

2.2 Objectives Relating to Attitudes as They Affect Professional Behaviour and the Goals of the Education and Training Program

2.2.1 Goal and Objectives of the Training Program

The goal and objectives of the training program were developed in the late 1990s for the first edition of the *Training Program Handbook* which was released in 1999. They were developed by the then Chief Censor in consultation with the Board of Censors.

The goal of the 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 (page 8, 2006 *Training Program Handbook*).

The objectives of the training program are grouped into three areas, objectives relating to knowledge and understanding, objectives relating to skills and objectives relating to attitudes as they affect professional behaviour (pages 8 and 9 of the 2006 *Training Program Handbook*).

2.2.1.1 Objectives Relating to Knowledge and Understanding

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

- 1 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;
- 2 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;
- 3 The aetiology, pathology, clinical features, natural history and prognosis of dermatological conditions in all age groups;
- 4 Relevant diagnostic procedures, their indications, uses, limitations and complications;
- 5 The management of dermatological conditions including pharmacological, procedural, nutritional and psychological therapies;
- 6 The principles of health education, disease prevention, amelioration of suffering and disability and rehabilitation where relevant;
- 7 The factors affecting the interactions between human skin and its social and physical environment;
- 8 Systems of provision of health care including their advantages and limitations;
- 9 The principles of ethics related to health care and the legal responsibilities of the medical profession.

2.2.1.2 Objectives Relating to Skills

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

- 10 The ability to take a tactful, accurate, organized and problem-focused medical history and relate this to the general medical condition of the patient;
- 11 The ability to perform a reliable and appropriate dermatological examination and relevant general physical examination;
- 12 The ability to choose from their repertoire of clinical skills, those which are appropriate and practical in a given situation;
- 13 The ability to interpret and integrate the history and physical examination findings to arrive at an appropriate provisional diagnosis and differential diagnosis;
- 14 The ability to select the most appropriate and cost effective investigations and diagnostic procedures and interpret the results of investigations;
- 15 The ability to plan management with the appropriate involvement of the patient and family;
- 16 The ability to competently carry out phototherapy, cryosurgery, electrosurgery and cauterization, and those surgical and laser procedures detailed in the Procedural Dermatology curriculum;
- 17 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;
- 18 The ability to interpret medical evidence in a critical and scientific manner and to use information sources to pursue independent inquiry;
- 19 The ability to communicate opinion in oral and written form.

2.2.1.3 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:

- 20 Respect for every human being, with an appreciation of the diversity of human background and cultural values;
- 21 An appreciation of the complexity of ethical issues relating to human life and death including the allocation of scarce resources;
- 22 A desire to ease suffering;
- 23 An awareness of the need to communicate with patients and their families, and to involve them fully in planning management;
- 24 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;
- 25 Recognition that the health interests of the patient and the community are paramount;

- 26 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;
- 27 An appreciation of the responsibility to maintain standards of medical practice at the highest possible level throughout a professional career;
- 28 An appreciation of the need to recognize 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;
- 29 A realization 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.

The training program objectives are being reviewed as part of the curriculum review process which is explained in Attachment 4.

2.2.2 Nature of the Discipline and Its Role in the Delivery of Health Care

Dermatologists are specialists in the understanding of skin in health and disease. They are specialists in the diagnosis and management of all diseases of the skin and its appendages. Dermatologists diagnose and manage rare, complex and treatment resistant cutaneous conditions and systemic conditions with cutaneous symptoms and signs. Dermatologists are the only medical practitioners permitted under current legislation to prescribe certain restricted pharmaceuticals for the treatment of skin conditions, for example, biologics and isotretinoin.

Referrals to dermatologists account for 8.3% of referrals made by GPs to specialist medical practitioners¹. Dermatologists are the fourth most frequently referred to specialty behind surgeons (10.5%), ophthalmologists (10.2%) and orthopaedic surgeons (9.8%)². In addition, 2.4% of referrals made by GPs to medical specialists are for malignant neoplasms of the skin³. Of all the problems that GPs refer to a medical specialists, this is the second most frequently referred problem.

2.2.3 Community Need for the Discipline

The community need for the discipline is demonstrated by both the percentage and frequency of referrals made by GPs to dermatologists (see Section 2.2.2). Skin disease is common and accounts for a high proportion of GP consultations. Although most are managed in a primary care setting, a small percentage of cases are severe, complex or involve rare conditions beyond the scope and training GPs or other specialists.

¹ General Practice Activity in Australia 2001-02. University of Sydney and Australian Institute of Health and Welfare. Accessed on-line at www.aihw.gov.au/publications/gep/gpaa 01-02/gpaa01-02-c11.pdf

² ibid

³ ibid

2.2.4 Comparison of Goals, Structure and Duration of the ACD's Training Program to Dermatology Training Programs in the United Kingdom and Canada

The ACD has compared the goals, structure and duration of its training program to those of the dermatology training programs in the United Kingdom and Canada. The results of the comparison are summarized in Table 3 below.

There are no agreements with training providers in the United Kingdom or Canada for reciprocal recognition of training.

The material about all programs that appears in the table below has been summarized.

Table 3
Comparison of the Goals, Structure and Duration of the ACD Training Program to Dermatology Training Programs in the United Kingdom and Canada

Item	ACD Program	United Kingdom	Canada
Overall Objective	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.	Higher Medical Training in Dermatology must provide the ability to diagnose and manage the full range of diseases that can affect the skin and its appendages. These include primary diseases of the skin and diseases of mucous membranes (mouth and genitalia), hair and nails, and systemic diseases with skin involvement.	Residency training in dermatology involves the development of a thorough knowledge of the skin, its appendages and mucous membranes both in health and disease, and the acquisition of clinical and technical skills and attitudes consistent with the capability for independent consultant practice.
Duration of Training	4 years for trainees who pass Fellowship examination in fourth year, 1 additional year of training for those who do not pass this examination	4 years	5 years
Structure of Training	2 years of basic training in dermatology 2 years of advanced training in dermatology All training must be undertaken in training positions accredited by the College	4 years of Higher Medical Training (HMT)	2 years of basic clinical training in disciplines other than dermatology 2 years of approved residency training in dermatology at least one year of which must be spent in a general hospital with not less than six months of in-patient consultation services 1 year of additional training that may include one further year of approved resident training in dermatology, one

Item	ACD Program	United Kingdom	Canada
			year of clinical or basic science research related to dermatology in a department approved by the College or one year of approved full time training in pathology.
Content of Training	<p>Clinical Sciences and Pharmacology</p> <ul style="list-style-type: none"> • Theoretical and Applied Anatomy of the Skin and Subcutaneous tissue • Basic Principles of Phototherapy and Phototherapy Light Sources • Basic Skin Microanatomy and Biology • Basic Radiation Physics and Radiation biology • Basic Laser Physics • Pharmacology including Systemic Drugs for Treatment of Diseases of the Skin and Topical Therapy <p>Dermatological Medicine</p> <ul style="list-style-type: none"> • Clinical Immunology and the Skin • Connective Tissue Diseases • Cutaneous 	<p>Specialist Dermatology Curriculum</p> <ul style="list-style-type: none"> • Audit • Contact Dermatitis and Occupational Dermatitis • Cutaneous Laser Therapy • Dermatological Formulation and Systemic Therapy • Dermatological Surgery • Dermatology and Primary Health Care • Dermatopathology • Dressings and Wound Care • General Dermatology • Genito-urinary Medicine • Infectious Diseases and Infestations of the Skin: Viral Infections, Bacterial Infections, Fungal Infections, Parasitic Infestations • Management and Marketing Skills • Occupational Dermatitis 	<p>Knowledge</p> <p>As a basis for clinical competence the dermatologist must be familiar with and able to describe or discuss:</p> <ul style="list-style-type: none"> • Clinical features including presenting signs and symptoms, natural history, and prognosis, for the major inflammatory, bullous, vascular, infectious, neoplastic, infiltrative, degenerative and congenital disorders of the skin; • Embryological development of the skin; • Histopathology of the skin in health and disease; • Percutaneous absorption; • Function and dysfunction of the immune system; • Anatomic and Physiologic basis for the normal skin examination taking into account the effect of age; • Basic principles underlying the interpretation of the major clinical

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	<p>Manifestations in the Immunosuppressed</p> <ul style="list-style-type: none"> • Cutaneous Manifestations of Internal Malignancy • Cutaneous Manifestations of Systemic Disease • Dermatitis • Disorders Affecting Special Sites • Disorders of Appendages • Disorders of Epidermal Cohesion – Bullous Disorders • Disorders of Keratinisation • Disorders of Pigmentation • Disorders of Subcutaneous Tissue • Disorders of the Dermis • Disorders of the Mucocutaneous Integument • Disorders of the Nails • Drug Eruptions and Cutaneous Reactions of Systemic Drug Therapy and Drug Abuse 	<p>and Other Industrial Skin Conditions</p> <ul style="list-style-type: none"> • Paediatric Dermatology and Genetics • Patch Testing • Photodermatology – Phototherapy/Photochemotherapy • Photodermatology/Photo diagnosis • Preparation of Department of Social Security and medico Legal Reports • Prick and Intradermal Testing • Psychodermatology • Radiotherapy and Dermatological Oncology • Research and Research Methodology • Skin Biology <p>Generic Curriculum</p> <ul style="list-style-type: none"> • Good Clinical Care, • Communication Skills, • Maintaining Good Medical Practice, • Maintaining Trust and Professional Behaviour, • Ethics and Legal Issues, 	<p>tests;</p> <ul style="list-style-type: none"> • The indications for, side effects and dosages of the major agents, both topical and systemic, used in dermatological therapeutics; • The mechanism of action of the major drugs both topical and systemic used in dermatology; • The possible drug interactions and the teratogenic effects of the major drugs used in dermatological therapeutics; • The basic histopathologic reactions which occur in skin diseases and how these reactions influence morphologic assessment; • Infectious diseases of the skin and applicable microbiology; • The basic principles of clinical genetics and its application to inherited skin disorders; • The therapeutic and toxic effects of irradiation of the skin, its role in the treatment of, and its relationship to the production of skin diseases; • The normal phases of wound healing, along with the necessary components that must

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	<ul style="list-style-type: none"> • Genetics in skin disease • Infections and Infestations • Lymphomas and Pseudo Lymphomas/ parapsoriasis • Neurocutaneous and Psychocutaneous Disorders • Paediatric Dermatology • Photomedicine • Psoriasis • Reactions to Physical Agents • Sexually transmitted Diseases • Skin Tumours • Variation in Dermatological Diseases With Age, Race, Pregnancy etc • Vascular and Lymphatic Disorders <p>Procedural Dermatology</p> <ul style="list-style-type: none"> • Dermatological Surgery • Laser Therapy • Radiation Oncology/ Radiotherapy • Phototherapy and 	<ul style="list-style-type: none"> • Patient Education and Disease Prevention, • Working With Colleagues, • Team Working and Leadership Skills, • Teaching and Educational Supervision, • Research, • Clinical Governance, • Structure of the NHS and the Principles of Management, • Information Use and Management, • Cross-specialty Topics. 	<p>be present for normal wound healing to occur;</p> <ul style="list-style-type: none"> • The indications and contraindications of the wound dressing technologies available for both acute and chronic wounds; • The anatomy of the skin in terms of location of blood vessels, nerves, muscles/tendons bony landmarks, lymphatic drainage, sites prone to complications, orientation of wounds, and importance of maintaining facial cosmetic units; • The use of surgical instruments, anaesthetics, suturing material, hemostatic devices/agents antiseptic technique, instrument sterilization, maintenance of a sterile operating room(OR)/suite; • The indications and technique for, and possible complications of skin biopsy, curettage, cryosurgery, electrosurgery, primary and secondary wound closure, flaps grafts and Moh's micrographic surgery; • The indications, technique, limitations/expectations and complications of cosmetic

Item	ACD Program	United Kingdom	Canada
	<p style="text-align: center;">Photodynamic Therapy</p> <p>Clinical Pharmacology</p> <ul style="list-style-type: none"> • Systemic Drugs for Treatment of Diseases of the Skin • Topical therapy for Treatment of Diseases of the Skin (General and Specific) <p>Dermatopathology and Laboratory Methods</p> <ul style="list-style-type: none"> • Histopathology of all dermatological conditions and tumours listed in the curriculum; • Fungal microscopy and techniques of fungal culture; • Microscopy of parasites causing skin disease in humans; • Microscopy of hair shaft abnormalities. <p>Evidence Based Medicine, Medical Statistics and Information Technology</p>		<p>dermatological procedures including lasers, dermabrasion, chemical peels, liposuction, soft tissue augmentation (endogenous-fat and exogenous-collagen), hair replacement, sclerotherapy and facial cosmetic surgery including blepharoplasty and rhytidectomy</p> <p>Medical Expert/Clinical Decision-Maker</p> <p>General Requirements</p> <ul style="list-style-type: none"> • Demonstrate diagnostic and therapeutic skills for ethical and effective patient care; • Access and apply relevant information to clinical practice; • Demonstrate effective consultation services with respect to patient care, education and legal opinions <p>Specific Requirements Provide scientifically based, comprehensive and effective diagnosis and management for patients with skin disorders.</p>

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	<ul style="list-style-type: none"> • Evidence based medicine • Statistics • Information Technology <p>Medico Legal Issues and Ethics</p> <ul style="list-style-type: none"> • Communication with patients, their families and others. • Recognition of patient autonomy; • Provision of informed consent; • Professional behaviour and communication with colleagues and the health care team; • Recognition and management of the limitations of personal expertise; • Principles of ethical practice; • Appropriate expression of medical opinion in all reports; • Oral and written communication with other medical 		<p>Clinical Skills On completion of training, a resident must have a detailed knowledge and understanding of:</p> <ul style="list-style-type: none"> • Sciences basic to dermatology (embryology, histology, microbiology, biochemistry, genetics, physiology and immunology); • Clinical skills in diagnosing, cutaneous disease (skin, mucous membranes and appendages); • The cutaneous manifestations of systemic diseases in patients of all ages; • Dermatological Therapy (percutaneous absorption, the pharmacology, and side effects of topical and systemic medications, the use and complications of electrosurgery, cryotherapy, immunotherapy, ultraviolet light, ionizing radiation, laser and dermatological surgery); • Dermatopathology and immunodermatopathology, and relevant electron microscopy;

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	<p>professionals;</p> <ul style="list-style-type: none"> • Issues of distributive justice; • Issues of beneficent and non-maleficent ethics. 		<ul style="list-style-type: none"> • The formulation of an appropriate differential and provisional diagnosis; • The organization of appropriate laboratory investigations; • The development of appropriate treatment plan; <p>Technical Skills</p> <ul style="list-style-type: none"> • Pre surgical assessment; • Obtaining written informed consent; • Perform dermatological procedures using appropriate sterile surgical techniques; • Understand and apply the principles of local anesthesia; • Perform excisional techniques such as punch biopsy, curettage and electrodesiccation, simple fusiform excision and layered closure with basic suturing and cryosurgery; • Provide post operative care and aid wound healing; • Acquire technical skills required for the practice of dermatology including phototherapy, patch and photopatch testing and diagnostic techniques including potassium hydroxide (KOH)

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			<p>preparations, for scrapings for mites, Tzanck smears, Gram stain, fungal culture, Wood's light examination, viral immunofluorescence, and hair mounts.</p> <p>General and specific requirements for the generic curriculum in the areas of:</p> <ul style="list-style-type: none"> • Communicator • Collaborator • Manager • Health Advocate • Scholar • Professional
Research	<p>A trainee must have two papers of a minimum standard of a case report with literature review accepted for publication in a peer reviewed journal to be eligible to sit the Fellowship examination</p> <p>A trainee must present at least one paper in a Registrars' Training Conference or Registrars' Training Day, or at</p>	<p>A period of up to twelve months unsupervised research may contribute towards the total duration of training</p> <p>All trainees are encouraged to be actively involved in research studies throughout their training. They are strongly advised to take the initiative in presenting at meetings and writing up and submitting for publication articles</p>	<p>One year of training can be spent on clinical or basic science research related to dermatology</p>

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	the Annual Scientific Meeting or Biennial Spring Meeting ⁴ of the ACD, and make a second presentation or submit a poster at the ASM or Biennial Spring meeting, to be eligible to sit the Fellowship Examination	based on their research activities, as well as case reports and review articles.	
Delivery of Training	Delivered in supervised training positions accredited by the College. College Fellows provide teaching, close supervision and on-going guidance and feedback on the clinical and professional performance of each trainee. Specialists in a related field may provide teaching on various topics such as dermatopathology, infectious diseases, oncology and immunology.	Training is provided by consultant trainers. The Director of the program to which the trainee is appointed nominates consultant trainers for each stage of the HMT after consultation with the trainee and the prospective trainers.	Delivered by qualified teaching staff in residency programs or departments approved by the Royal College of Physicians and Surgeons of Canada
Training Record	Each trainee's attainment of the training requirements is recorded in their <i>Training Program Record</i> book.	A trainee's attainment of the required experience and competencies (as set out in the published curriculum), is recorded in their <i>Training Record</i> . The Educational Supervisor and the trainee sign to confirm requirements have	

⁴ The biennial spring meeting is a scientific meeting with a shorter program than the ASM. The programs for the last two meetings are at Attachment 5a.

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In-training Assessment	<p>A trainee's performance is assessed in a formative in training assessment (FITA) by their Training Supervisor in March and September each year.</p> <p>Each trainee's performance is assessed in a summative in training assessment (SITA) in June and December each year.</p>	<p>been attained during each attachment.</p> <p>Directly Observed Procedural Skills (DOPS), a trainee must pass six DOPS assessments with two different assessors in order to be signed off for a procedure</p> <p>Multisource Feedback (MSF, 360 degree feedback), a trainee must undergo a MSF assessment in the first and penultimate years of training. A trainee should have been in a post for at least three months before asking other staff to complete an MSF</p> <p>Mini Clinical Evaluation Exercise (Mini CEX) being introduced in October 2006, minimum of four in each year of training</p> <p>Each trainee's progress through the training program is monitored by formal annual assessments (RITA) undertaken by an assessment panel consisting of representatives of PGDs, the Regional Specialty Training Committees, SAC and/or the Colleges. The Panel reviews the detail in the Training Record, and explores with the trainee the</p>	<p>An In-Training Evaluation report based on the goals and objectives of the program must be completed at the end of each rotation, or at a minimum of every six months for each resident.</p>

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		<p>depth of experience and understanding on which the Training Record is based and considers reports from individual trainers.</p> <p>In the penultimate year of training an external assessor and/or specialty representatives selected by the SAC who have not been involved in training the trainee, will sit on the panel that conducts the RITA.</p>	
Examinations	<p>Clinical Sciences Examination and Pharmacology Examination. A trainee must pass these examinations in the first 18 months of training.</p> <p>Fellowship Examination. Trainees who have completed all training requirements during basic and advanced training are eligible to sit this examination in year four of the training programme.</p>	Currently piloting a knowledge based assessment	<p>Oral and written examination at least once a year. The examinations are formulated by the program committee of the approved residency program. The results of these must be recorded on the In-Training Evaluation Report.</p> <p>A doctor who has undertaken post graduate training in dermatology, who wishes to obtain certification from the Royal College of Physicians and Surgeons of Canada, must undertake the dermatology certification examination run by the College.</p>