

The Arab League
Council of Arab Health Ministers
The Arab Board of Health Specializations
General Secretariat



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مجلس وزراء الصحة العرب
المجلس العربي للاختصاصات الصحية
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المجلس العلمي للأمراض الجلدية والتناسلية Scientific Council of Dermatology and Venereology

دليل اختصاص الأمراض الجلدية والتناسلية Guidebook of Dermatology and Venereology

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دليل اختصاص الأمراض الجلدية والتناسلية Dermatology & Venereology Specialty Spécialité de dermatologie et vénéréologie

Introduction

Dermatology Residency Training Program is a structured four-year postgraduate curriculum accredited by the Arab Board of Health Specializations, designed to develop competent specialists in dermatological diseases.

Executive Summary

First Year: This stage focuses on equipping trainees with general clinical knowledge and fundamental medical skills necessary for any practicing physician. During the whole year the candidate should be reporting to his dermatology training center at least twice weekly to get the knowledge of basic dermatology and dermatopathology the candidate should be trained in the outpatient clinics of medicine, plastic surgery, pediatric, Gynecology and Psychology Departments as detailed in table 1 of the training plan, the training is closely monitored by the Program and Training committee.

Years 2-4: The subsequent years emphasize advanced training in dermatology and venereology, covering areas such as dermatological surgery, cosmetic treatments, and laser therapy. These years also deepen trainees' general medical expertise.

Trainees are subject to continuous monitoring and supervision to ensure their successful progression to the next stage. They also required to maintain their educational and professional records (log book), in addition to preparing a research project under the supervision of the department's competent experts.

Regarding assessments: they are divided into two parts: (preliminary and final). Upon passing the final exams, trainees are awarded the Specialty Certificate in Dermatology and Venereology by the Arab Board of Health Specializations.

4. Graduate Competencies

The curriculum includes the following competencies:

There is no fixed time limit or specific order for acquiring the following qualifications; however, trainees must demonstrate their understanding, application, and development of these competencies as they progress through the residency-training program.

1. Patient care
2. Medical knowledge
3. Communication skills
4. Professionalism
5. Continuous professional development and research skills
6. Understanding of the healthcare system

The trainee application and understanding of these competencies are evaluated annually by the trainers through proper yearly departmental exam to progress to higher years and sit for the Arab board examination, preferably at the end of both second and third year of training program. The Questions and the way of these exams should be prepared by the local authority in the training centers accredited by the Arab board.

5. Admission Requirements for Program Registration:

Admission to the residency-training program in dermatology and venereology under the Arab Council for Health Specializations is based on acceptance by the accredited training center. Candidates must meet the following specific and general requirements for admission to the training program:

1. Hold a degree in general medicine or an equivalent qualification from an accredited medical school.
2. Successfully completed a one-year internship.
3. Possess a valid license to practice medicine.
4. Submit full registration documents and pay the required fees to the Arab Board of Health Specializations upon enrollment in the dermatology and venereology training program.

6. Program Accreditation Standards:

The following minimum criteria must be met by training centers for program accreditation, ensuring a suitable environment for effective training:

- 6.1 Minimum Number of Qualified Trainers: The minimum number of qualified trainers is (3).
- 6.2 Required Number and Diversity of Supportive Healthcare and Technical Staff: At least five
- 6.3 Required Number and Diversity of Other Professional and Supportive Human Resources: At least three.
- 6.4 Minimum Number of Beds and Occupancy Rate: At least five beds, with an occupancy rate of at least 50%.
- 6.5 Minimum Number of Surgeries/Interventional Procedures: At least three interventional procedures per day.
- 6.6 Required Number and Diversity of Clinics and Support Services
At least 3-5 support service clinics.
At least 2-3 consultation clinics.
- 6.7 Minimum Number of Cases/Visitors: At least 50 cases per day.
- 6.8 Required Radiology and Medical Imaging Services
Must be available at the center or hospital it is affiliated with.
- 6.9 Required Laboratory Services
Must be available at the center or hospital it is affiliated with.
- 6.10 Departments and Specializations That Must Be Available
Availability of key specialties at the center or hospital it is affiliated with, including:
 - Internal Medicine
 - Surgery
 - Oncology
 - Pediatrics
 - Obstetrics and Gynecology
 - Pathology

6.11 Other Services and Facilities: Must be available at the center or hospital it is affiliated with.

6.12 Other Criteria That Must Be Met

Quality standards include:

- Suitable infrastructure standards (availability of classrooms, training rooms, and lecture halls equipped with data show and online capabilities).
- Sterilization and cleanliness standards.
- Learning and examination tools.
- Library facilities.

6.13 Preferred Additional Criteria

Internet access, subscription to medical journals, and access to electronic libraries.

7. Capacity Calculation Mechanism

The mechanism for calculating capacity is clearly defined using criteria that align with the nature of the specialty as follows:

1. Number of beds or patients: At least 5 beds.
2. Minimum number of qualified full-time trainers or equivalent: At least 3 qualified trainers.
3. Trainer-to-trainee ratio: (1) trainer for every (2) trainees (1:2).
4. Other criteria for calculating capacity: Availability of meeting rooms, examination rooms, support rooms, and the required training equipment, supplies, teaching aids, presentation tools, and medical, administrative, and service staff.

8. Training Curriculum

8.1 Content

Educational Content:

The educational experience related to basic sciences, microbiology, clinical methods, pharmacology, and epidemiology should be taught early but should also be revisited during the years of training. Furthermore, these early experiences are required for the preliminary examination.

The integrated link between horizontal expansion (biology and basic sciences) and vertical expansion (biology, basic sciences, and clinical subjects) should help in developing the competence of trainee doctors in interpreting clinical findings and providing them with clinical knowledge needed for patient care.

1. Skin Biology: Including hair, nails, oral mucosa, and the genital urinary system (anatomy, embryology, physiology).
2. Basic Sciences for Dermatology and Venereology: (infections, immunology, biochemistry, molecular biology, microbiology, parasitology, pharmacology, genetics, photo-physics).
3. Clinical Methods in Dermatology and Venereology
4. Epidemiology of Dermatological and Venereal Diseases
5. General Dermatopathology:
 - i. Primary skin, hair, nails, oral mucosa, and external genital area diseases.
 - ii. Dermatological infections caused by animals and arthropods.
 - iii. Skin tumors.
 - iv. Skin, nails, hair, oral mucosa, genital area, and cutaneous manifestations of systemic and metabolic diseases.
 - v. Cutaneous manifestations of physical injuries.
 - vi. Drug reactions.
 - vii. Dermatological investigations.
 - viii. Dermatological diseases in the Arab countries.

6. Pediatric Dermatology: Including skin, nails, hair, oral mucosa, and sexual manifestations of child abuse.
7. Geriatric Dermatology
8. Ethics and Behavioral Foundations
9. Photobiology and Photo-dermatology
10. Psychodermatology and the Impact of Dermatological and Venereal Diseases on Patients' Lives
11. Dermatology in Primary Health Care
12. Dermatopathology:
 - Histology
 - Cytology
 - Immunopathology
 - Immunohistochemistry
 - Electron microscopy
13. Skin Health Care and Prevention of Dermatological Diseases
14. Topical Skin Agents and Physical, Surgical, and Systemic Dermatological Treatments according to local and global protocols.
15. Cosmetic Dermatology, Skin Surgery, and Laser Dermatology
16. Venereology:
 - I. Sexually transmitted infections and common venereal diseases, including HIV/AIDS in children, adolescents, adults, and the elderly.
 - Microbiology and epidemiology of sexually transmitted diseases.
 - Clinical, investigative, pathological aspects and prognosis of sexually transmitted infections.
 - Systemic manifestations and complications.
 - Sexually transmitted infections in pregnant women and neonates.
 - Sexually transmitted infections in the Arab world.
 - Cellular abnormalities and malignancies related to human papillomavirus.

- II. Sexual health education and preventive measures for sexually transmitted infections.
 - III. Medical surveillance of sexual contact effects.
 - IV. WHO recommendations on sexually transmitted diseases.
 - V. Services provided by organizations for sexually transmitted diseases.
 - VI. Ethical and legal foundations and medical responsibility.
17. Basic Statistical Methods in Research and Their Applications to Dermatology and Venereology
18. Clinical Data and Its Applications in Dermatology and Venereology
19. Computer Skills, Medical Imaging Databases, and methods for storing programmed images.

8.2 Training Plan

The training plan includes the following:

- Knowledge and Skills: Identification of the knowledge and skills that must be covered at each stage of the training, gradually distributed across the years of training.
- Level and Type of Supervision: The required level and type of supervision for each stage of training.
- Milestones: Indicators of the completion of knowledge and skills at different training stages (Milestones).

There is no fixed time limit or specific order for acquiring these competencies; however, trainees must demonstrate their understanding, application, and development of these competencies as they progress through the residency-training program.

The trainee's application and understanding of these competencies should be evaluated by the trainers annually for progression to higher years and eligibility for examinations.

These competencies will be divided into three sections: A, B, and C:

- A. Broad definition of the competency
- B. Description of the competency
- C. Procedures, methods, and facilities required to develop the competency

Table 1:

First year	Second year	Third year	Fourth year
<p>Comprehensive Clinical Experience, General Competencies</p> <p>lectures in basic Sciences for 12 weeks including pharmacology / Microbiology / Immunity / pathology</p> <p>medical physics and Laser / Medical statistics</p> <p>12 weeks general Medicine</p> <p>8 weeks plastic surgery</p> <p>4 weeks pediatric</p> <p>4 weeks Gynecology</p> <p>4 weeks physiology</p> <p>during the first year the candidates should keep contact with their Dermatology training centers , 2 Days per a week to train and gain basic Dermatology skills and Dermatopathology basic knowledge</p>	<p>Maintain general clinical experience and competencies.</p> <p>Specialized Clinical Experience in Dermatology and Venereology:</p> <p>Specialized competencies in dermatology and venereology</p>		

Patient Care:

- A. The resident should demonstrate the ability to appropriately study patient's condition, assess and provide specialized treatment in a comprehensive, appropriate, and humane manner for dermatological patients.
- B. The trainee must demonstrate the ability to:
 1. Applying the clinical methods and procedures approved for dermatological diseases, including communication with patients, taking their medical history from the patient himself or their relatives,

performing a clinical examination of the skin, hair, nails, mucous membranes, anal area, and genitalia, and conducting the necessary dermatological tests in the clinic.

2. Conducting a comprehensive systemic clinical examination.
3. Assessing the severity of skin and genital diseases and their psychological impact on the patient.
4. Developing a differential diagnosis, requesting and conducting necessary laboratory tests, setting an appropriate management plan, monitoring treatment response and side effects, monitoring disease progression, setting follow-up appointments.
5. Recognizing any condition requiring emergency management or hospitalization.
6. Recording all aspects of patient's condition, including the history, examination, lab tests, differential diagnosis, treatment, and follow-up.
7. Using reputable standards and references, whether printed or available online, to ensure academic quality and the best patient care.
8. Utilizing healthcare, social, and home care centers, whether within the training institution or outside, to ensure the best care for the patient.

C. The trainee should:

1. Interacting directly with patients in outpatient clinics, hospitals, or emergency rooms.
2. Managing a diverse range of patients, including those with various dermatological and genital conditions, as well as AIDS patients, from different genders and ages.
3. Regularly performing dermatological tests, such as patch tests, skin prick tests, Wood's lamp examination, skin and mucosal smears, scrapings from skin, hair, nails, genital lesions, collecting urethral, vaginal, or anal discharge, and microscopy using light and dark-field microscopy.
4. Regularly performing basic dermatological surgical techniques, such as punch biopsies, excisional biopsies, and curettage.

5. Understanding Various Surgical Techniques Applied and Used in Dermatology
6. Regular Application of Routine Therapeutic Methods: Such as phototherapy, cryotherapy, electrosurgery, local injections, and liposuction.
7. Good Knowledge of performing Specialized Treatment Procedures: Such as radiotherapy, photopheresis, plasma exchange, and photodynamic therapy.
8. Regularly prescribing topical treatment for eczema, pemphigus, ulcerative lesions, as well as irritated and exposed lesions on the skin, mucous membranes, and genital areas.
9. Following-up and Reviewing Laboratory Tests Conducted on Patients; including biopsy reports, bacterial and fungal cultures, serum test results, and electron microscope examinations.
10. Ability to Access All Written or Online References within the training center. Self-assessment of Experience and working on its development under the Supervision of Trainers.
11. Good Knowledge of Laser and Aesthetic Treatments, including their indications, contraindications, side effects, and safety, Trainees should receive in-depth theoretical instruction on these topics, and is encouraged to undergo practical training if the necessary equipment is available at the training centers.
12. Documenting Patient Consent.
13. Maintaining their training and education record (Logbook).

Medical Knowledge:

- A. Trainees must demonstrate a good understanding of dermatology and sexually transmitted diseases, applying this knowledge in patient treatment and management.
- B. Trainees must show the ability to:

1. Understanding the fundamental and comprehensive value of medical knowledge and its role in developing safe and proper practice in dermatology and sexually transmitted diseases.
 2. Demonstrating a good understanding of the principles of dermatology and sexually transmitted diseases science, including epidemiology, basic statistical methods, dermatological diseases in children as well as elderly, occupational and environmental skin diseases, psychiatric dermatology, sexually transmitted diseases, child abuse, sexual health and education, drug interactions, diagnostic procedures in dermatology, skin immunology, wound healing, medical ethics, dermatological drug treatments, physical therapy, surgery, and management guidelines for sexually transmitted diseases.
 3. Applying these principles in understanding the clinical conditions to provide better care for the patients.
 4. Utilizing computers and information technology skills to extract evidence from reliable sources, both printed and online (internet), to improve patient care.
- C. Trainees should be able to:
1. Be granted access to all computer and information systems in their training institutions.
 2. Be able to access various dermatological references, medical journals, and online dermatology websites.
 3. Implementing a self-education plan based on reading and studying, initially covering basic medical sciences and principles of dermatology and venereology, as well as common dermatological conditions in the Arab world. This plan should gradually expand as the trainee progresses in their training. The trainee's reading and studying should be supervised by program trainers and focused on primary, reliable references and reputable websites.
 4. Identifying gaps in their knowledge and actively working on improving them through educational activities, with guidance from trainers.
 5. In addition to official working hours, trainee should participate in discussions, lectures as well as seminars recognized by relevant official

- bodies, and nagging in case discussions related to various dermatological and venereal topics.
6. Conducting regular reviews of clinical cases and special investigations, such as skin lesion swabs, hair, nails, and the preparation of specimens with potassium hydroxide and examination under a light microscope, in addition to genital area swabs.
 7. Participating in discussions of histopathological findings and immunohistochemical testing.
 8. Attending lectures on methods and principles of statistics.
 9. Attending lectures on laser treatments, aesthetic medicine, and dermatologic surgery.
 10. Participating actively in departmental education and training activities.
 11. Being updated on the latest scientific discoveries in medicine, particularly dermatology and sexually transmitted diseases.
 12. Participating in teaching basic dermatology to junior trainees, non-dermatology residents, and nurses.

Interpersonal and Communication Skills:

- A. Trainees must demonstrate effective communication skills, ensuring a professional relationship with patients, their families, and other healthcare professionals.
- B. Trainees must show the ability to:
 1. Exhibiting proficiency in interviewing patients, taking detailed medical history and exchanging information effectively with patients.
 2. Discussing patient concerns, to ensure patients understanding of management plans, and to educate patients about their clinical conditions.
 3. Communicating effectively with patients from various backgrounds, including Deaf patients or non-Arabic speakers' patients.
 4. Understanding and respect patient privacy, cultural, ethnic, and religious backgrounds.

5. Handling non-compliant behaviors professionally, listen to patient complaints, and address them effectively.
6. Communicating professionally and effectively with other healthcare professionals, fostering teamwork and leadership.
7. Demonstrating the ability to write a professional and appropriate CV.

C. Trainees, in addition to providing direct patient care, should:

1. Actively participating in management of difficult cases requiring intensive care and cases need a Multidisciplinary Team collaboration.
2. . Participating in conducting various types of correspondence and communication with other medical institutions through phone calls, written mails or emails and having the ability to respond to incoming correspondence from other centers.
3. Using non-verbal communication tools (such as drawings or written explanations) to clarify complex issues for patients.
4. Taking part in writing medical reports and participating in consultations.
5. Directly participating in addressing misconduct caused by the public in healthcare centers.
6. Delivering bad news to patients professionally.
7. Addressing patient complaints seriously..
8. Communicating effectively with administrative and public bodies.
9. Participating in meetings held in the department.
10. Demonstrating proficiency in writing a professional CV.

Professionalism:

- A. Trainees must demonstrate active personal commitment to patient care, a distinguished social standing, proper professional practice, continuous education and staying updated on the latest discoveries and scientific research. Teach other trainees, adhering to established ethics and

respecting colleagues, including doctors, nurses, and other healthcare workers.

B. Trainees must demonstrate:

1. Cooperation, honesty, and selflessness.
2. Maintaining the interests of patients and avoiding anything that compromises it.
3. Treating patients with dignity and respect Refrain from any form of judgment or blame toward patients with sexually transmitted diseases.
4. Understanding and respecting patient privacy, regardless of legal situations.
5. Understanding and respecting cultural, ethnic, and religious diversity.
6. Effective competition and successful progression in the Training Program.
7. Participating in Health Awareness Initiatives in the Community and Programs for the Prevention of Dermatological and Sexually Transmitted Diseases, such as promoting skin health, preventing sexually transmitted infections, preventing child abuse, and avoiding the misuse of topically applied medications.
8. Maintaining Engagement with Health subject of public interest, including topics such as diet, smoking, physical activity, social deprivation, and addiction.

C. Trainees should:

1. Participating in professional medical courses focused on high ethical standards during their training.
2. Understanding potential conflicts of interest and managing them appropriately.
3. Accepting constructive feedback and respond positively to criticism from trainers.
4. Contributing to discussions on unprofessional medical conduct.

5. Engaging in community awareness activities related to dermatology and sexually transmitted diseases, including workshops, TV programs, newspaper articles, and school health education.
6. Recognizing and appreciating the contributions of senior trainers and program directors in patient care.

Comprehension of healthcare system delivery:

- A. Trainees should demonstrate deep understanding of the healthcare system, the roles of healthcare services, and the factors that contribute to optimal patient care both inside and outside the hospital.
- B. Trainees must show the ability to:
 1. Understanding the structure and principles of the national healthcare system, including providing care for the underserved populations.
 2. Recognizing the non-medical components within healthcare institutions, including hospital administration, nursing, nutrition, medical services, social services, outpatient care, emergency departments, wards, pharmaceutical storage, and inventory systems.
 3. Demonstrating a deep understanding and effective practices in managing the various components of healthcare system, such as infection control, medical waste disposal, cost management resources, budgeting, evacuation planning, and disaster response.
 4. Recognizing their role in the healthcare delivery system.
- C. Trainees should:
 1. Being familiar with administrative and healthcare system components and committees within the training department during their training period.
 2. Being involved in meetings and workshops on healthcare management and administration.
 3. Attending lectures on healthcare system organization and management.

4. Prioritizing patient care in the administrative work related to healthcare and social services.
5. Participating in department activities, committees, and other healthcare-related tasks, including duty schedules and financial planning.
6. Assigning a chief resident as a leader and identify his responsibilities.
7. Contributing in the implementation of quality assurance practices.
8. To receive acknowledgment and recognition from their supervisors for their role and effective contributions in the field of healthcare provision.

Continuing Professional Development and Research:

- A. Medical trainees should demonstrate the ability to complete research projects in an advanced and professional manner.
- B. Additionally, they should exhibit the ability to:
 1. Clearly identifying the necessity for ongoing professional development among dermatologists and the importance of research activities in dermatology practice.
 2. Making a consistent and meaningful progress through the training program's curriculum.
 3. Applying the latest developments and discoveries, approved by accredited sources, and integrate them into patient care protocols.
 4. Planning, executing, analyzing, and reporting research projects in a systematic and scientific manner.
 5. Participating in the preparation of frameworks for meetings focused on the development of medical professionalism.
- C. Furthermore, they should:
 1. Attending instructional lectures defining the importance and mechanisms of continuous professional development during the early phase of training.
 2. Actively participating in relevant local, national, regional, and international dermatology and venereology conferences and events.
 3. Have granted full access to both electronic and printed resources.

4. Reading, analyzing, and critically reviewing published researches in scientific forums.
5. Contributing to the planning and execution of departmental activities focusing on professional development.
6. Being encouraged to participate in continuous medical education, whether through electronic platforms or printed materials.
7. Planning, implementing, analyzing and composing research topics scientifically in preparation for a scientific article and possible academic publication.
8. Preparing a scientifically acceptable article for publication in the Arab Board Journal of Health Specialties, adhering to the journal's required format.
9. Participating in additional research initiatives within the training department.
10. 10. Contributing in the organization and management of local and national dermatology and venereology meetings at the regional level.
11. Being encouraged to initiate and lead meetings and activities for medical trainees.

Section 5: Training and Education

This section encompasses the following key components:

1. Learning Experiences
2. Learning Methods
3. Learning Environment
4. Learning Content
5. Educational Resources

1. Learning Experiences:

The curriculum for medical trainees should provide a diverse range of learning experiences, the majority of which should be based on supervised clinical practice. These experiences should include clinical discussions conducted during and at the end of clinical sessions. Additional educational opportunities should include peer discussions, journal clubs, book studies,

and accessing local, national, and international resources, in addition to self-directed learning and research activities.

2. Methods of Learning:

To ease the transition from the first to the second year, new medical trainees should be given a maximum of five days. During this time, the trainees must be shown the following elements:

1. The department's organizational structure, including the composition of staff and trainees, venues for formal meetings, work protocols, and the available clinical, therapeutic, and laboratory resources within the department.
2. The structure of the hospital, its department, and the services available within it.
3. the training program's components and structure.
4. Scientific lectures on the fundamentals of dermatology, covering topics such as hair, nails, oral mucosa, the urogenital tract, external genitalia, clinical and laboratory diagnostic methods for dermatological and venereal diseases, the pathological anatomy of the skin and external genitalia, as well as treatment protocols for dermatological and venereal diseases in accordance with established clinical guidelines for sexually transmitted infections.
5. Guiding the trainees in initiating the provision of clinical services.

3. Work-Based Learning Method:

1. Reviewing clinical pathology and presenting cases for discussions.
2. Analyzing clinical images and histopathological slides.
3. Maintaining the trainee's educational and professional record (logbook).
4. Reviewing the clinical and statistical records of the department.

4. Educational Forums:

Trainees must engage actively in relevant educational forums, including journal clubs, and book discussions.

5. Formal and Interactive Lectures

6. Self-Directed Reading

7. Research Topics

8.3 Training and Education Methods

The selection of appropriate training and educational methods should align with the content and objectives, incorporating a range of approaches, including:

8.3.1 Scientific Activities

Trainees have to actively participate in journal clubs, book forums, and other relevant medical forums.

1. Formal and Interactive Lectures
2. Self-Directed Reading
3. Research Topics
4. Reviewing of Anatomy, clinical pathology and case Presentation and Discussing them.
5. Clinical Images Analysis and Study of Histopathological Slides
6. Maintenance of the Trainee's Educational and professional Record.
7. Reviewing of the Department's Clinical and Statistical Records
8. Workshops
9. Interactive Clinical Sessions for Discussing Problematic Cases
10. Journal Club and Recent Advances in Dermatology and Related Sciences
11. Organizing Intensive Programs to Enhance Student Capabilities and Exchange Experiences, Involving Members of the Program, Training, and Continuing Medical Education Committees.

8.3.2 Complementary Courses

To be identified if applicable.

- Local and International Conferences
- Interactive online sessions for presenting and discussing cases.
- Student exchange programs between different centers within the country and other countries under the umbrella of the Arab Board.
- Participating in training courses in emergency medicine to enable trainees to play an active role in disaster situations.
- Foundational Program courses : Research Methodology, Basic Life Support, Fundamentals of Emergency Medicine Course, Professionalism and Medical Ethics, Patient Safety and Prevention of Medical Errors, Communication Skills

8.3.3 Scientific and Practical Record

- The components of the scientific and practical record should be clearly defined, with clear guidelines for its preparation, in alignment with the training program content.
- The process and schedule for evaluating the record, as well as the criteria for annual progression and eligibility for the final exam, should be clearly outlined.
- trainees are required to maintain both a training and professional record throughout their training period. This record consists of two parts:
 - The first part covers the first and second years.
 - The second part covers the third and fourth years.
 - The record should be updated regularly and signed by the supervisor. (This record is available on our website: (www.arab-board.org)).

8.3.4 Scientific Research

Defining the Requirements, Preparation, Presentation, and Evaluation Mechanism for Scientific Research that aligns with the objectives and needs of the program.

Requirements and Specifications for Scientific Research

The objective of the research is to empower physicians undergoing the Arab Board training program to write scientific research papers. This is crucial for the success of physicians after graduation, as it contributes to their professional development and their ability to study and document clinical cases, which in turn benefits the development of the evidence and new knowledge for dermatology specialty.

The Scientific Council for Dermatology and Venereology, since its establishment, has mandated that every trainee doctor must complete a scientific research paper as a prerequisite for the final examination in the fourth year of training.

To standardize the specifications and requirements of scientific research across training centers under the umbrella of the Arab Board for Health Specializations, the following guidelines are proposed:

General Requirements:

1. The research must be completed during the third year of the training program.
2. The research topic must be chosen after discussing between the trainee and the supervising professor.
3. Research proposals must be presented to a scientific committee and an IRB committee at the training center or local professional institute. These committees will review, approve, and validate the research topic.

4. Once approved, the research proposal will be forwarded to the training committee for final approval and permission to start conducting the research.
5. The research topic must be in dermatology, sexually transmitted diseases, and related subjects within the scope of the scientific council.
6. The research topic should not have been repeated in the past ten years.
7. The research cannot be based solely on a questionnaire or a literature review that doesn't contribute to add to the field of dermatology or venereology.
8. The research must be signed by the supervisor, who confirms that the research was conducted under their full supervision.
9. The research must be reviewed by a plagiarism detection committee to ensure originality.
10. After completing the research and before granting local approval. The research must be presented to a committee of consultants and specialists for discussion and providing the feedback to address any issues or revisions.
11. The final research must be submitted to the Secretary-General of the Scientific Council at least six months before the written final examination.
12. The research will be reviewed by the training committee for final approval. The physician will be notified of acceptance, required modifications, or rejection with reasons provided.
13. It is recommended that the research be published in a reputable scientific journal to prevent the loss of valuable research findings and to contribute scientifically to the field.
14. The training committee may recommend publishing research with an "Excellent" grade in the Arab Board Journal.
15. The research required for the certification of an accredited trainee must be conducted after the official approval has been issued by the General Secretariat.

16. Physicians trained in Syria are requested to write their research in English.
17. Each doctor is required to submit an independent research paper. The research topic should be chosen in coordination with the supervisor, its forbidden to work on a single research paper by more than one trainee.

Scientific Research Specifications and contents:

The scientific research must include the following sections and chapters:

1. Title Page (in English): This page should include the following:

1. The Arab Board for Health Specializations
2. The Scientific Council of Dermatology and Venereology
3. The logo of the Arab Board for Health Specializations
4. The research title.
5. The researcher's name
6. The supervisor's name
7. The training center and country
8. Year of completion
9. The research should be submitted in PDF format (text, not an image).

2. Title Page (in Arabic): This should have the same format and should include the following note at the bottom:

"This research is submitted as part of the requirements for obtaining the fellowship of the Scientific Council of Dermatology and Venereology of the Arab Board for Health Specializations."

3. Student's Declaration page: in which the student declares that they conducted the research and that it is submitted to the Arab Board as part of the requirements for completing the dermatology fellowship.
4. Supervisor's Declaration page in which the supervisor confirms that they supervised the trainee and follow-up them during conducting all

parts of research, including the research title, followed by the supervisor's signature.

5. Local authority official Confirmation page: Must include confirmation from local authority official affirming the conduct of the research and its submission to the Scientific Council.
6. Table of Contents
7. List of Abbreviations
8. List of Tables and Figures
9. Abstract: This section should include:
 - Background of the research
 - Research goal and specific objectives
 - Methodology
 - Results and recommendations
10. Introduction: The introduction should not exceed eight to ten pages.
11. Research goal and specific objectives
12. Methodology (Patients and Methods): This section should include:
 - Study design
 - Research setting, period and duration.
 - Study population and sampling methods
 - Diagnostic methods used
 - Inclusion and exclusion criteria
 - Data entry and statistical analysis methods
13. Results: The results should be presented with tables, figures, and images to support the findings.
14. Discussion: This section should present the most significant results, comparing them with similar studies locally and internationally. Any discrepancies with existing literature should be addressed and explained. This section should not exceed four to five pages.
15. Conclusions and Recommendations
16. References: A list of all references used in the research.

17. **Formatting Guidelines:** Research titles should be written in font size 14, bold. The body of the text should be written in font size 12, Times New Roman.

8.3.5 Curriculum Content and Suggested References

The aim is to define the curriculum content, and the topics related to training and education that will effectively achieve the program objectives. Here are some suggested references:

1. Main Textbook

- A. Basic and Clinical Dermatology: Bologna textbook of Dermatology.
- B. Rook textbook of Dermatology
- C. Skin pathology: Lever Dermatopathology
- D. Surgical dermatology: Bent's skin surgery.

2. Other Reference Textbook

- A. Fitzpatrick textbook of Dermatology.
- B. Andrews' diseases of the skin clinical Dermatology.

3. Main Dermatology Journals: -

- A. JAAD (journal of American academy of Dermatology)
- B. Archives of Dermatology.
- C. Journal of the European Academy of Dermatology and Venereology.
- D. Pediatric Dermatology journal

8.4 Measurement and Evaluation Methods

- Defining Measurement and Continuous Evaluation Methods should be clearly outlined and detailed to ensure the accurate assessment of trainees' progress toward achieving the training objectives.

- Describing the Components of Achievement Examinations (Preliminary and Final, Cognitive and Practical) in accordance with the Arab Board's regulations.

To monitor the progress of training and trainees in training centers across countries under the Arab Board, local evaluative exams will be held. The questions for these exams will be prepared annually by accredited Arab Board representatives within the local committees. The exams for second-year students will consist of multiple-choice questions with four options, while the exams for third- and fourth-year students will be in the form of an OSCE (Objective Structured Clinical Examination), similar to the final practical exam. It is recommended that the training committee be informed of the results whenever possible.

The Arab Board Exams for Dermatology and Venereology are divided into two parts:

Primary Exam:

Trainees can apply for this exam after completing the first year of training (9 months).

The exam consists of multiple-choice questions to assess the theoretical knowledge and basic sciences acquired during the first year of training. The exam consists of 120 questions, to be completed within 2 hours, and it is held twice annually (April or May), (October or November)

Final Exam (Theoretical – Practical):

A. Theoretical Final Exam:

the applicant must have completed 4 years of training in an accredited center, in addition to having their scientific research and their logbook approved, the exam will consist of two papers, each consisting of 120

questions, to be completed in 2 hours for each paper. This exam evaluates clinical skills and practical experience in the specialty and related fields, and it is held once or twice annually.

B. Practical Final Exam:

This exam will be taken after passing the theoretical final exam and according to the schedule determined by the Measurement and Examination Committee, held twice annually and

It includes:

1. Slide Exam (OSPE) Objective Structured Practical Examination
2. Clinical Stations Exam (OSCE) Objective Structured Clinical Examination

As determined by the Measurement and Examination Committee.

Upon successful completion of the above exams, the physician will be awarded the Arab Board Certification in Dermatology and Venereology.

8.5 Review and Improvement Mechanism for the Program

The mechanism for continuous review and improvement, as well as ensuring the quality of the program and its outcomes, is based on the Arab Board's system.

The program improvement mechanism for review and updates relies on the following indicators:

1. Success Rates in Exams across Various Training Centers
2. Research Acceptance and Rejection Rates, Their Quality, and Publication in the Arab Board Medical Journal
3. Feedback from trainees regarding training matters through surveys and direct contact via the proposed platform between the Training Program Committee and the trainees.

Based on the above indicators, the program will be reviewed, and its content updated every 5 years.

Name of Certificate (English)

Arab board of Health Specializations - Dermatology
(ABHS-Derma)

اسم الشهادة باللغة العربية:

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اختصاص في الأمراض الجلدية