

ACCREDITATION REPORT FORMAT

1. DETAILS OF PROGRAM

Institution:

Trainees:

Head of Dermatology Department:

Supervisor of Training:

Other Consultants:

2. CLINICAL DERMATOLOGY TRAINING

Briefly describe the following:

- General Clinics (number of clinics, average number of patients seen at each clinic, range of patients/conditions seen, number supervised/unsupervised, names of supervisors)
- Specialty Clinics (number and type of clinics, supervision of clinics, location of clinics if at different institution)
- Procedural Surgery (frequency of clinics, supervision, procedures, involvement of trainee)

Indicate the extent to which training in the following are available in this post:

- Dermatopathology
- Mycology
- Patch testing
- Immunology
- Radiotherapy
- Phototherapy
- Laser

Inpatients (average numbers of inpatients, trainees role in treatment)

3. EDUCATIONAL FACILITIES

Library facilities. Describe access to:

- Required text books
- Journals
- Computer terminals

Teaching. Describe frequency, content etc of formal teaching activities.

- Seminars
- Tutorials

Time available for trainee for private reading and study

4. OTHER ASPECTS OF PROGRAM

Teaching responsibilities. Does the trainee have any teaching responsibilities? Indicate frequency and audience for teaching.

Research. What opportunities are available for research in this institution?

5. FEEDBACK

Outline any relevant feedback about the position from:

- Trainees
- Head of Department

6. OTHER COMMENTS

Any relevant information which has not been covered in previous sections.

8. CONCLUSIONS

Strengths of position

Areas requiring improvement

Other comments

Recommendations