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## Editorial

### Postgraduate training in dermatology: The way forward

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Nearly a decade ago there was an element of uncertainty prevailing in the sphere of postgraduate education in dermatology in Sri Lanka (Editorial, SLJD, 1998, 3, 2). The decision to embark on a new training programme by the Board of Study in Dermatology, seemed to have cleared this by paving way for number of young doctors to take up dermatology as a career. Having negotiated the cross roads, postgraduate training in dermatology seems to be on course.

The new programme commenced in year 2000. New entrants are recruited annually from a competitive selection examination, which tests the knowledge in dermatology and general medicine. The course of training which spans over a four and a half (4 ½) year period consists of

- 1) Basic clinical dermatology for 6 months followed by assessment 1
- 2) General medicine for a period of 1 year, followed by assessment 2
- 3) Advanced dermatology for a period of 1 year, followed by MD Dermatology examination
- 4) Continuation of advanced dermatology for 1 year in Sri Lanka
- 5) Overseas training in a recognized centre for 1 year

During the early part of training, a series of lecture discussions covering a variety of topics is organized by the Board of Study in collaboration with Sri Lanka College of Dermatologists (SLCD). Some of these teaching sessions are conducted by the visiting lecturers from Germany, who visit Sri Lanka each year according to an agreement between the Post Graduate Institute of Medicine and German Dermatological Society. Regular academic activities such as regional meetings, workshops and guest lectures organized by the SLCD are of immense benefit to the trainees. Some trainees nominated by the SLCD received scholarships to attend the academic meetings and make presentations in USA and Singapore. Few trainees received the opportunity of following short courses of dermatosurgery in India.

MD Dermatology examination is conducted by a panel of examiners including an examiner from overseas. Over the past 5 years, nominees from the British Association of Dermatology have served as external examiners. Pass rates have been satisfactory (84%) and up to now 36 trainees have completed this examination successfully. External examiners have expressed satisfaction about the wide range of clinical material made available at this examination and submitted reports commending the high standards maintained.

Completion of the MD Dermatology examination alone does not make a trainee eligible for Board Certification as a specialist. In addition the trainee must submit a completed record book and a research project and the progress reports by the trainers should be satisfactory.

Submission of a research project is an important feature in the training programme. For many a trainee this has served as a stepping stone to the dermatological research. From 2006 the best research project is awarded a Gold medal annually in commemoration of late Dr. D. A. Gunawardena, Consultant Dermatologist. This has renewed the interest in research among the trainees.

Trends in the overseas training are changing over the past decade. Previously all the trainees proceeded to U. K. for postgraduate training. Presently increasing number of trainees are opting for training places in Singapore, Australia, Germany and New Zealand. This year one of the trainees proceeded to U. S. A. to take up a post as a research fellow in a prestigious unit in U. S. A.

Several trainees have completed all the stages of training and are Board Certified Consultants now. With increasing number of trainees becoming Board Certified, new units are opened in outstation hospitals which did not have dermatology care before, expanding the services and allowing gradual filling of the cadre positions. Now we have consultants in all the provinces except the northern province.

Having had the new programme in operation for six years, time is ripe to review the current status of

dermatology training. The information gathered by appraisal of trainees and studying the training programmes of other countries will help strategic planning necessary to upgrade the quality of the training.

To improve the quality of the postgraduate training it is important to develop the subspecialties in relation to dermatology. Establishment of the Paediatric Dermatology Unit in Children's Hospital in 2001 is a landmark event in this regard. The country needs several more paediatric dermatology units and facilities to investigate and treat genodermatoses. Facilities for immunodermatological investigations are rather inadequate at present and need improvement. With the escalating incidence of cutaneous lymphomas the necessity for more phototherapy units and a special dermato-oncology unit is felt. In spite of the elimination at national level, some questions about the management of leprosy are still unanswered and the future dermatologists should be groomed to deal with this subject adequately.

The magnanimous gesture by the German Dermatological Society by the way of sponsoring an 'endowment chair' in dermatology will fulfill a long felt need towards the progress of dermatology in Sri Lanka. For the first time in the history of dermatology, a chair in dermatology will be established in Sri Jayawardenapura University, in the near future. Trilateral agreement in this regard was signed in February 2007. Having a department will boost the academic activities including research.

The postgraduate training in dermatology should not come to an end with the Board Certification. There should be an organized programme for the Board Certified Consultants to update their knowledge at regular intervals. Presently this is limited to self sponsored short visits to academic meetings in the region. Updating the knowledge and skills of the trainers will improve the quality of the training tremendously. This deserves the attention of healthcare planners of the country.

**G. M. P. Sirimanna**