**BPG Statement on Reintroducing Photodiagnostic Services During the Recovery Period of the SARS-CoV-2 Pandemic**

Background: The SARS-CoV-2 coronavirus pandemic impacted majorly on photodiagnostic services. These are vital services for the accurate diagnosis and management of patients with a range of photodermatoses. Many of these patients have severe inflammatory disorders, causing high impact on quality of life and on psychological welfare, and sometimes leading to hospitalisation. However, once accurately diagnosed, several specific treatments are now available, and avoidance measures including ceasing a culprit photosensitising drug, can even be curative. There are relatively few photodiagnostic centres in the UK, hence they generally provide services covering a large geographical catchment area, with out of area patients often representing a major proportion of the patient demographic. In the pandemic recovery period, we now need to reintroduce and expand Photodiagnostic services, with appropriate COVID-19 precautionary measures in place, in order to ensure patients with non-COVID-19 diseases do not remain disadvantaged in terms of ensuring optimal investigation, diagnosis and management.

Plan of action - Core principles and factors:

1. Consider how consultations are most appropriately undertaken:
2. The initial consultation and follow -up reviews could be undertaken remotely (video or telephone consultation plus images). However, with the vaccination programme now well underway, it may be appropriate to return to face-to-face consultations or to continue with a mixed hybrid model of face-to-face and remote consultations depending on local requirements and agreement.
3. Referrals should be triaged, in order to decide on the most appropriate approach for each patient - remote or face-to-face consultation with a photodermatologist before the decision is made to proceed to photoinvestigation. Some patients will not need phototesting and will be managed through consultation and follow-up or discharge.
4. For patients attending for face-to-face consultation and/or photoinvestigation, case-by-case risk-benefit assessment should be made, accounting for vaccination status, risk of severe COVID-19 disease and benefit/urgency of photodiagnosis, taking into account practicalities, such as travel and accommodation needs for attendance.
5. Consider how to maximise patient and staff safety:
6. Measures should be taken to minimise the risk of patients with confirmed or suspected COVID-19 attending for photodiagnosis. The measures available may differ by region and over time and appropriate triage and testing of patients and staff will be directed by Government advice and local hospital policies. Of note, do not proceed if the patient has definite or possible COVID-19 or if patients have had COVID-19 until they are confirmed to be negative. All patients should be counselled not to attend if they or family members have any symptoms suggestive of COVID-19.
7. Keep patient waiting times and duration of attendance to a minimum.
8. Plan timings of phototesting appointments to facilitate social distancing and to allow adequate cleaning of equipment between patients.
9. Ensure facilities, equipment and staffing allow for appropriate social distancing.
10. Discourage attendance of relatives and friends, unless clearly needed e.g. young child or anxious patient, and in this instance limit the attendance to one accompanying person.
11. Ensure staff are provided with and wearing appropriate personal protective equipment (eg. mask/gloves/apron/visor) throughout patient attendance and changed for each patient. Local policies will apply.
12. Patients should wear masks when attending, unless exempt or for the period of any testing at sites on face under the mask.
13. Training requirements: The continued training of junior dermatologists is essential. Trainees will gain from attending consultations (face-to-face and remote) performed by specialist photodermatologists and from attending phototest procedures, readings & consultations provided when patients visit. During patient visits, attention must be paid to social distancing measures, PPE and ensuring that patient, staff and trainee numbers are kept within reasonable levels in order to adhere to local requirements.
14. This advice is likely to vary as further information and practices evolve and return to more usual levels of activity. Additionally, individual units may be subject to local NHS Trust/Healthboard guidance. Thus, this should be used as a general guide but should be kept under regular review.

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On behalf of the BPG Committee

Updated 06.04.2021