

Editorial

My concept on requirements of a clinical specialist

A specialist in any clinical specialty must have adequate training and case exposure. Experience in direct patient care under supervision forms the most important part of any clinical training program. Extensive reading of the most updated journals, attendance at the most recent workshops or postgraduate courses or passing examinations with distinctions certainly prepare one to become an excellent academic, but none of these provide training and qualities for one to become a caring specialist clinician.

A specialist is nourished and strengthened throughout his career by the interaction with patients, experience gained from academic, clinical and ethical discussions, criticisms from fellow colleagues and self-reflections. A trainee specialist certainly needs to go through all these under proper supervision. It is 'naive' and 'too simple' to believe that possession of modern advanced medical equipment meets and helps one to maintain the standard of a specialist. Continuous academic and medical education and professional development has now been widely accepted among the profession. I disagree with those in the profession who believe that by possessing high-tech equipment, they will be regarded as specialists. Most of the modern medical equipment like laser machine is now easy to operate and user-friendly. Comparing with their predecessor prototype, little skill is required to operate the modern lasers. I would like to share with you my experience with the first cutaneous laser (a copper vapour laser) in treating pigment and vascular lesions more than ten years ago in the Social Hygiene Service. At that time, I mastered

the equipment by overseas training and months of hands on exercises. The end result of treatment by that kind of outdated laser depended substantially on the skill of the operator. Nowadays, monitoring the operation of the high-tech equipment falls more into the domain of technical safety which is best enhanced by regulation.

I think the more important issue lies on the nature of the cutaneous conditions for which such equipments are used to treat. Treatment of these conditions is best advised by a specialist rather than a registered medical practitioner not on the specialist register. You can imagine the consequences of treating a melanocytic naevus by laser without full assessment by a specialist and explanation of its long-term risk and benefit to a patient who cares only about the short-term aesthetic result. Since a clinical specialist has the practical experience that enables him to give more accurate diagnosis and prediction of the pros and cons of the manipulation of cutaneous conditions, patients are strongly advised to have an expert opinion from a qualified specialist prior to receiving laser treatment for all pathological or physiological cutaneous conditions.

I would like to draw an analogy between the regulation of the use of some high-tech equipment and the use of some anti-fungal preparation in dermatology. The role of the dermatologist is to be called in more often to give opinion of diagnosis and management of 'atypical' cutaneous rash than to the use of the anti-fungal preparation, though sometimes this is also needed. In the

former scenario, a persistent erythematous papulosquamous plaque in the buttock can be a simple case of mistreated tinea corporis, lichen simplex chronicus or chronic psoriasis. However it can also be a cutaneous lymphoma (mycosis fungoides), Bowen's disease, extra-mammary Paget's disease or tuberculoid leprosy. There have been regulations to guide consumers and professionals on the use of anti-fungal drugs. However, prescribing these anti-fungal treatments indiscriminately without advice from a dermatologist can be potentially dangerous as there have been reports of severe liver impairment after prolonged self-medication of certain systemic anti-fungals.

In summary, a clinical specialist should be equipped with good ethics, clinical skills and experience. These can never be substituted or replaced by the mere possession of many attractive workshop certificates and high-tech office equipment or the practice of indiscriminate prescriptions of the newest and most expensive medications demonstrated by some members of the profession.

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