 43 PILs have been updated over the past year;
- 8 new PILs and 70 updates are currently in progress.
- There is an ongoing programme of updating PILs every 3 years.
- Our Lay Review Panel members continue to assess all PILs for readability and style and we are indebted to them for this valuable service.
- We continue to work with and are very grateful to the small army of trainees, consultants, retired members and collaborating organisations who assist us with updating BAD PILs. Please contact the BAD's Clinical Standards Unit (clinicalstandards@bad.org.uk) if you would like to be involved.

External Organisations

- We continue to liaise with NICE over many technology and guideline appraisals (18 official responses submitted since the last AGM).
- We continue to work with the MHRA (e.g. pregnancy prevention and potential adverse effects of isotretinoin).
- We continue to work with NHSEI on matters relating to patient safety, most recently on the risks of potassium permanganate ingestion which led to the publication of a guidance document on the safe use of potassium permanganate soaks, a coordinated national patient safety alert and an updated BAD PIL.
- We continue to assist with updates to the skin chapters of the BNF and BNFC.
- The committee responds regularly to relevant enquiries and suggestions from the membership, health-related institutions, industry, and the public.

Access to Medicines

The BAD Medicines Working Group (MWG) continues to work on improving patient access to and pricing for dermatology specials, generics and other medications. We are grateful to Bryan McDonald who has continued to lead the group.

The MWG set up an open-ended survey to allow members to give notification of local shortages to the BAD, www.surveymonkey.co.uk/r/medicationshortages, to address temporary or permanent shortages of licensed medicines.

The MWG's communication with Canute Pharma led to them securing an alternative supplier of raw materials to re-introduce 8-methoxypsoralen bath lotion. However, the shortage of oral 5-methoxypsoralen is still ongoing and a collaboration with the British Photodermatology Group is being explored in supporting Canute with their regulatory applications.

The indefinite shortage of SunSense Ultra SPF50 due to issues beyond the manufacturer's control, with Uvistat 50 being the only other prescribable sunscreen available and not favoured by most photosensitive patients, led the MWG to meet with the Advisory Committee on Borderline Substances (ACBS). It is understood that more manufacturers are planning to submit their sunscreen products for inclusion on the ACBS list, however, such submission cannot be instigated by the ACBS.

Retinoids

The work of the BAD Retinoids Working Group (RWG) commenced with Tony Bewley at the helm, subsequently Jane Ravenscroft, and members from dermatology (adults and paediatrics), psychodermatology, GPwER, psychiatry, pharmacy, nursing and patients.

The RWG aims to consider implications for all systemic retinoids for licensed and unlicensed use.

- The long-awaited MHRA guidance on the review of potential neuropsychiatric and psychosexual side effects of isotretinoin has been published. Members of the RWG have contributed to work of the MHRA's Isotretinoin Implementation Group, in conjunction with the release of the guidance.
- Work is well under way, in conjunction with the MHRA, in developing and disseminating advice, guidance and implementation tools (e.g. acknowledgement of risk form).
- There has been discussion on seeking clarification from the MHRA on some seemingly contradictory matters when it comes to isotretinoin guidance, especially on the inclusion of female patients of child-bearing potential in the PPP and their advice on contraception for teratogenic drugs.
- A new acknowledgment of risk form for females of child-bearing potential with “very low or absent risk of pregnancy” was drafted by the RWG to replace the long-standing PPP opt-out form; this has been shared with the MHRA. A decision will be made with the MHRA on whether this will be incorporated into their new acknowledgment of risk form *for all patients* or kept as a separate document.
- Contraception advice in BAD PILs for retinoids (and other relevant drugs) has been standardised and advice on soya allergy in the isotretinoin PIL has been updated in the upcoming update. Discussion is under way on whether the BAD isotretinoin PIL can form the basis of a ‘Patient Guide’, which is one of the regulatory risk minimisation materials mandated in the MHRA Expert Working Group report.
- A jointly badged (with the Royal College of Psychiatrists) PIL on ‘isotretinoin and mental health’ is nearing completion.
- In collaboration with the BAD’s Education Unit, the RWG has commenced the development of e-learning educational modules as refreshers for all healthcare professionals involved in prescribing retinoids, starting with a module on isotretinoin.

Dupilumab-Related Ocular Surface Disease

The multidisciplinary Dupilumab Ocular Complications Working Group (DOCWG), another subgroup of the committee, was set up to address the ocular complications observed in patients receiving dupilumab therapy for atopic eczema. Mike Ardern-Jones chairs the DOCWG, with members from dermatology and ophthalmology endorsed by the Royal College of Ophthalmologists. Work is ongoing in reviewing published evidence on the subject, with the aim of producing an expert consensus guidance and a management pathway for clinical use, which will be submitted to the BJD and fed back to the MHRA following consultation with the wider memberships of the BAD and Royal College of Ophthalmologists.

Members

Since the last AGM we said goodbye to and thanked Ajoy Bardhan, Adam Daunton, and BNF representative Jean MacKershan. We welcomed new members Leila Asfour and new BNF representative Lona Mehta, as well as a second Information Scientist in the Clinical Standards team, Chenxi Wang.

Other committee members include BAD Assistant Honorary Secretary, Tom Lucke, Bryan McDonald, Gabriela Petrof, Phil Laws, Helen Frow, Lea Solman, Anastasia Therianou, Viktoria Eleftheriadou, Volha (Olga) Shpadaruk, Jui Vyas (SAS representative), Stephen Smith (trainee representative), Will Price (specialist dermatology pharmacist), Stoyana (Tanya) Tumbeva (BAD Clinical Standards Project Coordinator) and M. Firouz Mohd Mustapa (BAD Director of Clinical Standards). We are still trying to identify a replacement BDNG representative.

We are grateful to all members of the PILs Lay Review Panel for their feedback on PILs – Amanda Roberts, Diana Perry (Ectodermal Dysplasia Society), David Chandler (Psoriasis & Psoriatic Arthritis Alliance), Elizabeth Allen (British Association of Skin Camouflage), Carole Ann Pitfield (Skin Camouflage Network) and Marian Nicholson (Herpes Viruses Association).

I am very grateful to all committee members and to Firouz and Tanya, and the rest of the BAD Clinical Standards team (Senior Guideline Research Fellow Lesley Exton, Guideline Research Fellows Martinsixtus Ezejimofor, Alina Constantin, Zahra Mansour Kiaee, and Information Scientists Maria Hashme and Chenxi Wang) for all their hard work and support over the past year. Firouz continues to do a stellar job of leading the team. His knowledge, skill and experience are a great asset to dermatology and to people with skin disease. I would like to thank everyone who has been involved in writing and reviewing BAD PILs and guidelines, which are accessed by many dermatologists and patients in the UK and across the world, and providing responses to NICE appraisals and guidelines which have a significant impact on care for people living with skin disease. Your time, expertise, thoughtful suggestions and constructive criticisms are essential to the quality of the work produced, and for that we are deeply grateful. Our committee is always looking for volunteers to help with these projects so please contact clinicalstandards@bad.org.uk if you would like to be involved.

National Audit Sub-Committee, Chair, Dr David de Berker

The committee, established in 2021, continues to undertake its core functions with the assistance of the BAD's Clinical Standards and Transformation Quality Improvement units:

- to help enable BAD members to participate in national audits.
- to conduct a national clinical audit annually, based on standards derived from national clinical guidelines or guidance produced by the BAD or other national bodies (e.g. NICE).

The 2022 national clinical audit aimed to assess the current management of adults with SJS/TEN based on the recommended audit points from the corresponding 2016 BAD clinical guideline. A set of core audit questions were featured in an Excel-based data-collection proforma, with a separate set of optional, additional questions to help provide further context. Data on five patients per department/Trust were requested. The report is being prepared following acceptance of the abstracts for the BAD annual conference (and ECSVD annual conference, subset analyses for vulval involvement) will be submitted to the CED in due course.

Additional work in progress includes preliminary preparations for a national clinical re-audit on managing adults with bullous pemphigoid, and a collaboration with the BSDS to establish a quality assessment tool for national use in skin surgery to audit quality indicators, in particular, post-operative complications and bleeding, as well as patient satisfaction.

Other *ad hoc* work of the committee includes:

- to advise and collaborate with BAD Officers on the creation or identification of audit data-collection tools or platforms.
- to conduct national service audits, based on service standards produced by the BAD or other national bodies.
 - utilising the dermatology national registries/databases for clinical interventions for annual reporting and benchmarking outputs
- to act as an interface with other relevant bodies.

I would like to thank all members of the committee for their hard work and support.

Chris Bower (Clinical Vice President)

Tom Lucke (Assistant Honorary Secretary)
Tak Cheung
Fiona Tasker
Zoe Venables
Hayley Smith
Lauren Passby (StR)
Ravi Rammessur (StR)
Julia Fordhan (StR)

On behalf of the committee, I would like to thank the BAD's Clinical Standards and Transformation Quality Improvement units for their support and guidance:

M. Firouz Mohd Mustapa (BAD Director of Clinical Standards)
Tania von Hospenthal (BAD Director of Clinical Services)
Stoyana (Tanya) Tumbeva (BAD Clinical Standards Project Coordinator)
Adrienne Webberley (BAD Clinical Services Unit Team Coordinator)

Research Sub-Committee, Chair, Professor Mike Ardern-Jones

The role of the Research Sub-committee (RSC) of the British Association of Dermatologists is:

- To develop and execute a strategy for dermatological research within the UK.
- To facilitate communication and interaction between the relevant BAD projects, BADBIR, UKTREND, BADERL, UKKCC and BADGEM, and external bodies such as the NIHR, BSF, BSID, UK DCTN, SAC, to promote UK dermatology research to a wider audience.
- To facilitate and support dermatology research training for all clinicians, academics and scientists.
- To establish a network to engage with patients and the public to disseminate information and encourage participation in research projects.
- To engage with pharma and the biotech industries to encourage collaboration and enable approaches to government and funding bodies.
- To form the foundation of the BAD research unit.

It has been a busy year in Research last year with the first Research strategy Day organised in March 2022. A multistakeholder group met and the BAD's research strategy along with recommendations are now available on the BAD website. The Research Sub-Committee met three times in 2022 with one additional meeting to discuss new registry proposals. As a result, the BAD Officers have now signed off as of April 2023 setting up of three new registries for the following disease areas: alopecia, HS and vitiligo. It was felt that these were important developing areas that the BAD should be strategically involved in.

Existing registries are progressing well. With support from the RSC, BADBIR has clarified the approach for members who wish to gain data access and also the authorship rules. This guidance will be updated on the BADBIR Website. A-STAR is ever expanding and has six new sites. In addition, there are two new publications with other manuscripts in advanced stages of development. Setting up of UKKCC is progressing well with relevant agreements being signed.

Facilitation and support of research training continues with ongoing development of the Research Grid and a blog has been published around the academic pathway in the format of a personal journey from a BAD trainee representative: <https://www.bad.org.uk/so-you-want-to-be-a-dermatology-researcher>. To support trainees and consultants interested in research at any stage, the new BAD Research Course: THESIS/BSID/UK DCTN will replace the previous THESIS/BAD/BSID research course. The hugely successful

Research techniques course in collaboration with Dr Di Meglio at KCL will be run again in 2024 and afterwards, in collaboration with the BSID.

The topic of 'Skin health', working with dermatologists, non-scientists and industry and encompassing psychology, healthy skin, and biology is being explored as the direction of travel for UKTREND. New Chairs are being sought for UK DCTN and the RSC looks forward to welcoming the successful applicants.

BADBIR, Chair, Dr Philip Laws

BADBIR is currently in its 15th year of recruitment. (2022/2023)

Total registrations = 21,007 (as of collected 01.05.2023)

Individual registrations = 18,150

Biologic registrations = 14,532

Conventional Systemic registrations = 6,061

Small molecule registrations = 414

Number of centres = 166

Within the last 12 months there have been 637 new recruitments with around 9600 participants having new data recorded within BADBIR.

The recruitment recorded new **439 participants** gain from Aug 22 (20,568) to May 23 (21,007), eight months within BADBIR year 15.

Annual recruitment was 654 in 2022, 497 in 2021, 677 in 2020 and 1887 in 2019, respectively.

Pharmaceutical involvement

We have successfully signed a new contract with Boehringer Ingelheim (BI) in May 2023.

We now have a total of 10 companies participating in the register with a total of 14 drugs in year 15. Participating companies are Ammirall, Amgen, AbbVie, Leo Pharma, Eli Lilly, Novartis, Samsung Bioepis, Janssen, UCB and BI.

Recruitments ending in July 2023 include Skilarence, Ilumetri, Skyrizi, Kyntheum and Cimzia. Confirmed two contracts ending in July 23 are Amgevita and Otezla.

We have also been several discussions with BMS over the past 12-18 months about joining the registry. We would like to have firm contract in place before the end of this year.

We have also secured additional funding from three pharmaceutical companies to fund one full-time Clinical Research Fellow post to do some research work. The selection for the post was taken place and we are awaiting to get supportive documentation of the candidate (Ahmed Hawar) to start in BADBIR.

Committee meetings

The BADBIR Steering Committee meeting was held in February 2023. An overview of BADBIR operations was discussed. Ethical amendment 13 was approved by HRA-REC with the implementation date of 6/3/23 for an extension in collection of follow-up data after 3 years, use of patient portal for patients to self-complete questionnaires, the addition to two new disease severity measures (GPPGA and GPPASI) for Generalised Pustular Psoriasis diagnosis, and a change in eligibility for bio-experienced Patients on Small Molecular Drugs.

The BADBIR Strategic meeting was held in March 2023. The updated protocol was presented, and the short-term and long-term development of the protocol were reviewed. A discussion was held about drug cohorts, standard comparators and modifying the comparators to reflect real world clinical questions. The group also discussed the challenges of securing long term financial stability to ensure the register could deliver on outstanding research questions. Several funding options were discussed which are now being explored further.

The current BADBIR income and expenditure was reviewed along with the financial projection in contract until 2028. The predicted overall operational cost to run BADBIR in 2028 is £1.4 million, which includes all drugs. If at any point BADBIR were to make a loss, then the company will be closed with 12 months' notice.

The future sustainability of BADBIR is finding the balance between maintaining core operations, reducing burden on centres, and continuing to be relevant to pharma and NICE/MHRA while ensuring the core research question of the register is being addressed.

The next SC meeting will be held on 21st June 2023 and the next strategic meeting is to be held in September 2023.

A*STAR, Steering Committee Chair, Professor Mike Ardern-Jones, Bioresource Chair, Professor Nick Reynolds

Recruitment into A-STAR commenced in October 2018, and it is now four years since the first patient was recruited into the study.

Recruitment

Site recruitment:

Recruiting: 25

Awaiting set up: 13

In R&D: 3

TOTAL: 45

Patient recruitment:

A total of 547 participants have been recruited to A-STAR (correct as of 24-April-2023).

Breakdown by cohort is as follows:

Novel systemics: 318

Conventional systemics: 330

Other: 4

The recruitment recorded new **260 participants** gain from May 22 (287) to April 23 (547), one-year within ASTAR year 3 and 4.

ASTAR extension agreement is now in place until 31 Dec 2024.

BAD and KCL team will twice a year to review the financial position of ASTAR.

Companies

AbbVie just joined ASTAR in May 2023 with a 3-year contract until May 2026.

Pfizer sponsorship agreement (main contract) has been signed off for 3-year until Dec 2025.

Pfizer - Dream to Treat (pan-European study involving five registries) collaboration contract is also in place until end of 2025.

Eli Lilly joined the registry in December 2020 with a 3-year contract.

Galderma is keen to join, and we are in discussions. (Nodular Prurigo (NP) cohort could be defined once Galderma joins.)

We are organising a meeting with Sanofi to find out about future plans.

Leo Pharma have decided not to join the registry yet.

Participating Companies: Eli Lilly, Pfizer, and AbbVie

Supporting Companies: Nil

ASTAR Steering Committee and ASTAR Bioresource:

ASTAR Steering Committee meeting took place in February 2023. Study update was given. Substantial Amendment 3 (SA03) has been made with the change in follow up visit frequency: after visit 6, follow up will be six-monthly (rather than three-monthly) even if the patients are still on systemic therapy. Consultation with Centres has been helpful in highlighting and resolving issues and the existing CRF has been separated and data collection has been streamlined and harmonised with eCRF.

CI will present about ASTAR study at the BAD annual meeting in June 23 and World Congress of Dermatology in July 2023. Also, ASTAR study stand will be exhibited at the BAD conference in June 2023.

ASTAR Ireland. Two centres had been launched with consenting participants. St James's Hospital Dublin and South Infirmity Victoria University Hospital Cork. Two additional centres, UCH, Galway and The Mater, Dublin, are approved and awaiting contracts and final signatures. One centre, St Vincent's, Dublin, is under the second stage of ethical review. The analysis plan is to treat all site data with A-STAR UK data as one dataset as the platforms are almost identical, and any differences are not thought to impact data analysis.

The first A-STAR Ireland Executive Committee Meeting was held on 10-FEB-2023.

ASTAR Bioresource meeting was also held in February 2023. Project update was given by Tom Ewen. It is currently in the final stages of project set up and pilot sample collection. Site initiation visits will then commence at Newcastle and then GSTT, followed by the six other sites between March and June 2023. Sample recruitment rate is expected to be one patient every six weeks per site. A no-cost extension from the BAD officers was approved until November 2027.

The next A-STAR Study Steering Committee and Bioresource Committee meetings are on 14th June 2023.

UKKCC, Chief Investigator, Professor Charlotte Proby, Chair, Professor Irene Leigh

The vision for UKKCC is to support internationally competitive keratinocyte cancer research in the UK for the benefit of patients and BAD members. The UKKCC has 3 workstreams: (i) EPI: Epidemiology of Keratinocyte Cancers (Zoe Venables, Sonia Gran, Zenas Yiu); (ii) cSCC ATLAS: the molecular pathogenesis of cutaneous squamous cell carcinoma (Eugene Healy, Stephen Smith, Catherine Harwood); and (iii) BIOBANK: a biorepository of tissue samples collected through a network of dermatopathologists with central pathology review (Paul Craig, Richard Carr, Will Rickaby) and a database in Glasgow (GGC TBR).

Professor Irene Leigh was appointed as an independent chair of the UKKCC in May 2023.

The BAD and University of Dundee collaboration agreement was signed in October 2022. The UKKCC Biobank is situated within NHS Greater Glasgow & Clyde Tissue Biorepository (GGC TBR). GGC TBR will provide all the governance and is sited alongside a research Safehaven.

The protocol v1.0 15.02.23 was finalised and IRAS application for the ethic approval was submitted in February this year. The HRA approval was received May this year.

There are 18 research sites included at this point (listed in the protocol and Ethics), with 3 further sites (University Hospital Wales), Guys and St Thomas', Kings College London, and Edinburgh recently requesting to join UKKCC. This widespread interest in contributing to UKKCC is encouraging.

There are 3 Tissue Biorepositories (Norwich Research Park Biorepository, UCL and Royal Free London Biobank, and Royal Devon & Exeter Biobank) involved currently and they will be able to collect patient/tissue samples without delay as they have their own Ethical approval and Tissue Governance processes. NRPB (Norwich) has already started prospective collection of fresh frozen cSCC tumour samples for the molecular study.

Committee meetings

The last UKKCC SC meeting was held in November 2022. The role for an independent advisory board and an independent chair for UKKCC were discussed. An independent advisory board will be determined now that the Independent Chair (Professor Irene Leigh) has been appointed.

The next UKKCC SC meeting will be held on Thursday 29th June 2023 at the BAD annual conference.

BADGEM, Chair, Professor Edel O'Toole

The original objective of BADGEM was to create a national clinical network for genodermatoses through the British Association of Dermatologists identifying national and local experts. The BADGEM committee co-ordinates various genodermatology activities and also organises an annual clinical meeting at the BAD meeting. A new deputy Chair, Neil Rajan, has been appointed. Edel O'Toole will be stepping down this year.

BADGEM Clinical Meeting for 2023

This year's meeting is being chaired by Dr Ajoy Bardhan & Dr Natasha Harper. There is a talk on SNRPE as a cause of nonsyndromic hypotrichosis, a case of Werner syndrome and first case of Haim-Munk syndrome in the UK. There are at least three talks around EB, one on keratin and VEXAS syndrome.

Clinical Trials. The Clinical Trials Group is led by Simon Tso and the overall mission is to provide an awareness of ongoing trials in genetic medicine in the UK.

For Pachyonychia Congenita (PC), a new study called the VAPAUS study is based on topical sirolimus or rapamycin for age 17 or older. EOT will be the CI for the UK and expects to recruit 20-30 patients.

Informatics Group. The aim of the Informatics Group, led by Neil Rajan, is to generate a UK-wide disease register for rare genetic skin diseases, to ultimately help facilitate recruitment into clinical trials, working with Mary Bythell from the National Congenital Anomaly and Rare Disease Registration Service (NCARDRS). Working together with Zoe Venables, Simon Tso and Marie-Louise Lovgren, this registry will collate patients that will be acquired through 1) Disease specific project initiatives (one recent example is ichthyosis), 2) NHS Molecular diagnostic data that has recently become available to NCARDRS, 3) Genomics England 100K skin patients. The next step is to get funding for a clinical fellow to take this project forward.

100K Genomes

Edel O'Toole and Neil Rajan now co-lead the Skin Domain of this project. 392 families were recruited in the Skin Domain and 30% now have a genetic diagnosis. The discovery phase continues.

Wellcome Trust Genomics for Dermatologists 2022. After a successful course in 2021, the next course is being organised in November (Organisers: Sara Brown, Neil Rajan, Edel O'Toole and David Kelsell).

Raising awareness in genetic testing

Neil Rajan has met with the BAD's Transformation Quality Improvement Unit, formerly Clinical Services, to be involved in a working group that will be looking at genetic testing and raising the profile of this within dermatology along with the BAD's BCD.

UK TREND, Chair, Professor Eugene Healy

The UK Translational Research Network in Dermatology (UK TREND) was established by the BAD to support, facilitate and further develop internationally leading, translational research in skin biology and skin disease across the UK for the direct benefit of patient care.

The UK TREND's current focus is on encouraging collaborative translational research on the theme of "Skin health". The UK TREND's session at the 2022 BAD Annual meeting included "Microneedles for topical drug delivery" by Ryan Donnelly, "What do cosmetic dermatologists want from skin biologists?" by Dr Emma Craythorne, "Podoconiosis – maintaining skin health" by Paul Matts, and "What help can skin biologists offer dermatologists in terms of improving skin health?" by Dr Ryan O'Shaughnessy.

A Committee meeting was held in June 2022 with plans to organise a small working group who would identify speakers for a larger UK-wide "Skin health" event. This event would include clinicians and scientists to discuss topics relevant to a future research workstream on this area. UK TREND is keen to hear from consultant and trainee dermatologists, clinical academic dermatologists, clinical scientists and non-clinical scientists, and professions allied to medicine, including nurses, pharmacists, etc. as well as members of industry who are interested in and keen to become involved in this area of research.

UK TREND will also continue to link with UK DCTN on a project-by-project basis to encourage and facilitate mechanistic and/or biomarker investigations, where appropriate, for UK DCTN clinical trials. Eugene Healy will continue as Chair as Rachel Watson who was the Deputy Chair has taken on a new role and is no longer involved with UK TREND. Eugene Healy on behalf of UK TREND is also involved with Rubeta Matin on an AI survey.

BAD-NDRS Steering Committee, Chair, Dr Zoe Venables

The BAD-NDRS partnership is continuing to work with NDRS on improving the quality of skin cancer data, including encouraging the inclusion of skin cancer statistics in national publications. The Get Data Out (GDO) paper describing incidence, survival, and routes to diagnosis data published last year is now published as an open access original research article in the BJD: <https://doi.org/10.1093/bjd/ljad033>.

Two projects are currently in progress:

1. Describe patients who develop multiple BCC and cSCC in national data and assess accrual rates in patients diagnosed between 2013 and 2020 in England. Establishing the frequency of subsequent BCC or cSCC tumours diagnoses as well as estimating timeframes associated with subsequent tumour diagnoses.
2. An analysis of patients by broad ethnic group diagnosed with skin cancer (e.g melanoma, BCC, cSCC, MCC) between 2013 and 2020 in England. Describing differences in incidence and patient demographics (age, gender, deprivation, etc.) and tumour specifics (stage, type, etc.) by ethnic group.

Three abstracts were submitted to the BAD annual meeting 2023; an abstract looking at cSCC accrual rates from first to subsequent tumour was awarded a presentation in a plenary session; an abstract for the ethnicity project was accepted as a poster; and we supported a dermatology MSc student who used the published GDO data to write an abstract on Lentigo Maligna which was awarded a presentation in a plenary session.

GDO 2020 data are due to be published in Late Spring and now includes new data on external genital in situ cSCC tumours. The exchange of data on organ transplant recipients with skin cancer is still in development between NHS Blood and Transplant and NDRS.

The BAD-NDRS steering committee meet three times a year to discuss the future direction of the partnership and evaluate project ideas for priority and feasibility. We have recently added a new member, Professor Dr Catherine Harwood, to the committee and are advertising for an additional Dermatology nurse member to join as well.

Staff and Associate Specialist Sub-Committee, Chair, Dr Rajesh Goel

Dermatology and wider workforce continue to face the workforce shortage challenge with long waiting lists. Our SAS colleagues are working hard to support the dermatology workforce all around the UK. I can see there are increasing numbers who are joining in non-training positions as SAS doctors and locally employed doctors. A lot of them are also focussing on CESR as a means of entry to the specialist register for becoming a substantive consultant in the NHS. We, in SAS subcommittee, are trying to support wherever we can by advising them on navigating the NHS system and CESR route.

We organised the second SAS development programme in March this year. This was delivered virtually once again. The attendance could be improved, and we will look at holding it in person next year. The programme again focussed on generic competencies with issues around medico-legal aspects and topics such as appraisal and revalidation. We also had talks from fellow SAS colleagues who have progressed well in their careers and hold leadership positions. It was intended to showcase their achievements for inspiration and motivation. Also in focus was research and how to get involved in research.

I have held the position of Chair for 4 years and as we were struggling to find a replacement, it was suggested to have a deputy chair role for a year who could shadow the Chair and transition into the position after a year. With the approval of the Executive, the Deputy Chair role was created, and we have successfully appointed Dr Arsalan Sheikh as the Deputy Chair who would take over from me in February 2024. We hope that with new leadership will come new ideas and a fresh outlook on how to support our SAS and locally employed colleagues working in Dermatology.

Conference and Events Sub-Committee, Mr Chris Garrett, Director of Conference and Events

Main activities for the public benefit (2022)

Delivered an educational programme of 34 events. Provided CPD updates and education to over 4,700 Consultant Dermatologists, Trainees and other HCPs to enable them to deliver better medical care to the public.

Achievements and performance (2022)

Successful return to an in-person meeting in Glasgow, with over 1200 physical attendees and another 500 accessing the post event virtual platform. Sold out exhibition generating a good income for the BAD to enable it to continue in activities (approx. £681K).

Plans for the future

Continue to deliver the BAD programme of events and develop the educational events as part of the British College of Dermatology. Work on a hybrid events model and move towards a return to in person events as well as continuing where required to host virtual courses.

Continue to work on improving the sustainability of the BAD events programme.

Historical Collections Sub-Committee, Chair, Professor David Gawkrödger

Members of sub-committee:

Dr Ajoy Bardhan (committee member)

Dr Katya Burova (committee member)
Dr Julia Ellis (Dowling Club Archivist)
Professor David Gawkrödger (Committee Chair)
Professor Nick Levell (Willan Librarian)
Professor Rona Mackie (committee member)
Dr Lauren Passby (trainee member)
Dr Manu Shah (committee member)
Dr Donna Thompson (Dowling Club Archivist)
Dr Paul Yesudian (committee member)

Terms of reference: The subcommittee is concerned with the promotion and preservation of the historical legacy of the British Association of Dermatologists, specifically its collection of books and its archives, including both manuscripts and physical collections (which include diagnostic and surgical instruments and other memorabilia).

Current projects: Several projects are in progress:

- i. *Digitalization project:* This has been completed. The BAD's scanned books can be found on the Wellcome website.
- ii. *Willan Library:* The Willan Librarian, Nick Levell (who will be replaced by Daniel Creamer from July 2023), and Lesley Exton have identified duplicate books in the Willan Library and amongst donated books. We may offer them as prizes at the annual meeting. We continue to be offered books by BAD members and are happy to take such items when we do not have a copy in our collection. Additionally, we are attempting to secure early copies of the British Journal of Dermatology that are missing from the BAD's collection, as outlined in the BAD Newsletter.
- iii. *Biography book on famous dermatologists:* Subcommittee members Paul Yesudian and Nick Levell with Alexa Shipman have edited biographies written by BAD members on important deceased dermatologists from the British Isles. The last details on copyright and other issues are being ironed out and we hope for publication soon.
- iv. *BAD and Dowling Club archives:* We have resumed our work sorting out the classification of our collection, establishing the materials in plastic boxes (to protect from potential water damage), scanning in photographs of Dowling Club trips, and deciding on the best location for storage.
- v. *Regional histories:* The response from BAD members has been rather disappointing. We recognize that members have many different competing demands on their time just now, but the preservation of our histories is vital and if too much time is allowed to lapse, memories fade and people move on. We are happy to receive submissions in any manner members like. A good example of what we are after is Dr Roger Allen's contribution on the history of dermatology in Nottingham. It can be found on the BAD Historical Collections' website.
- vi. *BAD website:* The committee has provided material for the Historical section on the new website. BAD members are encouraged to take a look.
- vii. *FitzPatrick Lectureship at the Royal College of Physicians of London 2022-23:* The BAD's nominee, Professor Gawkrödger, gave one lecture in April 2022 and is due to record another for the RCP Player.

Other activities: Members of the subcommittee, in particular Dr Ajoy Bardhan, are responsible for the displays at the annual general meeting and in the entrance hall at Willan House. The subcommittee also selects the invited speaker for the annual Historical Symposium, selects abstracts for poster display, and judges and awards the prizes.

REPORT FROM THE BRITISH SKIN FOUNDATION

Honorary Secretary, Professor Chris Bunker

The last twelve months has seen the British Skin Foundation reaffirm its commitment to UK based Dermatological research by offering a wider range of grant opportunities than ever before and making available more than one million pounds to research in its most recent round of awards.

The BSF grants programme has been at the centre of much of the charity's activities over the last year with a new role being created to lead on the administration of the awards and to develop a system for monitoring outcomes of previously funded work.

The BSF also welcomed a new Trustee/Grants Advisory Committee liaison in Dr. Neil Rajan as the BSF looks to further strengthen its grant process and meet the changing needs of the UK's Dermatology research community.

As well as putting plans in place to bolster its research programme, the BSF has over the last six months been looking at how it can increase its profile by committing greater resources to communications and fundraising. Following discussions with BAD Officers and assurances that the BSF will prioritise an increase in its grant output, and detailed discussion amongst themselves, BSF Trustees gave the green light to an updated business plan proposed by the BSF Chief Executive Officer and Chief Operating Officer.

The BSF's collaboration with ITN Productions over recent years has allowed the charity to promote its services to both dermatology and the public. A further programme will be screened for the first time at the BAD conference in Liverpool. The programme will address the concerns around mental health and skin disease and to accompany the launch, the BSF have gathered some of the country's leaders in the field for a lunchtime symposium.

Following the decision by Princess Alexandra to scale down her royal duties and step down as patron, the BSF was delighted when Princess Beatrice accepted the role. The Princess made her first public appearance as patron on a visit to the Blizard Institute in East London to look at some of the work supported by the British Skin Foundation.

It has been a standout 12 months for the British Skin Foundation. The charity was able to increase its available grant spending despite public fundraising within the third sector only now beginning to show some signs of recovery. The successes of the last year have allowed the BSF to lay the groundwork for expansion in its three main areas of research funding, communications and fundraising and it is hoped that the BSF can report on the impact of this growth over the coming year.

The British Skin Foundation would like to welcome two new members to the BSF family; Sarah Thorne who joins us as Research Officer and Professor Sir Barry Everitt FRS who takes over as Chair of the Grants Advisory Committee, following six years of inspired leadership from Professor Patrick Maxwell.

The Trustees would like to thank the BAD membership for its continued support; it really is appreciated and helps to underpin the future growth and further success of the BSF. I want to thank the entire BSF team fronted by Matthew Patey and Phil Brady for all they have done to contribute to a tremendously successful year.

REPORT FROM THE BRITISH DERMATOLOGICAL NURSING GROUP

President, Mrs Rebecca Penzer-Hick

Following its inception in 1989, the BDNG has worked towards the following aims:

To promote:

- the development of the highest standard of care for the patient receiving dermatological care;
- the development and recognition of the nurse's role in dermatology, for the benefit of the patient;
- education of nurses for their role in dermatology;
- research into all aspects of dermatology nursing and dermatological nursing care;

To provide:

- a source of expertise for nurses facing clinical and managerial challenges in the field of dermatology nursing;
- a forum for the dissemination of developments and knowledge in the field of dermatology nursing

The activities that allow us to deliver on our aims include:

Educational activities

Online educational resources including interactive modules, recorded webinars, podcasts and our journal Dermatological Nursing.

Numerous live online webinars.

Regional study days which support the work of our special interest groups.

Annual conference which will continue to be held in September.

All our educational events are supported by an interactive app.

This year we have employed an Education Lead and an Education Nurse (both part-time).

Published resources

Continued publication of the journal Dermatological Nursing on a quarterly basis.

This year we published "Fast Facts Dermatological Nursing: A practical guide on career pathways".

The role descriptors for Bands 2-4 were published on BDNG and BAD websites to go alongside those for bands 5-8.

A series of videos promoting dermatological nursing as a career option were made.

Awards

Awards for members to attend BDNG conference and awards offered 4 times a year for financial support for other professional development.

We started a new set of awards for full funding of Masters level programmes

We have given travel scholarships to the Australian Dermatology Nursing Association conference (for 7 members), travel scholarships to the World Congress of Dermatology in Singapore (for 7 members).

Collaboration with BAD

Continued collaboration with the BAD on committees such as the Nursing Workstream group and regular meetings between the Chief Executives and Presidents of both organisations.

Contribution to the BAD Education strategy day

Membership of the retinoids working group

We held an event to celebrate previous BDNG Presidents and Stone Award winners at Willan House with the unveiling of two commemorative plaques.

National representation

Representation at national level including Dermatology Council for England and National Outpatient Transformation Programme.

The future

July 2022-2023 have seen our activities return to pre pandemic levels, with increased educational provision through face-to-face meetings and online content. We ran a successful live conference in September 2022 with over 375 delegates and are expanding our programme and capacity for conference in 2023. Our Awards programme will see an expansion both in terms of financial support to members and recognition of exceptional practitioners. Both the Journal and the Website will be developed over the coming year. There are plans to expand the team working for the BDNG with a focus on our educational provision. Our dermatology handbook will be published. At our conference the new BDNG President (Lisa McGovern) will be taking over.

REPORTS FROM THE BAD AFFILIATED GROUPS

British Society for Cutaneous Allergy (BSCA), President, Dr Graham Johnston

The committee

The BSCA committee is unchanged from last year.

The website

The BSCA are pleased to announce that they have completed the move of their Patient Information Leaflets for all the allergens in the British Baseline Series to in front of the paywall on the BSCA website. This can be found at www.cutaneousallergy.org

This means that both non-members and patients can now access this important information. This should benefit both patients and the wider public in disseminating accurate information about contact dermatitis. Members are reminded that these documents are copyright and so the source should be cited when they are used.

Catherine Holden continues to refresh the BSCA website.

There is now a link to the BSCA audit group listing centres that regularly contribute patient data to BSCA audits. See below and do consider joining in.

Research and Audit

The Society continues to be research active and the BSCA Audit group has grown under Deirdre Buckley to 31 dermatologists at 25 centres. The publication on acrylic nail allergy attracted considerable media attention in April 2022 emphasising the importance of disseminating research findings. Many thanks to the Communications Team at the BAD for their help with this

Our collaborations with the European Surveillance System on Contact Allergies (ESSCA) and North American Contact Dermatitis Group (NACDG) generated an update on the isothiazolinones.

Deirdre has facilitated further collaborations with the Cosmetics Toiletries and Perfumery Association on a forthcoming national audit of glucoside allergy.

Clinical Care

Further updates to the steroid medicament and cosmetic series are due to be posted on the website following reauditing and publication in peer reviewed journals.

Teaching and training

Jason Williams' regular sold-out BSCA training course did not occur again this year due to the post pandemic stresses on the NHS. However, Donna Thompson's always entertaining BSCA update is planned for 29-30 September at Crewe Hall in Cheshire. We expect a stimulating series of talks and some excellent entertainment, so do look out for the flyer!

Social media

Our Instagram account for the BSCA under the name 'Cutaneous allergy' has increasing numbers of followers. Do join us!

British Photodermatology Group (BPG), Chair, Dr Hiva Fassihi

The British Photodermatology Group (BPG) is an affiliated Special Interest Group of the British Association of Dermatologists and aims to further understanding of clinical photodermatology through clinical and academic activities (<https://bpg.org.uk/>). We make important contributions to the BAD Annual meeting through the BPG symposium and to the BSID through our invited speaker programme. Membership includes clinical and non-clinical members with photodermatology interest. I am grateful to Dr Sophie Weatherhead, the current Secretary, Dr Vicky McGuire, the Treasurer, and to the enthusiastic and engaged BPG committee for all their support and input during my term as Chair.

An important function of the BPG is contribution to the development of photodermatology guidelines and standards. The updated guidelines for narrowband ultraviolet B phototherapy (Goulden V. *et al.* *Br J Dermatol.* 2022 Sep; 187(3):295-308) and guidelines for the management of people with vitiligo (Eleftheriadou V *et al.* *Br J Dermatol.* 2022 Jan; 186(1):18-29) have been recently published. Following workshops, the BPG has also produced and regularly updates position statements (<https://bpg.org.uk/bpg-position-statements/>) on a number of topics which were the subject of frequent enquires from the media and other groups. The statements are principally aimed at the media, non-dermatology specialist medical groups and expert patient groups. Over the last two years, there has been a lack of sunscreen options on NHS prescription for patients. Following support by the BPG and many patient support groups, we are delighted that La Roche Posay Anthelios Hydrating Lotion SPF50 (250ml) has been accepted by the ACBS and will be available on prescription by June/July 2023.

Both pre-CCT and post-CCT photodermatology curricula are established and available for clinical training, but unfortunately there are currently no post-CCT fellowship positions available because of a lack of funding. A BPG Dermatology Trainee Handbook is being finalised in order to provide practical advice to complement clinical experience gained during specialty training in photodermatology and phototherapy. We are grateful to Dr Adam Fityan who continues as the BPG Committee photodermatology representative for the SCE Question Writing Group.

The BPG symposium at the BAD Annual Meeting in Glasgow in 2022 was well received, with excellent virtual presentations by Prof Yolanda Gilaberte (University Hospital Miguel Servet, Spain) on photoprotection, and Prof Jean-Charles Deybach (Centre de Référence Maladies Rares Porphyries, France) with an update on emerging therapies for porphyria. Of those attending in person and online, over 90% rated this meeting as good or excellent. Best oral presentation was awarded to Dr Alison Havelin on the study titled 'Optimization of narrowband ultraviolet B for psoriasis using a precision medicine approach: PHOTO-OPP study (PHOTOtherapy Optimization Protocol in Psoriasis)' and best poster presentation to Dr Fiona Campbell for her work on longitudinal variation in phototherapy cabinets. Many thanks to Dr Ewan Eadie (University of Dundee) who gave an excellent invited BPG Guest Lecture titled 'Far-UVC: It kills viruses but what does it do to my skin?' at the BSID annual meeting in Glasgow in March 2023, which was followed by a thought-provoking question time highlighting the levels of interest in the topic.

We are grateful to La Roche Posay for the generous ongoing support that enables the BPG to offer Photodermatology Fellowships, with a total annual budget of £10K. These Fellowships are available to support specialist education and training in photodermatology and are open to trainees, nurses, consultants and scientists. Many thanks to Dr John Ferguson for leading this Fellowship programme. Details about the Fellowships and how to apply are available on the BPG website: [The La Roche-Posay Photodermatology Awards – British Photodermatology Group \(bpg.org.uk\)](https://bpg.org.uk/bpg-awards/). Congratulation to Dr Marese O'Reilly and Dr Albert Sonwang who were successfully awarded Fellowships in 2022.

The BPG continues to have collaborative relationships with international groups including the European Society of Photodermatology, the European Society of Photobiology, the European XP Society and the British and European Porphyria Networks. BPG membership includes subscription to the Photodermatology Photoimmunology Photomedicine journal online. The BPG continues to have a close working relationship with the BAD and is grateful to the BAD for its continued financial and organisational support.

Finally, it's with great sadness that we note the passing of Prof John Hawk in December 2022. (John Hawk: global ambassador for photodermatology, BMJ 2023; 380 doi: <https://doi.org/10.1136/bmj.p662>). He was the founder of the BPG and a major figure nationally and internationally in Photodermatology. For over 30 years, he was head of the Photobiology Unit at St John's Institute of Dermatology, and he set up the highly acclaimed annual Photodermatology course at St John's which still runs today. He was a friend and a mentor to many colleagues, a number of whom have gone on to run their own photobiology departments all over the world. He will be deeply missed.

British Society for Dermatological Surgery (BSDS), President, Dr Walayat Hussain

Membership (433)

258 ordinary

90 trainees

62 associate

13 international

10 honorary

Courses & educational events

July 2022 (Bristol) – Stitch up suturing course (Emma Pynn)

October 2022 (Bristol) – Head & Neck anatomy course (Adam Bray)

November 2022 (Virtual) - Advances in skin cancer: from molecular biology to reconstruction (Raj Mallipeddi)

November 2022 (Dundee) – 38th Annual surgery workshop (Andy Affleck)

March 2023 (Virtual) – Magic rays, funny moles & reconstruction (Walayat Hussain)

April 2023 (Newcastle) – 39th Annual surgery workshop (Richard Motley & Rachel Abbott)

April 2023: Launch of the BSDS/BAD virtual surgery educational modules (Vindy Ghura & Dina Ismail)

June 2023: BSDS Mohs histopathology slide EQA scheme (2nd round)

Prizes & awards

July 2022: "You're on mute! – Potentials and pitfalls with remote teaching in skin surgery" – Jessica McKeever, University of Dundee

January 2023: "What are the most important priorities for skin surgery and skin cancer research and why?" Mohammed J Ali, Hull York Medical School

2022 Travelling Fellowship Award – Drs W Hunt & D Bajwa.

Future directions

BSDS to stop/minimise printing as much as possible as part of the Society's sustainability drive (educational content to be made available online).

BSDS social media group & digital associate editor appointed May 2023.

British Society for Investigative Dermatology (BSID), Chair, Dr Neil Rajan

The BSID Chair, Dr Neil Rajan reports that BSID Annual meeting 2023 took place in Glasgow from the 20-21 March 2023.

Thanks to hard work from all BSID committee members, particularly Dr Gareth Inman (local organizer), supported by Christopher Garrett, Director of Conference & Event Services and Sally-Ann Koomson, Events & Marketing Coordinator, a very successful BSID annual meeting was held. A skin club with a theme of skin cancer was presented by national experts, with a range of topics including cancer epidemiology, modelling cancer in animals, and single cell analysis of skin cancers. This was followed by 22 oral presentations across a broad range of skin science. Interactive Q & A chaired sessions followed each talk, with healthy debate of novel data presented. Overall, the meeting was well attended with 120 delegates registered, mainly joining from UK with skin science community.

Key highlights:

- The 2023 BSID Early Career Investigator Awards were presented to Dr Emanuel Rognoni (QMUL) and Dr Chester Lai (Southampton).
- The BSID Medal was awarded to Prof. Jonathan Barker with a citation from Prof. John McGrath.
- Prof. Ross Cagan, Regius Chair of Precision Medicine, delivered an inspiring keynote lecture on the use of drosophila for personalised cancer therapy.

The **BSID AGM 2023** took place on Monday 20th March 2023. During the meeting, 37 new memberships were approved. There has been a significant growth in membership over the last few years under Daniele Bergamaschi's leadership, from 189 in 2021 to an estimated 239 in 2023. Prof Girish Patel (Cardiff) and Dr Daniele Bergamaschi (London) stepped down from the BSID Committee after 6- and 8-year terms of membership respectively, and we are grateful for their contributions to the advancement of the BSID. Dr Matthew Caley (London), and Dr. Catherine Wright (Glasgow) were elected as new BSID committee members, while Dr Neil Rajan was announced as Chair, and Dr. Paola DiMeglio as website lead. A continued focus on attracting young scientists and dermatology specialist trainees is planned in the coming year.

The BSID will contribute a **BAD SIG session at the BAD annual meeting** in Liverpool, showcasing the prize-winning speakers of the meeting in Glasgow. Speakers will include the BSID best oral presentations and 2022 BSID Early Career Investigator awardees. The next BSID Annual Meeting will take place in Southampton in 2024.

British Society for Paediatric and Adolescent Dermatology (BSPAD), President, Dr Tess McPherson, Secretary, Dr Lea Solman

Membership is currently at 221, 34 are trainees.

The Executive Committee is elected by the membership and meets 4 times a year, and the AGM is held alongside the annual BSPAD conference in November, where all members can attend.

BSPAD launched our new website www.bspad.co.uk in March 2023. This has been supported by a web developer and young people and patients have been key to the website's development with positive feedback. Inclusion of further resources, a research portal and development of a member's area are ongoing. BSPAD continues to organize regular conferences and drive forward many initiatives led by members of the executive committee.

Conferences:

The BSPAD symposium at the BAD 2022 in Glasgow had a theme of infection and immunology with speakers Rachael Morris-Jones (London), Lucy Cliffe (Nottingham) and Stephen Welch (Birmingham) - 266 attended face to face - 93% rated the session excellent or good.

- *Best Oral and winner of the annual Olivia Schofield Award most likely to lead to improvements in patient care: **Monitoring mental health in children and young people (CYP) attending dermatology clinics.** Dr Mina Almasi-Nasrabadi, [Dr Satwinderjit Shihmar](#), Dr Susannah Baron, Professor Carsten Flohr, Dr Tess McPherson, Dr Emma Howard, Dr Sophie Bennett, Dr Isobel Heyman, Dr Rukshana Ali and Dr Jane Ravenscroft.*
- *Best Poster: **Safety Outcomes when using topical corticosteroids on admission in eczema herpeticum: a single centre retrospective cohort.** [Lloyd Steele](#), Stuart Innes, Jaimie Oldham, Malvina Cunningham, Sasha Dhoat, Bryan Macdonald and Edele O'Toole.*

Dr McPherson worked with a group of young people to deliver a session in the BAD plenary session representing a year's collaboration with the eczema outreach support youth panel.

The [BSPAD meeting in November](#) was held in London hosted by the team at St Thomas's (Carsten Flohr and Jemma Mellerio) and included a key note lecture in memory of Professor Harper delivered by John McGrath. It included a fantastic clinical day, and it was great to be seeing patients face to face.

Best Oral - Dr Cathal O'Connor "Novel multispectral imaging versus clinical assessment to assess disease activity in paediatric morphea".

Best Poster - Dr Lokapriya Ananthan 'Skin Fade haircut'- an independent risk factor for tinea capitus?"

Best case series - Dr Louise Bovijm: Langerhans Cell Histiocytosis - Case series of presentations to Dermatology in BRAF era.

A collaboration between [BSPAD and the British hair and nail group \(BHNS\)](#) led by Dr Nerys Roberts (BSPAD) and Dr Leila Asfour (BHNS) organised a one-day conference in April 2023. This covered topics in both hair and nails in paediatric patients and was well attended with excellent feedback and is leading to further collaborations including a session at the BAD in Liverpool 2023 and the development of training and patient resources.

The [World Congress of Paediatric Dermatology](#) which was held as a virtual conference from Edinburgh in September 2021 organised by a team led by Veronica Kinsler raised 78,774.37 for the BSPAD.

Future conferences:

The RCPCH joint symposium upcoming June 2023 continues our close links with other paediatric societies with BSPAD running a session and a workshop with the [Young People's Health Special Interest Group \(YPHSIG\)](#).

The BSPAD session at the BAD meeting in June 2023 is on the theme of emerging treatments including updates on systemic treatments for Atopic Dermatitis, Carsten Flohr, Morphea Lindsay Shaw and a joint session with the British hair and nail group on management of Alopecia in children and young people.

The BSPAD annual meeting is to be held in Newcastle hosted by Anna Dubois and the team. Following this BSPAD conferences are planned in Cambridge 2024, Nottingham 2025 and Dublin 2026.

BSPAD Fellowships:

BSPAD Clinical Training Fellowship: Bursaries are awarded to registrars to support their training in paediatric dermatology. Successful applicants in 2022 were:

Dr Jadesola Oyedepo, dermatology fellow from GOSH, to visit hair clinic with Dr Paul Farrant £250.

Mitesh Ramwani, fellow from GOSH, to visit adolescent clinic with Dr Tess McPherson £300.

Kawar Hussain, registrar from Chelsea, to visit GOSH clinics £200.

International BSPD training support:

Dr Messaye Tesfaye from Addis Ababa was awarded a **Travelling Fellowship** of over £4000 by the BSPAD (matched by the BAD) to support her UK training in paediatric dermatology and has finished her training in UK with attachments in St Thomas's, Cambridge, Birmingham, Bristol, Dundee and Oxford. This has now been approved by BAD/BSPAD and the Ethiopian department of health and Messaye is now delivering and strengthening paediatric dermatology services in Ethiopia.

2 EADV members are supported through **Travel Fellowships** to attend the WCPD/BSPD conference. Monika Turska (Poland) and Spela Suler-Baglana (Slovenia) will attend the BSPAD meeting in Newcastle 2023.

Diversity, inclusivity and equality A working group on equality, diversity and inclusivity was established to ensure the BSPAD leadership reflects the membership and the patients we serve. Malobi Ogboli has been leading this process with regular communications to membership. The recent elections for members of the executive committee have been a positive process with increased members of diverse ethnicity standing successfully to join the executive committee. This work is ongoing.

Psycho-dermatology in children and young people The BSPAD taskforce addressing the mental health needs of dermatology patients was established in 2019. This work has included a [systematic review](#) and survey of dermatologists. This revealed no validated tools to assess psychological morbidity in children and young people with skin problems and a need for guidance. A group of key stakeholders (including dermatologists, patient groups, primary care, psychologists, nurses and psychiatrists) was established. Consensus recommendation for all health workers managing children and young people with skin conditions is now finalised and accepted for presentation at BAD, RCPCH. Article currently in press (BJD).

Patient information Patient information leaflets for children and young people continue to be developed in a joint initiative with the BAD Therapeutics and Guidelines Committee and available on the BAD [patient resources](#). This continues to produce **PILs** appropriate for children and young people when age-appropriate information was not previously available. This has included recent information on [lymphoproliferative conditions](#), [Spitz Nevi](#) and [Pilomatrixoma](#) and [emollients](#). Further in process include mastocytosis and allergy testing in atopic dermatitis.

BSPAD members' work with charities and patient groups in research, services and development of resources. Work includes collaboration with the eczema outreach society, national eczema society, Psoriasis society, VitiligoUK and Changing Faces informing research and resources. This included delivery of plenary session at BAD 2022 and key input into development of the website and patient information resources. BSPAD has engaged through the BAD with leads of all patient support groups which has led to the engagement of many young people joining a youth forum which is currently being established and plans to deliver a key role to young people in ongoing BSPAD and BAD work.

Education, Training and paediatric dermatology service delivery The GIRFT report highlighted the need for paediatric dermatology care across the UK. BSPAD are working closely with BAD to respond to this unmet need by ensure training pathways exist both for dermatologists to ensure training in paediatric dermatologists and for paediatricians to train in dermatology to serve the needs of all children and young people with skin conditions. Helen Goodyear and Lindsay Shaw continue to lead this work with a now established RCPCH SPIN module in Paediatric Dermatology and working with Veronica Kinsler at GOSH to work to develop a pilot scheme supported by RCPCH aimed at general paediatricians who want to gain structured paediatric dermatology expertise. There is a plan to develop a reciprocal programme with a dermatologist having training in paediatrics alongside CCT training in dermatology. Work on post CCT paediatric dermatology fellowships to ensure existing programmes are strengthened and to ideally

develop more across the country are future aims. Lindsay Shaw continues to be involved in current work alongside BAD on paediatric dermatology commissioning and services.

Research, Guidelines and Drug monitoring The BSPAD has a key role in supporting research opportunities in work which has been led by Carsten Flohr and will now be taken forward by new committee member Maanasa Polubothu including developing a research portal on the BSPAD website to include research opportunities, grants, recruiting studies and relevant courses.

Following on from the joint call with UKDCTN, BSPAD organised a small grants call of £10K with the British Skin Foundation (BSF) for the first time in 2022 and this is now being repeated in 2023 and likely to be an annual initiative. The 2022 grant was awarded to the team in Oxford for a research project: 'A Qualitative Study of the Psychological Morbidity in Paediatric Survivors of Stevens Johnson Syndrome and Toxic Epidermal Necrolysis' *Study leads: Tess McPherson and Chris Phillips.*

BSPAD are currently leading on national guidance for management of Port Wine Stains led by Lea Solman and management of cutaneous reactions in children on anti-TNF biologic medications led by the team at St Georges.

BSPAD are closely involved with national databases A*STAR and BADBIR and developing important international collaborations with European colleagues focussing currently on management of psoriasis and the safety and efficacy of systemic and biologic medications.

BSPAD are key stakeholders and members have been on the committees for several important national work streams including NICE guidance for management of atopic dermatitis (update to <12 and development for all ages) and MHRA safety review for Isotretinoin.

Communications: Themed newsletters remain part of a regular communication strategy to keep the members informed about the broad range of the society's activities. Newsletters over the past year included updates on the website, research and patient involvement. These and other communications are included on the new website www.bspad.co.uk

British Society for the Study of Vulval Disease (BSSVD), President, David Nunns, Secretary, Vanitha Sivalingam

We are a true multidisciplinary society made up from the specialties of gynaecology, dermatology, genitourinary medicine, pathology, and primary care. Our membership consists of doctors and nurses, and we work closely with allied health professionals aligned to vulval disease. This multidisciplinary approach to the speciality enables excellence in clinical outcomes and workforce training. We have a strong commitment to education and training working with our medical colleges striving to achieve high quality standards of care for patients.

The objectives of the society are:

- the relief of suffering for patients with vulval diseases.
- the promotion of research into the cause and management of vulval diseases.
- the practice, art and science of understanding, diagnosing and managing vulval disease.

Events

We ran a very successful face to face meeting in Nottingham in 2023 under the leadership of Dr Rosalind Simpson, Dr Lisa Kirby and Mr David Nunns. The event on the 9th and 10th of March also marked International Women's Day and was attended by 160 delegates. The focus was on paediatric and adult vulval disease, evidence-based care, enhancing the role of histopathology, holistic well-being and patient voices. The keynote speaker was the President of the International Society for Vulvovaginal Disease, Tanja Bohl. There were excellent presentations from BSSVD Award Holders and posters from doctors-in-

training. A highlight was the “ask the experts” multidisciplinary round table panel, which for the first time, included patient representative, Clare Baumhauer.

We anticipate running a one-day virtual meeting in 2024. Due to popular interest, we plan to facilitate a Vulval Disease Crash Course targeted for primary care practitioners, gynaecology and dermatology doctors-in-training.

Membership

Our membership stands at almost 300 multidisciplinary members from gynaecology, dermatology, sexual health and primary care. The membership continues to grow. In accordance, the council has representatives from all disciplines.

Research – Dr Rosalind Simpson

We are pleased to announce funding opportunities for research into vulval conditions. The BSSVD has collaborated with two major partners - Wellbeing of Women (WoW) and the UK Dermatology Clinical Trials Network (UK DCTN) - to offer two separate research awards.

BSSVD/WoW Award - This award offers up to £20,000 for research aimed at improving outcomes for women with vulval conditions. Application deadline: 3rd August 2023.

BSSVD/UK DCTN Award: This award is for treatments for male or female genital skin disease. There will be 2 x 10K awards available. One award available for any aspect of genital skin disease and one award for female only genital disease with the call date to be announced.

Standards document – Dr Caroline Owen

We have worked with NHS England and the Specialised Dermatology Clinical Reference Group for Female Genital Disease to agree standards of care for women with vulval disease. These standards have been endorsed by NHSE and ongoing efforts are being made to promote this document to allow high quality, benchmarked vulval services.

We are excited for the future of vulval services and look forward to a productive 2023/2024.

UK Dermatology Clinical Trials Network (UK DCTN), Professor Nick Levell (Interim Chair) and Carron Layfield (Network Manager)

It has been another busy year for the UK DCTN with several funding successes and a strong trial development pipeline driving further funding applications.

Trials in development: Two full stage applications have been submitted to the National Institute for Health and Care Research (NIHR) over the past 12 months: *Dexacell*: Dexamethasone for cellulitis (Fergus Hamilton, Bristol) and *EXCISE*: Do prophylactic antibiotics reduce the risk of wound infection following excision of ulcerated skin cancers? (Rachel Abbott, Cardiff). An outline application was also submitted to the NIHR for a UK arm of the Canadian SPRINTR trial investigating the role of nicotinamide in SCC prevention (Rubeta Matin, Oxford). Development work continues with investigators across the UK on a pipeline of studies including skin cancer, dermatological surgery, vitiligo, women's health, eczema and rarer skin conditions including pyoderma gangrenosum.

Funding success: NIHR funding has been confirmed for the following three studies: *PEARLS*: Proactive v reactive therapy for the prevention of lichen sclerosus exacerbation and progression of disease (Rosalind Simpson & Kim Thomas, Nottingham); *ACNE-ID*: Low dose isotretinoin for acne (Esther Burden-Teh & Kim Thomas, Nottingham) and *SCC-AFTER*: Adjuvant radiotherapy for high-risk SCC (Agata Rembielak, Manchester & Catherine Harwood, London). Two further trials have been recommended for funding by the NIHR but cannot be confirmed until contracting is complete.

Ongoing and studies in set-up: TIGER (Does dietary advice based on routine food allergy tests improve disease control compared with usual care in children with eczema, CI Matt Ridd, Bristol) has started recruiting with BEACON (Best Systemic Treatments for Adults with Atopic Eczema over the Long Term, CIs Andrew Pink and Catherine Smith) and COAT (optimal antibiotic treatment for cellulitis in Primary Care, CI Nick Francis, Southampton) are aiming to start recruiting shortly. RAPID (Citizen Science eczema programme grant, Co-CIs Kim Thomas and Amanda Roberts, Nottingham) has prioritised its first research questions to be addressed in online trials and ACO (Acne Care Online, CI Miriam Santer, Southampton) is also making good progress.

Completed studies: A number of completed UK DCTN studies are awaiting publication and we are pleased to let you know that the results of both the ALPHA study (comparison of alitretinoin vs psoralen plus ultraviolet A as first-line treatments for chronic severe hand eczema, CI Mriam Wittmann, Leeds) and the SAFA study (spironolactone for adult female acne, Co-CIs Miriam Santer, Southampton and Alison Layton, Harrogate) are being presented at this meeting.

Published studies: The BEE study results (which is the best type of moisturiser to prescribe for treating the symptoms of childhood eczema – a lotion, cream, gel or ointment CI Matt Ridd, Bristol) showed no difference in the effectiveness of the four different types of moisturisers emphasising the need for health professionals to support parents and children by making them aware of all options available as patient acceptability is key to successful emollient use [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(22\)00146-8/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(22)00146-8/fulltext). Five-year results for the BEEP eczema prevention study (CI Hywel Williams, Nottingham) were consistent with the two-year follow up findings i.e. no evidence for an effect of daily emollient application during the first year of life on longer-term atopic dermatitis risk or risk of other atopic outcomes <https://onlinelibrary.wiley.com/doi/10.1111/all.15555>.

Research prioritisation: The 2022 Themed Call on Genital Dermatoses received a total of three applications, with a £9,590 funding award made to a UK DCTN Trainee Group to support feasibility work for their study on treatments for anogenital psoriasis. The focus for the award in 2023 is Skin of Colour with co-funding from the National Eczema Society making two awards of up to £10,000 each possible.

Developing capacity: Interest in UK DCTN Fellowships remains high with 2022 awards made as follows (including our first award to a pharmacist): SpR Fellowships (joint Neil Cox Award recipients) to Charlotte Gollins (Bath) and Emilia Peleva, (London); GP Fellowship to Mark Aldred (Cheshire); CESR Fellowship to Rosie Vincent (Bristol) and Nurse/Pharmacist Fellowships to Tracy Thompson (London) and William Price (Burnley). The online journal club for dermatology trainees [Virtual Journal Club for Dermatology Trainees \(ukdctn.org\)](http://VirtualJournalClubforDermatologyTrainees.ukdctn.org) continued under new leadership with continued demand for these sessions.

Succession planning for UK DCTN Chair: No applications have been received to date for this role. We are continuing to look at options and are working with the BAD on this. If you have experience of setting up and running clinical trials and would be interested in this role, then please speak to Carron Layfield or Nick Levell for further information.

The UK DCTN is grateful to the BAD for their on-going support, particularly with regards to funding towards co-ordinating centre staff. To find out more about the Network, please contact carron.layfield@nottingham.ac.uk or visit the website www.ukdctn.org

British Society for Skin Care in Immunosuppressed Individuals, President, Dr Tanya Basu

The British Society for Skin Care in Immunosuppressed Individuals (BSSCII) continues to flourish. At the eleventh annual BSSCII meeting, in July 2022, at the BAD annual meeting in Glasgow, we were extremely pleased to welcome as our keynote speaker Professor Marc Lipman, Professor of Medicine at UCLH and Consultant in HIV and respiratory medicine, who gave a brilliant overview on mycobacterial and atypical mycobacterial disease for the dermatologist. We had a wide-ranging array of superb clinical and research

presentations, ranging from 'skin surveillance in organ transplant recipients – developing a regional protocol' to 'autoimmune bullous disorders arising secondary to immune checkpoint blockade'.

We are delighted to announce that our guest speaker for this year's annual BSSCII meeting in Liverpool on Tuesday 27 June 2023 is Professor Julia Newton-Bishop, Professor of Dermatology, University of Leeds. Professor Newton-Bishop will discuss "Melanoma in recipients of solid organ transplants". Our BSSCII Annual General Meeting will also take place following the Clinical Annual Meeting; please do join us.

Our fifth BSSCII Update Day took place on Thursday May 11th 2023 at Willan House in Fitzroy Square. A new development was that the meeting was accredited by the BAD this year. The exciting line up of speakers included Professor Keiron Leslie, Professor of Dermatology at UCSF, Professor Catherine Harwood, Dr Matt Bottomley, Dr Fiona Child, Dr Andy Muinonen-Martin and Dr Clare Kiely. The cutting-edge talks and lively discussion reflected our broadening remit at BSSCII to encompass skin care for patients undergoing immunotherapies, as well as for immunosuppressed individuals. I am pleased that we can offer online access to this excellent meeting until 16 August 2023; please register via the link <https://www.eventsforce.net/bad/423/home>.

Do visit our website www.bsscii.org.uk which is a helpful and evolving resource to support our patients. Our grateful thanks go to Jon Curle, Director of Zonkey Solutions who donated his expertise to update the website design *pro gratis*. Thanks to Dr Ferina Ismail, the website is updated with patient information, guidelines, upcoming events, and international meetings of relevant groups such as ITSCC (International Transplant Skin Care Collaborative) and SCOPE (Skin care in Organ Transplant Patients *Europe*). Our warm thanks go to Peter Case-Upton for his kind support on governance.

Skin care in immunosuppressed and immunomodulated individuals remains pivotal to dermatological medicine, particularly with increasing numbers of targeted immunotherapies and immune checkpoint inhibition. Our remit at BSSCII includes skin care in the context of organ transplant, and immunodeficiency for other reasons, such as HIV and haematological malignancy. Our role now also encompasses skin toxicity from immune checkpoint inhibitors and other immunomodulatory treatments. If you are a clinician or scientist with interest in skin disease for the immunocompromised, do join us. We are a special interest group, here to promote best practice in dermatological care for immunosuppressed and immunomodulated patients. Membership remains £20 per annum. Please apply through the BAD membership portal via the link on the BSSCII website homepage. A key benefit of membership is free access to our challenging cases email discussion forum (an nhs.net email address is required). Here you can call upon the combined clinical wisdom of senior colleagues. In addition, members benefit from significantly reduced registration fees to BSSCII-affiliated clinical meetings. We also champion relevant skin research and facilitate professional collaboration. If you have a research project to discuss, please use our contact page on the BSSCII website or email us directly. BSSCII is here to support you so please get in touch with any requests or suggestions.

Our contact details are:

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www.bsscii.org.uk

Executive Board Members are Tanya Basu (Chair), Conal Perrett (Treasurer), Khushboo Sinha (Secretary), Saman Zaman (trainee board member), Catherine Harwood and Rubeta Matin (Research facilitators), Ferina Ismail (Website editor), Abha Gulati (Education), Fiona Child (Haemato-oncology), Charlotte Proby (Former Chair), Alan Milligan (Nurse representative), Matthew Bottomley (transplant medicine), Louise Fearfield (immunotherapies) and Professor Roger Greenhalgh (patient representative).

British Society for Medical Dermatology (BSMD), President, Dr Adam Fityan

The committee have continued to deliver a large number of high-quality educational courses and conferences on the topic of medical dermatology for doctors of all grades. Numerous conferences are now considered a must for registrars during the training, with long waiting lists for several.

1. Annual B.A.D. meeting 2022

Medical dermatology session

Medical dermatology poster walk

Advanced medical dermatology – grey cases interactive session

2. Dermdoc - one day course for junior doctors and trainees with an interest in dermatology
3. Cutaneous infections – one day course trainees and consultants
4. Advanced medical dermatology – two days conference for consultants with a focus on advanced medical dermatology and therapeutics
5. Medical dermatology Day, Royal college of physicians – cutaneous granulomatous disorders – one day conference
6. Essential medical dermatology – course for trainees and consultants

In addition, the BSMD currently run a monthly Thursday evening remote lecture series delivered by experts in various fields of dermatology, with lectures available online for BSMD members for two weeks after the presentation, with lectures often being viewed several hundred times.

Professor Sue Burge also delivers a weekly SPR educational lecture in conjunction with the BSMD on a variety of dermatology topics.

Further development of the BSMD forum has allowed members to access a number of interesting educational cases. Perhaps more importantly, it is unique in that it acts as a useful platform for requesting input from colleagues across the UK who have an interest in medical dermatology when presented with a challenging case.

The BSMD have provided support for medical dermatology research project with a £10,000 BSMD Grant in 2022, and plan to offer this again in 2023. Funding support for local medical dermatology meetings has also been identified and offered to our membership.

British Hair and Nail Society (BHNS), President, Dr Anita Takwale

The BHNS' membership numbers continue to climb this year, from 109 to 115. We are hoping that this will rise after the EHRS meeting in Sheffield in June, as we are a [sponsor](#) of the event.

Events - Dr Leila Asfour co-organised the first co-badged event 'Paediatric Hair and Nails Disorders' on 21st April 2023 along with BSPD which took place virtually and in total 223 delegates attended. Between 98-99% of delegates said the overall programme, organisation, range of topics covered, relevance and usefulness of content was excellent or good. My sincere thanks go to everyone involved.

In November we are holding an in-person Hair Education Day in Manchester from 3-4 November. This is being organised by Dr Donna Cummins.

At the BAD annual conference in Liverpool next month. Dr Leila Asfour will be speaking on JAK inhibitors in treating alopecia and Dr Dhruv Laheru is giving a talk entitled 'Evidence Based Update and Practical Treatment Tips for Nail Psoriasis.' We are very grateful to them both for representing the BHNS at this event.

Journal Club - The Journal Club is a summary of the latest hair and nail articles in research journals, provided by members. After a brief hiatus at the end of last year we already have five committed contributions for 2023 for the BHNS website

Grand Round - Challenging hair and nail cases are submitted via virtual Grand Round and continue to be reviewed by our panel of hair and nail experts, with summaries provided by Dr Sonia Sharma. Cases have

included a 32-year-old female with background of psoriasis of the nail, a 38-year-old male with scarring hair loss and ongoing inflammation, and a 10-year-old with poor hair growth since birth.

BHNS Summer Newsletter 2022 - In the summer of 2022 we released a new [BHNS Newsletter](#), with contributions from Dr Rona Applewaite, Dr Nekma Meah and Dr Anita Takwale, on their work reviewing the recent approvals for Baricitinib for Alopecia Areata; Dr Yusr Al-Nuaimi on a Charter for Best Practice for NHS Wig Provision; Dr Ingrid Wilson who reviewed Hair Loss Treatment Algorithms and Dr Sonia Sharma and her review of two grand round cases.

BHNS' BAD award - Congratulations to Dr Marianne De Brito for winning the BHNS' Andrew Messenger Oral presentation prize and Dr David Rutkowski for best poster at the BAD annual meeting in July 2022.

Travel Fellowship 2022 - The winners of the two Travel Fellowships from last year were trainee members Drs Dami Jagun and Julian Pearce. They both attended the 'First Barcelona Hair Meeting' in Sitges, Barcelona in the autumn.

Baricitinib treatment - The National Institute for Health Care and Excellence (NICE) has not recommended baricitinib, a Janus Kinase Inhibitor drug (JAK inhibitor) for routine commissioning in the NHS for treating severe alopecia areata in adults. The BAD will be sending a formal response letter expressing our disappointment in regards to this outcome.

Looking to the future - Standardising photography for hair loss: "We are excited to announce that national guidelines for standardised photography for hair loss are well underway. A team of hair specialists across the UK have come together to publish full guidance on best practice for clinical photography for hair loss patients. This guidance (once published) will be available to Clinical Photographers and Dermatologists alike to begin standardising clinical photographs nationally.

Guidance includes:

- Quick reference guide of hair loss conditions and clinical presentations - a handy guide for clinical photographers
- National scoring methods
- Emotional considerations during the photography session
- Technical and equipment recommendations
- Guidance on positioning the hair across 3 standardised protocols alongside a supplementary views list"

We are also looking forward to running our first in-person event since 2019, it's been such a long time, but we can't wait to run our classic hair education day again.

As always, we hope the BHNS will be relevant and important to our members, and to dermatologists interested in specialising in hair and nail disorders, now and in times to come.