

Declaration of patient consent

Patient's consent not required as there are no patients in this study.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Author's reply

Sir,

My article was published under the section "Musings", which is an attempt to foster interest in topics of general nature that are relevant to dermatologists.¹ There will be an element of subjectivity and personal opinion in any such article. With that caveat, I would like to reply to the points raised by my esteemed colleagues:

1. The article deals primarily with the need for defining what should be the competencies to be learned during the MD course and the lacunae in the present curriculum. It also makes the point that the MD degree is being used by even freshly minted postgraduates to label themselves as experts in cosmetic procedures, in which they are neither properly trained nor assessed during the course.
2. The constraint for most fresh postgraduates to enter the private sector due to a paucity of government jobs has already been emphasized in the article.
3. The sentence quoted appears to have been misunderstood. I am simply saying that the curricular requirements of the MD course deal mainly with hard core dermatology, most of which is forgotten or not applied later, as the focus is only on the cosmetic aspect after postgraduation. In that sense, it is a waste of resources and precious time.

4. The argument that the MD course, as it exists today, is necessary toward practice of cosmetic dermatology is a contentious one. A cosmetic practice caters to a different patient and a different demand which cannot be treated similarly to a traditional dermatology set-up. Being far more lucrative financially, younger dermatologists are naturally drawn to it. But does it require all the skill sets being taught and assessed during the MD course? In my personal opinion, it does not, but medical dermatology practice does. This infatuation with cosmetic-based practice leads to a progressive attenuation of skills learned during MD.
5. The need for proper recognized training in aesthetic dermatology and dermatosurgery is an imperative which needs to be understood. The article makes a case for the necessity of a wider discussion amongst all stakeholders – dermatologists, prospective and current postgraduates and regulators – as to the curriculum to be drawn up for the MD course and what components of cosmetic dermatology need to be included in it. Cramming dermatology, venereology, leprosy, cosmetic dermatology and dermatosurgery into a three-year course inevitably leads to dilution in acquired skills, which is already evident in venereology and leprosy.

How to cite this article: Shyam Prasad A L. Author's reply – The dermatology curriculum: Searching for balance. *Indian J Dermatol Venereol Leprol* 2021;87:683-4.

Received: March, 2021 **Accepted:** March, 2021 **EPub Ahead of Print:** April, 2021 **Published:** August, 2021

DOI: 10.25259/IJDVL_309_2021 **PMID:** 33969649

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6. A consensus should be built based on all inputs, and not simply on the basis of individual opinions, as to what constitutes a recognized qualification in cosmetic dermatology, and whether this should be combined with dermatosurgery. The duration of the course should also be decided. With such a consensus, it may be possible for IADVL to persuade the regulatory authorities to start such courses which should be the only recognized qualification allowed to practice advanced procedural dermatology. In that sense, these courses would indeed be equivalent to a DM or MCh and have the same degree of prestige attached to them. Personally, I feel that fellowships recognized by only certain state universities, and offering fragmented exposure in dermatological subspecialties may not be an ideal long-term solution.

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