



THE AUSTRALASIAN  
COLLEGE OF DERMATOLOGISTS

**TRAINING PROGRAM  
HANDBOOK**

INFORMATION AND CURRICULUM

JANUARY 2006

## COLLEGE COAT OF ARMS



Pictures on shields, flags and Coats of Arms were introduced into the United Kingdom from Europe in the 12th Century. The origin of the heraldic system in Europe however is not known. It became important to identify the otherwise unrecognisable armour clad knights both in tournaments and battle. Consequently symbols were embroidered on the knight's surcoat (a garment worn over a knight's armour), i.e. Coat of Arms. The responsibility for identifying the knights lay with the heralds and thus the origin of heraldry. From this early start many organisations developed heraldic designs to identify their group or profession.

The various aspects of the College Coat of Arms are:

On the Dexter side: The Unicorn - a mythological horse with the original cutaneous horn and hence its association with dermatology.

On the Sinister side: The Red Kangaroo stands identifying Australia.

The Crest: The stars of the Southern Cross are only seen in the Southern Hemisphere and are easily recognisable from Australia and New Zealand.

The Sailing Ship: Signifies the early discovery of Australia and New Zealand by such ships and the association of our two island countries with the sea.

The Knight's Helmet and Mantle are heraldic designs common to many Coats of Arms. The Shield is lilac purple, the College colour. In the centre of the Shield (The Charge) is the sun, an important contributor to the causation and therapy of many skin disorders.

Overlying the sun is the Rod of Aesculapulus - the serpent entwined about the rod which is symbolically accepted as a sign of medicine. This is sometimes confused with the Rod of Hermes (The Caduceus). This was a magic wand with two shoots entwined at the top to form a knot later represented by two serpents.

The wings on the top of the rod signify the carrying of knowledge of the Australasian College of Dermatologists to the wider community and the rest of the world. Beside the shield and intertwined with one another is the Australian wattle and the fern of New Zealand, emphasising our close association.

The Motto Refulgent in Tenebris - the literal meaning is "They shine/glitter/resplendent in the dark" (moves beyond the literal and implies the throwing of light on to the darkness of areas in dermatology and in this context the role of College forever seeking more knowledge in our specialty field). The basic interpretation of the motto is "They succeed in difficulties".



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## IMPORTANT DATES FOR 2006

### Applications

Closing date for applications to enter the training program	To be advised
Closing dates for application to sit the Clinical Sciences and/or Basic Pharmacology Examinations	
June Examinations	7 March 2006
November Examinations	13 August 2006
Closing date for applications for the Fellowship Examinations	7 March 2006

*Please check the College website for announcements regarding applications to training programs.*

### Payments

Payment of training levy	31 December
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### Examinations

Clinical Sciences and Pharmacology Examinations	6 June & 13 November 2006
Fellowship Written Examination	6/7 June 2006
Fellowship Clinical Examination	Brisbane 4/5 or 5/6 August 2006

### In-training Assessments

Formative In-training Assessments	March & September
Summative In-training Assessments	June & December

### Reports from trainees in Overseas Scholarship Positions

First report	1 May
Second report	1 September
Final report	1 March

### Board of Censors meetings

Pre-Examination Meeting and Business Meeting	February
Educational Development Meeting	May (Saturday of ASM)
Examination Meeting and Business Meeting	August

### Trainee Representative Committee Reports

Due one month before Board of Censors meetings

### Scientific Meetings

Annual Scientific Meeting	Melbourne, 14-17 May 2006
Biennial Training Conference	Sydney, 25-26 March 2006
Spring Meeting (Surgical Skills)	Barossa Valley SA, 12-14 October 2006

*If you require any additional information please contact the college office.*

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## CHAPTER ONE: INTRODUCTION

### About the Australasian College of Dermatologists

The Australasian College of Dermatologists (ACD) is a fellowship of dermatologists trained to the highest professional standards whose objective is to serve the community by providing high quality dermatological care. The College is committed to the following strategic objectives:

- To provide and maintain dermatological education at all levels.
- To define and maintain the highest standards of ethical practice.
- To promote better public awareness about the skin and its care and the prevention of skin disease.
- To provide the best standards of professional service to all members of the community.
- To support and promote dermatological research.
- To undertake its objectives competently, efficiently and responsively.

Approximately 310 Fellows of the College work in private practice throughout Australia with a considerable number also attending clinics at the major teaching hospitals in the capital cities, where the bulk of dermatology training is carried out. A small number of Fellows have full time appointments in major hospitals and institutions. Within the College there are a number of specialised groups whose members have received extra training in their particular sub-specialty. Fellows can rightly be regarded as the ultimate authority in all matters pertaining to skin care and the diagnosis and treatment of all conditions affecting the skin and the College is committed to ensuring that the high professional standards of Fellows are maintained through its Continuing Professional Development Program.

The Australasian College of Dermatologists, through its highly qualified Fellows, is able to provide high quality care and advice not only to individual patients but also to other branches of the medical profession, to interest groups and the general public. The College is also committed to improving dermatological services to all Australians in rural and remote areas.

Fellows of the College practise in all states and territories of Australia and Regional Faculties are established in Queensland, New South Wales, Victoria, South Australia and Western Australia. Each State elects representatives to the College Council that meets three times a year. Council consists of State Councillors and the Executive (see Appendices 1 & 2).

### The Australasian College of Dermatologists Training Program

The overall objective of the training program of the Australasian College of Dermatologists is:

*To produce dermatologists who are safe, skilled and competent in the diagnosis and management of all aspects of diseases of the skin and its appendages, and able to respond to the changing health needs of the Australian community.*

The College is the only organisation accredited to train and assess dermatologists in Australia. Entry to the ACD training program is only open to registered medical practitioners who have resident status in Australia. Qualified medical practitioners who have undertaken specialist dermatology training in other countries and who wish to become recognised dermatologists in Australia should contact the Australian Medical Council.

## Overview of Dermatology Training

To become a specialist dermatologist it is necessary to complete a specified program of training and assessment, successful completion of which leads to Fellowship of the Australasian College of Dermatologists. The steps to qualify as a specialist dermatologist are outlined below. Further details of each step are given in later sections of this handbook.

### University Undergraduate Medical Education

A medical degree registrable in Australia. For more information on registration requirements for medical studies undertaken outside of Australia please see details provided by the Australian Medical Council at [www.amc.org.au](http://www.amc.org.au).



### Post-university medical experience

The minimum post university medical experience required is the completion of Postgraduate Year 1 (PGY1) + Postgraduate Year 2 (PGY2) with rotations as specified on page 7. However, many trainees have considerably more experience before commencing training.



### ACD Training Program

Entry to the program is highly competitive and generally many more applications are received than programs available. Further information on application and selection procedures is given on page 7.

To complete the training program the trainee must:

- Satisfactorily complete four to five years of defined clinical and educational experiences in accredited training programs and submit all required documentation
- Pass the Clinical Sciences Examination (CSE) and the Pharmacology Examination within the first 18 months of training
- Perform satisfactorily in the clinical setting as defined by the summative in-training assessment process
- Obtain satisfactory assessments of competence on specified clinical procedures and treatment modalities
- Meet publication and presentation requirements as defined in Chapter Six of the *Training Program Handbook*
- Submit satisfactory Log Books
- Pass both the written and clinical sections of the Fellowship Examination.



### Admission to Fellowship

Upon satisfactory completion of the training program trainees may apply for Fellowship of the College. Fellowship of the College certifies professional competence in dermatology according to the College's prescribed standards. Requirements for admission to Fellowship are detailed in Appendix 5.

## **Structure of the Training Program**

The training program requires a minimum of four years full-time (or equivalent) training. Trainees who do not satisfy all the requirements of the training program, including a pass in both the written and clinical Fellowship Examinations in their fourth year of training, must complete an additional year of supervised training. This may be undertaken in a teaching hospital or private practice or a combination of both.

Trainees pass through two defined stages during the course of their training program. These stages are designed to facilitate the progressive and cumulative acquisition of knowledge and skills. Each stage must be completed satisfactorily before the trainee can move on to the next.

### **1 BASIC TRAINING (YEARS 1 & 2)**

The purpose of basic training is to build on existing skills so that trainees acquire broad knowledge of the theory and practice of dermatological medicine and the basic sciences underpinning them. It is designed to give the basic trainee a sound base from which to further develop their skills in later years of the program. To be eligible to proceed to Advanced Training, trainees must pass the Clinical Sciences Examination and the Pharmacology Examination within the first 18 months of training and perform satisfactorily in the workplace.

### **2 ADVANCED TRAINING (YEARS 3, 4 & 5)**

During advanced training, trainees acquire skills in the treatment of more complex dermatological conditions and are given increased responsibility for patient management. Trainees are eligible to apply to sit the Fellowship Examinations in their fourth year of training. Those who pass both the written and clinical Fellowship Examinations and satisfy all other requirements of the training program in their fourth year of training are not required to undertake a fifth year of training. Trainees undertaking a fifth year of training who plan to spend all or part of this year in a position other than an accredited training program must apply in advance to the Board of Censors for accreditation of their fifth year program. The proposal must be prepared in association with their Director of Training.

## Approved Registrar Posts for Accredited Training Programs

There are currently 63 accredited training programs located in Australia and overseas. Each of these programs meets stringent standards to ensure quality of training and are regularly reviewed by the Board of Censors. Trainee programs as at January 2006:

NEW SOUTH WALES	No. of programs
■ Liverpool Hospital	2
■ Prince of Wales Hospital	2
■ Repatriation General Hospital Concord	1
■ Royal Newcastle Hospital	3
■ Royal North Shore Hospital /MSOAP	2
■ Royal Prince Alfred Hospital	2
■ Skin and Cancer Foundation Australia/St Vincent's Hospital	5
■ Skin and Cancer Foundation Australia/Westmead Hospital/ The Children's Hospital, Westmead	2
■ Royal Haslar Hospital, UK (NSW Faculty)	1
<b>VICTORIA</b>	
■ Alfred Hospital	2
■ Austin and Repatriation Medical Centre	2
■ Box Hill Hospital	1
■ Peter MacCallum Cancer Institute	1
■ Monash Medical Centre	1
■ Royal Children's Hospital	2
■ Royal Melbourne Hospital	2
■ Skin and Cancer Foundation (Vic)	1
■ Skin and Cancer Foundation (Vic)/Peter MacCallum Cancer Institute	1
■ St Vincent's Hospital Melbourne	1
■ St Vincent's Hospital Melbourne (Professorial)	1
■ Western General Hospital	1
■ Churchill Hospital, UK (Vic Faculty)	1*
■ St Georges, London, UK (Vic Faculty)	1
■ National Skin Centre, Singapore (Vic Faculty)	1
<b>QUEENSLAND</b>	
■ Greenslopes Private Hospital	1
■ Mater Misericordiae Hospital	1
■ Princess Alexandra Hospital	2
■ Queensland Skin and Cancer Foundation	1
■ Royal Brisbane Hospital	3
■ Royal Brisbane Hospital/Princess Alexandra Hospital	1
■ South East Dermatology	1
■ Clatterbridge Hospital, UK (QLD Faculty)	1
■ Our Lady of Lourdes Hospital, Ireland (QLD Faculty)	1

#### **SOUTH AUSTRALIA**

■ The Women and Children's Hospital/The Queen Elizabeth Hospital	1
■ Flinders Medical Centre	2
■ Flinders Medical Centre/Royal Adelaide Hospital	1
■ Royal Adelaide Hospital	2

#### **WESTERN AUSTRALIA**

■ Royal Perth Hospital	4
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#### **OTHER**

■ Oxford Radcliffe Hospital, UK (scholarship)	1
■ St John's Institute of Dermatology, UK (scholarship)	1

\* Accredited for 2006 only

The number of programs for first year trainees varies each year. Entry into the program is highly competitive.

### Prerequisites

A number of prerequisites must be satisfied in order to be eligible to apply for a training program with the Australasian College of Dermatologists. Applicants must:

- possess a medical degree registrable in Australia
- have resident status in Australia
- have completed or be likely to satisfactorily complete a minimum of 2 years of acceptable postgraduate training (PGY1 + PGY2) in a teaching hospital or equivalent recognised by College by the time of commencing the training program. Certified evidence that the two years have been completed must be provided on commencement of training. Failure to produce such evidence will result in withdrawal of the offer of a place on the training program.

Acceptable training is defined as terms in general medicine (adult and paediatric) and general surgery as well as terms in the medical and surgical sub-specialties and psychiatry. The aim should be to have a broad exposure to a variety of disciplines. No more than 3 months in the 2 years of training should be spent in the same sub-specialty area. Potential applicants who are uncertain whether their training or proposed training conforms to these guidelines should write to the Honorary Secretary of the College with a detailed outline of their training and/or proposed training for a ruling as to its eligibility.

In exceptional circumstances some of the above requirements may be deleted or amended at the discretion of the Council of College.

### Application to the training program

A person who has satisfied the above prerequisites is eligible to apply for admission to the College training program. Application forms are available from the College website [www.dermcoll.asn.au](http://www.dermcoll.asn.au). Completed forms must be submitted electronically by the advertised closing date in the year preceding the year in which the candidate wishes to commence training. Supporting documentation must be forwarded by mail. Candidates in some states must also apply for individual hospital posts. Further information regarding these posts can be obtained from the Secretary of the relevant State Faculty.

Full details of application procedures are published on the College website when applications are called.

### Selection Process

A National Trainee Selection Procedure has been developed to ensure uniformity and fairness in the process of selection of dermatology registrars (Appendix 4). This provides a comprehensive description of selection procedures. Outcomes of the selection process are normally known by September preceding the year of commencement of training, but this may vary from state to state.

All registrar appointments are for one year. To ensure reappointment trainees must fulfil all requirements of the training program and satisfy the Director of Training and the Chief Censor that they have satisfactorily completed that year of training. Under normal circumstances a trainee may not be reappointed once the required 60 months training program has been completed except in special circumstances as determined by the Council. Retrospective accreditation is not given.

On appointment to a registrar training program and payment of the trainee levy (see page 40) the successful candidate becomes a basic trainee of College. A Code of Conduct then applies (Appendix 11).

## CHAPTER THREE: OBJECTIVES OF THE TRAINING PROGRAM

The overall objective of the training program of the Australasian College of Dermatologists is:

*To produce dermatologists who are safe, skilled and competent in the diagnosis and management of all aspects of diseases of the skin and its appendages, and able to respond to the changing health needs of the Australian community.*

The specific objectives of the program are divided into three domains: those relating to skills, those relating to attitudes, and those relating to knowledge. These objectives were developed with reference to the Australian Medical Council's published goals and objectives for basic medical training.

### Objectives relating to knowledge and understanding

During their dermatological training, trainees should develop a knowledge and understanding of:

- The scientific method at a level adequate to provide a rational basis for present dermatological specialist practice and to assimilate the advances in knowledge which will occur over their working life.
- The normal development of the human skin, the normal structure and function of the human skin at all stages of life, the interactions between the skin and the body and mind and the factors which may disturb these interactions.
- The aetiology, pathology, clinical features, natural history and prognosis of dermatological conditions in all age groups.
- Relevant diagnostic procedures, their indications, uses, limitations and complications.
- The management of dermatological conditions including pharmacological, procedural, nutritional and psychological therapies.
- The principles of health education, disease prevention, amelioration of suffering and disability and rehabilitation where relevant.
- The factors affecting the interactions between human skin and its social and physical environment.
- Systems of provision of health care including their advantages and limitations.
- The principles of ethics related to health care and the legal responsibilities of the medical profession.

### Objectives relating to skills

During their dermatological training, trainees should develop the following skills:

- The ability to take a tactful, accurate, organised and problem-focused medical history and relate this to the general medical condition of the patient.
- The ability to perform a reliable and appropriate dermatological examination and relevant general physical examination.
- The ability to choose from their repertoire of clinical skills, those which are appropriate and practical in a given situation.
- The ability to interpret and integrate the history and physical examination findings to arrive at an appropriate provisional diagnosis and differential diagnosis.
- The ability to select the most appropriate and cost effective investigations and diagnostic procedures and interpret the results of investigations.
- The ability to plan management with the appropriate involvement of the patient and family.
- The ability to competently carry out phototherapy, cryosurgery, electrosurgery and cauterisation, and those surgical and laser procedures detailed in the Procedural Dermatology curriculum.

- The ability to counsel sensitively and effectively, and to provide information in a manner which ensures that patients and families are adequately informed when being advised of their diagnosis and /or consenting to any procedure or treatment.
- The ability to interpret medical evidence in a critical and scientific manner and to use information sources to pursue independent inquiry.
- The ability to communicate opinion in oral and written form.

#### **Objectives relating to attitudes as they affect professional behaviour**

During their dermatological training, trainees should develop the following professional attitudes which are regarded as fundamental to medical practice:

- Respect for every human being, with an appreciation of the diversity of human background and cultural values.
- An appreciation of the complexity of ethical issues relating to human life and death including the allocation of scarce resources.
- A desire to ease suffering.
- An awareness of the need to communicate with patients and their families, and to involve them fully in planning management.
- A desire to achieve optimal patient care and at the same time appreciating the need for cost effectiveness of the whole treatment program to allow maximum benefit from available resources.
- Recognition that the health interests of the patient and the community are paramount.
- A willingness to work effectively in a team with other health care professionals and to behave honourably towards them and to acknowledge and respect their opinions.
- An appreciation of the responsibility to maintain standards of medical practice at the highest possible level throughout a professional career.
- An appreciation of the need to recognise when a clinical problem exceeds their capacity to deal with it safely and efficiently and of the need to refer the patient for appropriate help from others when this occurs.
- A realisation that it is not always in the best interests of patients or their families to do everything which is technically possible to make a precise diagnosis or to attempt to modify the course of an illness.

## CHAPTER FOUR: TEACHING AND LEARNING IN THE ACD TRAINING PROGRAM

The ACD training program employs a range of teaching and learning methods to assist trainees develop the knowledge, skills and attitudes required of a competent dermatologist. It is an applied program based on recognised principles of adult education. Practical learning in teaching hospitals and a limited number of accredited private facilities is complemented by structured educational activities and independent learning. The range of learning experiences in the training program is described below.

### Experiential learning

Much of the trainees' learning throughout the training program is experiential. This educational method is emphasised because learning is more pervasive and permanent if the learner acquires and then applies knowledge, skills and attitudes in an immediate and relevant setting. The majority of training is spent in clinical placements where the trainee is responsible, under supervision, for the care of both outpatients and inpatients.

Trainees work in accredited training programs for the full duration of training. Specialist dermatologists who are College Fellows provide teaching, close supervision and ongoing guidance and feedback on the clinical and professional performance of each trainee. Specialists in related fields may provide teaching on various topics such as dermatopathology, infectious diseases, oncology and immunology. Trainees' competence is closely monitored and responsibility for patient care is progressively increased according to skill level.

As well as being involved in direct patient care, trainees are encouraged to be actively involved in all learning opportunities available in their place of training, such as discussion of cases in clinics, ward rounds, seminars, clinicopathological sessions and journal club meetings. These provide opportunities for deeper understanding of clinical issues encountered and for consolidation of learning.

### CLINICAL TRAINING REQUIREMENTS

Trainees must spend a minimum of 48 months full-time (or equivalent) in an accredited registrar training program. Normal leave entitlements are acceptable as part of this period of training but a minimum period of 176 weeks of actual full-time training is essential. Unpaid leave taken during this period of time will not be regarded as accredited training. Any unpaid leave taken during the training period will need to be made up at the completion of training in an accredited program. If a period of leave in excess of three months is taken before the deadline for application to sit the Fellowship Examination then the Fellowship Examination cannot be sat in the fourth year of training.

The minimum requirements for normal training programs in Australia and overseas are in summary (full details Appendix 6):

- four supervised general dermatology clinics per week (adult and/or paediatric) where the trainee is directly involved in patient care
- one dermatopathology session per week
- one dermatological surgery session per week
- attendance at specialty clinics
- exposure to dermatology inpatients and dermatological referrals from other specialties
- availability of library and other support facilities to enable adequate study
- time to attend relevant teaching sessions both at the institution in which the training post is based and in other institutions.

All training can only be prospectively approved by the Board of Censors and the Council.

Trainees who do not pass the written and clinical Fellowship Examination and meet all other requirements of the curriculum in their fourth year of training must complete an additional twelve months full-time (or equivalent) which must include at least 44 weeks of actual training.

### Formal Educational Activities

Whilst teaching and learning in the training program is largely experiential, a number of formal educational activities are used as an adjunct to practical training. A fee may be charged for these meetings.

### Annual Scientific Meeting

Trainees are expected to attend all scientific sessions of the Annual Scientific Meeting of the College each year whenever possible. Trainees who commence from 2005 onwards are required to attend at least two Annual Scientific Meetings or equivalent in their first three years of training. A full-day educational activity specifically for trainees – the registrar training day – is held in conjunction with this meeting. Additionally, the registrars' forum gives trainees an opportunity to present their research findings to peers.

Trainees who are in an accredited training post overseas are not required to attend the Annual Scientific Meeting but should attend the equivalent scientific meeting in that country.

Trainees are required, during the period of their training, to present at least one of their two required presentations at the Annual Scientific Meeting. This may be a paper in the Registrars' Forum or other session or a poster presentation. The subject of this presentation can overlap with that of their publications. To meet training requirements any poster or paper presented must have an abstract.

ACD Professional Development Program forms must be submitted by all trainees.

### Biennial Spring Meeting

Trainees are encouraged to attend the Spring Meeting of the College which is normally held every second year in September.

### Biennial Training Conference

Trainees are required to attend the Biennial Training Conference of the College at least once (but preferably twice) during the course of their training. This conference covers important elements of the curriculum such as medico-legal issues, statistics, evidence based medicine, ethics and various aspects of procedural dermatology such as superficial radiotherapy and laser. Whilst this is a formal activity, the number of trainees attending the conference allows it to be an interactive forum.

### Australasian Society for Dermatology Research Meeting

Trainees are encouraged to attend the meeting of the Australasian Society for Dermatology Research and may make one of their two required presentations at this meeting.

### Australasian Dermatopathology Society Conference

Trainees are encouraged to attend the Australasian Dermatopathology Society Conference during their training. One of their two required presentations may be made at this conference.

### Small group learning

Trainees are expected to attend all clinical or other meetings organised by their State Faculties and individual training institutions whenever possible during their period of training.

In addition to educational activities aimed at the wider College Fellowship, State Faculties regularly provide small group learning activities specifically for trainees. These educational activities are an important feature of learning in the training program. The interactive nature of the activities encourages active engagement in learning rather than passive listening, and this in turn tends to encourage analysis, reflection and deeper learning. These activities also recognise the usefulness of peer-learning as trainees are able to interact with, and learn from, their peers who are training at different institutions.

### Self-directed learning

Self-directed learning is a process in which individuals take the initiative, with or without the help of others, to diagnose their learning needs, formulate learning goals, identify learning resources, select and implement learning strategies and evaluate learning outcomes. Trainees, as adult learners, are expected to take responsibility for continuing self-directed learning. Trainees are encouraged to seek information which fulfils their learning needs from all relevant sources including current dermatological literature and pertinent literature in clinical medicine.

Trainees are also encouraged to attend grand rounds and relevant hospital conferences and meetings involving general aspects of medicine and surgery.

## CHAPTER FIVE: CURRICULUM

The curriculum of the training program of the Australasian College of Dermatologists specifies a comprehensive range of knowledge, skills and abilities which are essential to practice as a specialist dermatologist. It recognises that the characteristics of a dermatologist should reflect more than just clinical competence. Other essential professional qualities such as communication skills, research ability and ethical behaviours are considered equally important.

Whilst the ACD training program fosters the progressive and cumulative acquisition of dermatological knowledge and skills, the curriculum can be looked at in two distinct sections:

- The Clinical Sciences and Pharmacology curriculum which comprises the basic theoretical science knowledge underpinning the study of dermatology. It is necessary to acquire this knowledge within the first 18 months of training.
- The Fellowship curriculum which covers advanced theoretical knowledge and clinical skills.

### Clinical Sciences and Pharmacology Curriculum

Knowledge of the basic sciences provides an important foundation for a thorough understanding of the clinical aspects of dermatology. Within the first 18 months of training trainees should have acquired detailed and comprehensive theoretical knowledge and understanding of relevant anatomy, cutaneous microanatomy and biology, basic immunology, basic radiation physics and radiobiology, basic laser physics, and clinical pharmacology as it applies to the skin.

TRAINEES ARE EXPECTED TO UNDERSTAND:

- 1 Theoretical and applied anatomy of the skin and subcutaneous tissue including the deep fascia and structures deep to the deep fascia which may be injured during dermatological surgery or which might require excision for diagnostic or therapeutic purposes, eg. lymph nodes.
- 2 Basic principles of phototherapy and phototherapy light sources.
- 3 Basic skin microanatomy and biology including:
  - Function of the skin in general
  - Embryology of the skin
  - Structure and function of the epidermis - epidermal differentiation and keratinisation
  - The dermoepidermal junction
  - Melanocyte biology
  - Structure and function of the dermis - biology of collagen, elastin, basement membranes, extracellular matrix, proteoglycans and glycosaminoglycans
  - Subcutaneous fat - structure and basic biology
  - Biology of the oral mucosa
  - Anatomy and physiology of the blood vessels, lymphatics and nerves of the skin
  - Biology of mast cells, Langerhans cells and merkel cells
  - Microanatomy and biology of:
    - hair
    - nails
    - sebaceous glands
    - eccrine glands
    - apocrine glands

- Histology of the skin
  - Principles of photophysics, photochemistry and photobiology
  - Effects of electromagnetic radiation on the skin
  - Genetics - basic principles
  - Carcinogenesis - basic mechanisms and aetiology
  - Principles of wound healing
  - Reactions to physical agents, including cold and heat
  - Basic microbiology relevant to the skin
  - Basic biochemistry as it applies to the skin
  - Immunology in relationship to the skin
  - Cellular and molecular biology of inflammation including:
    - HLA system
    - immunoglobulin structure and function
    - polymorphonuclear leukocytes
    - eosinophils and basophils
    - complement system
    - arachidonic acid metabolism
    - adhesion molecules
    - cytokines
- 4 Basic radiation physics and radiobiology:
- Atomic principles and electromagnetic radiation
  - X-rays
  - Interaction of radiation and matter
  - Radiation dosage
  - Radioactivity and forms of radiation
  - Interaction of radiation with living matter
  - The x-ray circuit and x-ray machines
  - Different forms of radiation therapy
  - Radiation hazards and safety
- 5 Basic laser physics including:
- Principles relating to stimulated emission of radiation, laser media, power supplies, wavelengths, delivery systems, pulsed versus scanned beam, continuous and Q-switching
  - Principles related to the use of intense pulsed light systems hazards and safety

## 6 Pharmacology

A thorough understanding of basic pharmacology and the specific pharmacology of drugs used in the treatment of dermatological conditions together with a detailed understanding of the basic principles of topical therapy and knowledge of the pharmacology of the agents used in topical therapy is required. The Pharmacology Examination which is sat in the first 18 months of training, will source questions from Wolverton (See Reading List Appendix 13) but not from journals.

### a) Systemic Drugs for Treatment of Diseases of the Skin

#### ■ Pharmacology

- Structure
- Absorption and distribution
- Metabolism and excretion
- Mechanism of action

#### ■ Clinical use

- Clinical indications and usage
- Adverse effects and contraindications
- Drug interactions

For:

- Drugs for the treatment of relevant infections
- Immunomodulatory and antiproliferative drugs
- Retinoids
- Psoralens
- Dapsone and sulfapyridine
- Antimalarials
- Antihistamines
- Antiandrogens
- Vasoactive and antiplatelet drugs

### b) Topical Therapy

#### ■ General

- Skin barrier and principles of percutaneous absorption
- Pharmacology of topical therapy including vehicles, principles of emulsions and types of skin preparations

#### ■ Specific Topical Therapies

- Corticosteroids
- Germicides and other antibacterial agents
- Antibiotics
- Antifungal agents
- Antiviral agents
- Preparations used in psoriasis including tars, dithranol, calcipotriol
- Keratolytics
- Retinoids
- Cytotoxic and immunomodulatory agents
- Preparations used in the treatment of acne
- Antiperspirants and depilatory agents
- Agents used to reduce skin pigmentation

- Sunscreens
- Insect repellents and parasiticides
- Cleansing agents and bath preparations
- Camouflaging preparations
- 'Traditional' agents

#### READING LIST

See Appendix 13.

### Fellowship Curriculum

The Fellowship curriculum will be considered under the following headings:

- 1 Dermatological Medicine
- 2 Procedural Dermatology
- 3 Clinical Pharmacology
- 4 Dermatopathology and Laboratory Methods
- 5 Evidence Based Medicine, Medical Statistics and Information Technology
- 6 Medico-legal Issues and Ethics

#### 1 DERMATOLOGICAL MEDICINE

##### PREAMBLE

At the end of the training program trainees should be competent in the diagnosis and management of the full range of dermatological conditions which may present to a dermatologist both in outpatient and inpatient settings, including skin conditions arising as a complication of surgical or medical conditions or their treatments. Trainees must be able to appreciate the differences in presentation of skin conditions in patients of different ethnic origins and in different age groups. In particular, trainees will need to develop an ability to deal with children suffering with dermatological conditions and their parents. They will need to become familiar with those skin diseases which are exclusive to the paediatric age group as well as develop an appreciation of those diseases which may present particular problems in this group and/or different approaches to diagnosis and management. Trainees must have demonstrated a satisfactory interviewing technique and an ability to relate to patients from all walks of life.

The diagnosis and management of skin lesions, including skin malignancies is an integral part of the practice of dermatology particularly in Australia. At the end of the training period trainees should be competent to accurately assess and diagnose all skin lesions with which they may be confronted in practice. They should have gained experience in and become competent in skin surface microscopy. They should also be competent in the performance of basic procedures to deal with those skin lesions encountered. As well they should have an understanding of the methods and application of cosmetic procedures about which patients may inquire. However in all aspects of practice it is essential that they appreciate when referral to a more appropriate or more qualified practitioner in a particular sub-specialty is necessary.

## SYLLABUS

A fundamental understanding of the structure and function of the skin in health and disease, knowledge of comparative dermatology, an understanding of basic pathological reactions of the skin and of the methods of dermatological diagnosis is expected. A detailed knowledge of the aetiology and pathogenesis, epidemiology, histopathology, clinical features, investigations, differential diagnosis, prognosis and management (where applicable) is required of dermatological diseases in the following categories.

- Paediatric dermatology
  - disorders seen in neonates
  - naevi and other developmental defects
  - infections relevant to dermatology in children
  - inflammatory dermatoses of childhood
  - skin tumours in children
- Genetics
  - basic genetic principles
  - genodermatoses
  - prenatal diagnosis of skin disease/genetic counselling
- Inflammation - cellular and molecular biology
- Clinical immunology - immunodeficiency disorders
- Dermatitis
  - endogenous
  - exogenous
  - irritant and allergic contact dermatitis
  - occupational skin disease
  - patch testing procedures
  - erythroderma
  - pruritus
- Reactions to physical agents
  - mechanical injury
  - thermal injury
  - ionising radiation
  - dermatological problems in amputees
  - sports dermatology
  - dermatological signs of child/elderly abuse
  - dermatological complications of stomas
- Photomedicine
  - principles of photobiology
  - effects of UV radiation on the skin
  - photosensitivity disorders
- Infections - infestations
  - bacterial
  - viral (including HIV/AIDS)
  - fungal
  - rickettsial

- mycobacterial (including leprosy)
- treponematoses
- scabies
- biting arthropods/marine stings
- worms: protozoa
- zoonoses
- Sexually transmitted diseases
- Disorders of keratinisation
- Psoriasis
- Disorders of pigmentation
- Disorders of epidermal cohesion - bullous disorders
- Epidermal and dermal inflammatory conditions of unknown aetiology
  - lichen planus and lichenoid reactions
  - pityriasis lichenoides
  - pityriasis rosea
  - annular erythemas
  - neutrophilic dermatoses
  - eosinophilic disorders
  - Reiter's disease
  - Behcet's disease
  - Rosacea
- Connective tissue diseases (Collagen - vascular disorders)
  - lupus erythematosus
  - systemic sclerosis
  - localised forms of scleroderma
  - 'pseudo scleroderma'
  - dermatomyositis
  - lichen sclerosis
  - rheumatoid arthritis and rheumatic diseases
- Vascular and lymphatic disorders
  - urticaria and angioedema
  - purpura
  - vasculitis
  - diseases of the veins and arteries - leg ulcers
  - diseases of the lymphatics
- Disorders of the dermis
  - diseases of connective tissue
  - mastocytoses
  - histiocytoses
  - necrobiotic disorders
  - perforating disorders
  - sarcoidosis
- Disorders of subcutaneous tissue

- Disorders of the appendages
  - hair
  - sebaceous glands - acne, acneiform eruptions
  - eccrine sweat glands
  - apocrine sweat glands
  - follicular syndromes with inflammation and atrophy
- Disorders of the nails
- Disorders affecting special sites
  - eyes
  - ears
  - lips
  - breast
  - genitalia
- Disorders of the mucocutaneous integument
- Cutaneous manifestations of systemic disease
  - metabolic disorders
  - nutritional disorders
  - haematological, gastrointestinal, renal, cardiovascular, pulmonary, endocrine disorders
- Cutaneous manifestations of internal malignancy
- Cutaneous manifestations in the immunosuppressed host/graft-versus-host disease
- Drug eruptions and cutaneous reactions to systemic drug therapy and drug abuse
- Neurocutaneous and psychocutaneous disorders
- Skin tumours - benign/malignant
  - epidermal
  - appendageal
  - melanocytic
  - dermal
  - subcutaneous
  - metastatic disease
- Lymphomas and pseudo lymphomas/parapsoriasis
- Variation in dermatological diseases with age, race, pregnancy etc

## READING LIST

See Appendix 13.

## 2 PROCEDURAL DERMATOLOGY

### PREAMBLE

The accurate diagnosis of skin diseases/lesions includes thorough clinical examination and in selected cases the use of a biopsy to obtain histopathology. These elements form essential initial steps in the decision making process which leads to appropriate selection of therapeutic procedures in dermatology. As a consequence these abilities/knowledge are a pre-requisite to proper management in procedural dermatology and are examined as part of the procedural dermatology section of the curriculum.

The acquisition of procedural skills is based on the following stages:

- Theoretical knowledge - reading, attendance at tutorials, meetings, etc.
- Observing experienced operators/surgeons
- Assisting at procedures/surgery with experienced operator
- Operating under supervision with the assistance of an experienced operator
- Operating alone with an experienced operator available (if required)
- Ongoing case load throughout training with increasing experience and honing of skills

Trainees should have a broad theoretical and practical knowledge of all aspects of procedural dermatology. In the first year of training attendance at supervised dermatological surgery clinics is required. At all stages of training advanced surgical procedures should also be performed in a setting of supervised dermatological surgery clinics. Theoretical knowledge of procedures that trainees may not perform themselves directly, either during training or after graduation, is still essential (eg. electron beam therapy, Mohs' micrographic surgery and laser skin resurfacing). It is the responsibility of the Director of Training in each State to ensure that trainees obtain at least observational exposure to these procedures. (See Assessment of Competence Form in the *Training Program Record Book*).

Levels of practical competence in procedural dermatology are defined:

- 1 Essential (minimal)
- 2 Advanced (extra training required)

It is acknowledged that a wide range of technical skills and dexterity will exist in trainees. Dermatology as a specialty may attract medically inclined individuals as well as those with a surgical preference. Some trainees may have low confidence in their technical abilities. Trainees should, with intensive training, be able to achieve a satisfactory level of technical and practical competence to satisfactorily complete all of the requirements of the Procedural Dermatology section of the curriculum.

Assessment of competence by an appropriately qualified and/or experienced dermatologist who is a member of the Australasian College of Dermatologists will be carried out on all aspects of procedural dermatology utilising the Assessment of Competence Form. This form, which forms part of the *Training Program Record Book*, will need to be completed prior to trainees sitting for the Fellowship Examination.

The procedural dermatology curriculum can be divided into the following broad areas:

- 1 Dermatological Surgery
- 2 Laser Surgery
- 3 Radiation Oncology/Radiotherapy
- 4 Phototherapy
- 5 Photodynamic Therapy
- 6 Cryosurgery
- 7 Injection Therapy
- 8 Infection Control/Sterilisation
- 9 Local and Neurolept Anaesthesia
- 10 Surgical Emergencies and Resuscitation
- 11 Medico-Legal Issues

## ***Procedural Dermatology 1: Dermatological Surgery***

### **PREAMBLE**

Any surgery involves potential risks to the patient, surgeon and other staff. Trainees must become competent in the evaluation of the patient for general medical, surgical and infective risk factors together with potential contraindications to dermatological surgery as well as develop an ability to assess patients' suitability for surgery under local anaesthesia and in ambulatory facilities.

### **(a) Surgical Anatomy**

As dermatology is both a medical and surgical specialty dealing with benign and malignant diseases affecting skin and subcutaneous tissues in all body sites, a thorough grounding in anatomy of the skin is required. This includes the deep fascia and structures deep to the deep fascia which may be injured during dermatological surgery or which might require excision for diagnostic or therapeutic purposes, eg. lymph nodes. Head and neck anatomy requires special attention because of the predominance of skin cancers in these sites.

General requirements include:

- a Surface Anatomy  
Topographic anatomy and surface projections of deep anatomical structures, skin tension lines, aesthetics and the anatomy of skin ageing.
- b Classic systems of anatomy:  
Muscles of facial expression, superficial musculo-aponeurotic system of head and neck, facial nerve, sensory nerves of skin, vascular systems including arteries and veins in particular head, neck and legs and lymphatics.
- c Regional Anatomy:  
Scalp, forehead, eyelid, nose, ear, lip, chin, cheek, neck, mouth, tongue, genitalia, anus and perianal, leg and thigh, upper limb and nail unit.

### **(b) Curettage**

Instrumentation, physical principles, techniques, indications, contra-indications, and cure rates.

### **(c) Cauterisation**

Instrumentation, physical principles, techniques, indications, contra-indications, cure rates and safety factors.

### **(d) Electrosurgery**

Instrumentation, physical principles, techniques, indications, contra-indications, and cure rates. Understanding of terms electrocautery, electrolysis, electrodesiccation, electrofulguration, electrocoagulation and electrosection (cutting) and diathermy. Safety factors.

### **(e) Scalpel Surgery**

- a Biopsy:  
Punch, shave, incisional and excisional. Instrumentation, indications, contra-indications and relevant merits and disadvantages of each technique for various conditions.

- b Excision:
  - i) Working knowledge of surgical instrumentation, suture materials and needles
  - ii) Lines of excision, cosmetic unit principles, relaxed skin tension lines
  - iii) Principles of wound closure, undermining, suturing techniques, subcutaneous sutures, subcuticular suture, mattress suture, running suture, M-plasty
  - iv) Techniques of haemostasis
  - v) Margins of excision for different skin tumours
- c Flaps
  - i) Principles of tissue movement and flap dynamics
  - ii) Factors influencing survival
  - iii) Decision making process in flap selection
  - iv) Specific flaps including but not limited to: advancement, rotation, transposition, subcutaneous pedicle and Z-plasty
- d Grafts
  - i) Mechanisms of graft survival
  - ii) Factors influencing survival
  - iii) Decision making process in graft selection
  - iv) Split thickness, full thickness and composite cartilaginous grafts
- e Mohs' Micrographic Surgery  
Detailed knowledge of the technique is required including observation of the surgery being performed during the period of training.
- f Management of all complications of procedural work.

#### (f) Post Operative Wound Care

Dressings, second intention healing, management of complications including haematoma, infection, necrosis and hypertrophic scarring.

#### (g) Dermabrasion and Chemical Peeling

Indications, contraindications, techniques, instrumentation, peeling agents, post operative healing, complications and safety.

#### **Essential Practical Skills in Dermatological Surgery**

Performance of skin biopsy (all methods), curettage, cautery and electrosurgery, cryosurgery, basic instrument handling skills, tumour margin planning, haemostasis and management of significant intra operative bleeding, suturing, dressing techniques, and post operative care.

Designing appropriate incision lines, respect for cosmetic units, ability in designing wound closures, excision (elliptical) and suture.

Performance under supervision during training of split and full thickness skin grafts and a range of basic flaps including simple advancement flaps (unilateral or bilateral and A-T type), simple transposition flaps such as rhombic or nasolabial flap, simple rotation flaps and subcutaneous pedicle (island) flaps. The exact number is not important but documented evidence is required demonstrating that at least some have been performed under supervision and that the trainee has been assessed as being competent to carry out these procedures. The Assessment of Competence Form and the logbook are the usual source of evidence.

## **Advanced Practical Skills in Dermatological Surgery**

Performance of Mohs' micrographic surgery, chemical peels, composite cartilaginous grafts, wedge resection of lips and ears, superficial radiotherapy, large or complicated flaps such as interpolation flaps and two stage direct or tubed pedicle flaps. Trainees are not required to gain practical experience in these procedures. They are however required to have a detailed theoretical knowledge of the procedures and to have observed on at least several occasions the performance of such procedures. For radiotherapy trainees need to observe a minimum of five set-ups. These need to be in at least five different patients and preferably at different stages of their treatments. This needs to be documented in the Assessment of Competence Form. Trainees wishing to pursue dermatological surgery as their primary interest in dermatology are encouraged to gain practical experience in the performance of these procedures where possible.

## ***Procedural Dermatology 2: Laser Therapy***

### **PREAMBLE**

Lasers of various types are widely used by dermatologists and trainees are required to gain detailed theoretical knowledge of all aspects of laser surgery. In addition they are required to obtain practical skills in the use of vascular lasers. Practical experience in laser surgery whether obtained within a teaching hospital or a private hospital/facility must be carried out under the direct supervision of an appropriately trained dermatologist, who is a member of the Australasian College of Dermatologists.

Trainees are required to attend at least one course on laser therapy during the course of their training. These courses are usually held as part of the Biennial Training Conference of the College. The emphasis in these courses is on the clinical application of laser therapy.

Knowledge of the following aspects of laser therapy is required:

### **(a) Laser Safety and Regulations**

Each Australian State has legal requirements relating to Class IV laser use. Knowledge of State regulations and laser licensing is required. A thorough understanding of the safe use of lasers in dermatology including knowledge of hazard reduction, eye protection, electrical and fire safety, infection control and laser plume, signage, secure key storage, record keeping, laser maintenance and alignment is essential.

### **(b) Laser Tissue Interaction**

Principles of selective photothermolysis, thermal relaxation times and variables associated.

### **(c) Clinical Indications**

Vascular lesions, pigmented lesions, birthmarks, tattoos, acne scarring, scars, skin cancer, verrucae, actinic cheilitis, photoageing, wrinkling, laser assisted epilation and a range of other indications.

### **(d) Laser Technology**

- i) Vascular lasers: 488-715 nm: Argon, KTP frequency doubled Nd-YAG, long pulsed Nd-YAG, flash lamp excited pulsed dye laser, Alexandrite, diode systems, IPL (intense pulsed light systems) and others as applicable.
- ii) Pigmented lesion and tattoo lasers: 510-1064 nm: Flash lamp excited pulsed dye laser, Q-switched KTP frequency doubled Nd-YAG, Q-switched Nd-YAG, Q-switched Alexandrite, Q-switched Ruby.
- iii) Resurfacing lasers: 2940- 10600 nm: Carbon dioxide and Erbium-YAG lasers. Continuous wave, pulsed, scanned, super pulsed.
- iv) Epilation lasers: 694- 1064 nm: Normal mode ruby lasers, long pulse Alexandrite, Q-switched Nd-YAG with carbon and others as applicable.

### Essential Practical Skills in Laser Therapy

Use of lasers for the treatment of vascular lesions. Documented evidence is required demonstrating that these procedures have been performed under supervision and that the trainee has been assessed as being competent to perform such procedures.

### Advanced Practical Skills in Laser Therapy

CO<sub>2</sub> laser treatment for removal of benign and malignant skin lesions, CO<sub>2</sub> laser resurfacing for cosmetic indications and laser treatments using pigmented lesion lasers. Trainees are not required to gain practical experience in these procedures. They are however required to have a detailed theoretical knowledge of the procedures and to have observed on at least several occasions the performance of such procedures. This needs to be documented in the Assessment of Competence Form. Trainees wishing to pursue laser surgery as their primary interest in dermatology are encouraged to gain practical experience in the performance of these procedures where possible.

### *Procedural Dermatology 3: Radiation Oncology / Radiotherapy*

#### PREAMBLE

Radiotherapy remains an effective modality in the dermatological management of selected benign and malignant diseases. Detailed knowledge of the theory of the use of radiotherapy in certain benign skin disorders and in the treatment of skin malignancies is required. Practical training in radiotherapy is not required for either benign or malignant disorders. A detailed knowledge of the theory and practice of radiotherapy (XRT) in the treatment of skin malignancies is required. Practical radiotherapy treatment is part of the advanced procedures list. Trainees are required to observe five cases. The supervisor can be either a dermatological radiotherapist or a qualified radiation oncologist.

Trainees will need to have detailed knowledge of radiotherapy treatment of skin malignancies including indications, contraindications, post radiotherapy care and complications. This will be examined both in the written papers and in the procedural dermatology OSCE.

Trainees are expected to attend at least one radiotherapy course during the period of their training. This course is normally part of the Biennial Training Conference of the College.

Knowledge of the following aspects of radiation oncology/radiotherapy is required:

#### (a) Practical Aspects of Treatment

Positioning, shielding, indications, contraindications, dosage calculation, administration and safety factors.

#### (b) Radiation Protection

#### (c) Radiation Injury

## ***Procedural Dermatology 4: Phototherapy and Photodynamic Therapy***

### **PREAMBLE**

Phototherapy is an important modality in procedural dermatology and a thorough and comprehensive knowledge of theoretical principles and practical techniques is essential. Trainees are expected to have been actively involved in the administration of broadband/narrowband UVB, UVA and PUVA phototherapy to patients during their period of training and to have recorded adequate numbers of cases in their logbooks.

Knowledge of the following aspects of phototherapy and photodynamic therapy is required:

#### (a) UVB Phototherapy

Broad and narrow band: underlying physical principles, electronics, risks and limitations.

#### (b) PUVA

All topical modalities - bath, cream and paint and systemic mono or combination therapy: principles, risks, limitations and complications.

#### (c) Photodynamic Therapy

Systemic haematoporphyrin derivative and topical 5-ALA or its esters based therapy. Principles, indications, risks, limitations, cure rates and knowledge of different light delivery systems.

## ***Procedural Dermatology 5: Cryotherapy***

Knowledge of the following aspects of cryotherapy is required:

#### (a) Mechanisms

Physical and physiological factors and cellular effects; different cryogens.

#### (b) Techniques

Freeze thaw principles. Timed spot freeze technique, thermocouples.

#### (c) Indications and Contraindications

#### (d) Post Operative Care and Complications

## ***Procedural Dermatology 6: Injection Therapy***

Knowledge of the following aspects of injection therapy is required:

#### (a) Intralesional Steroids, Cytotoxics, Others

Principles of the safe use of intralesional steroids, interferon, bleomycin, 5-fluorouracil and other agents; indications, contraindications and complications.

### (b) Sclerotherapy

Use of sclerosants such as hypertonic saline, polidocanol and sodium tetradecyl sulphate for leg and facial capillaries, some angiomas and lymphangiomas. Risks, complications and contraindications. This is regarded as an advanced technique and practical experience is not a requirement. However trainees should have a thorough understanding of the theoretical basis of sclerotherapy techniques, complications of treatment and their management and where possible have seen such procedures performed.

### (c) Injection of Dermal Filler Substances

Collagen, autologous fat, hyaluronic acids, Gortex and similar agents. Indications, contraindications, limitations and complications. This is regarded as an advanced technique and practical experience is not a requirement. However trainees should have a thorough understanding of the theoretical basis of these techniques, complications of treatment and their management and where possible have seen such procedures performed.

### (d) Muscle Paresis Injections

Botulinum toxin and similar agents. Indications, contra-indications, limitations, and complications. This is regarded as an advanced technique and practical experience is not a requirement. However trainees should have a thorough understanding of the theoretical basis of this technique, complications of treatment and their management, and where possible have seen the procedure performed.

### ***Procedural Dermatology 7: Infection Control / Sterilisation***

Use of standard and additional precautions for the protection of staff and patients. Disinfection and sterilisation and sharp and contaminated waste disposal. Aseptic techniques, operating room protocol and sharp injuries protocol. Sterilisation equipment principles and maintenance.

### ***Procedural Dermatology 8: Local and Neurolept Anaesthesia***

Basic pharmacology of local anaesthetics, infiltration techniques, regional blocks, and anatomy relevant to regional blocks. Principles of tumescent anaesthesia. Risks, complications and alternatives. Use of sedation - oral or parenteral including nitrous oxide, benzodiazepines and narcotics. Monitoring including pulse oximetry, ECG. Adrenalin effects, lignocaine toxicity and anaphylactic reaction.

### ***Procedural Dermatology 9: Surgical Emergencies and Resuscitation***

Causes of collapse, vasovagal reactions and cardiac effects. Management of cardio respiratory collapse using cardiopulmonary resuscitation.

### ***Procedural Dermatology 10: Medico-Legal Issues***

Informed consent, informed financial consent, management of unforeseen complications, excessive scarring, unfulfilled expectations, the litigious or psychologically disturbed patient and sexual privacy.

### READING LIST

See Appendix 13.

## LOGBOOK

Trainees are required to maintain a log of experience in essential procedures/treatment modalities (listed in Appendix 7) and advanced procedures/treatment modalities (listed in Appendix 8) in the Training Program Record Book. The logbook component of the Training Program Record Book must be satisfactorily completed prior to admission to the Fellowship examination.

Trainees should note that they must be assessed as competent in all essential procedures by the time of application to sit the Fellowship examination. More details regarding assessment of competence are given on page 31.

Trainees are expected to have a theoretical understanding of all procedures on the advanced procedures list, and to have observed them if possible. They must observe five cases of radiotherapy.

## 3 CLINICAL PHARMACOLOGY

### PREAMBLE

Clinical pharmacology is part of the Fellowship curriculum for trainees who are holders of the Basic Sciences Examination and who commenced training prior to 2004. For all other trainees pharmacology is part of the Clinical Sciences curriculum. Clinical aspects of pharmacology are included in the Fellowship curriculum.

A thorough understanding of basic pharmacology and the specific pharmacology of drugs used in the treatment of dermatological conditions together with a detailed understanding of the basic principles of topical therapy and a knowledge of the pharmacology of the agents used in topical therapy is required.

### SYLLABUS

#### 1 Systemic Drugs for Treatment of Diseases of the Skin

- Pharmacology
  - Structure
  - Absorption and distribution
  - Metabolism and excretion
  - Mechanism of action
- Clinical use
  - Clinical indications and usage
  - Adverse effects and contraindications
  - Drug interactions

For:

- Drugs for the treatment of relevant infections
- Immunomodulatory and antiproliferative drugs
- Retinoids
- Psoralens
- Dapsone and sulfapyridine
- Antimalarials
- Antihistamines
- Antiandrogens
- Vasoactive and antiplatelet drugs

## 2 Topical Therapy

### ■ General

- Skin barrier and principles of percutaneous absorption
- Pharmacology of topical therapy including vehicles, principles of emulsions and types of skin preparations
- Adverse reactions and contraindications

### ■ Specific Topical Therapies

- Corticosteroids
- Germicides and other antibacterial agents
- Antibiotics
- Antifungal agents
- Antiviral agents
- Preparations used in psoriasis including tars, dithranol, calcipotriol
- Keratolytics
- Retinoids
- Cytotoxic and immunomodulatory agents
- Preparations used in the treatment of acne
- Antiperspirants and depilatory agents
- Agents used to reduce skin pigmentation
- Sunscreens
- Insect repellents and parasiticides
- Cleansing agents and bath preparations
- Camouflaging preparations
- 'Traditional' agents

### READING LIST

See Appendix 13.

## 4 DERMATOPATHOLOGY AND LABORATORY METHODS

### PREAMBLE

Experience and training in dermatopathology and relevant laboratory methods is an essential part of general dermatology training. This should be primarily seen as an adjunct to understanding diseases of the skin and to contribute to an understanding of the rationale for their management.

Trainees should become competent in the use of a standard microscope and have a knowledge of laboratory methods used in the histopathology laboratory as well as a knowledge and some practical experience of the methods used for fungal microscopy and culture. Trainees are expected to gain knowledge of the clinical epidemiology of fungal species seen in dermatology practice and the limitations of cultural identification in pathology laboratories and should be able to identify fungal spores and hyphae on direct microscopy of skin scrapings, common parasites causing disease in humans and common abnormalities of hair shafts. At the end of the training period trainees should be able to adequately assess microscopically common dermatological conditions and common skin tumours. It is not envisaged that the training received in dermatopathology would replace the need for a report from a specialist dermatopathologist (except in special circumstances).

Another important aspect of training in dermatopathology and laboratory methods is to develop an ability to accurately and appropriately interpret pathology results including relevant blood and serology tests related to infectious diseases, autoimmune diseases and systemic diseases with cutaneous manifestations. Trainees are expected to know the relevant investigations that are appropriate for particular circumstances which might be encountered in daily practice.

### SYLLABUS

- Histopathology of all dermatological conditions and tumours listed in the curriculum.
- Fungal microscopy and techniques of fungal culture.
- Microscopy of parasites causing skin disease in humans.
- Microscopy of hair shaft abnormalities.

### READING LIST

See Appendix 13.

## 5 EVIDENCE BASED MEDICINE, MEDICAL STATISTICS AND INFORMATION TECHNOLOGY

There is growing reliance on evidence based medicine in rationalising health services, in applying distributive ethics, in medico-legal decisions and in all aspects of clinical dermatology. Dermatologists need to be proficient in both establishing and assessing evidence. Skills necessary for this include knowledge of medical statistics and familiarity and proficiency in information technology.

- Evidence Based Medicine is the practice of medicine using diagnostic procedures with proven reliability and treatments with proven efficacy.
- Statistics form the basis of most evidence with randomised controlled trials providing the most powerful evidence. However, there are many sources of evidence and particularly of accumulations of large bodies of evidence. All methods require knowledge of statistics.
- Information Technology is based on computers. These form, interpret and disseminate evidence based medicine. Dermatologists need to have skills in information technology.

Trainees are expected to know the capabilities and limitations of the statistics in producing evidence for medical practice and it will be necessary for courses and assessments to be organised during training including symposia and workshops to provide training in evidence based medicine, medical tests and information technology.

### READING LIST

See Appendix 13.

## 6 MEDICO-LEGAL ISSUES AND ETHICS

Trainees are expected to understand and be proficient in:

- Communication and empathy with patients and family particularly in difficult circumstances.
- Recognition of patient autonomy.
- Provision of informed consent.
- Acting honourably towards colleagues.
- Recognition of the limitations of personal expertise.
- Principles of ethical practice and expression of opinion to patients.
- Appropriate expression of medical opinion in all reports.
- Oral and written communication with other medical professionals.
- Issues of distributive justice.
- Issues of beneficent and non-maleficent ethics.

College will provide training and periodical conferences dealing with these issues.

## CHAPTER SIX: ASSESSMENT

Trainees of the College undertake a stringent and comprehensive process of assessment during their training, in order to ensure that they meet high standards of performance in all aspects of dermatological practice. Assessment includes regular formative assessment and a series of summative assessments.

It is important that trainees and supervisors understand the distinction between formative and summative assessment. **Formative assessments** are those which occur throughout, and contribute to, the learning process. They are educational and developmental rather than judgmental. The aim of formative assessment is to enable trainees to become aware of the strengths and weaknesses in their performance, identify their learning needs, and with the assistance of their supervisors, to take steps to address those needs. Confidential and non-threatening feedback is a crucial element of formative assessment. Feedback given as part of formative assessment helps trainees become aware of any gaps that exist between desired standards of performance and their current knowledge, skills and abilities. It encourages trainees to focus their attention on areas requiring improvement. **Summative assessment**, on the other hand, is a judgment about someone's performance at a particular point in time against defined criteria. Summative assessment can include a formative element (for example, trainees who fail the fellowship examination may be given feedback about their performance which they can use to guide their learning for their next attempt at the examination) but formative assessments cannot also be summative.

### Formative Assessment in the Training Program

#### Formative In-Training Assessment

Formative in-training assessment is designed to provide feedback to trainees to assist them to identify their learning needs so that they can be focused in their study. It is a purely a learning tool. It does not affect trainees' progression in the program or impact on their final results.

The Formative in-training assessment form (Appendix 9) is completed twice yearly (in March and September) by each trainee in conjunction with their Supervisor of Training. It is designed to provide a starting point for the trainee to consider his/her progress and future learning needs, and to stimulate discussion between the Supervisor of Training and trainee. It is entirely confidential between the trainee and the Supervisor of Training. Both the trainee and the Supervisor of Training must sign the relevant section of the Training Program Record Book to confirm that assessment has taken place. For full details see the Guide to Formative In-training Assessment (Appendix 9).

## Summative Assessment in the Training Program

Trainees complete a range of summative assessments throughout their training. These include assessments of performance in the workplace, competence in essential procedures and treatment modalities, and written and clinical examinations. These are outlined below.

### Summative In-Training Assessment

Summative in-training assessment aims to assess whether trainee performance has met required standards, relative to level of training, during the preceding 6 months. It is designed to inform trainees about the quality of their performance in a range of areas and to apprise those trainees who are not meeting expected standards of the need for improvement. Trainees are required to perform satisfactorily in these assessments in order to progress through the training program. Supervisors of Training and two clinical supervisors, selected by consultation between the Supervisor of Training and the trainee, are asked to complete the summative in-training assessment forms twice yearly (in June and December). Full details are given in the Guide to Summative In-training Assessment (Appendix 10).

### Assessment of Competence in Essential Procedures/Treatment Modalities

Throughout the training program trainees are assessed in the performance of a number of essential procedures and treatment modalities (see Appendix 7). During the course of their training trainees progress from observation through to supervised performance of these procedures. Trainees are given feedback on their skills by supervising dermatologists. When supervisors believe a trainee is competent to perform a particular procedure unsupervised the trainee may undergo an assessment of competence in this procedure. Each of the procedures/treatment modalities listed needs to be performed by the trainee under the direct observation of an appropriately qualified and/or experienced dermatologist who is a member of the ACD. In the case of excisional dermatological surgery and laser surgery this person needs to be a dermatologist with appropriate additional training/experience. Specialists in another discipline who have been approved to work at one of the state Skin and Cancer Foundations may assess the competence of the trainees in the procedures that they teach and supervise, provided this has been approved by the Board of Censors and the assessment is countersigned by a Fellow. A successful assessment indicates that the trainee is competent to perform the procedure/treatment modality unsupervised.

To be eligible to sit for the Fellowship Examination, trainees must have been assessed competent in all essential procedures/treatment modalities listed in Appendix 7, and must have submitted signed assessment of competence forms to the College secretariat.

Documents relating to Assessment of Competence can be found in the Training Program Record Book, which is sent to each trainee when they commence the program.

### Clinical Sciences Examination and Pharmacology Examination

The Clinical Sciences Examination and the Pharmacology Examination are multiple choice examinations which are held in June and November each year in major capital cities. The curriculum which is assessed in these examinations is detailed in Chapter Five. Trainees may choose to sit both examinations during the same examination period or may attempt them separately. Trainees who are holders of the Basic Sciences Examination are exempt from the Clinical Sciences Examination but must pass the Pharmacology Examination.

Both examinations must be passed within 18 months of commencing training. Trainees may attempt each examination up to three times – in June and November of their first year of training and in June of their second year. Trainees who do not pass both examinations by June of their second year of training are not eligible to continue in the training program, but will be expected to fulfil their contracts with their place of employment.

Trainees in overseas posts at the time of these examinations may sit overseas. See page 38 for full details.

## Fellowship Examination

The Fellowship Examination is conducted in two parts. Written examinations are held in June of each year in major Australian centres. Clinical examinations, for those candidates successful in the written examination, are held approximately six weeks later in one major Australian centre.

### ELIGIBILITY TO SIT FELLOWSHIP EXAMINATION

Provided they satisfy specified eligibility criteria, trainees may sit the Fellowship Examination in their fourth and/or fifth year of training. The Fellowship Examination cannot be attempted prior to fourth year.

In order to be eligible to sit the Fellowship Examination trainees must:

- have satisfactorily completed all requirements of the Curriculum
- submit a completed Training Program Record Book including:
  - confirmation of annual review signed each year by the Director of Training
  - record of trainee appointment for each year of training, signed by the relevant Heads of Department
  - in-training assessment record signed by the Supervisor of Training after each formative in-training assessment and including copies of all signed summative in-training assessment reports.
  - record of publications and presentations
  - record of meeting attendance
  - log of faculty and hospital clinical meetings attended
  - inpatient care log
  - log of experience in essential and advanced procedures and treatment modalities
  - signed assessment of competence in all essential procedures and treatment modalities.
- have submitted signed summative in-training assessment summaries covering the full period of training
- demonstrate satisfactory attendance and application during their fourth or final year of training.
- be in a position to complete training within 10 years of commencement (see page 40, 'Validity of accredited training')
- submit documentation of any leave taken in excess of normal recreation/sick/conference leave/rostered days off.

It is the responsibility of the candidate to ensure that all necessary documentation is submitted.

### WRITTEN EXAMINATION

The written Fellowship Examination consists of three or four papers:

- Dermatological Medicine I (Written) Paper - this paper consists of two parts each of two hours duration. Each part encompasses questions on general dermatology and general medicine pertaining to dermatology and consists of 6 'clinical scenario' type questions.
- Pharmacology Examination - this paper consists of 90 multiple choice questions of true/false type over a two hour period. *NB. This paper is to be sat as part of the Fellowship Examination only by candidates who commenced the training program before 31 December 2003. Trainees may choose to sit the examination prior to or as part of the Fellowship Examination. All trainees who commence training from 1 January 2004 must pass the Pharmacology Examination within the first 18 months of training (See Clinical Sciences and Pharmacology Examination).*
- Dermatological Medicine II (MCQ) Paper - this paper consists of 100 multiple choice questions over a 3 hour period (50 best answer type and 50 true/false type).
- Procedural Dermatology Paper - this paper consists of 90 multiple choice questions (45 one best answer type and 45 true/false types) over a two hour period, on all aspects of Procedural Dermatology.

There is no negative marking in any of the multiple choice question papers. Each paper must be passed for an overall pass in this examination. Detailed directions regarding the answering of these examination papers together with sample multiple choice questions will be forwarded to qualified candidates prior to the examination.

#### CLINICAL EXAMINATIONS

Candidates who are successful in the written examination are invited to the clinical examinations. The clinical examinations are conducted over a two day period approximately six weeks after the written examination in one major Australian centre designated on a rotational basis.

The first day encompasses examinations in dermatopathology, laboratory methods and procedural dermatology. These examinations follow the OSCE (Objective Structured Clinical Examination) format and are supervised by the Chief Censor together with members of the Board of Censors and qualified dermatologists from the State in which the examination is being held. The individual stations of the OSCE are developed by an expert panel together with the Board of Censors.

The second day encompasses all aspects of dermatological medicine and general medicine pertaining to dermatology. There are four long case vivas each of which involves two cases. Candidates are allowed twenty minutes to assess the two cases and five minutes to formulate a management plan. This is followed by a viva lasting 20 minutes with two examiners at least one of whom is a member of the Board of Censors. During the viva candidates will be asked questions regarding the two cases. They will be expected to have taken a relevant history and to have carried out a comprehensive dermatological and relevant general examination. They will also be expected to have arrived at a diagnosis or at least a differential diagnosis, to know how to proceed with regard to investigations and be able to outline a satisfactory management strategy. There is a separate examination of short cases which is run along modified OSCE lines with each individual station manned by a member of the Board of Censors or an occasional examiner. This will primarily assess diagnostic ability and the ability to present a relevant differential diagnosis.

In general terms the candidates will be expected to demonstrate:

- i) dermatological knowledge
- ii) ability to take an accurate and focussed history
- iii) ability to carry out a complete dermatological examination
- iv) ability to correctly identify both relevant and inconsequential findings
- v) ability to collate information and solve problems
- vi) ability to arrive at both a provisional diagnosis and a differential diagnosis
- vii) ability to outline a relevant management strategy
- viii) communication skills.

Candidates must pass both the OSCE and the long and short case vivas to pass the clinical examination. Both the OSCE and the long and short case vivas must be passed at each attempt at the clinical examinations, i.e., a pass in the OSCE or long and short vivas in one year will not be taken into account in the following year.

### Application to sit examinations

Notice of intention to hold the examinations will be advertised at least two calendar months prior to the date fixed for receipt of applications. Application forms can be downloaded from the trainee area of the College website at [www.dermcoll.asn.au](http://www.dermcoll.asn.au). All application forms must be lodged with the Honorary Secretary of the College at least three calendar months prior to the date fixed for the examination. Under no circumstances will applications be considered if they reach College later than 5.00pm on the due date. All eligibility criteria must be met by this date. Any application (faxed or not) received after this date will not be assessed.

Candidates for the College examinations should, on each occasion, lodge:

- an application form for admission to the Clinical Sciences and/or Pharmacology Examination and the prescribed fee

or

- an application form for admission to the Fellowship Examination together with prescribed the fee and a completed Training Program Record Book indicating satisfactory completion of all requirements of the curriculum:
  - “Record of Trainee Appointment” form completed to date
  - Complete “Assessment of Competence” records which have been signed by the State Director of Training
  - Completed “Certification of Presentations, Publications and Research Studies” form with relevant documentation attached
  - Completed Training Program Record Book showing that all requirements have been met
  - Certificate of Attendance at Biennial Training Conference
  - Documentation of any leave taken in excess of normal recreation/sick/conference leave/rostered days off.

Trainees should also note that results of Summative in-training assessments during the fourth or final year may be taken into account when considering eligibility for admission to the Fellowship exams. Trainees whose performance has not been satisfactory during the fourth or final year may not be granted admission to the examinations.

### Examination Fees

The following examination fees (GST free) are payable on application:

Clinical Sciences Examination + Pharmacology Examination	\$1,700.00
Pharmacology Examination alone	\$1,400.00
Fellowship Examination	\$2,500.00

Basic trainees who sit for the Pharmacology Examination as part of and at the same time as the Clinical Sciences Examination, will pay the \$1,700 fee. Trainees who sit for the Pharmacology Examination alone will pay the \$1,400 fee. These fees cover up to three attempts at the examinations – June and November of the first year of training and June of the second year of training.

Fellowship Examination candidates who are sitting the clinical examinations alone will be required to pay the full Fellowship Examination fee.

Note: Fees are subject to change.

**Validity of examination passes**

A pass in the Basic Sciences Examination is permanently valid. Basic Science Examination holders who commence training from 2004 onwards are exempt from the Clinical Sciences Examination, but are required to pass the Pharmacology Examination in the first 18 months of training. A pass in the Clinical Sciences or Pharmacology Examination is permanently valid.

Trainees beginning their training from 1 January 2003 are required to pass the Fellowship Examination, and complete the other requirements for Fellowship, in the fourth or fifth year of training or in the following two years. If a candidate fails to pass both the written and clinical Fellowship Examinations within the specified time-limit, then a further year of training in an accredited Australian training program is required. Appointment to such a program is not automatic and would need to be applied for, in competition with all other qualified applicants, in the normal way.

Trainees who have not passed the Fellowship Examination within the specified time-limit after completion of their training and who have completed a further year of supervised training in an accredited Australian training program will be eligible to sit for the examination during that year of additional training and in the three years following the completion of the additional year of training. Failure to pass the examination at the end of that three year period will then require a further additional year of supervised training in an accredited Australian training program as detailed above.

**Modification of examinations**

In exceptional circumstances the Council, following consultation with the Board of Censors, may modify the form of the examination or the provisions of eligibility. Candidates requesting modifications must lodge an application with the Honorary Secretary at least six months before the time fixed for the examination.

Any candidate who considers that the examination timetable would conflict with their religious beliefs and observations should notify the College at least twelve months prior to the date of the examination so that alternative arrangements may be considered.

## **Other Training Requirements**

### **Presentations/Publications/Research**

Trainees must, during the course of their training, prepare and have published (or at least accepted for publication) two papers of a significant nature on a dermatological subject. Trainees must conduct this research either during their period of training or in the 2 years immediately preceding commencing training. At least one of these papers must be published in *The Australasian Journal of Dermatology* (AJD) and the other may be published in a peer reviewed journal acceptable to the Board of Censors. If one of the two required papers is published in a journal other than the AJD then the paper submitted to the AJD must be of a similar standard to the one published in the alternate journal. If the trainee is uncertain whether their dermatological subject is significant and whether the journal is acceptable to the Board of Censors then they should formally approach their local Censor for advice.

The trainee must be the primary author and at least one of the papers must be peer reviewed. The minimum requirement is for a paper of a case report with a full literature review or equivalent. However papers with original work are encouraged.

Trainees are required, during the period of their training, to present at least one paper in the Registrars' Forum or other session or submit a poster presentation at the Annual Scientific Meeting of the ACD. The subject of this presentation can overlap with that of their publications. Any poster or presentation presented at the Annual Scientific Meeting will need to have an abstract, which is submitted to College before the meeting, to meet training requirements. In addition, trainees commencing from 2005 will also be required to present a second paper or poster once during their training at the Annual Scientific Meeting of the Australasian College of Dermatologists or the Australasian Dermatopathology Society conference or the Australasian Society of Dermatology Research meeting or another meeting of stature, subject to approval in advance from the Board of Censors.

For trainees who commence training in 2000 or thereafter, evidence that these requirements have been satisfied must be received by the College by the end of the year of training prior to the year the trainee plans to sit for the Fellowship Examination. Application for admission to the Fellowship Examination will not be accepted without evidence of compliance with the publication requirements of the College except at the discretion of Council.

### **Log books**

Logbooks are kept in order to document trainees' acquisition of skills. The logbook assists the trainee and his/her supervisors to:

- a) monitor the acquisition of skills and
- b) identify those skill areas which require more exposure.

Logbooks must be reviewed and signed by Directors of Training annually. They must be satisfactorily completed, as detailed in the *Training Program Record Book*, and submitted with applications to sit the Fellowship Examinations. They will be reviewed by a member of the Board of Censors before approval to sit the Fellowship Examination is given.

### **Attendance at ACD Annual Scientific Meeting**

Trainees commencing training from 2005 onwards will be required to attend two ACD Annual Scientific Meetings or the overseas equivalent in the first three years of training. At each of these meeting trainees are required to attend for a minimum of 20 hours and are required to submit completed Professional Development Program forms.

### **Attendance at ACD Biennial Training Conference**

Trainees are required to attend the Biennial Trainee Conference at least once (but preferably twice) during the course of their training.

### Ethics and Dermatological Training

Professionalism involves both privileges and responsibilities. The community recognises that a learned profession such as dermatology has privileges which include self-governance both individually and as a group, autonomy of action and a high level learning skill. In return the community expects that dermatologists will deliver a high quality of care, deliver service to the disadvantaged and have a preparedness to efface self interest in the interest of the patient. Finally the community expects dermatologists to practice ethically and be accountable.

#### Ethical Principles

In practice dermatological trainees should follow broad principles of medical ethical behaviour that include:

- Respect for the dignity, safety, privacy and confidentiality of every patient and the achievement of the objectives relating to attitudes outlined in the previous section.
- Provision of the best possible dermatological care when dealing with patients and efforts to improve the quality of the dermatological services available to the community.
- Ensuring that patients are given accurate information about their condition and the treatment options so that they are able to make an informed decision about their healthcare.
- Balancing the likely benefit to the patient against the risks of the procedure or treatment.
- Ensuring clinical research follows appropriate ethical guidelines set down by responsible bodies.
- Sharing dermatological knowledge and not misusing knowledge or skills.
- Ensuring that relationships with the pharmaceutical industry follow the principles enunciated in the College guidelines.

#### Rights and Responsibilities of Trainees

- 1 Trainees have a right to a process of selection and a work environment which is safe from harassment and discrimination and that operates under the broad ethical principles previously enunciated.
- 2 Trainees have an obligation to be hard working, honest, punctual and diligent and to achieve the objectives of the curriculum relating to knowledge, understanding, skills and attitudes. Consideration of leave entitlements should be taken with due care for clinical responsibilities and fellow trainees.
- 3 Trainees are expected to acquire knowledge and skills which reflect both scientific truth and narrative truth in order to be able to assist patients to make informed decisions about their health care. Narrative truth refers to truth and communication between doctor and patient. This requires skills in fostering a trusting relationship with the patient, in listening and being attentive to the patient's concerns, in receiving what the patient wishes to communicate and responding clearly and honestly to the patient's questions.
- 4 Trainees are expected to have a willingness to accept criticism. Trainees undergo regular assessment regarding their progress in acquiring this knowledge and skill. Feedback at each of these assessments will be provided to the trainee.
- 5 Trainees develop not only knowledge of beneficent and non-maleficent ("first do no harm") ethics, but also understand the importance of patient autonomy and develop an understanding of distributive justice and how this may impact on broad principles of ethical behaviour. Distributive justice looks at the needs of the individual and the cost to the community of meeting these needs.
- 6 Dermatological training involves rotation through different institutions and posts for varying times. Trainees must be prepared to accept relocation if this is deemed necessary as part of their experience.
- 7 Trainees have a duty to carry out all of the requirements of the post which they occupy as detailed by the employing hospital or health authority.

## **Responsibilities of College**

In the relationship that exists between College and its trainees the following principles will apply regarding the College:

- 1 That there is an ongoing commitment by College to refine and develop the training and examination process so that trainees develop clinical skills to provide the best possible dermatological care.
- 2 That the Board of Censors discharges its duty with diligence, honesty and respect for trainees.
- 3 That an appeal mechanism exists.

## **Code of Conduct**

A Code of Conduct for trainees of the College outlining the responsibilities and the rights and entitlements of trainees has been approved by the College Council (see Appendix 11).

## **Overseas Training**

The only means by which training in an overseas dermatology post can be accepted as an accredited year of training is if the post is one of the overseas scholarship programs of the College or one of the overseas programs which are part of the rotations of some of the State Faculties. Trainees can spend a maximum of one year in an accredited overseas post.

Applications for the overseas scholarships should be made according to the directions outlined in Appendix 12. Applications for overseas posts attached to State Faculties should be made through the normal process. Details of overseas posts are listed on page 5.

Trainees undertaking the overseas scholarships must submit progress reports by 1st May and 1st September during the year. A detailed report also must be submitted at the end of the year of training. Final approval of the year for accreditation is subject to the reports being accepted by the Board of Censors and the Council. Trainees in the overseas training posts will be assessed using the Formative and Summative In-training Assessment Forms, in the same way as trainees in training posts in Australia.

Trainees may sit the Clinical Sciences and/or Pharmacology Examination whilst undertaking an overseas post. The trainee should, in the first instance, contact the Chief Censor to negotiate a date and time to sit the examinations. The trainee is responsible for organising a suitable venue and supervisor, details of which should be forwarded to College with the examination application form.

## Shared Training

The College allows trainees to participate in 'shared' training provided the following criteria, as approved by the Board of Censors and the Council, are met:

- there must be no compromise of patient care.
- there must be no disruption to the orderly running of the Department of Dermatology in the institute where the 'shared' program is undertaken.
- there must be suitable overlap of time for the transfer of responsibilities from one 'shared' trainee to the other.
- each 'shared' trainee has to perform at least 50% of the workload, i.e. there is no provision for a variable split eg. 70%/30% (or similar).
- 'shared' training is not available to first year trainees.
- 'shared' training is only available for a period of two years, which translates to one year of full-time training.
- where 'shared' training occurs in the fourth year, neither of the trainees is eligible to sit for the Fellowship Examination until the second year of the two year 'shared' period.
- during the 'shared' year trainees involved in the 'shared' program are expected to attend at least 50% of tutorials, clinical meetings and other educational meetings held at their training institutions or organised by their State Faculty.

## Interrupted Training

Trainees may be allowed 12 months leave-of-absence from the training program at discretion of Council. If Council approves such leave then the trainee is entitled to return to the training program the following year. The year of leave is not counted as accredited training.

If more than one year of leave is taken then the trainee will need to re-apply to the training program and compete in the selection process along with new applicants.

## Part-time Training

The College allows trainees to participate in part-time training provided the following criteria, as approved by the Board of Censors and the Council, are met:

- there must be no compromise of patient care.
- there must be no disruption to the orderly running of the Department of Dermatology in the institute where the part-time program is undertaken.
- there must be suitable overlap of time for the transfer of responsibilities from the part-time trainee to a full-time trainee.
- a part-time trainee has to perform at least 50% of full-time workload.
- part-time training is not available to first year trainees.
- part-time training is only available for a period of two years, which translates to one year of full-time training.
- where part-time training occurs in the fourth year, that trainee is not eligible to sit for the Fellowship Examination until the trainee is in the second 'half' of the fourth year.
- part-time trainees are expected to attend at least 50% of tutorials, clinical meetings and other educational meetings held at their training institutions or organised by their State Faculty.

## Validity of accredited training

Each year of accredited training, whether accredited in whole or in part, will remain valid for a period of 10 years. The accreditation of each such year or part thereof is to expire on the 31st December, which is the 10 year anniversary of the 31st December following the date of commencement of the year of training in question. As an example accreditation of any period of training between the 1st January 2002 and 31st December 2002 will remain valid until 31st December 2012 but not thereafter.

## Costs of Training

All trainees of College are levied an annual fee which is due for payment by 31 December of each year. For 2006 this fee is \$1,100 plus GST. This will cease either when the trainee becomes a Fellow of the College or requests that his/her name be removed from the College's correspondence list. Failure of trainees to pay this fee will lead to automatic removal from the College's correspondence list. Payment of the levy entitles the trainee to receive *The Australasian Journal of Dermatology* at no cost.

## Management of the Training Program

The training program is overseen by the Board of Censors. All recommendations of the Board must be ratified by the Council for implementation.

### Board of Censors

The Board of Censors consists of the Chief Censor who is appointed for a term of three years and six censors who are each appointed for a term of five years. Specifically, the duties of Censors are to:

- Evaluate and review the trainee selection process
- Review the *Training Program Handbook* annually
- Develop, evaluate and review the training program curriculum
- Develop, evaluate and review assessment methods and procedures for trainees
- Oversee the formative assessment of trainees.
- Oversee the summative assessment of trainees. This includes:
  - assessing eligibility of trainees to sit for the Clinical Sciences, Pharmacology and Fellowship Examinations
  - developing exam questions, cases and scenarios
  - organising and coordinating the examinations
  - acting as examiners for the oral fellowship examinations
  - training additional examiners as needed for the oral fellowship examinations
  - marking both written and oral examinations
  - giving feedback to trainees who fail any of the summative assessments required in the training program.
- Periodically carry out inspections of training programs to determine if they meet the requirements of the curriculum and make recommendations to Council based on these inspections.
- Develop, organise and evaluate the Biennial Training Conference.
- Attend Board of Censors meetings and teleconferences as required.
- Act on directives from Council regarding elements of the training program.
- Ensure that the training program meets the requirements for AMC accreditation.
- Contribute to the preparation of documentation required for ongoing accreditation with the AMC.

In addition to the above duties, the Chief Censor should:

- Coordinate the activities of Board of Censors, including meetings, workloads and responsibilities of individual Censors.
- Submit written reports to Council as required.
- Be a member of College Executive and attend Executive meetings and teleconferences as required.
- Attend other meetings related to the training program as required.
- Communicate the outcomes of any meetings attended in his/her capacity as Chief Censor, to the Board of Censors.
- Liaise with State Directors of Training to obtain information on trainee concerns and performance.
- Monitor the progress of those trainees who have been brought to the Chief Censor's attention by the state Director of Training as performing unsatisfactorily in any aspect of their training.
- Be the chairman of the interview panel for consideration of the qualifications of overseas trained specialists.
- Oversee the Professional Development Program.

### Other Key Positions in the Training Program

Fellows of the College play a number of other important roles in the training program. These are outlined below.

#### DIRECTOR OF TRAINING

A Director of Training is appointed by each State Faculty for an initial term of three years, with the possibility of reappointment for a further three years. The Director of Training has a key role in overseeing the training program in his/her state and is a line of communication between trainees and the College through the Board of Censors.

Specifically, for his or her state, the duties of the Director of Training are to:

- Be involved in the selection and appointment of trainees.
- Be familiar with the objectives, curriculum and procedures of the training program.
- Monitor the performance of all trainees.
- Liaise with Supervisors of Training and Heads of Department regarding trainee performance.
- Ensure that an adequate rotation scheme operates so that all trainees are exposed to all the various aspects of dermatology as outlined in the curriculum.
- Ensure that all requirements of the curriculum are met for trainees in his/her state.
- Ensure that each trainee is assessed by an appropriately qualified dermatologist who is a member of the Australasian College of Dermatologists as being competent to perform those procedures outlined in the procedural dermatology curriculum.
- Notify the Chief Censor of any trainees who are not performing satisfactorily in any aspect of their training.
- At the request of a Head of Department, be involved in remedial action for a trainee who is not performing satisfactorily in any aspect of their training.
- Facilitate feedback and communication between trainees, supervisors, Heads of Departments and the Board of Censors.
- Ensure that Supervisors of Training and Clinical Supervisors meet their responsibilities for in-training assessment of trainees.
- Act as an independent advisor on issues that trainees may not feel comfortable discussing with their Head of Department and/or Supervisors.

## SUPERVISOR OF TRAINING

Each Australian training institution has a designated Supervisor of Training who is a Fellow of the Australasian College of Dermatologists. For overseas institutions with accredited training programs, the Supervisor of Training should be a member of the relevant dermatology association for that country. The Supervisor of Training is involved in teaching and supervising trainees as well as providing a path of communication between clinical supervisors, trainees, the Head of Department and the Director of Training. In addition, the Supervisor of Training has a key role in counseling trainees who are performing below specified standards.

Supervisors of Training are required to attend an educational activity which aims to assist them to effectively fulfill position requirements.

Duties of Supervisors of Training are to:

- Be familiar with the objectives, curriculum and procedures of the training program.
- Regularly observe trainees with patients, peers and other medical staff.
- Provide constructive feedback to the trainee on his/her performance in both clinical and non-clinical aspects of practice.
- Discuss the trainee's performance with the Head of Department or Director of Training if required.
- Discuss strategies to overcome any weaknesses in performance with the trainee concerned.
- Be responsible for completing twice-yearly formative in-training assessments, in conjunction with each trainee they supervise.
- Be responsible for completing twice yearly summative in-training assessments, and ensuring that these assessments are also completed by two clinical supervisors, for each trainee under their supervision.
- Provide an initial orientation to the training program to first year trainees at their institution.

## CLINICAL SUPERVISORS

Clinical Supervisors are Fellows of the Australasian College of Dermatologists who consult at a facility which offers a dermatology training program. The primary role of the Clinical Supervisor is to provide on the job teaching and feedback to trainees.

In general, Clinical Supervisors should:

- Be familiar with the objectives, curriculum and procedures of the training program.
- Regularly observe trainees with patients, peers and other medical staff.
- Provide constructive feedback to the trainee on his/her performance in the clinical setting.
- Discuss strategies to overcome any weaknesses in performance with the trainee concerned.
- Be responsible for completing summative in-training assessment forms if requested by the Supervisor of Training.
- Discuss the trainee's performance with the Supervisor of Training if necessary.

## HEAD OF DEPARTMENT

Each training post has a designated Head of Department. The Head of Department has specified duties as part of his or her employment in the hospital or other institution and these are not discussed in this document. The following outlines the position only as it relates to the ACD training program.

The Head of Department should:

- Be familiar with the objectives, curriculum and procedures of the training program.
- Ensure that Supervisors of Training and Clinical Supervisors are aware of their role in the training and assessment of trainees.
- Advise College of trainees and dermatologists employed in his/her department.
- Communicate with Supervisors of Training and Clinical Supervisors to monitor performance of trainees.
- If necessary, liaise with the Supervisor of Training and/or Director of Training to manage poorly performing trainees.
- If necessary, liaise with the Supervisor of Training to provide constructive feedback to the trainee on his/her performance in the clinical setting.
- Advise the trainee on any administrative issues related to their employment in the training institution.

## Appeals Process

See Appendix 3.

## CHAPTER EIGHT: POST FELLOWSHIP TRAINING

### Mohs' Micrographic Surgery

#### PREAMBLE

Mohs' micrographic surgery in Australia is performed exclusively by dermatologists trained and accredited in the technique. College, through its Mohs' Surgery Committee, has formalised the Mohs' micrographic surgery training requirements in order to maintain the highest standards of surgical care. It is acknowledged that a postgraduate fellowship year is essential to allow for sufficient experience to be gained in all aspects of Mohs' micrographic surgery and reconstruction. Competency in Mohs' micrographic surgery is achieved by successfully completing these training requirements.

#### REQUIREMENTS

i) Completion of a one year Mohs' Micrographic Surgery Fellowship conducted through the Skin and Cancer Foundation of New South Wales (an accredited program by the American College of Mohs' Micrographic Surgery and Cutaneous Oncology).

or

ii) A College Fellow who is an Associate or Fellow of the American College of Mohs' Micrographic Surgery and Cutaneous Oncology (ACMMSO). Such membership results from successful completion of an ACMMSO accredited fellowship in Mohs' surgery.

or

iii) Completion of a one year Mohs' Micrographic Surgery Fellowship in Australia in a program accredited by College on the recommendation of the Mohs' Surgery Committee. Such a program will have as its Director a College accredited Mohs' surgeon of at least six years standing and there shall be at least one other accredited Mohs' surgeon in the program. At least 350 Mohs' surgery cases are to be performed in the unit in the year of training.

#### APPLICATIONS

Appointment to the Fellowship positions in Mohs' micrographic surgery is made by the program directors of the respective programs after an interview process. It is considered preferable that one year of postgraduate dermatology practice has been completed before commencement of the Fellowship in order that general experience in dermatology is obtained prior to sub-specialisation. However, it is acknowledged that circumstances may not always allow such a condition to be met and it is not an essential requirement of appointment.

After successfully completing the Fellowship program, the Mohs' Fellows will be invited by the Mohs' Surgery Committee of College to join the Australasian College of Dermatologists Mohs' Surgery Group.

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## APPENDIX ONE

### OFFICE BEARERS 2005/06

#### Queensland

Chairman	Dr Peter R. Sinclair
Secretary	Dr David Francis
Treasurer	Dr David Francis
Director of Training	Dr Godfrey Wagner

Councillors	Dr Peter R. Sinclair
	Dr James Muir
	Dr David Francis

#### New South Wales

Chairman	Dr Pamela Brown
Secretary	Dr Phillip Dwyer
Treasurer	Dr Andrea Jopp-McKay
Director of Training	Dr David Cook

Councillors	Dr Pamela Brown
	Dr Richard Armati
	Dr Robert Salmon
	Dr Robert Paver

#### Victoria

Chairman	Dr Con Meehan
Secretary	Dr Matheen Mohamed
Treasurer	Dr Mei Mui Tam
Director of Training	Dr Martin Haskett

Councillors	Dr Robert Kelly
	Dr Con Meehan
	Dr Mei Mui Tam

#### South Australia

Chairman	Dr Marshall Hanna
Secretary	Dr Catherine Reid
Treasurer	Dr Anne Lewis
Director of Training	Dr Romuald Czechowicz

Councillors	Dr Catherine Reid
	Dr Anne Lewis

#### Western Australia

Chairman	Dr Judy Cole
Secretary	Dr Alan Donnelly
Treasurer	Dr Ernest Tan
Director of Training	Dr Roland Brand

Councillors	Dr Anne Halbert
	Dr Hock Cheng Chua

## COUNCILLORS 2005/06

<u>Executive</u>	Dr Anne Howard (President) Dr John Auld (Immediate Past President) Dr Glenda Wood (President Elect) Dr Stephen Shumack (Honorary Secretary) Dr John Coates (Honorary Treasurer) Dr Caroline Mercer (Chair, Board of Censors)
<u>New South Wales</u>	Dr Pam Brown Dr Richard Armati Dr Robert Salmon Dr Robert Paver
<u>Queensland</u>	Dr Peter R. Sinclair Dr James Muir Dr David Francis
<u>Victoria</u>	Dr Robert Kelly Dr Cornelius Meehan Dr Mei Mui Tam
<u>South Australia</u>	Dr Catherine Reid Dr Anne Lewis
<u>Western Australia</u>	Dr Anne Halbert Dr Hock Cheng Chua

## APPENDIX TWO

### COLLEGE COMMITTEES 2005/06

#### **Executive Committee**

President (Dr A. Howard), Immediate Past President (Dr J. Auld), President Elect (Dr G. Wood), Honorary Secretary (Dr S. Shumack), Honorary Treasurer (Dr J. Coates) and the Chief Censor (Dr C. Mercer).

#### **Board of Censors**

Dr C. Mercer (Chief Censor)  
Dr J. Muir  
Dr G. Fischer  
Dr S. Richards  
Dr C. Baker  
Dr A. Lewis  
Dr J. Cole

#### **Audit Committee**

Honorary Treasurer (ex officio), Drs A. Miller, A. Donnelly, J. Horton, I. Simmons and the Chief Executive Officer.

#### **Review of Articles Committee**

Drs J. Rohr, D. Francis, R. Armati, W. Land, AM, D. Wong, G. Crosland, D. Hill and the Chief Executive Officer.

#### **Editorial Committee**

Drs D. Dyll-Smith (Editor), A. Callan (Assistant Editor), P. Foley (Assistant Editor), H. Rotstein, J. Doyle, H.C. Chua, L. Spelman, P. Selva-Nayagam, M. Rademaker, Associate Professor S. Kossard and Dr J. Coates, Honorary Treasurer (ex officio).

#### **Ethics Committee**

Cl. A/Professor C. Commens, Drs J. Byth, A. Jopp-McKay, J. Yeatman, L. Warren, H.C. Chua.

#### **Medical Practice Committee**

Drs J. Butler, Z. Gaspar, G. Crosland, D. Stanford, P.A. Sinclair, M. Haskett.

#### **Public Affairs Committee**

Cl. A/Professor A.J. Cooper, Drs J. Muir, P. Brown, D. Wong, A/Professor J. Kelly, Dr C. Meehan, R. Nixon, C. Reid and the Honorary Secretary (ex officio).

#### **Research and Scientific Committee**

Dr A. Watson, Dr M. Andrews, Professor C. Anderson, Drs P. Foley, T. Wiadrowski.

#### **Rural, Regional and Indigenous Services Committee**

Drs L. Hale, J. Muir, I. Hamann, C. Parker, C. Clay.

#### **Scientific Meetings Committee**

Dr G. Wood (President Elect), Drs L. Banney, N. Collins, L. Spelman, D. Damian, A. Lim, P. Foley, R. Nixon, D. Hill, L. Warren, J. Wayte, E. Tan and Cl. A/Prof. C. Commens.

#### **Scientific Research Fund Committee**

Dr A. Watson, Professor G. Beardmore, Drs D. Dyll-Smith, N. Grieve, Professors D. Weedon, J. McNeill, P. Hersey.

**Skin and Cancer Foundation Australia College Director**

Dr R. Rosen

**Subspecialty Committee**

Drs P. Bekhor, O. Wargon, R.J. Sinclair, B. De'Ambrosis, R. Nixon, T. Elliott.

**Undergraduate and GP Education Committee**

Professor R. Sinclair, Drs G. Stephenson, A. Jevtic, A. Mar, A/Professor J.W, Kelly, Drs G. Marshman, J. Wayte.

**Appeals Committee**

As set out in the Articles of Association and Council Regulations.

## APPENDIX THREE

### THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS

#### Appeals Process

##### 1 Preamble

The Appeals Process of the Australasian College of Dermatologists is designed to provide a means by which any person adversely affected by a decision of any Board or Committee of the College in relation to admission to Fellowship or termination of Fellowship can have their grievances addressed in a properly constructed and formal manner. Any person with such a grievance will however be encouraged to first seek a reconsideration of the adverse decision in an informal reconsideration and review process which involves the original Committee/Board making the decision.

The College recognises the importance of natural justice and of the avoidance of bias and conflict of interests in its dealings with persons wishing to become Fellows of the College and aims for fairness in all its official processes. Nevertheless it is recognised that there is always the potential for grievances to arise and it is for this reason that the Appeals Process has been established.

##### 2 Appeals Committee

2.1 An Appeals Committee will be convened by the Honorary Secretary on instruction by the President or the Chief Censor. The Appeals Committee will be comprised as follows:

Chairman: A past President of the College.

Members: The immediate past Chairman of the Board of Censors or a previous member of the Board of Censors.

A Fellow of the College who has been a Fellow for not less than 8 years.

An appropriately qualified medical specialist in another specialty.

A lay person to represent the public interest.

2.2 Any individual who was a party to the decision to which the appeal relates will not sit on the Appeals Committee.

2.3 The Honorary Secretary will be the Secretary to the Appeals Committee. A separate Legal Adviser will be appointed to advise the Committee. The Honorary Secretary and the Legal Adviser may attend the appeals hearing but will not form part of the actual Appeals Committee nor can they vote on any resolution of the Committee.

2.4 If any member of the Appeals Committee is unable to attend a hearing of the Committee, the Chairman will have the power to nominate a substitute member to attend at the appeal hearing. That substitute member must have equivalent qualifications to the first nominated member. The quorum shall be of 3 members including at least 1 non-College member to attend at each appeal hearing. All members of the Appeals committee will be entitled to vote on decisions. The Appeals Committee will decide on the basis of a majority vote with the Chairman exercising a casting vote in the event of an equality of votes.

##### 3 Grounds of Appeal

3.1 Any person adversely effected by a decision of any Board or Committee of the College which is reviewable under paragraph 3.3 may, within 3 months of receipt of notice of such decision, apply to the Honorary Secretary to have the decision reviewed by the Appeals Committee.

3.2 An application for appeal must be in writing and is to specify the relevant circumstances and the grounds upon which the appeal is based.

- 3.3 The decisions which may be reviewed by the Appeals Committee are:
- (i) Decisions of Council in relation to applications for admission to Fellowship of the College.
  - (ii) Decisions of Council to expel a Fellow pursuant to Article 17(a) of the College's Articles of Association.
  - (iii) Decisions of the Professional Standards Committee that a Fellow has not met the requirements of the College's continuing medical education program in any year or has not satisfied the requirement for a Certificate of Continuing Professional Standards.
  - (iv) Decisions of the Board of Censors:
    - (a) that a candidate has failed any written or clinical examinations of the College (either Clinical Sciences, Clinical Pharmacology or Fellowship);
    - (b) that a trainee has not satisfactorily completed the training program in any year including any decision by Council on advice of the Chief Censor to not recognise a year of training as an accredited year or to dismiss a trainee from the training program;
  - (v) A decision by review committee of a State Faculty to reject an appeal, or request for a review, by a candidate for an approved registrar post for an accredited training program against a decision that the candidate should not be appointed to the approved registrar post; and
  - (vi) Such other decisions of the College, its Boards or Committees as the Council in its absolute discretion may determine from time to time and are incorporated in this Appeals Process by resolution of Council.
- 3.4 Before the Honorary Secretary convenes an Appeals Committee, the Chairman of the Appeals Committee shall be entitled to enquire whether the applicant has explored all avenues of informal reconsideration and review of the relevant decision reasonably open to him or her. An applicant has the right however to request a hearing of the Appeals Committee if he or she does not wish to participate in an informal reconsideration and review process.
- 3.5 An appeal may only be made on one or more of the following grounds:
- (i) That an error in law or in due process occurred in the formulation of the original decision.
  - (ii) That relevant information, available at the time of the original decision, was not considered or not properly considered in the making of the original decision.
  - (iii) That the original decision was clearly inconsistent with the evidence and arguments put before the body making the original decision.
- 3.6 The onus of proof to establish the grounds of any appeal is on the applicant.

#### 4 Consideration of Appeals

- 4.1 A fee to be determined from time to time by the Council is payable by the applicant on lodgment of an appeal (**Application Fee**). The current Application Fee is \$5,000 plus GST.
- 4.2 An applicant will have the right to appear and address the Appeals Committee at the hearing of their appeal. The applicant may be accompanied by another person, who may be a legal representative or any other person but that person will not be entitled to present arguments on the applicant's behalf. Any applicant who believes that exceptional circumstances exist that necessitate a lawyer or any other person speaking on their behalf as an advocate must apply in writing, specifying the special circumstances to the Chairman of the Committee at least 10 days prior to the Committee being convened. Any decision of the Chairman in that regard is final. Unless directed by the chairman to the contrary, Appeals Committee hearings will be conducted in Sydney.
- 4.3 At least 21 days prior to any Appeals Committee hearing the Honorary Secretary will advise the applicant:
- (i) Of the date, time and place of the hearing.
  - (ii) Of the right of the applicant to appear before the Appeals Committee and to be accompanied by another person who may be a lawyer.

- (iii) That any person accompanying the applicant cannot act as an advocate but can attend purely in an advisory role unless prior permission of the Chairman of the Committee has been given in writing.
  - (iv) That the Application Fee payable by the applicant on lodgment of the appeal will be refunded if the appeal is successful. In the absence of a decision of the Council to the contrary, the applicant will bear his or her own costs associated with attending the Appeals Committee hearing.
  - (v) That, at the request of the chairman, a representative of the College's solicitors may attend the hearing for the purpose of giving advice to the Appeals Committee.
- 4.4 The Appeals Committee must act according to the rules of natural justice and decide each appeal on its merits. The Appeals Committee is not bound by the rules of evidence and, subject to the rules of natural justice, may inform itself on any matter and in such manner as it thinks fit.
- 4.5 The Appeals Committee will be entitled to consider all relevant information which it thinks fit and may invite any person to appear before it or to provide information to it.
- 4.6 The Appeals Committee will conduct its affairs with as little formality as possible but otherwise, subject to these rules, will have full powers to regulate its conduct and operation.
- 4.7 Except where otherwise required by law, a transcript of the hearing of the Appeals Committee and any other information provided to the Appeals Committee will be kept confidential (save that information may be released with the consent of the applicant) and a report of the Appeals Committee hearing may be issued by the Appeals Committee to the Council.

## **5 Decisions of the Appeals Committee**

- 5.1 An Appeals Committee may, upon considering an appeal:
- (i) confirm the decision which is the subject of the appeal;
  - (ii) revoke the decision which is the subject of the appeal and refer the matter back to the Council or Committee who made the original decision for further consideration (upon such terms or conditions as the Appeals Committee may determine);
  - (iii) revoke the decision and make recommendations to Council as to an appropriate alternative decision;
  - (iv) if the Appeals Committee considers it appropriate to do so, to revoke the decision the subject of the appeal and make a new decision in substitution for the original decision.
  - (v) recommend to the Council whether part or all of the Application Fee for the Appeals Committee hearing should be refunded.

## 6 Procedure for the conduct of Appeals Committee hearings

- 6.1 The Appeals Committee will not, except in exceptional circumstances, consider a matter de novo.
- 6.2 The Appeals Committee may meet alone for up to one hour at the commencement of each meeting to review the matter before it.
- 6.3 The applicant and any other parties attending to provide information to the Committee will be admitted together.
- 6.4 Any legal or other adviser permitted to be present with the applicant or on behalf of the applicant will only be able to give advice to the applicant and will not be able to directly question the Committee or other advisers unless written permission for this has been obtained from the Chairman prior to the meeting.
- 6.5 A solicitor may attend to provide legal advice to the committee.
- 6.6 The Honorary Secretary of the College acts as secretary to the Appeals Committee and will take minutes of the proceedings as well as being available to provide advice on aspects of College policy, practice and procedures but is not considered to be a member of the Appeals Committee and has no voting rights.
- 6.7 The Appeals Committee may request, or permit, other parties to appear before it strictly in the role of providing information to the Committee.
- 6.8 The Chairman will invite first the applicant then any other party appearing before it to summarise their submissions and/or responses to the Appeals Committee prior to the formal presentations.
- 6.9 The Chairman will then invite the applicant to present their submissions and may at any time direct the applicant to any point of that submission or invite questions on any point of that submission and may request the applicant to bring their submission to a close if the presentation is too protracted.
- 6.10 The Chairman will then invite members of the Appeal Committee to seek clarification from the applicant on any matters raised.
- 6.11 The Chairman will then invite any person attending to provide information to the Committee to comment on the submission of the applicant.
- 6.12 The Appeals Committee may direct questions to any person attending to provide information to the Committee.
- 6.13 The applicant will be asked to respond or to make submissions in relation to material presented by other parties or participants.
- 6.14 The Appeals Committee will reach a determination within 15 working days. That determination will be conveyed to the applicant in writing by the Honorary Secretary of the College within 30 working days, together with a summary of the reasons for the determination.

## APPENDIX FOUR

### THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS

#### National Trainee Selection Procedure

##### PREAMBLE

The Australasian College of Dermatologists recognises that a formal National Trainee Selection Procedure is essential to ensure that the selection of trainees is a transparent and equitable process, and that the most appropriate applicants are selected for dermatology training positions. The National Trainee Selection Procedure is based on the principles arising from the Medical Training Review Panel document on Trainee Selection in Australian Medical Colleges (The Brennan Report, January 1998). All State Faculties follow the procedures outlined in this document.

##### STATEMENT OF PRINCIPLES

The Australasian College of Dermatologists selects into its training program individuals who are able to demonstrate that they have the abilities, qualifications, experience, standard of work performance and personal qualities which will enable them to satisfactorily perform all the required duties of a dermatology trainee, achieve all the objectives of the training scheme as outlined in the College's *Training Program Handbook* and become a skilled and competent clinical dermatologist.

The principle of equal opportunity will apply.

Discrimination against any applicant on the grounds of age, gender, race, religion, marital status or pregnancy will be avoided. Applicants from all states will be given equal consideration. The selection process will be standardised and involve examination of curriculum vitae and referees reports and in some cases an interview. Interviews will be granted after assessment of curriculum vitae and referee reports. Normally at least twice as many interviews will be granted as the number of training positions available in a particular State. No trainee will be selected into a training program without an interview. The sole aim of all questions during the selection process is to select the best (and most appropriate) candidates for training programs in dermatology.

Questions will have no reference to any personal or domestic circumstances of the candidate unless they are relevant, or any other matters not directly relevant to the stated aim. The entire selection process will be open, transparent and accountable.

##### CRITERIA FOR SELECTION

###### ELIGIBILITY:

The minimum requirements for selection as a dermatology trainee in the training program of the Australasian College of Dermatologists are:

Possession of a medical degree registerable in Australia

Satisfactory completion, since graduation, of a minimum of two years of acceptable training, as defined in the *Training Program Handbook*, in a teaching hospital or equivalent recognised by the College

Commitment to participate in, and complete, any accredited training position of the College as directed by the appropriate State Faculty committee during the training program.

#### ATTRIBUTES:

The desired attributes of a dermatology trainee occupying a training position in the College's training program are:

To have a sound academic record, acceptable training (as defined) in general medicine, general surgery, the medical and surgical sub-specialties and psychiatry, and involvement, a history of involvement or a willingness to be involved in research projects.

To demonstrate sound clinical ability and judgement in a wide range of clinical settings.

To show a willingness to work hard and an ability to learn, assimilate, assess and evaluate knowledge in order to apply this to the care of patients with dermatological conditions.

To demonstrate evidence of physical and mental capability to fulfil and complete all aspects of the training program, including the performance of the dermatological procedures and treatment modalities outlined in the curriculum.

To perform all the duties associated with a training program conscientiously; to take responsibility for patient management whilst always being aware of personal limitations; and to recognise when to seek help and guidance from more experienced colleagues.

To demonstrate a high level of interpersonal skills, with the ability to communicate with empathy and understanding.

To demonstrate an ability to have good rapport with peers and other health professionals; and the ability to show respect for others' opinions.

To show initiative and responsibility in the performance of all duties and in personal study programs and an ability to carry out realistic self-assessment, in order to recognise personal levels of competence and ability to perform specific tasks.

To be punctual and readily available at all times during working hours and after hours, as required by roster.

To demonstrate a commitment to ongoing, self-directed learning and self-improvement.

To show continued support of and participation in the training of health care professionals, especially medical students, nurses and dermatology trainees.

To show evidence of interests and activities in the broader community.

#### **SELECTION PROCESS**

The selection process will be open, transparent and accountable. Every applicant who fulfils the eligibility criteria will be given an opportunity to compete for available training positions.

#### ADVERTISING:

A general advertisement will be placed in the national press and in the *Medical Journal of Australia* advising potential trainees regarding dermatology training programs available throughout Australia and of the means by which applications can be submitted and closing dates for applications. Information will also appear on the College website.

#### APPLICATION:

Application can only be made online via the College website, [www.dermcoll.asn.au](http://www.dermcoll.asn.au). An application fee is charged for each State in which the applicant wishes to be considered for a training program.

As there is variation between States regarding the application process for hospital-based programs, candidates for dermatology training programs should contact the Department of Health of the State in which they are applying for a program, to inform themselves of any special local requirements.

Sufficient time will be allowed to enable all requirements of the application for to be completed and submitted. An initial meeting of the Faculty Selection Committee will occur to decide which candidates will be invited to interview. A subsequent meeting of an Interview Committee at which interviews are conducted will take place. This will usually occur within two to four weeks of the initial meeting of the Selection Committee and will fulfil the requirements of hospitals and/or health authorities as well as the College. The Selection Committee will again meet as soon as possible after the interviews to determine its recommendations regarding the final selection of candidates as well as the allocation of available training programs.

#### SELECTION:

The selection process will utilise information from the following sources in order to select trainees for dermatology training programs:

- The curriculum vitae
- Referees reports
- The interview

#### CURRICULUM VITAE:

Specific requirements for the curriculum vitae are outlined in the application form. In general, these encompass academic record, research experience, publications, medical and dermatological experience.

#### REFEREES REPORTS:

These will be standardised with the view to achieving:

- Objectivity
- Comparability
- Quantification

Applicants must supply the names of two primary medical referees who will be contacted by the College to provide a verbal reference as part of the initial short-listing process. The names of a further three referees, including the medical administrator of a hospital at which the applicant has worked, must also be supplied. These additional referees may or may not be contacted. Candidates will be asked on the application form to give their permission to contact their referees in keeping with privacy legislation.

Other persons may be contacted to obtain further information relevant to their application. Referees' reports will be handled in an open reference system. The policy of the College is that candidates selected for interview are made aware of any adverse comment(s) in any referees' report(s), although they are not told specifically which particular referee made the adverse comment(s), nor are they told whether the adverse comment(s) is/are derived from more than one referee. If any adverse comment(s) is/are made, then this will usually be conveyed to the candidate prior to interview with reasonable time given for the candidate to adequately prepare a response. It is **not** the policy of the College to confront candidates with adverse comments on the day of the interview without prior notice.

## INTERVIEW:

Each State Faculty will determine the size and composition of its Selection Committee. However, this committee will include the Heads of Departments (or their nominees) of the training institutions in that State, the State Director of Training, an independent representative from another medical specialty or training institution and a layperson, as well as the Chairperson of the Faculty who will act as the Chair of the committee. A representative of local health jurisdictions will also be involved.

If a potential conflict of interest exists between a committee member and a candidate, then the committee member will declare this and absent himself/herself from the committee. In situations where there is some doubt as to whether a real conflict of interest exists, then the State Faculty Chairperson, as Chair of the Selection Committee, will make a decision as to whether that committee member should absent himself/herself from the committee.

If a committee member is excluded from the Selection Committee for any reason, the Chair has the prerogative to select a replacement on the committee. This person, however, will be as near equivalent as possible to the person being replaced and should have the full confidence and approval of all members of the Selection Committee.

Guidelines for Selection Committee members have been developed and are provided to all committee members by the Chairperson of the State Faculty.

The Selection Committee will meet and consider all applications with reference to the candidates' curriculum vitae and reports, both written and verbal, from referees and other persons if applicable. The committee will decide which candidates are selected for interview. All applications will be considered purely on merit.

The Interview Committee will include a layperson who will have the right to vote. The Interview Committee will usually be chaired by the State Faculty Chairperson. The interview will be conducted in a manner that is objective and free of bias. Interviews will be of approximately the same duration for each candidate.

Any matter covered in the candidates' curriculum vitae, referees' reports or reports from other persons (if applicable) is subject to review during the interview. In general, the interview will aim to establish the candidates':

- Academic abilities and cognitive skills
- Qualities of self motivation, social responsibility and ethics
- Clinical and practical skills
- Patient communication and care skills
- Communications skills with colleagues and ancillary staff
- General communication skills
- Future potential in dermatology

Each State Selection Committee will prepare a set of questions each year as the basis for each interview. However, each interview will be structured in such a way as to allow the candidate to demonstrate any personal or academic quality which might influence the decision as to their suitability for a dermatology training program.

Written records are kept of the interviews. The proceedings of each meeting of the Selection and Interview Committees are minuted with a record of decisions made, with appropriate reasons for those decisions.

At the end of the interview, each candidate will be given the opportunity to ask questions and to express an opinion as to whether he/she is satisfied with the selection and interview process. These responses will be recorded.

## SELECTION PROCEDURE

The final selection of trainees will take into account all aspects of the selection process, namely the curriculum vitae, referees' reports and reports from other persons (if applicable), and the interview. A meeting of the full Selection Committee will take place as soon as possible after the interviews to determine the Committee's recommendations of candidates for available training programs. The final selection may be made by a hospital committee/administrator or health authority.

After final selections are made and individual training programs assigned, successful candidates will be advised by the relevant hospital and/or health authority. Local jurisdictions will be advised as appropriate.

Information about the outcomes of the selection process will also be published on the College website.

## DOCUMENTATION:

A record of proceedings of both the Selection and Interview Committees will be kept for a minimum period of six years in a secure manner at the College premises, with access only by the President, Censor in Chief or the Honorary Secretary of College.

## EMPLOYMENT:

The College participates in the trainee selection process, in cooperation with the relevant hospitals and/or health authorities. However, trainees are employed by hospitals or health authorities, not by the College. In some circumstances, including cuts in funding, a trainee position may cease to be available or be terminated. Unfortunately, the College is not in a position to ensure that a trainee affected by a loss of his or her trainee position, for whatever reason, can be placed in another trainee position.

## APPENDIX FIVE

### Requirements for admission to Fellowship of the Australasian College of Dermatologists

Before being considered for Fellowship of the College trainees must have satisfied all of the prescribed requirements of the College's training program and passed all the College's assessments as outlined in the *Training Program Handbook*. Fellowship of the College certifies professional competence in Dermatology according to the College's prescribed standards.

Requirements for admission to Fellowship (in summary) are:

- 1 Possession of a medical degree registrable in Australia.
- 2 At least two years acceptable training in a teaching hospital or equivalent recognised by College.
- 3 A pass in the Basic Sciences Examination (for trainees who commenced training prior to 2003)  
*or*  
A pass in the Basic Sciences Examination and the Pharmacology Examination (for trainees who passed the BSE prior to 2003 and who commence training from 2004 onwards)  
*or*  
A pass in the Clinical Sciences Examination and the Pharmacology Examination (for trainees who do not hold the BSE)
- 4 Satisfactory completion of a minimum of 4 years of accredited vocational training in dermatology.
- 5 Presentation of adequate evidence of experience and competence in all aspects of procedural dermatology as outlined in the curriculum.
- 6 Satisfaction of all aspects of the curriculum as detailed in the *Training Program Handbook*.
- 7 A pass in both the written and oral sections of the Fellowship Examination.
- 8 Election to Fellowship of College.
- 9 Payment of annual subscription fee.

In exceptional circumstances some of the above requirements may be deleted or amended at the discretion of the Council of the College.

## APPENDIX SIX

### THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS

#### Application for Accreditation of a Training Program

Trainees seeking Fellowship of the Australasian College of Dermatologists must undertake a minimum of four years full-time (or equivalent) supervised training in accredited training programs. The College Fellowship Examination may be taken during the fourth year of training, provided all of the requirements of the curriculum, as outlined in the *Training Program Handbook*, are met. Permission to sit the Fellowship Examination during the fourth year of training is at the discretion of Council on the advice of the Board of Censors. Trainees who do not pass the written and clinical Fellowship Examinations and meet all other requirements of the program in their fourth year of training must complete a fifth year of supervised training. This may be undertaken in a teaching hospital, private practice or a combination of both.

#### GENERAL RECOMMENDATIONS AND REQUIREMENTS

- 1 'Training program' refers to the program for the training of an individual registrar in dermatology
- 2 Accreditation of training programs will be granted by the Council of the College on the recommendation of the Board of Censors. Council may at any time direct the Chief Censor to make any necessary enquiries into the content of a training program.
- 3 A limited number of training institutions in Australia are able to provide the facilities for training in all aspects of the curriculum. All State Faculties should have some form of rotational system to ensure that all trainees have adequate exposure to all aspects of the curriculum. In addition, training institutions may utilise the facilities of other institutions to expand an individual training program.
- 4 For a training program to be recognised for accredited training by the Australasian College of Dermatologists the Head of the Department at the institution in which the training program is primarily based, the Supervisor of Training in that Department, and Supervisors of those clinics which are counted toward accreditation, must be Fellows of the Australasian College of Dermatologists. For overseas training programs, these positions must be held by members of the equivalent dermatology association.
- 5 The Head of the Department of Dermatology at an institution should apply for accreditation of the training program of each trainee whose program is primarily based at that institution at the time of the inspection for accreditation by the Board of Censors or at any other time as directed by the Council on the advice of the Board of Censors. All aspects of each trainee's training, both at the institution where the program is primarily based and at any other institutions contributing to that trainees current training program are required to be detailed in the Application for Accreditation of a Training Program form. It is expected that the institution at which an individual training program is primarily based will have the facilities to provide the major part of the training of that particular trainee.
- 6 In assessing a training program for accreditation a determination of the nature and content of the program will be made, particularly in regard to its adequacy in:
  - (i) clinical exposure and supervised training
  - (ii) instruction in procedural dermatology
  - (iii) instruction in dermatopathology
  - (iv) instruction in medicine and surgery relevant to dermatology
  - (v) teaching in the form of tutorials and seminars
  - (vi) library and computer facilities
  - (vii) time for reading and study during normal working hours
  - (viii) arrangements to allow trainees to attend lectures and seminars within the hospital and at other institutions.

- 7 Review of accreditation – periodically members of the Board of Censors will carry out an inspection for accreditation of all of the individual training programs in a particular state. Inspections will occur in a band of 3-5 years with the inspection visit normally coinciding with either the Annual Scientific Meeting or the clinical examinations when these events are being held in that state. However at any time Council may direct the Chief Censor to examine the content of a particular training program or programs. The accreditation visit will be conducted by 2-3 members of the Board of Censors at least one of whom will be from a State other than the State being inspected. A representative of local health jurisdictions will also be invited to be involved. The inspecting team(s) will carry out site visits to all institutions involved in the training programs of the State and will conduct individual interviews with each trainee. This will be followed by an interview with the Head of Department and/or Supervisor of Training in each particular institution. Following the inspections of the individual institutions a comprehensive interview will be undertaken with the Director of Training of the State being inspected. The inspecting team will then prepare a report which will be presented to the Chief Censor with, if necessary, discussion with the full Board of Censors via teleconference. The Chief Censor will then present a report to Council. Possible outcomes of the accreditation inspection might be: recommendation for full accreditation; recommendation for provisional accreditation for a limited period of time – usually one year – with reinspection; or recommendation for disaccreditation of a particular training program(s). In the latter instances the Chief Censor should discuss with the Head of Department and/or Head of Training, the State Director of Training and the Chairman of the State Faculty concerned the reasons for recommending disaccreditation or provisional accreditation with the view to addressing and rectifying the problems identified by the inspecting team.

#### ORGANISATION AND CONTENT OF TRAINING PROGRAMS

- 8 A training program in dermatology must be confined to dermatological activities as much as possible. Any additional involvement in other hospital duties eg. after hours rosters etc should be minimal.
- 9 For a training program to be accredited the following requirements must be met:
- (i) Clinical dermatology
- (a) Trainees should attend a minimum of 4 supervised general dermatology clinics each week. A general dermatology clinic is regarded as one where both new and review patients with a variety of dermatological conditions with no diagnostic restriction are seen on a referred basis. Trainee should actively see individual patients and carry out a full assessment of such patients and subsequently present the patient to the supervisor of the clinic. The degree of supervision will vary with the seniority of the trainee concerned and the supervisors confidence in his/her ability to take responsibility. In the situation where 2 or more trainees attend a large clinic or several clinics running concurrently, it is acceptable for the clinic to be counted as an accredited clinic for each trainee present, provided each trainee sees a sufficient number of new and review cases and has access to the supervisor(s) of the clinics for each case. In some specific instances observation of patients being seen and managed by a senior consultant may be accepted as an accredited clinic provided the trainee takes some active role in the clinic. A clinic in paediatric dermatology should make up one of the general dermatology clinics for at least part of the training program. This clinic may be an observational one although active participation of trainees in paediatric clinics is encouraged. If the clinic is purely observational then it can count towards fulfilling the paediatric requirements of the training program but it cannot count as one of the required 4 supervised general dermatology clinics each week. In the case of trainees in private practice clinics the general rules as outlined regarding the nature of the patients seen and the manner in which the trainee deals with these patients should be the same. A minimum period of 3 hours in a private practice setting is required for this session to be regarded as equivalent to a normal hospital outpatient clinic.
- (b) In training institutions where specialty clinics are conducted it is expected that trainees will attend such clinics either in an observational capacity or with direct involvement in the clinic. In the case of specialty clinics where dermatological conditions are seen, such clinics may be counted at the discretion of the Board of Censors towards the total number of accredited general clinics if trainees are actively involved in the clinic as defined above and if the clinic concerned involves patients with commonly seen and important conditions.

(c) Trainees should gain experience in the management of inpatients with dermatological conditions. As such patients are few in number it is essential that all trainees at a particular institution are involved in the management of inpatients and also see and assess all consultations referred to the Department of Dermatology from other departments within the institution.

(ii) Procedural Dermatology

Trainees should attend at least one dermatological surgery session per week. In the first year of training and in the case of trainees doing advanced surgical procedures as defined in the procedural dermatology syllabus, these sessions should be supervised by an appropriately experienced and qualified dermatologist with direct instructions on surgical techniques being given. From the second year onwards unsupervised surgical sessions, in which trainees carry out basic dermatological surgical procedures unsupervised, are able to be counted as accredited sessions, although it is anticipated that some degree of overall supervision and training by appropriately qualified and experienced dermatologists will continue throughout the five years of training. It is also expected that training in the other modalities listed in the basic procedural dermatology syllabus will be carried out on a regular basis during the training period with supervision by appropriately experienced and qualified dermatologists. For those procedures listed in the advanced procedures section of the dermatological surgery syllabus, all trainees are expected to have at least observed such procedures being performed by an appropriately qualified dermatologist during the course of their training.

(iii) Dermatopathology/mycology/microbiology/patch testing/immunology

Throughout the period of training, time and facilities should be available for instruction in dermatopathology, mycology, microbiology, immunology and patch testing. Trainees must attend at least one dermatopathology training session each week conducted by an appropriately qualified dermatopathologist.

(iv) General Medicine and Surgery Relevant to Dermatology

Trainees should wherever possible have time allowed to attend grand rounds, tutorials and seminars in general medicine and surgery relevant to dermatology.

(v) Library Facilities

All textbooks and major journals listed in the reading list should be available in the department if possible or at least in the hospital library with easy access for trainees. An adequate selection of general medical texts and other relevant journals should be available in the hospital library. A computer terminal should be available in the department for accessing information and conducting literature searches.

(vi) Teaching program

Regular teaching sessions, tutorials and seminars in the following subjects should be conducted independently of attendance at dermatological outpatient clinics:

- (i) dermatological medicine
- (ii) procedural dermatology
- (iii) clinical pharmacology
- (iv) dermatopathology and laboratory methods

#### OTHER FORMS OF TRAINING

A period of up to one year in an overseas training program consisting of either one of the two scholarship positions in the UK or one of the accredited overseas training programs attached to several of the State Faculties is acceptable as accredited training. No other overseas positions or research positions will be considered for accredited training unless specifically approved by the Council on the advice of the Board of Censors, prior to the commencement of the year of training.

### 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 6 in the *Training Program Handbook*. The first two pages of appendix 6 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 first 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 email 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  
admin@dermcoll.asn.au

**A GENERAL DETAILS**

1 Name of trainee

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2 Name and address of hospital/institution

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Name of Medical Superintendent

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

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Name and qualifications of Supervisor of Training in this institution

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4 Name of allied hospitals/institutions contributing to training

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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)

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6 Title of trainee's appointment

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Duration of appointment

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

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**B SPECIFIC DETAILS**

8 Weekly timetable of all clinics, operating sessions, tutorials, ward rounds and other duties.

Time	Monday	Tuesday	Wednesday	Thursday	Friday
7 – 8am					
8 – 9am					
9 – 10am					
10 – 11am					
11am – 12pm					
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            |        |
- 
- 

10 List all general dermatology clinics attended by this trainee. Indicate in column 3 if these clinics are unsupervised or whether the trainee attends the clinic as an observer only. Include adult and paediatric general Dermatology clinics. Please provide the information in columns as follows:

- |          |  |
|----------|--|
| Column 1 | Identify the clinic by its timeslot during the week  |
| Column 2 | Identify any paediatric clinics  |
| Column 3 | List the names of all dermatologists seeing patients at each clinic. Indicate here if the clinic is unsupervised or if the trainee is attending the clinic as an observer only |
| Column 4 | Frequency of each clinic   |
| Column 5 | Average total number of new patients seen at each clinic   |
| Column 6 | Average total number of old patients seen at each clinic   |
| Column 7 | Average number of new patients assessed by <b>this</b> trainee at this clinic  |
| Column 8 | Average number of old patients assessed by <b>this</b> trainee at this clinic  |
| Column 9 | Total number of trainees present at this clinic, including this trainee  |

*See Form on the opposite page.*

Are there mechanisms in place to ensure that new patients seen by the trainee are seen in follow up by the same trainee? YES/NO



11 List all specialty or other clinics attended by this trainee. Please complete the columns as follows:

- |          |   |
|----------|---|
| Column 1 | Identify the clinic by the time of the week                                   |
| Column 2 | Specify the nature of the clinic  |
| Column 3 | List the names of all dermatologists seeing patients at each clinic           |
| Column 4 | Frequency of each clinic  |
| Column 5 | Average total number of new patients seen at each clinic                      |
| Column 6 | Average total number of old patients seen at each clinic                      |
| Column 7 | Average number of new patients assessed by <b>this</b> trainee at this clinic |
| Column 8 | Average number of old patients assessed by <b>this</b> trainee at this clinic |
| Column 9 | Total number of trainees present at this clinic, including this trainee       |

*See Form on the opposite page.*



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, ie. 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?

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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?

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25 Laser YES/NO

- If yes, which lasers are available?

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- 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?

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30 Give details of after hours roster and approximate time involved

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

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32 Give details of teaching responsibilities

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33 Give details of any research projects

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

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

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

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Signed: \_\_\_\_\_ HEAD OF DEPARTMENT

Date : \_\_\_\_\_

## APPENDIX SEVEN

### Essential Surgical Procedures/Treatment Modalities

#### Biopsies

- a) punch
- b) shave
- c) excisional/incisional

#### Biopsies – special sites

- a) scalp (alopecia)
- b) nail
- c) eyelid
- d) lip/mucosa

#### Curettage/Shave/Saucerisation and/or Cauterisation/Electrosurgery

- a) benign lesions
- b) malignant lesions

#### Excision surgery

- a) fusiform ellipse
  - simple closure
  - layered closure
- b) fusiform ellipse with specialised skin closure (subcuticular, half buried, etc)
- c) excision in special areas
  - lip                       eyelid
  - nose                       ear
  - brow
- d) skin grafts
  - split
  - full thickness
- e) flaps
  - advancement       subcutaneous pedicle
  - transposition       z-plasty
  - rotation

#### Cryosurgery

- a) benign (solar keratoses, verrucae, skin tags)
- b) malignant (superficial BCC, IEC/Bowen's)

#### Laser surgery

pulsed dye laser

#### Anaesthetic procedures

- a) infiltration
- b) digital block

#### Phototherapy

- a) narrow band UVB
- b) PUVA/UVA
- c) photodynamic therapy

#### Patch testing and photo patch testing

#### Injections and Applications

- a) intralesional steroid injection
- b) 5-fluorouracil application
- c) imiquimod application

#### Microscopy of direct skin scrapings/parasites/hairs

## APPENDIX EIGHT

### Advanced Surgical Procedures/Treatment Modalities

Trainees are expected to have a theoretical understanding of, and where possible, to have observed the following:

- Mohs surgery
- Complex flap surgery
- Wedge resection of lips, ears, etc
- Composite cartilaginous grafts
- Chemical peels
- Sclerotherapy
- CO<sub>2</sub> laser
- Laser-resurfacing
- Vascular lasers (other than pulsed dye lasers)
- Tissue augmentation
- Injectable fillers
- Muscle paresis injections
- Radiotherapy of skin malignancies (5 cases must be observed)

## APPENDIX NINE

### Guide to Formative In-Training Assessment (FITA)

The formative in-training assessment process aims to assist trainees in their learning. It is a purely educational process which will not affect trainees' progression through the training program.

#### Objectives

The objectives of formative in-training assessment are to:

- Provide feedback to trainees about their performance
- Encourage trainees to take an active role in planning their learning
- Assist trainees to develop plans for future learning (particularly for remediation of any weaknesses identified through the assessment)
- Provide trainees with the opportunity to address aspects of their performance prior to the six monthly summative assessment.

#### Format

A short form is completed by the trainee and his/her Supervisor of Training (after consultation with Clinical Supervisors). The form provides a starting point for the trainee to consider their performance and their future learning needs, and to stimulate discussion between the Supervisor of Training and trainee.

#### Procedure

- 1 The trainee completes required sections of form and forwards it to Supervisor of Training who completes the designated sections.
- 2 The trainee and Supervisor of Training meet to discuss progress and learning goals.
- 3 Trainee and supervisor sign the formative in-training assessment record in the Training Program Record Book to confirm that the assessment has taken place.

#### Timing

March and September

### Trainee Formative In-Training Assessment Form

#### What is formative assessment?

Formative assessments are those which occur throughout, and contribute to, the learning process. They are educational and developmental rather than judgemental.

#### What are the objectives of this assessment?

Trainee formative assessment aims to provide a mechanism for trainees to receive feedback about their performance, to reflect on their learning needs, and with the assistance of their supervisors, to develop strategies to meet their learning needs. It is a purely formative assessment – it does not affect trainees' progression in the program or impact on their final results. However, trainees and Supervisors of Training must sign the formative in-training assessment record in the Training Program Record Book, to confirm that the assessment has taken place.

## Trainee Formative In-Training Assessment Form

### Instructions for trainees:

Complete sections A & B of the attached form.

When considering your responses to section B, you may reflect on your:

Responsibility, initiative and punctuality in the workplace; reliability regarding patient care; rapport and communication with patients and their families; relationship with other health professionals; contribution to educational meetings; dermatological knowledge; clinical judgement; skills in morphological examination and history taking; skills in cryosurgery, minor dermatological surgery, phototherapy, excisional dermatological surgery and laser surgery; and acceptance of criticism.

As an adult learner it is essential that you take responsibility for your learning. It is important to be honest about both your strengths and areas where you think you need to improve. This process is about helping you to perform as well as you can to assist you on your path to Fellowship of the College. It is in your interest to identify areas in which you require improvement early in your training so that your supervisors may help you to devise and implement strategies for improvement.

After completing sections A & B you should pass the form on to your Supervisor of Training who will fill out Section C and arrange a time to meet to discuss your performance. At this meeting you and your Supervisor of Training should agree on learning goals for the coming 3 months (Section D) and agree on how you will achieve these (Section E). You should retain the form for your records. Both you and your Supervisor of Training must sign the formative in-training assessment log in your Training Program Record Book to confirm that the assessment has taken place.

*It is your responsibility to ensure that your formative in-training assessment log is signed following each assessment. It is open to College not to recognise a period of training time not covered by such assessments.*

### Instructions for Supervisors of Training:

Each trainee under your supervision will give you a copy of the Formative In-Training Assessment Form with sections A and B completed. You should arrange a time to meet with the trainee to discuss their performance.

Prior to the meeting you should talk to Clinical Supervisors within the department to get a picture of the trainee's performance and then complete section C. You might like to consider the trainee's responsibility, initiative and punctuality in the workplace; reliability regarding patient care; rapport and communication with patients and their families; relationship with other health professionals; contribution to educational meetings; dermatological knowledge; clinical judgement; skills in morphological examination and history taking; skills in cryosurgery, minor dermatological surgery, phototherapy, excisional dermatological surgery and laser surgery; and acceptance of criticism. It is essential that you are honest in your feedback. Your comments are for learning purposes only and will not effect trainees' progression. It is in trainees' best interests to be given feedback about both their strengths and areas needing improvement, so that they can be focused in their learning and remedy any areas of weakness as soon as possible in their training.

After completing section C you should meet with the trainee to discuss their performance and agree on learning goals and strategies for the coming three months. The completed form should be signed and dated by both you and the trainee. Take a copy for your records if you wish. The trainee will forward the form to College where it will be added to their records.

## TRAINEE FORMATIVE IN-TRAINING ASSESSMENT FORM

### Section A Training Details

Trainee: \_\_\_\_\_ Year of Training: \_\_\_\_\_ FT/PT  
Hospital: \_\_\_\_\_ Supervisor of Training: \_\_\_\_\_  
Report Period: March/September Head of Department: \_\_\_\_\_

### Section B Trainee's self-assessment of progress and performance

Reflect on your performance over the past 3 months to complete the items below:

Achievements:

My areas of strength:

Areas in which I need to improve:

### Section C Supervisor of training's assessment of trainee's progress & performance

Reflect on the trainee's performance over the past 3 months to complete the items below:

Achievements:

Areas of strength:

Areas in which improvement is needed:

### Section D Learning goals for next 3 months

### Section E How can learning goals be met?

## SAMPLE COMPLETED FORMATIVE IN-TRAINING ASSESSMENT FORM

Section A	Training Details		
Trainee: <i>Dr Registrar</i>	Year of Training: <i>2</i>	FT/PT	
Hospital: <i>Royal Sydney</i>	Supervisor of Training: <i>Dr Sot</i>		
Report Period: <i>March/September</i>	Head of Department: <i>Dr Hod</i>		

Section B	Trainee's self-assessment of progress and performance
<p>Reflect on your performance over the past 3 months to complete the items below:</p> <p>Achievements: <i>Have been assessed as competent in cryosurgery. Improved knowledge in pharmacology and passed pharmacology exam. Surgical skills have improved.</i></p> <p>My areas of strength: <i>My general dermatology knowledge is good. Well developed communication skills.</i></p> <p>Areas in which I need to improve: <i>I have not yet had any experience in phototherapy.</i></p>	

Section C	Supervisor of training's assessment of trainee's progress & performance
<p>Reflect on the trainee's performance over the past 3 months to complete the items below:</p> <p>Achievements: <i>General dermatology knowledge has increased markedly in the past 6 months and surgical skills are progressing well.</i></p> <p>Areas of strength: <i>Very motivated and conscientious. Always willing to ask questions and listen to advice. Good rapport with patients and colleagues.</i></p> <p>Areas in which improvement is needed: <i>Dermatology knowledge has improved but is still somewhat below expected level. Sometimes seems reluctant to contribute in tutorials.</i></p>	

Section D	Learning goals for next 3 months
<p><i>Continue to improve general dermatology knowledge.</i></p> <p><i>Increase participation in tutorials.</i></p> <p><i>Increase exposure to phototherapy.</i></p>	

Section E	How can learning goals be met?
<p><i>Private study based on chapters of Rook suggested by Supervisor of Training.</i></p> <p><i>Will present at least 1 case at tutorials over the 3 months.</i></p> <p><i>Will organise go to Dr Green's rooms 2 times over next 3 months as an observer in phototherapy.</i></p>	

## APPENDIX TEN

### Guide to Summative In-Training Assessment

The summative in-training assessment process assesses whether trainees are meeting required standards of performance in the workplace. This assessment may impact on trainees' progression through the program.

#### Objectives

The objectives of the summative in-training assessment process are to:

- Assess whether trainee performance has met required standards (relative to level of training) during the preceding 6 months.
- Determine whether trainee performance needs to be more closely supervised.
- Provide a process to apprise trainees who are not meeting required standards that their performance needs to improve, and for these trainees, determine specific areas where performance should be improved.
- Provide a formal mechanism for documenting unsatisfactory performance.

#### Format

The Supervisor of Training and two Clinical Supervisors who are best positioned to assess the trainee (mutually agreed upon by the trainee and Supervisor of Training) complete assessment forms, rating the trainee on 12 key attributes. The Supervisor of Training collates these into a summary, which is discussed with the trainee.

#### Process

- 1 Trainee downloads forms from the College website and asks Supervisor of Training and two nominated Clinical Supervisors to complete them and return them to the Supervisor of Training.
- 2 Supervisor of Training summarises each trainee's assessments using the Summary of Ratings Form.
- 3 Trainee and Supervisor of Training meet to discuss the assessment. All trainees receive feedback (a summative assessment can also have a formative component). Signed summary forms are forwarded to College by the trainee. A copy must also be kept in the Training Program Record Book.
- 4 Trainees whose performance is deemed unsatisfactory according to defined criteria are required to complete a Performance Improvement Form and receive close supervision for the following six months. Unsatisfactory performance in a summative in-training assessment is defined as:

Receiving one or more 'does not meet standard' ratings or

Receiving 'borderline' ratings from 2 or more supervisors on three or more competency areas. This is covered in more detail on the following pages.

#### Timing

June and November

## TRAINEE SUMMATIVE IN-TRAINING ASSESSMENT FORM

### 1 Responsibility, initiative and punctuality in the workplace

Standard: The trainee carries his or her share of the workload, is usually available when on duty, is conscientious and responsible, keeps good medical records and is punctual to work and tutorials.

- Better than expected standard
- Consistent with level of training
- Borderline
- Does not meet standard
- Insufficient opportunity to observe

### 2 Reliability regarding patient care

Standard: The trainee is usually reliable and conscientious about patient care, usually recognises his/her limitations and generally initiates adequate follow-up.

- Better than expected standard
- Consistent with level of training
- Borderline
- Does not meet standard
- Insufficient opportunity to observe

### 3 Rapport and communication with patients and their families

Standard: The trainee is generally effective in communicating with patients, shows appropriate rapport, provides adequate information, recognises patients' rights and respects patient confidentiality.

- Better than expected standard
- Consistent with level of training
- Borderline
- Does not meet standard
- Insufficient opportunity to observe

### 4 Relationship with other health professionals (dermatologists, fellow registrars, nurses and others)

Standard: The trainee generally relates well to others and works well in a team.

- Better than expected standard
- Consistent with level of training
- Borderline
- Does not meet standard
- Insufficient opportunity to observe

## **5** Contribution to rounds, clinics, educational meetings, etc.

Standard: The trainee usually attends hospital clinical meetings and meets his/her teaching responsibility

- Better than expected standard
- Consistent with level of training
- Borderline
- Does not meet standard
- Insufficient opportunity to observe

## **6** Knowledge in dermatology

Standard: The trainee possesses sound knowledge of current dermatological literature and evidence based medicine.

- Better than expected standard
- Consistent with level of training
- Borderline
- Does not meet standard
- Insufficient opportunity to observe

## **7** Diagnostic skills in morphological examination

Standard: The trainee is usually able to recognise most signs, identify the disease and make an adequate differential diagnosis.

- Better than expected standard
- Consistent with level of training
- Borderline
- Does not meet standard
- Insufficient opportunity to observe

## **8** Diagnostic skills in history taking

Standard: The trainee generally takes a good history that sufficiently focuses on important details.

- Better than expected standard
- Consistent with level of training
- Borderline
- Does not meet standard
- Insufficient opportunity to observe

## **9** Clinical judgement

Standard: The trainee usually makes sound decisions about clinical management and checks risks if uncertain about intervention.

- Better than expected standard
- Consistent with level of training
- Borderline
- Does not meet standard
- Insufficient opportunity to observe

**10 Skill in cryosurgery, minor dermatological surgery and phototherapy**

Standard: The trainee demonstrates competence in carrying out the above procedures and usually is able to correctly choose the appropriate form of treatment.

- Better than expected standard
- Consistent with level of training
- Borderline
- Does not meet standard
- Insufficient opportunity to observe

**11 Skill in excisional dermatological surgery and laser surgery**

Standard: The trainee demonstrates sound technical skill and an understanding of the procedure and in most cases can choose the appropriate procedure.

- Better than expected standard
- Consistent with level of training
- Borderline
- Does not meet standard
- Insufficient opportunity to observe

**12 Acceptance of criticism**

Standard: The trainee accepts criticism and shows commitment to improvement.

- Better than expected standard
- Consistent with level of training
- Borderline
- Does not meet standard
- Insufficient opportunity to observe

**13a In your opinion what area is the main strength of this trainee's performance?****13b In your opinion what areas of this trainee's performance are most in need of improvement?**

## SUMMARY OF RATINGS FORM

The table on page 2 of this form summarises the ratings given to the trainee by the supervisors involved in the assessment. The summary should be used as a basis for discussion about the trainee's performance, progress and future learning goals, between the appropriate Supervisor of Training and the trainee being assessed. If considered necessary, the Head of Department and/or State Director of Training may also be involved in this discussion.

This form must be signed by the Supervisor of Training and the trainee, and should then be forwarded to the College Secretariat where it will be added to the trainee's file. The trainee must also keep a copy in their Training Program Record Book.

Any trainee who receives one or more 'does not meet standard' ratings or receives 'borderline' ratings from 2 or more of their supervisors on three or more competency areas must also complete a *Performance Improvement Form*, in consultation with their Supervisor of Training.

- 1 NAME OF TRAINEE \_\_\_\_\_
- 2 HOSPITAL/INSTITUTION \_\_\_\_\_
- 3 SUPERVISOR OF TRAINING \_\_\_\_\_
- 4 HEAD OF DEPARTMENT \_\_\_\_\_
- 5 STATE DIRECTOR OF TRAINING \_\_\_\_\_
- 6 ASSESSMENT PERIOD: JUNE/DECEMBER 200 \_\_\_\_\_
- 7 REPORT SHOULD BE RETURNED TO COLLEGE BY \_\_\_\_\_
- 8 IS A PERFORMANCE IMPROVEMENT FORM REQUIRED? \_\_\_\_\_

Trainee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(I have discussed this with my Supervisor of Training)

Supervisor of Training Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(I have discussed this with the trainee)

The summary table is straightforward. However, an example is given below to ensure that there are no misunderstandings:

*In the EXAMPLE below, three supervisors have completed assessment forms for a trainee. For competency number 1, one supervisor gives a 'Better than expected standard' rating; one gives 'Consistent with level of training' rating; one gives a 'Borderline' rating in the competency area of responsibility, initiative and punctuality in the workplace.*

A = Better than expected standard  
D = Does not meet standard

B = Consistent with level of training  
N/A = Insufficient opportunity to observe

C = Borderline

COMPETENCY	A	B	C	D	N/A
1 Responsibility, initiative and punctuality in the workplace	1	1	1		

#### TRAINEE SUMMARY

COMPETENCY	A	B	C	D	N/A
1 Responsibility, initiative and punctuality in the workplace					
2 Reliability regarding patient care					
3 Rapport and communication with patients and their families					
4 Relationship with other health professionals					
5 Contribution to rounds, clinics, educational meetings, etc.					
6 Knowledge in dermatology					
7 Diagnostic skills in morphological examination					
8 Diagnostic skills in history taking					
9 Clinical judgement					
10 Skill in cryosurgery, minor dermatological surgery & phototherapy					
11 Skill in excisional dermatological surgery and laser surgery					
12 Acceptance of criticism					

STRENGTHS OF TRAINEE: \_\_\_\_\_  
\_\_\_\_\_

AREAS FOR IMPROVEMENT: \_\_\_\_\_  
\_\_\_\_\_

## Procedure for trainees whose performance is deemed unsatisfactory

1 A Performance Improvement Form is completed by the trainee and Supervisor of Training cooperatively.

The form must:

- detail areas of performance that must be improved.
- specify the extent of the improvement expected and time frame in which this improvement will be achieved.
- detail a plan for how this improvement will be achieved.
- acknowledge that the implications of the process have been discussed and understood.

The form is signed by the Supervisor of Training, trainee and Head of Department and the Supervisor of Training forwards the form to College. College forwards a copy to Director of Training. The trainee should keep a copy in his/her Training Program Record Book.

The trainees' performance is monitored closely for the ensuing 6 months, and progress in areas of weakness will be reviewed during the formal formative assessment process.

2 If, in the next summative in-training assessment, the trainee's performance is satisfactory the trainee reverts to regular levels of supervision. If the trainee again meets the defined criteria for unsatisfactory performance, then a Performance Improvement Form must be completed and there must be a meeting between the trainee, Supervisor of Training, Head of Department and Director of Training. An independent dermatologist may attend as an observer if the trainee wishes.

The meeting must discuss:

- The trainees performance and progress
- The areas in which and extent to which the trainees performance must improve and the time frame in which it must improve
- Strategies the trainee can use to improve performance
- Assistance offered to trainee
- The implications for the trainee if his/her performance does not improve to the specified extent within agreed time frames.

The meeting must be minuted by the Director of Training and signed by all parties, with a copy being sent, along with the Performance Improvement Form, to College who forward a copy to the Chief Censor. The trainee should keep a copy of both documents.

The trainees' performance continues to be closely monitored.

3 If the trainee's performance meets the defined criteria for unsatisfactory performance in a third successive summative assessment the matter will be referred to the Chief Censor who will check that all documentation relating to the trainee's performance is in order and that all procedures have been followed correctly. If the Chief Censor is satisfied that this is the case, he/she will arrange a meeting of the Board of Censors plus 1-2 dermatologists with local knowledge of the trainee's performance. This group will make a recommendation as to whether the trainee will:

- continue to have performance closely monitored, with no non-accredited time resulting
- continue to have performance closely monitored and have a period of the preceding 18 months not accredited.
- be dismissed from the training program.

4 This recommendation will then be presented to council for a final decision.

## PERFORMANCE IMPROVEMENT FORM

Section A Training Details	
Trainee: _____	Year of Training: _____ FT/PT
Hospital: _____	Supervisor of Training: _____
Report Period: June/December	Head of Department: _____

Section B Areas requiring improvement
Detail the specific areas in which performance must improve.

Section C Expected standards of performance
For the areas of performance listed above, specify the standard of performance that the trainee will be expected to have reached by the time of the next summative in-training assessment.

Section D Learning Plan
Outline steps that will be taken to improve performance eg. specific texts to be studied, external courses, regular meetings.

Supervisor of Training Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Head of Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand the areas in which my performance needs to improve. I understand that continuing to not meet specified standards of performance may result in a period of training not being accredited or in dismissal from the training program.

Trainee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SAMPLE COMPLETED PERFORMANCE IMPROVEMENT FORM

Section A	Training Details
Trainee: <i>Dr Reg</i>	Year of Training: <i>1</i> <span style="float: right;">FT/PT</span>
Hospital: <i>Prince Harry</i>	Supervisor of Training: <i>Dr Sot</i>
Report Period: <i>June/December</i>	Head of Department: <i>Dr Hod</i>

Section B	Areas requiring improvement
<p>Detail the specific areas in which performance must improve.</p> <p><i>Dermatological knowledge - below standard expected for level of training.</i></p> <p><i>Punctuality in the workplace - frequently late for clinics.</i></p> <p><i>Diagnostic skills in history taking - frequently misses essential information.</i></p>	

Section C	Expected standards of performance
<p>For the areas of performance listed above, specify the standard of performance that the trainee will be expected to have reached by the time of the next summative in-training assessment.</p> <p><i>Knowledge in dermatological medicine as outlined in the training curriculum will show improvement particularly in vascular and lymphatic disorders, STDs and dermatitis.</i></p> <p><i>Dr Reg will be punctual to at least 90% of clinics to which he is rostered over the next 6 months.</i></p> <p><i>At the end of the next six month period Dr Reg's diagnostic skills in history taking will be consistent with his level of training as assessed by the summative assessment form.</i></p>	

Section D	Learning Plan
<p>Outline steps that will be taken to improve performance eg. specific texts to be studied, external courses, regular meetings.</p> <p><i>Will attend all tutorials plus study group and journal club.</i></p> <p><i>Will observe Dr X and Trainee Y who have excellent history taking skills and regularly ask supervisors for feedback on performance in this area.</i></p> <p><i>Home circumstances will be reorganised to facilitate punctuality to clinics.</i></p> <p><i>Supervisor of Training will help Dr Reg to develop a study plan from Rook and Fitzpatrick and will meet monthly to discuss trainee's progress.</i></p>	

Supervisor of Training Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Head of Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand the areas in which my performance needs to improve. I understand that continuing to not meet specified standards of performance may result in a period of training not being accredited or in dismissal from the training program.

Trainee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX ELEVEN

### THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS

#### Code of Conduct - Trainees of College

##### CLASSIFICATION AND RESPONSIBILITIES

- 1 Trainees occupying accredited training programs of the Australasian College of Dermatologists or who have been selected by a State Selection Committee for an accredited registrar training program in the following year are classified as 'Trainees of College'.
- 2 'Trainees of College' are required to comply with the following requirements:
  - (a) Not to practise in the capacity of a specialist dermatologist, skin specialist, skin cancer specialist, cutaneous surgeon, or any other such classification.
  - (b) Not to accept any titled position, e.g. consultant dermatologist, locum consultant dermatologist, acting consultant dermatologist, etc.
  - (c) Not to conduct themselves in a manner which brings the specialty of dermatology or the Australasian College of Dermatologists into disrepute.
  - (d) To seek permission from College before participation in the teaching of dermatology either by way of lectures or talks to groups of general practitioners or the writing of articles for publication in educational journals and brochures aimed at general practitioners.
  - (e) To take up whatever training positions they are directed to by the Director of Training of their State Faculty, including overseas positions.
  - (f) To conduct themselves in an appropriate manner when attending official functions and meetings of the Australasian College of Dermatologists.
  - (g) To pay the trainee levy by 31 December.
  - (h) To accept these requirements by signing an agreement at the time of payment of the trainee levy.
  - (i) To acquaint themselves with the expectations and rights outlined in the *Training Program Handbook*.

On acceptance of these requirements the individual will have his/her name placed on the register of trainees of College. Failure to agree to these conditions or to comply will lead to removal of the individual's name from the register and the loss of entitlement to continue in the College's training program.

##### RIGHTS AND ENTITLEMENTS OF TRAINEES OF COLLEGE

The rights and entitlements of trainees of College include:

- 1 Notification in writing by the Honorary Secretary of all training matters relevant to trainees of College including: scientific meeting dates, examination dates and venue, etc.
- 2 Attending the Annual Scientific Meeting of College.
- 3 Receiving *The Australasian Journal of Dermatology*.
- 4 All those outlined in the *Training Program Handbook*.

**CODE OF CONDUCT AND TRAINING PROGRAM HANDBOOK**

I have read the Code of Conduct for Trainees of the Australasian College of Dermatologists and agree to abide by it.

I agree to the conditions that are set out in the *Training Program Handbook* of the Australasian College of Dermatologists concerning the training program as well as the regulations and requirements concerning the examinations.

My acceptance of the conditions is deemed by payment of the fees.

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

## APPENDIX TWELVE

### The Novartis Dermatology Research Fellowship

(Oxford Radcliffe Hospital, Oxford, United Kingdom)

Novartis Pharmaceuticals Australia Pty Limited and the Oxford Radcliffe Hospital have donated \$30,000 and 10,000 pounds respectively to enable Fellows and trainees of the Australasian College of Dermatologists to obtain clinical dermatological experience at the Oxford Radcliffe Hospital.

For College trainees, the grant is available for a training position at the above institution for provisional accreditation as part of the five year training program of the Australasian College of Dermatologists. In addition, to gain accreditation the applicant must submit progress reports of his/her duties by 1 May and 1 September and a detailed report must be submitted at the end of the approved year of training by 1 March of the following year. These reports must be certified by the head of the training program.

Applications for the grant should be received no later than 1 May.

The amount available for this scholarship may vary from year to year. Under no circumstances will applications be considered if they reach College after this date. Any applications received after this date (faxed or not) will not be accepted. For further details, please contact the Honorary Secretary, Australasian College of Dermatologists.

Applications must be made according to the sample application form below.

#### SAMPLE APPLICATION FORM

Application details should be supplied relevant to the headings which appear in the following sample application form.

- 1 Full name, private address and business address and both phone numbers. Please indicate address for correspondence.  
(Name in block letters, underline surname)
- 2 Date of birth:
- 3 Academic Record  
Degrees:                      University:                      Year:  
Diplomas (including College diplomas) and year obtained:  
Distinctions and Awards:
- 4 Appointments (briefly only)  
(a) Past  
(b) Present
- 5 Publications (list individually)
- 6 Proposed commencement of Fellowship
- 7 Previous grants held
- 8 Details of:  
(a) Any expected salary in addition to the terms of the Fellowship  
(b) Support sought from other organisations (in full)
- 9 Names and addresses of three referees from whom confidential reports will be forwarded to the College.

## The Novartis Dermatology Research and Oxford Radcliffe Hospital Fellowship

### TERMS AND CONDITIONS

#### Aim

The Fellowship shall be awarded annually to a Fellow of the Australasian College of Dermatologists, or a trainee of the College.

The Fellowship may be used by College trainees for 12 months accredited training for the FACD, or by Fellows of College to pursue further training at the Oxford Radcliffe Hospital.

#### Terms and Conditions

- 1 Novartis Pharmaceuticals Australia Pty Limited (formerly Sandoz Australia Pty Ltd) and the Oxford Radcliffe Hospital have sponsored the Novartis (formerly Sandoz) Dermatology Research Fellowship since 1995.
- 2 Novartis Pharmaceuticals Australia Pty Limited, Oxford Radcliffe Hospital or the Australasian College of Dermatologists, shall give at least 12 months notice prior to cessation of the agreement.
- 3 The Novartis Dermatology Research Fellowship shall be awarded to Fellows of the Australasian College of Dermatologists or College trainees.
- 4 Novartis Pharmaceuticals Australia Pty Limited and the Oxford Radcliffe Hospital requires at least three months notice prior to the Australasian College of Dermatologists requiring payment of the Novartis Dermatology Research Fellowship to a recipient.
- 5 Novartis Pharmaceuticals Australia Pty Limited shall be able to publicise in any way it sees fit, the awarding of the annual Novartis Dermatology Research Fellowship.
- 6 The amount of the Novartis Dermatology Research Fellowship shall be \$30,000.00 from Novartis Pharmaceuticals Australia Pty Limited and 10,000 pounds from the Oxford Radcliffe Hospital or an equivalent amount in any currency, depending upon the prevailing exchange rate.
- 7 The payment of the Novartis Dermatology Research Fellowship shall be made into the Oxford Radcliffe Hospital or an account as specified by the Australasian College of Dermatologists.
- 8 The Novartis Dermatology Research Fellowship shall be awarded to recipients, as decided by the Australasian College of Dermatologists and notified to Novartis Pharmaceuticals Australia Pty Limited, who wish to further their studies in dermatology at the Oxford Radcliffe Hospital.
- 9 Applications must be made according to the sample application form on the previous page.
- 10 Recipients of the Fellowship must submit progress reports to College by 1 May and 1 September and a detailed report must be submitted at the end of the approved year of training by 1 March of the following year.
- 11 In publication or presentation of any work assisted by the Fellowship, the authors must acknowledge the support of Novartis Pharmaceuticals Australia Pty Limited and the Australasian College of Dermatologists.

#### Selection

A Selection Committee comprising members of the College Executive will submit recommendations to Council for approval.

#### Closing Date

All applications must be received by the Honorary Secretary no later than 1 May. Under no circumstances will applications be considered if they reach College after this date.

## The Roche Travelling Scholarship

(St John's Hospital for Diseases of the Skin, London, United Kingdom)

Roche Products Pty Limited has donated \$40,000 to enable Fellows and trainees of the Australasian College of Dermatologists to obtain clinical dermatological experience at St John's Hospital for Diseases of the Skin. The Scholarship is currently tenable for a position at St John's Hospital for Diseases of the Skin in the department of Dr Andrew Griffiths.

For College trainees, the grant is available for a training position at the above institution for provisional accreditation as part of the five year training program of the Australasian College of Dermatologists. In addition, to gain accreditation the applicant must submit progress reports of his/her duties by 1 May and 1 September and a detailed report must be submitted at the end of the approved year of training. These reports must be certified by the head of the training program.

Applications for the grant should be received no later than 1 May.

The amount available for this scholarship may vary from year to year. Under no circumstances will applications be considered if they reach College after this date. Any applications received after this date (faxed or not) will not be accepted. For further details, please contact the Honorary Secretary, Australasian College of Dermatologists.

Applications must be made according to the sample application form below.

### SAMPLE APPLICATION FORM

Application details should be supplied relevant to the headings which appear in the following sample application form.

- 1 Full name, private address and business address and both phone numbers. Please indicate address for correspondence.  
(Name in block letters, underline surname)
- 2 Date of birth:
- 3 Academic Record  
Degrees:                      University:                      Year:  
Diplomas (including College diplomas) and year obtained:  
Distinctions and Awards:
- 4 Appointments (briefly only)  
(a) Past  
(b) Present
- 5 Publications (list individually)
- 6 Proposed commencement of Fellowship
- 7 Previous grants held
- 8 Details of:  
(a) Any expected salary in addition to the terms of the Fellowship  
(b) Support sought from other organisations (in full)
- 9 Names and addresses of three referees from whom confidential reports will be forwarded to the College.

## The Roche Travelling Scholarship

### TERMS AND CONDITIONS

#### Aim

The Scholarship shall be awarded annually to a Fellow of the Australasian College of Dermatologists, or a College trainee.

The Scholarship may be used by College trainees for 12 months accredited training for the FACD, or by Fellows of College to pursue further training or gain relevant expertise at St John's Hospital for Diseases of the Skin.

#### Terms and Conditions

- 1 Roche Products Pty Limited commits itself to sponsorship of the Roche Travelling Scholarship, commencing in 1989.
- 2 Roche Products Pty Limited or the Australasian College of Dermatologists, shall give at least 12 months notice prior to cessation of the agreement.
- 3 The Roche Travelling Scholarship shall be awarded to Fellows of the Australasian College of Dermatologists or trainees of College.
- 4 Applicants involved in either clinical or basic science research relating to the retinoid class of drugs will receive favoured consideration for this Award.
- 5 Roche Products Pty Limited requires at least three months notice prior to the Australasian College of Dermatologists requiring payment of the Roche Travelling Scholarship to a recipient.
- 6 Roche Products Pty Limited shall be able to publicise in any way it sees fit, the awarding of the annual Roche Travelling Scholarship.
- 7 The amount of the Roche Travelling Scholarship shall be \$40,000.00. It is proposed that this money be made available for recipients at St John's Hospital for Diseases of the Skin.
- 8 The payment of the Roche Travelling Scholarship shall be made to St John's Hospital for Diseases of the Skin or an account as specified by the Australasian College of Dermatologists.
- 9 The Roche Travelling Scholarship shall be awarded to recipients, as decided by the Australasian College of Dermatologists and notified to Roche Products Pty Limited, who wish to further their studies at St John's Hospital for Diseases of the Skin.
- 10 Applications must be made according to the sample application form on the previous page.
- 11 Recipients of the Scholarship must submit progress reports to College by 1 May and 1 September and a detailed report must be submitted at the end of the approved year of training by 1 March of the following year.
- 12 In publication or presentation of any work assisted by the Scholarship, the authors must acknowledge the support of Roche Products Pty Limited and the Australasian College of Dermatologists.

#### Selection

A Selection Committee comprising members of the College Executive will submit recommendations to Council for approval.

#### Closing Date

All applications must be received by the Honorary Secretary no later than 1 May. Under no circumstances will applications be considered if they reach College after this date.

## APPENDIX THIRTEEN

### Reading List (as at December 2005)

#### PREAMBLE

#### GUIDELINES FOR THE ADDITION OF MATERIAL TO THE READING LIST

##### NEW EDITIONS OF CURRENT TEXTS

New editions of texts currently on the reading list which are available by 1 June and notified to trainees by 30 June will be examinable in the following year.

eg. A new edition available by 1 June 2005 and notified by 30 June 2005 will be examinable in the 2006 examination.

##### NEW TEXTS

Text books which are added to the reading list (other than new editions of texts already on the reading list) which are available by 1 January and notified to trainees by 31 January in any year will be examinable in the following year.

eg. A new text available by 1 January 2005 and notified to trainees by 31 January 2005 will be examinable for the first time in the 2006 examination.

##### POLICY DOCUMENTS AND HANDBOOKS

Policy documents and short handbooks which are available by 1 January and notified to trainees by 31 January in any year will be examinable in that year.

eg. A handbook available by 1 January 2005 and notified to trainees by 31 January 2005 will be examinable in the 2005 examination.

##### NEW JOURNALS

The addition of a new journal to the reading list notified to trainees by 31 January in any year will be examinable for the first time in the following year as follows.

eg. A new journal notified to trainees by 31 January 2005 would be examined as follows:

2005 examination - not examined

2006 examination - January 2005 - December 2005 examinable

2007 examination and thereafter - two years of journals up to and including the December of the year prior to the examination examinable.

#### GUIDELINES FOR THE DELETION OF MATERIAL FROM THE READING LIST

Any deletion of texts, journals, policy documents or handbooks from the reading list will be notified to trainees by 31 January in the year in which the deletion becomes effective. Any material which remains on the reading list at 31 January in any year will be examinable in that year.

eg. Items deleted from the reading list and notified to trainees by 31 January 2005 will not be examined in the examination of 2005 or thereafter.

## Clinical Sciences and Pharmacology

### Texts

For all books listed the latest edition is recommended. The reading list is offered as a source of information and a basis for study.

- Freinkel & Woodley - *The Biology of the Skin* (Parthenon). This text is suitable as an introductory text for anyone interested in commencing the study of dermatology.
- College Notes - *Principles and Practice of Physical Therapy in Dermatology* Chapters 1-9 inclusive (available for purchase from College office, cost \$132 (incl. GST)).
- *Guide to the Safe Use of Lasers in Healthcare* - AS/NZS 4173:2004 (Standards Association of Australia).
- Last - *Anatomy, Regional and Applied* (Churchill Livingstone). Relevant chapters.
- Salasche, Bernstein and Senkarik - *Surgical Anatomy of the Skin* (Appleton and Lange) - only available from the Australasian College of Dermatologists as this book is out of print. Copyright permission was obtained from Appleton and Lange in December 1996 to reproduce this book at a cost of \$330.00 (incl. GST), including postage within Australia.
- Wolverton - *Comprehensive Dermatologic Drug Therapy* (W. B. Saunders).

### Fellowship

#### Texts

For all books listed the latest edition is recommended. The reading list is offered as a source of information and a basis for study.

- Rook, Wilkinson and Ebling - *Textbook of Dermatology* (Blackwell)
- Fitzpatrick, et al. - *Dermatology in General Medicine* (McGraw-Hill)
- Weedon - *Skin Pathology* (Churchill Livingstone)
- Last - *Anatomy, Regional and Applied* (Churchill Livingstone). Relevant chapters
- Salasche, Bernstein and Senkarik - *Surgical Anatomy of the Skin* (Appleton and Lange). Only available from the Australasian College of Dermatologists as this book is out of print. Copyright permission was obtained from Appleton and Lange in December 1996 to reproduce this book at a cost of \$330.00 (incl. GST), including postage in Australia.
- Robinson, Hanke, Sengelman, Siegel - *Surgery of the Skin: Procedural Dermatology* (Elsevier Mosby)
- College Notes - *Principles and Practice of Physical Therapy in Dermatology* Chapters 10-24 inclusive. (Available for purchase from College office, cost \$132.00 (incl. GST))
- Sinclair - *Introductory Notes to Cryotherapy* (Available for purchase from College office, cost \$33.00 (incl. GST))
- *Guide to Safe Use of Lasers in Health Care* - AS/NZS 4173-2004 (Standards Association of Australia)
- Wolverton - *Comprehensive Dermatologic Drug Therapy* (W. B. Saunders)
- *ACD Guidelines for Infection Control in the Practice of Dermatology* (available from ACD website [www.dermcoll.asn.au](http://www.dermcoll.asn.au))
- Menzies, Crotty, Ingvar and McCarthy - *An Atlas of Surface Microscopy of Pigmented Skin Lesions – Dermoscopy* (McGraw-Hill)

## Journals

Articles for the 2 years up to and including December of the year prior to the examination in:

- a *Archives of Dermatology*
- b *Australasian Journal of Dermatology*
- c *British Journal of Dermatology*
- d *Journal of the American Academy of Dermatology*
- e *Paediatric Dermatology*
- f *Medical Journal of Australia* (relevant articles only) 2 years of journals up to and including December in the year prior to the examination examinable from 2004.

## Reference List (Examination questions are not sourced from reference texts/journals)

- Hurwitz - *Clinical Paediatric Dermatology* (Saunders)
- Lever - *Histopathology of the Skin* (Lipincott)
- *How to write a paper*. British Medical Journal (George M. Hall) - available from University Co-operative Bookshops, Reference Number: B428621
- Marks, Elsner and DeLeo - *Contact in Occupational Dermatology* (Third Edition)
- Fisher - *Contact Dermatitis* (Lea and Febiger)
- Grabb and Smith - *Plastic Surgery* (Littlebrown)
- Johns and Cunningham - *The Physics of Radiology* (Charles C. Thomas)
- Lask and Moy - *Principles and Techniques of Cutaneous Surgery* (McGraw Hill)
- Swanson-Glogau and Salasche (Eds) - *The Year Book of Dermatology* (Mosby Year Book Publishers)
- Honigsmann, Jori and Young - *Fundamental basics of Phototherapy* (OEMS Farmaceutica)
- *International Commission of Radiation Protection Bulletins* (Pergamon Press)
- *Dermatologic Surgery Journal*
- *Statistics at Square One* (SWINSCOW TDV) (British Medical Association, London, United Kingdom)
- *Journal of Investigative Dermatology*
- Relevant Cochrane Collaboration reviews: [www.cochrane.org](http://www.cochrane.org)

APPENDIX FOURTEEN

THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS  
136 Pittwater Road Gladesville NSW 2111  
PO Box 2065 Boronia Park NSW 2111  
Telephone 61 2 9879 6177 Facsimile 61 2 9816 1174  
ABN 99 411 356 609

ORDER FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title	Unit Cost (inclusive of GST)	Quantity	Total
Introductory Notes to Cryotherapy (R. Sinclair)	\$33.00		
Principles and Practice of Physical Therapy, Third Edition January 1995 (W. Land and W. de Launey)	\$132.00		
Surgical Anatomy of the Skin (Salasche, Bernstein and Senkarik)	\$330.00		
Postage outside Australia	\$20.00		
TOTAL AMOUNT			\$

Please return completed form to:  
The Australasian College of Dermatologists  
PO Box 2065  
BORONIA PARK NSW 2111  
Australia

I wish to pay by:

Cheque/Money Order (Enclosed)

Credit Card. My credit card details are:

Bankcard     Mastercard     Visa     AMEX     Diners Club

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name on Card: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_