



British
College of
Dermatology



Post-CCT Fellowship in the Medical Management of Hair and Scalp Disorders Curriculum and Quality Standards

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1. Introduction

The specialty training curriculum for dermatology defines competency-based requirements leading to the award of a Certificate of Completion of Training (CCT) in the UK [GMC 2021¹]. This offers all trainees in dermatology in the UK a basic grounding in hair and scalp disorders to practice as a consultant dermatologist in secondary care settings. Experience beyond this to become a sub specialist requires additional education and experience post CCT qualification. This document provides curricula standards with the competencies required to complete a Post-CCT fellowship in the Medical Management of Hair and Scalp Disorders.

Scalp and hair disorders, affecting adults and children, are commonly encountered in general dermatology clinics. Management of symptoms and halting clinical progression can be challenging. Additionally, hair loss is a source of significant psychological distress for patients.

This sub specialty requires skill and expertise in the practise of procedural techniques, trichoscopy, hair microscopy, dermatopathology in addition to an understanding of evidence-based practice relating to the field. The breadth of this knowledge cannot be covered by the specialty training curriculum in dermatology. Dedicated fellowships are required to manage the needs of these complex patients. Successful completion of this fellowship will provide the knowledge and skill set required to manage complex patients in specialist tertiary level hair services in the UK and beyond.

The Hair and Scalp post-CCT Fellowship will commence following successful completion of dermatology specialist training having satisfied the requirements for CCT or CESR in the UK or equivalent internationally.

The curriculum has been created by the British Hair and Nail Society and approved by the British College of Dermatology (BCD), the Educational arm of the British Association of Dermatologists and the Specialist Advisory Committee (SAC) for dermatology.

2. Rationale

2.1 Purpose of the curriculum

The purpose of this curriculum is to define the standards for education and the competencies required for the award of a Post CCT Fellowship in the medical management of Hair and Scalp Disorders.

2.2 Development

The requirements outlined in this curriculum were collated through consensus agreement with dermatologists specialising in hair and scalp disorders in the UK. The initial curriculum went through a further iteration via members of the British Hair and Nail Society.

2.3 Entry Requirements

This Fellowship is open to UK and international candidates who meet the necessary application criteria.

UK Applicants must hold a CCT or CESR qualification in dermatology and be on the GMC's specialist register (as a dermatologist). Non-UK applicants must demonstrate an equivalent level

¹ <https://www.gmc-uk.org/education/standards-guidance-and-curricula/curricula/dermatology-curriculum>

of specialist training awarded through a non-UK training programme and be on, or working towards, attaining GMC registration **with a licence to practice** at time of application.

Doctors will undergo a competitive selection process, including interview, to be awarded the Fellowship place. Selection requirements will apply a nationally agreed person specification.

2.4 Enrolment with the British College of Dermatology (BCD)

Fellows are required to register for the post CCT Fellowship with the British College of Dermatology at the start of their programme. Enrolment is required before the BCD will be able to recommend fellows for Certification.

2.5 Duration of training

Although this curriculum is competency based, the duration of training must meet a minimum of one year for full time job plans adjusted pro rata for flexible training. This is to enable the fellow to follow care pathways longitudinally and learn from the impact of interventions first-hand and develop complex decision-making skills to become a sub specialist in this field.

2.6 Flexible training

The fellowship posts are expected to be for one year on a full-time basis. It may be possible for less than full time training to take place. This will require discussion with the Trust where the fellowship takes place. This would result in the fellowship lasting longer than 12 months to achieve equivalency. The competent authorities shall ensure that the total duration and quality of part-time training of specialists are not less than those of full-time Fellows.

3. Content of Learning

3.1 Programme Content and Objectives

The aim of the curriculum is to enable the Fellowship holder to acquire skills needed to deliver high quality sub specialist services for complex hair and scalp dermatology patients and ensure the sub-specialist training meets an agreed standard.

By the end of the fellowship the candidate will be able to assess, investigate, diagnose and manage patients with hair and scalp disorders to a sub-speciality level.

3.2 Good Medical Practice

In preparation for the introduction of licensing and revalidation, the General Medical Council has translated The Good Medical Practice into a Framework for Appraisal and Revalidation. This can be accessed at [The Good Medical Practice framework for appraisal and revalidation \(gmc-uk.org\)](https://www.gmc-uk.org)

The Framework for Appraisal and Revalidation covers the following domains:

Domain 1 – Knowledge, Skills and Performance

Domain 2 – Safety and Quality

Domain 3 – Communication, Partnership and Teamwork

Domain 4 – Maintaining Trust

The “GMP” column in the syllabus defines which of the 4 domains of the Good Medical Practice Framework for Appraisal and Revalidation are addressed by each competency. Most parts of the syllabus relate to “Knowledge, Skills and Performance” but some parts will also relate to other domains.

3.3 Syllabus

The syllabus consists of nine topic areas with each offering a broad statement describing the competencies and detail offered through the knowledge, skills and behaviours framework. These are aligned to appropriate Assessment Methods that could be used to assess each competency. The suggested assessment methods are a guide, and it is not expected that all competencies will be assessed and that where they are assessed, not every method will be used. See section 5.2 for more details.

“GMP” defines which of the 4 domains of The Good Medical Practice Framework for Appraisal and Revalidation are addressed by each competency. See section 3.2 for more details.

1. Biology of Hair and Hair Research

Comprehensive understanding of the anatomy and physiology relating to hair		
Knowledge	Assessment Methods	GMP
Describe hair follicle morphogenesis	CbD	1
Explain in detail the anatomy of the hair follicle and follicular unit	CbD	1
Describe the factors affecting the hair growth cycle	CbD	1
Explain the expression of keratins in the hair follicle and the role of desmosome	CbD	1
Explain the role of hair follicle stem cells	CbD	1
Explain the mechanisms of hair follicle immune privilege	CbD	1
Describe the factors influencing hair growth	CbD	1
Skills		
Apply knowledge of hair biology when assessing and treating patients	CbD, mini-CEX	1, 3
Explain clinical research assessment techniques, appropriate outcome measures and their limitations in the context of hair disorders	CbD, DOPS, mini-CEX	1, 3
Behaviours		
Apply knowledge of hair biology when assessing and managing hair disorders.	CbD, mini-CEX	1, 3
Apply the knowledge of hair biology in the context of hair diversity	CBD, mini-CEX	1, 3
Critically appraise research papers and performing literature reviews	CbD, DOPS	1, 2
Teaching and Learning Methods		
Independent study through reading of relevant literature Attendance at suitable courses / meetings		
Participation in a clinical / translational research project Methods to be agreed by Educational Guide and Fellow		

2. History Taking and Examination

To be able to assess in detail patients who present with hair disorders and to undertake appropriate and thorough investigation, formulate diagnoses and devise management plans

Knowledge	Assessment Methods	GMP
Recognise importance of different elements of history, including chronicity of symptoms, medical history and medications, diet, menstrual history, family history, styling history and product history	CbD	1
Undertakes a thorough history and evaluation of the psychological well-being of the patient and identifies signs of depression, anxiety, and/or dysmorphophobia	CbD, DOPS, mini-CEX	1, 2, 3
Identify the symptoms associated with trichodynia and scalp pain and explain the management of this, recognising the role of psychological support	CbD, mini--CEX	1,3
Explain importance of the pattern of hair loss on clinical examination with interpretation of relevant findings	CbD, mini--CEX	1
Explain likely causes and risk factors for conditions relevant to mode of presentation	CbD, mini-CEX	1
Identify drugs that can frequently cause hair loss, scalp disorders and excess hair growth	CBD, mini- CEX	1
Describe the role and application of non-invasive devices for hair diagnostics such as FotoFinder, Folliscope and Trichogram with an understanding of the limitations of these devices	CBD, mini-CEX	1
Identify different human hair types, especially in context of diverse ethnic backgrounds	CBD, mini-CEX	1
Skills		
Perform appropriate history taking including determination of the patient's agenda. This should inform examination, investigation and management	CbD, mini-CEX, MSF	1
Perform a psychological impact assessment with use of appropriate scoring systems and identifies when patients would benefit from further psychological support	DOPS, mini-CEX	1, 2, 3
Use trichoscopy as a tool to interpret examination findings to develop an appropriate differential diagnosis	CbD, DOPS, mini-CEX	1, 3
Interpret results of fungal scrapings, hair shaft microscopy and Wood's light	CbD, DOPS, mini-CEX	1, 3
Identify appropriate patients for scalp biopsy and performs biopsy at appropriate site(s) and demonstrate appropriate biopsy technique	CbD, DOPS, mini-CEX	1
Demonstrate understanding of different protocols (i.e non-scarring versus scarring protocols)	DOPS, mini- CEX	1
Describe and justify the appropriate use of non-invasive and semi-invasive tools in the diagnosis and quantification of hair loss including questionnaires, clinical severity scales, photographic/trichoscopic views and techniques	CbD, DOPS, mini-CEX	1, 3
Behaviours		
Discuss with patients the importance of social issues and cultural practices related to hair and hair styling	CbD, mini-CEX	1, 3
Demonstrate the ability to communicate honestly and sensitively with the patient (and carers)	mini-CEX, MSF	1,3
Demonstrates the importance of patient comfort when carrying out surgical procedures	DOPS, MSF	1,3

Demonstrate the ability to gain informed consent for scalp biopsies	DOPS	1,2, 3
Teaching and Learning Methods		
Self-directed learning		
Observation and performance of skills under supervision in clinic, laboratory and theatre setting		
Attendance at suitable courses / meetings		
Methods to be agreed by Educational Guide and Fellow		

3. Non-scarring Alopecia

To be able to assess, investigate, diagnose and manage non-scarring alopecia		
Knowledge	Assessment Methods	GMP
Describe the pathogenesis, clinical findings, histopathological features and treatment of non-scarring alopecias	CbD	1
Request appropriate investigations to clarify the diagnosis	CbD	1
Explain the role of nutrition in hair loss with reference to evidence-based practice	CbD	1
Apply evidence-based medicine when devising a management plan	CbD	1
Explain the indications, method of administration, side effects and contraindications of intralesional steroid injections	CbD, DOPS, mini-CEX	1,2, 3
Explain the indications, method of administration and side effects of dithranol and diphencyprone (DPC)	CbD, DOPS, mini-CEX	1
Explain the indications, method of administration, side effects and contraindications of Platelet Rich Plasma (PRP)	CbD, DOPS, mini-CEX	1
Explain the mechanism of action, indications, side effects, safety profile and evidence relating to JAK inhibitors and other targeted therapies	CbD	1,2, 3
Explain chemotherapy-induced alopecia and its management	CbD, mini- CEX	1
Skills		
Demonstrate findings on trichoscopy relevant to non-scarring alopecias	CbD, DOPS, mini-CEX	1
Perform and interpret results of light microscopy and apply this in the formulation of the diagnosis and in the management plan	DOPS, mini-CEX	1
Performs an appropriate assessment of the psychological impact of hair loss and consider psychological intervention and patient support group referral	CbD, mini-CEX, MSF	1
Prescribe and safely monitors treatment used in the management of non-scarring alopecia including topical minoxidil, oral minoxidil and anti-androgen therapy	CbD, mini-CEX	1,2, 3
Communicate risks and benefits of topical, intra-lesional and systemic therapy to patients	CbD, DOPS, mini-CEX	1
Counsel patients of child-bearing age about the risks of medication in the context of pregnancy and breast feeding	CbD, mini- CEX	1, 2, 3
Counsel patients on correct application of topical treatments and recognise when additional cosmetic and psychological support is necessary	CbD, mini-CEX, MSF	1
Behaviours		
Manage patient expectations appropriately	mini-CEX, MSF	1,4

Teaching and Learning Methods

Self-directed learning

Observation and performance of skills under supervision in clinic, laboratory and theatre setting

Presentation / Publication of cases

Attendance at relevant courses

Attendance at journal club

Attendance at scalp cooling/wig fitting (optional)

Reflective practice/ ogs

Methods agreed by Educational Guide and Trainee

4. Scarring Alopecia

To be able to assess, investigate, diagnose and manage lymphocytic, neutrophilic and mixed scarring alopecia

Knowledge	Assessment Methods	GMP
Describe the pathogenesis, clinical, histopathological features and treatment of the different causes of scarring alopecia	CbD, mini- CEX	1
Understand when further investigations are indicated to clarify the diagnosis	CbD	1
Understand and relate existing evidence-based medicine when devising a management plan	CbD	1
Skills		
Demonstrate findings on trichoscopy relevant to scarring alopecias	CbD, DOPS, mini- CEX	1, 3
Counsel, prescribe and safely monitor systemic treatment used in the management of scarring alopecia	CbD, mini- CEX	1,2
Counsel patients on correct application of topical treatments and recognise when additional cosmetic and psychological support is necessary	CbD, mini-CEX, MSF	1
Behaviours		
Carry out consultation sensitively regarding permanent hair loss	mini-CEX, MSF	1,3
Manage patient expectations appropriately	mini- CEX, MSF	1,3
Assess and determine the impact and psychological distress in the context of hair loss and consider psychological intervention and patient support group referral	CbD, mini-CEX, MSF	1
Teaching and Learning Methods		
Self-directed learning		
Observation and performance of skills in clinic, laboratory and theatre setting		
Presentation/Publication of cases		
Attendance at relevant courses		
Attendance at journal club		
Reflective practice		
Methods agreed by Educational Guide and Trainee		

5. Paediatric Hair Disorders

To be able to investigate, diagnose and treat neonates, children and adolescents with hair disorders

Knowledge	Assessment Methods	GMP
Describe the causes of localised non scarring and scarring alopecia in children	CbD	1, 3
Describe the causes of generalised alopecia in children	CbD	1, 3
Describe the major disorders associated with hypotrichosis	CbD	1, 3
Describe the clinical features and management of hair shaft abnormalities associated with increased hair fragility	CbD, DOPS	1, 3

Describe the clinical features and management of hair shaft abnormalities not associated with increased hair fragility	CbD, DOPS	1, 3
Identify paediatric specific pharmacology/prescribing practices including the use of unlicensed medicines	CbD	1
Demonstrate an understanding of social, environmental or emotional factors contributing to hair presentation	CBD, mini- CEX, MSF	1, 3, 4
Skills		
Elicit a comprehensive history from parents /carers and children	CbD, mini-CEX	1
Demonstrate findings on trichoscopy relevant to hair shaft abnormalities	CbD, DOPS, mini-CEX	1
Understand when and how to make a referral to Clinical Genetics	CbD	1
Recognise triggers/red flags that require input from local safeguarding team and/or social services	Mandatory training, ES report	1,3
Demonstrate adequate counselling on the use of licensed/ unlicensed topical and systemic therapies in children	CBD, mini- CEX	1,3,4
Behaviours		
Be able to take a history accurately and sensitively that a child or young person and their family may feel able to talk about difficult or emotional issues around diagnosis and management of hair / scalp disorder	CbD, MSF, mini-CEX	1,2,3,4
Consult paediatric colleagues or specialist paediatric dermatologists appropriately	CbD, MSF, mini CEX	1,2,3,4
Recognise impact of genetic disease on patients and families	CbD, mini-CEX, MSF	1, 3, 4
Teaching and Learning Methods		
Self-directed learning		
Observation and performance of skills under supervision in clinic		
Attendance at a suitable course		
Attendance at clinical genetics clinics		
Methods agreed by Educational Guide and Trainee		

6. Hirsutism and Hypertrichosis

To be able to assess, investigate, diagnose and manage excessive hair growth		
Knowledge	Assessment Methods	GMP
Describe the classification and causes of hirsutism, apply scoring systems for hirsutism	CbD, mini- CEX	1, 3
Explain the use of topical, oral and physical therapies in the management of hirsutism	CbD	1, 3
Explain the localized, generalised, congenital and acquired causes of hypertrichosis	CbD	1
Explain the therapies available in the management of hypertrichosis	CbD	1
Skills		
Perform assessment of a patient with suspected Polycystic Ovary Syndrome	CbD	1

Interpret results of the hormonal profile	CbD, mini-CEX	1, 3
Appropriately refer to Endocrinology	CbD	1
Counsel patients on correct application of topical treatments and recognise when additional cosmetic and psychological support is necessary	CbD, mini-CEX, MSF	1
Behaviours		
Identify the psychological impact of excessive hair growth and considers need for further psychological support	mini-CEX, MSF	1
Teaching and Learning Methods		
Self-directed learning		
Attendance at a suitable course		
Observation and performance of skills in clinic		
Attendance at Endocrinology clinic (Optional)		
Methods agreed by Educational Guide and Fellow		

7. Disorders of the Scalp

To be able to assess, investigate, diagnose and manage infective and inflammatory conditions of the scalp

Knowledge	Assessment Methods	GMP
Explain the pathogenesis, clinical features and management of infantile and adult seborrheic dermatitis	CbD, mini- CEX	1, 3
Identify and explain the management of inflammatory scalp conditions (psoriasis, eczema) and pityriasis amiantacea	CbD, mini-CEX	1, 3
Describe the clinical findings, diagnosis and management of infection including Tinea capitis and Pediculosis capitis	CbD, mini-CEX	1, 3
Skills		
Counsel patients on correct application of topical treatments and recognise when additional cosmetic and psychological support is necessary	CbD, mini-CEX, MSF	1
Counsel patients appropriately with respect to risk of transmission, contact precautions and treatment of contacts relating to infective disorders of the scalp	CbD, mini-CEX, MSF	1,2, 3, 4
Behaviours		
Correctly request investigations for diagnosis of scalp infections	CbD, mini-CEX	1,2
Teaching and Learning Methods		
Observation and performance of skills in clinic		
Self-directed learning		
Attend appropriate course		
Methods agreed by Educational Guide and Trainee		

8. Hair Transplantation, Cosmetics and Laser therapies

To understand the practice of hair transplantation and explain the use of cosmetics in the management of hair disorders

Knowledge	Assessment Methods	GMP
Explain techniques relating to hair transplantation	CbD, mini-CEX	1, 3
Understand when hair transplantation would be appropriate in different hair disorders and associated risks	CBD, mini- CEX	1, 3
Describe how to formulate a long-term plan of non-surgical treatment to complement surgical interventions	CbD	1
Explain the indications and contraindications of hair transplantation	CbD	1
Demonstrate understanding of the role of hair colouring, camouflage techniques, eyebrow transfers, microblading, scalp micropigmentation in hair and scalp disorders	CbD, mini- CEX	1, 3
Demonstrate an understanding of the use of laser and light therapies in hair and scalp disorders	CBD, mini- CEX	1, 3
Skills		
Demonstrate ability to counsel patients on hair products including shampoos, conditioners and thickening formulations	CbD, mini-CEX	1

Explain how to optimise care for ethnic hair	CbD, mini-CEX	1
Sensitively discuss the use of wigs and describe the types of hair pieces available, explaining the benefits and disadvantages	CbD, mini-CEX, MSF	1
Describe different methods of cosmetic camouflage and be familiar with the range of available cosmetic products	CbD, mini-CEX	1
Behaviours		
Demonstrate understanding and sensitivity in the management of ethnic and cultural practices of hair styling	CbD, mini-CEX, MSF	1
Assess patient expectations prior to hair transplantation	CbD, mini-CEX, MSF	1
Teaching and Learning Methods		
Self-directed learning		
Attend hair transplant clinics		
Attend appropriate courses		
Observe wig consultation/hair system fitting		
Methods agreed by Educational Guide and Fellow		

9. Scalp Histopathology

To be able to analyse and interpret histopathological findings of scalp specimens		
Knowledge	Assessment Methods	GMP
Describe the histopathological features of hair disease	CbD, DOPS	1
Discuss limitations and advantages of horizontal and vertical sectioning	CbD	1
Demonstrate an understanding of the importance of clinic-pathological correlation and the role of the dermatopathologist	CBD, mini- CEX	1, 3
Explain scalp biopsy reports and interpretation of this to patients in context of their diagnosis and management	CbD, MSF	1,3
Discuss limitations and advantages of horizontal and vertical sectioning	CbD, mini-CEX	1,3
Demonstrate an understanding of the importance of clinic-pathological correlation and the role of the dermatopathologist	CbD, mini-CEX, MSF	1,3,4
Skills		
Explain to a patient their scalp biopsy report and interpretation of this in context of their diagnosis and further management	CbD	1
Behaviours		
Demonstrate the importance of accuracy and attention to detail during specimen description and block selection	DOPS	1

Teaching and Learning Methods

Self-directed learning

Use of digital pathology to further knowledge (if available)

Attendance at suitable course/conference

Observe histopathological specimen preparation of scalp biopsies

Participation in histopathological reporting

Methods agreed by Educational Guide and Fellow

4. Learning and Teaching

4.1 The Programme

Responsibility for the organisation and delivery of the Fellowship is the remit of the employing NHS Trust under the support and supervision of the British Hair and Nail Society. Programmes across the UK may have some individual differences but should be structured to ensure comprehensive cover of the curriculum. This may require experiences in more than one centre during the fellowship period.

4.2 Teaching and Learning Methods

The curriculum will be delivered through a variety of learning experiences. Fellows will learn mainly from practice supplemented by independent study and where appropriate, undertaking appropriately supervised clinical procedural skills appropriate to their level of training and to opportunities in the department.

Fellows will achieve the competencies described in the curriculum through a variety of learning methods. There will be a balance of different modes of learning from formal teaching programmes to experiential learning 'on the job'. The proportion of time allocated to different learning methods may vary depending on the nature of the attachment.

This section identifies the types of situations in which fellows will learn.

Work-based Experiential Learning – The degree of responsibility taken by the Fellow will increase as competency increases. There should be appropriate levels of clinical supervision throughout training with increasing independence and responsibility as learning outcomes are achieved (see Section 6: Feedback and Supervision).

The content of work-based experiential learning is decided by the local teaching faculty but includes active participation in:

- New patient and review clinics. After initial induction, fellows will review patients in outpatient specialist hair clinics, under supervision
- After initial induction, fellows will carry out scalp biopsies under supervision until competent to practise independently
- Clinical and academic sessions with other allied care providers including hair transplant surgeons and histopathological specialists.

Self-Directed Learning - Fellows will use this time in a variety of ways depending upon their stage of learning. Suggested activities include:

- Reading, including web-based material and journals
- Developing knowledge and skills in the microscopic and histological analysis of hair specimens with maintenance of a logbook
- Attending hair transplant centres and clinics practising Platelet Rich Plasma
- Maintenance of personal portfolio (self-assessment, reflective learning, personal development plan)
- Audit and research projects
- Achieving personal learning goals beyond the essential core curriculum

Formal Study Courses and meetings - Time to be made available for formal courses is encouraged, subject to local conditions of service. No single course is considered compulsory. It is recommended that Fellows maintain a logbook of the courses/conferences they attend and learning points achieved as evidence of engagement in independent study.

5. Assessment

5.1 Assessment Blueprint

In the syllabus (3.3) the “Assessment Methods” shown are those that are appropriate as possible methods that could be used to assess each competency. It is not expected that all competencies will be assessed and that where they are assessed not every method will be used.

5.2 Assessment Methods

The following assessment methods (Appendix 3) will be used to evidence competencies required to meet the curriculum outcomes for this programme:

Workplace-based assessments (WPBAs)

- Mini-Clinical Evaluation Exercise (mini-CEX)
- Direct Observation of Procedural Skills (DOPS)
- Multi-Source Feedback (MSF)
- Case-based Discussion (CbD)
- Patient Survey (PS)
- Audit Assessment (AA)

Other methods of assessment

Logbook of clinical cases, histopathological cases and hair microscopy

These methods are described briefly below. More information about these methods including guidance for Fellows and assessors is available on the British Association of Dermatologists website. Workplace-based assessments should be recorded in the Fellow’s portfolio. The workplace-based assessment methods include feedback opportunities as an integral part of the assessment process; this is explained in the guidance notes provided for the techniques.

Further information about these methods including guidance for Fellows and assessors is found on the JRCPTB website www.jrcptb.org.uk.

Assessments
Minimum satisfactory assessments sampled during the year: 10 CbD 4 mini-CEX 4 DOPS 1 MSF (8 colleagues) 1 Patient survey (20 patients) 1 Audit/QIP assessment Educational supervisor’s report Other documents to be reviewed at Convened Panel: Logbook of scalp biopsies performed, and histology reviewed (10 or more cases) Logbook of hair microscopy (10 cases) Logbook of caseload seen to demonstrate breadth of experience in diagnoses, hair diversity and treatments utilised (minimum 200 patients)

5.3 Final Assessment

It is anticipated that there will be quarterly appraisals to assess adequate progress. These should be recorded in the portfolio.

The Educational Supervisor, and two British Hair and Nail Society committee members with an expertise in hair disorders (to provide external review), will decide whether the Fellow has successfully completed the fellowship. This Convened Panel will determine the outcome in the final two months of the programme.

The Fellow will also provide feedback to the BCD about the quality of the Fellowship.

5.4 Complaints and Appeals

All workplace-based assessment methods incorporate direct feedback from the assessor to the Fellow and the opportunity to discuss the outcome. If a fellow has a complaint about the outcome from a specific assessment, this is their first opportunity to raise it.

Appeals against decisions concerning in-year assessments will be handled at Trust level and Trusts are responsible for setting up and reviewing suitable processes. If a formal appeal about assessment is to be pursued this should be referred in the first instance to the Director of Education at the British College of Dermatology.

6. Supervision and feedback

6.1 Supervision

All elements of work in fellowship posts must be appropriately supervised. The level of supervision will vary depending on the experience of the Fellow and the clinical exposure and case mix undertaken. Outpatient and referral supervision must routinely include the opportunity to personally discuss all cases if required. As training progresses, the Fellow should have the opportunity for increasing autonomy, consistent with safe and effective care for patients.

Fellows will be appointed a named Educational Supervisor and Clinical Supervisor, responsible for overseeing their education and progress (Appendix 4). A named Research Supervisor with suitable experience of research will be responsible for overseeing their research activities. Depending on local arrangements these roles may be combined into a single role of Educational Supervisor.

The responsibilities of supervisors have been agreed with the National Association of Clinical Tutors and the Academy of Medical Royal Colleges as below:

Educational supervisor

A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified fellow's educational progress during a training placement or series of placements. The Educational Guide is responsible for the Fellow's Educational Agreement.

Clinical supervisor

A trainer who is selected and appropriately trained to be responsible for overseeing a specified fellow's clinical work and providing constructive feedback during a training placement. Some training schemes appoint an Educational Supervisor for each placement. The roles of Clinical and Educational Supervisor may then be merged.

The Educational Supervisor must be allocated to the Fellow at the beginning of the programme. Educational Supervisors will meet formally with their Fellows four times per year. At the first meeting, the educational objectives for the year and a personal development plan (PDP) will be agreed. The PDP should be based firmly on the syllabus objectives. The space for 'methods agreed by Educational Supervisor and Fellow' should be used to define how the Fellow will acquire the competencies planned for the year. The Fellow and Educational Supervisor should both sign the educational agreement in the form-based Portfolio at this time, recording their commitment to the training process.

Subsequent meetings will be a dialogue between the Fellow and Educational Supervisor and will review progress and consider the supervisor's observations of the Fellow's performance, feedback from other clinical supervisors, analysis and review of workplace-based assessments and their evidence of learning in the logbook. Attendance at educational events should also be reviewed. The PDP can be modified at these meetings.

Towards the end of the fellowship period, a formal summative assessment of the Fellow's evidence of competencies and training progression will take place. This will provide a structured assessment of the Fellow's progress, based on assessment methods as above and will form the basis of the Educational Supervisor's report, which will inform the Convened Panel process as supportive evidence.

The Educational Supervisor, when meeting with the Fellow, should discuss issues of clinical governance, risk management and any report of any clinical incidents involving the Fellow. The Educational Supervisor should be part of the clinical specialty team. Thus, if the clinical directorate (clinical director) has any concerns about the performance of the Fellow, or there were issues of doctor or patient safety, these would be discussed with the Educational Supervisor. These processes, which are integral to Fellow development, must not detract from the statutory duty of the trust to deliver effective clinical governance through its management systems.

Opportunities for feedback to fellows about their performance will arise using the workplace-based assessments, regular appraisal meetings, other meetings and discussions with colleagues, and feedback from the Convened Panel.

6.2 Appraisal

A formal process of appraisals and reviews underpins training. This process ensures adequate supervision during training, provides continuity between posts and different supervisors and is one of the main ways of providing feedback to fellows. All appraisals should be recorded on form-based assessments and saved in the fellow's Portfolio provided by the Fellowship supervisors.

7. Managing curriculum implementation

The NHS Trust(s) where the Fellowship is undertaken is responsible for ensuring that the site can offer the learning experiences, formative and summative assessment opportunities and supervision standards described in this document. The BCD will provide advice and guidance on the expectations of providers, review of post CCT Fellowship curricula and ensuring local quality assurance process are of a sufficient standard.

Clinical and Educational Supervisors will be roles assigned to clinicians fully competent in their area of clinical supervision (Appendix 4). They will be appointed by the Trust. They will be trained in supervision, appraisal and assessment. Courses for this will be regularly available in the Trust. Nationally there are annual meetings for dermatology Educational Supervisors organised by the BCD. These meetings include updates on new methods of assessment and bench-marking exercises to ensure equitable national standards for workplace-based assessments.

Standards of training and assessment will be regularly reviewed by the BCD using the GMC recommended tools of the Fellow surveys, trainer surveys, and programme visits if required.

7.1 The Fellowship Portfolio and evidence of learning

Fellows are recommended to record their evidence of learning in a Portfolio. This will include all completed workplace-based assessments, logbook, appraisals, and evidence of learning in their personal Portfolio. The Educational Supervisor and trainers can access the up-to-date curriculum from the BAD Education Board and will be expected to use this as the basis of their

discussion with Fellows. Educational Supervisors and Fellows are expected to have a good knowledge of the Fellowship curriculum using it as a guide for complete the programme. Each Fellow will engage with the curriculum by maintaining a portfolio and logbook. The Fellow will use the curriculum to develop learning objectives and reflect on learning experiences.

In addition, it is anticipated that the evidence in the Portfolio will map each assessment to the syllabus to demonstrate appropriate sampling of the curriculum.

It is important that the Educational Supervisor is aware of the requirement for each fellow to cover all the elements of the curriculum. Progress will be reviewed at each Educational Supervisor meeting before submission to the Convened Panel at the end of the programme.

7.2 Recording progress

The Fellow's main responsibilities are to be organised and proactive to gain the competencies required to complete their Fellowship. They must ensure that their portfolio and logbook are kept up to date, arrange assessments and ensure they are recorded, prepare drafts of appraisal forms, maintain their personal development plan, record their reflections on learning and record their progress through the curriculum.

The Educational Supervisor's main responsibilities are to evaluate outcomes of assessments, reflections and personal development plans to inform appraisal meetings. They are also expected to update the Fellow's record of progress through the curriculum, write end-of-attachment appraisals and supervisor's reports.

Logbooks (preferably electronic) recording caseload, scalp biopsies/ pathology and hair microscopy.

8. Curriculum review

The post-CCT Fellowship curriculum will be reviewed and updated on an annual basis as necessary by the BHNS. As clinical practice changes with time, it will be necessary to ensure accuracy and relevance to evidence-based clinical practice.

The curriculum should be regarded as a fluid, living document where the BHNS Special Interest Group will respond swiftly to new clinical and service developments. In addition, the curriculum will be subject to three-yearly formal review by the BCD through the Education Sub-committee. This will be informed by documents submitted by the SIG that evidence curriculum evaluation and monitoring. The BAD Education sub-committee will have available:

- An Executive Summary
- Amendments to this document
- Evaluation surveys from past Fellows, Educational and Clinical Supervisors
- Fellow representation on the BCD
- Informal Fellow feedback during appraisal.

Evaluation will address:

- The relevance of the learning outcomes to clinical practice
- The balance of work-based and off-the-job learning
- Quality of training in individual posts
- Feasibility and appropriateness of on-the-job assessments

9. Equality and diversity

The BCD will comply, and ensure compliance, with the requirements of equality and diversity legislation, such as the:

- Race Relations (Amendment) Act 2000
- Disability Discrimination Act 1995
- Special Educational Needs and Disabilities Act 2001
- Data Protection Acts 1984 and 1998

The BCD believes that equality of opportunities is fundamental to the many and varied ways in which individuals become involved, either as members of staff and officers; as advisers from the medical profession; as members of the professional bodies or as doctors in training and examination candidates. Accordingly, it warmly welcomes contributors and applicants from as diverse a population as possible, and actively seeks to recruit people to all its activities regardless of race, religion, ethnic origin, disability, age, gender or sexual orientation.

Quality assurance will ensure that each training programme complies with the equality and diversity standards in postgraduate medical training as set by GMC.

Compliance with anti-discriminatory practice will be assured through:

- Monitoring of recruitment processes
- Ensuring all BAD representatives have attended appropriate training sessions prior to appointment or within 12 months of taking up post
- Ensuring Fellows have an appropriate, confidential and supportive route to report examples of inappropriate behaviour of a discriminatory nature
- Monitoring of College Examinations
- Ensuring all assessments discriminate on objective and appropriate criteria and do not unfairly disadvantage trainees because of gender, ethnicity, sexual orientation or disability (other than that which would make it impossible to practise safely as a physician). All efforts shall be made to ensure the participation of people with a disability in training

10. Appendices

Appendix 1

Contributors

British Hair and Nail Society

Dr Leila Asfour – President

Dr Anita Takwale – Past president

Dr Yusur-Al-Nuaimi – Clinical Hair Lead

Dr Donna Cummins- Treasurer

Dr Sonia Sharma – Secretary/Junior Doctor Representative

Dr Rona Applewaite – SAS Representative

Dr Dhruv Laheru – Clinical Nail Lead

Dr Matthew Harries – BHNS member. Senior Lecturer and Honorary Consultant Dermatologist

Dr Nuala O'Donoghue- BHNS member. Consultant Dermatologist and Honorary Senior Lecturer

Acknowledgements

With thanks to External Contributors

Dr Iskander Chaudhry – Consultant Histopathologist

Dr David de Berker – Consultant Dermatologist

Dr Nilofer Farjo – Hair Restoration Surgeon

Dr Bessam Farjo – Hair Restoration Surgeon

Dr Susan Holmes – Consultant Dermatologist

Professor Victoria Jolliffe – Consultant Dermatologist

Dr Manjit Kaur – Consultant Dermatologist

Appendix 2 Assessment methods

Audit Assessment Tool

The Audit Assessment Tool is designed to assess a fellow's competence in completing an audit. The Audit Assessment can be based on review of audit documentation OR on a presentation of the audit at a meeting. If possible, the Fellow should be assessed on the same audit by more than one assessor.

Case based Discussion (CbD)

The CbD assesses the performance of a fellow in their management of a patient to provide an indication of competence in areas such as clinical reasoning, decision-making and application of medical knowledge in relation to patient care. It also serves as a method to document conversations about, and presentations of, cases by fellows. The CbD should include discussion about a written record (such as written case notes, outpatient letter, discharge summary). A typical encounter might be when presenting newly referred patients in the out-patient department.

Direct Observation of Procedural Skills (DOPS)

A DOPS is an assessment tool designed to assess the performance of a fellow in undertaking a practical procedure, against a structured checklist. The Fellow receives immediate feedback to identify strengths and areas for development.

Mini-Clinical Evaluation Exercise (mini-CEX)

This tool evaluates a clinical encounter with a patient to provide an indication of competence in skills essential for good clinical care such as history taking, examination and clinical reasoning. The Fellow receives immediate feedback to aid learning. The mini-CEX can be used at any time and in any setting when there is a fellow and patient interaction and an assessor is available

Multisource Feedback (MSF)

This tool is a method of assessing generic skills such as communication, leadership, team working, reliability etc, across the domains of Good Medical Practice. This provides objective systematic collection and feedback of performance data on a fellow, derived from a number of colleagues. 'Raters' are individuals with whom the Fellows works, and includes doctors, administration staff, and other allied professionals.

Patient Survey

The Patient Survey address issues, including behaviour of thogoe doctor and effectiveness of the consultation, which are important to patients. It is intended to assess the Fellow's performance in areas such as interpersonal skills, communication skills and professionalism by concentrating solely on their performance during one consultation.

Appendix 3 BAD Post-CCT Fellowships Guidelines – Educational Supervisor

As a component of the BCD Post-CCT Fellowship, each clinical service provider applying for approval to offer a BCD Post-CCT Fellowship is required to allocate and confirm the role of a suitable consultant within the leading department for the Post-CCT Fellowship post to act as a named Educational Supervisor.

An Educational Supervisor is a nominated consultant who has accepted the role as the individual responsible for supporting, guiding and monitoring the progress of a named Post-CCT Fellow for a specified period. Every Post-CCT Fellow should have a named Educational Supervisor, and the Fellow should be informed of the name of their Educational Supervisor in writing. In advance of the Post-CCT Fellow taking up their post the Educational Supervisor should ensure that they are adequately prepared for the role to:

- Ensure safe and effective patient care throughout the Fellowship
- Establish and maintain an environment for learning
- Teach and facilitate learning
- Enhance learning through assessment
- Support and monitor educational progress
- Guide personal and professional development
- Continue own professional development as an educator.

The Educational Supervisor should have completed training in line with the General Medical Council's Recognition and approval of trainers [Approval of trainers - GMC](#) . In addition, the Educational Supervisor should be familiar with the scope and objectives of the Post-CCT Fellowship post and the BAD educational standards framework and should ensure that they have sufficient identified time agreed within their job plan to carry out the role effectively.

In some cases, a Post-CCT Fellowship post may cross more than one department. However, the clinical service provider should ensure that the Educational Supervisor who is appointed has responsibility for liaising with the Fellow's key clinical supervisors and for coordinating the feedback, support and guidance for the Post-CCT Fellow.

1. Role and responsibilities of the Educational Guide

Role purpose

The Educational Supervisor is required to oversee the learning experience, performance and progress of the Post-CCT Fellow and provide guidance to enable the Fellow to gain and/or enhance their skills, knowledge and attitudes to fulfil the objectives of the Fellowship and meet the clinical service need.

2. Main duties and responsibilities

- To ensure that the Post-CCT Fellow gains appropriate clinical experience commensurate with the objectives of the Fellowship;
- To provide clinical guidance (supervision) as appropriate to the level and experience of the Post-CCT Fellow
- To ensure that protected time is set aside (normally 1 hour per week) to enable the Fellow and the named Educational Guide to review cases, discuss progress and issues
- To ensure that there is suitable mentorship with appropriate experience to reflect the core skill emphasis of the Fellowship

- To provide annual assessment of the Fellow by review of progress and/or logbook, assessment, CPD, etc
- To ensure that an appropriate written record is maintained to enable continuity of guidance and feedback to the Fellow as appropriate.

3. Supporting and guiding the Post-CCT Fellow

The responsibility of the Post-CCT Fellow is:

- To work with the Educational Supervisor to develop and demonstrate attainment of the appropriate skills/knowledge/attitudes sought from the Fellowship and in line with the GMC's Good Medical Practice within the timeframe of the Fellowship.
- To provide satisfactory evidence to the BAD of the Fellow's progress (and, if necessary, to provide evidence to the GMC in the event of the introduction of credentialing).

It is suggested that the Educational Supervisor adopts the following practice to facilitate achievement of the objectives for BAD Post-CCT Fellowships:

Ensuring safe and effective patient care throughout the Fellowship

- To ensure that the Fellow has appropriate departmental/team(s) induction
- To act to ensure the health, wellbeing and safety of patients at all times
- To involve fellows in service improvement
- To use educational interventions to improve patient care

Establishing and maintaining an environment for learning

- To be proactive in encouraging the Fellow to share their views on their experience
- To establish a learning community within their department and/or in relevant areas of the organisation
- To monitor, evaluate and take steps to address areas for improvement in the Fellow's education and learning
- To ensure that the Fellow is exposed to appropriately skilled teachers and supervisors
- To ensure that the Fellow's workload requirements meet the criteria for the Educational Standards Framework and do not compromise any legal/regulatory requirement.

Teaching and facilitating learning

- To demonstrate exemplary subject knowledge and skills
- To help the Fellow to further develop their self-directed learning
- To provide effective conversation skill to encourage reflective learning;
- To understand and be able to apply educational frameworks to the Fellow's personal needs
- To ensure that the Fellow is able to make contributions to clinical practice commensurate with the graduated level of their performance and competence

Enhancing learning through assessment

- To plan and/or monitor assessment opportunities to support the development of the Fellow and to meet the level and standard expected from attainment of a BAD accredited Post-CCT Fellowship
- To understand and apply assessment frameworks which are relevant to assessment of the Fellow's skills, knowledge and attitude and complement the normal revalidation process as outlined in the GMC's The Good medical practice framework for appraisal and revalidation

<https://www.gmc-uk.org/professional-standards/the-professional-standards/good-medical-practice>

For example:

- MSF
- Reflective practice e.g. a word limited exercise
- Provide details of 2 cases that went well and 2 that did not– What did you do about them? What did you learn from the experience?
- What would you want the next person in the Post-CCT Fellowship post to do differently?
- What is your personal development plan for next year?
- Logbook
- Audit of results/clinical audit
- To provide regular feedback to the Fellow that is clear, focussed and aimed at enabling the Fellow to improve specific aspects of their performance

Supporting and monitoring educational progress

- To explore and agree a learning contract with the Fellow at the beginning of the Fellowship;
- To understand the clinical and core component aspects of the Fellowship and how these might be achieved;
- To identify learning and clinical service needs and discuss and gain agreement from the Fellow on the objectives to be met;
- To facilitate opportunities for a wide range of relevant learning opportunities and to support the Fellow in accessing these, where appropriate;
- To review and monitor progress through regular, timetabled meetings;
- To ensure that appropriate written records are maintained and shared with the Fellow.
- To enable appropriate feedback and guidance and to provide a record of progress throughout the Fellowship which enables the Fellow to recognise strengths and to address areas of concern;
- To provide guidance for and to monitor the development of the Fellow's portfolio (it is the Fellow's overall responsibility to ensure that their portfolio is maintained and developed, and that all supporting documentation is included);
- To respond effectively and efficiently to emerging problems with a Fellow's progress, liaising with Fellow's clinical supervisors for constructive feedback, as appropriate;
- To be proactive in seeking opportunities for support and guidance for fellows whose learning needs are outside the scope and responsibility of the Educational Guide.

Guiding personal and professional development

- To ensure that the Fellow participates in multi-source feedback;
- To provide guidance on the development of a portfolio and the overlap with the appraisal and revalidation process;
- To provide guidance on the wider national context of professional development for doctors;
- To act as a positive role model and to continue to develop own skills and techniques relevant to clinical service and personal and professional development.

Continuing own professional development as an educator

- To participate fully in local appraisal, validation and educational development activities;
- To actively evaluate own practice and act on formal (e.g. appraisal) and other (e.g. views of colleagues, patients, trainees, Fellows) feedback received;
- To develop and act on a personal development plan.

Appendix 4 SpR Dermatology Curriculum

https://www.gmc-uk.org/-/media/documents/dermatology-2021-curriculum-updated-june-2024_pdf-107941933.pdf