

OPINION ARTICLE

Surgical Training of Dermatologists

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The training program for the specialty of medicosurgical dermatology and venereology was published in Spanish Official State Bulletin number 230 in September, 2007. This program defined the specialty as “a complete specialty that includes the study, diagnosis, treatment (both medical and surgical), and prevention of diseases of the skin, subcutaneous cellular tissue, mucosas, and adnexa.” The same level of importance was given to surgery as to any other therapeutic procedure, both in the objectives and in the methods used to achieve those objectives. The teaching of surgical dermatology or, better, dermatologic surgery, is therefore a requirement of the current, renewed concept of the specialty. We agree totally with this situation for 3 reasons: first, because the proportion of surgical activity in a dermatologist’s daily practice is greater than that of other specialties, and a solid training is therefore essential; second, because the dermatologist can offer a wide range of therapeutic options for the treatment of skin cancer, with better results and lower costs than other specialists, as has been demonstrated in the United States; and third, because it is dictated by law and must be observed.

At the present time, the Spanish population is changing due to a fall in the birth rate and an increase in life expectancy. According to a report by the European Commission (DG ECFIN *Special Report no. 1/2006*) it is estimated that Spain will have a population of 43 million in the year 2050, signifying an increase of only 1% with respect to 2004. However, this increase will be far from proportional: the young population (1 to 14 years of age) will fall by 19% due to decline in natality; the working-age population (15 to 65 years of age) will fall by 21%; and the population over 65 years of age will undergo an increase of 99%, rising from 7.1 million in 2004 to 15.0 million in 2050, if the present trend persists. In the period from 2004 to 2050, life expectancy will increase from 76.6 years to 81.7 years in men and from 83.4 years to 87.3 years in women. All this will lead to an increase in the aging index and a fall in the replacement rate. Without entering into an evaluation of the social significance of these figures, a responsibility of

our governors, it is interesting to reflect that the increase in survival will lead to cosmetic concerns and a larger number of benign and malignant skin tumors, which will require the dermatologist to set up the therapeutic strategies necessary for the effective diagnosis and treatment of these conditions in which surgery is the first therapeutic option.

At this point, and recognizing the need and obligation to teach dermatologic surgery to dermatologists, we must consider the teaching method itself. It must be realized that dermatologic surgeons use surgical techniques common to other specialties and apply them to a series of diseases that they know in depth, enabling them to “do the right thing well.” A solid basis in dermatology, acquired during the years as a resident, and knowledge of how to perform the most appropriate surgical technique in each case, is therefore essential.

The teaching-learning process requires defined objectives, content, methodologic strategies, training material, and evaluation. First of all, it must be decided who to train. Training future dermatologists who have entered the residents’ training program (Order SCO/2754/200, Official State Bulletin no. 230) is not the same as teaching dermatologists who finished their training before the medical interns and residents (MIR) system was introduced or who trained in nonsurgical centers. However, we believe that the content of training in dermatologic surgery should always include 4 main sections. The first is training in basic surgery, with a period of rotation in a general surgery department, where the student will learn how to “function” in an operating theater, the general principles of asepsis and anesthesia, and basic surgical techniques. Second, the principles of the excision of skin tumors must be learned, adapting the surgical technique to the specific pathologic characteristics of the tumor. Third, training is necessary in the repair of defects caused by the excision, achieving the most esthetic result possible but never forgetting that the excision must not be determined by the repair. This requires a good understanding of suturing techniques and the design of different skin flaps, and the ability to perform skin grafts. Finally, training must be given in the techniques of cosmetic surgery, ever more commonly sought by society, and in the use of the new technologies that are continually being incorporated into the dermatologic therapeutic arsenal. The first 3 sections can easily be achieved within the current training model used to obtain the official title of specialist physician. The fourth is more difficult, as the services offered

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by the different hospitals accredited to train specialists do not include cosmetic skin techniques and, in addition, many of them do not have the appropriate material to be able to satisfy all the objectives stipulated in the training program, such as, for example, laser or photodynamic therapy. All this leads us to consider the need for complementary external training programs in addition to the official one.

Training dermatology residents is the responsibility of the National Council of Medical Specialties, a consultant body of the ministries of Health and Consumer Affairs and of Education, constituted by members of the National Committees of Medical Specialties. This consultant body operates through plenary meetings and as working groups, which include the Permanent Commission, the Accreditation Committee, and the Studies Committee. These groups draw up the training programs for each specialty, accredit training centers, and establish a national plan of education audits to evaluate whether the training requirements are satisfied in the educative center. At the end of the training period, and based on a favorable report from the training center, residents will receive the title of specialists.

The continued training of specialists is a very different matter. As far as we know, there is no official body that controls or is responsible for this training. A number of international courses are given that are approved by the Spanish Group of Dermatologic Surgery, Cutaneous Oncology, and Laser Therapy of the Spanish Academy of Dermatology and Venereology; attendance is voluntary, but participation is high, demonstrating the considerable interest in dermatologic surgery.

We believe that training in dermatologic surgery must be adequately planned both in the residents' training program and in continuing professional development in dermatology. As this surgery is a stipulated requirement of the specialty (medicosurgical dermatology and venereology), it should be obligatory. First, the objectives of this training process must be defined on the basis of what is necessary for students to be able to do after completing their training period. The existence of clear and precise objectives is a guarantee for the student (who will know what has to be learned), for the teacher (who will know what to teach), and for society (which will know that the physicians who have achieved these objectives are adequately trained in dermatologic surgery).

An anonymous survey was performed among third-year residents, aiming to define the situation of training in the dermatologic surgery during the residency. The survey was presented at the National Conference held in Madrid in

2006; was given to 40 residents and included questions about the training center, compliance with the program, and residents' satisfaction with training in dermatologic surgery. It was found that the objectives specified in the training program were not satisfied in some cases.

We understand that teaching has to be performed and coordinated in each training center, that it is necessary to establish a system of rotations or periods in other hospitals or private centers of recognized prestige, and that, when training new specialists, the appropriate body should evaluate not only that the students have completed the accredited program but also that they have acquired the knowledge and abilities specified in that program. In the continuing development of specialists, a system of accreditation and certification must be established that specifies the objectives to be attained, the courses, and the centers where those courses can be undertaken.

Finally, we believe this knowledge and ability should be evaluated, with certification issued by the competent body, which could be the National Commission of the specialty, the Spanish Academy of Dermatology, or, as occurs in other countries, independent, outside bodies. All this will lead to an improvement in the services that dermatologists provide to society.

Conflicts of Interest

The author declares no conflicts of interest.

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