

**AUSTRALIAN MEDICAL COUNCIL  
FINDINGS OF THE ACCREDITATION REVIEW OF  
THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS, SEPTEMBER 2007**

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## EXECUTIVE SUMMARY

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An AMC Accreditation Team assessed the education, training and professional development programs of the Australasian College of Dermatologists (ACD) during 2007. The assessment concluded with a program of site visits and meetings with College committees between 31 August and 6 September 2007.

The AMC Team wishes to thank the fellows, trainees and the members of the College Secretariat for their hospitality and assistance during this accreditation. The interactions between the Team and the College were collegial, and provided opportunities for each group to learn from the other's experiences and expertise.

### *Summary of report findings*

This Executive Summary provides a short summary of the main findings organised according to strengths and areas that require further development. It also lists the commendations and recommendations that have been made in the body of the report.

The main findings concerning the strengths of the College's education and training include:

1. The College is a professional, well-run organisation, which is well supported by its Chief Executive Officer and small secretariat.
2. The College is committed to strategic planning to ensure it retains a pre-eminent role in setting standards and providing training in dermatology.
3. The College has made considerable progress in the development of the Australian dermatology curriculum and is commended for its commitment to ongoing curriculum review, evaluation and renewal. The College has also commissioned an external review of its assessment and examination methods and processes.
4. The College's introduction of a national selection process and the plans to review the experience and improve it for 2008 are commendable.
5. The small number of College fellows make a commendable contribution to the supervision, assessment and mentoring of dermatologists in training.
6. The Trainee Representative Committee has enthusiastic members with interest in communicating trainee concerns to the College.

The main findings in relation to areas requiring further development are as follows:

1. The College considers its highest priority to be the finalisation of the curriculum. The Team supports this assessment. When implemented, the curriculum should have a profound impact on all areas of education and training including selection, assessment, the development of a policy on recognition of prior learning, continuing professional development, training post accreditation, and appraisal of overseas trained dermatologists.
2. The College should provide guidance to trainees and supervisors on the minimum standard of performance required to achieve competence, including in essential diagnostic and treatment modalities.
3. The College's assessment strategy requires further development. The College needs to finalise its response to the review of the Fellowship examination, including the plans to introduce a range of recognised standard setting tools while continuously improving assessment validity, reliability and fairness. The College should use the new curriculum as a basis for developing a blueprint for each

iteration of summative examinations; to clarify the weightings for each component; to clarify compensation policy; and to bring more transparency into the question setting and marking processes and criteria.

4. The College should develop training post accreditation standards, and a systemised inspection program for training posts – both local and overseas - using standards aligned with the new curriculum.
5. The College should clarify the roles and reporting responsibilities of its directors of training, supervisors of training, clinical supervisors and heads of dermatology departments, particularly in regard to lines of communication, and the pathways and processes for providing information and feedback to trainees.
6. The College should formulate a training program for supervisors, particularly in providing educational feedback to trainees on their performance.
7. The College needs to develop further its processes to encourage, manage and respond to trainee feedback about College processes, including further support for and clarification of the role of the Trainee Representative Committee, and a process for trainees to lodge complaints anonymously.
8. Review of the national selection process is required, in response to feedback on the implementation of the process in 2007. In this review, the College must clarify and publish the new criteria for selection into dermatology training, and clarify those that are desirable but not essential, such as research training, and those which are not listed as criteria at all, such as postgraduate experience in dermatology.
9. The College must develop an evaluation plan and make clear its commitment to continually improving the validity and reliability of examinations and in-training assessments.

A list of the commendations and recommendations follows, in the order in which they appear in the Report.

### **Commendations**

- A The College's commitment to strategic planning to ensure it retains the pre-eminent role in setting standards for and training in dermatology.
- B The College's progress in developing the Australian dermatology curriculum.
- C The introduction of the in-training assessment program. The Team encourages the College to build on and refine this program as the curriculum is developed.
- D The external review of the in-training assessment system.
- E The external review of the Fellowship examination, and early action to commence improvements.
- F The development of a clear process for dealing with trainees who are performing poorly.
- G The College's commitment to identifying training opportunities in the public and private sector is commended, as is the enthusiasm of the supervisors in providing training opportunities for the next generation of dermatologists.

- H The significant contribution of the fellows of the College to the supervision, assessment and mentoring of dermatologists in training.
- I The College's desire to have a transparent national process that selects the best candidates.
- J The establishment of the Trainee Representative Committee.
- K The College's stated appeals policy.
- L The College's sound and rigorous approach to assessment of the skills and qualifications of overseas-trained specialists.
- M The stated commitment of the ACD to ongoing curriculum review, evaluation and renewal. The Team encourages the College to implement fully this intended program.
- N The expansion of the College's educational team and the team's involvement in pre-and post-fellowship education.
- O The College's extensive review of the educational literature. The College is encouraged to continue to use the results of this review to form the basis of a robust and outcome-based professional development program.
- P The survey of fellows and the analysis of the results of the survey with respect to continuing professional development involvement. The College is encouraged to review this information, especially as it relates to the differential participation of fellows of different years' standing in the program and to formulate further plans to ensure maximum participation in the program over the full breadth of College fellowship.

## **Recommendations**

That the ACD:

- 1 Continue the work of developing and promoting the curriculum documents to enable a successful implementation of the curriculum from 2009, and report to the AMC on the implementation.
- 2 Embed the curriculum in all areas of education and training including selection, assessment, recognition of prior learning, professional development, appraisal of overseas trained dermatologists, and report annually on progress in these developments.
- 3 Report in annual reports on the ways in which gaps and weaknesses in the current training program are addressed with the introduction of the curriculum.
- 4 Progress its plans to work with the RACP in further developing its generic curriculum.
- 5 Report in annual reports on the implementation of the fifth year, including the success in finding additional posts for fifth year trainees.
- 6 Review the relationship of the supervisors of training to their state and national bodies and their possible formal involvement in the review process of registrar training.
- 7 Review and address the lack of clarity, in practice, of the respective roles of the head of department and supervisor of training in the management of trainee performance.

- 8 Formulate a training program for the supervisors with particular attention to communicating with trainees including both positive feedback from the in-training assessments and feedback on poor performance.
- 9 Involve both the supervisor and trainee in the choice of fellows contributing to the summative in-training assessment.
- 10 Report to the AMC on the College's response to the review of the Fellowship examination, including the plans to introduce a range of recognised standard setting tools while continuously improving assessment validity, reliability and fairness.
- 11 Report to the AMC on the nature of College documentation on trainee progression that is independent of the Trainee Program Record Book (TPRB) held by each trainee.
- 12 Provide guidance to trainees and supervisors on the minimum standard of performance required to achieve competence including in essential treatment modalities.
- 13 Use the new curriculum as a basis for developing a blueprint for each examination for all summative examinations, to clarify the weightings for each component, clarify compensation policy, and bring more transparency into the question setting and marking processes and criteria.
- 14 Consider ways of reducing the intensity of the fellowship examination, e.g. by strengthening in-training assessment validity and reliability, and/or by assessing separately some clinical elements that are less examiner-intensive.
- 15 Develop processes to evaluate the effectiveness of College assessors/examiners and to assist them in their professional development in these roles.
- 16 Document the process for utilising occasional examiners and also the process for appointing censors.
- 17 Set explicit standards for Vocational Training Posts and further define the process by which posts are selected, inspected, monitored and reviewed.
- 18 Review the educational value of overseas accredited training posts against these standards.
- 19 Identify dermatology activities that could become additional accredited training posts, with a particular focus on those positions which are filled by aspiring dermatologists, as observers, dermatology assistants and honorary clinical assistants.
- 20 Revise the role descriptions for the directors of training, supervisors of training, clinical supervisors and heads of department to clarify the distinguishing responsibilities for each of the supervisory positions. This should include explicit and widely publicised:
  - lines of communication for trainees with supervisors, between different levels of supervisors, and with heads of department in relation to training matters
  - pathways and processes for trainees to seek advice.
- 21 Explore the formalisation of mentoring for trainees in all states.
- 22 Establish regular meetings of supervisors in all regions to discuss training delivery and issues of trainee performance.

- 23 Offer faculty development opportunities to all supervisors.
- 24 Publicise the College's new criteria for selection into dermatology training, and clarify those which are desirable but not essential, such as research training, and those which are not criteria at all, such as postgraduate experience in dermatology.
- 25 Clarify the circumstances in which a trainee may request that they not be assigned a particular training position, and the process for seeking review of a decision concerning their allocation to a particular position.
- 26 Implement a policy on Recognition of Prior Learning that recognises demonstrated competencies achieved and educational requirements satisfied and gives trainees appropriate credit towards the requirements of the training program.
- 27 Formalise terms of reference for the Trainee Representative Committee and clarify its role in policy development, meeting frequency, lines of communication and the role of the College in distributing information.
- 28 Make clear the formal mechanisms for support for trainees.
- 29 Consider how the staff of the College involved in education may be able to undertake a larger role in dealing with trainees.
- 30 Review closely the outcomes for overseas-trained dermatologist applicants and report to AMC within the next review cycle.
- 31 Continue to expand opportunities for overseas-trained dermatologists to upskill and advocate within the jurisdictions for funding for this purpose
- 32 Demonstrate ongoing commitment to evaluation through improvements in the validity and reliability of the ACD examinations and in-training assessments, especially during the period of adoption of the new curriculum.
- 33 Ensure that evaluation information about assessments is utilised for improving the quality of those assessments. This would include information from trainee feedback, external review and the Chief Censor's examination report, and be applicable to basic examinations as well as Fellowship assessments.
- 34 Develop a systematised inspection program for training posts, using standards aligned with the new curriculum.
- 35 Regularly review the entire Plan for Education 2007-2011, and include the outcomes of this review in annual reports to the AMC. The Plan should clearly indicate, for each activity, the College body responsible for action.
- 36 Confirm whether the Education Committee is responsible for planned systemic evaluation.
- 37 Use the training curriculum to inform the process of assessment of overseas trained specialists, and the College CPD framework for all fellows.
- 38 Align both the pre-fellowship training requirements and post-fellowship professional development requirements with the content of curriculum and integrate educational activities and efforts for all levels of education and learners.

- 39 Formulate a program to introduce trainees to the concept of, and participation in, professional development programs encouraging the transition to fellowship with an expectation of engagement in life long learning activities.
- 40 Explore the use and value of e-learning in the professional development program.
- 41 Formulate and introduce a generic program for identification and subsequent retaining of fellows whose performance has been found to be unsatisfactory; and formalise a policy for those re-entering the profession following a period of absence.
- 42 Consider placing the names of those who meet PDP requirements on the College website.
- 43 Develop guidelines for determining the educational worth of professional development activities sponsored by pharmaceutical companies.

### ***Council decision on accreditation***

The AMC Guidelines for Accreditation provide four options for the AMC in making its decision on accreditation:

- (a) Accreditation for six years subject to satisfactory annual reports from the college during the period of accreditation, with the possibility of the AMC extending the accreditation by a further four years subject to a satisfactory annual report in the fifth year of accreditation.
- (b) Accreditation for six years with conditions on the accreditation subject to satisfactory annual reports from the college during the period of accreditation, with the possibility of the AMC extending the accreditation by a further four years subject to a satisfactory annual report in the fifth year of accreditation.
- (c) Accreditation for shorter periods of time with conditions, where significant deficiencies are identified. A shorter period of accreditation may also be granted where the college is making major changes to its education and training programs, and the AMC wishes to review the implementation of plans.
- (d) Accreditation may be refused where the AMC considers that the deficiencies are so serious as to warrant that action.

The College is implementing major change to its education and training processes. Work remains on the curriculum, which will be implemented from 2009. The AMC Accreditation Team considers that the College is meeting its overall objective of producing safe, skilled and competent dermatologists, and that the significant changes made to processes so far demonstrate the College's commitment to deliver well-structured and educationally sound programs.

In view of the magnitude of the changes still to be made, it is proposed to review the College's education and training programs when the changes are fully implemented.

The Accreditation Team recommends:

- (i) That the AMC grant accreditation of the education and training program and the professional development programs of the Australasian College of Dermatologists for three years, until December 2010 subject to:
  - a. Review by the Specialist Education Accreditation Committee by June 2009 of a report that demonstrates the successful implementation of the College curriculum.

- (ii) That in the usual annual reports to the Specialist Education Accreditation Committee, the ACD comment on its response to the recommendations in the Accreditation Report, giving specific attention to:
- how the College is prioritising the recommendations in the accreditation report, which should be reported in the 2008 annual report
  - how the College is addressing any gaps or weaknesses in its curriculum, or obstacles to its effective introduction
  - the review of the selection process, which should be reported in the 2008 annual report
  - the development of processes and standards for assessment of trainee performance
  - the development of training post accreditation standards
  - strategies to address the issue of recognition of prior learning
  - clarification of supervisory roles and responsibilities.

# 1 INTRODUCTION: THE AMC ACCREDITATION PROCESS

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The Australian Medical Council (AMC) is a national standards body for medical education and training. One of its functions is to advise and make recommendations to the State and Territory medical boards on the accreditation of Australian and Australasian providers of specialist medical training and of their specialist medical training and professional development programs.

## *1.1 Background to establishment of the process for accreditation of specialist medical education and training programs*

The AMC's accreditation process aims to provide external assurance of the quality of specialist medical education, based on explicit educational standards. It is a voluntary process aimed at quality improvement.

The AMC implemented the review process in response to an invitation from the Commonwealth Minister for Health and Ageing to propose a new model for recognising medical specialties in Australia. A working party of the AMC and the Committee of Presidents of Medical Colleges, established to consider the Minister's request, developed a model with three components:

- a new national process for assessing requests to establish and formally recognise medical specialties;
- a new national process for reviewing and accrediting specialist medical education and training programs;
- enhancement of the system of registration of medical practitioners, including medical specialists.

The working party recommended that, as well as reviewing and accrediting the training programs for new medical specialties, the AMC should review and accredit the training programs of the existing providers of specialist medical education and training, the specialist medical colleges. It was agreed that the review process should encompass both specialist medical education and training programs and the continuing professional development programs that the colleges provide to assist their fellows to maintain their standards of professional practice.

Separate working parties developed the three elements of the model. An AMC consultative committee developed a document comprising procedures for reviewing specialist medical training programs and draft educational guidelines against which programs could be reviewed. Following wide consultation, the AMC endorsed a revised document in July 2000.

In order to test the process the AMC conducted trial reviews during 2000 and 2001 with funding from the Commonwealth Department of Health and Ageing. These trialled the processes and guidelines by reviewing the programs of the Royal Australian and New Zealand College of Radiologists and the Royal Australasian College of Surgeons.

Following the success of these trials, the AMC implemented the new accreditation process in November 2001. It established a Specialist Education Accreditation Committee to oversee the accreditation process, and agreed on a forward program allowing it to review the education and training programs of one or two providers of specialist training each year. It confirmed the Guidelines for Accreditation, *Accreditation of Specialist Medical Education and Training and Professional Development Programs: Standards and Procedures*, in July 2002.

## **1.2 Description of the AMC review process**

Historically, specialist medical colleges have coordinated the training, education and examination of medical specialists in Australia, with training in a particular area of specialist medical practice being provided by one national specialist medical college.

Typically, the specialist medical colleges have had as their mission the definition and promotion of high standards of medical practice and patient care in their specialty area, achieved through:

- setting standards of training, medical practice and professionalism
- ensuring that trainees are prepared for specialist medical practice and equipped to respond to evolution in medical practice
- promoting investigation and medical research
- promoting medical knowledge and encouraging medical specialists to continue their professional development
- public education and health education
- contributing to debates about healthcare, and wider health and social issues
- collaborating with other medical bodies nationally and internationally
- promoting health policy that supports good care and responsible decisions.

In developing its new model for recognising medical specialties and reviewing specialist medical training programs, the AMC noted the possibility of different approaches to the provision of specialist medical training in the future, including the possibility of bodies other than specialist medical colleges providing training, and the possibility of more than one provider of training in any specialist discipline.

Thus the AMC Guidelines for Accreditation do not prescribe any particular model of specialist training.

The Guidelines do, however, identify key features of successful specialist/vocational training programs. The AMC believes that specialist/vocational medical practice requires completion of a comprehensive program of advanced training and assessment, including completion of:

- a broad education program in basic medical sciences and clinical skills, with objective assessment of proficiency
- supervised practical training in accredited training programs that emphasise graduated practical experience and development of a knowledge-base in the science and practice of the relevant specialty
- the requirements for fellowship of the relevant college/training organisation, including a range of structured objective assessments and satisfactory supervisors' reports.

The structured assessments conducted during specialist training, and the progressive increase in experience and level of responsibility are integrally related so that assessments cannot be undertaken in isolation from training.

The Guidelines for Accreditation also outline the roles and responsibilities of the body that awards the qualification certifying completion of a program of appropriate specialist medical training. In addition, they indicate the roles expected of training organisations in assessing the equivalence of

overseas-trained specialists, and in providing and accrediting continuing professional development programs.

These key features of training programs and essential roles of training organisations are listed in the Accreditation Standards, which are at Appendix 1.

The Guidelines for Accreditation describe a standard process that the AMC uses to review education and training processes and programs, including continuing professional development programs.

The AMC believes that the accreditation process should:

1. assess whether the education, training and professional development programs;
  - are relevant to the objectives and outcomes determined by the training organisation
  - are appropriate in terms of modern educational methods and clinical practice
  - include appropriate assessment methods that test the trainee's knowledge, clinical skills, professional qualities and expertise for safe and competent practice of the specialty
2. encourage further improvements and developments in the programs being accredited and so enhance their educational quality
3. provide an opportunity for the organisation being accredited to review and to assess its own program(s). The collegiate nature of accreditation should facilitate discussion and interaction with colleagues from other disciplines to benefit from their experience
4. assure the community that a doctor who has successfully completed an accredited specialist education and training program is able to practise as a specialist in that area and is being assisted to maintain and enhance her/his knowledge, competence and performance
5. provide the basis for medical boards and the Health Insurance Commission to grant the legal requirements for practice in the relevant specialty
6. be focused on the achievement of objectives, ongoing development of academic standards, public safety expectations, and good outputs and outcomes rather than on detailed specification of curriculum content relevant to the specialty or discipline.

The accreditation review is conducted as follows:

- The college prepares an accreditation submission, responding to questions in the Guidelines for Accreditation.
- The AMC appoints an accreditation team, after seeking the college's views on the expertise required.
- The team considers the college's submission, identifies major issues to be addressed and decides on the meetings, site visits and other information required for the review.
- The team provides feedback to the college, and the college and the AMC Secretariat plan the review.
- The AMC seeks submissions on the college's programs from stakeholder groups.
- The team completes its review and prepares a detailed report.
- The Specialist Education Accreditation Committee considers the team's report and makes a recommendation on accreditation to the Council.

### ***1.3 Assessment of the programs of the Australasian College of Dermatologists***

On the advice of the Specialist Education Accreditation Committee, in November 2006, the Council appointed Associate Professor Steve Trumble to chair the assessment of the education and training programs of the Australasian College of Dermatologists. The AMC then began discussions with the College about the timing of the review and the process that would be followed in the review.

The AMC appointed other members of the Dermatology Accreditation Team (called ‘the Team’ in this report) in March 2007, after the College had an opportunity to comment on the individuals proposed. The members of the Team are listed at Appendix 2.

The review process has entailed the following steps:

- a meeting between AMC Secretariat staff and officers and senior staff of the College in September 2006, to discuss the accreditation process and challenges facing the College’s training program, and the expertise that would be useful on the AMC accreditation
- preparation by the College of a detailed accreditation submission
- a Team meeting in March 2007 to consider the College’s submission and to plan the review
- feedback to the College on the Team’s preliminary assessment of the submission, the additional information required, and on the Team’s plans for site visits and meetings with College committees
- AMC surveys of trainees (59 per cent of trainees responded) and supervisors of training (62 per cent of supervisors responded)
- invitations to other specialist medical colleges, medical schools, health departments, College-identified stakeholders, and health consumer organisations to comment on the College’s training and professional development programs
- a program of site visits and meetings in Queensland, Victoria and New South Wales, held between 31 August and 6 September 2007. The Team presented its preliminary findings at the end of the assessment, which are provided at Appendix 3.

The Australasian College of Dermatologists offers dermatology training in Australia only, so that the AMC did not seek input to this review from the Medical Council of New Zealand. In New Zealand dermatology training is provided by the Royal Australasian College of Physicians. The Medical Council of New Zealand has separately reviewed that training program.

### ***1.4 Appreciation***

The Team is grateful to the College staff who prepared the accreditation submission and managed the preparations for the review. It acknowledges with thanks the support of the ACD fellows who coordinated the visits to individual units and hospitals, and the assistance of those who hosted visits from Team members.

The groups interviewed by the Team had been briefed well, and the Team acknowledges the work of College staff in providing these briefings. The Team is grateful to all those who contributed to the review by attending meetings and/or by responding to the Team's surveys.

A list of the organisations that made a submission to the Team is at Appendix 4. A summary of the Team’s program of meetings and visits is provided at Appendix 5.

## 2 AUSTRALASIAN COLLEGE OF DERMATOLOGISTS

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The Australasian College of Dermatologists was established in 1966, developing from the Dermatological Association of Australia, which had existed from 1949. The College is a company limited by guarantee.

The College's vision statement is 'The College is a fellowship of dermatologists trained to the highest professional standards whose objective is to serve the community by providing the best quality dermatological care.'

The strategic objectives of the College are:

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

The College provides education and training in the specialty of dermatology in Australia. The education and training of dermatologists in New Zealand is carried out by the Royal Australasian College of Physicians, and results in fellowship of the RACP.

At the time of the Team's assessment, the College had 400 members, including 64 trainees.

### 2.1 *Organisational structure and governance*

The management of the business and affairs of the College is vested in the nine-member Board, which meets monthly. *Ex officio* members of the Board include the President, President-Elect, Censor-in-Chief and the Honorary Secretary. Board membership also includes one Director nominated or elected for each of the College's Regional Faculties.

The Board came into being in April 2006, replacing a larger College Council. The College indicates that a reason for this change was to develop an efficient and responsive governance structure.

College training, assessment, research and continuing professional development activities are managed by a number of Boards and committees.

- The Board of Censors comprises the Chief Censor and six other Censors appointed by the Board. Under the new governance structure, the Board of Censors' responsibilities relate largely to examination and assessment, the supervision of courses or educational activities provided by the College, and the accreditation of training positions.
- The Selection Committee which is responsible for overseeing the selection of trainees into the training program.
- A new Education Committee has been established and comprises the following members:
  - Chief Censor
  - One elected Director responsible for overseeing the development of fellows

- One elected Director responsible for overseeing the implementation of the training program
- The Chair of the Professional Development Committee
- The Chair of the Selection Committee

The Chair of the Curriculum sub-committee attends meetings of the Education Committee by invitation. The sub-committee will become a full committee in November 2007 and the Chair will become a member of the Education Committee.

- A number of committees report to the Education Committee:
  - The Professional Development Committee which is concerned with the College's Professional Development Program.
  - The Overseas Trained Specialist Assessment Committee which is responsible for the assessment of overseas trained dermatologists.
- The Appeals Committee hears and determines appeals on decisions made by any committee or board of the College. Its membership includes: three members nominated by the Australian Health Ministers' Conference; two fellows of the College who have been a fellow for at least eight years; an appropriately qualified medical specialist in another specialty; a representative of a consumer association appointed by the College; a Chairman who is not a member of the College and has appropriate legal qualifications and experience.

The College has five Regional Faculties: New South Wales, Queensland, South Australia, Victoria and Western Australia. Members residing in the Australian Capital Territory, Tasmania and the Northern Territory are members of the New South Wales, Victorian and South Australian Regional Faculties respectively. Each Regional Faculty has a small Regional Faculty Committee which advises the Board on the affairs of the College within that Regional Faculty.

Training is organised at a state/regional level. At this level, the College has identified the following key training roles:

- The state director of training oversees the training program in the State and is a line of communication between trainees and the College through the Board of Censors.
- The supervisor of training supervises, teaches and assesses trainees in accredited training positions in their teaching institution, and counsels trainees on performance.
- The clinical supervisor provides the supervisor of training with information about a trainee's performance that contributes to the trainee's summative in training assessment (SITA). The clinical supervisor does not complete summative in training assessments.
- The head of department at the training institution is expected to ensure that supervisors are aware of their training responsibilities. The head of department's training responsibilities include monitoring trainee performance, providing feedback to trainees and participating in the management of poorly performing trainees.

These are discussed in more detail in section 7 of this report.

The College is supported by a small secretariat, based in Sydney, and led by the Chief Executive Officer, Mr Rodney Sheaves.

### **Team's findings**

The College has invested considerable thought and energy in its review of the governance structure over a three-year period. The resulting structure is well accepted by the College membership.

The Team found that the College’s new governance structure is providing streamlined decision making through the new Board of Directors. The new Education Committee has delegated authority to a number of training related committees.

The introduction of this new structure appears to have been smooth, and the College Chief Executive Officer and office bearers are commended for the success of this change.

In the management and development of its training, assessment and professional development activities, the College is well supported by its Secretariat. The College has recognised the need for additional educational staff to support the provision of high quality dermatology education and training, and to support the fellows’ role in College governance.

**2.2 Current challenges**

There are a range of challenges facing the College in relation to the dermatology workforce. The College’s own workforce analysis suggests that more than 100 additional dermatologists are needed to meet current requirements, that the numbers of trainees needs to be expanded significantly, and that the ageing demographic of the College’s membership presents a risk. In addition, the scope of dermatology practice is widening as new surgical and non-surgical procedures develop.

The College has undertaken a number of surveys of its fellows as well as strategic planning exercises to consider how it responds to these challenges in a way that ensures it retains its pre-eminent role in setting standards for and training in dermatology.

The development of a national dermatology training course for general practitioners in collaboration with the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine is an example of the College’s initiative in this area. The course entails 25 modules including a clinical attachment in which general practitioners work with a dermatologist for one session per week for 12 weeks, a procedural dermatology workshop and extensive procedural demonstration videos. Another initiative relates to discussions between the College and the Australian Dermatology Nurses Association concerning the development of educational material.

The College is also active in considering how additional dermatology training posts can be created and funded. There are a number of self-funded positions available through the Skin and Cancer Foundations, as well as positions part-funded by local dermatologists or groups of dermatologists. The College acknowledges the opportunities to expand private practice training in dermatology, and has sought Commonwealth funding for new posts under the Expanded Settings for Specialist Training initiative.

The College’s strategic plan includes a commitment to ensure that its message is heard. The Team commends the College’s efforts to implement this plan by successfully improving its media profile and enhancing its public image.

The College is well positioned to face these challenges. The new College committees are committed to implementing the educational changes agreed by the College and responding proactively to the challenges facing the profession. The AMC will look forward to hearing more about the College’s initiatives in annual reports.

Commendation	
A	The College’s commitment to strategic planning to ensure it retains a pre-eminent role in setting standards for and training in dermatology.

## **3 EDUCATION AND TRAINING IN DERMATOLOGY**

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### ***3.1 AMC accreditation standards on education and training***

The AMC accreditation standards on education and training require that:

- The college has determined the goals for each of its education and training programs. The goals are based on the nature of the discipline and its role in the delivery of health care and are related to community need.
- For each of its training programs, the college has a curriculum that enables trainees to achieve the goals of the training program.
- The college curriculum specifies the educational objectives of each component, details the nature and range of clinical experience required to meet these objectives, and outlines the syllabus of knowledge, skills and professional qualities to be acquired.
- Completion of training is certified by the college by provision of a diploma or other formal award.
- The college has processes to determine the broad roles of practitioners in the discipline and these roles are addressed by the objectives of training programs.

### ***3.2 Recent changes to the training program***

The Australasian College of Dermatologists is presently engaged in a major piece of work: the writing of its first comprehensive curriculum for training in dermatology. This curriculum is described in more detail under Section 3.4, below.

The curriculum document that was released in 1999 comprised a listing of expectations under the headings of ‘Clinical Skills and Pharmacology’ for the first 18 months of training and ‘Fellowship’ for advanced theoretical knowledge and skills. The new curriculum, which is due for initial release for piloting and feedback later this year and full implementation by 2009, promises to form a strong basis for vocational training as well as a number of other College activities such as:

- selection
- training post accreditation
- recognition of prior learning
- in-training assessment
- the blueprinting of the examination
- criteria for assessment of overseas trained specialists
- continuing professional development activities.

The College’s curriculum development process has given attention to the competencies expected of all specialists in addition to the medical expert role. The College is working with the Royal Australasian College of Physicians (RACP) and intends to use its Professional Qualities Curriculum. This Curriculum document outlines the range of concepts and specific learning objectives required and used by all physicians regardless of their specialty or area of expertise.

The goals of the ACD’s training program are outlined in Section 3.3. The development of the curriculum provides an opportunity to set some specific standards to re-enforce this statement of aims, identifying clearly what is within core fellowship training and what is post-fellowship specialised training.

The duration of the training changed from four years to five years in 2003. Trainees who satisfactorily complete all formal fellowship requirements by the end of their fourth year receive one year training credit and are admitted to fellowship of the College after four years. Any trainee who does not complete all of their requirements by the end of their fourth year of training is required to complete the fifth year of training in its entirety. Somewhat uniquely, exemption from this fifth year is nearly always granted due to the majority of trainees being successful in the Fellowship examination during their fourth year of training; but the fifth year allows an opportunity for those trainees who either choose not to sit or fail the exam in fourth year to remain in supervised, accredited and specifically targeted posts while they prepare for their final examination.

### **Team's findings**

The Team acknowledges that the College has devoted significant attention to the writing of the curriculum. This has engaged staff, many members of the profession, trainees and other stakeholders to a great extent (as has the College's preparations for this AMC review). The Team agrees with the College that finalisation of the curriculum is a top priority and encourages the College to set its own realistic timeframes for implementation.

Evidence suggests that the change to a five year program has been effective. At this early stage, the Team considers that the College is managing the fifth year well, providing customised training to those trainees who are unsuccessful in Year 4 or who wish to take the examination in Year 5. It is noted that this often involves placement in private sector training posts which can help prepare trainees for independent practice post fellowship. The AMC will require ongoing reports on the implementation of this year, including the success in finding additional posts for fifth year trainees.

### **3.3 The goals of education and training**

The Training Program Handbook of the Australasian College of Dermatologists states that its overall objective 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 grouped into three domains relating to skills, attitudes, and knowledge. They are listed below, although it is likely that the current curriculum review will lead to substantial changes.

#### **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.

### **Team's findings**

Based on the consultations and discussions throughout the review, the Team found that the College was meeting its overall objective of producing safe, skilled and competent dermatologists. It was not possible to determine whether graduates of the training program and participants in the Professional Development Program (PDP) acquired and maintained all of the attributes in each of the domains listed above, but the impending launch of the new curriculum should allow these objectives to be mapped and used for blueprinting the various formative and summative assessments, to ensure that the desired outcomes are achieved. The College's expressed intention to adopt the recently developed RACP professional qualities framework is similarly likely to improve the clarity with which trainees (and their assessors) can see the path towards holistic competence as a dermatologist.

### **3.4 The curriculum**

Developing the new curriculum has been a major piece of work for the College. The College is currently reviewing the curriculum in order to consolidate material and fully integrate the professional qualities, clinical sciences and clinical practice components of the curriculum. When this review is complete, the curriculum will be ready for peer review.

The curriculum is comprised of 43 standards, ranging from 'Acne' to 'Xanthomatoses'. Most of the standards are based around groupings of individual conditions, although there are more general topics such as the basic and applied biosciences (anatomy, biochemistry, epidemiology, microbiology, pathology and pharmacology), standards relating to specific population groups (infancy, pregnancy, and old age), and those related to the therapeutic processes of dermatology (procedures, EMR and radiation, photomedicine). Some competencies (for example Mohs surgery) are considered to be best achieved at post-fellowship level.

There is also a General Clinical Standard that sets out the basic clinical skills required of a dermatologist. Elements of this statement are lifted out into each of the specific standards.

Each standard is comprised of the relevant elements from the General Clinical Standard as well as specific elements that relate to the condition or procedure. A logical pathway of history, examination, diagnosis and management is followed. Performance criteria are written in appropriate educational format of behaviours to be demonstrated.

Each standard includes a small section on the variables that might occur in different practice contexts and which must be considered when assessing a trainee. It also mentions the evidence required to demonstrate competence in a standard, although much of this has not been specified as yet. Similarly, the clinical science and pharmacology knowledge, and dermatological skills required for each standard are not yet complete; nor are the reading lists and nor are the assessment methods recommended to determine competence.

### **Team's findings**

The Team looks forward to the completion of the curriculum. During the timeline of the accreditation the Team did not have time to critically appraise the whole draft curriculum, which would have required dermatological expertise. The Team acknowledges that much has already been achieved and it is anticipated that the process of peer review will help to populate the evidence and reading list sections. The College is once again congratulated on its commitment to defining the Australian curriculum for dermatology and is encouraged to set realistic timelines for its completion.

In response to the AMC survey of trainees, 61 per cent of the trainees indicated that their training posts had provided exposure to the range of dermatology experience required to satisfy the College's clinical training requirements. Discussion with the supervisors and trainees, and the responses to the surveys identified areas where experience was currently limited or patchy. The development of the curriculum should help the College to identify and address those areas. These include:

- Opportunities for supervised dermatological surgery are presently very variable. Concerns were raised about the numbers of trained dermatological surgeons available to supervise this experience and assess the trainees' competence. The development of the surgical aspects of the curriculum may help to identify and address current variability in surgical training opportunities. There were also concerns that trainees in private settings were primarily taking the role of observer/assistant role rather than that of primary surgeon.
- A 2004 College survey of recent fellows and trainees also identified concerns about preparation for the broader areas of practice such as practice management, medical ethics and law. Only 9 per cent of the recent fellows who responded indicated that they were fully prepared for these aspects of practice as a specialist and 53 per cent felt that they definitely were not.<sup>1</sup>
- The College is well positioned to determine the minimum standard of competence for a medical practitioner to practise unsupervised as a dermatologist. As part of this, it is incumbent on the College to monitor new developments in the field of dermatology and to decide which of these developments should be included in vocational training and which are post-vocational areas of practice. Cosmetic dermatology, laser therapy, advances in immunotherapy, Mohs surgery and so on are all examples of emergent areas that need to be incorporated at the appropriate level.
- The College has a number of programs with a specific focus on dermatology in indigenous communities, such as the East Arnhem Healthy Skin project. Building on these initiatives, it would be appropriate for the curriculum to refer specifically to dermatological services for Indigenous Australians.

### **3.5 Structure, duration and sequencing of training**

While the structure of training is the same from state to state, the way in which it is applied varies. Some states have rotational programs whereby registrars move to different clinical sites during the course of a week; others have year-long positions all based in the one hospital, although some rural outreach or Skin and Cancer Foundation clinics may be involved.

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<sup>1</sup> Australasian College of Dermatologists *Survey of Trainees and Recent Fellows* 2004.

The vocational training program is divided quite simply in half (with what is effectively the addition of a fifth year for those who require it). The first two years of Basic Training take place in prospectively accredited placements and incorporate the Clinical Sciences and the Pharmacology Examinations, both of which must be passed within the first 18 months of training before the trainee can progress to the next level. Satisfactory summative in-training assessments are also required during this period.

Advanced Training not unexpectedly sees trainees gaining higher levels of responsibility and dealing with more complex dermatology.

Trainees are required to make at least two presentations during their training, including at least one paper in the ACD's Registrars' Forum or another session at the Annual Scientific Meeting which can be a poster presentation. In addition, trainees commencing from 2005 are required to present a second paper 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. Only one of the two required presentations can be a poster presentation.

In addition to these presentation requirements, trainees must publish two papers of a significant nature on a dermatological subject; at least one of these papers must be published in the College's journal The Australasian Journal of Dermatology (AJD) and the other may be published in a peer reviewed journal acceptable to the Board of Censors. A maximum of one paper published prior to entering the training program may be counted towards this requirement, as long as it meets the standards set by the Board of Censors. The College requires that at least one of the publications must be researched and accepted for publication during training to demonstrate currency of this competency.

Apart from these presentation and publication requirements, trainees who joined the program in 2005 or later are required to attend two ACD Annual Scientific Meetings or the overseas equivalent in their first three years of training. They are also required to attend the Biennial Trainee Conference at least once, but preferably twice.

Trainees usually sit the Fellowship examinations in their fourth year, although the fifth year exists for those who require it. The details of the Fellowship examination are presented in Section 4.4 of this report.

### **Team's findings**

The Team heard from a number of trainees that they felt the training program was appropriately structured to prepare them for practice as independent dermatology practitioners. Notable was the role of the state-based directors of training who were able to tailor the choice of training placements to the educational needs of each registrar, to some extent. Efforts had been made to ensure that those trainees who required a fifth year of training and overseas-trained specialists undergoing a period of supervision were able to be accommodated in the training system without supplanting any trainees awaiting a particular training post.

There are limited opportunities for recognition of prior learning, perhaps reflecting the somewhat limited nature of the previous curriculum.

The Team commends the College's commitment to ensuring that trainees undertake research, gain experience in writing for publication, and demonstrate skills in critical appraisal of literature. Currently the College requires that at least one of the required two publications be produced during the period of training to demonstrate that the trainee has current competence in these skills. The Team recommends that the requirement for one of the two publications to be produced during the period of training be reviewed and relaxed if a trainee demonstrates that their dermatology research skills meet the required standard at the time of entry to the training program as evidenced by suitable publications.

At present, there is not a clear statement of learning objectives for these research requirements. The Team would encourage the College to clarify these objectives. This will assist the College to make clear decisions on the applications by individual trainees to be exempted from the research requirements.

### **3.6 *The content of education and training***

The College recommends a range of educational activities are recommended to trainees:

- Annual Scientific Meeting
- Biennial Spring Meeting
- Biennial Training Conference
- Australasian Society for Dermatology Research Meeting
- Australasian Dermatopathology Society Conference
- Small group learning
- Self-directed learning

State faculties, and Skin and Cancer Foundations where they exist, offer a range of small group learning activities including Saturday morning 'Skin School', evening lectures and tutorials, dermatopathology sessions, and journal clubs.

Much of the teaching that is done in dermatology training occurs on an ad hoc basis in clinics, with trainees and their supervisors interacting over the conditions seen in the clinic. Many clinics have meetings at other times during the week to discuss patients seen; trainees cannot always attend these if they are in another clinic.

### **Team's findings**

The trainees met by the Team valued highly the tutorials and educational sessions available locally to them. However during discussions it was apparent that the workload at clinics was disproportionate and that access to protected teaching time varied from region to region, as did the more formal aspects of the training program. Once the curriculum has been developed, the College should review the training programs with an aim to ensuring greater consistency in access.

As mentioned, all trainees are required to attend at least two Annual Scientific Meetings or their equivalent in the first three years of training, and to attend the Biennial Training Conference of the College at least once during their training program. First year trainees welcomed the initiative introduced in 2007 which provided for induction of all trainees and an opportunity to meet senior college officers. The Team commends the plans to add a basic surgical skills course to this in 2008.

### **3.7 *The generic component***

The College has indicated its intention to work with the RACP's Professional Qualities Curriculum. As such, the generic component of the ACD curriculum is likely to include the same nine domains:

- Communication
- Quality and Safety
- Teaching, Learning and Scholarship

- Cultural Competency
- Ethics
- Clinical Decision Making
- Leadership and Management
- Health Advocacy
- The Broader Context of Health.

The current curriculum/syllabus as described in the Training Program Handbook expects trainees to understand and be proficient in the following generic areas:

- 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.

### **Team's findings**

The Team supports the College's plans to work with the RACP in further developing its generic curriculum.

### **3.8 *Rural training***

There is a range of opportunities for trainees to experience rural dermatology practice. This tends to be accompanying consultants to rural and regional centres for dermatology outreach clinics. Trainees valued these opportunities for expanding their experience of the breadth of dermatology and their understanding of the logistics involved in providing service to rural patients.

Another model is for a trainee to rotate to a rural centre for a week at a time, over a year. This model currently operates through one regional site only. Although recognising the heavy workload of the 25 rural dermatologists in Australia, the Team would encourage the College to continue to build opportunities for rural training, with the incentive of the Commonwealth Expanded Settings for Specialist Training Program.

The Team commends the Rural Dermatology Meeting, which was held for the first time in 2007.

### **3.9 *Review of education and training***

The Team did not become aware of any regular process of evaluation or review of the College's training program, although the current review of the curriculum is a substantial project. The in-

training assessments and Fellowship examinations have been recently reviewed by separate educational consultants.

### **Team's findings**

Many of the College's quality improvement processes for the training program have been under the direct control of the Board of Directors or the Censors. The recent creation of a broad-ranging Education Committee provides an opportunity to link pre-fellowship training better with the College's ongoing professional development program and to focus more tightly on periodic review of both training processes and outcomes. The Team encourages the College to institute a plan for regular evaluation of its training program, including analysis of trainee, supervisor and patient experiences measured through satisfaction surveys or exit interviews and fed back into the periodic evaluation of the effectiveness of the training program.

#### Commendations

B The College's progress in developing the Australian dermatology curriculum.

#### *Recommendations*

*That the ACD:*

- 1 Continue the work of developing and promoting the curriculum documents to enable a successful implementation of the curriculum from 2009, and report to the AMC on the implementation.*
- 2 Embed the curriculum in all areas of education and training (including selection, assessment, recognition of prior learning, professional development, appraisal of overseas trained dermatologists), and report annually on progress in these developments.*
- 3 Report in annual reports on the ways in which gaps and weaknesses in the current training program are addressed with the introduction of the curriculum.*
- 4 Progress its plans to work with the RACP in further developing its generic curriculum.*
- 5 Report in annual reports on the implementation of the fifth year, including the success in finding additional posts for fifth year trainees.*

## 4 ASSESSMENT AND EXAMINATION

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### 4.1 AMC accreditation standards on assessment and examination

The AMC accreditation standards on assessment and examination require that:

- The college implements a systematic program of formative and summative assessments that is demonstrated to be reliable and valid
- The assessment program reflects comprehensively the educational objectives of the training program
- The college has processes for the early identification of trainees who are under-performing and for determining programs of remedial work.

### 4.2 Overall assessment and examination policies

The College's in-training assessment, introduced in 1992, has undergone changes in 2000 and 2004, and was reviewed by an external medical educator in 2007.

The specific objectives of the current assessment program relate to the three domains, referred to in Section 3.3 of this report: knowledge and understanding; skills; and attitudes as they affect professional behaviour. Currently trainees are required to complete formative in-training and summative in-training assessment forms, be assessed on their competence in essential procedures/treatment modalities, and undertake both clinical and pharmacological examinations.

All trainees are required to record their in-training assessment in a *Training Program Record Book* (TPRB) which includes systemic documentation of a trainee's assessment records. During training, this record book is reviewed at the start of each rotation by the Supervisor and Trainee, and annually by the Director of Training and the Trainee. This document is also reviewed by the Chief Censor when a trainee applies to sit the Fellowship Examination, to determine that the trainee has met all pre-examination requirements, and again when the trainee has completed training to determine eligibility to apply for fellowship.

In the 2007 survey by Dr Eleanor Long, most trainees approved of the College system for reviewing the TPRB, and were satisfied with their annual TPRB review. Transition issues were mainly about the inclusion of new material and loose-leaf pages.

The TPRB template shows that it serves both as a record of training system process (e.g. dates and locations of training) as well as training content, including a detailed surgical and laser procedure log record. The Team did not see a TPRB.

The College provides comprehensive information on assessment in the Training Program Handbook. This includes definitions of formative and summative assessment, their respective objectives, and the significance of each assessment in the training program. It also outlines the curriculum, details the organisation of each examination, and specifies eligibility requirements. As set out below, however, there is currently no blueprint for any examination, and some information, such as pre-determined pass marks, does not appear to be available to trainees in advance.

### Team's findings

It was unclear whether the College has separate records or files for training information for each trainee. If the College holds no record independently of the TPRB held by each trainee, it would seem to be at a disadvantage in assessing the status of any trainee, or in collecting certain training data that would be useful in improving the training program.

Some colleges have adopted the CANMeds framework of roles and competencies. The Team is aware that the College is working with the RACP to develop a list of generic competencies which should bring its 29 specific objectives together under broad headings that, taken with the new curriculum, are likely to facilitate training and assessment.

### **4.3 *In-training assessment***

#### **Formative In-Training Assessments**

The Formative In-Training Assessment (FITA) 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 contribute to their final results.

Each trainee completes the FITA form twice yearly (in March and September) in conjunction with their supervisor of training. The form 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 TPRB to confirm that assessment has taken place. The College provides a Guide to Formative In-training Assessment.

The objectives of a FITA are to:

1. provide a trainee with feedback about their performance
2. encourage trainees to take an active role in planning their learning
3. assist trainees to develop plans for future learning (particularly for remediation of any weaknesses identified through the assessment)
4. provide trainees with the opportunity to improve aspects of their performance prior to the six monthly summative assessment.

#### **Summative In-Training Assessments**

Summative assessment refers to the assessment of trainees' 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.

The Summative In-Training Assessments (SITAs) include a range of assessments conducted throughout the training program. These include assessments of performance in the workplace, competence in essential procedures and treatment modalities, and written and clinical examinations.

The objectives of the SITA are to:

1. assess whether a trainee's performance has met the required standards (relative to level of training) during the preceding six months
2. determine whether a trainee's performance needs to be more closely supervised
3. provide a process to apprise a trainee who is not meeting the required standards that their performance needs to improve and determine specific areas where performance must improve
4. provide a formal mechanism for documenting that a trainee is not performing at a satisfactory standard.

## **Assessment of competence in essential procedures and treatment modalities**

The trainees' performance of essential procedures and treatment modalities is also assessed throughout the training program. These include:

- **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**  
fusiform ellipse: simple closure; layered closure  
fusiform ellipse with specialised skin closure (subcuticular, half buried, etc)  
excision in special areas: lip; eyelid; nose; ear; brow  
skin grafts: split; full thickness  
flaps: advancement; subcutaneous pedicle; transposition; z-plasty; rotation
- **Cryosurgery**  
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.**

Trainees are also expected to have a theoretical understanding of, and where possible, to have observed the following advanced surgical procedures/treatment modalities:

- Mohs surgery
- Complex flap surgery
- Wedge resection of lips, ears, etc
- Composite cartilaginous grafts
- Chemical peels
- Sclerotherapy
- CO2 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)

A trainee must have been assessed as competent to perform all of the essential procedures/treatment modalities listed in the *Training Program Handbook* to be eligible to sit the Fellowship Examination. Trainees keep a record of procedures undertaken, and the clinical supervisor or supervisor of training must indicate that an adequate number of cases has been carried out. Each procedure/treatment modality must be performed by the trainee under the direct observation of an appropriately qualified and/or experienced fellow of the College. The College guidelines indicate that 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.

### **Team's findings**

Team discussions with trainees and supervisors indicate that the new system of in-training formative and summative assessment, introduced in 2005, is generally being adhered to. Responses to the AMC survey of trainees and the discussions during the Team's site visits indicated that the requirements concerning the College's in-training assessment processes are generally clear to trainees and that the process provides them with helpful feedback.

The College acknowledges that there is currently variability in the standard of assessment applied in the in-training assessments. When the curriculum has been developed, it will be possible for the College to give more guidance to supervisors on the level of performance and competence expected at each stage or year of training. The Team would encourage the College to determine a timeframe by which it will have a robust in-training assessment process that can be relied upon for summative assessment. The Team acknowledges that this will be a long term process.

During this assessment, the Team found that trainees seem to have limited knowledge of the professional development program. The Team would encourage the college to take the opportunity afforded by the in-training assessment program to introduce and discuss the concept of CPDP/CME with registrars.

There is no specified standard for the assessment of essential treatment modalities and the College relies on the assessors' expertise in the procedure. The College considers the fact that training is under supervision ensures that trainees' continuing competence in procedures is checked. In the AMC survey of trainees, 33 per cent of the respondents gave either a neutral, disagree or strongly disagree answer to the question 'the standard of performance required for these assessments is clear' and 38 per cent gave a neutral, disagree or strongly disagree answer to the question, 'feedback is available to help improve performance'.

The Team notes that the College is considering a range of other in-training assessment methods, including the Mini-CEX and other options that would expand the pool of potential assessors. The Team would encourage the College to consider reducing the intensity of the final summative assessments as its confidence in the in-training assessment processes increases.

Of the supervisors who replied to the AMC survey, 91 per cent think there are clear processes for dealing with trainees who are performing poorly and 77 per cent considered that the College supported supervisors to develop skills in giving feedback to trainees. The College has run the Teaching on the Run workshop since 2004, just before the Annual Scientific meeting – and this does cover feedback, although some supervisors felt that an expanded training workshop would be desirable.

The Team was concerned about the clarity of the pathways for feedback and the points at which specific members of the supervisory team were involved, given that supervisors, directors of training and heads of departments all seem to have feedback responsibilities.

There is a clear mechanism for dealing with trainees who receive unsatisfactory in-training assessments. The Performance Improvement Form documents the areas requiring improvement, the expected standards of performance and a learning plan to assist the trainee to attain the required standard by the next SITA. The trainee receives close supervision for the following six months. The form is signed by the supervisor of training, trainee and head of department. The supervisor of training forwards the form to the College, which forwards a copy to the director of training.

There also appeared to be instances where the fellows who contribute to the summative in-training assessment may have had little contact with the trainee.

#### **4.4 Examinations**

##### **Examinations for Basic Trainees**

The 2007 Training Program Handbook states that the Clinical Sciences Examination examines a trainee's knowledge of: relevant anatomy; cutaneous microanatomy and biology; basic immunology; basic radiation physics and radiobiology; and basic laser physics. The College introduced this examination for trainees commencing in 2003. Trainees have three opportunities to sit in the first 18 months of training. For applicants entering the training program from 2003, the College had removed the requirement to hold a pass in the former Basic Sciences Examination. Trainees bringing a pass in the Basic Sciences Examination receive recognition of prior learning and do not need to sit the Clinical Sciences Examination.

This two-hour examination comprises 90 multiple choice true/false questions. The Chief Censor sets the exam from a question bank. While there is no formal blueprint for this exam, in a confidential document provided by the College to the Team (Confidential Attachment 10b to Submission), the breakdown of the 90 questions is described across the subjects of Anatomy; Radiation biology; Laser physics/biology; Phototherapy; Physiology and immunology

The Pharmacology Examination tests a trainee's knowledge of drug pharmacology for the drugs relevant to practice as a dermatologist. It was introduced for trainees commencing from 2004. Trainees have three opportunities to sit in the first 18 months of training. Most candidates from 2004 to 2006 passed this exam at the first sitting.

The two-hour examination comprises 90 multiple choice true/false questions. In January 2006, the Chief Censor issued a notice to trainees and all others involved in training to clarify the scope of this examination (Attachment 10a to Submission). It stated *inter alia* that: 'In this examination, trainees will be expected to know all aspects of drug pharmacology.' It listed 14 'aspects', commencing with 'nature and origin of the drug' and finishing with 'sensitivities of organisms including less common skin infections'. The notice specified that trainees would not be examined on dermatological indications for use, expected clinical response, monitoring or follow up, nor drug dosage unique to a specific treatment indication. The Chief Censor sets this exam also from a question bank. The College stated there is no blueprint for this examination, so the relative weightings of the 14 aspects are not known to candidates in advance.

##### **Team's findings**

The Team noted the College's aim in moving the Clinical Sciences Examination into the training was to enable trainees to integrate their theoretical knowledge with clinical experience, and to learn and be examined in the basic sciences during training rather than before they begin dermatology training. The Team commends the College's move to incorporate this exam into training.

It is not clear to the Team whether the Clinical Sciences Examination is structured and assessed to ensure that the candidate is required to perform satisfactorily in each of the five subject sub-sets, or

whether very good knowledge in two or three sub-sets can compensate for an unsatisfactory level of knowledge in the others. The pass rate in this examination indicates trainees are well-prepared.

The Team understands that information concerning the breakdown of questions in the Clinical Sciences Examination is not available to candidates, and is concerned that candidates might have some difficulty aligning the five subject sub-sets described in the Training Handbook with the five on which the questions are drawn. The fact that most trainees from 2004 to 2006 have passed the Clinical Sciences Examination at the first sitting might indicate that this is not an issue for them, but best practice would require more transparency and clarity in the subjects and their respective weightings in relation to the objectives.

### **The Fellowship Examination**

The Fellowship curriculum, set out in the Training Program Handbook, comprises:

- dermatological medicine
- procedural dermatology
- clinical pharmacology
- dermatopathology and laboratory methods
- evidence-based medicine, medical statistics and information technology
- medico-legal issues and ethics.

In the Fellowship Examination:

- Dermatological medicine is examined via two clinical scenario written papers, one multiple-choice question paper, eight long case vivas and four short case vivas
- Procedural dermatology is examined via one multiple-choice question paper, and 22 stations at an OSCE, each with an examiner present
- Dermatopathology and laboratory methods are examined via eight OSCE stations and in the dermatological medicine paper.

Evidence-based medicine, medical statistics and information technology, medico-legal issues and ethics all appear to be considered as part of the trainee documentation that the College specifies in its eligibility requirements for a candidate to sit this Examination.

The College undertakes to provide candidates in advance with detailed directions on answering the written papers, together with sample multiple choice questions. There is also a practice paper of two hours comprising multiple-choice questions in procedural dermatology and dermatological medicine. This is voluntary, and available to trainees in year 3 and trainees who have sat and not passed the Fellowship Examination. Trainees are informed whether their results were strong, borderline or weak. Third year trainees are also, at their own expense, permitted to attend a Fellowship Examination in the role of bulldog, to observe the examination process.

In broad terms, the written examinations are considered to assess a candidate's knowledge. The medical vivas are to assess the candidate's interpretive and problem solving skills: the long case viva covers history taking, eliciting relevant signs, integrating information to make a diagnosis and differential, specifying any laboratory investigations, and formulating a management strategy; the short case vivas cover signs and diagnosis, but do not usually assess management skills.

The Team understands that the questions for the written components of the Fellowship examination are drawn from the major dermatology textbooks and the journals on the reading list published in the Training Program Handbook.

Candidates successful in the written examinations are invited to the clinical examinations.

For the 2007 Fellowship Examination, the **OSCE** comprised 30 stations: Procedural Dermatology (22 stations) and Laboratory Dermatology (3 stations) were each five minutes long, and Dermatopathology (5 stations) ten minutes long. All Procedural Dermatology stations were attended by one examiner (some also had a simulated patient), and one examiner maintained oversight of the five Dermatopathology stations. The three Laboratory Dermatology stations had no examiner present. All candidates undertook all stations. Individual stations of the OSCE are developed by an expert panel with the Board of Censors. Examiners were advised to standardise their questions of each candidate through their station.

Each candidate reviewed eight **short cases** (patients) grouped into two Short Case Vivas each of each of ten minutes, and each led by one examiner with a second examiner present, both examiners marking. The discussion with examiners was to resemble that of a normal encounter in a clinic. Half the candidate cohort reviewed the same eight patient cases, and the other candidate half-cohort reviewed a separate set of eight patients.

In the **long case viva**, each candidate reviewed two separate patients, spending ten minutes with each patient, and with no examiner present. After five minutes to collect thoughts, the candidate then spent 20 minutes with two examiners discussing each of the two patient cases. Each candidate went through this process four times, thus in total reviewing eight patients and having discussions with four examiner-pairs. Twelve candidates saw the same eight patients, and nine candidates saw a separate set of eight patients.

To pass the clinical examination, a candidate must pass at the one sitting the OSCE, and the long case and short case vivas.

Examiners had marking schedules, and determined both a numerical mark and a global rating (pass, fail). When reviewing the spreadsheet of marks and grades, examiners took care to deal with any apparent inconsistencies.

The clinical examinations 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 held. These occasional examiners may independently examine candidates at some OSCE stations, and for the short and long cases will be paired with a member of the Board of Censors. They participate in relevant examiners' discussions. The Team understands that potential members of the Board of Censors are drawn from the pools of occasional examiners.

After each Fellowship Examination, the Chief Censor obtains reports from all Censors (Censors and occasional examiners) which are then compiled in a comprehensive report that is distributed to trainees, supervisors and directors of training. It is accessible to all fellows and trainees on the College website. There are also written reports for each candidate who fails.

The College engaged an external medical education consultant to review the 2006 Fellowship Examination. The report was made available to the Team. The Board of Censors made its own assessment of this report, making some changes in 2007 to the conduct of the OSCE, introducing an overall grade (as well as a numerical mark) by each examiner of each candidate for each element of the clinicals, and weighting the long case and short case vivas separately. The Team understands that the Board of Censors will review further implementation of the report's recommendations.

## Team's findings

The Team commends the external review of the exit Fellowship examination. In considering its response to the recommendations from that review, the Team would encourage the College to review the evidence and learn from the experience of other colleges.

The Team appreciates the willingness of the Board of Censors to have a Team member as observer at the Fellowship Examination in Adelaide in August 2007, and to allow access to all aspects of the examination process and examiners' discussions.

The Team commends the College's intention to apply best practice in assessment. This would include introducing a range of recognised standard setting tools while also continuously improving assessment validity, reliability and fairness.

At the time of the visit the Team was unable to determine the process by which examiners are selected. The College later described the process and the Team acknowledges that there is a recognised process of selection and recommends that the College document that process. The College explained that six members of the Board of Censors act as examiners in all of the clinical examinations. They are assisted by two occasional examiners in the vivas and by six occasional examiners in the OSCE. The Board of Censors discusses the selection of occasional examiners with the Faculty hosting the examination. After considering the advice of the Faculty, the Board of Censors recommends to the College the fellows who should be invited to be occasional examiners. The College sends written invitations to these fellows to be occasional examiners and each fellow accepts or declines the invitation in writing.

Members of the Board of Censors are given graded responsibilities for developing assessment items over three years. They are partnered with an experienced examiner in their first year and given information about writing examination questions. They have not been given other specific training; however the College has recently negotiated for examiners to attend the examiner training workshops conducted by the Royal Australian College of General Practitioners.

Training of examiners is reliant on the 'buddy system' at present, and the Team recommends that the College implement formal examiner training in the near future including processes to evaluate the effectiveness of its assessors/examiners and to assist them further in their professional development in this role.

### Commendations

- C The introduction of the in-training assessment program. The Team encourages the College to build on and refine this program as the curriculum is developed.
- D The external review of the in-training assessment system.
- E The external review of the fellowship examination, and early action to commence improvements.
- F The development of a clear process for dealing with trainees who are performing poorly.

### *Recommendations*

*That the ACD:*

- 6 *Review the relationship of supervisors of training to their state and national bodies and their possible formal involvement in the review process of registrar training; and to ensure that the*

*supervisors of training are directly involved in discussion of the trainees progress with the state director of training..*

- 7 *Review and address the lack of clarity, in practice, of the respective roles of the head of department and supervisor of training in the management of trainee performance.*
- 8 *Formulate a training program for the supervisors with particular attention to communicating with trainees including both positive feedback from the in-training assessments and feedback on poor performance.*
- 9 *Involve both the supervisor and trainee in the choice of fellows contributing to the summative in-training assessment.*
- 10 *Report to the AMC on the College's response to the review of the Fellowship examination, including the plans to introduce a range of recognised standard setting tools while continuously improving assessment validity, reliability and fairness.*
- 11 *Report to the AMC on the nature of College documentation on trainee progression that is independent of the TPRB held by each trainee.*
- 12 *Provide guidance to trainees and supervisors on the minimum standard of performance required to achieve competence including in essential treatment modalities.*
- 13 *Use the new curriculum as a basis for developing a blueprint for each examination for all summative examinations, to clarify the weightings for each component, clarify compensation policy, and bring more transparency into the question setting and marking processes and criteria.*
- 14 *Consider ways of reducing the intensity of the fellowship examination, e.g. by strengthening in-training assessment validity and reliability, and/or by assessing separately some clinical elements that are less examiner-intensive.*
- 15 *Develop processes to evaluate the effectiveness of College assessors/examiners and to assist them in their professional development in these roles.*
- 16 *Document the process for utilising occasional examiners and also the process for appointing censors.*

## **5 ENVIRONMENT FOR TRAINING AND TEACHING**

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### **5.1 AMC accreditation standards on Accreditation of hospitals/training positions**

The AMC accreditation standards on accreditation of hospitals/training positions:

- The college specifies the clinical experience, infrastructure and educational support required of the accredited hospital and/or training position, and implements clear processes to determine whether these requirements are met.
- The college's accreditation requirements cover: clinical experience, structured educational programs, infrastructure supports such as library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.
- The accreditation standards of the college are publicly available.

### **5.2 College accreditation processes**

The College accredits individual posts for dermatology training on a three to five year basis.

There are currently 63 posts accredited for training, in Australia and overseas. In Australia, posts are accredited in a mix of public and private settings. There are some rural training opportunities, although access to these is variable. There are eight accredited overseas posts which are considered a normal part of the rotational systems of particular states. Two posts in the United Kingdom are competed for as part of a pharmaceutical industry-funded scholarship program. Trainees may spend up to one year in an overseas training program.

For College accreditation, the head of the department in which the post is located is required to complete a form detailing the training program of each trainee based in the institution concerned. The form relates to the specific activities which the individual trainee carries out during the course of the week.

The introduction to Appendix 6 in the Training Program Handbook describes the features required to be assessed as 'adequate' before a training post is accredited:

- clinical exposure and supervised training
- instruction in procedural dermatology
- instruction in dermatopathology
- instruction in medicine and surgery relevant to dermatology
- teaching in the form of tutorials and seminars
- library and computer facilities
- time for reading and study during normal working hours
- arrangements to allow trainees to attend lectures and seminars within the hospital and at other institutions.

The Board of Censors has responsibility for periodic inspection of accredited posts. Inspections are usually timed to occur when the College's Annual Scientific Meeting or the clinical examinations are occurring in that state. The Board of Directors however may direct the Chief Censor to examine the content of a particular training position or positions at any time.

To quote from the Handbook (page 61):

*'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 positions 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 the Board of Directors. 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 dis-accreditation of a particular training position(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 dis-accreditation or provisional accreditation with the view to addressing and rectifying the problems identified by the inspecting team.'*

In the Training Program Handbook, the College indicates that a limited number of training institutions in Australia are able to provide the facilities for training in all aspects of the curriculum. It indicates that all State Faculties should have some form of rotational system to ensure that all trainees have adequate exposure to all aspects of the curriculum.

The accreditation decision may restrict the length of time a trainee can spend in a training position if the position does not provide the full range of training experiences required to attain the curriculum standards.

### **Team's findings**

The College acknowledges the need to develop explicit accreditation standards. The development of the curriculum offers an opportunity to set standards that relate to the curriculum, and to assess the clinical/educational experience offered by posts against these standards.

Although not formally presented as accreditation standards, the material already in Appendix 6 of the Training Program Handbook should form a good foundation on which to assemble them.

The accreditation standards should describe broad requirements relating to employment conditions, and inquire into the trainees' access to protected teaching time. Whilst working conditions are not directly an issue for the College, a College-accredited post is expected to provide an appropriate environment for training and adequate support for the training program. Therefore the College should have mechanisms to consider trainee concerns about employment conditions that affect training, and be able to advocate for its trainees if it considers that the training requirements cannot be satisfied.

The Team recommends that the College increase the specificity of its policy documentation for accreditation, including explicit accreditation standards, and clear procedures for seeking accreditation of a new post, and clear processes for reporting on changes to posts. The Team encourages the College to use its authority as an accrediting body to ensure standards are met.

The College's standards will need to be appropriate for private and public posts, and will need to be applied as rigorously to overseas posts as to local posts. It was not apparent to the Team that the educational benefits of some overseas posts – most notably Singapore and the recently discontinued Gosport placement in the United Kingdom – outweighed the imposition on registrars attending there

and receiving substantially reduced salaries. These overseas rotations are not voluntary and involve only a proportion of the trainees. It is unclear how trainees are selected to undertake these posts.

There are many more applicants for training than places available, and aspiring dermatologists have sought a variety of experiences to increase their chances of selection. One way is to seek experience working in positions that give clinical exposure. These positions, which include observers, dermatology assistants and honorary clinical assistants, have provided a variety of experiences: from observing and assisting the accredited registrar with paperwork, to seeing patients, operating and undertaking biopsies. Some of this work appears to be unpaid. Some trainees who have been in these positions believed that the experience helped prepare them for training and would assist them in selection but indicated that the level of responsibility and experience was less than that given to trainees in the program. In others, it appeared that the experience and training were well supervised, and could be sufficient for accreditation of the post. The Team urges the College to be proactive in identifying those experiences which could create additional accredited training posts.

### **5.3 *Clinical experience, infrastructure and educational support***

Public hospital outpatient clinics form the backbone of the dermatology vocational training program, although access to other areas of practice such as cosmetic dermatology and dermatopathology are provided on a limited scale through private practice, and the Skin and Cancer Foundations in Victoria and New South Wales. These foundations are not-for-profit organisations that provide clinical and dermatopathological services in association with their educational roles.

The College is committed to finding opportunities to expand the use of private practice for training to provide exposure to common dermatological conditions best represented in private practice and less frequently seen in hospitals. The Team recognised that the public hospitals (and Skin and Cancer Foundations in the states that have them) serve to provide registrars with access to the more complex clinical presentations and skills in which they need to be competent if they are to be specialists in dermatology. The Team also considered that increasing the number of accredited training posts in the private sector would increase both the range of dermatological presentations seen by registrars and the number of posts available to them. The College is encouraged to pursue the negotiation of specialist provider numbers for registrars in accredited private training posts to make them financially viable.

The College is to be commended for its stated commitment to increasing the number of posts available.

Some states have a rotating policy whereby trainees visit a number of different training sites during their term, thus gaining a broader range of experience and exposures to supervisors than if they had only worked in the one hospital for the whole year (or more). The state director of training plays an important role in ensuring that each trainee has a full range of experiences, and that any identified gaps in experience are filled as soon as possible.

### **Team's findings**

Trainees expressed satisfaction with the range of experiences they received, although on some rotating programs trainees spent considerable time travelling. Travel time was also a concern for trainees undertaking regular country trips. All trainees thought it important to have a variety of experiences and to be exposed to a number of different supervisors throughout their training. Trainees also thought that emerging areas of dermatology (such as lasers), not available in the public system but taught through private clinics, were appropriate.

The Team's site visits and feedback from trainees and supervisors confirmed the College's requirement of attendance at a minimum of four supervised general dermatology clinics and attendance at one dermatological surgery session at least per week were generally adhered to, as was the College's expectation that trainees either observe or participate in available specialty clinics. The

College expects a clinic in paediatric dermatology to make up one of the general dermatology clinics for at least part of the training program, although it did seem that the amount of paediatric experience available to trainees was variable. As noted in Section 3, there are concerns about the level of supervision available to trainees in dermatology surgery and some concerns about the amount of experience available to trainees. The Team encourages the College to provide specific guidance in relation to these requirements.

The College's commitment to identifying training opportunities in the public and private sector is commended, as is the enthusiasm of supervisors in allowing opportunities for trainees to extend their experience in private rooms. The Team was concerned that there was not clear advice to trainees and supervisors about the formal procedures that should apply for gaining this experience, for example when a trainee employed full-time in a public hospital spends part of their working week in private settings

Although there is a national process for selection into dermatology training and the program is considered to be a national one, currently there is limited movement of trainees between regions once they are on the training program. The Team would encourage the College to consider a more flexible approach to trainees rotating through different regional programs to address gaps in training.

The local process by which the directors of training review the trainee's experience annually appears to work well. This is assisted by the requirement that trainees document their skills and experience in a logbook. The College could use de-identified information collected from the trainees' logbooks to build a national picture, and inform action to address variability in trainees' clinical experience.

#### **5.4     *Structured education programs***

The dermatology training program is largely experiential, with some regular and structured learning activities to support this practical experience. This is outlined in section 3 of the report.

##### **Small group learning**

State Faculties, Skin and Cancer Foundations, and individual hospitals provide a range of structured educational sessions that trainees are expected to attend whenever possible. Some activities (such as the Saturday morning 'Skin School' offered in New South Wales, and evening seminars) are aimed directly at trainees.

##### **Annual Scientific Meeting**

The College expects those trainees in Australian posts to attend all scientific sessions of the Annual Scientific Meeting (ASM) each year. 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 registrar training day is held in conjunction with the ASM. Trainees who are training overseas are required to attend equivalent scientific meetings in that country.

##### **Biennial Spring Meeting**

Trainees are encouraged to attend the Spring Meeting of the College which is normally held every second year in September. They are required to attend a broad ranging Biennial Training Conference of the College at least once (but preferably twice) during the course of their training, including the Australasian Society for Dermatology Research Meeting and the Australasian Dermatopathology Society Conference.

Trainees are encouraged to attend both of these events, at which they may present one of their two required papers.

### **Supervised clinical and procedural practice**

Clinical dermatology, including procedural dermatology is learned in the context of supervised practice. Trainees, under the supervision of, and with instruction from, experienced dermatologists take graded responsibility for the management of patients.

### **Self-directed learning**

The Training Program Handbook states on page 12: *“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.”*

### **Team’s findings**

In general, trainees were satisfied with the range of educational activities available to them and the enthusiasm of the dermatologists organising and providing them. Several dermatologists spoke of their sense of commitment to these teaching activities as being part of their desire to pass on the benefits they themselves had received during training.

Some trainees complained of difficulties in accessing the full range of educational offerings because of the geographical dispersion of their jobs and the need to return to their ‘home base’ in the evenings in order to deal with in-patient consultation requests that had arisen during the day. Others felt that busier jobs (i.e. those with nine clinics per week) left little time for reflective learning. Sydney has been split in half and educational events are held in both regions to reduce the amount of travel required. Videoconferencing is available for those trainees based in Newcastle.

Direct supervision of clinical practice was variable. In many cases this appropriately reflected the increasing capability of trainees to undertake independent practice as they progress through the program. In some training institutions, however, there is a need for more supervision of procedural dermatology, particularly for experienced dermatologists to supervise junior trainees acquiring these skills. Explicit accreditation standards may be able to address this issue.

#### **5.5 Access to appropriate facilities and educational resources in hospitals/training sites**

Trainees have the same level of access to hospital based educational facilities as any other hospital-based trainee. Although there is a small library at the ACD’s Sydney headquarters, trainee access to its resources is limited. In Victoria, all trainees have access to the meeting rooms and library at the Victorian Skin and Cancer Foundation.

#### **5.6 Interactions with health departments**

As a predominantly ambulatory and chronic specialty, much of dermatology is delivered in community based settings through private practice rather than through public hospital clinics, although it is here that the majority of complex cases are seen. This means that dermatology involves both the federal government (through patients’ Medicare rebates) and State Governments (through public hospitals). The balance of care is likely to continue to shift away from public hospitals towards private practice.

### **Team’s findings**

The College has an important role to play in interacting with both tiers of government. At the state level, the ACD advocates for the role of dermatology within public hospitals to ensure that specialised

clinics continue to work with complex cases. The Team noted a perception by many dermatologists that dermatology does not have a strong position within public hospitals (given that most state funding systems reward chronic, ambulatory care relatively poorly), and that the College had little leverage when accrediting posts. Conversely, the Team heard some anecdotes of posts being quickly brought up to the required standard when accreditation was withheld.

At the national level of government, the ACD is in a position to negotiate over the provision of Medicare provider numbers to trainees to allow them to train in private practices in a cost-neutral (or even positive) manner. Such an outcome is unlikely to be achieved unless the trainees are granted temporary access to the specialist item numbers while they are working under supervision. These provider numbers would remove a major impediment to greater training numbers in dermatology.

Comments to the AMC by state health departments suggest there is generally good communication and that Regional Faculties were seen as willing contributors to discussion on topics such as workforce planning, and the identification of new training posts. Some jurisdictions would have welcomed greater consultation about the plans to extend the training program from four to five years, although they identified no specific problems with the introduction of the additional year.

One health department commented that training in safety and quality approaches and tools such as root cause analysis and clinical practice improvement might be relevant, especially in managing adverse events.

Commendation

G The College’s commitment to identifying training opportunities in the public and private sector is commended, as is the enthusiasm of the supervisors in providing training opportunities for the next generation of dermatologists.

Recommendations

That the ACD:

- 17 *Set explicit standards for Vocational Training Posts and further define the process by which posts are selected, inspected, monitored and reviewed.*
- 18 *Review the educational value of overseas accredited training posts against these standards.*
- 19 *Identify dermatology activities that could become additional accredited training posts, with a particular focus on those positions which are filled by aspiring dermatologists, as observers, dermatology assistants and honorary clinical assistants.*

## **6 SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS**

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### **6.1 *AMC accreditation standards on supervisors, assessors, trainers and mentors***

The AMC accreditation standards on education and training require that:

- The college has processes for selecting and training supervisors and trainers.
- The college has processes for ensuring that trainees receive regular feedback from supervisors and trainers and for obtaining confidential reports from trainees on the quality of their supervision, training and clinical experience.
- The college has a systematic process for selecting assessors in written, oral and performance-based assessment and examination who have demonstrated relevant capabilities. Selection of assessors takes account of an overall balance in gender, cultural background, nature of practice and its location.
- The college implements training programs designed to foster sound and consistent assessment methods.
- The college assists all trainees in identifying a suitable mentor. The mentor is not, and is highly unlikely ever to be, a supervisor, assessor or trainer for the trainee.

### **6.2 *Description of College roles***

The College has a regionally-based structure for the supervision of trainees. In each state a director of training oversees program delivery. For each post a supervisor of training is available, and in each institution there is also a head of department. Other dermatologists involved in trainee teaching are designated clinical supervisors.

The director of training is responsible for the oversight of ACD training in the state, and in doing this relates to both the post-specific supervisor of training and the head of departments. The duties of the director of training include involvement in selection, monitoring and remediation of trainee performance, oversight of supervisor performance and rotation structure to ensure the curriculum is delivered as intended and notification to the Chief Censor of any unsatisfactory trainees. The director of training is also available to facilitate communication between trainees, supervisors, heads of department and the College. At times, the director of training may be required to act as an independent advisor for trainees. Each director of training reports to the ACD Board of Directors through the College Director responsible for implementation of the training program.

The supervisor of training is actively involved in ensuring that each trainee at his/her institution is engaging in the training opportunities available, and progressing satisfactorily. The supervisor of training is expected to play a key role in facilitating communication between the trainees, directors of training, head of department and the clinical supervisors. Supervisors of training are also expected to counsel trainees with unsatisfactory performance. Key features of the activities expected of supervisors of training include direct observation of trainee clinical performance, provision of formative feedback to trainees to facilitate the development of learning plans, and collation of summative assessments at the end of each six months. All supervisors of training are expected to be familiar with the curriculum of the training program.

Consultant dermatologists at each training institution act as clinical supervisors. They are responsible for the day to day supervision of trainees, and for completing in-training clinical assessments. These assessments are forwarded to the supervisor of training. Clinical supervisors are expected to be familiar with curriculum requirements, and to provide feedback to trainees about their performance.

At each training institution the head of department is expected to ensure that the supervisors of training and clinical supervisors are aware of their training responsibilities. The College also expects the head of department to have training responsibilities which include monitoring trainee performance, providing feedback to trainees and participating in the management of poorly performing trainees (with the supervisors of training and/or directors of training). This requires the head of department to be familiar with the training curriculum.

In addition to the formal College supervisors described above, many trainees will also have a self-selected professional mentor. The formality of these arrangements and the degree to which the College is involved varies from state to state.

A fellow of the College cannot occupy any of the positions of director of training, supervisor of training or member of the Board of Censors concurrently.

### **Team's findings**

Like all Colleges, the ACD relies on the contribution of its fellows for the supervision, assessment and mentoring of dermatologists in training. For such a small college, it is remarkable that such a relatively large proportion of the membership is active in the training program.

The Team noted that, structurally, a comprehensive system for the supervision and in-training assessment of trainees was in place in each state. The directors and supervisors of training, clinical supervisors and heads of department interviewed by the Team were universally enthusiastic about their training responsibilities and committed to facilitating high quality education.

There was, however, some variation between states in the way in which each of the directors of training, supervisor of training, and head of department undertook the management of trainee performance. For example, in Victoria, the heads of department formally meet with the directors of training to discuss trainee performance, and in Western Australia, this is the responsibility of the supervisor of training. The College has documented the responsibilities of the various training and supervisory positions, and it is apparent from these descriptions that there is overlapping responsibility. This perhaps contributed to the observed variations between states and some lack of clarity of roles and lines of communication. These role statements therefore need revision to clarify the distinguishing responsibilities for each of the supervisory positions and the lines of communication.

The lack of clarity in the roles and lines of communication for directors of training, supervisors of training and heads of department also had an impact on trainees when they sought advice with regard to training matters. Although one advantage of the small size of the College is that trainees can seek guidance on training-related matters from fellows who hold a range of College positions, this may make the processes for seeking guidance and resolving disputes ambiguous. Clearly documented pathways and processes for trainees seeking advice, known to all trainees, supervisors and heads of department would be beneficial. In this regard, the staff of the College involved in education may be able to undertake a larger role.

### **6.3 *Process for the identification and appointment of supervisors***

Each state Faculty appoints a director of training, who must be a fellow of the College of at least five years standing. The maximum appointment for a director of training is two terms of three years.

At each institution with accredited training posts, the dermatologists at that institution appoint a supervisor of training. In Australia, the supervisor of training must be a fellow of the ACD, however for overseas training posts the supervisor of training must be a member of the equivalent body in that country. Clinical supervisors are designated as such by virtue of their appointment as consultant dermatologists at a training institution. heads of department are appointed by each institution in a service administrative role.

In two states (NSW and Victoria), a coordinated mentor program is conducted. Trainees identify a fellow of the College and arrange mentorship. The arrangement is notified to the College. In other states informal mentorship arrangements may exist.

### **Team's findings**

The nature of dermatology, as a small specialty, has meant that many fellows are directly involved with training. This often results in fellows undertaking the various supervisory roles in succession, and then perhaps moving to the Board of Censors. The Team observed that many supervisors of training were recent graduates from the training program, and that this was seen as having the advantage of them being close to the trainees' perspective. The head of department may appoint the local supervisor of training. In some institutions the head of department takes on the role of the supervisor of training. In clarifying their respective training roles, there may be some advantage in stipulating that these roles should not be held concurrently.

Trainees identified their mentors in a variety of ways, and were satisfied that these were effective. Trainees may already have established mentors prior to entering training, as many have spent some considerable time gaining dermatological experience before entering the ACD program. Trainees spoke very positively of their mentors, who they identified as a trusted professional advisor. Given this, it is likely that all trainees could benefit from access to a formalised mentor scheme.

#### **6.4 *Training for supervisors, trainers and mentors***

The College provides a Supervisor Training Manual to all supervisors of training on a yearly basis. Supervisors of training are also expected to attend a faculty development workshop which runs during the annual scientific meeting of the College. The workshop and manual provide specific information to supervisors about conducting formative and summative in-training assessments. Clinical Supervisors are not offered training by the College. There is no program for training mentors.

### **Team's findings**

Supervisors who met the Team are committed to performing these roles well, and would value opportunities for interaction and discussion with their peers. The College has established a new Board of Training, which will bring all the directors of training together for the first time. It has provided an opportunity for greater cohesion between the directors of training in each region, and could be expected to lead to less variability in the delivery of training between states. This development is commended.

This cohesion does not extend to established networks for supervisors of training in all states however. In Western Australia the supervisors of training meet quarterly with the director of training, and both the director of training and supervisor of training from that state regarded this as very effective. This successful model should therefore be extended to the other training regions.

Supervisors who had attended the faculty development workshop provided by the College spoke highly of it. There were a number of supervisors who had not yet had this opportunity, and as the supervisors of training may be younger fellows, a systematic approach by the College to supervisor training is warranted. Clinical supervisors, who do not have access to faculty development, but are expected to assess trainees and provide feedback, should be offered opportunities to attend workshops. A process for formal trainee feedback on the quality of their supervision should be considered. The Team acknowledges that the College has an intention to increase the support available to fellows who act in these roles. The Team supports this plan while acknowledging the significant challenges to implementing processes to develop supervisors' skills and to provide feedback to supervisors on their work.

Commendation

H The significant contribution of the fellows of the College to the supervision, assessment and mentoring of dermatologists in training.

*Recommendations*

*That the ACD:*

- 20 *Revise the role descriptions for the directors of training, supervisors of training, clinical supervisors and heads of department to clarify the distinguishing responsibilities for each of the supervisory positions. This should include explicit and widely publicised:*
- *lines of communication for trainees with supervisors, between different levels of supervisors, and with heads of department in relation to training matters*
  - *pathways and processes for trainees to seek advice.*
- 21 *Explore the formalisation of mentoring for trainees in all states.*
- 22 *Establish regular meetings of supervisors in all regions to discuss the implementation of training and issues of trainee performance.*
- 23 *Offer faculty development opportunities to all supervisors.*

## 7 ISSUES RELATING TO TRAINEES

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### 7.1 *AMC accreditation standards on issues relating to trainees*

The AMC accreditation standards require that the specialist medical college:

- selects trainees into training programs based on the principles in the 1998 report, ‘Trainee Selection in Australian Medical Colleges’ by the Medical Training Review Panel
- has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training
- has mechanisms to inform trainees about the activities of its decision-making committees, in addition to communication by the trainee organisation or trainee representatives
- provides clear and easily accessible information to prospective and existing trainees about the training program, costs and requirements, and any proposed changes.

### 7.2 *Number of trainees entering dermatology training*

The College’s accreditation submission provided the following information on the number of trainees entering dermatology training over the last ten years

Year	Queensland	NSW	Victoria	SA	WA	Total
2004	4	4	4	0	1	13
2005	1	1	4	0	1	7
2006	4	8	7	3	1	23

### **Team’s findings**

There is considerable variation in the number of first year dermatology positions available in any year and in any region. The variation relates to the progress of trainees through the five-year training cycle. This does mean that in some years a particular region may have mainly advanced trainees or mainly junior trainees.

Entry to dermatology training is highly competitive. Information provided by the College indicates that the ratio of applications to positions in the last three years has been as high as 8:1 with the lowest being 3:1. It has been quite common for trainees to complete additional academic qualifications to improve their chances of selection as well as to seek experience in working in positions that give dermatology exposure.

### 7.3 *Selection processes*

The College introduced a national selection process in 2007. Previously, applicants applied directly to their preferred State Faculty.

Under the new system there are three levels of committee involved in the selection process:

- The National CV Assessment Committee, responsible for assessing the CVs of all applicants to the program
- The National Interview Committee, responsible for conducting interviews with all applicants who are short listed for an interview
- The State Faculty Selection Committees, responsible for selecting applicants for training positions in their state.

Since 2004, the College has employed a human resources consultant to advise on trainee selection procedures, initially in Victoria and now nationally.

The College 'Statement of Principles' which underpin its selection process are as follows:

*"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 standardized 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 the 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 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."*

The minimum requirements for selection as a dermatology trainee in the College's training program 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.

The Training Program Handbook indicates that acceptable training is 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 three months in the two years of training should be spent in the same subspecialty area.

The Training Program Handbook lists 12 desirable attributes of trainees. In the College's supplementary material to the Team, this information is provided as a more detailed list of essential and desirable selection criteria, which is somewhat different to the list in the Handbook. For example, 'a history of involvement or a willingness to be involved in research projects' is listed as a desirable criterion not an essential one. Other desirable criteria which do not appear on the list in the Training Program Handbook include:

- show evidence of the ability to rapidly assimilate and appropriately apply knowledge and new techniques with an understanding of personal and professional limitations
- show an ability to work effectively and efficiently
- demonstrate an awareness of the community and professional responsibilities contingent on specialist practice
- demonstrate an understanding of the difficulties facing groups and communities with regard to equitable access to medical services

- demonstrate an affinity with or connection to community groups with special needs or subject to particular disadvantage.

Applicants applying for entry into the Australasian College of Dermatologists Training Program can only do so online. The new selection criteria are linked to the application form. Applicants are required to submit a Curriculum Vitae encompassing their academic record, research experience, publications, medical and dermatological experience; 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; and the names of three other referees including the medical administrator of a hospital at which the applicant has worked. An application fee is charged.

There are three scored components to the selection process: curriculum vitae; references and interview. Some of these elements are scored nationally and some by the State Faculty, against national criteria provided by the College. Initially State Faculties are not informed of the candidate's preferred training location, but are provided with this information as one of the last steps in the process. At this stage, the State Faculty selection committee prepares a candidate preference list for the state. The College then holds a preference matching teleconference between all the faculty chairs, which decides on the appointments to be made in each state, and on a reserve list for each faculty.

### **Team's findings**

The Team commends the College's desire to have a transparent national selection process in order to select the best candidates for dermatology training. The Team acknowledges that this process is in its infancy and that ongoing review and improvement is planned. The current process appears to have been associated with considerable confusion.

The selection process is iterative with many steps. It is unclear how some of these steps independently differentiate between candidates and contribute to the final decisions. Curriculum vitae and performances at interview are scored in order to generate a short list of candidates. However, it appears that the final selection decisions are not made on objective scorings based on clearly defined descriptors. The Team recommends that the scoring process be more transparently related to the selection decision.

The Team notes that the attributes listed in the Training Program Handbook do not match the list of essential and desirable criteria provided by the College in its supplementary material. The existence of these two slightly different statements adds to confusion about the requirements. While Selection Committee members were adamant that a referee report from a dermatologist, previous experience in dermatology clinics and a research degree are not criteria for selection, it is widely believed among trainees and supervisors of training that these are preferred or, indeed, required. Having one list of requirements would assist this.

Trainees and supervisors of training are frequently approached by potential trainees for advice about the application process and the way in which to best present themselves for selection. The Team recommends that the College establish itself as the primary source of advice for prospective trainees. With a greater complement of college staff, opportunities may arise for an expanded role for staff in offering reliable advice for trainees regarding this and other matters. As the College develops its core curriculum competencies, there will be opportunities to relate these to the selection criteria.

The Team notes that a requirement of selection is a "*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.*" The Team could not find a statement that indicates the circumstances in which a trainee may request that they not be assigned a particular training position, and the process for seeking review of a decision concerning their allocation to a particular position, for example an overseas position or a rural position.

State health departments commented favourably on the inclusion of jurisdictional representative on the Regional Faculty Selection Committee.

#### **7.4 Recognition of prior learning**

The College does not have a policy for recognition of prior training.

To date the College has not given formal recognition for training undertaken in another postgraduate training program. The College indicates that the Selection and Interview Committees will be aware of each candidate's prior learning training, and in conjunction with assessment of all other desired attributes, will take this into account when making a decision as to the candidate's suitability to undertake training in dermatology.

#### **Team's findings**

Limited recognition of prior learning and experience was a common concern amongst trainees, particularly in relation to the requirement to publish and/or present at conferences and meetings material developed during their training in dermatology. Many trainees have completed research projects and degrees related to dermatology before joining the program. Without a clear statement of learning objectives, the College's publication and research requirements benefit the trainees' learning. As noted in the Curriculum section (3.5) the requirement that at least one publication be in the College's journal, *The Australian Journal of Dermatology*, appears unnecessarily restrictive and, again, and not of direct benefit to the trainee's learning.

Recognition of prior learning that is equivalent to the training requirements would be a feature of a well-established training program. The policies on the recognition of prior learning should be clarified and expanded when the curriculum is more fully described.

#### **7.5 Trainees' involvement in College affairs**

Trainees have the opportunity to provide feedback about their training and input into decision-making through the Trainee Representative Committee, which was established in 2004. Trainees from each Regional Faculty select one representative and a Chair is elected from among this group. The Trainee Representative Committee meets face-to-face at the College Annual Scientific Meeting and by teleconference throughout the year.

Representatives of the Committee consult the trainees from their Regional Faculty. The Trainee Representative Committee presents any concerns or suggestions to the Board of Censors or the Board of Directors. A representative of the Committee attends face-to-face meetings of the Board of Censors and the Board of Directors.

#### **Team's findings**

The Team applauds the establishment of the Trainee Representative Committee and the formal representation of trainees on College committees. During interviews with trainees and the Trainee Representative Committee, it was clear that the Committee has prompted several important changes including the introduction of the trial exam for third year trainees.

The College has also successfully utilised the Committee to gather feedback from trainees. It would appear that communication between the Committee members and the remainder of the trainees is somewhat ad-hoc and occurs primarily via word of mouth. If the Committee is useful to the College in disseminating information and gathering feedback, it should assist the Committee to distribute information to all trainees.

The way in which the Committee operates is currently not well defined. The confidence of the Committee in taking on tasks and in speaking on behalf of the trainees and engaging with trainees would be enhanced by more defined operating procedures, terms of reference, appointment processes, and resources.

#### **7.6 *College communication with trainees***

Given the small number of trainees widely dispersed around Australia and overseas, it seemed feasible for the College to provide simple web-based communication forums for them, or to sponsor listserv mailing groups to enhance communication. The trainees really valued the sense of collegiality engendered by the annual trainees' workshop, and might find benefit in electronic communication throughout the year.

#### **7.7 *Mechanisms to support, counsel and monitor trainees' wellbeing***

The College's accreditation submission did not outline specific support mechanisms. On the site visits, trainees generally reported that they felt well supported and were comfortable approaching clinical supervisors, supervisors of training and directors of training for any additional advice and support required. The Team noted that College has been supportive of trainees with particular needs or exceptional circumstances such as ill health. This attitude is engendered by the small size and cohesive nature of the College.

Trainees reported that clinical supervisors and supervisors of training generously gave of their time and expertise to assist them in gaining the skills and knowledge required to become competent clinical dermatologists.

#### **7.8 *Flexibility in training***

The College has a clear policy on part-time and interrupted training. The first year of training must be undertaken on a full time basis. After this, a further year of training may be undertaken part time over two years. The Team could not see an educational reason for a trainee to be prevented from undertaking further part-time training and this has in fact occurred, after consultation with the College, in isolated circumstances. However, there are significant differences between the opportunities for trainees in different states to access part-time training. The Team recognises that practical solutions may be difficult to reach, particularly in states with small numbers of trainees and some of the difficulties are related to inflexibility of specific employers rather than the College itself. The Team recommends that the College advocate for its trainees who are disadvantaged in this manner by requesting that posts applying for accreditation or reaccreditation address this issue. The Team acknowledges that the College continues to pursue the option of training positions in the private sector and that this may increase the opportunities for flexible training.

The Team found that working conditions varied widely between different institutions and different states. This includes the payment of overtime, the recognition of free-from-service training time, the balance between educational and service components of the workload and the requirement to undertake overseas postings. While many of these issues are industrial issues related to the particular hospitals, some of them can impact on training and the College is encouraged to advocate for trainees when this is the case.

Trainees and supervisors of training report that some overseas postings result in significant financial disadvantage for the trainees while not providing clinical experience commensurate to that of Australian postings. The Team noted that the College and state faculties provide a financial contribution towards the travel and housing costs of trainees in the overseas posts. Nevertheless, issues of financial disadvantage to trainees remain and must be addressed.

## 7.9 *Dispute resolution*

Most of the trainees who met the Team indicated that they could approach supervisors and directors of training directly should the need arise.

Open communication between the trainees and supervisors can be especially difficult in small training programs, where there is significant overlap between supervisory and employment roles. Dermatology trainees, in general, feel well supported, that feedback is appropriate and constructive and that there are opportunities to voice concerns through various channels including the Trainee Representative Committee. Several trainees commented that they genuinely ‘felt like part of the College’. Nevertheless, in such a small program, trainees can feel constrained in speaking openly about concerns that may arise in supervisor and trainee relationships, or in questioning decisions of the College which affect them personally. Whilst acknowledging the difficulties in this situation, the Team would encourage the College to consider how it might be addressed. Greater staff involvement in dealing with trainee concerns might assist by creating a channel for trainees to seek advice about their concerns, which does not involve dermatologists who are immediately involved in their training.

As noted in Section 6.3 of this report, the processes for seeking guidance and resolving disputes can be ambiguous and clearly documented pathways and processes for trainees seeking advice, known to all trainees, supervisors and heads of department would be beneficial.

The College has a clear appeals process outlined in the Training Program Handbook. The intention of this process is to provide a means by which any person adversely affected by a decision of any Board or Committee of the College, can have their grievances addressed in a properly constructed and formal manner. The Handbook clearly outlines the grounds for appeal and the process by which the Appeals Committee considers the decision.

The Team found that most trainees surveyed had not needed to access the College’s appeals process and were not aware of specific procedures. The Team also found the documentation of the appeals process to be adequate but cannot comment on its execution because of the lack of evidence of its use amongst the trainees surveyed or spoken to during the accreditation process. The Team commends the College for providing the trainees with an opportunity to present appeals to a committee that is composed of both fellows of the College and lay people unconnected with dermatology training.

### Commendations

- I The College’s desire to have a transparent national process that selects the best candidates.
- J The establishment of the Trainee Representative Committee.
- K The College’s stated appeals policy.

### *Recommendations*

#### *That the ACD:*

- 24 *Publicise the College’s new criteria for selection into dermatology training, and clarify those which are desirable but not essential, such as research training, and those which are not listed as criteria at all, such as postgraduate experience in dermatology.*
- 25 *Clarify the circumstances in which a trainee may request that they not be assigned a particular training position, and the process for seeking review of a decision concerning their allocation to a particular position.*
- 26 *Implement a policy on Recognition of Prior Learning that recognises demonstrated*

*competencies achieved and educational requirements satisfied and gives trainees appropriate credit towards the requirements of the training program*

27 *Formalise terms of reference for the Trainee Representative Committee and clarify its role in policy development, meeting frequency, lines of communication and the role of the College in distributing information.*

28 *Make clear the formal mechanisms for support for trainees.*

29 *Consider how the staff of the College involved in education may be able to undertake a larger role in dealing with trainees.*

## **8 ASSESSMENT OF OVERSEAS-TRAINED DERMATOLOGISTS**

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### **8.1 *AMC accreditation standards on assessment of overseas-trained specialists***

The AMC accreditation standards on assessment of overseas-trained specialists require that:

- The processes for assessing the availability of overseas-trained specialists for practice in Australia are in accordance with the principles outlined by the Joint Standing Committee on the Assessment of Overseas Trained Specialists of the AMC and the Committee of Presidents of Medical Colleges.

### **8.2 *Assessment of processes against principles of the Joint Standing Committee on the Assessment of Overseas Trained Specialists***

The ACD has a formal process for assessing the training and clinical experience of overseas trained specialists (OTS) applicants against those of a dermatologist trained in Australia. The process is based on the AMC Application Procedures and Requirements for Specialist Assessment (2005) and the AMC/CPMC Assessment of OTS Template for Colleges (2003).

In 2006, the Board of Directors of the ACD established a task force to review the policies and processes for assessing OTS for the purposes of determining equivalence to an Australian trained dermatologist and for area of need (AoN) positions.

This review has resulted in the establishment of a new OTS/AoN Assessment Committee, which has taken on the assessing role formerly completed by the Board of Censors. The assessment process is now conducted as follows:

- After it receives a completed application form and the fee, the College sends the applicant a preliminary letter and asks them to confirm in writing that they have received and understood the advice in that letter.
- When the College receives confirmation, the OTS/AoN Assessment Committee makes an initial assessment to determine whether the applicant will be interviewed. It considers the content and duration of specialist training undertaken, the levels of assessment undertaken during training, the quality of post-qualification experience in dermatology, participation in relevant continuing professional development programs and contribution to the field in terms of teaching, research and publications in order to determine eligibility for interview. The OTS/AoN Assessment Committee may seek additional information from the applicant.
- If the applicant is determined to be clearly not equivalent in standard of training and experience to an Australian-trained dermatologist and/or requires more than two years of additional training to reach this standard, they are not offered an interview and the AMC is advised accordingly.
- If the applicant is considered to be potentially equivalent to an Australian-trained dermatologist or likely to be able to reach equivalency within two years, they are invited to an interview. Interviews are generally held at the College premises.
- Once payment of the interview fee has been received, the College requests referees' reports from the first two referees listed on the OTS's application, using a structured form.
- The College indicates that the aim of the interview is to determine and confirm the nature and quality of the applicant's training and experience, and to ensure the applicant understands the standards of competence and safety expected of an Australian trained dermatologist. The OTS/AoN Assessment Committee (as the interview panel) seeks to determine whether the applicant's specialist training and experience considered in totality is comparable to those of an

Australian trained dermatologist. In relation to training, the Committee considers the adequacy and quality of clinical exposure and experience, the academic environment of the training and the comparability of the training or otherwise to that undertaken by Australian trainees. In relation to experience, the Committee considers at what level the applicant has been practising and other factors that indicate that the person was engaged in lifelong learning, including participation in a professional development program, evidence of research and publications, evidence of undergraduate and postgraduate teaching and evidence of leadership at a local, national or international level in dermatology.

The applicant has the opportunity to ask questions about the interview and assessment process.

The interview is minuted and recorded, and applicants are advised of this well before the interview.

- The Chair of the Interview Panel, prepares a report detailing the panel's findings, which is reviewed by the Honorary Secretary. There are three possible recommendations:
  - the applicant is equivalent to an Australian-trained dermatologist
  - the applicant is near equivalent to an Australian-trained dermatologist but requires additional training and/or assessment
  - the applicant is not equivalent to an Australian-trained dermatologist.
- The Honorary Secretary advises the AMC of the outcome of the assessment which in turn advises the applicant. Applicants who have been assessed as requiring further training and/or assessment are asked to advise the AMC whether or not they intend to complete the College's requirements. Those that do are sent contact details of each State Faculty, and are advised to contact the appropriate Faculty regarding the creation of a suitable training position. Information is also sent to State Faculties.

State Faculties are encouraged to develop positions for OTS trainees where at all possible, taking into account the specific deficiencies in training which must be rectified according to the interview panel's report. However, funding limitations often limit the availability of such positions.

Once the program has been approved and the OTS starts their training, they are added to the College's database as an 'OTS Trainee'. OTS Trainees pay the trainee levy and receive all College information available to trainees and the same access to educational activities as College trainees. Those undertaking additional supervised training are required to undergo the same processes of in-training assessment as regular trainees in the College training program, and those who are required to pass examinations sit identical examinations.

The College provides information to OTS about all stages of the assessment process, both via the website and through enquiry to a designated College staff member.

Assessments for 'area of need' positions are undertaken in line with the requirements set out in the AMC's Users Guide to Assessment Process for Area of Need (AoN) Specialists. Applicants for AoN positions are assessed using an identical process to standard OTS applicants, with the exception that they are assessed for 'fitness for task' of practicing in a specified position rather than equivalence to an Australian-trained dermatologist, and bearing in mind that assessment should be completed within eight weeks of receiving the completed application.

The College appeals process is available to OTS applicants at any stage of the assessment process.

### **8.3 Outcomes**

The College assesses small numbers of applications.

Australian Medical Council statistics for the assessment of overseas-trained specialists through the AMC/College assessment pathway since its inception in 1993 are provided below in table form.

	<b>All other colleges OTS standard assessment</b>	<b>ACD standard OTS assessment</b>	<b>All other colleges area of need assessment</b>	<b>ACD area of need assessment</b>
Number of applications	4087	46	1002	4
Overall approved (including after a period of training)	28%	8.7%	(figure to be confirmed)	50%
Applications rejected	11.6%	13%	1.2%	-

#### **8.4 Issues raised by stakeholders**

During the review the Team sought comments from a number of stakeholder groups on the College's processes for assessing overseas-trained specialists.

The process would appear to have encompassed so few at this stage that a clear view of the outcomes could not be formed.

Individual overseas-trained dermatologists who had submitted to the process commented on the rigour of the process.

Health departments and hospital managers commented on the comprehensive nature of the information relating to the assessment of overseas trained dermatologists which is available on the College website. Neither group raised concerns about the College's assessment processes.

#### **Team's findings**

The College is proactive in encouraging dermatologists from overseas to apply for positions in Australia, as part of its response to the workforce shortage.

The College has developed a structured assessment process, following a recent review. The Team commends the College's recent initiatives aimed at developing an effective and consistent approach. The assessment process is rigorous and involves structured documentary assessments, structured interviews and, if necessary, opportunities for ongoing clinical assessment. The process is timely and complies with the AMC/CPMC Joint Standing Committee on Overseas Trained Specialists document, *Assessment of Overseas Trained Specialists Template for Colleges*.

Whilst the process is relatively new, it has led to a number of commendable reforms including:

- A more structured and transparent process for both initial assessment and interview which focuses on the assessment of clinical and professional competence.
- The new OTS/AoN Assessment Committee and the composition of the interview panels, in particular the inclusion of an overseas-trained fellow, representative of the health jurisdictions and a representative of the public interest.
- Training of assessors in particular a professionally prepared and delivered course in competency-based interviewing.

The College recognises the need for some overseas trained specialists to gain additional experience before they are regarded as comparable to an Australian-trained dermatologist. It has identified a lack of experience of skin cancer and related surgery as the most common deficit, and is seeking Government support for specific educational models or training posts that would provide such experience.

At the time of the visit, the Team questioned the suitability of the College’s accredited overseas training posts for overseas-trained dermatologists who require ongoing clinical assessment. The College later explained that overseas trained specialists only work in training positions accredited for OTS in Australia, they do not work in training positions accredited for trainees, either in Australia or overseas.

The numbers of overseas-trained specialist undergoing assessment through the AoN process are very small. No particular difficulties with this process were discovered. Commendably an area of need candidate is assessed independently of their registered supervisor.

Commendation	
L	The College’s sound and rigorous approach to assessment of the skills and qualifications of overseas-trained specialists.
<i>Recommendations</i>	
<i>That the ACD:</i>	
30	<i>Review closely the outcomes for overseas-trained dermatologist applicants and report to AMC within the next review cycle.</i>
31	<i>The ACD continue to expand opportunities for overseas-trained dermatologists to upskill and advocate within the jurisdictions for funding for this purpose.</i>

## 9 MONITORING AND EVALUATION

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### 9.1 *AMC standards concerning monitoring and evaluation*

The AMC accreditation standards require that the specialist medical college:

- maintains records on the outputs of the training program;
- develops methods to measure outcomes of training and to collect qualitative information on outcomes; and
- has processes for the regular evaluation and review of its training programs, with opportunities for stakeholder input.

### 9.2 *Outputs and outcomes of training*

As stated in 3.3 of this report the overall objective of the College's specialist dermatology training program 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 provided information on the following outputs and outcomes of training:

- numbers of trainees entering and completing the training program in minimum time (last 10 years)
- numbers of trainee candidates who passed examinations at the first, second, and subsequent sittings (clinical sciences exam, pharmacology exam, clinical pharmacology component, and the Fellowship Examination)
- numbers of overseas-trained specialist candidates passing the Fellowship Examination (having had additional training; and not having had training in Australia).

In relation to fellows whose standard of practice is deficient, the College relies on reports or advice from medical boards or health care complaints commissions. The College appears to have had few or no such complaints in recent years.

### **Team's findings**

The outputs and outcomes set out above address the efficiency of the training program. There is an implicit assumption that trainees who pass all components of the program in minimum time use fewer resources than those trainees who do not do so.

When the new curriculum has been implemented, the College should also consider output and outcome measures that address the qualitative characteristics of the specialist dermatologist, drawing from the qualities and behaviours expressed in the overall objective of the training program.

### 9.3 *Processes for evaluation and review of the training program*

The Training Program Handbook states as a principle and as a responsibility in its relationship with trainees: “*That there is an ongoing commitment by the College to refine and develop the training and examination process so that trainees develop clinical skills to provide the best possible dermatological care.*”

This is akin to an undertaking of continuous quality improvement.

In 2006, the College Board of Directors determined that all components of the vocational training program would be evaluated over a three to five year time period. From the time the new curriculum is implemented, the intention is to have a complete renewal of the training system every six years. The Team supports this intent. It will probably take one full cycle of evaluation and renewal to demonstrate maturity in the training system.

The College in its submission listed seven evaluation activities for vocational training. All are important, but individually they demonstrate various ways of interpreting 'evaluation'. The College's implementation of evaluation recommendations similarly takes different forms. The Team's broad observations are as follows:

- a. The formal evaluation of the curriculum, commenced in December 2005, is more in the nature of a development activity, albeit a fundamentally significant one. The College is giving high priority to its implementation, and the Team strongly supports this.
- b. The review of the Fellowship Examination by an external consultant in 2006 appeared to be of value to the Board of Censors who then implemented changes they considered appropriate in the 2007 Fellowship Examination. There needs to be an ongoing commitment to evaluation to continue improvements in the validity and reliability of this Examination, especially during the period of adoption of the new curriculum.
- c. Feedback from examination candidates, via short written surveys after each examination, appears to have been used for some years. Trainees spoke positively about some of the changes subsequently made to the Fellowship Examination. The Team was not aware, however, of any changes made to the basic examinations as a result of trainee feedback.
- d. The Chief Censor conducts an internal review of each examination run by the College. The report for the 2006 Fellowship Examination is essentially a review of the exam content, the intent of each question, and commentary on the performance of the candidate cohort. The Team considers this report to be of practical value to all trainees (not just those in the senior years), supervisors, and directors of training. It could also be of practical interest to all fellows in relation to their CPD, to give an indication of current training standards. The Chief Censor's report on the clinical sciences and pharmacology exams is provided to the Board of Directors and summarised in *The Mole*. It is not evident that this report has been used to improve the conduct of these examinations.
- e. The College inspects training positions every three to five years to evaluate whether they meet the training position accreditation criteria. Such inspections are essential to ensure training quality, and they are in the nature of a quality assessment against College standards. Inspections appear, however, to have been somewhat opportunistic, and have not regularly covered all overseas posts. The standards for training posts should be aligned to the new curriculum, and the inspection program regularised.
- f. The College in 2004 conducted a survey of trainees, and also a survey of recent fellows (graduates 2000-2003), to identify the strengths and weaknesses of the College training program to inform future program development. [The Team notes that first year trainees in 2004 were the first in the College's five year program.] The College reports that major changes based on these reports included the curriculum review; establishment of the Trainee Representative Committee; training for supervisors; and improvements to the in-training assessment systems.

As recorded in additional documentation provided by the College, other activities undertaken of an evaluative nature include:

- an evaluation of the one-day workshop Training on the Run conducted in 2006 for 15 supervisors

- a major report of a survey on the ACD in-training assessment system conducted by an external medical education consultant
- an internal survey of the dermatology workforce conducted in 2006
- a review by the Training Committee of the 2006 appointment (selection) process, with proposals for the 2007 process
- an internal review in 2006 of College assessment processes for overseas trained specialists.

The College also gains information about qualitative aspects of the training program from the Trainee Representative Committee and from interviews with trainees conducted by post inspectors.

The College table, 'Plan for Education 2007 to 2011,' contains all developmental, evaluative and implementation actions and timelines. The evaluation elements might be described as clarificative evaluation rather than planned systemic evaluation. This is to be expected at this early stage of implementing a new curriculum that ideally will underpin the entire training system. The timelines in this Plan appear to be ambitious, and the College should regularly review the entire Plan and include this in annual reports to the AMC. The Plan should clearly indicate, for each activity, the College body responsible for action.

The responsibility in the College for evaluation of training appears to be ambiguous, or perhaps in the process of transition. The Training Program Handbook 2007 identifies the Board of Censors as the body responsible to evaluate various elements of training, including the trainee selection process; the training program curriculum; and assessment methods and procedures for trainees. The Handbook says also that all recommendations of the Board of Censors must be approved by the Board of Directors for implementation. During discussions with the College, the Team gained the impression that the relatively new Education Committee would become the major adviser to the College Board on education. It would be helpful if the College could confirm whether the Education Committee would also be responsible for planned systemic evaluation.

In relation to CPD, the College surveyed fellows in 2005 for feedback on the 2003-2005 CPD trienniums, and proposes to conduct such surveys at the end of each CPD triennium. Changes made to CPD as a result of this survey are detailed elsewhere in the Team's report.

### **Stakeholder contributions to these processes**

The College has a strategic objective to promote public awareness about skin care, and of dermatologists as trained professionals in treatment of skin disease. It uses its website, and a public relations consultant, and works with all jurisdictions. It has not undertaken in depth research of public opinion about dermatologists.

### **Team's findings**

The clear Board direction on a six-year cycle of systemic evaluation and program renewal, taken together with an apparent culture of continuous improvement, provides an important aspiration that will need to be carefully planned and resourced. The appointment of a senior education officer in 2005 enhanced the planning and organisational capability. The recent appointment of two more education staff may be expected to contribute to the sustainability of the cycle of evaluation and renewal.

The College's specialist training program is essentially in a significant developmental stage, and the various elements of specialist training are either not yet in place, or not yet integrated sufficiently, to provide a framework for systematic ongoing evaluation. The College correctly identifies the new documented curriculum, currently in peer review, as providing the authoritative education and practice content necessary to underpin all training and assessment. The curriculum will also inform the process of assessment of overseas-trained specialists, and the College CPD framework for all fellows.

## Commendation

- M The stated commitment of the ACD to ongoing curriculum review, evaluation and renewal. The Team encourages the College to implement fully this intended program.

## *Recommendations*

### *That the ACD:*

- 32 *Demonstrate ongoing commitment to evaluation through continued improvements in the validity and reliability of the ACD examinations and in-training assessments, especially during the period of adoption of the new curriculum.*
- 33 *Ensure that evaluation information about assessments is utilised for improving the quality of those assessments. This would include information from trainee feedback, external review and the Chief Censor's examination report, and be applicable to basic examinations as well as Fellowship assessments.*
- 34 *Develop a systematised inspection program for training posts, using standards aligned with the new curriculum.*
- 35 *Regularly review the entire Plan for Education 2007-2011, and include the outcomes of this review in annual reports to the AMC. The Plan should clearly indicate, for each activity, the College body responsible for action.*
- 36 *Confirm whether the Education Committee is responsible for planned systemic evaluation.*
- 37 *Use the training curriculum to inform the process of assessment of overseas-trained specialists, and the College CPD framework for all fellows.*

## **10 PROFESSIONAL DEVELOPMENT PROGRAMS**

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### ***10.1 AMC accreditation standards on education and training***

The AMC accreditation standards on professional development programs and retraining require that:

- The college has professional development programs that assist its members in maintaining their knowledge, skills and performance so they can deliver adequate and safe medical care.
- The college monitors participation in all areas in which the specialist is currently practicing and has processes to counsel fellows who do not participate in such programs when they are not compulsory.
- The college has processes in place for retraining and remediation of its fellows who are under performing.

### ***10.2 Framework for delivery and responsibility***

The College introduced a continuing medical education program in 1993, and over time expanded the program to incorporate the diverse range of educational activities, both clinical and non-clinical, which contribute to a dermatologist's professional development. To reflect these changes, the program has been subsequently renamed to the Professional Development Program (PDP).

The Program is based on accepted principles of adult education, and assumes fellows' willingness to review their own performance in practice, and the ability to monitor their own educational needs. It aims to provide participants with a formal structure to:

- monitor their own participation in professional development activities.
- demonstrate their commitment to the review, maintenance and enhancement of their professional skills to patients, peers, regulatory bodies and the community.

The duration of the PDP cycle is three years. The current cycle commenced on 1 January 2006 and will conclude on 31 December 2008.

The 2006-2008 PDP requires a minimum of 300 points to be accumulated over a three-year cycle. Participants must gain at least 50 points per year, and no more than 150 points per year will be counted towards the total.

Participation in the PDP is voluntary. In the last complete PDP cycle, 97 percent of fellows participated in the Program, with 59 percent fulfilling all program requirements.

In recent years the College has sought to encourage participation in the PDP by:

- involving participants in program development
- increasing the flexibility and relevance of the program
- simplifying administrative requirements
- providing clearer information about the program
- informing participants about the process
- awarding a certificate of Completion to fellows who meet requirements.

The ACD training program is open to all fellows of the College as well as to the following:

- dermatologists recognised by Medicare Australia who have paid the CPD levy to the ACD
- overseas-trained dermatologists currently undertaking supervised clinical assessment by College, or who are in declared Area of Need positions in dermatology
- dermatologists recognised by Medicare Australia occupying acceptable academic positions in tertiary academic institutions approved by the College Board of Directors.

### **Team's findings**

The Team found that the College has undertaken an extensive review of the education literature, the requirements of the regulatory bodies, and the extent of participation by fellows and their perceptions of the structure and development of the current programs.

The College invited feedback from the fellows through a survey, to which 49 per cent of fellows responded. This survey has given the College information as to respondent demographics, fellows' perceptions of the worth of the program to individuals including impact on their effectiveness to practise as a consultant, the effectiveness of educational formats, the usage of electronic media and the willingness of the participants to continue involvement in the program.

In the conclusions drawn from the survey the College states that the results of the evaluation will be used to inform the development of the CPD program for 2006 – 2008.

It was not clear to the Team how the College intended to use the material from the survey to improve the program or to inform the fellowship as to the future directions and modifications to the program. The Team would encourage the College to formulate a succinct plan to follow up on this feedback to improve further fellows' participation and understanding of the needs for and requirements to participate in continuing medical development.

The Team notes that the College has expanded its complement of professional managerial staff to include an education team, which is well qualified to formulate and further develop the basis for an effective continuing professional development program. The College is encouraged to use this resource to its maximum, and is commended for this expansion of these resources.

### **10.3 Programs available**

A wide range of activities is eligible for PDP points. These are grouped into three broad categories:

- Category A: Practice-based activities - no minimum requirement.
- Category B: Meetings and other formal activities - minimum 50 points per triennium.
- Category C: Personal Reading and Study - maximum 150 points per triennium.

In each category, there are a number of types of activities which are eligible for points. These are outlined in the table below and described in greater detail in the PDP Handbook provided to all participants in the Program.

TOTAL OF 300 POINTS REQUIRED PER THREE-YEAR CYCLE MINIMUM OF 50 AND MAXIMUM OF 150 POINTS TO BE ACCRUED ANNUALLY		
CATEGORY A	CATEGORY B	CATEGORY C
PRACTICE-BASED ACTIVITIES	MEETINGS AND OTHER FORMAL ACTIVITIES	PERSONAL READING AND STUDY
No minimum requirement	Minimum of 50 points per triennium	Maximum of 150 points per triennium
e.g. Individual practice review College practice review activities (in development) Clinical risk management reviews Hospital quality assurance/audits Clinical audits Peer review of procedural skills Practice visits (in development)	e.g. Meetings and conferences Skills workshops Small groups learning Clinical attachments Case conferencing Higher education courses Journal quizzes Presentations Educator activities Publications, editing and reviewing Relevant College subcommittee work	e.g. Medical reading Internet searches Audio visual materials Reading poster presentations at the College ASM

### Team's findings

The College's new three-year cycle of the Professional Development Program includes recognition of a wider range of educational activities, and a move away from passive learning experiences and greater recognition of practice-based learning. The Team commends these changes.

#### 10.4 Evaluation of the professional development programs

The first formal evaluation of the program was undertaken by the College in 2005. Up until then the program was evaluated informally.

The criteria for the most recent evaluation were:

- consistency with both the general adult learning literature and the medical education literature
- consistency with the standards of regulatory bodies
- acceptability to participants.

The College evaluation report for 2006-2008 outlines the requirements and administrative processes of the new program. It highlights the key changes; increased flexibility, a new emphasis on education at the practice level and encouragement for participants to develop their own educational activities; and the detailed program requirements.

## **Team's findings**

There are opportunities for the College to take a greater role in setting standards for particular areas of specialised practice and by encouraging participation of fellows in audit of their practice in those areas.

Using the new Education Committee, there are opportunities for the Professional Development Committee to engage with educational developments occurring under the auspices of other College committees and taskforces. Using the curriculum as the underpinning document, this should allow greater integration of educational activities and efforts for all levels of education and learners.

The College is encouraged to explore the wider use of e-based learning and self-assessment as part of its professional development program. Many other institutions provide material for e-based learning and a model for the delivery might be based on whichever of these are appropriate and piloted within the current College program.

As noted in section 4 of the report, the Team found that trainees seemed to have limited knowledge of the professional development program. The current Trainee logbook and the requirements for trainees to participate in scientific pursuits including publication and attendance at scientific meetings would appear to form a strong basis for the introduction of the concept of professional development programs to the trainees, with little extra in post-effort on the trainees, other than a structured 'educational' input by the supervisors of training. Introducing professional development to the later years of the training program would encourage a transition to fellowship with an expectation of engagement in life long learning activities.

The College should develop its capacity to collect data and report on the fellows' participation in continuing professional development activities.

The College continues to debate whether participation in continuing professional development should be mandatory for its fellows. All colleges face challenges in encouraging fellows to comply with professional development requirements. One option would be for the College to invite all those who meet program requirements to allow their names to be placed on the public area of the College website as active and up-to-date program members. Those who are not active participants would remain unlisted.

### ***10.5 Processes for retraining fellows whose performance has been found to be unsatisfactory.***

fellows whose standard of practice is of concern to the College are identified:

- by their colleagues
- when complaints are made by patients to the College
- when a medical board contacts the College about an issue/s involving one of its fellows.

The College has clear processes for dealing with complaints.

The College also has clear procedures for retraining and remediation of fellows, when requested to do so by a registration authority. The College will ask a senior fellow to supervise the retraining or remediation of fellows who are underperforming. The College ensures that the supervising fellow lives in a different state to the fellow receiving retraining or remediation.

If the retraining or remediation program has been instigated by a medical board then the supervising fellow will liaise with the medical board regarding the issues to be addressed. The supervising fellow will then visit the practice of the fellow being supervised and assess their performance. The

supervising fellow will visit the practice three to four times a year until the retraining or remediation program is finished. The supervising fellow prepares the reports required by the relevant medical board.

The College would follow the same process to assess, retrain or remediate a fellow who was underperforming, but their underperformance was not at a level that required the intervention of a medical board. The only difference in the process would be that the College would not liaise with or report to a medical board.

The College would apply the same supervision process if a situation arose where a fellow requested retraining after a long absence from practice, with the exception of liaising with and reporting to the medical board.

**Team’s findings**

The mechanism for remediation of fellows is currently handled on a case by case basis by the College, involving a collaborative arrangement with licensing and regulatory bodies. The Team would encourage the College to formalise these processes. While the Team recognises that there have been few dermatologists who have taken extended periods of absence from practice, it would also encourage the College to formalise its policy on re-entry to the profession following a period of absence.

Commendations	
N	The expansion of the College’s educational team and the team’s involvement in pre-and post-fellowship education.
O	The College’s extensive review of the educational literature. The College is encouraged to continue to use the results of this review to form the basis of a robust and outcome-based professional development program.
P	The survey of fellows and the analysis of the results of the survey with respect to continuing professional development involvement. The College is encouraged to review this information, especially as it relates to the differential participation of fellows of different years’ standing in the program and to formulate further plans to ensure maximum participation program over the full breadth of College fellowship.
Recommendations	
<i>That the ACD:</i>	
38	<i>Align both the pre-fellowship training requirements and post-fellowship professional development requirements with the content of curriculum and integrate educational activities and efforts for all levels of education and learners.</i>
39	<i>Formulate a program to introduce trainees to the concept of, and participation in, professional development programs encouraging the transition to fellowship with an expectation of engagement in life long learning activities.</i>
40	<i>Explore the use and value of e-learning in the professional development programs.</i>
41	<i>Formulate and introduce a generic program for identification and subsequent retaining of fellows whose performance has been found to be unsatisfactory; and formalise a policy for those re-entering the profession following a period of absence.</i>

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| 42 | <i>Consider placing the names of those who meet PDP requirements on the College website.</i>  |
| 43 | <i>Develop guidelines for determining the educational worth of professional development activities sponsored by pharmaceutical companies.</i> |

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