

## 2.6 Assessment and Examination

The history and development of the ACD's in-training assessment systems is explained in Appendix 6a.

### 2.6.1 In Training Assessment Records

A trainee's in training assessment records are kept in their *Training Program Record Book* (Attachment 7).

A trainee is required to keep the following records for each year of training in their *Training Program Record Book*:

- A log of inpatient care experience;
- A log of experience in essential procedures/treatment modalities;
- Records of assessment of competence in essential procedures/treatment modalities;
- Certification that formative in-training assessments have been conducted (this must be signed in March and September by the trainee and SOT);
- Copies of summative in-training assessment reports (June and December of each year for the full period of training);
- The record of trainee appointment (which must be signed by the Head of Department after each rotation and by the Director of Training at the completion of training);
- Details of required publications, presentations and meeting attendances, and the required documentary evidence;
- A log of attendance at Faculty and hospital clinical meetings.

A trainee must ensure that each record in the *Training Program Record Book* is completed and signed in accordance with the instructions for that record.

In addition, the record book contains a yearly check list which a trainee is encouraged to use to monitor their progress towards meeting the training program requirements (section 2 of the *Training Program Record Book*).

The *Training Program Record Book* is reviewed annually by the Trainee with their state Director of Training (DOT) and at the start of each training rotation with their Supervisor of Training (SOT). The DOT and SOTs use the information in the record book to plan an appropriate training program for the trainee.

A trainee must submit the completed record book with their application to sit the Fellowship Examination. The Chief Censor reviews the record book to ensure that all training requirements for examination eligibility have been met. Trainees who have met the training requirements are eligible to sit the Fellowship Examination. The Chief Censor, in consultation with the appropriate DOT/s, makes a determination about trainees who have not met the training requirements or who have records missing from their record book,

and the College notifies the trainee of this determination. The record book is returned to the trainee after it is reviewed by the Chief Censor.

The Chief Censor reviews the record book again at the completion of training to ensure all training requirements are met and that the trainee is eligible to exit the training program and apply for Fellowship of the College.

## **2.6.2 Formative In Training Assessment Procedures**

### **2.6.2.1 Formative in Training Assessment (FITA)**

The ACD's formative in-training assessment (FITA) system is explained in the 2006 *Training Program Handbook* on page 30 and in Appendix Nine on pages 78 to 81 (Attachment 3). The FITA form is on pages 79 to 81 of the *Training Program Handbook*.

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.

A Trainee and their SOT complete a FITA in March and September each year.

The procedure for completing a FITA is:

1. The trainee reflects on their performance over the previous three months and identifies their achievements, areas of strength and areas in which they need to improve. They record this information on the self assessment section of the FITA form (Section B, FITA form, page 80 *2006 Training Program Handbook*);
2. The trainee gives this form to the SOT who reflects on the performance of the trainee over the previous three months and identifies the trainee's achievements, areas of strength and areas in which they need to improve. The supervisor records this on the supervisor's assessment section of the form (Section C, FITA form, page 80 *2006 Training Program Handbook*);
3. The Trainee and the SOT meet to discuss the trainee's progress, their learning goals for the next three months and strategies for achieving the learning goals and record these on the form (Sections D and E, page 80, *2006 Training Program Handbook*);
4. The Trainee and SOT sign the formative in-training assessment record in the *Training Program Record Book* to confirm that the assessment has taken place.

The FITA does not affect a trainee's progression through the program and the FITA form is not returned to the College.

### **2.6.3 Summative In Training Assessment Procedures**

#### **2.6.3.1 Summative in Training Assessment (SITA)**

The ACD's Summative in Training Assessment (SITA) requirements are explained in the 2006 *Training Program Handbook* on page 31 and in Appendix Ten (pages 82 to 90).

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.

The procedure for completing the SITA is:

1. The Trainee and their SOT identify two Clinical Supervisors who are best positioned to assess the trainee on 12 key attributes (FITA form, pages 83 to 85, *2006 Training Program Handbook*);
2. The Trainee downloads three SITA forms from the College website and gives one copy to the SOT and one copy to each of the two nominated Clinical Supervisors;
3. The SOT and Clinical Supervisors complete the forms. The Clinical Supervisors give their completed forms to the SOT;
4. The SOT summarises the trainee's assessment using the *Summary of Ratings Form* (SITA form, pages 86 and 87, *2006 Training Program Handbook*);
5. The trainee and their SOT meet to discuss the assessment. The SOT gives the trainee feedback about the assessment;
6. The trainee takes a copy of the *Summary of Ratings* form and puts it in their *Training Program Record Book*;
7. The trainee sends the original signed copy of the *Summary of Ratings* form to the College and this becomes part of the trainee's training record;
8. If the trainee's performance is unsatisfactory the trainee and SOT complete a *Performance Improvement Form* (pages 88 and 90 of the *2006 Training Program Handbook*). Unsatisfactory performance is defined as receiving one or more 'does not meet standard' ratings or receiving 'borderline' ratings from two or more supervisors on three or more competency areas (page 82 of the *2006 Training Program Handbook*). 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 6 months.

The SITA becomes part of the trainee's training record and may impact on a trainees' progression through the program.

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

A trainee's performance of essential procedures and treatment modalities is assessed throughout their training program. The essential procedures and treatment modalities are documented in Appendix Seven on page 76 of the *2006 Training Program Handbook*.

The principles for the Assessment of Competence in essential procedures/treatment modalities are:

1. A trainee should not undertake an Assessment of Competence until the Clinical Supervisor or Supervisor of Training is satisfied that the trainee has carried out an adequate number of cases of the procedure/treatment being assessed;
2. In general, an assessment of excisional dermatological surgery should not be carried out until the third year of training;
3. The assessor must be a Fellow of the Australasian College of Dermatologists. The assessor must directly observe the trainee carrying out the procedure/treatment modality. When excisional dermatological surgery, radiotherapy and laser therapy is assessed the assessor must have appropriate additional training/experience;
4. A trainee may be assessed on more than one occasion before they are certified as competent to perform a procedure or treatment;
5. A trainee who is certified as competent to perform a procedure or treatment is then able to perform the procedure or treatment unsupervised. For this reason an assessor must be absolutely certain that the trainee is competent to carry out a procedure or treatment before certifying the trainee's competence. If there is any doubt about the competence of the trainee then they should NOT be certified as competent;
6. If a trainee has an unsatisfactory assessment in a procedure or treatment then they should be reassessed after an appropriate period of time. The trainee should gain further experience and training in the particular procedure or treatment before being reassessed (2006 *Training Program Record Book* [Attachment 7, page 16]).

The procedure for assessment of competence in essential procedures/treatment modalities is:

1. The trainee gains experience performing the procedure/treatment modality under the supervision of a Clinical Supervisor. The trainee

- keeps a log of their experience in the *Log of Experience and Assessment of Competence in Essential Procedures/Treatment Modalities* in their *Training Program Record Book* (Attachment 7, Section 6);
2. When a trainee's clinical supervisor/s believe that the trainee is competent to perform a particular procedure or treatment unsupervised, the trainee will undergo an assessment of competence in that procedure or treatment;
  3. The trainee is assessed by a Fellow of the ACD. The trainee performs the procedure under the direct observation of the assessor. In the case of excisional dermatological surgery and laser surgery, the assessor needs to be a dermatologist with appropriate additional training/experience;
  4. When a trainee is assessed as competent to perform the procedure/treatment modality and the *Assessment of Competence* for that item is signed, the trainee can perform the procedure/treatment modality unsupervised.

A trainee must have been assessed as competent to perform all of the essential procedures/treatment modalities listed in Appendix 7 (page 76) of the *2006 Training Program Handbook* to be eligible to sit the Fellowship Examination. A trainee is required to submit signed *Assessment of Competence* forms for each essential procedure or treatment modality in their *Training Program Record Book*, with their application to sit the Fellowship Examination.

## **2.6.4 Examinations**

### **2.6.4.1 Applications to Sit Examinations**

Page 34 of the *2006 Training Program Handbook* (Attachment 3) explains the process for applying to sit College examinations.

The College advises potential candidates of its intention to hold an examination at least two calendar months before the closing date for applications to sit the examination.

A trainee who is applying to sit an examination must download the relevant application form from the trainee area of the College website at [www.dermcoll.asn.au](http://www.dermcoll.asn.au).

The trainee must lodge the application form with the Honorary Secretary of the College by the closing date for applications. This is normally about three calendar months before the examination. Applications which reach the Honorary Secretary after the closing date are not considered.

A trainee can apply to sit the Clinical Sciences and Pharmacology Examinations at the same sitting or at different sittings.

A trainee who applies to sit an examination must lodge the following:

For the **Clinical Sciences and Pharmacology Examinations:**

- A completed application for admission to the Clinical Sciences and/or Pharmacology Examination;
- The prescribed examination fee.

For the **Fellowship Examination:**

- A completed application form for admission to the Fellowship Examination;
- The prescribed fee;
- A completed *Training Program Record Book* as described in section 2.6.1.

#### **2.6.4.2 Clinical Sciences Examination**

The Clinical Sciences Examination examines a trainee's knowledge of:

- Relevant anatomy;
- Cutaneous microanatomy;
- Biology;
- Basic immunology;
- Basic radiation physics;
- Radiobiology;
- Basic laser physics.

More detailed information about the Clinical Sciences Examination is on pages 12 and 13 of the *2006 Training Program Handbook (Attachment 3)*.

The Clinical Sciences Examination is a two hour examination of 90 multiple choice true/false questions.

Trainees must pass this examination in the first 18 months of training to be eligible to enter advanced training. Three sittings of the examination are held during this time period.

Trainees must apply to sit the examination using the College application form (Attachment 8).

The Clinical Sciences Examination was run for the first time in 2003. Prior to this the College ran a Basic Sciences Examination which could be sat prior to entering the training program. Trainees who have passed the Basic Sciences Examination are exempt from the Clinical Sciences Examination.

A trainee who is working in an overseas position when the examination is held can sit the examination overseas. The trainee must contact the Chief Censor to negotiate a date and time to sit the examination.

### **2.6.4.3 Pharmacology Examination**

The pharmacology examination tests a trainee's knowledge of drug pharmacology for the drugs relevant to the practice of medicine as a dermatologist. The Pharmacology Examination may include, but may not be limited to:

- Nature and origin of the drug;
- Method of administration or application;
- Absorption;
- Distribution;
- Mechanism of actions;
- Effects and adverse effects including drug reactions and allergy;
- Metabolism and elimination;
- Interactions and cross reactions;
- Contraindications – absolute and relative;
- Standard dosing schedules where these are not unique to the disease being treated;
- Modifications necessary in general medical disease states, eg renal failure;
- Use in general situations, eg pregnancy, sport;
- Drug half-life and its relationship to all the above;
- Sensitivities of organisms including less common skin infections.

The Pharmacology Examination is two hours long and consists of 90 multiple choice true/false questions.

Trainees must pass this examination in the first 18 months of training to be eligible to enter advanced training. Three sittings of the examination are held during this time period.

Trainees must apply to sit the examination using the appropriate College application form (Attachments 8 and 9). A trainee who is working in an overseas post when the examination is held can sit the examination overseas. The trainee must contact the Chief Censor to negotiate a date and time to sit the examination.

### **2.6.4.4 Fellowship Examination**

#### ***Eligibility to Sit***

A trainee is eligible to sit the Fellowship Examination in his/her fourth year and/or fifth year of training provided he/she:

- Has satisfactorily completed the requirements of the curriculum;
- Submits a completed *Training Program Record Book* including;
  - Confirmation of annual review signed each year by the Director of Training;

- Record of trainee appointment for each year of training, signed by the relevant Heads of Department
  - In training assessment record signed by the Supervisor of Training after each formative in-training assessment and including copies of all signed summative in-training assessment reports
  - Record of publications and presentations (these requirements are explained in section 2.3.5 of this submission)
  - Record of meeting attendance
  - Log of faculty and hospital clinical meetings attended
  - Inpatient care log
  - Log of experience in essential and advanced procedures and treatment modalities
  - Signed assessment of competence in all essential procedures and treatment modalities
- Has submitted signed summative in-training assessment summaries covering the full period of training;
  - Has demonstrated satisfactory attendance and application during the current year of training;
  - Submits documentation of any leave taken in excess of normal recreation/sick/conference leave/rostered days off;
  - Is in a position to complete training within 10 years of commencement.

A trainee is not eligible to sit the Fellowship Examination before their fourth year of training.

A trainee must apply to sit the Fellowship Examination using the application form attached at Attachment 10.

If a trainee does not pass the Fellowship Examination in his/her fourth year of training, he/she will undertake a fifth year of training and sit the examination again in his/her fifth year of training.

If a trainee does not pass the Fellowship Examination in their fifth year of training they may sit the examination again the next year and again the year after that. If they do not pass the examination in this time period they are no longer eligible to sit the examination. To become eligible to sit the examination again the trainee must undertake an additional year of training.

### ***Frequency and Structure of the Examination***

The Fellowship Examination is held once each year.

The Fellowship Examination has a written and a clinical component. The written component is currently held in June and trainees can sit this component in Adelaide, Brisbane, Melbourne, Perth and Sydney. The clinical component is held approximately eight weeks later in one of these cities only, on a rotational basis.

### ***Written Components***

The written Fellowship Examination consists of three papers for candidates, who have passed the Pharmacology Examination. These papers are:

- Dermatological Medicine I
- Dermatological Medicine II
- Procedural Dermatology

Until the 2005 sitting of the Fellowship Examination, candidates who commenced training before 31 December 2003 sat these three papers and a fourth paper on Clinical Pharmacology. The Clinical Pharmacology component of the Fellowship Examination was run for the last time in 2005.

The Clinical Pharmacology examination tested:

- Basic knowledge of pharmaceuticals;
- The use of pharmaceuticals in the treatment of dermatological and other diseases including the likely time for a response, likely response of treatment for specific diseases, side effects and complications specific to particular diseases and follow up protocols.

When the five year training program was introduced, the Board of Censors decided to examine basic knowledge of pharmaceuticals in the Pharmacology Examination which must be passed in basic training. Knowledge and understanding of how pharmaceuticals are used to treat dermatological and other diseases is examined in the Dermatological Medicine II MCQ paper.

Candidates who commenced training before 31 December 2003, have been offered the option of sitting the basic Pharmacology Examination in lieu of the Clinical Pharmacology Examination. There are currently no trainees in accredited training positions, who commenced training prior to 2004, who do not hold a pass in the Pharmacology Examination.

The **Dermatological Medicine I** paper consists of two parts each of two hours duration. Each part encompasses questions on general dermatology and general medicine pertaining to dermatology and consists of 6 'clinical scenario' type questions. The candidates' responses are hand written.

The **Dermatological Medicine II** paper consists of 100 multiple choice questions over a three hour period. Fifty questions are one best answer type and fifty are true/false type.

The **Procedural Dermatology** paper consists of ninety multiple choice questions over a two hour period. Forty five questions are one best answer type and forty five are true/false type.

There is no negative marking in any of the multiple choice papers. Each paper must be passed for an overall pass in this examination.

Candidates are provided with information about the components of the Fellowship examination on pages 32 and 33 of the *2006 Training Program Handbook* (Attachment 3) and in written information sent prior to the examination.

### ***Clinical Components***

Candidates who are successful in the written components of the examination are invited to attend the clinical components of the examination. These are run over two days.

The first day is an Objective Structured Clinical Examination (OSCE) and an examination of short case vivas run along modified OSCE lines.

The OSCE covers dermatopathology, laboratory methods and procedural dermatology. The stations of the OSCE are developed by an expert panel and the Board of Censors. The OSCE examination is supervised by the Chief Censor, and the stations which require an examiner to be present are staffed by members of the Board of Censors and qualified dermatologists (occasional examiners) from the State in which the examination is being held.

The short case viva examination comprises six stations. Each station is staffed by a member of the Board of Censors. Candidates are expected to demonstrate ability to:

- Recognise and define clinical signs in dermatological cases;
- Give a clinical diagnosis;
- Give a short relevant differential diagnosis in some cases;
- Nominate the first line treatment or investigation in some cases.

The second day comprises four long case vivas, each of which involves two cases, covering dermatological medicine and general medicine pertaining to dermatology. Patients are sourced by dermatologists working in the state where the examination is held. The examiners are members of the Board of Censors and two dermatologists (occasional examiners) from the State in which the examination is being held.

In each viva each candidate is allowed twenty minutes to assess the two cases and then five minutes to formulate a management plan. The candidate is expected to have taken a relevant history and to have carried out a comprehensive dermatological and relevant general examination.

In each viva each candidate then undergoes a twenty minute viva in which they are asked questions by two examiners. One examiner will be a member of the Board of Censors. The second examiner may be a member of the Board of Censors or a guest examiner. The candidate is expected to have arrived at a diagnosis and a differential diagnosis, to know how to proceed with regard to investigations, and have formulated a satisfactory management strategy.

A candidate must pass the OSCE, and the short and long case vivas to pass the clinical examination. Both the OSCE and the long and short case vivas must be passed at each attempt at the clinical examination. A pass in one component of the clinical examination is not taken into account the following year.

## **2.5.6 Assessments of Generic Components of the Training Program**

### **2.5.6.1 Generic Competencies in the Current Curriculum**

The current curriculum specifies that trainees are expected to be proficient in the following generic competencies (page 29, 2006 *Training Program Handbook*, Attachment 3):

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

### **2.5.6.2 Assessment of Generic Competencies**

Tables 6 and 7 on the following pages present information about the relationship between the training objectives relating to the generic competencies, the curriculum items relating to these objectives and the methods used to assess a trainee's attainment of these competencies.

**Table 6**  
**Generic Curriculum**  
**Relationship Between Training Program Objectives, Curriculum and In-training Assessment**

<b>Goal of the Training Program</b>	<b>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</b>	
<b>Training Program Objective (page 9, 2006 Training Program Handbook)</b>	<b>Link With Curriculum (page 29, 2006 Training Program Handbook)</b>	<b>Assessment Item in Summative In-Training Assessment (pages 83 to 85, 2006 Training Program Handbook)</b>
Respect for every human being, with an appreciation of the diversity of human background and cultural values	Communication and empathy with patients and family particularly in difficult circumstances	Reliability regarding patient care Rapport and communication with patients and their families
	Recognition of patient autonomy	Rapport and communication with patients and their families
	Provision of informed consent	Rapport and communication with patients and their families Clinical judgement Skill in cryosurgery, minor dermatological surgery and phototherapy Skill in excisional dermatological surgery and laser surgery
	Principles of ethical practice and expression of opinion to patients	Rapport and communication with patients and their families
	Appropriate expression of medical opinion in all reports	Responsibility, initiative and punctuality in the workplace Relationship with other health professionals (dermatologists, fellow registrars, nurses)

<b>Goal of the Training Program</b>	<b>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</b>	
<b>Training Program Objective (page 9, 2006 Training Program Handbook)</b>	<b>Link With Curriculum (page 29, 2006 Training Program Handbook)</b>	<b>Assessment Item in Summative In-Training Assessment (pages 83 to 85, 2006 Training Program Handbook)</b>
		and others) Knowledge in dermatology Clinical judgement
	Oral and written communication with other medical professionals	Responsibility, initiative and punctuality in the workplace Relationship with other health professionals (dermatologists, fellows registrars, nurses and others)
	Issues of distributive justice	
	Issues of beneficent and non-maleficent ethics	
An appreciation of the complexity of ethical issues relating to human life and death including the allocation of scarce resources	Recognition of patient autonomy	Rapport and communication with patients and their families
	Provision of informed consent	Reliability regarding patient care Rapport and communication with patients and their families Clinical judgement Skill in cryosurgery, minor dermatological surgery and phototherapy Skill in excisional dermatological surgery and laser surgery

<b>Goal of the Training Program</b>	<b>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</b>	
<b>Training Program Objective (page 9, 2006 Training Program Handbook)</b>	<b>Link With Curriculum (page 29, 2006 Training Program Handbook)</b>	<b>Assessment Item in Summative In-Training Assessment (pages 83 to 85, 2006 Training Program Handbook)</b>
	Principles of ethical practice and expression of opinion to patients	Reliability regarding patient care Rapport and communication with patients and their families
	Issues of distributive justice ethics	
	Issues of beneficent and non-maleficent	
A desire to ease suffering	Issues of beneficent and non-maleficent ethics	Responsibility, initiative and punctuality in the workplace Reliability regarding patient care Reliability regarding patient care
An awareness of the need to communicate with patients and their families, and to involve them fully in planning management	Communication and empathy with patients and family particularly in difficult circumstances	Reliability regarding patient care Rapport and communication with patients and their families
	Recognition of patient autonomy	Rapport and communication with patients and their families
	Provision of informed consent	Rapport and communication with patients and their families Clinical judgement Skill in cryosurgery, minor dermatological surgery and phototherapy Skill in excisional dermatological surgery

<b>Goal of the Training Program</b>	<b>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</b>	
<b>Training Program Objective (page 9, 2006 Training Program Handbook)</b>	<b>Link With Curriculum (page 29, 2006 Training Program Handbook)</b>	<b>Assessment Item in Summative In-Training Assessment (pages 83 to 85, 2006 Training Program Handbook)</b>
		and laser surgery
	Principles of ethical practice and expression of opinion to patients	Rapport and communication with patients and their families
	Issues of distributive justice	
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 of the limitations of personal expertise	Reliability regarding patient care Relationship with other health professionals (dermatologists, fellow registrars, nurses and others) Acceptance of criticism
	Principles of ethical practice and expression of opinion to patients	Rapport and communication with patients and their families
	Issues of distributive justice	
Recognition that the health interests of the patient and the community are paramount	Recognition of the limitations of personal expertise	Reliability regarding patient care Acceptance of criticism
	Principles of ethical practice and expression of opinion to patients	Rapport and communication with patients and their families Reliability regarding patient care
	Issues of distributive justice	
	Issues of beneficent and non-maleficent ethics	Rapport and communication with patients and their families

<b>Goal of the Training Program</b>	<b>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</b>	
<b>Training Program Objective (page 9, 2006 Training Program Handbook)</b>	<b>Link With Curriculum (page 29, 2006 Training Program Handbook)</b>	<b>Assessment Item in Summative In-Training Assessment (pages 83 to 85, 2006 Training Program Handbook)</b>
A willingness to work effectively in a team with other health care professionals and to behave honourably towards them	Acting honourably to colleagues	Relationship with other health professionals (dermatologists, fellow registrars, nurses and others)
	Appropriate expression of medical opinion in all reports	Responsibility, initiative and punctuality in the workplace Relationship with other health professionals (dermatologists, fellow registrars, nurses and others) Knowledge in dermatology
	Oral and written communication with other medical professionals	Responsibility, initiative and punctuality in the workplace Relationship with other health professionals (dermatologists, fellow registrars, nurses and others)
An appreciation of the responsibility to maintain standards of medical practice at the highest possible level throughout a professional career	Recognition of the limitations of personal expertise	Responsibility, initiative and punctuality in the workplace Reliability regarding patient care Acceptance of criticism
An appreciation of the need to recognize when a clinical problem exceeds their capacity to deal with it safely and efficiently	Recognition of the limitations of personal expertise	Reliability regarding patient care Relationship with other health professionals Knowledge in dermatology

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<b>Training Program Objective (page 9, 2006 Training Program Handbook)</b>	<b>Link With Curriculum (page 29, 2006 Training Program Handbook)</b>	<b>Assessment Item in Summative In-Training Assessment (pages 83 to 85, 2006 Training Program Handbook)</b>
and of the need to refer the patient for appropriate help from others when this occurs		
	Appropriate expression of medical opinion in all reports	Responsibility, initiative and punctuality in the workplace Reliability regarding patient care Relationship with other health professionals (dermatologists, fellow registrars, nurses and others) Knowledge in dermatology
	Oral and written communication with other medical professionals	Responsibility, initiative and punctuality in the workplace Reliability regarding patient care Relationship with other health professionals, (dermatologists, fellow registrars, nurses and others)
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	Communication and empathy with patients and family particularly in difficult circumstances	Reliability regarding patient care Rapport and communication with patients and their families Knowledge in dermatology
	Recognition of patient autonomy	Rapport and communication with patients

<b>Goal of the Training Program</b>	<b>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</b>	
<b>Training Program Objective (page 9, 2006 Training Program Handbook)</b>	<b>Link With Curriculum (page 29, 2006 Training Program Handbook)</b>	<b>Assessment Item in Summative In-Training Assessment (pages 83 to 85, 2006 Training Program Handbook)</b>
		and their families
	Provision of informed consent	Rapport and communication with patients and their families
	Issues of beneficent and non-maleficent ethics	Reliability regarding patient care Rapport and communication with patients and their families Clinical judgement Skill in cryosurgery, minor dermatological surgery and phototherapy Skill in excisional dermatological surgery and laser surgery

1 Summative In-Training Assessment

**Table 7**  
**Generic Curriculum**  
**Relationship Between Training Program Objectives, Curriculum and Fellowship Examination**

Goal of the Training Program	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.				
Training Program Objective	Link With Curriculum	Component/s of Fellowship Examination Where Item is Assessed			
		Written	OSCE	Long Case Vivas	Short Case Vivas
Respect for every human being, with an appreciation of the diversity of human background and cultural values	Communication and empathy with patients and family particularly in difficult circumstances	√	√	√	
	Recognition of patient autonomy	√	√	√	
	Provision of informed consent	√	√	√	
	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	√	√	√	
An appreciation of the complexity of ethical issues relating to human life and death including the allocation of scarce	Recognition of patient autonomy	√	√	√	

Goal of the Training Program	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.				
Training Program Objective	Link With Curriculum	Component/s of Fellowship Examination Where Item is Assessed			
		Written	OSCE	Long Case Vivas	Short Case Vivas
resources					
	Provision of informed consent	√	√	√	
	Principles of ethical practice and expression of opinion to patients	√	√	√	
	Issues of distributive justice ethics	√	√	√	
	Issues of beneficent and non-maleficent	√	√	√	
A desire to ease suffering	Issues of beneficent and non-maleficent ethics	√	√	√	
An awareness of the need to communicate with patients and their families, and to involve them fully in planning management	Communication and empathy with patients and family particularly in difficult circumstances	√	√	√	
	Recognition of patient autonomy	√	√	√	
	Provision of informed consent	√	√	√	
	Principles of ethical practice and expression of opinion to patients	√	√	√	
	Issues of distributive justice	√	√	√	
A desire to achieve optimal patient care	Recognition of the limitations of	√	√	√	

Goal of the Training Program	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.				
Training Program Objective	Link With Curriculum	Component/s of Fellowship Examination Where Item is Assessed			
		Written	OSCE	Long Case Vivas	Short Case Vivas
and at the same time appreciating the need for cost effectiveness of the whole treatment program to allow maximum benefit from available resources	personal expertise				
	Principles of ethical practice and expression of opinion to patients	√	√	√	
	Issues of distributive justice	√	√	√	
Recognition that the health interests of the patient and the community are paramount	Recognition of the limitations of personal expertise	√	√	√	
	Principles of ethical practice and expression of opinion to patients	√	√	√	
	Issues of distributive justice	√	√	√	
	Issues of beneficent and non-maleficent ethics	√	√	√	
A willingness to work effectively in a team with other health care professionals and to behave	Acting honourably to colleagues	√	√	√	

Goal of the Training Program	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.				
Training Program Objective	Link With Curriculum	Component/s of Fellowship Examination Where Item is Assessed			
		Written	OSCE	Long Case Vivas	Short Case Vivas
honourably towards them					
	Appropriate expression of medical opinion in all reports	√			
	Oral and written communication with other medical professionals	√		√	
An appreciation of the responsibility to maintain standards of medical practice at the highest possible level throughout a professional career	Recognition of the limitations of personal expertise	√	√	√	
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	Recognition of the limitations of personal expertise	√	√	√	
	Appropriate expression of medical opinion in all reports	√			
	Oral and written communication with other medical professionals	√	√	√	
A realization that it is not always in the	Communication and empathy with	√		√	

Goal of the Training Program	<b>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.</b>				
Training Program Objective	Link With Curriculum	Component/s of Fellowship Examination Where Item is Assessed			
		Written	OSCE	Long Case Vivas	Short Case Vivas
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	patients and family particularly in difficult circumstances				
	Recognition of patient autonomy	√		√	
	Provision of informed consent	√	√	√	
	Issues of beneficent and non-maleficent ethics	√		√	

## **2.6.6 Assessment of Professional Attitudes and Behaviours**

The processes the College uses to assess professional attitudes and behaviours are explained in Tables 6 and 7 above.

## **2.6.7 Process to Review the Validity and Reliability of Assessment and Examination Policies**

### **2.6.7.1 Evaluation of In-Training Assessments**

The College will evaluate its in-training assessment system in 2007. The review will be conducted by an external consultant. The purpose of the review will be to ensure that the system assesses the skills, knowledge and behaviours documented in the new curriculum and that the assessment methods are reliable and valid. The review will be undertaken by an external consultant.

### **2.6.7.2 Evaluation of Examinations**

The College has engaged an external consultant to evaluate the validity and reliability of its Fellowship Examination. The evaluation is being undertaken by Professor Rufus Clarke who has been contracted to:

- Review all documentation and other information relating to the written examinations in Dermatological Medicine and the clinical examinations in Dermatological Medicine and Procedural Dermatology and prepared a draft descriptive document on the structure and process of each component of the written examinations and a second structure and process document for each component of the clinical examinations;
- Review the most recent set of papers in Dermatological Medicine and Procedural Dermatology and the data for the Dermatological Medicine and Procedural Dermatology clinical examinations to evaluate content validity;
- Review the candidate score data for all components of the written and clinical examinations to estimate reliability;
- Undertake a formal review of the reliability and validity of each component of the written and clinical examinations using Ca SERVEx™;
- Attend the clinical examinations in Dermatological Medicine and Procedural Dermatology as an observer;
- Provide a written report to the College by the end of 2006 which will be considered by the BOC and BOD in February 2007;
- Continue to provide advice to the BOC on how to address the findings of the report.

### **2.6.7.3 Standard Setting for Summative Assessments and Examinations**

Information about standard setting for summative assessments and examinations is in the confidential attachment 10b. The College asks that this information be kept confidential as the standard setting policies and processes are being reviewed as part of the reviews of the in-training assessment system and Fellowship examination.

## **2.6.8 Evaluation of Examination Policies**

The Board of Censors is the body responsible for evaluating examination and assessment policies. The Board of Censors will evaluate these policies after the external consultants engaged to review the College examination and in training assessment systems present their reports.

## **2.6.9 Training Provided for Assessors and Examiners**

### **2.6.9.1 Training for Assessors**

Supervisors of Training (SOTs) are trained to undertake in training assessments in the *Teaching on the Run Workshop*. This workshop was initially developed in Western Australia for teachers at the Sir Charles Gairdner Hospital and is now available to other organizations. The program is facilitated by Associate Professor Fiona Lake and Dr Gerard Ryan.

The College has run the workshop in May each year since 2004. The College encourages all supervisors to attend the workshop and pays for the workshop. The workshop is run in the same location and immediately before the Annual Scientific Meeting (ASM), to minimise travel time and costs for participants.

The module on assessment and appraisal covers:

- Setting the scene;
- Giving feedback;
- Planning formative assessment/appraisal;
- Reporting back and wrap-up.

Participants are also given a pre-course reading package covering formative assessment, summative assessment and appraisal.

### **2.6.9.2 Training for Examiners**

To date new examiners have not received formal training. A new examiner is partnered with an experienced examiner in their first year on the BOC. The College also provides them with information about writing examination questions. In their first year on the BOC a new examiner concentrates on their responsibility as an examiner. They write questions and receive feedback about the questions they write from more experienced examiners. They do not carry other responsibilities of Censors, for example, they do not inspect training positions.

In their second year a BOC member will begin taking on other responsibilities of Censors.

In their third year a BOC member may be responsible for co-ordinating the development of a paper. BOC members are not given this responsibility until their third year on the BOC.

The ACD has negotiated an arrangement with the Australian and New Zealand College of Anaesthetists (ANZCA) for examiners from the ACD to attend the ANZCA training program for examiners.

The ACD Censors/examiners will attend this training program for the first time in 2007.

#### **2.6.10 Information Provided to Trainees on the Nature of Assessments and Criteria Used**

The College provides information to trainees about the nature of, and criteria used in, assessments in:

- Chapter 6 of the *2006 Training Program Handbook* (pages 30 to 36), which provides an overview of the in training assessment and examination process;
- Appendices seven, nine and ten of the *2006 Training Program Handbook* (pages 76 and 78 to 90) which provide information about the essential surgical procedures/treatment modalities assessed during training, and the formative and summative in-training assessment processes;
- Letters sent to examination candidates before the examination (Attachment 11, letter sent to candidates sitting the clinical sciences examination; Attachment 12, letter sent to candidates sitting the pharmacology examination; Attachment 13, letter sent to candidates sitting the Fellowship Examination). These letters provide information about:
  - the date and time of the examination;
  - materials which the candidate must bring to the examination;
  - materials which the candidate is not permitted to bring to the examination;
  - the examination method (multiple choice questions, OSCE etc);
  - the skills, knowledge and/or abilities being tested in the examination;
  - instructions for entering the candidate number on answer sheets;
  - instructions for completing answer sheets.

#### **2.6.11 Feedback Provided to Trainees on the Outcome of Assessments**

##### **2.6.11.1 Formative In-training Assessment**

A SOT gives a trainee feedback about the outcome of the formative in-training assessment (FITA) at their meeting held to discuss the FITA. These meetings are held in March and September each year and are mandatory, although the assessment itself is confidential.

### **2.6.11.2 Summative In-training Assessment**

A trainee receives feedback about the outcome of a SITA from their SOT when they meet to discuss the SITA. This meeting is a mandatory part of the assessment process. If the trainee's performance is unsatisfactory the trainee and SOT complete a *Performance Improvement Form* (pages 88 and 90 of the 2006 *Training Program Handbook*). Unsatisfactory performance is defined as receiving one or more 'does not meet standard' ratings or receiving 'borderline' ratings from two or more supervisors on three or more competency areas (page 82 of the 2006 *Training Program Handbook*). 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 6 months.

If a trainee receives two (or more) consecutive unsatisfactory SITAs the College implements the processes explained in section 2.6.12.2 of this submission.

### **2.6.11.3 College Examinations**

The Chief Censor gives each examination candidate written feedback about their performance in the examination. The following attachments are de-identified examples of letters sent to candidates:

- Attachment 14 – letter sent to candidate who passed the Clinical Sciences Examination
- Attachment 15 – letter sent to a candidate who failed the Clinical Sciences Examination
- Attachment 16 – letter sent to a candidate who passed the Pharmacology Examination
- Attachment 17 – letter sent to a candidate who failed the Pharmacology Examination
- Attachment 18 - letter sent to a candidate who passed the written component of the Fellowship Examination
- Attachment 19 – letter sent to a candidate who failed the written component of the Fellowship Examination
- Attachment 20 – letter sent to a candidate who passed the written component of the Fellowship Examination and failed the clinical component of the Fellowship Examination<sup>1</sup>
- Attachment 21 – letter sent to a candidate who passed both the written and clinical components of the Fellowship Examination.

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<sup>1</sup> In 2006 the Chief Censor made changes to the process used to review of the Fellowship examination. In 2006 a hard copy of the Fellowship examination report was sent to the Board of Directors, Supervisors of Training, Heads of Departments offering accredited dermatology training positions, Advanced Trainees (years 3, 4 and 5), the Director on the Board of Directors responsible for implementation of the training program, the Director on the Board of Directors responsible for overseeing the educational development of Fellows, and the Board of Censors. More information about this review is in section 2.12.1.4 of this submission.

The Chief Censor prepares a full examination report on the Fellowship Examination which is presented to the BOC and BOD, and then sent to all advanced trainees, DOTs, SOTs and Heads of Dermatology Departments. An abbreviated report also appears in the College's newsletter, *The Mole*.

Each candidate who fails the Fellowship Examination also receives a detailed confidential report from the Chief Censor, to be read in conjunction with the full Examination report.

Candidates who fail the Fellowship Examination may arrange a formal meeting with a member of the BOC and their DOT to review the examination report, discuss their performance and develop a plan to improve their performance at the next examination attempt.

## **2.6.12 Consequences of a Trainee Failing an Assessment**

### **2.6.12.1 FITA**

If a trainee receives an unsatisfactory FITA there are no consequences for their progression through the program. They and their SOT agree on learning goals and strategies to lift the trainee's performance to a satisfactory standard by their next SITA (conducted 3 months after the FITA).

### **2.6.12.2 SITA**

If a trainee receives one unsatisfactory SITA they and their supervisor identify the areas requiring improvement, the expected standard of performance in these areas and prepare a learning plan to assist the trainee to improve their performance over the next six months and attain the required standard at the next SITA. They record this on a *Performance Improvement Form* (page 89, *2006 Training Program Handbook*).

The trainee's performance is monitored closely for the next six months and the areas requiring improvement are reviewed at their next SITA.

If the trainee's performance is assessed as satisfactory at the next SITA the trainee continues in the program without penalty and the trainee receives the same level of supervision as other trainees at the same stage of training.

If however, the trainee's performance is again assessed as unsatisfactory then:

- They and their supervisor identify the areas requiring improvement, the expected standard of performance in these areas and prepare a learning plan to assist the trainee to improve their performance over the next six months. They record their decisions on the *Performance Improvement Form* (page 89, *2006 Training Program Handbook*);
- The trainee must attend a meeting with the SOT, Head of Department and Director of Training in the State. The meeting must discuss:
  - The trainee's performance and progress;

- The areas in which, the extent to which, and the timeframe within which the trainee's performance must improve;
- Strategies the trainee can use to improve performance;
- Assistance available to the trainee;
- The implications for the trainee if his/her performance does not improve to the specified extent within the agreed time frames.
- The trainee's performance is closely monitored for the next six months.

The meeting is minuted by the Director of Training and signed by all parties. A copy of the minutes and a copy of the *Performance Improvement Form*, are sent to the College. The College sends a copy to the Chief Censor. The trainee must keep a copy of both documents in their *Training Program Record Book*.

If a trainee receives three consecutive unsatisfactory SITAs the issue is referred to the Chief Censor.

The Chief Censor will check that all documentation relating to the trainee's performance is in order and that all procedures have been followed correctly. If the Chief Censor is satisfied that this is the case he/she will arrange a meeting of the Board of Censors plus 1 or 2 dermatologists who have observed the trainee's performance. This group will make a recommendation as to whether the trainee will:

- Continue to have their performance closely monitored with no loss of accredited training time;
- Continue to have their performance closely monitored and lose a period of accredited training time;
- Be dismissed from the training program.

The Chief Censor will present the recommendation to the Board of Directors for a final decision.

#### **2.6.12.3 *SITA Immediately Prior to Applying to Sit the Fellowship Examination***

A trainee whose performance is assessed as unsatisfactory in the SITA in the December immediately prior to applying to sit the Fellowship Examination, is advised that their eligibility to sit the examination depends upon their undergoing and attaining a satisfactory standard in an additional SITA. This SITA is conducted immediately prior to the closing date for applications to sit the Fellowship Examination (applications close three months before the date of the examination).

#### **2.6.12.4 *Examinations Held During Basic Training***

A trainee must pass the Clinical Sciences and Pharmacology Examinations in the first 18 months of training. They have three opportunities to sit these examinations in this timeframe.

Trainees who fail one or both of these examinations, who still have an opportunity to sit the examination/s again within the 18 month timeframe, receive feedback about their performance as outlined in section 2.6.11.3. If a trainee does not pass these examinations in the required timeframe they are not eligible to enter advanced training.

### **2.6.12.5 Fellowship Examination**

A trainee is eligible to sit the Fellowship Examination in their fourth year of training provided their *Training Program Record Book* is complete and they have attained satisfactory SITAs. There is one sitting of this examination each year.

If a trainee fails the Fellowship Examination in their fourth year of training they undertake an additional year (fifth year) of training. This training is undertaken in accredited training positions, or the Board of Censors may prospectively approve a special training program in which the trainee may undertake training in private practice, or in both public teaching hospitals and private practice. The trainee can sit the Fellowship Examination again in their fifth year of training provided their SITAs have been satisfactory.

If the trainee fails the examination again in their fifth year of training they are no longer eligible to work in an accredited training post at the completion of the fifth year of training. However, the trainee is eligible to sit the Fellowship Examination again each year until the end of the third year after the trainee completes their fourth year of training, or the validity of their accredited training expires, whichever is the shorter<sup>2</sup>. If a trainee does not pass the Fellowship Examination within three years of completion of their fourth year of training, they must complete an additional year of accredited training to become eligible to sit the Fellowship Examination. The trainee may attempt the Fellowship Examination during this year, and, if they do not pass, until the end of the third year after they have completed the additional year of training. Eligibility to sit the Fellowship Examination remains dependent upon having sufficient training time (5 years) in the preceding ten years.

In addition, if a trainee fails the Fellowship vivas at two consecutive attempts they must re-sit the written papers.

### **2.6.13 Early Identification of Unsatisfactory Performance and Mechanisms for Addressing It**

The mechanisms for early identification of unsatisfactory performance are:

- FITAs;

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<sup>2</sup> Each year of accredited training, whether whole or in part, remains valid for a period of 10 years. The accreditation of each such year or part thereof is to expire on 31<sup>st</sup> December, which is the 10 year anniversary of the 31<sup>st</sup> December following the date of commencement of the year of training in question. For example, training undertaken between 1<sup>st</sup> January 2002 and 31<sup>st</sup> December 2002 will remain valid until 31<sup>st</sup> December 2012.

- SITAs;
- The Clinical Sciences and Pharmacology Examinations that are held during basic training.

#### **2.6.13.1 FITAs**

The FITA system is designed to identify unsatisfactory performance early and address it immediately, without consequence. The FITA system is explained in section 2.6.2.1. If a trainee's performance is assessed as unsatisfactory, the trainee has the opportunity to:

- Accept this feedback;
- Implement over the next three months the learning plan and strategies to improve his or her performance that he or she developed with their SOT;
- Attain a satisfactory assessment when the next summative in-training assessment is conducted in June or December.

#### **2.6.13.2 SITAs**

The SITA is designed to assess a trainee's performance to determine whether it meets the required standards, relative to their level of training and to provide the trainee with feedback about their performance. The SITA system is explained in section 2.6.3.1. If a trainee's performance does not meet the standard the remediation and management processes explained in section 2.6.12.2 commence. A trainee who is performing at an unsatisfactory level may choose to have a mentor or other dermatologist present at a meeting arranged to discuss the trainee's unsatisfactory performance and develop a remediation plan.

#### **2.6.13.3 Clinical Sciences Examination**

If a trainee does not pass the clinical sciences examination in the first 18 months of training they are not eligible to progress from basic to advanced training.

#### **2.6.13.4 Pharmacology Examination**

If a trainee does not pass the Pharmacology Examination in the first 18 months of training they are not eligible to progress from basic to advanced training.

#### **2.6.14 Reasons the College Would Not Allow a Trainee to Complete the Training Program**

The College would not allow a trainee to complete the training program for the following reasons:

1. If their performance was repeatedly assessed as unsatisfactory in the SITAs and they were unable to be remediated;

2. If they did not pass the Clinical Sciences Examination in the first 18 months of training;
3. If they did not pass the Pharmacology Examination in the first 18 months of training;
4. If they refused to comply with the rotation requirements of the training program;
5. If their employer terminated or failed to renew their employment contract for an accredited training position;
6. If the validity of their accredited training expired;
7. If they did not pass the Fellowship Examination within three years of completion of their fourth year of training and did not commence a further year of accredited training.

#### **2.6.15 Procedures for Dealing With Disputes in Relation to Supervision and Assessments**

The procedures for dealing with disputes in relation to supervision and assessment are:

1. The trainee should discuss the issues with the SOT who conducted the assessment;
2. If there is no resolution the trainee should discuss the issues with the DOT in their state;
3. If there is no resolution the trainee should contact the College. The College will refer the matter to the Chief Censor;
4. If, having taken these steps, there is no resolution the trainee can implement the College Appeals Process which is at Attachment 22.