

THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS

Application for Accreditation of a Training Program

“Training Program” refers to the program for the training of an individual trainee in dermatology.

A **separate** form must be completed for the training program of **each** trainee based in the institution concerned. The form relates to the specific activities of the individual trainees which they carry out during the course of the week. The questions in the form **do not** refer to the institution in which the training program is based as a whole but rather refer to the activities of the **individual** trainee in overall the training program. Hence each form should be mirrored by the trainees weekly timetable. In regard to trainees in rotations, the form should be completed in relationship to the specific rotation which the trainee is currently doing. An overall picture will then be built up with the individual trainees in the different rotations within the department.

The form is to be completed by the Head of Department of Dermatology in the institution in which the training program is based.

Before completing the form you will need to refer carefully to the introduction to appendix 4 in the Training Program Handbook. The first two pages of appendix 4 refer to the requirements and content of the training program and must be understood in order to complete this Application for Accreditation. It is recognised that all training requirements may not be available at individual institutions. It is the responsibility of the State Director of Training to ensure that rotational appointments provide these requirements during the four years of training.

All questions must be answered in full. Please type. Hand written applications will not be considered. Numbers **must** be included when requested. College is able to e-mail this form on request. Please submit all applications in hard copy.

Please return the completed form to:

The Honorary Secretary
The Australasian College of Dermatologists
PO BOX 2065
BORONIA PARK NSW 2111

Email: admin@dermcoll.asn.au

A GENERAL DETAILS

1 Name of trainee

.....

2 Name and address of hospital/institution

.....

.....

Name of Medical Superintendent

.....

3 Name and qualifications of Head of Department of Dermatology in this institution

.....

Name and qualifications of Head of Training in this institution

.....

4 Names of allied hospitals/institutions contributing to training

.....

.....

.....

.....

.....

.....

5 Names of all Dermatologists associated with the hospital/institution. Note their status, appointment, qualifications, and involvement with the training program (excluding outpatient sessions).

(Eg. John Brown Sen Vis Spec FACD, PhD Ethics and IT Tute Monthly)

.....

.....

.....

.....

.....

.....

.....

.....

6 Title of trainee's appointment

.....

Duration of appointment

.....

7 Salary and funding authority (eg. hospital, commission, foundation, other)

.....
.....
.....

B SPECIFIC DETAILS

8 Weekly timetable of all clinics and duties

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7 – 8am					
8 – 9am					
9 – 10am					
10 – 11am					
11 – 12nn					
12 – 1pm					
1 – 2pm					
2 – 3pm					
3 – 4pm					
4 – 5pm					
5 – 6pm					

9 Outpatients – Which of the following facilities is available in the Outpatients Department

- Cryotherapy YES/NO
- Microscope YES/NO
- Woods light YES/NO
- Skin surface microscopy YES/NO
- Biopsy facilities YES/NO
- Access to computer resources YES/NO
- Patient education information YES/NO
- Resuscitation equipment YES/NO
- Patch tests YES/NO
- Reference books YES/NO
- Other – list below

.....

.....

.....

.....

.....

.....

12 List unsupervised surgical sessions attended by this trainee. Identify the session by the time of the week, give its frequency, and list the average number of excisions, biopsies, curettes, and other procedures undertaken by this trainee.

Session	Frequency	Excisions	Biopsies	Curettes	Other
.....					
.....					
.....					

13 List supervised surgical sessions with average number and types of procedures undertaken by this trainee.

Session	Frequency	Patient numbers	Types of Procedures
.....			
.....			
.....			
.....			
.....			
.....			
.....			

14 Inpatients

- Average number of Dermatology Inpatients
- Are beds grouped as a Dermatology Ward YES / NO
- Average number of day care centre Dermatology beds
- Is there an RMO/Intern YES / NO
- Is there a Dermatology Nurse consultant YES / NO
- Number of trainees caring for these inpatients

15 Average number of Inpatients managed per week in the Department
 Average number of Inpatients managed per week by **this** trainee

16 Average number of day care patients managed per week in the Department
 Average number of day care patients managed per week by **this** trainee

17 Average number of Inpatient consultations by **this** trainee per week

18 Is there a Dermatology office available to the trainee

YES/NO

List facilities i.e, textbooks, teaching slides, computer, etc.

.....
.....
.....
.....
.....

19 Laboratory medicine

Indicate which of the following facilities is available

- Histopathology YES / NO
- Teaching set of slides YES / NO
- Immunofluorescence YES / NO
- Cytology (eg. Tzanck test) YES / NO
- Electron microscopy YES / NO
- Monoclonal antibody studies YES / NO
- Bacteriology YES / NO
- Virology YES / NO
- Immunology YES / NO

20 Discussion time per week on dermatopathology

With whom does this discussion occur?

.....

21 Mycology

YES / NO

- Teaching per month on mycology – give details

.....
.....
.....
.....
.....

22 Patch testing

YES / NO

- If yes, name supervisor
- Patch test batteries available

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

- Number of patch tests done each week in the department
- Does the trainee read the patch tests applied on the same patient YES/NO
- Teaching time per week on contact dermatitis
- If no, what arrangements are in place for practical exposure during **this** rotation?

.....

.....

.....

23 Radiotherapy

YES/NO

- If yes, apparatus available
 - ❖ Superficial x-ray YES/NO
 - ❖ Electron beam YES/NO
 - ❖ Orthovoltage YES/NO

- Average number of treatments per week in this facility
- Average number of treatments performed by **this** trainee per week.....
- If no, what arrangements are in place for practical exposure during **this** rotation?

.....

.....

.....

24 Phototherapy YES/NO

- If yes, apparatus available
 - ❖ Narrow band UVB YES/NO
 - ❖ Broad band UVB YES/NO
 - ❖ UVA YES/NO
 - ❖ Hand and foot PUVA YES/NO
 - ❖ Bath PUVA YES/NO
- Average number of treatments per week in this facility
- Average number of treatments performed by **this** trainee per week
- If no, what arrangements are in place for practical exposure during this rotation?

.....
.....
.....

25 Laser YES/NO

- If yes, which lasers are available?
.....
.....
.....
- Average number of treatments per week in **this** facility
- Average number of treatments per week performed by **this** trainee
- If no, what arrangements are in place for practical exposure during **this** rotation?

.....
.....
.....

26 Surgery YES/NO

Indicate which of the following procedures are taught to the trainee

- Skin biopsy techniques:
 - ❖ Shave YES/NO
 - ❖ Punch YES/NO
 - ❖ Incisional YES/NO
- Curettage and electrosurgery YES/NO
- Excision and direct (primary) closure YES/NO
- Excision and flap (advancement, rotation, transposition) repair YES/NO
- Excision and split thickness skin graft repair YES/NO
- Excision and full thickness skin graft repair YES/NO

- Advanced procedures
 - ❖ Dermabrasion YES/NO

- ❖ Chemical peel YES/NO
- ❖ Sclerotherapy YES/NO
- ❖ Moh's micrographic surgery YES/NO

- If no, list what arrangements are in place for practical exposure during **this** rotation.

.....

.....

.....

.....

27 Library facilities available to trainee YES/NO

- Site of Library
- Dermatology texts and journals held in library (it is expected that the most recent editions of all texts on the College's recommended reading list will be available). Please tick which books and journals are available on the attached Part I and Part II reading lists.
- Is the Library under the supervision of a qualified Librarian? YES/NO
- Are Medline facilities available? YES/NO

28 Is there a clinical photography department? YES/NO

29 Give average time available each week for private reading and study during normal working hours for this trainee.

.....

.....

.....

.....

30 Give details of after hours roster and approximate time involved.

.....

.....

.....

.....

31 Give details of medical presentations per year i.e, grand rounds etc.

.....

.....

.....

.....

.....

32 Give details of teaching responsibilities.

.....

.....

.....

.....

.....

33 Give details of any research projects.

.....

.....

.....

.....

.....

34 Give full details of regular teaching sessions that the trainee attends at this institution/hospital.

.....

.....

.....

.....

.....

35 List additional teaching and training facilities outside this hospital/institution available to trainee, eg. clinical meetings, journal clubs, additional courses, etc.

.....
.....
.....
.....
.....

36 Other comments which may be helpful to the Board of Censors.

.....
.....
.....
.....
.....
.....

Signed:.....HEAD OF TRAINING PROGRAM

Date:.....