

# TRAINING PROGRAM RECORD BOOK JANUARY 2006

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## 1. INTRODUCTION

The *Training Program Record Book* is designed to:

- assist trainees to monitor their progress and
- to enable trainees to document that they have satisfied the requirements of the training program.

**Completion of the Record Book is a requirement of training.** It must be reviewed with your Supervisor of Training at the commencement of each rotation, and annually with your State Director of Training, to assist in planning your training experiences. The Record Book must be submitted for review by the Chief Censor with your application to sit the Fellowship examination. It will then be returned to you so that you can continue to document your training. It must be submitted to College at the completion of your training.

Trainees should begin to document their progress from the commencement of training. You must:

- Keep a log of inpatient care experience
- Keep a log of experience in essential procedures/treatment modalities
- Document assessment of competence in essential procedures/treatment modalities
- Document observation of advanced procedures/treatment modalities
- Certify that formative in-training assessments have been conducted (this must be signed in March and September by the trainee and Supervisor of Training)
- Append copies of summative in-training assessment reports (June and December of each year) for the full period of training
- Complete the record of trainee appointment (which must be signed by the Head of Department after each rotation and by the Director of Training at the completion of Training)
- Record details of required publications, presentations and meeting attendances, and append evidence where required
- Log attendance at Faculty and hospital clinical meetings.

All training, including each year of shared or part-time training must be documented as above.

The Record Book contains a yearly check list which trainees are encouraged to use to monitor their own progress towards meeting the training program requirements.

The information contained in this book is correct as at January 2006. However, there may be revisions from time-to-time.

## 2. YEARLY TRAINING CHECKLIST

### YEAR 1 - BASIC TRAINING

<b>Formative in-training assessment</b> <input type="checkbox"/> Record Book signed to confirm completion March and September
<b>Summative in-training assessment</b> <input type="checkbox"/> Report sent to College and copy filed in Training Program Record Book June and December
<b>Biennial Training Conference</b> <input type="checkbox"/> Certificate of Attendance filed in Record Book
<b>ACD Annual Scientific Meeting</b> <input type="checkbox"/> Professional Development Program form submitted
<b>ACD Spring Conference</b> (optional) <input type="checkbox"/> Professional Development Program Form submitted
<b>Record Of Trainee Appointment</b> <input type="checkbox"/> Signed by Head of Department at completion of each rotation
<b>Logbook</b> <input type="checkbox"/> Up-to-date
<b>Annual Meeting with Director of Training</b> Review: <input type="checkbox"/> clinical experience gained <input type="checkbox"/> FITA has been conducted as specified in Training Program Handbook <input type="checkbox"/> results of SITAs <input type="checkbox"/> performance in Clinical Science and/or Pharmacology examination <input type="checkbox"/> opportunities to fulfil meeting attendance requirements <input type="checkbox"/> progress towards publication requirements <input type="checkbox"/> progress towards presentation requirements <input type="checkbox"/> progress towards assessment of competence in essential procedures <input type="checkbox"/> opportunities to observe advanced procedures

## 2. YEARLY TRAINING CHECKLIST (continued)

### YEAR 2 - BASIC TRAINING

<b>At commencement of each rotation</b> <input type="checkbox"/> Review Record Book with Supervisor of Training
<b>Formative in-training assessment</b> <input type="checkbox"/> Record Book signed to confirm completion March and September
<b>Summative in-training assessment</b> <input type="checkbox"/> Report sent to College and copy filed in Training Program Record Book June and December
<b>ACD Annual Scientific Meeting</b> <input type="checkbox"/> Professional Development Program form submitted
<b>ACD Spring Conference (optional)</b> <input type="checkbox"/> Professional Development Program Form submitted
<b>Clinical Science and Pharmacology examinations</b> <input type="checkbox"/> Passed by June
<b>Record Of Trainee Appointment</b> <input type="checkbox"/> Signed by Head Of Department at completion of each rotation
<b>Logbook</b> <input type="checkbox"/> Up-to-date
<b>Annual Meeting with Director of Training</b> Review: <input type="checkbox"/> clinical experience gained <input type="checkbox"/> results of SITAs <input type="checkbox"/> FITA has been conducted as specified in Training Program Handbook <input type="checkbox"/> opportunities to fulfil meeting attendance requirements <input type="checkbox"/> progress towards publication requirements <input type="checkbox"/> progress towards presentation requirements <input type="checkbox"/> progress towards assessment of competence in essential procedures <input type="checkbox"/> opportunities to observe advanced procedures

## 2. YEARLY TRAINING CHECKLIST (continued)

### YEAR 3 - ADVANCED TRAINING

<b>At commencement of each rotation</b> <input type="checkbox"/> Review Record Book with Supervisor of Training
<b>Formative in-training assessment</b> <input type="checkbox"/> Record Book signed to confirm completion March and September
<b>Summative in-training assessment</b> <input type="checkbox"/> Report sent to College and copy filed in Training Program Record Book June and December
<b>Biennial Training Conference</b> <input type="checkbox"/> Certificate of Attendance filed in Record Book
<b>ACD Annual Scientific Meeting</b> <input type="checkbox"/> Professional Development Program form submitted
<b>ACD Spring Conference (optional)</b> <input type="checkbox"/> Professional Development Program Form submitted
<b>Record Of Trainee Appointment</b> <input type="checkbox"/> Signed by Head Of Department at completion of each rotation
<b>Presentation Requirements</b> <input type="checkbox"/> Completed
<b>Publication Requirements</b> <input type="checkbox"/> Completed
<b>Logbook</b> <input type="checkbox"/> Up-to-date
<b>Annual Meeting with Director of Training</b> Review: <input type="checkbox"/> clinical experience gained <input type="checkbox"/> results of SITAs <input type="checkbox"/> FITA has been conducted as specified in Training Program Handbook <input type="checkbox"/> opportunities to fulfil meeting attendance requirements <input type="checkbox"/> progress towards publication requirements <input type="checkbox"/> progress towards presentation requirements <input type="checkbox"/> progress towards assessment of competence in essential procedures <input type="checkbox"/> opportunities to observe advanced procedures

## 2. YEARLY TRAINING CHECKLIST (continued)

### YEAR 4 - ADVANCED TRAINING

<b>At commencement of each rotation</b> <input type="checkbox"/> Review Record Book with Supervisor of Training
<b>Formative in-training assessment</b> <input type="checkbox"/> Record Book signed to confirm completion March and September
<b>Summative in-training assessment</b> <input type="checkbox"/> Report sent to College and copy filed in Training Program Record Book June and December
<b>ACD Annual Scientific Meeting</b> <input type="checkbox"/> Professional Development Program form submitted
<b>ACD Spring Conference (optional)</b> <input type="checkbox"/> Professional Development Program Form submitted
<b>Assessment of Competence in Essential Procedures</b> <input type="checkbox"/> Completed prior to application to sit Fellowship exams (applications due in March)
<b>Meeting attendance</b> <input type="checkbox"/> Requirements satisfied prior to application to sit Fellowship exams (applications due in March)
<b>Written (June) and Clinical (August) Fellowship examinations (if eligible)</b> <input type="checkbox"/> Written examination passed <input type="checkbox"/> Written examination failed <input type="checkbox"/> Clinical examination passed <input type="checkbox"/> Clinical examination failed
<b>Record Of Trainee Appointment</b> <input type="checkbox"/> Signed by Head Of Department at completion of each rotation <input type="checkbox"/> Signed by Director of Training at completion of training
<b>Logbook</b> <input type="checkbox"/> Up-to-date
<b>Annual Meeting with Director of Training</b> Review: <input type="checkbox"/> clinical experience gained <input type="checkbox"/> results of SITAs <input type="checkbox"/> FITA has been conducted as specified in Training Program Handbook <input type="checkbox"/> opportunities to fulfil meeting attendance requirements <input type="checkbox"/> progress towards publication requirements <input type="checkbox"/> progress towards presentation requirements <input type="checkbox"/> progress towards assessment of competence in essential procedures <input type="checkbox"/> opportunities to observe advanced procedures <input type="checkbox"/> performance in Fellowship examinations

## **2. YEARLY TRAINING CHECKLIST (continued)**

### **YEAR 5 - ADVANCED TRAINING**

Trainees who do not meet all requirements of the Training Program in the fourth year of training are required to complete a fifth year of training in its entirety. This training may be undertaken in an accredited training program, in approved private practice, or a combination of both.

<b>At commencement of each rotation</b> <input type="checkbox"/> Review Record Book with Supervisor of Training
<b>Formative in-training assessment</b> <input type="checkbox"/> Record Book signed to confirm completion March and September
<b>Summative in-training assessment</b> <input type="checkbox"/> Report sent to College and copy filed in Training Program Record Book June and December
<b>ACD Annual Scientific Meeting</b> <input type="checkbox"/> Professional Development Program form submitted
<b>ACD Spring Conference</b> (optional) <input type="checkbox"/> Professional Development Program Form submitted
<b>Assessment of Competence in Essential Procedures</b> <input type="checkbox"/> Completed prior to application to sit Fellowship exams (applications due in March)
<b>Meeting Attendance</b> <input type="checkbox"/> Requirements satisfied prior to application to sit Fellowship exams (applications due in March)
<b>Written (June) and Clinical (August) Fellowship examinations</b> (if eligible) <input type="checkbox"/> Written examination passed <input type="checkbox"/> Written examination failed <input type="checkbox"/> Clinical examination passed <input type="checkbox"/> Clinical examination failed
<b>Record Of Trainee Appointment</b> <input type="checkbox"/> Signed by Head of Department <input type="checkbox"/> Signed by Director Of Training
<b>Logbook</b> <input type="checkbox"/> Up-to-date
<b>Annual Meeting with Director of Training</b> Review: <input type="checkbox"/> clinical experience gained <input type="checkbox"/> results of SITAs <input type="checkbox"/> FITA has been conducted as specified in Training Program Handbook <input type="checkbox"/> opportunities to fulfil meeting attendance requirements <input type="checkbox"/> progress towards publication requirements <input type="checkbox"/> progress towards presentation requirements <input type="checkbox"/> progress towards assessment of competence in essential procedures <input type="checkbox"/> opportunities to observe advanced procedures <input type="checkbox"/> performance in Fellowship examinations

### **3. CERTIFICATION OF ANNUAL REVIEW WITH DIRECTOR OF TRAINING**

This certifies that the trainee and Director of Training have reviewed and discussed

- clinical experience gained
- whether FITA has been conducted and documented as specified in the Training Program Handbook
- results of SITAs
- opportunities to fulfil meeting attendance requirements
- progress towards publication requirements
- progress towards presentation requirements
- progress towards assessment of competence in essential procedures
- opportunities to observe advanced procedures
- performance in examinations if relevant

#### **BASIC TRAINING**

<b>YEAR OF TRAINING</b>	<b>SIGNATURE OF TRAINEE</b>	<b>NAME AND SIGNATURE OF DIRECTOR OF TRAINING</b>	<b>DATE</b>
YEAR 1			
YEAR 2			

#### **ADVANCED TRAINING**

<b>YEAR OF TRAINING</b>	<b>SIGNATURE OF TRAINEE</b>	<b>NAME AND SIGNATURE OF DIRECTOR OF TRAINING</b>	<b>DATE</b>
YEAR 3			
YEAR 4			
YEAR 5			

**4. RECORD OF TRAINEE APPOINTMENT**

This must be signed by the Head of Department after each rotation and by the Director of Training at the completion of the training period. It must be submitted to the Honorary Secretary of College with the application to sit the Fellowship Examination. It will be returned for completion and resubmission at the completion of training.

**BASIC TRAINING - YEAR 1**

Institution	Full-time Only	Date Commenced (day/month/year)	Date Completed (day/month/year)	Signature of Head of Department

Number of weeks worked (do not include leave of any type): \_\_\_\_\_  
 Number of weeks paid annual leave: \_\_\_\_\_  
 Amount of study leave taken: \_\_\_\_\_  
 Amount of conference leave taken: \_\_\_\_\_  
 Amount of other leave taken: \_\_\_\_\_

**BASIC TRAINING - YEAR 2**

Institution	Full-time or Part-time	Date Commenced Day/month/year	Date Completed Day/month/year	Signature of Head of Department

Number of weeks worked (do not include leave of any type): \_\_\_\_\_  
 Number of weeks paid annual leave: \_\_\_\_\_  
 Amount of study leave taken: \_\_\_\_\_  
 Amount of conference leave taken: \_\_\_\_\_  
 Amount of other leave taken: \_\_\_\_\_

**4. RECORD OF TRAINEE APPOINTMENT (continued)**

**ADVANCED TRAINING - YEAR 3**

Institution	Full-time or Part-time	Date Commenced Day/month/year	Date Completed Day/month/year	Signature of Head of Department

Number of weeks worked (do not include leave of any type): \_\_\_\_\_  
 Number of weeks paid annual leave: \_\_\_\_\_  
 Amount of study leave taken: \_\_\_\_\_  
 Amount of conference leave taken: \_\_\_\_\_  
 Amount of other leave taken: \_\_\_\_\_

**ADVANCED TRAINING - YEAR 4**

Institution	Full-time or Part-time	Date Commenced Day/month/year	Date Completed Day/month/year	Signature of Head of Department

Number of weeks worked (do not include leave of any type): \_\_\_\_\_  
 Number of weeks paid annual leave: \_\_\_\_\_  
 Amount of study leave taken: \_\_\_\_\_  
 Amount of conference leave taken: \_\_\_\_\_  
 Amount of other leave taken: \_\_\_\_\_

**4. RECORD OF TRAINEE APPOINTMENT (continued)**

**YEAR 5**

Institution	Full-time or Part-time	Date Commenced Day/month/year	Date Completed Day/month/year	Signature of Head of Department

Number of weeks worked (do not include leave of any type): \_\_\_\_\_  
 Number of weeks paid annual leave: \_\_\_\_\_  
 Amount of study leave taken: \_\_\_\_\_  
 Amount of conference leave taken: \_\_\_\_\_  
 Amount of other leave taken: \_\_\_\_\_

**TRAINING SUMMARY**

Please indicate totals for entire training period:  
 Number of weeks worked (do not include leave of any type): \_\_\_\_\_  
 Number of weeks paid annual leave: \_\_\_\_\_  
 Amount of study leave taken: \_\_\_\_\_  
 Amount of conference leave taken: \_\_\_\_\_  
 Amount of other leave taken: \_\_\_\_\_

I hereby declare that I have completed the required training in the training programs accredited by the Australasian College of Dermatologists as listed above.

\_\_\_\_\_  
SIGNATURE OF TRAINEE

\_\_\_\_\_  
DATE

I hereby verify this trainee has completed the training as detailed above.

\_\_\_\_\_  
SIGNATURE OF DIRECTOR OF TRAINING

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF DIRECTOR OF TRAINING

**5. INPATIENT CARE LOG**

You must keep records of each inpatient in whose management you are significantly involved. You will need to photocopy additional pages or download them from the College website.

<b>Date</b>	<b>De-identified patient details</b>	<b>Duration of admission (days)</b>	<b>Diagnosis</b>	<b>Consultant's name</b>	<b>Were you the principal registrar caring for this patient? (Y/N)</b>
Notes, investigations, treatment and outcomes					

<b>Date</b>	<b>De-identified patient details</b>	<b>Duration of admission (days)</b>	<b>Diagnosis</b>	<b>Consultant's name</b>	<b>Were you the principal registrar caring for this patient? (Y/N)</b>
Notes, investigations, treatment and outcomes					

<b>Date</b>	<b>De-identified patient details</b>	<b>Duration of admission (days)</b>	<b>Diagnosis</b>	<b>Consultant's name</b>	<b>Were you the principal registrar caring for this patient? (Y/N)</b>
Notes, investigations, treatment and outcomes					

**5. INPATIENT CARE LOG (continued)**

<b>Date</b>	<b>De-identified patient details</b>	<b>Duration of admission (days)</b>	<b>Diagnosis</b>	<b>Consultant's name</b>	<b>Were you the principal registrar caring for this patient? (Y/N)</b>
Notes, investigations, treatment and outcomes					

<b>Date</b>	<b>De-identified patient details</b>	<b>Duration of admission (days)</b>	<b>Diagnosis</b>	<b>Consultant's name</b>	<b>Were you the principal registrar caring for this patient? (Y/N)</b>
Notes, investigations, treatment and outcomes					

<b>Date</b>	<b>De-identified patient details</b>	<b>Duration of admission (days)</b>	<b>Diagnosis</b>	<b>Consultant's name</b>	<b>Were you the principal registrar caring for this patient? (Y/N)</b>
Notes, investigations, treatment and outcomes					

**5. INPATIENT CARE LOG (continued)**

<b>Date</b>	<b>De-identified patient details</b>	<b>Duration of admission (days)</b>	<b>Diagnosis</b>	<b>Consultant's name</b>	<b>Were you the principal registrar caring for this patient? (Y/N)</b>
Notes, investigations, treatment and outcomes					

<b>Date</b>	<b>De-identified patient details</b>	<b>Duration of admission (days)</b>	<b>Diagnosis</b>	<b>Consultant's name</b>	<b>Were you the principal registrar caring for this patient? (Y/N)</b>
Notes, investigations, treatment and outcomes					

<b>Date</b>	<b>De-identified patient details</b>	<b>Duration of admission (days)</b>	<b>Diagnosis</b>	<b>Consultant's name</b>	<b>Were you the principal registrar caring for this patient? (Y/N)</b>
Notes, investigations, treatment and outcomes					

## 6. LOG OF EXPERIENCE AND ASSESSMENT OF COMPETENCE IN ESSENTIAL PROCEDURES/ TREATMENT MODALITIES

### **Instructions**

This section of the Record Book provides space for trainees to log their experience, and document their competence, in essential procedures and treatment modalities.

Trainees should start to log their experience from the commencement of training. It is not necessary to fill all spaces in the tables. However, trainees are required to be assessed as competent to perform each of the procedures/treatments listed. Competence is documented by the signature of a supervisor in the space provided at the bottom of each table. A successful assessment in a particular procedure/treatment modality indicates that the trainee has demonstrated **complete** competence to perform that procedure/treatment **unsupervised**.

There is no fixed timetable for these assessments, but they must be completed before trainees apply to sit the Fellowship examination.

It is the responsibility of the Director of Training to ensure that trainees' rotations provide sufficient exposure to all essential procedures/treatments for trainees to achieve competence in them. The Director of Training will review trainees' progress annually.

### **Principles for Assessment of Competence**

- Assessment of Competence should not be undertaken until the Clinical Supervisor or Supervisor of Training is satisfied that an adequate number of cases has been carried out by the trainee.
- In general, assessment in excisional dermatological surgery should not be carried out prior to the third year of training.
- Each procedure/treatment modality must be performed by the trainee under the direct observation of an appropriately qualified and/or experienced dermatologist who is a Fellow of the Australasian College of Dermatologists. In the case of excisional dermatological surgery, radiotherapy and laser therapy this person needs to be a dermatologist with appropriate additional training/experience.
- Assessment may involve direct observation of a trainee performing a particular procedure/treatment on **several** occasions before competence is certified.
- Assessment in each procedure/treatment need only be carried out once during a trainee's period of training, hence it is imperative that the assessor be absolutely certain of the competence of the trainee in the particular procedure/treatment. If there is any doubt as to competence then reassessment should be recommended.
- If the trainee has an unsatisfactory assessment in a particular procedure/treatment then reassessment should be carried out after an appropriate period of time. It is expected that in this period the trainee should gain further experience and training in the particular procedure/treatment.



**6. LOG OF EXPERIENCE AND ASSESSMENT OF COMPETENCE IN ESSENTIAL PROCEDURES/ TREATMENT MODALITIES (continued)**

**BIOPSIES**

**b) Shave**

Date	De-identified patient details	Diagnosis	Procedure/Site	Follow-up

**Assessment of Competence**

I hereby verify observation of the trainee performing this procedure competently.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF SUPERVISOR









**6. LOG OF EXPERIENCE AND ASSESSMENT OF COMPETENCE IN ESSENTIAL PROCEDURES/  
TREATMENT MODALITIES (continued)**

**BIOPSIES – SPECIAL SITES**

**d) Lip/mucosa**

Date	De-identified patient details	Diagnosis	Procedure/Site	Follow-up

**Assessment of Competence**

I hereby verify observation of the trainee performing this procedure competently.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF SUPERVISOR

6. LOG OF EXPERIENCE AND ASSESSMENT OF COMPETENCE IN ESSENTIAL PROCEDURES/  
TREATMENT MODALITIES (continued)

**CURETTAGE/SHAVE/SAUCERISATION AND CAUTERISATION/ELECTROSURGERY**

a) **Benign Lesions**

<b>Date</b>	<b>De-identified patient details</b>	<b>Diagnosis</b>	<b>Procedure/Site</b>	<b>Follow-up</b>

**Assessment of Competence**

I hereby verify observation of the trainee performing this procedure competently.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF SUPERVISOR

**6. LOG OF EXPERIENCE AND ASSESSMENT OF COMPETENCE IN ESSENTIAL PROCEDURES/  
TREATMENT MODALITIES (continued)**

**CURETTAGE/SHAVE/SAUCERISATION AND CAUTERISATION/ELECTROSURGERY**

**b) Malignant Lesions**

Date	De-identified patient details	Diagnosis	Procedure/Site	Follow-up

**Assessment of Competence**

I hereby verify observation of the trainee performing this procedure competently.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF SUPERVISOR





**6. LOG OF EXPERIENCE AND ASSESSMENT OF COMPETENCE IN ESSENTIAL PROCEDURES/  
TREATMENT MODALITIES (continued)**

**EXCISION SURGERY**

**b) Fusiform ellipse with specialised skin closure (subcuticular, half buried, etc)**

Date	De-identified patient details	Diagnosis	Procedure/Site	Follow-up

**Assessment of Competence**

I hereby verify observation of the trainee performing this procedure competently.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF SUPERVISOR

**6. LOG OF EXPERIENCE AND ASSESSMENT OF COMPETENCE IN ESSENTIAL PROCEDURES/  
TREATMENT MODALITIES (continued)**

**EXCISION SURGERY**

- c) Excision in special areas**
  - o Lip

<b>Date</b>	<b>De-identified patient details</b>	<b>Diagnosis</b>	<b>Procedure/Site</b>	<b>Follow-up</b>

**Assessment of Competence**

I hereby verify observation of the trainee performing this procedure competently.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF SUPERVISOR



**6. LOG OF EXPERIENCE AND ASSESSMENT OF COMPETENCE IN ESSENTIAL PROCEDURES/  
TREATMENT MODALITIES (continued)**

**EXCISION SURGERY**

- c) **Excision in special areas**
  - o **Brow**

Date	De-identified patient details	Diagnosis	Procedure/Site	Follow-up

**Assessment of Competence**

I hereby verify observation of the trainee performing this procedure competently.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF SUPERVISOR



**6. LOG OF EXPERIENCE AND ASSESSMENT OF COMPETENCE IN ESSENTIAL PROCEDURES/  
TREATMENT MODALITIES (continued)**

**EXCISION SURGERY**

- c) **Excision in special areas**
  - o Ear

Date	De-identified patient details	Diagnosis	Procedure/Site	Follow-up

**Assessment of Competence**

I hereby verify observation of the trainee performing this procedure competently.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF SUPERVISOR

6. **LOG OF EXPERIENCE AND ASSESSMENT OF COMPETENCE IN ESSENTIAL PROCEDURES/  
TREATMENT MODALITIES (continued)**

**EXCISION SURGERY**

- d) **Skin Grafts**
  - o **Split**

<b>Date</b>	<b>De-identified patient details</b>	<b>Diagnosis</b>	<b>Procedure/Site</b>	<b>Follow-up</b>

**Assessment of Competence**

I hereby verify observation of the trainee performing this procedure competently.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF SUPERVISOR

6. **LOG OF EXPERIENCE AND ASSESSMENT OF COMPETENCE IN ESSENTIAL PROCEDURES/  
TREATMENT MODALITIES (continued)**

**EXCISION SURGERY**

- d) **Skin Grafts**
  - o **Full thickness**

<b>Date</b>	<b>De-identified patient details</b>	<b>Diagnosis</b>	<b>Procedure/Site</b>	<b>Follow-up</b>

**Assessment of Competence**

I hereby verify observation of the trainee performing this procedure competently.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF SUPERVISOR



**6. LOG OF EXPERIENCE AND ASSESSMENT OF COMPETENCE IN ESSENTIAL PROCEDURES/  
TREATMENT MODALITIES (continued)**

**EXCISION SURGERY**

- e) **Flaps**
  - o **Transposition**

Date	De-identified patient details	Diagnosis	Procedure/Site	Follow-up

**Assessment of Competence**

I hereby verify observation of the trainee performing this procedure competently.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF SUPERVISOR











**6. LOG OF EXPERIENCE AND ASSESSMENT OF COMPETENCE IN ESSENTIAL PROCEDURES/  
TREATMENT MODALITIES (continued)**

**LASER SURGERY**

**a) Pulsed dye laser**

<b>Date</b>	<b>De-identified patient details</b>	<b>Diagnosis</b>	<b>Procedure/Site</b>	<b>Follow-up</b>

**Assessment of Competence**

I hereby verify observation of the trainee performing this procedure competently.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF SUPERVISOR



**6. LOG OF EXPERIENCE AND ASSESSMENT OF COMPETENCE IN ESSENTIAL PROCEDURES/  
TREATMENT MODALITIES (continued)**

**ANAESTHETIC PROCEDURES**

**b) Digital block**

Date	De-identified patient details	Diagnosis	Procedure/Site	Follow-up

**Assessment of Competence**

I hereby verify observation of the trainee performing this procedure competently.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF SUPERVISOR

**6. LOG OF EXPERIENCE AND ASSESSMENT OF COMPETENCE IN ESSENTIAL PROCEDURES/  
TREATMENT MODALITIES (continued)**

**PHOTOTHERAPY**

**a) Narrow band UVB**

Date	De-identified patient details	Diagnosis	Treatment Details	Follow-up

**Assessment of Competence**

I hereby verify observation of the trainee performing this procedure competently.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF SUPERVISOR



**6. LOG OF EXPERIENCE AND ASSESSMENT OF COMPETENCE IN ESSENTIAL PROCEDURES/  
TREATMENT MODALITIES (continued)**

**PHOTOTHERAPY**

**c) Photodynamic therapy**

Date	De-identified patient details	Diagnosis	Treatment Details	Follow-up

**Assessment of Competence**

I hereby verify observation of the trainee performing this procedure competently.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF SUPERVISOR







6. LOG OF EXPERIENCE AND ASSESSMENT OF COMPETENCE IN ESSENTIAL PROCEDURES/  
TREATMENT MODALITIES (continued)

**INJECTIONS AND APPLICATIONS**

c) Imiquimod application

Date	De-identified patient details	Diagnosis	Application schedule/Site	Follow-up

**Assessment of Competence**

I hereby verify observation of the trainee performing this procedure competently.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF SUPERVISOR



**7. LOG OF OBSERVATION/EXPERIENCE IN ADVANCED PROCEDURES/TREATMENT MODALITIES**

Trainees are expected to have a theoretical understanding of the advanced procedures/treatment modalities listed in this section, and to have observed them, if possible. Practical training in these procedures/treatments is not required.

Trainees should record their observation of advanced procedure/treatments on the tables in this section, and this should be signed by the consultant performing the procedure/treatment. Any trainee who performs advanced procedures/treatments should note this. Trainees are not required to fill in all spaces in the tables, except in the case of radiotherapy. Trainees are required to observe five cases of radiotherapy. This should be documented by the supervising surgeon, radiological dermatologist or radiotherapist.

**Mohs surgery**

<b>Date</b>	<b>Observation or performance</b>	<b>Site and comments</b>	<b>Name and signature of supervisor</b>

**Complex flap surgery**

<b>Date</b>	<b>Observation or performance</b>	<b>Site and comments</b>	<b>Name and signature of supervisor</b>

**Wedge resection of lips, ears, etc.**

<b>Date</b>	<b>Observation or performance</b>	<b>Site and comments</b>	<b>Name and signature of supervisor</b>

**7. LOG OF OBSERVATION/EXPERIENCE IN ADVANCED PROCEDURES/TREATMENT MODALITIES  
(continued)**

**Composite cartilaginous grafts**

<b>Date</b>	<b>Observation or performance</b>	<b>Site and comments</b>	<b>Name and signature of supervisor</b>

**Chemical peels**

<b>Date</b>	<b>Observation or performance</b>	<b>Site and comments</b>	<b>Name and signature of supervisor</b>

**Sclerotherapy**

<b>Date</b>	<b>Observation or performance</b>	<b>Site and comments</b>	<b>Name and signature of supervisor</b>

**CO2 laser**

<b>Date</b>	<b>Observation or performance</b>	<b>Site and comments</b>	<b>Name and signature of supervisor</b>

**7. LOG OF OBSERVATION/EXPERIENCE IN ADVANCED PROCEDURES/TREATMENT MODALITIES**

**Laser resurfacing**

<b>Date</b>	<b>Observation or performance</b>	<b>Site and comments</b>	<b>Name and signature of supervisor</b>

**Vascular lasers (other than pulsed dye lasers)**

<b>Date</b>	<b>Observation or performance</b>	<b>Site and comments</b>	<b>Name and signature of supervisor</b>

**Tissue augmentation**

<b>Date</b>	<b>Observation or performance</b>	<b>Site and comments</b>	<b>Name and signature of supervisor</b>

**Injectable fillers**

<b>Date</b>	<b>Observation or performance</b>	<b>Site and comments</b>	<b>Name and signature of supervisor</b>

**7. LOG OF OBSERVATION/EXPERIENCE IN ADVANCED PROCEDURES/TREATMENT MODALITIES  
(continued)**

**Muscle paresis injections**

Date	Observation or performance	Site and comments	Name and signature of supervisor

**Radiotherapy of skin malignancies (5 cases must be observed)**

Date	Observation or performance	Site and comments	Name and signature of supervisor

**8. IN-TRAINING ASSESSMENT RECORD**

Signatures of Trainees and Supervisors of Training are required to confirm that **Formative In-Training Assessment (FITA)** has taken place according to the procedures described in the Training Program Handbook.

**BASIC TRAINING**

Year	Month	Signature of Trainee	Signature of Supervisor of Training
Year 1	March		
	September		
Year 2	March		
	September		
Year 2 (part-time or shared training)	March		
	September		

**ADVANCED TRAINING**

Year	Month	Signature of Trainee	Signature of Supervisor of Training
Year 3	March		
	September		
Year 3 (part-time or shared training)	March		
	September		
Year 4	March		
	September		
Year 4 (part-time or shared training)	March		
	September		
Year 5	March		
	September		
Year 5 (part-time or shared training)	March		
	September		

**8. IN-TRAINING ASSESSMENT RECORD (continued)**

Please ensure that copies of all **summative in-training assessment (SITA) reports** have been appended and confirm this by ticking the boxes below. Trainees who have undertaken shared or part-time training should append additional documents as appropriate.

<b>Year of Training</b>	<b>Confirm SITA report appended</b>	<b>If part-time or shared training</b>
Year 1	<input type="checkbox"/> June <input type="checkbox"/> December	
Year 2	<input type="checkbox"/> June <input type="checkbox"/> December	<input type="checkbox"/> June <input type="checkbox"/> December
Year 3	<input type="checkbox"/> June <input type="checkbox"/> December	<input type="checkbox"/> June <input type="checkbox"/> December
Year 4	<input type="checkbox"/> June <input type="checkbox"/> December	<input type="checkbox"/> June <input type="checkbox"/> December
Year 5	<input type="checkbox"/> June <input type="checkbox"/> December	<input type="checkbox"/> June <input type="checkbox"/> December

**9. RECORD OF PRESENTATIONS/PUBLICATIONS/CLINICAL AND RESEARCH STUDIES AND TRIALS**

**a) PRESENTATIONS AND LECTURES**

**Presentation/s at Annual Scientific Meeting of the Australian College of Dermatologists**

*Please attach abstract*

Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Other Presentations and Lectures**

Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Group: \_\_\_\_\_

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

Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Group: \_\_\_\_\_

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

Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Group: \_\_\_\_\_

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

**If insufficient space is provided above, please append any additional information.**

**9. RECORD OF PRESENTATIONS/PUBLICATIONS/CLINICAL AND RESEARCH STUDIES AND TRIALS (continued)**

**b) PUBLICATIONS**

Candidates must, during the course of their training, have published (or at least accepted for publication) two papers of a significant nature on a dermatological subject which they have researched during that period of time. At least one of these must be published in the *Australasian Journal of Dermatology* and the other must be published in a peer review journal acceptable to the Board of Censors.

Please include month and year of publication, issue number and volume number. Attach a copy of the abstract of published papers or a copy of the letter from the Editor of Journal confirming intent to publish.

Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Journal: \_\_\_\_\_

Date of publication: \_\_\_\_\_

Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Journal: \_\_\_\_\_

Date of publication: \_\_\_\_\_

Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Journal: \_\_\_\_\_

Date of publication: \_\_\_\_\_

**If insufficient space is provided above, please append any additional information.**

**9. RECORD OF PRESENTATIONS/PUBLICATIONS/CLINICAL AND RESEARCH STUDIES AND TRIALS (continued)**

**c) CLINICAL AND RESEARCH STUDIES AND TRIALS**

Topic: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_

Topic: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_

Topic: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_

Topic: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_

**If insufficient space is provided above, please append any additional information.**

**10. RECORD OF MEETING ATTENDANCE**

Please list all ACD Annual Scientific Meetings, Biennial Training Conferences and Spring Conferences and major overseas meetings attended during your training. Your certificate of attendance at the Biennial Training Conference should be appended. You must submit a Professional Development Program form confirming attendance at the ACD Annual Scientific Meeting. This will be returned to you and should then be appended to your Record Book.

**YEAR 1**

Meeting	Date	Hours attended

**YEAR 2**

Meeting	Date	Hours attended

**YEAR 3**

Meeting	Date	Hours attended

**10. RECORD OF MEETING ATTENDANCE (continued)**

**YEAR 4**

<b>Meeting</b>	<b>Date</b>	<b>Hours attended</b>

**YEAR 5**

<b>Meeting</b>	<b>Date</b>	<b>Hours attended</b>

