

Specialty Training Requirements (STR)

Name of Specialty:	Dermatology
Chair of RAC:	A/Prof Chua Sze Hon
Date of submission:	07 July 2026

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Note : In addition to the training requirements stated in this STR, residents must comply with any other regulatory requirements or practice-based requirements mandated by the healthcare institutions or place of practice.

Scope of Dermatology

Dermatology is a branch of medicine dealing with the skin, its structure and functions, and diseases. It encompasses the diagnosis, treatment, and prevention of diseases of the skin, hair, nails, oral cavity, and genitals. It also encompasses the promotion of skin health including treatment of skin-related aesthetic concerns. It is a specialty practice with both medical and surgical aspects.

Purpose of the Residency Programme

The purpose of the Dermatology Residency Programme is to train specialists who are competent to treat patients with skin, hair, nails and mucous membrane disorders of all ages, from new-borns to the elderly. The programme is designed and implemented to train specialists to be proficient in the diagnosis and management of dermatology outpatients and in the care of skin diseases in hospitalized patients. It also covers the practice of venereology which deals with the diagnosis and therapy of sexually transmitted infections.

Admission Requirements

At the point of application for this residency programme,

- a) applicants must be employed by employers endorsed by Ministry of Health (MOH), and
- b) residents who wish to switch to this residency programme must have waited at least one year between resignation from his/her previous residency programme and application for this residency programme.

At the point of entry to this residency programme, residents must have fulfilled the following requirements:

- c) Have completed local Internal Medicine Residency programme and attained the MRCP (UK) and/or Master of Medicine (Internal Medicine) (NUS) qualifications or equivalent. Potential residents without these qualifications will need to seek ratification from JCST before they can be considered for the programme; and
- d) Have a valid Conditional or Full Registration with Singapore Medical Council.

Selection Procedures

Applicants must apply for the programme through the annual residency intake matching exercise conducted by MOH Holdings (MOHH).

Continuity plan: Selection should be conducted via a virtual platform in the event of a protracted outbreak whereby face-to-face on-site meeting is disallowed and cross institution movement is restricted.

Less Than Full Time Training

Less than full time training is not allowed. Exceptions may be granted by Specialist Accreditation Board (SAB) on a case-by-case basis.

Non-traditional Training Route

The programme should only consider the application for mid-stream entry to residency training by an International Medical Graduates (IMG) if he/she meets the following criteria:

- a) He/she is an existing resident or specialist trainee in the United States, Australia, New Zealand, Canada, United Kingdom and Hong Kong, or in other centres/countries where training may be recognised by the Specialist Accreditation Board (SAB)
- b) His/her years of training are assessed to be equivalent to the local training by JCST and/or SAB.

Applicants may enter residency training at the appropriate year of training as determined by the Programme Director and RAC. The latest point of entry into residency for these applicants is Year 1 of the senior residency phase.

Note: Entering at Year 1 of the senior residency phase by IMG in any of the IM-related programmes/subspecialty programmes is regarded as 'mid-stream entry' because it requires the recognition of the overseas Junior Residency training/specialist accreditation of the base specialties respectively.

Separation

The PD must verify residency training for all residents within 30 days from the point of notification for residents' separation / exit, including residents who did not complete the programme.

Duration of Specialty Training

The training duration must be 42 months, comprising of 36 months of dermatology education and 6 months of general medicine/ geriatrics medicine education.

Maximum candidature: All residents must complete the training requirements, requisite examinations and obtain their exit certification from JCST not more than 36 months beyond the usual length (IM residency + Dermatology residency) of their training programme. The total candidature for Dermatology is 36 months Internal Medicine residency + 42 months Dermatology residency + 36 months candidature.

Nomenclature: Dermatology residents will be denoted by SR1, SR2, SR3 and SR4 according to their residency year of training.

“Make-up” Training

“Make-up” training must be arranged when residents:

- Exceed days of allowable leave of absence / duration away from training or
- Fail to make satisfactory progress in training.

The duration of make-up training should be decided by the Clinical Competency Committee(CCC) and should depend on the duration away from training and/or the time deemed necessary for remediation in areas of deficiency. The CCC should review residents’ progress at the end of the “make-up” training period and decide if further training is needed.

Any shortfall in core training requirements must be made up by the stipulated training year and/or before completion of residency training.

Learning Outcomes: Entrustable Professional Activities (EPAs)

Residents must achieve level 4 of the following EPAs by the end of residency training:

	Title
EPA 1	Evaluating and managing common skin diseases and concerns
EPA 2	Evaluating and managing dermatological emergencies
EPA 3	Evaluating and managing common chronic skin diseases
EPA 4	Evaluating and managing complex skin disorders
EPA 5	Evaluating and managing common paediatric skin disorders
EPA 6	Evaluating and managing patients with contact dermatitis and occupational dermatoses
EPA 7	Evaluating and managing common skin cancers
EPA 8	Evaluating and managing patients with photodermatoses
EPA 9	Performing common dermatological procedures
EPA 10	Evaluating and managing dermatological patients in an inpatient setting
EPA 11	Evaluating and managing patients with or who are at risk of acquiring sexually transmitted infections (STIs)
EPA 12	Ordering and performing a skin biopsy

Information on each EPA is provided in [here](#).

Learning Outcomes: Core Competencies, Sub-competencies and Milestones

The programme must integrate the following competencies into the curriculum, and structure the curriculum to support resident attainment of these competencies in the local context.

Residents must demonstrate the following core competencies:

1) Patient Care and Procedural Skills

Residents must demonstrate the ability to:

- Gather essential and accurate information about the patient
- Counsel patients and family members
- Make informed diagnostic and therapeutic decisions
- Prescribe and perform essential medical procedures
- Provide effective, compassionate and appropriate health management, maintenance, and prevention guidance

Residents must demonstrate the ability in the following:

- History-taking, examination and diagnosing
- Conducting diagnostic tests
- Dermatopathology application
- Providing medical treatment
- Providing Sexually Transmitted Infection treatment
- Performing dermatologic surgery and dermatologic aesthetic procedures
- Critical thinking and differential diagnosis of children and adults with dermatological condition.

2) Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioural sciences, as well as the application of this knowledge to patient care.

Residents must demonstrate knowledge of:

- Medical dermatology
- Sexually Transmitted Infection and venereology
- Dermatologic surgery and dermatologic aesthetic procedures
- Dermatopathology
- Application of basic science to clinical care

3) Systems-based Practice

Residents must demonstrate the ability to:

- Work effectively in various healthcare delivery setting and system relevant to their clinical specialty

- Coordinate patient care within the health care system relevant to their clinical specialty
- Incorporate considerations of cost awareness and risk/benefit analysis in patient care
- Advocate for quality patient care and optimal patient care systems
- Work in inter-professional teams to enhance patient safety and improve patient care quality. This includes effective transitions of patient care and structured patient hand-off processes.
- Participate in identifying systems errors and in implementing potential systems solutions

4) Practice-based Learning and Improvement

Residents must demonstrate a commitment to lifelong learning.

Resident must demonstrate the ability to:

- Investigate and evaluate patient care practices
- Appraise and assimilate scientific evidence
- Improve the practice of medicine
- Identify and perform appropriate learning activities based on learning needs

5) Professionalism

Residents must demonstrate a commitment to professionalism and adherence to ethical principles including the Singapore Medical Council's Ethical Code and Ethical Guidelines (ECEG).

Residents must:

- Demonstrate professional conduct and accountability
- Demonstrate humanism and cultural proficiency
- Maintain emotional, physical and mental health, and pursue continual personal and professional growth
- Demonstrate an understanding of medical ethics and law

6) Interpersonal and Communication Skills

Residents must demonstrate ability to:

- Effectively exchange information with patients, their families and professional associates.
- Create and sustain a therapeutic relationship with patients and families
- Work effectively as a member or leader of a health care team
- Maintain accurate medical records

Other Competency: Teaching and Supervisory skills

Residents must demonstrate ability to:

- To teach others

- To supervise others

Learning Outcomes: Others

Residents must attend Medical Ethics, Professionalism and Health Law course conducted by Singapore Medical Association(SMA).

Curriculum

The curriculum must include these 10 core themes: 1) outpatient general dermatology, 2) in-patient general dermatology with drug eruption 3) dermatopathology, 4) procedural dermatology, 5) sexually transmitted infections, 6) contact dermatitis with occupational dermatoses, 7) skin cancers and cutaneous lymphoma, 8) immunodermatology, 9) paediatric dermatology and 10) psoriasis, eczema, phototherapy and photobiology.

The curriculum must describe the levels of training outcomes mapped to core modules and EPA outcomes to help provide core and physician faculty's responsibilities, capabilities and expected level of performance. The training outcomes at the end of a clinical rotation must be assessed according to these 3 levels: Level 1 (L1): This level is reached when fundamental knowledge and skills are achieved, and the trainee becomes an "Advanced beginner" who still requires significant guidance to achieve outcome. Level 2 (L2): This level is reached when significant knowledge and skills are achieved, and the trainee becomes "Competent" and requires moderate guidance to achieve outcome. Level 3 (L3): This level is reached when complete expected knowledge and skills are achieved, and the trainee becomes "Proficient" and is able to achieve outcome with little or no guidance.

The curriculum and detailed syllabus relevant for local practice must be made available in the Residency Programme Handbook and given to the residents at the start of residency.

The PD must provide clear goals and objectives for each component of clinical experience.

Learning Methods and Approaches: Scheduled Didactic and Classroom Sessions

Residents must attend the following workshops once a year:

- Dermatopathology Workshop
- Dermoscopy Workshop

Residents must attend the following workshop in SR1:

- Basic Suturing Workshop

Continuity plan: In the event of any pandemic when face-to-face sessions are impossible, all the didactic and classroom sessions should continue and be carried out on virtual platform or as online teaching or with restricted teaching group-size numbers

following MOH guidelines, together with appropriate personal protection equipment and safe distancing measures.

The programme must organise the following teaching activities:

Teaching activity	Minimum Frequency	Minimal attendance by each resident
Journal Club	Once a month	70%
Book Club	Once a month	70%
Clinicopathological Conference (CPC)	Once a month	70%
Clinical Management Guidelines	Once 3 months	70%
Dermatopathology Slide Quiz	Once 3 months	70%
Clinical Slide Review and Quiz	Once 3 months	70%
Resident's Case Presentation	Once 3 months	70%
Basic Science	Once 6 months	70%
Research Club	Once a month	70%
Medical Audit	Once a month	70%

Learning Methods and Approaches: Clinical Experiences

Elective rotations are for exposure to non-core subspecialties such as pigmented disorders, urticaria, chronic wounds, psychodermatology and may be attempted in SR3 for a total duration of 2 months.

Residents must be rotated 18 months to the main training site (National Skin Centre) and 6 months each to Changi General Hospital, Singapore General Hospital and National University Hospital. Clinical rotations must be in 6-month blocks alternating between the main training site (NSC) and the 3 participating sites.

Continuity plan: The programme must plan for cross coverage of training requirements and rescheduling of essential clinical exposure in the event of a protracted outbreak whereby face-to-face on-site meeting is disallowed and cross institution movement is restricted.

Learning Methods and Approaches: Scholarly/Teaching Activities

Residents must perform the following activities:

	Name of activity	Brief description: nature of activity, minimum number to be achieved, when it is attempted
1.	Research	Research must be either a retrospective or prospective original study. Residents must initiate at least one by SR2.
2.	Teaching and supervision	Residents must teach and supervise medical students attached to the clinics.
3.	SR case presentation and literature review	SR case presentation and literature review must highlight a complex dermatology case and discuss the latest development in classification, evaluation

		and management strategies. Residents must do at least one by SR3.
4.	Clinical management guideline update	Clinical management guideline must help define evidence-based management of common dermatological conditions encountered in clinical practice. Residents must complete at least one by SR3.

Residents are encouraged to perform the following activities:

	<i>Name of activity</i>	<i>Brief description: nature of activity, when it is attempted</i>
1.	<i>Audit project</i>	<i>Assist the primary doctor in charge (usually a consultant) in SR2</i>
2.	<i>Quality project</i>	<i>Assist the primary doctor in charge (usually a consultant) in SR2</i>

The programme must adopt the following continuity plan in the event of a protracted outbreak: 1. Migration to virtual platform where feasible (e.g., public education, SR case presentation and literature review, clinical management guideline update). 2. Restricted group size gathering following current MOH guidelines (e.g., In-clinic medical student teaching). Temporary suspension of less critical activities should be restarted when the acute crisis is over (e.g., clinical research involving actual patient interaction).

Learning Methods and Approaches: Documentation of Learning

Residents are required to log the following:

1. Dermatosurgery. Minimally 5 observed and 5 performed under supervision for each of the following procedures:
 - a. Punch biopsy
 - b. Shave excision
 - c. Electrocautery
 - d. Excision biopsy
2. Clinical procedures. Minimally 10 observed and 10 performed for each of the following clinical procedures:
 - a. Intralesional injections
 - b. Cryotherapy
3. STI procedures.
 - a. Observed 5 urethral smears
 - b. Observed 5 and performed 5 cervical smears
4. Immunodermatology
 - a. Read 5 direct immunofluorescence

Summative Assessments

Summative assessments		
	Clinical, patient-facing, psychomotor skills etc.	Cognitive, written etc.
SR4	NIL	Dermatopathology – 60min (15 slides, 4min per slide) Journal Critique – 50min (30min journal reading, 20min SAQ 20min) Clinical viva – 1hr 15min (3 stations, 25min each)
SR3	NIL	NIL
SR2	NIL	MRCPUK SCE (Dermatology) (Two 180min papers:100 MCQ each)
SR1	NIL	STI MCQs (45min: 30 questions)

S/N	<u>Learning outcomes</u>	<u>Summative assessment components</u>				
		STI MCQs	MCRP SCE	Dermatopathology	Journal critique	Viva stations
1	EPA1 - Evaluating and managing common skin diseases and concerns		✓			✓
2	EPA2 - Evaluating and managing dermatological emergencies		✓			✓
3	EPA3 - Evaluating and managing common chronic skin diseases		✓			✓
4	EPA4 - Evaluating and managing complex skin disorders		✓			✓
5	EPA5 - Evaluating and managing common paediatric skin disorders		✓			✓
6	EPA6 - Evaluating and managing patients with contact dermatitis and occupational dermatoses		✓			✓
7	EPA7 - Evaluating and managing common skin cancers		✓			✓

8	EPA8 - Evaluating and managing patients with photodermatoses		✓			✓
9	EPA9 - Performing common dermatological procedures		✓			✓
10	EPA10 - Evaluating and managing dermatological patients in an inpatient setting					✓
11	EPA11 - Evaluating and managing patients with or who are at risk of acquiring sexually transmitted infections (STIs)	✓				✓
12	EPA12 - Ordering and performing a skin biopsy			✓		
13	Appraise and assimilate scientific evidence				✓	