

Readers' opinion

Sir,

We read with interest the Musings article: "The dermatology curriculum: Searching for balance".¹ We compliment the author, a senior Professor, for the excellent article that highlights important aspects of today's dermatology education. While agreeing with most of the points raised, we hereby highlight a different perspective from our experience.

The author has rightly said that young dermatologists should learn basic dermatology thoroughly and that knowledge is the base for future career. However, the articles state that: "It appears, from hearsay evidence, that most of our residents join the MD course with the ultimate objective of opening up a practice which would enable them to earn well after completing the course, which, of course, would mean getting into a predominantly cosmetic-based practice...It is like some of our MBBS graduates going into business or joining the civil services - a real waste of time and money."

This statement suggests that that most of the young dermatologists are mainly interested to pursue esthetics and the system is becoming business like and commercial. With due respects, we would like to point out:

1. More than 80% health care in India is in private sector.² Dermatology, being basically an outpatient department, is even more so. Hence, there is no option for most young doctors but to join private sector.
2. The job market puts a premium on the knowledge of lasers and aesthetics. The first author (who recently completed a fellowship in aesthetic dermatology and is now working as consultant) experienced difficulties in her initial days to get into a job in metropolitan city as the employers asked for such experience. Hence, this demand is the reality and young doctors have no option but to pursue these courses.
3. It is incorrect, in our humble opinion, to assume that lasers and aesthetic procedures are always done for commercial purpose. If the cost of the treatment makes them commercial, are biologicals - which are also highly expensive - commercial? The laser technology and procedural dermatology are evolving by leaps and bounds every day. These procedures

need knowledge of biophysics, hand skills, and counseling skills. Learning experience with them can be highly satisfying intellectually and academically. They give better therapeutic options to the patients which can decrease the morbidity levels significantly.

Dermatology is not an end specialty as it was once thought. Various subspecialties have emerged such as dermatopathology, dermatosurgery, laser dermatology, pediatric dermatology, and hair transplantation. However, the Medical Council of India (MCI, now the National Medical Council, NMC) has failed to recognize this change. The new syllabus for MD has a reference to minor vitiligo surgeries such as suction blister graft and punch grafting, but it does not even mention thin skin grafting and cell suspension method for vitiligo surgery as part of dermatology curriculum.³ This suggests that the makers of the syllabus still regard dermatology as a pure medical specialty. This indeed is unfortunate and needs to change.

The other major hurdle is that there is no scope in the current thinking of MCI/NMC to include one year post-doctoral courses. The senior author of this letter has dealt with this issue extensively both as president of the Indian Association of Dermatologists, Venereologists and Leprologists (IADVL) in 2015 and also in individual capacity with previous and current MCI and NMC authorities, but without much success. In such a scenario, it is to the credit of some universities like Rajeev Gandhi University of Health Sciences, Dr. M.G. Ramachandran Medical University (Tamil Nadu), and Maharashtra University of Health Sciences (Maharashtra) to initiate one-year post-doctoral courses. Our center has been running such a course successfully for seven years. The recent willingness of the National Board of Examinations to start one-year course in dermatosurgery, dermatopathology, and pediatric dermatology is another welcome step.⁴

Dermatology has changed and dermatologists also need to change. We humbly submit that the debate is not about any subspecialty being named commercial. The debate is about scientific basis for treatments, their ethical use, and inculcating these values and needs in the syllabus. Learning is a continuous process. We should learn and evolve from time to time.

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Declaration of patient consent

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

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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.

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