

Report on BSDS Fellowship Award March to June 2003.

Note: Fellowship applied for November 2002

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5 to 10,000 patients per annum present with non melanoma skin cancer in Scotland and a significant proportion, as elsewhere, have aggressive or recurrent tumours. The case for a Mohs service in Scotland is compelling, and well understood by BSDS members. Until recently no funded service has existed in Scotland, but in the past 3 years myself and Robert Herd in Glasgow have been working to correct this.

I have been thinking about the need for a Mohs service in Ninewells hospital, Dundee, since my consultant appointment in 1999. My first priorities, however, were to focus on the overall skin cancer service. To this end my initial time as a consultant was involved in rejuvenating an existing skin cancer network, developing clinical networks, improving basic dermatology surgery, and supporting others in areas such as sentinel node biopsy and metastatic melanoma management. Only when this first work was done was it possible to develop a Mohs service plan. The Mohs service set up plan was mainly primed through soft monies from clinical trials, but we have now a small- one session per week- but fully funded Mohs service.

A crucial element of the Mohs development was my training. I discussed training with a number of surgical dermatologists. In general those who have done Mohs fellowships advise this as the best route for training. I would not disagree with this, but this option was not open to me and there was no opportunity in the foreseeable future to appoint a Mohs trained consultant colleague. I therefore created my own programme which involved spending time with Richard Motley, visiting Neil Swanson in Portland, reviewing anatomy in our local anatomy labs and finally an extended spell with Antonio Picoto in Lisbon in spring/summer of this year.

The path to Dr Picoto's door is now well worn with tread from British dermatologists sandals. Dr Picoto trained with Perry Robins in New York 20 years ago and subsequently set up the European Mohs society. His unit performs Mohs 5 days per week and reconstruct most wounds.

The patients in Lisbon often had distinctive Portuguese features- stoical, broad nosed, with copious body hair and a surprising variety of skin colours- and many had some more pan-European characteristics-a love of football, alcohol and fags in particular. Mid morning breaks would consist of strong coffee, occasional strong cheese and a review of Scottish footballing successes. They were usually short.

Lisbon is an attractive city in a splendid position, and I had many highlights during my stay. I would encourage all to visit, and if you do only one thing when you visit, then go to Belem and taste the custard pies. And if you're looking for something else to do, go and visit Dr Picoto- he is always most welcoming.

I am of course very grateful to the BSDS for their support through the BSDS fellowship.