

# 2022 RACGP curriculum and syllabus for Australian general practice

## Dermatological presentations

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### Rationale

#### Instructions

This section provides a summary of the area of practice for this unit and highlights the importance of this topic to general practice and the role of the GP.

Skin conditions comprise 17% of all problems encountered in general practice.<sup>1</sup> General practitioners (GPs) require a wide range of expertise for skin complaints, including diagnosis and management of acute and chronic skin conditions, skin cancer screening and diagnosis, performance of diagnostic biopsies and/or definitive excisional treatment, referral or collaborative care with non-GP specialists and preventive care.

Chronic skin disorders are estimated to affect 4% of the Australian population, with eczema and psoriasis being the most common chronic skin conditions, affecting 1% and 2.5% of Australians respectively.<sup>2</sup> In the paediatric population, dermatitis/eczema was managed in 6.9 per 100 GP encounters.<sup>3</sup> GPs should be aware of the medical and psychosocial dimensions of chronic skin disease, where a biopsychosocial approach is more likely to result in a more personalised and holistic management plan.

At least two in three Australians will develop skin cancer before the age of 70.<sup>4</sup> Pre-cancerous and cancerous skin lesions, including melanoma, comprise 2.2% of encounters in general practice.<sup>1</sup> Even in melanoma, GP involvement may include definitive management, where the GP has appropriate training and skill.<sup>5</sup> Australia's high survival rate for skin cancers reflects that access to effective primary care services for early detection and evidence-based treatment of skin cancers is successful.<sup>6</sup> As most skin cancer is preventable, GPs have a crucial role in educating patients about sun-smart behaviours, as well as early detection of new or changing lesions.<sup>7</sup>

Skin conditions may be a manifestation of systemic illness, including erythema nodosum, cutaneous vasculitis, and cutaneous manifestations of autoimmune diseases.<sup>8</sup> GPs are required to recognise seriously ill patients who may present with a dermatological condition or manifestations including meningococcal septicaemia. Patients who are immunosuppressed warrant additional skin surveillance. Infective illness may also present with iconic cutaneous signs, particularly in the paediatric population, including coxsackie,

varicella and parvovirus. Skin lesions caused by Group A Streptococcus may precede the development of rheumatic fever and rheumatic heart disease which disproportionately affects Aboriginal and Torres Strait Islander peoples.<sup>9</sup> However, amongst Aboriginal and Torres Strait Islander peoples, the three most common skin-related presentations are routine full skin check, eczema and actinic keratosis.<sup>10</sup>

Dermatology requires a particular diagnostic skillset. A structured and careful approach to the evaluation of skin lesions is required, including the ABCDEFG or Chaos and Clues approaches. Dermoscopy is an important diagnostic skill and, in a recent study, was used in 61% of registrar consultations involving skin changing the provisional diagnosis in 22% of instances.<sup>11</sup>

Procedural skills are key to management of skin conditions in general practice.<sup>12</sup> Of the 10 most common problems managed with a procedural component, five are skin complaints including skin lacerations, solar keratosis/sunburn, warts, malignant neoplasms of the skin, and skin ulcers.<sup>1</sup> The range of surgical skills required by GPs varies, with GPs in areas with particularly high prevalence of skin cancer performing increasingly technical procedures in the treatment of skin cancers.<sup>13</sup> Such advanced technical skills require GPs to undertake additional specialised training. GPs will also need to understand the local burden of disease, availability of local medical expertise, and seek opportunities for formal training to meet community needs, particularly in rural and remote locations. It is important to appreciate the barriers that some patients may experience, particularly those from less socially advantaged backgrounds.

Referrals for skin complaints may be to dermatologists, general or plastic surgeons, paediatricians, or immunologists. As skin disorders are also associated with psychosocial impacts, allied health support also forms part of multidisciplinary care.<sup>14</sup>

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## Competencies and learning outcomes

### Instructions

This section lists the knowledge, skills and attitudes that are expected of a GP for this contextual unit. These are expressed as measurable learning outcomes, listed in the left column. These learning outcomes align to the core competency outcomes of the seven core units, which are listed in the column on the right.

Communication and the patient–doctor relationship	
Learning outcomes	Related core competency outcomes
The GP is able to:	
<ul style="list-style-type: none"> <li>demonstrate appropriate respect and concern for patients with chronic and new skin conditions</li> </ul>	1.1.1, 1.1.4, AH1.3.1, 1.4.4, RH1.4.1
<ul style="list-style-type: none"> <li>demonstrate appropriate counselling and consent prior to the performance of any skin procedure, as well as demonstrating clear communication and follow-up during aftercare</li> </ul>	1.1.1, 1.1.4, 1.1.6

<b>Communication and the patient–doctor relationship</b>	
<ul style="list-style-type: none"> <li>demonstrate the use of a variety of techniques in motivating patients to reduce their risk of skin conditions, or in promoting self-management of chronic skin conditions</li> </ul>	1.2.1, 1.2.2, 1.2.3, 1.3.1, 1.3.2
<ul style="list-style-type: none"> <li>demonstrate the use of a range of techniques to enquire about the psychosocial burden of skin conditions and their treatments</li> </ul>	1.1.1, 1.2.1, 1.2.2, 1.3.1
<ul style="list-style-type: none"> <li>demonstrate the use of a range of communication techniques appropriate to diverse populations including Aboriginal and Torres Strait Islander peoples and refugees in the diagnosis and management of skin conditions</li> </ul>	1.1.6, AH1.3.1

<b>Applied knowledge and skills</b>	
Learning outcomes	Related core competency outcomes
The GP is able to:	
<ul style="list-style-type: none"> <li>identify the acutely unwell patient with a dermatological condition or dermatological manifestation of systemic illness</li> </ul>	2.1.3
<ul style="list-style-type: none"> <li>identify, describe and perform dermatological investigations, for example, a skin swab, scraping, biopsy or excision, or refer appropriately</li> </ul>	2.1.4, 2.1.8, 2.3.1, AH2.1.2
<ul style="list-style-type: none"> <li>use a range of diagnostic skills, including history-taking and examination including dermoscopy, to arrive at appropriate clinical diagnoses of skin conditions</li> </ul>	2.1.2, 2.1.4, 2.1.8
<ul style="list-style-type: none"> <li>locate and apply appropriate guidelines to support the pharmacological and non-pharmacological management of skin conditions, and tailor to individual patient needs</li> </ul>	2.2.1, 2.2.2
<ul style="list-style-type: none"> <li>describe different treatment modalities available for skin conditions, providing definitive treatment or participating in multidisciplinary management</li> </ul>	2.3.1
<ul style="list-style-type: none"> <li>identify, diagnose, manage and/or refer common skin cancer conditions</li> </ul>	2.2.1, 2.2.2, 2.2.4, 2.2.5, 2.2.8
<ul style="list-style-type: none"> <li>recognise and manage common childhood skin conditions, including dermatitis, eczema, skin infections, for example, impetigo, and skin manifestations of common childhood infective illness</li> </ul>	2.1.1, 2.1.2, 2.1.8, 2.1.9

<b>Population health and the context of general practice</b>	
Learning outcomes	Related core competency outcomes
The GP is able to:	
<ul style="list-style-type: none"> <li>identify patients with risk factors for skin cancer</li> </ul>	3.1.1, 3.1.4, AH3.2.1
<ul style="list-style-type: none"> <li>demonstrate an understanding of which populations benefit from skin checks, and demonstrate performance of skin checks</li> </ul>	3.1.1, 3.1.3
<ul style="list-style-type: none"> <li>provide opportunistic skin-related health promotion, particularly relating to sun protective measures, as part of chronic care</li> </ul>	3.1.3, 3.1.4, 3.2.2
<ul style="list-style-type: none"> <li>identify patients who may experience challenges or barriers in managing their own chronic skin conditions and demonstrate techniques to help facilitate improved opportunities for self-management</li> </ul>	3.2.1, 3.2.3, AH3.2.1

Professional and ethical role	
Learning outcomes	Related core competency outcomes
The GP is able to:	
<ul style="list-style-type: none"> <li>when considering performing any procedure, recognise the limits of their professional competency and identify opportunities for skills development</li> </ul>	4.1.1, 4.1.2, RH4.2.1, RH4.2.3
<ul style="list-style-type: none"> <li>perform periodic and appropriate clinical audit of management of chronic skin conditions to promote quality clinical care and identify areas of need</li> </ul>	4.1.3, 4.2.1, 4.2.2, 4.4.2
<ul style="list-style-type: none"> <li>identify strengths and limitations of own technical skills and seek opportunities to develop technical proficiency, where needed</li> </ul>	4.2.1, 4.2.2

Organisational and legal dimensions	
Learning outcomes	Related core competency outcomes
The GP is able to:	
<ul style="list-style-type: none"> <li>identify patients with skin conditions (including chronic skin conditions and probable or confirmed malignancies) and oversee practice recall systems that provide appropriate follow-up</li> </ul>	5.1.1, 5.2.3
<ul style="list-style-type: none"> <li>demonstrate appropriate infection control practices and aseptic technique as appropriate for dermatological procedures</li> </ul>	5.1.1
<ul style="list-style-type: none"> <li>demonstrate accurate note-keeping for technical procedures and understand the legalities of image use and storage (including consent)</li> </ul>	5.2.1, 5.2.3, 5.2.4

## Case consultation example

### Instructions

1. Read this example of a common case consultation for this unit in general practice.
2. Thinking about the case example, reflect on and answer the questions in the table below.

You can do this either on your own or with a study partner or supervisor.

The questions in the table below are ordered according to the [RACGP clinical exam assessment areas \(https://www.racgp.org.au/getmedia/f93428f5-c902-44f2-b98a-e56d9680e8ab/Clinical-Competency-Rubric.pdf.aspx\)](https://www.racgp.org.au/getmedia/f93428f5-c902-44f2-b98a-e56d9680e8ab/Clinical-Competency-Rubric.pdf.aspx) and domains, to prompt you to think about different aspects of the case example.

Note that these are examples only of questions that may be asked in your assessments.

**Extension exercise:** Create your own questions or develop a new case to further your learning.



**Lachlan, a 40-year-old male with a past medical history of chronic eczema, presents with a new rash on his lower leg.**

Lachlan believes the patches of flaking and scaling have been present for at least a few weeks, but more recently the rash has begun to weep and scab. He asks, 'Why won't it heal?', and is keen for a quick solution to 'get this fixed, Doc'. His chronic eczema is usually treated with topical steroids. He works full time as an arborist, with inconsistent sun protection. On examination, you observe a Caucasian male with Fitzpatrick type 1 skin. The area in question is faintly erythematous with patches of scaly plaque and a central area of excoriation and light weeping.

Questions for you to consider		Domains
<p>What communications skills would you use to explore Lachlan's priorities? How would you explore his need for a quick solution?</p> <p>How would you find out what Lachlan thinks needs to be done to fix his rash?</p> <p>How would you identify and include Lachlan's priorities and values into the consultation and treatment plan?</p> <p>What communication skills would you use if Lachlan had poor English? What if he had a hearing impairment? Or if he had had previous poor experiences with medical institutions?</p> <p>How would you approach a discussion about a possible diagnostic biopsy with Lachlan?</p>	1. Communication and consultation skills	1,2,5
<p>What if, on examination, Lachlan's rash appeared as tender red nodules, associated with low grade fever and abdominal pain? Or with associated backache and red eye?</p> <p>What if Lachlan was 70 years of age, with a history of congestive cardiac failure and venous insufficiency, and on examination the rash was present bilaterally?</p>	2. Clinical information gathering and interpretation	2

Questions for you to consider		Domains
<p>What if Lachlan told you that the rash began after contact with his son who was sent home from preschool with an acute onset blistering rash, weeping yellow fluid?</p> <p>What if Lachlan provided a history of previously treated actinic keratoses at the same site?</p> <p>What if Lachlan shared a history of chancre several weeks ago?</p> <p>How might your differential diagnosis change if his skin were Fitzpatrick type 6?</p> <p>How would your differential diagnosis change if you learned that Lachlan had experienced occupational exposure to arsenic?</p>	3. Making a diagnosis, decision making and reasoning	2
<p>What management options might be appropriate for Lachlan?</p> <p>How might your approach to management change if Lachlan were aged 90? What if he lived in a remote or rural area?</p>	4. Clinical management and therapeutic reasoning	2
<p>How would you approach a discussion about skin cancer prevention with Lachlan?</p> <p>What strategies might you suggest to prevent harmful occupational exposures?</p>	5. Preventive and population health	1,2,3
<p>How would your approach to gaining consent change depending on the patient's cultural context; for example, if he was an Aboriginal or Torres Strait Islander person? What if there were a language barrier? What if the patient had an intellectual disability or cognitive impairment?</p> <p>How do you assess if you have the appropriate skills to perform a procedure? How do you determine when you should refer to have the procedure done?</p>	6. Professionalism	4
<p>What are the key elements of gaining consent; for example, when discussing a skin check? Or a biopsy procedure?</p> <p>What contact precautions would you advise Lachlan if you thought he had impetigo?</p> <p>How do you ensure the safety and sterility of surgical instruments in your practice?</p>	7. General practice systems and regulatory requirement	5
<p>What types of biopsies may be suitable for Lachlan's presentation?</p> <p>How would you approach a rash or lesion in a cosmetically sensitive area; for example, in the middle of the face?</p>	8. Procedural skills	2

Questions for you to consider		Domains
<p>What is your threshold to perform a diagnostic biopsy? When might it be appropriate to trial a therapeutic approach, and when might a diagnostic biopsy be more appropriate?</p> <p>What is your approach to unclear biopsy results?</p>	9. Managing uncertainty	2
<p>What if Lachlan's rash were significantly ulcerated, with palpable ipsilateral inguinal lymph nodes?</p> <p>What if Lachlan had a strong family history of melanoma? What are the features of non-pigmented melanoma?</p> <p>What if Lachlan were a young patient presenting with fever, headache, neck stiffness and rash?</p>	10. Identifying and managing the significantly ill patient	2

## Words of wisdom

### Instructions

This section includes tips related to this unit from experienced GPs. This list is in no way exhaustive but gives you tips to consider applying to your practice.

**Extension exercise:** Speak to your study group or colleagues to see if they have further tips to add to the list.

1. Make use of skilful peers. GPs are often a wealth of knowledge and expertise. Seek out colleagues who have a particular interest and experience in the treatment of skin conditions and procedures. Ask to sit in with them.
2. Keep a log of clinical and dermoscopic images from your day-to-day practice and consider reviewing these in retrospect with the histopathological diagnoses. Make sure your log complies with appropriate privacy requirements.
3. Always take a wide systemic history, including occupational, social and sexual histories. The differential diagnosis is often wider than may appear at first glance.
4. Appreciate that part of providing high quality management is tailoring it to the patient's cultural, social and practical situation. As community-based clinicians, we need to 'bring the medicine to the patient', which means tailoring best available practice to a format and mode that can be adopted by the patient. Applying a biopsychosocial model of care is key.
5. Become familiar with red flags, including dermatological emergencies and atypical presentations of skin cancers (eg non-pigmented or only partially pigmented melanoma).
6. Remember to examine the whole skin, not only the lesion or rash at hand – the whole skin is potentially affected by dermatological conditions. Also, remember that dermatological conditions can have an effect on other organ systems; for example, psoriasis and coeliac disease.
7. If history, examination and histopathology do not align, consider repeat biopsy or referral, especially if incisional or partial biopsy results are reassuring but there remains clinical suspicion of a more sinister lesion.

## Learning strategies

## Instructions

This section has some suggestions for how you can learn this unit. These learning suggestions will help you apply your knowledge to your clinical practice and build your skills and confidence in all of the broader competencies required of a GP.

There are suggestions for activities to do:

- on your own
- with a supervisor or other colleague
- in a small group
- with a non-medical person, such as a friend or family member.

Within each learning strategy is a hint about how to self-evaluate your learning in this core unit.



### On your own

Determine Fitzpatrick and Glogau skin types in 10 patients over the age of 60 years.

- *What range of Fitzpatrick and Glogau skin types did you see? How many did you feel confident in categorising?*
- *Identify opportunities to practise further.*

Work through the DermNet NZ Module, [Principles of dermatological practice](https://dermnetnz.org/cme/principles/) (<https://dermnetnz.org/cme/principles/>), and write a mock referral about Lachlan to a dermatologist following the proposed structure.

- *What questions did you get right? What are your areas of weakness?*
- *Discuss with your supervisor or trusted colleague how best to develop a learning strategy to address knowledge gaps.*

Review the DermNet NZ module, [Dermoscopy](https://dermnetnz.org/cme/dermoscopy-course/) (<https://dermnetnz.org/cme/dermoscopy-course/>), or the RACGP article, [Dermoscopy in routine practice](http://www.racgp.org.au/afp/2012/july/dermatoscopy-in-routine-practice/) (<http://www.racgp.org.au/afp/2012/july/dermatoscopy-in-routine-practice/>), and review your own moles using either of the suggested methods.

- *What elements did you miss?*
- *How can you keep this information handy for your next consultation requiring dermoscopy?*

Use the Melanoma Institute of Australia's [risk calculator](http://www.melanomarisks.org.au) (<http://www.melanomarisks.org.au>) to calculate the risk of melanoma for yourself.

- *What elements of risk did you already know? Were there new elements of risk that you didn't know?*
- *How will you apply this to patients in the future?*



### With a supervisor

Perform a joint case review of a patient who has presented to you with a skin concern. With your supervisor, generate a wide list of differential diagnoses. How would your differential diagnosis change in the presence of varied background medical conditions, sexual history, occupational and social history, or family history? Review relevant guidelines for the skin condition reviewed and compare your management to best practice.

- *What areas or groups of differential diagnoses did you miss? How can you improve?*
- *Ask your supervisor for suggestions of resources you could use.*

Explain the process of skin biopsy to your supervisor and obtain a mock consent.



- *What went well? What areas did you miss? Does your supervisor have any hints about obtaining consent which you can learn from?*
- *How can you design an improved consent strategy to use in the future?*

Perform a range of skin biopsies with supervision from your supervisor or practice nurse. Aim to perform a variety of biopsy techniques, including shave, punch and excisional biopsies. Set up for and document the procedure. Ask for feedback on how you went.

- *What do you think you did well? Where did you need help? What feedback did your supervisor give about what you did well or could improve on? Where can you find opportunities to practise further?*
- *Did your macroscopic diagnosis match the histological diagnosis?*
- *When would it be better to consider early referral rather than biopsy?*
- *What areas of the body are beyond your scope of practice?*

Discuss what options are available to support access to care for Aboriginal and Torres Strait Islander patients, including specialised services within the local community or funding arrangements. You may need to contact your local Land Council or Primary Health Network to help you understand local resourcing.

- *What resources or supports did you identify? Where did you go to find this information? How can you keep such information up to date and relevant for your practice?*

Discuss and practise the use of telehealth; including history-taking, lesion description, lesion imaging and obtaining input from a non-GP specialist.

- *What did you do well?*
- *What pitfalls have you or your supervisor experienced?*
- *How can you improve your use of telehealth?*



### In a small group

Select a [Dermnet NZ quiz \(https://dermnetnz.org/quizzes\)](https://dermnetnz.org/quizzes) (eg eczema) and work through the unit as a group. Consider taking turns to answer the questions with other group members checking the answers.

- *What questions did you get right? Which did you struggle with? How can you improve on areas of weakness?*

Review the RACGP article, [Skin checks \(http://www.racgp.org.au/afp/2012/july/skin-checks/\)](http://www.racgp.org.au/afp/2012/july/skin-checks/). Then explain and perform a skin check either on one another or on a doll/mannequin, using the suggested structure found in Table 2: A framework for conducting skin checks. Ask group members who are observing to give feedback on your approach to gaining consent and conducting the examination.

- *What did you do well? Where do you need to improve?*
- *If you missed key areas of examination, how can you make sure you don't miss them in the future?*



### With a friend or family member

Review the Cancer Council patient information sheet, [Check for signs of skin cancer \(http://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety/check-for-signs-of-skin-cancer\)](http://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety/check-for-signs-of-skin-cancer) and teach your friend or family member how to perform a skin self-examination.

- *Was the patient information sheet a helpful prompt? Did you find using the information sheet a helpful strategy that you'd like to use in your consultations? What is the best way to use patient information sheets?*

With consent, examine a friend or family member's moles with a dermoscope using a structured framework (eg three-point checklist or [Chaos and Clues algorithm \(https://dermnetnz.org/assets/Uploads/Chaos-and-Clues-Landscape-reduced-ilovepdf-compressed.pdf\)](https://dermnetnz.org/assets/Uploads/Chaos-and-Clues-Landscape-reduced-ilovepdf-compressed.pdf)).

- *What did you do well?*
- *Ask your friend or family member how you could improve. How do you think you can improve in these weaker areas?*

Ask friends or family if they have been treated for a skin condition. Ask what they know about the diagnosis and what they understand about the condition. What management options were offered to them, and what was explained about the management plan? How effective was the treatment?

- *What insights did you learn from the patient perspective? How did the friend or family member's experience affect how you might change or refine your practice?*

## Guiding topics and content areas

### Instructions

These are examples of topic areas for this unit that can be used to help guide your study.

Note that this is not a complete or exhaustive list, but rather a starting point for your learning.

- Identify, through history and examination, conditions which are the result of infection, and work with the patient/caregiver to develop an appropriate observation or management plan and preventive care strategy. These conditions include:
  - infestations/parasitic infections; including:
    - scabies
    - lice: head, body, pubic
  - bacterial infections; including:
    - folliculitis
    - pseudo folliculitis barbae ('shaving rash')
    - furuncle
    - carbuncle
    - erysipelas
    - cellulitis
    - erythrasma
    - impetigo
    - bullous impetigo
    - wound infections (post-traumatic, post-surgical)
    - syphilis
  - viral infections and post-viral skin signs; including:
    - measles
    - chicken pox
    - rubella
    - roseola infantum
    - herpes simplex
    - herpes zoster
    - hand, foot and mouth disease
    - parvovirus B19 (slapped cheek)
    - pityriasis rosea
    - warts
    - molluscum contagiosum
    - Buruli ulcer
  - dermatophytes; including:

- tinea pedis
- tinea cruris
- tinea unguium
- tinea capitis (including kerion)
- tinea versicolor
- candidiasis (including nappy rash)
- Undertake an assessment of, and develop a management plan for, skin problems related to damage/injury; including:
  - trauma:
    - lacerations, wounds
    - foreign body
    - bites and stings
    - calluses
    - corns
    - bedsores, traumatic ulcers
    - mucous cyst
    - pyogenic granuloma
    - dermatofibroma
    - chondrodermatitis nodularis helioides
  - heat/cold:
    - burns
    - Raynaud's phenomenon
    - chilblains
- Identify, through history and examination (including dermoscopy), conditions related to sun exposure and skin cancer and develop an approach to appropriate investigation, management, follow-up and prevention of these, considering both GP and multidisciplinary management. These conditions include:
  - sunburn and damage from excessive sun exposure
  - sun protection and skin cancer prevention
  - solar keratoses
  - squamous cell carcinoma
  - Bowen's disease
  - basal cell carcinoma
  - keratoacanthoma
  - naevi
  - melanoma
- Identify, through history and examination, benign skin lesions and develop an approach to patient counselling and/or management. These conditions include:
  - milia
  - epidermoid cyst
  - skin tag (acrochordon)
  - lipomas
  - sebaceous cyst
  - seborrhoeic keratoses
- Identify, through history and examination, conditions relating to dermatitis and eczema and develop an approach to providing counselling to the patient/carer about the nature and natural course of disease, non-pharmacological and pharmacological management options, and prevention. These conditions include:
  - irritant/contact
  - allergic
  - atopic
  - discoid eczema
  - pityriasis alba
  - neurodermatitis
  - pompholyx
  - asteototic eczema
  - dandruff, 'cradle cap', seborrhoeic dermatitis
- Identify, through history and examination, conditions relating to follicular disorders and work with the patient/carer to develop a management approach, including non-pharmacological and pharmacological strategies, keeping in mind

psychosocial aspects of these diseases. These conditions include:

- acne
- rosacea
- perioral dermatitis
- Identify, through history and examination, conditions relating to various forms and manifestations of psoriasis and work with the patient/carer to develop a management approach, including non-pharmacological and pharmacological strategies, keeping in mind psychosocial aspects of these diseases. These conditions include:
  - guttate
  - chronic plaque
  - palmoplantar
  - flexural
  - scalp
  - erythrodermic
- Identify, through history and examination, conditions relating to disorders of sweating and work with the patient/carer to develop a management strategy for these, including non-pharmacological and pharmacological strategies, keeping in mind the psychosocial aspects of disease. These conditions include:
  - dry skin
  - xeroderma
  - sweating skin
  - hyperhidrosis, body odour
  - miliaria rubra
  - intertrigo
  - pitted keratolysis
  - hidradenitis suppurativa
- Identify, through history and examination, hair disorders and work with the patient/carer to develop an investigation and management strategy for these, including non-pharmacological and pharmacological strategies, keeping in mind the psychosocial aspects of disease. These conditions include:
  - hair loss: alopecia, alopecia areata, telogen effluvium
  - trichotillomania
  - hirsutism
- Identify, through history and examination, nail disorders and work with the patient/carer to develop an investigation and management strategy for these, including non-pharmacological and pharmacological strategies. These conditions include:
  - onychomycosis
  - ingrown toenail nails
  - fungal infections
  - psoriatic changes
- Identify, through history and examination, dermatological manifestations of other diseases and develop a safe approach to the diagnosis, investigation and management of these:
  - lichen planus
  - sarcoidosis
  - Raynaud's disease
  - pyoderma gangrenosum
  - purpuric conditions (idiopathic thrombocytopaenic purpura [ITP] and thrombotic thrombocytopaenic purpura [TTP])
  - vasculitis (polyarteritis nodosa [PAN])
  - Kawasaki disease
  - erythroderma
  - drug eruptions
  - Stevens-Johnson & toxic epidermal necrolysis
  - pemphigus vulgaris
  - erythema nodosum
  - erythema multiforme
  - autoimmune disease, including vitiligo
- Competently and safely conduct procedures; including:
  - dermoscopy (including the use of dermoscopy in suspected skin cancers, inflammatory and autoimmune conditions, scabies, and psoriasis)
  - delivery of local anaesthetic

- performance of a range of biopsies (punch, shave, curette, incisional, excisional)
- skin and nail scrapings
- skin swabs
- drainage of abscess
- cryotherapy
- removal of foreign body (splinter)
- ulcer management and wound care
- repair of lacerations (sutures, glue)
- management of subungual haematoma
- demonstrate the correct use of dressings and bandages.

## Learning resources

### Instructions

The following list of resources is provided as a starting point to help guide your learning only and is not an exhaustive list of all resources. It is your responsibility as an independent learner to identify further resources suited to your learning needs, and to ensure that you refer to the most up-to-date guidelines on a particular topic area, noting that any assessments will utilise current guidelines.

### Journal articles

An overview of the value and evidence base behind skin checks, with a structure for how to perform them, and some photos of commonly seen lesions/conditions.

- Sinclair R. [Skin checks \(http://www.racgp.org.au/afp/2012/july/skin-checks\)](http://www.racgp.org.au/afp/2012/july/skin-checks). Aust Fam Physician 2012;41(7):464–69.

Provides a structured approach to the evaluation of specific lesions with dermoscopy.

- Rosendahl C, Cameron A, McColl I, Wilkinson D. [Dermatoscopy in routine practice: 'Chaos and clues' \(http://www.racgp.org.au/afp/2012/july/dermatoscopy-in-routine-practice\)](http://www.racgp.org.au/afp/2012/july/dermatoscopy-in-routine-practice). Aust Fam Physician 2012;41(7):482–87.

### Textbooks

A comprehensive general dermatology textbook covering chronic, acute conditions and cancers.

- Weller RB, Hunter JAA, Savin J, Dahl M, Murphy JJ. Clinical Dermatology. Hoboken: John Wiley & Sons, Incorporated; 2008. (Available from the RACGP library.)

A handbook of dermoscopy with a focus on skin cancer and melanoma.

- Rosendahl C, Marozava A. A handbook for hunters of skin cancer and melanoma. Scion Publishing, 2019. (Available from the RACGP library.)

A helpful GP-specific textbook for learning skills for dermatological procedures in the primary care setting.

- Skin repair and minor plastic surgery. In: Murtagh J, Coleman J, editors. John Murtagh's practice tips. 8th edn. Sydney: McGraw Hill, 2019. (Available from the RACGP library.)

An online clinical handbook of signs and symptoms in black and brown skin, created by a team of medical students and doctors from St George's, University of London, United Kingdom.

- Mukwende M, Tamony P, Turner M. [Mind the gap: A handbook of clinical signs in black and brown skin. 1st edn. \(http://www.blackandbrownskin.co.uk/mindthegap\)](http://www.blackandbrownskin.co.uk/mindthegap)

### Online resources

Best practice national guidance around melanoma for clinical reference.

- Cancer Council Australia Melanoma Guidelines Working Party. [Clinical practice guidelines for the diagnosis and management of melanoma \(https://wiki.cancer.org.au/australia/Guidelines:Melanoma\)](https://wiki.cancer.org.au/australia/Guidelines:Melanoma). Sydney: Melanoma Institute Australia.

Best practice national guidance around non-melanoma skin cancer for clinical reference.

- Cancer Council Australia Keratinocyte Cancers Guideline Working Party. [Clinical practice guidelines for keratinocyte cancer. \(https://wiki.cancer.org.au/australia/Guidelines:Keratinocyte\\_carcinoma#\\_ga=2.175940386.1884696168.1629983305-](https://wiki.cancer.org.au/australia/Guidelines:Keratinocyte_carcinoma#_ga=2.175940386.1884696168.1629983305-)

[237136010.1629983305](https://doi.org/10.1629983305)) Sydney: Cancer Council Australia.

Guidelines for evidence-based preventive activities in primary care.

- The Royal Australian College of General Practitioners. [Early detection of cancers – Skin cancer](http://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/guidelines-for-preventive-activities-in-general-pr/early-detection-of-cancers/skin-cancer) (<http://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/guidelines-for-preventive-activities-in-general-pr/early-detection-of-cancers/skin-cancer>). In: Guidelines for Preventive Activities in General Practice.

Guidelines for the management of paediatric dermatological conditions for clinical reference, including eczema, skin infections and more.

- Royal Children's Hospital Melbourne. [Clinical Practice Guidelines](http://www.rch.org.au/clinicalguide) (<http://www.rch.org.au/clinicalguide>).

An online open-access bank of high-quality photographs of medical conditions in a wide range of skin tones for use by both healthcare professionals and the public. Created by the Don't Forget the Bubbles team and the Royal London Hospital.

- [Skin Deep](https://dftbskindeep.com) (<https://dftbskindeep.com>).

## Learning activities

Modules considering the investigation and management of skin conditions in general practice, with MCQs.

- The Royal Australian College of General Practitioners, [gplearning](http://www.racgp.org.au/education/professional-development/online-learning/gplearning) (<http://www.racgp.org.au/education/professional-development/online-learning/gplearning>) activities:
  - check, unit 574, August 2020: Skin conditions.
  - MCQ set: Approaches to skin rashes in general practice

Modules providing clinical overviews, practical approach to evaluation, management options and follow-up.

- DermNet NZ. [Continuing medical education modules](https://dermnetnz.org/cme) (<https://dermnetnz.org/cme>).

## Other

Melanoma risk calculator for clinical reference.

- Melanoma Institute Australia. [Risk prediction tools](http://www.melanomarisks.org.au). (<http://www.melanomarisks.org.au>) 2021.

Further quiz material and MCQs.

- DermNet NZ. [Dermatology quizzes](https://dermnetnz.org/quizzes). (<https://dermnetnz.org/quizzes>)

Mainstream media piece describing useful information for patients and clinicians.

- NACHHO. [Sun protection and dark skin: What you need to know](https://nacchocommunique.com/2016/12/19/naccho-aboriginal-healthyfutures-and-skin-cancer-sun-protection-and-dark-skin-what-you-need-to-know) (<https://nacchocommunique.com/2016/12/19/naccho-aboriginal-healthyfutures-and-skin-cancer-sun-protection-and-dark-skin-what-you-need-to-know>).

This contextual unit relates to the other unit/s of:

- [Domain 3. Population health and the context of general practice](https://www.racgp.org.au/curriculum-and-syllabus/units/domain-3) (<https://www.racgp.org.au/curriculum-and-syllabus/units/domain-3>).
- [Child and youth health](https://www.racgp.org.au/curriculum-and-syllabus/units/child-and-youth-health) (<https://www.racgp.org.au/curriculum-and-syllabus/units/child-and-youth-health>).
- [Infectious diseases](https://www.racgp.org.au/curriculum-and-syllabus/units/infectious-diseases) (<https://www.racgp.org.au/curriculum-and-syllabus/units/infectious-diseases>).