

OPINION ARTICLE

## Perspectives on Training and Future Prospect of a Dermatology Resident

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According to Spanish Royal Decree 127/84, dermatology is defined as a “complete medical and surgical organ specialty involving the skin, cutaneous appendages, papillary mucosa, and associated external elements.” The official definition covers several different dermatology knowledge areas, including dermatopathology, immunodermatology, dermatological surgery and physical therapy. Medical resident training for dermatologists in Spain also includes venereology. The definition provided above has, for many years, guided the National Commission for Medical Specialties in terms of designing programs for resident dermatology training in Spain. For many residents, tutors, and specialists participating in medical resident training, however, this definition excludes important aspects of dermatology.

Cosmetic dermatology, for example, although clearly an important area in dermatology, is excluded from the training program for dermatologists. Nonetheless, it has to be conceded that the time available for training is limited, and, despite the well-reasoned proposals of the National Commission for Medical Specialties, the dermatology resident training period in Spain has not as yet been increased from 4 to 5 years. This raises a number of doubts and problems in regard to medical residents acquiring suitable training in all areas of dermatology. Since hospitals belonging to the public health system do not provide cosmetic dermatological treatment, trainees have no opportunity to learn about and practice cosmetic dermatology. A 2-day course taken in the third year of residence is assumed to provide adequate training in this area. To this can be added the training provided by the annual meeting of the Spanish Cosmetic and Therapeutic Dermatology Group—accessible, however, only to residents lucky enough to have a superior who will allow them to attend. In my opinion, it is a futile exercise to complain of the intrusion of pseudo-specialists operating in the cosmetic dermatology field as long as there is a failure to provide proper training to specialists with a

solid medical background. Fortunately, as compensation for this training deficit, the Spanish Academy of Dermatology and Venereology has begun accrediting dermatology centres offering cosmetic dermatology services, provided they meet with the necessary conditions for the provision of medical specialist training. This situation, however, poses another problem: where can the trainee find the time to include this additional training? If, in 4 years of residency, dermatopathology, pediatric dermatology, and dermatoscopy training between them exhaust the external rotation period for a medical resident, this leaves no room for cosmetic dermatology training. Irrespective of whether or not a resident has a particular interest in, for example, pediatric dermatology, dermatopathology, or cosmetic dermatology, these disciplines all form a necessary part of dermatology, and by the time the resident medical training period is complete, residents should be knowledgeable enough about these fields to be able to specialize in any one of them if they wish. As with everything in life, it is necessary to strike a suitable balance. We should not make the mistake of trading off a period of training in cosmetic dermatology against other important rotations in, for example, basic research centres or admissions wards (even if we have no beds). This could lead to the specialty being trivialized, and to cosmetic dermatologists being seen merely as dealing with or altering external appearances and as having no real overall view of dermatology.

At Spain's First National Meeting of Dermatology Residents, held in Santa Cruz de Tenerife in September 2006, another deficit in training as provided at present became apparent. The initial conference program included a section for communicating research, doctoral theses, and research articles by residents; however, given that there were no submissions, this section was removed from the program, reflecting the sad fact that scientific research activity during dermatology training is lacking. The pressures of medical care, on-call hours, and timetables frequently convert medical residents into practicing doctors “in training”, who have no time left over for research or even, paradoxically, for teaching activities.

How can all these training deficiencies be made good in dermatology? The answer is—more time. Medical specialists in areas such as urology and general surgery are trained over a period of 5 years. There are more than valid reasons for dermatology training to be extended a further year in order

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to compensate for training gaps. It is true that this option will be poorly viewed by many, given the precarious financial and employment conditions of medical residents. However, only a handful of Spanish hospitals are seriously considering the other utopian solution that has been proposed, namely, to employ fifth year residents to conduct research and publish articles so as to fill gaps in their curriculum vitae.

Leaving aside the problems described above, the perspectives for the training of dermatology specialists in Spain are, in my opinion, increasingly positive. It is true that the quality of teaching in different hospitals, individual heads of departments, varying medical care demands, etc, all have an impact on the ultimate quality of training and on the life of the dermatology resident. Nonetheless, in the typical department headed by someone who respects and defends training principles, there are a number of promising opportunities for training that should not be lost. So as to complement studies, routine practice, research, and participation in teaching activities and in the other routine activities that help us on the road to becoming specialists, all medical residents should attend courses and seminars aimed specifically at providing basic or more advanced training for dermatologists. Residerm—currently in its second year of operation—is a good example of a course that provides an introduction to dermatology for first year residents in Spain. From both an academic and personal perspective, it is an excellent initial course for resident dermatologists. Courses on dermatopathology, epiluminescence microscopy, surgery, mycology, and cosmetic dermatology held in different provinces of Spain provide residents with a solid foundation for subsequent studies and the acquisition of experience in these fields. Regional and national meetings, annual reunions of residents, national conferences, etc, give residents the opportunity to listen and learn from the experiences of colleagues and to describe their own work. We are lucky to be able to count on excellent courses, conferences, and meetings in Spain, and all residents should have the opportunity to take full advantage of them.

Once we specialize, what does the future hold for us from an employment and professional perspective? The job bank section of the website of the Spanish Academy of Dermatology and Venereology reassuringly reveals that over 50 jobs for dermatologists were posted between January and April 2007. Dermatology is one of the specialties with the lowest rates of unemployment in Spain—although not quite as low as the rates for cardiology and traumatology. If we bear in mind, however, that over 25% of the specialists in dermatology in Spain are aged over 50 years, it can be deduced that the situation in 15 years will be even more promising.

Another change that has marked the specialty of dermatology is the growing number of women who have joined the profession. The figures speak for themselves: in

the period running from 1909 to 1963 there were no female dermatologists in the Spanish Academy of Dermatology and Venereology, whereas in 2001, the total of 47 new members raised the percentage of women dermatologists to 41.34%.<sup>1</sup> As we can all see in our own departments, the proportion of women is steadily increasing as the years go by.

In general, employment prospects in Spain are positive, with some variations according to province. The province of La Rioja, for example, has the lowest number of dermatologists per 100 000 inhabitants (1.48), whereas the province of Madrid has the highest number (4.84)—although the Madrid rate is still much lower than that for specialists in other areas.<sup>2</sup>

From a professional perspective, it can only be said that fruitful years lie ahead. The dermatology specialty is expanding and increasingly includes new fields such as cancer and cosmetic surgery, dermatopathology, research, dermatological epidemiology, etc.<sup>2</sup> Dermatologists are increasingly valued and in growing demand in society today. In Spain and the rest of Europe, people are becoming increasingly aware of the importance of preventing skin cancer, and new treatments for previously incurable skin diseases are becoming available. In industrialized countries the incidence of atopic dermatitis is increasing, as is that of sexually transmitted diseases that were thought to be eradicated but which have reappeared in association with migration. Instrumental in converting dermatology into an essential specialty in the modern world is the fact that dermatologists play an important role in the multidisciplinary management of patients testing positive for the human immunodeficiency virus, and also the fact that increasing attention is being paid to treating and preventing ageing of the skin, to cosmetic dermatology, etc.<sup>3</sup>

If we have a look at the activities included in the official dermatology services portfolio published on the website of the Spanish Academy of Dermatology and Venereology, we can observe how dermatology covers a wide range of disciplines, including medical and surgical cutaneous oncology, occupational skin diseases and complementary tests, pediatric dermatology, sexually transmitted diseases, and autoimmune diseases.

I should probably apologize for being so optimistic (maybe I still lack the experience to see the glass as half empty), but the future would appear to be even more promising. New research in proteomics and pharmacogenomics, genetic manipulation, and new vaccines all mean that we are able to meet challenges as important as those implied by chemoprevention of cancer or specific immunological treatments for inflammatory skin diseases. Future developments in these areas will undoubtedly lead to exciting progress in dermatology. Dermatologists will no longer play the role of controlling the symptoms of disease, but will be able to correct the underlying defect and thus cure it. We

have a long road to travel, and many improvements are needed in aspects affecting our training and professional life, but we have the means, and our future is a promising one. We need to be fully aware not only of the significance of the dermatology specialty, but also of the need to provide dermatologists with quality training. Dermatologists need to underpin and guarantee the dignity of their profession with their work and research. In this way we defend the profession against encroachment from other fields and demonstrate that the traditional image of dermatologists as specialists in touching up external appearances has been replaced by one of rigorously trained and brilliant physicians obtaining top grades among medical residents in Spain.

#### **Conflicts of Interest**

The author declares no conflicts of interest.

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