

1 Introduction

The Dermatology Fellowship aimed to enhance primary care dermatology services by improving referral pathways, fostering collaboration between primary and secondary care, and developing educational resources for clinicians and patients. This initiative was driven by the need to reduce unnecessary referrals, enhance diagnostic confidence, and improve overall dermatology care within primary care settings.

2 Method

1. **Stakeholder Engagement** – Collaborated with Dermatologists, GPwSIs, and healthcare leaders across Derbyshire, Nottingham, and Chesterfield.
2. **Needs Assessment** – Identified barriers in dermatology referral pathways and challenges in GP training.
3. **Curriculum & Resource Development** – Designed educational materials, with a focus on skin cancer recognition and dermatoscopy use.
4. **Education Delivery** – Conducted multidisciplinary teaching sessions for PCN clinicians, incorporating specialist input and patient resources.
5. **Evaluation & Impact Assessment** – Reviewed referral patterns and educational effectiveness while exploring sustainable improvements.

3 Results and Analysis

Stakeholder Engagement & System Understanding

- Mapped dermatology service variations and referral inefficiencies.
- Identified resistance to GPwSI integration in Derbyshire despite its success in Nottingham and Chesterfield.

Referral Pathway Improvements

- An audit had been conducted, revealing frequent incorrect 2WW referrals. Majority of incorrect referral were from non-GPs referring.
- Advocated for additional training to standardise referral processes.

Education & Training

- Delivered dermatology teaching sessions covering common lesions and skin cancer recognition.
- Partnered with the East Midlands Cancer Alliance and a skin charity to enhance educational resources.
- Began development of a dermatology reference guide for potential use in general practice.

Technology Exploration

- Investigated AI tools like 'Skin Analytics' for improving triage efficiency, noting both potential benefits and implementation challenges.

Challenges Encountered

- Difficulty securing financial support for sustainable educational programs.
- Scheduling constraints and stakeholder alignment slowed progress.
- Lack of formal accreditation for existing dermatology education resources



4 Conclusion and Future Recommendations

This fellowship successfully highlighted the role of education in improving dermatology referrals and clinical confidence. While systemic changes (e.g., integrating GPwSIs) faced resistance, structured education emerged as a feasible and impactful strategy for short term changes with hopeful long term impact.

Key Takeaways:

- **Primary care dermatology education should be expanded** with structured, recurring training sessions.
- **Collaboration between primary and secondary care** is crucial for improving referral efficiency.
- **AI and digital tools offer potential** but require further evaluation and integration into clinical workflows.
- **Future dermatology fellows can build upon this work**, particularly by formalising dermatology teaching programs and securing funding for long-term sustainability.
- **HUB+ to seek regular teaching sessions with Dermatology Registrars**, this would be of mutual benefit

By continuing this initiative, primary care clinicians will be better equipped to manage dermatological cases, reducing unnecessary referrals and enhancing patient outcomes