



## Why People with ichthyosis should see a consultant dermatologist.

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Many ichthyosis sufferers first contact the ISG after an appointment with a doctor. Sometimes the doctor has put the family in touch with the ISG. But all too often the patient finds the ISG for themselves, searching for the help they need after a disappointing consultation. This article is about getting the best from the NHS.

GPs know of ichthyosis, but don't usually know much about it or the different types. They may even misdiagnose it as eczema which is much more common. They usually prescribe emollients, sometimes not the best ones, or enough. But they are after all **general** practitioners who need to know about all the common and serious conditions in all organs, not just the skin.

The health professional who does know about ichthyosis is the dermatology consultant or "skin specialist". Dermatologists, like GPs, spend 5-6 years as medical students, followed by 2 "Foundation Years" in a variety of hospital departments: these posts, FY1 and FY2, were previously called Houseman and Senior House Officer. After FY2, doctors follow different career paths. Future dermatologists will undertake 2 years (ST1-2) of specialist training in hospital medicine, during which they must pass the examination for Membership of the Royal College of Physicians (MRCP). Then these "Registrars" compete for a 4 year training programme in dermatology (years ST3-6) during which they undergo numerous assessments, including a written exam, which they have to pass in order to proceed to the next stage. They all learn about different types of ichthyosis and how to diagnose and treat them. Some may take time out to undertake a research project or a specialist Fellowship. Finally, in their early to mid 30s, they compete for hospital consultant posts. Training doesn't end there: consultants must attend regular educational sessions to keep up to date in their field, and are appraised annually.

GPs can refer patients to a consultant dermatologist, but often choose not to. GPs have to purchase hospital appointments and it is cheaper not to refer, especially chronic conditions like ichthyosis which may require long-term follow-up. The GP may not understand the value of consulting a doctor who regularly sees people with ichthyosis, and who keeps up to date in the field, and can advise authoritatively about your particular case. Many dermatologists work with specialist nurses who give valuable support to sufferers. GPs cannot prescribe retinoid drugs which are sometimes used for ichthyosis. You are entitled to see a specialist, and if necessary you should insist on being referred.

Of course some dermatologists know more about ichthyosis than others. An expert in skin cancer or psoriasis might not be the right person for you. Your dermatologist may refer you to a colleague with more expertise, and you can request that. If it is awkward to ask your dermatologist, your GP may agree to refer you elsewhere for a second opinion. If you need the name of a dermatologist who knows more about ichthyosis the ISG may be able to advise. The ISG is actively working for a national network of ichthyosis specialists to make it easier for everyone with ichthyosis to access the help they deserve.