THE AUSTRALASIAN COLLEGE
OF DERMATOLOGISTS

Training Program Handbook

Dermatology 2018

Version 1

THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS

COLLEGE COAT OF ARMS

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

The various aspects of the College Coat of Arms are:

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

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

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

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

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

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

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

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

Important Information

The *Training Program Handbook Dermatology* is reviewed annually to ensure information regarding policies, procedures, regulations and all aspects of the Training Program are current.

However, changes to the existing version may occur from time to time. Trainees will be notified of any changes and updated versions will be posted on the website. It is the responsibility of the Trainee to ensure they remain up-to-date by consulting the College website.

Every effort has been made to be explicit about training matters. However, omissions can occur and the Academic Standards Committee, the National Training Committee and the Board of Directors reserve the right to clarify any matter not explicitly stipulated.

Trainees are encouraged to access the College website and eLearning portal for the most current information: www.dermcoll.edu.au

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CHAPTER ONE: INTRODUCTION

1.1 About the Australasian College of Dermatologists

The College, a Fellowship of dermatologists trained to the highest professional standards, aims to serve the community by providing the best quality dermatological care.

The ACD has a membership of approximately 535 active Fellows in Australia. Fellows work in private practices and/or attend clinics at major teaching hospitals. A small number of Fellows also have full-time appointments in major hospitals and higher education institutions. Within the College there are a number of specialised groups trained in their particular post-Fellowship area (for example, Mohs' Micrographic Surgery and Cosmetic Dermatology).

Fellows can be regarded as authorities in all matters pertaining to skin care and the diagnosis, treatment and management of all conditions affecting the skin.

The College is committed to:

- Educating and training Trainees, Fellows and other health professionals in a variety of courses.
- Educating trainees, Fellows, Aboriginal Health Workers and other health professionals about dermatological diseases in Aboriginal and Torres Strait Islanders and their consequences.
- Continuing Professional Development of its Fellows and Associated Members.
- Defining and maintaining professional and ethical standards for all Fellows.
- Ensuring quality dermatological service to the community and the delivery of care to all Australians, including those living in rural, regional and remote areas.
- Supplying specialist doctors to indigenous communities in order to improve outcomes for Aboriginal families.
- Promoting public awareness of skin health and the prevention of disease through media, government and support groups.
- Encouraging, supporting and promoting research to ensure the best quality care of all patients.
- Undertaking its objectives competently, efficiently and responsibly.

Fellows of the College practise in all states and territories of Australia within Faculties in Queensland, New South Wales, Victoria, South Australia and Western Australia. College has a Board of Directors consisting of the President, President Elect, Dean of Education and four appointed Directors of which one will be appointed as the Honorary Secretary. More information about the Board and committees of the College can be found on the College website.

The College is accredited by the Australian Medical Council and is the only organisation in Australia accredited to train and assess specialist dermatologists.

The College is also accredited by the Tertiary Education Quality and Standards Agency (TEQSA) as a Higher Education Provider (HEP) and Australian Skills Quality Authority (ASQA) as an Enterprise Registered Training Organisation (RTO).

1.2 Communication with Trainees

College communicates with Trainees from time to time. For this reason, it is vital that all Trainees ensure their email addresses, preferred mailing addresses and mobile phone numbers are always kept up-to-date in the College data base. Trainees can make changes themselves to their College Member profile. They can also email any changes to admin@dermcoll.edu.au or contact the College on 02 8741 4101.

Information to individual Trainees

Individual communications from College are usually sent via email. Approvals, decisions or other important matters are sent on College letterhead, emailed and may also be posted. Occasionally, a College Officer may ring a Trainee if information is needed urgently.

Information to all Trainees or Trainee groups

Group communications from College, whether to all Trainees or to select groups, can be sent by one or a simultaneous number of methods:

a) Group email to year or Training Program cohorts via yahoo groups

b) Group email to selected email addresses (usually blind-copied)

c) Placement of information in the College's eLearning Portal

d) Letter on College letterhead, via normal post

Trainees contacting College

By far, the quickest method of communicating with College is by email. The following addresses may be used for this purpose:

- **admin@dermcoll.edu.au** Generic College address and re-directed to the relevant College Officer
- **tony@dermcoll.edu.au** Tony Moore: Senior Academic Support Officer

The College will acknowledge receipt of your email. If you do not receive a response, call the College on (02) 8741 4101 and request further assistance. Alternatively, Trainees can send correspondence to College at the postal address given on the website.

1.3 Access to Resources and Material

eLearning Portal

Trainees are given access to their own secure, password-protected eLearning Portal account which can be accessed through the members' area of the College website. The eLearning Portal contains Basic Science Modules, Clinical Science Online Competency Modules, examination information, National Skin School resources and other support material. Contact the College at admin@dermcoll.edu.au if you need assistance with accessing the eLearning Portal.

The following can also be accessed from the eLearning Portal: Training Program Curriculum; Training Program Handbook; Fee Information; Important Dates; Research Requirements; Resource List; Overseas Training Information and all related forms.

Trainee Online Portfolio (TOP)

Trainees are required to complete a portfolio as part of their training requirements. It must be completed and up to date each year. The TOP is available to trainees via the member section of the website. See Chapter 6 for more information on the TOP.

General Website

Education policies are located on the public website. Trainees should be familiar with these policies. Other College related documents (e.g. Annual report, Strategic Plan, Constitution) are also available for Trainees to review on the website also.

1.4 College Education Contacts

<table>
<tr><td colspan="2">General enquires:</td></tr>
<tr><td colspan="2">Address: Suite 2a, Level 2, 9 Blaxland Road, Rhodes, NSW 2138
Postal address: PO Box 3785 Rhodes NSW 2138
Telephone: +61 2 8741 4101
e-mail: admin@dermcoll.edu.au</td></tr>
<tr><td colspan="2">Education</td></tr>
<tr><td>Director Education Services
Mr Brett O'Neill
Telephone +61 2 8741 4199
E-mail: brett@dermcoll.edu.au

Manager Information Systems
Ms Jacqui Sciancalepore
Tel: +61 2 8741 4116
E-mail: Jacqueline@dermcoll.edu.au

Information Systems Officer
Mr Samuel Williams
Tel: +61 2 8741 4140
E-mail: Sam@dermcoll.edu.au

Course Manager (Non Training Prog)
Ms Kirsty Edwards
Tel: +61 2 87414123
E-mail: Kirsty@dermcoll.edu.au</td><td>Senior Academic Support Officer
Mr Tony Moore
Telephone: +61 2 8741 4180
E-mail: tony@dermcoll.edu.au

Accreditation Manager (including IMGs)
Ms Jennifer Chowdhury
Telephone: +61 2 8741 4121
E-mail: Jennifer@dermcoll.edu.au

Academic Support Officer
Ms Jannet Farley
Telephone: +61 2 8741 4190
E-mail: jannet@dermcoll.edu.au</td></tr>
</table>

1.5 Trainee well-being

While it is important to maintain communication with your Director/Supervisor of Training about personal matters, College also partners with Converge International who provide Employee Assistance Programs (EAP) to trainees and fellows associated with the Education arm of the College. If you need to speak to a counsellor (confidentially) about issues impacting your training, please contact them on 1300 687 327. The college will fund your first 4 sessions. These are held in confidence and College is not informed of who uses this service.

There is more information on the College website on Support Services. Go to the 'For College Members' tab and select 'Support Services'

In 2018 College will be undertaking several pilot programs and projects on Trainee Welfare. More information will be available during the year.

1.6 Key Dates in 2018

A list of important dates can be found in the eLearning Portal. Below are several key dates.

February
- 5th – Start of teaching year
- 9th and 10th – First year workshop
- 16th to 20th – American Academy of Dermatology Meeting

March
- 1st – Closing date for 2019 Overseas positions
- 8th - Closing date for applications to sit 2018 Fellowship exams
- 10th and 11th – Third year workshop
- 15th - Closing date for RPL applications for 1st years completing research project

April
- 14th – Closing date for 1st years to submit research project proposal

May
- 18th to 22nd – ACD Annual Scientific Meeting, Sydney

June
- 1st – SITAs due (for 3 rotation structure)
- 1st - Closing date for applications to vary enrolment (e.g. transfer, part-time, interrupted)
- 5th and 6th – Fellowship Examinations (Written)

July
- 1st - Closing date for RPL applications (except those noted in March)
- 21st – Fellowship Examinations (Histopathology, Dermoscopy, Short Case Vivas)
- 27th – SITAs due (for 2 rotation structure)

August
- 3rd and 4th – Fellowship Examinations (Clinical Vivas - Melbourne)

October
- 5th – SITAs due (for 3 rotation structure)

February (2019)
- 8th – SITAs due (for 2 or 3 rotation structure)

1.7 Trainee Grants

College offers a range of Trainee Grants. Information on these can be found at https://www.dermcoll.edu.au/about-the-college/prizes-grants-and-awards/trainee-grants/

CHAPTER TWO: ABOUT THE TRAINING PROGRAM

2.1 Introduction

The Training Program aims to prepare trainees to become specialist dermatologists who integrate their knowledge of the relevant clinical and medical sciences with their mastery of procedural skills to deliver highly professional care to the wider community.

Trainees complete 4 years of training (6, 12 or 24 months for IMGs) in accredited training positions. They rotate through various positions and are required to successfully complete a number of assessments and other requirements in order to be eligible for fellowship.

2.2 Training Program Curriculum

The Curriculum has been designed as an integrated, trainee-centred, outcomes-based approach in line with modern curriculum research and practice, and contemporary teaching and learning theory. This means that the trainee is considered to be the central active agent in learning. The Curriculum provides a framework which specifies the knowledge and skills that trainees need to learn, apply, demonstrate and be assessed on, to determine their competence to practise as specialist dermatologists.

Trainees should use the **Curriculum** (available in the eLearning Portal) and readings from the **Resource List** (Appendix 1) as a basis for learning. This is reinforced and strengthened in practical clinical experiences, the real-world settings where they synthesise increasingly complex knowledge and skills as they work alongside experienced consultants and other trainees. Please see the separate curriculum document available in the eLearning Portal that outlines the 4 Curriculum Domains and how they are linked to learning outcomes, content and assessments.

2.2.1 Broad Learning Outcomes of the Training Program

Graduates will be deemed competent and safe to practise and function effectively, ethically and professionally within the specialty of dermatology. By the end of the Training Program, a Trainee will be able to:

- Synthesise, evaluate and apply relevant knowledge of clinical sciences and pharmacology underpinning dermatological practice
- Critically assess patients, by generating an accurate history and through a systematic and comprehensive clinical examination
- Critically assess and synthesise specialist medical dermatological knowledge of disease process, presentation and epidemiology to develop effective differential diagnoses
- Critically analyse the need for and use of appropriate investigations to develop and justify well-reasoned clinical diagnoses
- Evaluate results of investigations and employ clinicopathologic correlation to then develop and assess effective management plans appropriate to the diagnosis and the patient's context
- Critically apply specialist medical knowledge and diagnostic skills to develop best practice treatment options in procedural dermatology
- Synthesise anatomical understanding of the skin and underlying soft tissues with technical skills in the performance of dermatological procedures using aseptic technique

- Evaluate methods and processes to optimise post-procedural haemostasis and wound healing
- Evaluate the needs of diverse patients, colleagues and communities, including Aboriginal and Torres Strait Islander Australians and culturally and linguistically diverse populations, in order to provide and promote the most appropriate health care
- Design and deliver safe, high quality health care and research according to ethical codes of practice and legal obligations
- Lead and manage health care amongst colleagues and the community with good judgment, discernment and self-management
- Plan, execute and report on substantial research projects in specialty dermatology fields.

Graduate Outcomes are outlined in Appendix 3.

2.3 Duration of the Dermatology Training Program

The College training year begins on the first Monday in February and ends on the Sunday preceding the first Monday of February the following year. Trainees must complete a minimum of 184 weeks (46 weeks in each full time year) in an accredited training position. Provision is made each year for 4 weeks annual leave and 2 week's unscheduled leave for illness and other unexpected events.

Included in the 46 weeks of training is 1 week for college approved conferences (e.g. ASM) and workshops (1st and 3rd year). Trainees in 4th year will also have up to 3 additional days added for the examinations.

Leave related to, and additional training time accrued in the Training Program, may not be carried over from one training year into another training year. Trainees in their fourth year are required to spread their annual leave equally across the full twelve months. For periods of sick leave of two days or more a doctor's certificate is required to be submitted to the Supervisor of Training (SoT).

IMG Trainees must complete their required training time as per their Assessment of Overseas Trained Specialist Report and in an accredited training position, with the following training/upskilling requirements to be fulfilled:

- 24 months requires completion of 104 weeks of training (including leave provision)
- 12 months requires completion of 52 weeks of training (including leave provision)
- 6 months requires 26 weeks continuous training time (including leave provision) and completion of all contractual obligations with their employer.

A Trainee who has failed to satisfactorily complete any of the requirements of the Training Program may be required by the Academic Standards Committee (ASC) to satisfactorily complete additional training time and/or assessment before Fellowship can be awarded.

A Trainee (local) must complete all requirements of the Training Program within ten years of the commencement of their first year of training, including a maximum of 4 attempts at the Fellowship examination. IMG Trainees are required to complete the Training Program within four years of the commencement of their training. Trainees and IMGs who have not completed within the time frame must re-apply to join the Training Program in competition with other applicants seeking selection into Dermatology.

2.4 Accredited Training Positions

Training is conducted **only** in positions accredited by the College's National Accreditation Committee (NAccC) for the purposes of the Training Program. The accreditation process is rigorous. Application is made in consultation with the State Faculty Chair and the Director of Training. It is then assessed by the NAccC against set standards. Provisional Accreditation is granted for up to 12 months, and Full Accreditation can be granted for up to five years.

There is a continuous cycle of accreditation and reaccreditation visits with at least one state Training Facility Network being reviewed each year. **Participation in the accreditation process is compulsory for all Trainees.** For more information about the accreditation process, refer to the Accreditation of Training Positions section in the Learning and Development public area of the College website.

2.5 Trainee Status

In order to retain Trainee status, a Trainee must:

a) Hold full registration as a medical practitioner with AHPRA

b) Occupy an accredited training position (full-time/part-time), **or** be on approved leave from the Training Program **or** be a Post Training Candidate (PTC) with an approved mentor

c) Have signed and returned to College a valid Candidate Agreement form

d) Have paid the Trainee Fee by 31 January of the commencing year, or by four instalments throughout the year, or as otherwise approved. Failure to pay the Trainee Fee may attract an additional fee if being paid by instalment. If a Trainee Fee (or other amount payable by a Trainee to College) remains unpaid for more than 3 months, the Trainee will be in breach of the Candidate Agreement, and may not be permitted to proceed in the Program. See the Training Program Fee Policy for more detail

e) Fulfil all requirements of the Training Program commensurate with the expectations of the year level in which they are training.

2.6 Requirements to Become a Fellow of the College

To be eligible to make an application to Fellowship of the College, a Trainee must have met all the requirements of the Training Program.

IMGs who require less than 24 months upskilling are eligible to apply to the Board for Fellowship once they have successfully completed all requirements as laid out in their training plan by the IMG Assessment Committee and have been recommended to the AMC for Specialist Recognition.

OVERVIEW OF THE TRAINING PROGRAM
(For trainees commencing from 2017)

Year 1: Trainees must

- Complete the 1st year workshop
- Attain a satisfactory level of performance in the Clinical Sciences Online Competency Modules (including Pharmacology and Evidence Based Research)
- Complete year 1 of clinical training in an accredited training position
- Attain satisfactory Summative-In-Training-Assessments (SITAs) for the year and satisfactorily address any identified performance concerns as required
- Submit Research Project for approval by ARC (or gain RPL for previous work)
- Complete requirements in the Trainee Online Portfolio as applicable to Year 1 (e.g. logs, professional development, meetings, WBAs, RLPs)

Year 2: Trainees must

- Complete year 2 of clinical training in an accredited training position.
- Attain satisfactory Summative-In-Training-Assessments (SITAs) for the year and satisfactorily address any identified performance concerns as required
- Continue work on their research project (as agreed by Supervisor)
- Complete requirements in the Trainee Online Portfolio as applicable to Year 2 (e.g. logs, professional development, meetings, WBAs, RLPs)

Year 3: Trainees must

- Complete the 3rd year workshop
- Complete year 3 of clinical training in an accredited training position
- Attain satisfactory Summative-In-Training-Assessments (SITAs) for the year and satisfactorily address any identified performance concerns as required
- Complete research requirements of Training Program as applicable to Year 3
- Complete requirements in the Trainee Online Portfolio as applicable to Year 3 (e.g. logs, professional development, meetings, WBAs, RLPs)

Year 4: Trainees must

- Complete year 4 of clinical training in an accredited training position
- Attain satisfactory Summative-In-Training-Assessments (SITAs) for the year and satisfactorily address any identified performance concerns as required
- Complete requirements in the Trainee Online Portfolio as applicable to Year 4
- Successfully complete Teaching, Learning and Supervision Module
- Successfully complete Written Fellowship Examinations
- Successfully complete Short Case/Histopathology/Dermoscopy Fellowship Exams
- Successfully complete Clinical Fellowship Viva Examination

To gain election to Fellowship of the College a Trainee must:

- Have completed all requirements of the Training Program and passed the Fellowship Examinations within the allowable time period
- If the Fellowship examination is passed in the fourth year of training, Fellowship cannot be granted until satisfactory completion of that training year

OVERVIEW OF THE TRAINING PROGRAM
(For trainees commencing pre 2017)

Year 1: Trainees must

- Complete the 1st year workshop
- Attain a satisfactory level of performance in the Clinical Sciences Online Competency Modules
- Attain a pass in the Pharmacology Examination
- Complete year 1 of clinical training in an accredited training position
- Attain satisfactory Summative-In-Training-Assessments (SITAs) for the year and satisfactorily address any identified performance concerns as required
- Complete all requirements in the Trainee Online Portfolio as applicable to Year 1 (e.g. logs, professional development, meetings, WBAs, RLPs)

Year 2: Trainees must

- Complete year 2 of clinical training in an accredited training position
- Attain satisfactory Summative-In-Training-Assessments (SITAs) for the year and satisfactorily address any identified performance concerns as required
- Complete all requirements in the Trainee Online Portfolio as applicable to Year 2 (e.g. logs, professional development, meetings, WBAs, RLPs)

Year 3: Trainees must

- Complete the 3rd year workshop
- Complete year 3 of clinical training in an accredited training position
- Attain satisfactory Summative-In-Training-Assessments (SITAs) for the year and satisfactorily address any identified performance concerns as required
- Complete research requirements of Training Program
- Complete all requirements in the Trainee Online Portfolio as applicable to Year 3 (e.g. logs, professional development, meetings, WBAs, RLPs)

Year 4: Trainees must

- Complete year 4 of clinical training in an accredited training position.
- Attain satisfactory Summative-In-Training-Assessments (SITAs) for the year and satisfactorily address any identified performance concerns as required
- Complete all requirements in the Trainee Online Portfolio as applicable to Year 4
- Successfully complete Teaching, Learning and Supervision Module
- Successfully complete Written Fellowship Examinations
- Successfully complete Short Case/Histopathology/Dermoscopy Fellowship Exam
- Successfully complete Clinical Fellowship Viva Examination

To gain election to Fellowship of the College a Trainee must:

- Have completed all requirements of the Training Program and passed the Fellowship Examinations within the allowable time period
- If the Fellowship examination is passed in the fourth year of training, Fellowship cannot be granted until satisfactory completion of that training year

CHAPTER THREE: REQUIREMENTS OF THE ACD TRAINING PROGRAM

This chapter summarises the requirements that Trainees must complete in order to be eligible for Fellowship. More detail is outlined in Chapters Four to Seven. Trainees should read this handbook in conjunction with the Curriculum and the relevant education policies.

3.1 Clinical Training (onsite)

Trainees are required to complete 46 weeks per year for 4 years (or pro rata equivalent, or as per IMG assessment), in an accredited training position. Clinical Training means time spent working in clinics and on the wards, with responsibility for patients and other Training Program activities as directed and expected by the Director of Training (DoT), Supervisors of Training (SoT) and Clinical Supervisors (CS). See section 2.3 for more details. In some cases work undertaken overseas as part of a community project (e.g. Fiji) may be approved for up to one week of clinical training.

3.2 Surgical Procedures

Essential Surgical Procedures/Treatment Modalities should be signed off by the Clinical Supervisor within one week of being observed and signed by the SoT for each rotation. These must be logged in TOP by the end of the third year of training, with the exception of three procedures in Excisional Surgery which are to be logged for the whole program (see section 4.3)

Advanced Surgical Procedures/Treatment Modalities must be signed off by the supervisor within one week of observing the procedure/modality. They must be logged in TOP, with specific observation requirements by the end of third year to be eligible to sit Fellowship Examinations.

3.3 1st and 3rd Year Workshops

Trainees are required to attend workshops in first and third year. First year workshops focus on foundation procedural skills and address various issues of the Training Program, while third year workshops focus on advanced procedural skills, preparation for examinations and give trainees the chance to interact more closely with senior dermatologists in fields of expertise, e.g. Mohs Surgery, Paediatric dermatology. Both workshops address topics related to Trainee well-being.

3.4 Professional Development Workshops and Meetings

Trainees must attend at least 2 ASMs in the first 3 years of training (or equivalent if approved by the National Training Committee). When a Trainee has been appointed to an overseas training position in the first three years of their training, an equivalent overseas meeting can replace **one** mandatory ACD Annual Scientific Meeting, **if approved by the NTC**. Trainees are also expected to attend relevant Faculty and Hospital Clinical meetings as directed.

3.5 Work based Assessments and SITAs

Trainees must complete the minimum number of Work-based Assessments each year. This includes Case Based Discussions, Dermatology Clinical Evaluation Exercises and Procedural Dermatology Assessments. Trainees must also successfully complete Summative In-Training Assessments (SITAs) as per their clinical rotation in order to progress in the Training Program.

While not compulsory, the Basic Science Modules are available in the eLearning portal for trainees to complete before or during the Training Program. They cover a range of Dermatology topics that you will find useful in your preparation and early studies.

3.6 Online Modules

Trainees must complete online modules in first year of the Training Program. These include:

- **Pharmacology Online Module:** This online module ***must be completed by 1 May*** in year one. Trainees must score 75% in order to pass this component and can have multiple attempts. Failure to pass the module by 1 May will result in an unsatisfactory SITA.
- **Clinical Sciences Online Competency Modules (CSOCM):** These 10 online modules, plus three Evidence Based Medicine modules, ***must be completed by the end of year one***. Trainees must score 75% in each module in order to pass this component and can have multiple attempts. Failure to pass the modules by the end of year one (or full time equivalent) may lead to dismissal from the program.
- Trainees must complete an online **Teaching, Learning and Supervision** module available in the eLearning Portal.

3.7 Examinations

Trainees must complete a series of Examinations throughout the Training Program. These include:

- **Fellowship Exams (June):** Four Written examination papers. These papers must be passed in order to progress to July and August Fellowship Examinations.
- **Fellowship Exams (July):** Four assessments, including Histopathology Viva, Online Laboratory Dermatology Examination, Online Dermoscopy Examination and Short Case Viva. This section forms part of the Medical Division Vivas of the Fellowship Exams.
- **Fellowship Exams (August):** Two examinations. Medical Division Long Case Viva and Procedural Dermatology Viva. Both Medical and Procedural Divisions must be passed in order for this component of the Fellowship Examinations to be satisfactorily completed.

3.8 Research and Presentations

3.8.1 Research

Trainees must complete the necessary research requirements. This is based on the year that they commenced training. See Chapter 7 for more details.

- Commenced 2014 and 2015: either 1 Major publication or 3 Minor in approved journals
- Commenced 2016: one MAJOR publication in an approved journal
- Commenced 2017 onwards: one MAJOR research project, published or unpublished

3.8.2 Presentations

A Trainee must also complete two research presentations (poster, oral) of which one must be an oral presentation. Where research for a presentation is by multiple trainees, they must agree in advance which one will apply for approval of the presentation, as only one trainee can receive approval for the presentation. See the TOP for submission requirements.

3.9 Trainee Online Portfolio (TOP)

TOP is an online portfolio used to document progress in the Training Program and provide evidence of eligibility for continuation in the program. It contains evidence of completion of a range of activities and assessments (e.g. SITA, RLP, WbA, Procedures log) and is submitted online for sign off by the necessary supervisor. Trainees should familiarise themselves with the information in the eLearning Portal on how to use the TOP. Post-training it also serves as a vital resource to support future applications for specialist recognition in foreign jurisdictions.

CHAPTER FOUR: CLINCIAL AND PROFESSIONAL DEVELOPMENT REQUIREMENTS

4.1 Clinical Training (onsite) Requirements

The sequence of clinical training is determined by the DoT in each state who allocates training positions and rotations. Positions are supervised by Clinical Supervisors (CSs) and Supervisors of Training (SoTs). Due to particularities in each hospital and the various clinical rotations, patient demographics and clinic types, a trainee's experience may be different, but every trainee will have experience across all the domains, and is expected to build on the requisite knowledge and skills year by year. Training positions may be located in any Australian State or Territory or Overseas. Trainees may be rotated to training positions based outside the State Training Structure in which they have been selected to undertake training. Only in exceptional circumstances will a review of an appointment be considered. Should a Trainee seek a review of their allocated position they should submit in writing to their DoT and the Faculty Chair a request that they be assigned to another position and outline the reasons for the request. The State DoT and State Faculty Chair will make a decision.

Clinical experiences include but are not limited to:

- Medical dermatology, including paediatric dermatology
- Histopathology
- Procedural Dermatology, including radiotherapy, cosmetic procedures, lasers
- Contact dermatology

Clinical Tutorials include but are not limited to:

- Medical/Procedural dermatology
- Dermatopathology
- Histology and histopathology of the skin
- Morphology

Clinical Training Evidence must be recorded regularly in the Trainee Online Portfolio (TOP). Full details of all TOP requirements can be found in Chapter Six below.

4.1.1 On-call training

On-call and after-hours service provides valuable training opportunities and experiences. In some positions and institutions it is an important component of patient care and clinical service. College requirements for on-call and after-hours rostering of trainees are:

- There is compliance with the relevant State award
- It is part of the contract with the employing body (hospital, foundation, etc.)
- It is remunerated according to the relevant award for on-call service and overtime
- Indemnification and work cover is provided by the employer for the after-hours service.

Each training position and training site will have different requirements for on-call service. It is recognised that the demands on trainees during on-call periods will vary significantly between training sites and that on-call rosters will therefore vary accordingly. Trainees and training supervisors should seek advice from the appropriate industrial organisation for interpretation of award conditions.

4.2 Rotation Learning Plans (RLP)

The SoT works with the trainee at the start of a rotation to create an RLP which is uploaded to the TOP. Each RLP is designed to ensure appropriate progression in experience and responsibility. RLPs are designed to ensure that the curriculum is covered, with enough flexibility to allow the trainee to develop special interests in particular areas. RLPs aim to:

- Put the trainee in control of their own learning in both clinical and private study.
- Foster discussion between the trainee and their supervisor(s) on learning priorities.
- Act as a review of previous medical experience and/or clinical rotations.
- Identify learning outcomes from all sections of the curriculum required to be completed during and relevant to the rotation.
- Identify employable strategies and resources to use to help meet the learning outcomes.
- Plan for their research project and presentations.
- Be used for discussion in conjunction with the SITA.

At the end of each rotation, the trainee should reflect on and evaluate their learning plan and identify areas to focus on in future rotations. The RLP form is available in the eLearning Portal. **Trainees must upload a signed RLP in order to gain full access to the TOP.**

4.2.1 Using the RLP

a) The Trainee completes all sections of the RLP.

b) The Trainee arranges a meeting with their SoT within the **first fortnight** of the rotation and brings to this meeting their completed RLP.

c) The SoT selects Clinical Supervisors (CSs) to supervise the trainee who will:
   - be those who work most closely and/or most frequently with the Trainee and thus have the maximum opportunities to observe and assess the Trainee
   - agree to conduct the assessments and complete the SITA form if asked by the SoT to do so. The trainee does not know which CSs will be completing SITAs.

d) At least one of the two CS chosen to participate in the SITA process must have the opportunity to observe the Trainee in a procedural/surgical setting.

e) The Trainee selects learning objectives from the Curriculum and identifies skills that need developing, identifies resources and activities that will assist their learning (e.g. WBAs), and describes how they will meet the objectives of their learning.

f) The SoT reviews the RLP and suggests alterations or additions to learning outcomes and resources available to achieve them.

g) The SoT ensures that the learning outcomes are achievable, are suitable, and that the outcomes are commensurate with their level of training.

h) The SoT and Trainee discuss the RLP, amend as necessary, and sign the form. The form is uploaded into TOP by the trainee to confirm the plan.

i) The SoT and Trainee are encouraged to meet half way through the rotation to review progress. The plan can be changed as necessary and the Trainee documents amendments in the space provided on the form.

j) The RLP is to be reviewed at the end of the rotation or before the next SITA meeting to ensure that the goals have been achieved, to assist with feedback on the appointment and to proactively and relevantly prepare for the next RLP.

If the Trainee is continuing in the same positon with the same SoT, the SITA meeting should also be used to develop a second RLP for the same position. The RLP cannot be completed if a Trainee is undergoing a Supplementary Supervision Program.

4.3 Essential Surgical Procedures or Treatment Modalities

Trainees must keep a log of the below procedures in their **TOP** using the **Procedures Log form** available in the eLearning Portal. All Essential Procedures/Treatment modalities must be logged by the completion of the 3rd year of training, when the Trainee Online Portfolio is submitted to determine eligibility for application for the Fellowship Examination.

Trainees should start to log experience from the commencement of training. **When logging experience, include the patient's gender, age and initials only.** The supervising consultant must sign the log within **one week** of the procedure, to verify that the log is accurate.

PROCEDURE		
1	**Anaesthetic procedures**	a) nerve block, including digital, facial, facial-sensory, supraorbital, supratrochlear, infraorbital, submental, external, nasal
2	**Biopsies**	a) punch * b) shave * c) excisional d) incisional
3	**Biopsies – special sites**	a) scalp (alopecia) * b) nail * c) eyelid * d) lip/mucosa *
4	**Shave excision or saucerisation**	a) benign
5	**Curettage**	a) benign b) malignant *
6	**Electrosurgery**	a) benign
7^	**Excisional surgery**	a) excisional ellipse simple closure * b) fusiform ellipse layered closure * c) fusiform ellipse with specialised skin closure (subcuticular, half buried etc) d) excision in special areas: lip nose brow eyelid ear e) skin grafts split full thickness f) flaps advancement transposition rotation subcutaneous or myocutaneous pedicle
8	**Cryotherapy**	a) benign (solar keratoses, verrucae, skin tags) * b) malignant (superficial BCC, IEC/Bowen's) *
9	**Phototherapy**	a) narrow band UVB *
10	**Pulsed Dye Laser Surgery** *	
11	**Photodynamic Therapy** *	
12	**Intralesional Treatments**	a) intralesional steroid injection *
13	**Patch Testing and photo patch testing #**	
14	**Microscopy of direct skin scrapings/parasites/hairs #**	

* Procedures that require a ProDA. (Refer to Chapter 5.5)

While not surgical procedures, these must be logged and so are included here.

^ Procedures 7d, 7e and 7f must continue to be logged over the four years of training.

4.4 Advanced Surgical Procedures or Treatment Modalities

Where possible, Trainees are expected to observe, and keep a log of the advanced procedures or treatment modalities. There are two types of advanced surgical procedures or treatment modalities of which trainees must keep a log listed in the table below.

The supervising consultant must sign the log in the **TOP** within **one week** of the procedure, to verify that the log is accurate.

Procedures not performed by dermatologists locally can be signed off by plastic surgeons, or physicians working within dermatologist's rooms/supervision. Non-dermatologist specialists signing off on procedures must be clearly identified with the following information:

- Name (first and last) printed
- Name of specialty
- Academic post-nominals

When logging experience, include the patient's gender, age and initials only.

Must be observed by the end of the third year of training in order to be eligible to sit the Fellowship Examinations. They are examinable.	**Expected to be observed, where possible, by the end of the fourth year but should not be all left until the fourth year. They are examinable.**
1. Radiotherapy of skin malignancies 2. Ablative laser resurfacing with CO2 or erbium lasers 3. Other lasers: tattoo lasers (Q-switched Nd YAG, alexandrite or ruby); pigment lesion lasers (Q-switched Nd YAG, other); hair removal lasers (diode, LPIR, ruby) 4. Mohs surgery 5. Complex flap surgery 6. Wedge resection of lips and ears	1. Injectable fillers 2. Injectable muscle relaxants 3. Autologous fat transfer 4. Chemical peels 5. Scar revision procedures – CO2 laser; surgical, for example z-plasty 6. Sclerotherapy 7. Intense pulsed light 8. Composite skin cartilaginous grafts

4.5 Professional Development: Workshops and Meetings

As noted in 3.3 and 3.4 Trainees are required to attend:

- 1st and 3rd year workshops
- Two ASMs in the first three years of training
- All compulsory tutorials and meetings as required.
- Annual Faculty meetings, hospital clinical meetings and other meetings from time to time

Records of these attendances should be kept in the TOP.

CHAPTER FIVE: ASSESSMENT AND EXAMINATION REQUIREMENTS

5.1 Assessment Requirements of the Dermatology Training Program

Trainees are required to complete successfully the below assessments during the Training Program. Each of these is outlined in more detail in this chapter.

a) Pharmacology Online Module
b) Research Methods I: Basic Evidence Based Medicine Online Module
c) Clinical Sciences Online Competency Modules (9)
d) Teaching, Learning and Supervision online module
e) Summative In Training Assessments (SITA)
f) Work-based Assessments (WbA) comprising:
    - Case-based discussion (CBD)
    - Procedural Dermatology Assessment (ProDA)
    - Dermatology Clinical Evaluation Exercise (Derm-CEX)
g) Fellowship Examination (comprising):
    - Written Examinations
    - Histopathology, Online Laboratory Dermatology and Dermoscopy examinations, Short Case Vivas
    - Clinical Long Case Vivas and Procedural Dermatology Vivas

5.2 Online Modules

5.2.1 Pharmacology, Clinical Sciences, Evidence Based Medicine

These online modules are accessible from the College eLearning Portal. They are usually available when trainees accept their position in the Training Program, however Trainees will be informed if this time frame varies. Trainees are provided with their own secure, password-protected account to access these modules.

The modules cover the components of the Clinical Sciences, Pharmacology and Research section of the Curriculum. They may be completed in any order, however Pharmacology must be completed by 1 May in year one of the Training Program. Failure to pass the Pharmacology module by 1 May in first year will result in an unsatisfactory SITA. Other modules must be completed by the end of 1st year.

All modules will be examined via auto-marked true-false type questions and trainees must achieve a score of 75% in each module in order to pass this component overall (multiple attempts permitted). Any evidence of collusion between Trainees will be deemed as a failure to satisfactorily complete the modules and hence unsatisfactory performance.

Eligibility and entitlement of the trainee to continue in the Training Program may lapse at the end of their first year of full time training (or pro-rata equivalent) for Trainees who do not pass the remaining online modules (Clinical Sciences and Evidence Based Medicine) by year one.

Content covered in these modules is also examinable within the various components of the Fellowship Examinations.

5.2.2 Teaching, Learning and Supervision module

From 2017 the completion of 5 TAE40110 modules will be replaced by online modules that trainees can complete during their training. They can be completed in any year, but must be completed prior to the completion of 4th year. The modules, available in the eLearning Portal, aim to provide trainees with an opportunity to learn and apply topics such as:

- Principles of adult learning
- Teaching and learning styles
- Effective feedback

Trainees will also have access to other online modules that address areas such as mentoring, supervision and dealing with difficult situations.

5.3 Summative In Training Assessment (SITA)

5.3.1 SITA Overview

SITA's are completed by the clinical supervisors of a trainee. They provide an assessment of the trainee's performance at the end of a rotation against a number of standards and criteria relating to clinical and professional qualities of the curriculum. They also provide an opportunity for feedback regarding strengths and weaknesses of the trainee.

The objectives of the SITA process are to:

a) Assess whether a Trainee's performance in the rotation has met required standards relative to their stage of training
b) Provide an opportunity for positive and constructive feedback
c) Determine whether a Trainee requires more supervision
d) Inform Trainees who are not meeting the required standards that their performance needs to improve
e) Provide a formal mechanism for documenting unsatisfactory performance, if applicable.

SITA's must be satisfactory for a Trainee to progress to the next stage of Training.

The minimum number of SITAs required in a training year is two. SITAs for **one or two rotations** are generally completed in July and the following February. SITAs for **three rotations** are generally completed in June, October and the following February. SITAs for **four rotations** are generally completed in May, August, November and the following February. IMGs must complete a minimum of 1 SITA every six months.

Trainees starting their year in a month other than February must discuss with the DoT when SITAs will be required to be completed for the training year along with due dates.

The SITA process for all rotations has the same forms, available in the eLearning Portal:

a) The SITA Assessment Form
b) The SITA Summary Form.

5.3.2 SITA Process

a) At the appropriate time each year, dependent on the number of rotations and clinical weeks completed, the Trainee makes a request to their SoT, via TOP, that SITAs are to be completed.

b) The SoT requests SITAs to be completed by the Clinical Supervisors in confidence. SITA's may, at the request of the SoT, be completed by all supervisors of a trainee. Supervisors who make limited contact with a trainee will indicate this on the form. Supervisors submit their completed SITAs into the TOP in confidence. The SOT will also complete a SITA.

c) The completed SITA forms are NOT to be shown to the Trainee, or given to the Trainee, or any other person under any circumstances. The SoT should have a minimum of three completed SITA Assessment forms for the assessment period.

Additional SITAs may be requested in cases where Trainee performance is under question or there is variation in the SITAs received and the SoT is seeking further clarification of the trainee's performance.

5.3.3 Using the SITA Summary Form

a) Once all the SITA forms have been submitted by the Clinical Supervisors, The SoT collates the information onto the SITA Summary form.

b) The Trainee and SoT have a face-to-face meeting to discuss the Trainee's progress during their rotation, the completed SITA Summary form and how their learning reflects their RLP.

c) The SoT determines whether the assessment is 'Satisfactory' or 'Unsatisfactory'. A Trainee's performance will be deemed unsatisfactory if the SITA Summary form details ratings of "Below expected standard" or "unsatisfactory" from two or more supervisors on two or more criteria.

d) Trainees whose performance is deemed unsatisfactory may be required to complete a Supplementary Supervision Program (SSP). Refer to the 'Unsatisfactory Performance by Candidates' policy for more information on unsatisfactory SITAs. The policy addresses SSPs, Performance Improvement Forms (PIFs), Probation and Consistent Unsatisfactory Performance. Trainees should be familiar with the terms of this and all other relevant training related policies.

e) Both the Trainee and the SoT sign the completed SITA Summary form and the Trainee uploads the signed version into TOP.

It is the Trainee's responsibility to ensure that all the forms are complete, that they have the required meeting with their SoT to discuss the SITA Summary form, and that the form is uploaded to the TOP by the due date.

5.4 Work-based Assessments

5.4.1 Overview of WbAs

A Work-based Assessment is a competence-based assessment conducted in the day-to-day clinical setting. It reflects the curriculum and tests performance of everyday practice through direct observation. The most important use of this assessment is providing Trainees with structured teaching and constructive feedback to inform and develop their knowledge and skills. WbAs are Trainee-led and comprise:

a) Case-based Discussions (CbD)
b) Procedural Dermatology Assessment (ProDA)
c) Dermatology Clinical Evaluation Exercise (Derm-CEX)

The Trainee must negotiate with an appropriate assessor, and discuss an appropriate case and timetable.
The combination of assessments over the training period allows Trainees to chart their own progress. Summary evidence from assessments completed across the training year assists completion of the SITA, and will contribute to the decision made on how well each Trainee is progressing.

Number, Frequency and Length of Assessments
Trainees are responsible for ensuring that they undertake the required number of Work-Based Assessments as noted below and in the TOP.

a) CbDs – 4 per year (usually 2 every six months) and cover a wide variety of topics and are not repetitive
b) ProDAs – 4 per year (1st and 2nd year) and 3 per year (3rd and 4th year)
c) Derm-CEX – 3 per year; first years must include Lesion: General skin examination (mandatory) as one of their three Derm-CEXs.

WbAs are intended to encourage learning and development. Trainees are not expected to be competent on their first attempt at a Work-Based Assessment. It is expected that Trainees will complete assessments, and/or parts of assessments, a number of times in order to become competent.

- As many attempts at an assessment may be made as is necessary to become competent. There are no adverse consequences for having to attempt a procedure several times as long as the Trainee is finally deemed competent.
- Adequate time must be allowed for repeat assessments where further development is required.
- Attempts must be completed on a regular basis across the training year.
- All attempts must be logged in **TOP** using the relevant forms available in the eLearning Portal.
- Information is provided suggesting the year in which assessment of specific topic areas should be attempted. This assists the development of the RLP.
- Assessments should be completed on different patients and in different settings to broaden the range of experience and feedback received.
- Ongoing constructive feedback given by Supervising Assessors (SAs) helps to keep progress on track

- The assessment should take approximately fifteen to twenty minutes, or the time it takes to complete an initial consultation or specific procedure. The Supervisor must provide feedback immediately after the assessment, especially when deficiencies have been identified. This would normally take about five minutes.

Trainees should have a variety of assessors – CSs and SoTs – throughout each rotation in order to benefit from different expertise and feedback.

The Supervisor should ensure:

- They have an appropriate level of expertise in the procedure or subject area being assessed
- The Trainee has informed the patient about the assessment, consent has been provided, and that the patient is not subject to increased risk or discomfort.

The SA retains responsibility for patient care throughout and must intervene, should it be required.

5.4.2 Case-Based Discussions (CbD)

CbDs are structured discussions between a trainee and a supervisor designed to evaluate clinical practice, interpretation, decision-making and professional judgment exercised in clinical cases. It is not intended as a knowledge test, or as an oral or clinical examination. It is intended to guide the trainee's learning through structured discussion and feedback. Cases in which the trainee has had a significant role in clinical decision making and patient management can be used. The discussion can be focussed on a single complex case or a series of cases that cover a wide range of clinical problem areas. The discussion should reflect the trainee's level of experience and be linked to the curriculum. The cases can be selected by the Trainee or the SA but must be acceptable to the SA.

The Trainee is responsible for ensuring that they undertake the required number of CbDs.

Areas for Assessment:

- Record keeping/History taking
- Differential diagnosis
- Investigation plan
- Interpretation/application of clinical findings
- Working diagnosis
- Treatment management plans

The case-based discussion should take approximately 20-30 minutes, including a 10 minute feedback session. Completed forms must be uploaded into TOP. Forms can be downloaded from the College eLearning Portal.

Using the CbD Form

a) The Trainee approaches the SA advising they will be completing a CbD on a patient and would like their performance assessed.

b) The Trainee gives the form to the SA prior to the assessment.

c) The SA interviews the Trainee about the case, particularly focusing on their approach, diagnosis, differential diagnoses, investigations and results, the management plan , reflection on what went well and what they would change in similar situations in the future.

d) The SA then provides appropriate verbal feedback on the Trainee's performance.

e) Feedback should focus on the trainee's clinical decision making skills and include comments on what the trainee did well and areas for improvement.

f) The supervisor rates the trainee's performance on each of the areas being assessed. If a trainee receives a rating which is below expectations for their stage of training, the supervisor must complete the 'suggestions for development' section of the form.

g) If any significant areas for development are identified during the session, the supervisor and the trainee should devise a remediation plan.

h) The Trainee completes the portfolio section on reflective feedback and briefly documents what they would do differently in future.

i) Both the Trainee and the SA sign the CbD form where indicated and upload the form to the **TOP**.

5.4.3 Procedural Dermatology Assessment (ProDA)

The ProDA is designed to assess a Trainee's core technical skills and their ability to perform routine clinical procedures effectively and safely. The assessor must be a suitable expert (Fellow) in the procedure being assessed. Trainees are responsible for ensuring they undertake the required number of ProDAs.

Not all elements need to be assessed on each occasion. **Each ProDA has its own form.** All ProDAs must be logged until each skill is recorded as satisfactory.

***Note: Due to rotations and opportunities the yearly allocation can be changed, as long as all are completed by the end of training.**

Suggested training year	ProDA of
1	Biopsy – punch Biopsy – shave/saucerisation Curettage – malignant lesion Cryotherapy – benign lesion
2	Excisional surgery – fusiform ellipse – simple closure Cryotherapy – malignant lesion Intralesional steroid injection Photodynamic therapy
3	Biopsy – scalp Biopsy - 2 of the following 3: nail OR eyelid OR lip/mucosa Excisional surgery – fusiform ellipse – layered closure
4	Phototherapy (narrow band UV OR PUVA/UVA) Pulsed Dye Laser (optional) Skin flap Skin graft

Both the SA and the Trainee should refer to the Procedural Dermatology section of the Curriculum for more detailed guidance, specifically, "General Considerations" and the relevant procedure.

Using the ProDA form

a) The Trainee approaches the SA advising they will be completing a procedure on a patient and would like their performance to be assessed at a mutually convenient time.

b) The Trainee gives the form to the SA prior to the assessment.

c) The SA observes the Trainee completing the procedure, exploring knowledge where appropriate, and completes the form at the end. The emphasis is on the Trainee's ability to complete the procedure and demonstrate understanding of underlying principles.

d) The SA provides constructive feedback on the Trainee's performance and the trainee should be guided to any learning resources needed to improve knowledge and/or performance. Each ProDA must be completed satisfactorily and must meet expectations for the stage of training. Failing this, the trainee will need to undertake the ProDA again until a satisfactory score has been achieved.

e) Being unsatisfactory is not an indication of poor performance but the opportunity to fine tune a procedural skill.

f) Both the Trainee and the SA sign the ProDA form where indicated. The form is then uploaded into the TOP.

5.4.4 Dermatology Clinical Evaluation Exercise (Derm-CEX)

The Derm-CEX focuses on conducting an initial consultation with a new patient in a variety of different settings. It is designed to assess the trainee's ability to communicate with patients, take a thorough history, obtain informed consent and examine patients. The settings should be varied and could include outpatients, in a practice or on the ward.

Trainees should use the Curriculum as a guide to which topic areas are more suitable for assessments for their stage of training. Refer to the "Fundamentals of Clinical Practice in Dermatology" and Specialised Content Topic Areas" of the Curriculum for more detailed guidance. First year Trainees must include Lesion: General skin examination as one of their three Derm-CEXs. Where possible, they should consult on any of the following topic areas below.

1) Eczema	13) Disorders of nails
2) Psoriasis	14) Disorders of sweat glands
3) Exanthems	15) Oral diseases
4) Drug eruptions and reactions	16) Anogenital diseases
5) Urticaria, erythema, purpuras & vasculitis	17) Disorders of physical agents
6) Benign skin neoplasms	18) Histiocytoses
7) Pre-malignant and malignant skin neoplasms	19) Disorders of macrophages
	20) Disorders of subcutaneous fat
8) Infections	21) Vascular system disorders
9) Adnexal diseases	22) Lymphatic system disorders
10) Infestations and bites	23) Paediatric dermatology
11) Pigmentary disorders	24) Pregnant women
12) Disorders of hair	25) The elderly

Using the Derm-CEX form
This form is generic and can be used to assess the performance of a Trainee in any initial patient consultation regardless of the presenting issue. The Derm-CEX form can be downloaded from the College eLearning Portal.

a) The Trainee approaches the SA advising they would like their performance to be assessed and organise a mutually convenient time.
b) The Trainee gives the form to the SA prior to an assessment.
c) The SA directly observes the Trainee with the patient and completes the form at the end.
d) The SA then provides constructive feedback on the Trainee's performance and the trainee should be guided to any learning resources needed to improve knowledge and/or performance.
e) Each Derm-CEX assessment must be completed satisfactorily (all areas must be a four), and must meet expectations for the stage of training. Failing this, the trainee will need to undertake the Derm-CEX again until a satisfactory score has been achieved.
f) Being unsatisfactory is not an indication of poor performance but the opportunity to fine tune a clinical skill.
g) Both the Trainee and the SA sign the Derm-CEX form where indicated. The original form is uploaded into **TOP**.

5.5 Fellowship Examinations

5.5.1 Application to sit the Fellowship Examination

Notice of the Fellowship Examinations is posted in the eLearning Portal at least two months prior to the application closing date. Application forms can be downloaded from the eLearning Portal. The form, fee and specified documents must be lodged for each examination attempt.

All completed application forms must be lodged with the College by 5pm on the closing date. Any applications received after the closing date will attract a late fee, payable no later than 14 calendar days after the exams' closing date. The full Fellowship Examination fee must be paid whether a candidate sits part or all of the Fellowship Examination.

Certain College activities, including examinations and assessments, are conducted outside of normal business hours including evenings and weekends. The Fellowship vivas (August component) are always scheduled to be held on a Friday and Saturday.

5.5.2 Eligibility to sit the Fellowship Examination

The following criteria must be met to be eligible to apply to sit the Fellowship Examinations:

- Be in their fourth year (or be studying at an approved status such as PTC)
- Have completed a minimum of **150 equivalent full time** weeks of training if a non IMG trainee
- If an IMG, have completed 46 weeks of training in the first year, and 17 weeks of training in the second year
- Have completed all Publications/Research Projects and Presentations by the end of their third year of training and have written confirmation from College of meeting the requirements.
- Has successfully completed all SITAs to the end of their third year^^

- At the end of third year the DoT has checked Trainee logbooks for quality and completeness of all medical-related content such as ProDAs, DermCEXs, CbDs and RLPs, and the Training Portfolio/TOP has been submitted to College.
- A final check is conducted by the Senior Academic Support Officer on the validity and accuracy of the documents submitted including:
  a) Work Leave Summary (entered by the HoD after each training year)
  b) Completed yearly checklists/annual review for each year of training, signed by the DoT.
  c) Logs of attendance at Faculty and hospital clinical meetings
  d) Recorded details of scientific meetings attended and append evidence where required
  e) First 3 years of 46 weeks training per year verified (or first year of 46 weeks if an IMG), signed off by the DoT.

^^ If a trainee fails their last SITA of their third year they may apply provisionally to sit the Fellowship examinations while the PIF procedures are established and followed. The trainee must satisfy all PIF requirements before the June Writtens. If the trainee does not satisfy all PIF requirements before the June Writtens, they may not sit the examinations, and will need to re-apply the following year. Application fees already paid provisionally will be refunded.

It is the responsibility of the Trainee to ensure that all necessary documentation is completed accurately and submitted to the College via TOP (or other approved method), together with the scheduled fee, by the due date.

The dates for all components of the Fellowship Examination for each year are provided to trainees via email, the handbook and the eLearning Portal.

Eligible Trainees will be notified of the acceptance of their applications by email within six (6) weeks of the examination. Information about the venue and time of the examination will be included in the communication.

Where Trainees fall outside these requirements they should contact College to discuss other potential options. The decision on the acceptance of Fellowship examination applications remains the sole responsibility of the NExC.

5.5.3 Fellowship Examinations

The Fellowship Examination is conducted in three parts covering two Divisions (*Medical and Procedural*). These are outlined below.

Part 1: Fellowship Written Papers (early June in local capital cities)

This examination consists of four (4) written papers:

a) *Medical Division*: Dermatological Medicine I (Part A and B): Each of these two papers (Parts A and B), are of three hours duration. Each paper consists of essay questions on medical dermatology and contains six clinical scenarios followed by a series of short answer questions of variable length and mark allocation. Some questions may be supplemented by photographic material.

b) *Medical Division*: Dermatological Medicine II: This three hour paper consists of 100 questions of true/false type each with 5 parts. The paper includes questions on general dermatology and general medicine pertaining to dermatology, including clinical pharmacology, histopathology and laboratory medicine. There is no negative marking.

c) *Procedural Division*: Procedural Dermatology: This two and a half hour paper consists of 100 questions on all aspects of procedural dermatology. All of the questions in this paper are true/false type questions (each with 5 parts). There is no negative marking.

Detailed information regarding these examination papers will be sent to candidates who have been assessed as eligible, six weeks prior to the examination.

Note that there will be a Dangerous Practice provision in marking of the essays which will allow a deduction of up to 50% of marks for that essay.

Each Division (Medical and Procedural) must be passed to allow progression to the July/August vivas. The combined mark for DMI and DMII will be used to determine the overall mark for the Medical Division for these examinations. The pass mark is set at SD -1 for both Divisions.

There are two possible outcomes of the June Written Examination:

1. The expected standard of the examination is not met and progression to the next two parts of the Fellowship examinations is denied. The candidate may attempt the Written Examination again in the subsequent year/s (subject to attempts rule), or
2. The expected standard of the examination is met and the candidate receives an invitation to attend the next two parts of the Fellowship examinations.

Trainees will be notified of their assessment outcome. Trainees who successfully pass the June Written components of the examination will be notified regarding the July and August venues, dates and session times.

Part 2: Histopathology Viva, Online Laboratory Dermatology, Online Dermoscopy Examination and Short Case Vivas (late July in local capital cities)

These assessments, covering the *Medical Division*, are held in local capital cities on a weekend in late July. The content of these examinations and the conditions assessed are covered in the Curriculum. This examination consists of three sections:

a) Histopathology Viva: The histopathology examination is a viva voce with 2 examiners: a histopathologist and the local State member of the NExC or an appropriate local experienced examiner nominated by the NExC. Candidates are required to examine five histopathology slides in 50 minutes using a microscope. They then have a viva up to 30 minutes with the two examiners.

Candidates will be assessed on their ability to:

- Assess five dermatopathology slides
- Identify histopathological features
- Discuss diagnosis and further investigations as appropriate.

b) Online Laboratory Dermatology and Online Dermoscopy: The dermoscopy and laboratory examinations are online, delivered within the eLearning Portal and are invigilated. Each consists of multiple choice questions (one or more correct answers) based on dermoscopic and laboratory dermatology images. Trainees may have a

percentage of the total possible mark deducted for each question where wrong answers are selected. The total time for the online examination is 40 minutes.

Candidates will be assessed on their ability to:

- Assess dermoscopic and laboratory dermatology images, results or reports
- Identify relevant features and diagnoses.

c) Short Case Vivas: In the short case vivas, based on clinical photographs, Trainees will be examined on 6 cases over 30 minutes. The short cases will be conducted by two examiners. At least one examiner will be a member of the NExC, or if not possible an appropriate local experienced examiner nominated by the NExC.

Candidates will be assessed on their ability to:

- Recognise clinical signs
- Develop a diagnosis and differential diagnosis
- Outline an initial investigation
- Briefly state relevant treatment(s)
- Provide information on other important aspects of the condition.

The date for the Histopathology, Online Laboratory Dermatology /Online Dermoscopy Viva and Short Case Vivas for each year is listed in the "Notice of Examinations" document on the College eLearning Portal. Candidates will be notified by email and by letter once information about the venue and time for the Examination is finalised.

Part 3: Clinical Vivas (first or second week of August in one major State centre)

These vivas will be held in one Australian city centre (different city every year). The content of this examination and the conditions assessed are covered in the Curriculum. There are two assessments, covering both Medical and Procedural Divisions.

a) *Medical Division*: Long Case Vivas (LCV): There are three LCVs, each involving two separate cases:
   - Candidates will have 30 minutes to assess the two cases, both live patients.
   - Candidates will have 5 minutes to formulate a management plan on examination paper provided.
   - Immediately following, candidates will have a 20 minute viva in which they will discuss the cases.

Candidates will be assessed on their ability to:

- Take a history.
- Carry out a dermatological and general examination.
- Arrive at a diagnosis or at least a differential diagnosis.
- Suggest appropriate investigations.
- Outline a management strategy.
- Deal with ethical and professional issues.

LCVs will be conducted by two examiners. At least one examiner will be a member of the NExC.

b) *Procedural Division*: Procedural Dermatology Vivas (PDV): These vivas will consist of six examination rooms with a specific theme to each; for example, one room may be

repair options or another, lasers. In each room two examiners, one from the NExC and one guest examiner from the local State Faculty, will employ a discussion-based format using clinical photographs to allow candidates to demonstrate their knowledge of procedural dermatology as covered in the Curriculum. Details of specific room themes will be provided to candidates in the examination information. Questions are marked according to a pre-determined marking rubric.

Candidates will be assessed on their ability to:

- Demonstrate their knowledge of surgical and non-surgical procedures used in specialist dermatology practice
- Select the appropriate procedure/s for a given clinical situation.

The dates and venues for the LCVs and the PDVs are listed in the "Notice of Examinations" document on the College eLearning Portal.

Note that there will be a Dangerous Practice provision applicable to all vivas which will allow a deduction of up to 50% of marks for that component of the viva if the candidate's answer is considered one that would endanger a patient.

5.5.4 Examination Marking Guidelines and Pass Marks

All vivas are marked according to a pre-determined rubric set by the NExC. A numerical and global score will be awarded by two examiners marking independently.

Candidates must pass each Division in the Vivas in order to pass the Fellowship Exam. The pass mark is set at 1 Standard Deviation below the mean (SD -1). Candidates must score above this in each division to pass overall.

If a candidate scores a mark below the pass mark (SD -1) but equal to or greater than 1.25 SD below the mean (SD -1.25) in the Clinical Vivas, the NExC may award a pass in that Division provided their Global Competency Score (GCS) is equal to or greater than half the total GCS score for that component e.g. 5/10

To achieve a successful outcome in the Fellowship Examination, passes must be achieved in each of the four areas listed below:

a) The Medical Division of the June Written papers (combined score of DMI and DMII)
b) The Procedural Division of the June Written papers (PD)
c) The Medical Division of the Clinical Vivas (i.e. Histopathology, Online Laboratory Dermatology, Online Dermoscopy exam, Short Case Vivas and Long Case Vivas)
d) The Procedural Division of the Clinical Vivas (Procedural Dermatology Vivas).

The table below highlights this.

Item	Medical Division	Procedural Division
Writtens (June)	Dermatological Medicine I (DM I) Dermatological Medicine II (DM II) *Pass mark (cut off) SD -1*	Procedural Dermatology (PD) *Pass mark (cut off) SD -1*
Invited to Clinical Vivas if Medical Division and Procedural Division of Writtens are both passed		
Clinical Vivas (July)	Histopathology Viva (HV) Online Dermoscopy (OD) Online Laboratory Dermatology (OLD) Short Case Vivas (SCV) *Pass mark (cut off) SD – 1*	
Clinical Vivas (August)	Long Case Viva (LCV) *Pass mark (cut off) SD – 1*	Procedural Dermatology Viva(PDV) *Pass mark (cut off) SD – 1*
Overall Medical Vivas Score (OMVS) = HV + OD + OLD + SCV + LCV. Candidates must achieve an overall pass in the OMVS **Overall Procedural Viva Score (OPVS) = PDV.** Candidates must achieve a pass in the OPVS		
Overall Fellowship Score (OFS): total mark (DMI + DMII + PD + OMVS + OPVS). These scores are used for calculation of prizes only.		

5.5.5 Outcomes of Fellowship Examination

There are three possible outcomes for a Trainee who has attempted part of, or the entire Fellowship Examination.

A. Fellowship Examination Outcome 1:
The Trainee who is assessed as having failed the Fellowship Written Examination will be advised of this and will not be admitted to the Clinical Vivas. They will be eligible to re-present for the Fellowship Written Examination in subsequent years (subject to attempts rule).

B. Fellowship Examination Outcome 2:
The Trainee who has successfully completed the Fellowship Written Examination and has subsequently obtained a pass in both Medical and Procedural Divisions of the Clinical Vivas (OMVS and OPVS) will have passed the Fellowship Examination.

C. Fellowship Examination Outcome 3:
The Trainee who has successfully completed the Fellowship Written Examination but has subsequently failed one or both of the Divisions in the Clinical Vivas (Medical/Procedural) will receive an exemption for the Fellowship Written Examination for one subsequent year, however they must complete all components of both Divisions (Medical and Procedural) of the Clinical Vivas in the next attempt. There are **NO** exemptions granted for any components of the Medical or Procedural Clinical Vivas.

5.5.6 Fellowship Practice Questions:

To assist Trainees in their preparation for the written and online components of the Fellowship Exam, practice questions will be made available on the eLearning Portal

5.5.7 Examination attempts

Trainees are allowed four (4) attempts at the Fellowship Examination within ten years of commencement of the Training Program, and within four years of commencement for IMGs.

The following rules apply to examination attempts:

- Once a Trainee has sat the Written component of the Fellowship Examination, regardless of the result, this is deemed as one attempt at the Fellowship Examination. Subsequent examination attempts, whether written only, or written plus Vivas, are considered further examination attempts.
- A pass in the Written examination is valid for 2 consecutive attempts at the Clinical Vivas. If the viva section is failed on two occasions, the candidate must re-sit, and pass, the Written examination prior to being permitted their next attempt (3rd) at the Clinical Vivas.
- A candidate who has failed the Written examination is eligible to re-sit the Written examination the next year.
- A trainee who registers to attempt an examination but on the day fails to attend will have that counted as an attempt unless there are extenuating circumstances (see Special Consideration policy).

Trainees who are unsuccessful in their Writtens or Clinical Vivas are advised that they have failed. They will receive feedback on their performance from their State Examiner.
Trainees who have not completed all requirements of the Dermatology Training Program within the designated time frame are required to apply for re-entry into the training program and to compete with current applicants for training positions.

5.5.8 Post Training Candidates

Trainees who either fail the Written component of the Fellowship Examinations, or pass the Written component of the Fellowship Examinations but fail the Vivas, or who choose not to sit their examinations in their fourth year (or pro rata or part-time equivalent), become Post Training Candidates in the following year. They do not occupy an accredited training position. They are provided with an academic mentor and a personal mentor. They share the rights and responsibilities of trainees in an accredited training position, including access to the eLearning Portal. For more details refer to the Post Training Candidate Policy on the College website.

5.5.9 Unsuccessful Fellowship Exam Follow-up

Candidates who are unsuccessful in any part of the Fellowship examinations will be invited to attend a meeting with the DoT and their local State Examiner. This usually occurs within 6 weeks of the examination that they were unsuccessful in (i.e. June Writtens or July/August vivas. The purpose of this meeting is to provide feedback to the candidate on their performance and areas where the candidate needs to improve and to consider ways to manage their preparation for the next exam.

5.5.10 Other Examination Information

- College has clearly defined examination rules. These can be found in the eLearning Portal.
- In various situations trainees may be eligible for special consideration. Refer to the Special Consideration policy available on the website for more information.
- Trainees with a disability, condition or special need may be eligible for Reasonable Adjustment. Refer to the Reasonable Adjustment policy for more information.

5.5.11 Prizes

College awards several prizes based on performance in the Fellowship Examinations

1. **Travelling Scholarship (TSC)**

First offered in 1977 this prize is awarded to the most meritorious candidate in the Fellowship Examination. Galderma Australia Pty Ltd makes available $10,000.00 for the prize winner to attend the AAD meeting (or other College approved meeting) the following year. The prize, as determined by the NEXC, is awarded to the candidate with the highest **Overall Fellowship Score (OFS).** This equates to DMI + DMII + PD + OMVS + OPVS. (See table on page 32)

2. **Founders' Medal**

First offered in 1987, the Founders Medal was established by the Skin and Cancer Foundation. It is awarded to the candidate with the highest overall score in the **Procedural Division** of the Fellowship Examination. This equates to PD +PDV. (See table on page 32).

3. **Paver Medal**

First offered in 1978, the Paver Medal was established in recognition of the work of Dr Ken Paver in the profession. It is awarded to the candidate with the highest overall score in the **Medical Division** of the Fellowship Examination. This equates to DMI + DMII + OMVS. (See table on page 32)

Neither the Founders' Medal nor the Paver Medal has a monetary component as part of their prize. Each recipient is offered a complimentary AAD meeting registration (provided by the AAD). Should the TSC winner also be awarded the Founders' and/or Paver medal, they will already be in receipt of money allocated for attending the AAD. Therefore the AAD registration attached to the Founders' and/or Paver Medal would be offered to the next candidate (or next two candidates) on the order of merit list.

Should the recipient of either Medal choose not to accept the AAD registration, then the NExC will consult the order of merit list (relating to TSC scores) and offer the AAD registration to the next person on the list after the Medal winner. That person will not, however, be deemed a Medal winner, merely a recipient of funding.

CHAPTER SIX: TRAINEE ONLINE PORTFOLIO (TOP)

The Trainee Online Portfolio is a compilation of the Trainee's progress throughout their course. It includes copies of SITAs, Rotation Learning Plans, Procedures Logs, Work Based Assessments, completed research requirements, and other assessment results.

College has transitioned from a paper based to online portfolio. All Trainees must use the Trainee Online Portfolio (TOP) for all related portfolio activities. Trainees commencing prior to 2017 may have some paper based documents that will need to be uploaded into TOP. College will assist with this process.

Information on TOP is provided to each first year trainee at their February Workshop Weekend. TOP is used to document progress in the Training Program and trainees should **begin documenting their progress from the start of their training.**

Trainees can download all forms from the College eLearning portal. Short videos are also available in the eLearning portal to show Trainees how to use TOP.

6.1 How Trainees use TOP:

a) Assists Trainees to monitor their progress.
b) Enables Trainees to document that they have satisfied each of the requirements of the Training Program.
c) Provides graduating trainees with a record of their training for future use when applying for overseas registration.

6.2 How DoTS and SoTs use TOP

d) Provides to DoT/SoT a record of Trainee accomplishments and progress at any time during the training period.
e) Provides SoTs and DoTs with information regarding the specific training requirements of IMG Trainees.

6.3 A Trainee must have in their completed Trainee Online Portfolio:

a) Copies of Rotation Learning Plans completed for **each** rotation signed by the SOT.
b) The following original completed Work-based Assessments:
    - Case-Based Discussions as outlined in the Trainee Online Portfolio.
    - The required ProDAs as specified for each year of training
    - The required Derm-CEXs as specified for each year of training
c) The original SITA Summary Forms for each rotation, signed by Trainee/SoT and any Performance Improvement Forms; Supplementary Supervision Plans if applicable.
d) Logs of experience and observation in essential and/or advanced procedures / treatment modalities completed and signed by the CS within one week of being observed and signed by the SoT for each rotation.
e) Logs of attendances at faculty, hospital, scientific meetings and other professional meetings with proof of attendance supplied.

f) Recorded details of publications and presentations and appended evidence where required.

g) All work/leave Summaries (signed by the HoD after each rotation and by the DoT at the completion of Training).

h) Completed annual review approved and signed by the DoT.

6.4 Trainee Online Portfolio Review and Fellowship Examinations

In order to be able to sit for the Fellowship Examinations trainees must present their TOP for assessment by:

a) The DoT – following the annual review, the DoT will report to College on the quality and completeness of all ProDAs, DermCEXs, CbDs and RLPs.

b) College administrative staff – the following documentation from trainee logbooks must accompany the examination application form, due at College by 8th March, or the next business day if this date falls on a weekend or public holiday:

- First 3 years of annual reviews, all signed off by the DOT
- First 3 years of hospital appointments, all signed by the relevant HODs
- First 3 years of 46 weeks training per year verified, signed off by the DOT
- If an IMG, 46 weeks of the first year, and five weeks of the second year already completed with an additional 12 weeks to be completed by the last week in May, verified and signed off by the DoT
- Evidence of having attended the requisite number of ACD scientific meetings
- Meetings attendance log (hospital, clinical, other).

Any potential problems relating to SITAs, publications and presentations will already have been addressed throughout the first three years training.

Shortly after the closing date (8th March), or the next business day if this date falls on a weekend or public holiday, the College's Senior Academic Support Officer will report on the eligibility (or otherwise) of all Fellowship Examination applicants to the NExC for final determination for eligibility to sit the Fellowship Examinations. The decision on the acceptance of Fellowship Examination applications is the sole responsibility of the NExC whose decision is final.

CHAPTER SEVEN: RESEARCH AND PRESENTATION REQUIREMENTS

7.1 Research and Presentation Requirements

College requires Trainees to be competent in research and presentation skills. The research discipline develops evaluation skills and encourages future interest in contributing to scientific knowledge. Work on publication and presentation requirements should be commenced in first year so that they can be completed in a timely manner.

Trainees should note that College has several research requirements in place depending on the year of commencement. These are listed below. Trainees who believe they meet this requirements are advised to review the Recognition of Prior Learning policy and apply as necessary.

7.2 Research Requirements for trainees commencing FROM 2017 onwards

7.2.1 Trainees commencing from 2017 onwards

Trainees are required to complete a range of research activities as part of the training program. These include:

- Completion of CSOCM research modules (Research Methods I, II and III) by the end of 1st year
- Submission of a research project proposal to the Academic Research Committee (ARC) in year 1 by April 14.
- Undertake approved research project.
- Submit completed project to ARC by the end of August in the 3rd year of training (or FTE)

7.2.2 Research Project

The Academic Research Committee is well aware of the difficulties in conducting research given the limitations of time and resources available to trainees. Trainees are strongly encouraged to "plan ahead" and allow for unexpected delays.

Research projects must be of a dermatological nature. Although it is anticipated that most projects will be of a clinical nature, basic science and/or laboratory projects will also be considered if relevant and of an appropriate standard.

Trainees should exercise caution in considering projects that are large, complex and/or time consuming. Trainees should be aware that the primary emphasis is on the learning process associated with conducting good research, rather than the topic or content of the project itself. Even 'small' projects, when conducted, analysed and discussed well, can result in a very meaningful learning experience. Nevertheless, the project must ask a reasonable and meaningful clinical question, and the rationale for the study should be presented to the ARC in their submission.

Trainees are encouraged to review the Research Modules on the eLearning Portal, prior to developing their research proposal. Trainees may find the knowledge gained from these modules helpful in developing their research projects and considering their methodologies and analyses.

7.2.3 Types of projects accepted

Types of projects accepted are listed below. Trainees may refer to the NHMRC Levels of Evidence documents for definitions of study designs and an overview of the hierarchy of evidence gained from different study types.

- NHMRC additional levels of evidence and grades for recommendations for developers of guidelines
- How to use evidence assessment and application of scientific evidence

1. Observational Studies (Cohort, Case Control and Cross Sectional Studies)

The STROBE guidelines (www.strobe-statement.org)are a recommended resource for these types of projects, and candidates are encouraged to refer to these as they represent best practice. These guidelines are available here.

2. Systematic Reviews

A Systematic Review (SR) is acceptable as a research project provided certain guidelines are followed. The ARC is particularly interested to see the candidate demonstrate an understanding of systematic reviews, and in particular, the limitations and strength of the evidence.

Firstly, a systematic review should start with a well-defined/focused research question as its purpose. The format for the SR should follow the PRISMA checklist. If the candidate submits a previously published paper under RPL, then a separate submission needs to be prepared which addresses all the points in the PRISMA checklist.

Special attention should be given to the following PRISMA checklist items:

- checklist item #3, #12, #15 and #25

3. Interventional Studies (Clinical trials including Randomised Controlled Trials)

Note that non randomized controlled trials are acceptable.

If a candidate wishes to embark on a RCT as their research project they are encouraged to refer to the CONSORT guidelines, which is a guide to best practice. They are available here: http://www.consort-statement.org/

In general, RCTs are a considerable undertaking and trainees should be realistic in what can be achieved in a relatively short time frame. The ARC understands that trainees may have taken part in a larger RCT for a year or so at some point during or prior to commencing training.

In order to be considered as a major research project, the trainee is expected to provide evidence of a significant contribution to the research methodology of the study. This may include patient recruitment, random allocation, study preparation and research, study design, data collection and analysis.

NB: Trainees should note that case reports, case series, and non-systematic "narrative" type reviews of the literature will not be accepted as a research project.

Qualitative studies will only be accepted in exceptional circumstances and would need to use validated methodology.

7.2.4 Initial Research proposal format

Trainees must submit a research proposal to the ARC via TOP by 14 April in year 1 of their training. The proposal should be 2-3 pages long and contain the following headings:

- Name of candidate, year of training
- Name of supervisor
- Setting
- Title
- Research question/aim
- Background and rationale
- Key points from literature
- Proposed methodologies and methods, including sample selection, size, analysis of results etc
- Proposed Ethics Committee approval, if applicable
- Timelines (Gantt chart)
- Funding sources and other sources of support, if any
- References
- Description of which aspects of project candidate was responsible for
- Signature of candidate and signature of supervisor verifying above

Where ethics approval is required they are responsible for applying through the relevant hospital/clinic ethics approaches prior to submission to ARC.

Once the proposal has been accepted by the ARC, the trainee can begin work on the project.

7.2.5 Final Research Project Submission

The completed project must be submitted to the ARC for assessment by August in the 3rd year of training in a similar format to a publishable work. This would include:

- Name of candidate, year of training
- Name of supervisor
- Setting
- Title
- Research question/aim
- Background and rationale
- Key points from literature
- Statement of Ethics Committee approval
- Methodologies and methods, incl sample selection, size, analysis of results etc
- Results
- Discussion
- Limitations of study/how it might be improved
- Funding sources and other sources of support, if any

- References
- Description of which aspects of project candidate was responsible for
- Signature of candidate and signature of supervisor verifying above

Candidates who wish to publish their work are encouraged to submit their work for publication by the end of Year 3 of training, however, publication is not a mandatory requirement.

7.3 Research Requirements for trainees commencing PRIOR to 2017

7.3.1 Trainees commencing prior to 2014

Trainees are required to submit 2 publications in approved journals. See Appendix 2 for a list of approved journals. See 7.2.4 for information on publication requirements.

7.3.2 Trainees commencing in 2014 and 2015

Trainees are required to submit either 1 major publication or 3 minor publications in approved journals. See Appendix 2 for a list of approved journals. See 7.2.4 for information on publication requirements.

7.3.3 Trainees commencing in 2016

Trainees are required to submit one major publication in an approved journal. See Appendix 2 for a list of approved journals. See 7.2.4 for information on publication requirements.

7.3.4 Publication requirements for trainees commencing prior to 2017

Research publications for trainees listed in 7.2.1 to 7.2.3 must be lodged in TOP and fulfil the following requirements:

a) The paper must be of a dermatological nature
b) The paper must be published or accepted for publication in a Journal of relevance to dermatology (see Appendix 2) or alternative journal as noted below
c) The Trainee must be the principal author if applying for recognition of a quality/major publication, and the first author for any other papers
d) The quality/major paper must be an original research article, OR a review article OR a case series with review
e) Publications of a very brief nature, such as short letters to the Editor or quizzes will not be accepted.

Trainees may apply to have their research credited if published in an alternative journal if the alternative journal is relevant to dermatology, of suitable standing and peer reviewed. Trainees who wish to publish in a non-ACD listed journal must provide the College with the following information (via TOP):

a) An application for approval to publish in an alternative journal
b) If the paper is already written, a copy of the notification of acceptance from the journal in which the paper will be published **or**
c) A copy of the published paper.

Once the application has been received in TOP the Senior Academic Support Officer will forward all information to the Academic Research Committee (ARC) who will determine whether the publication itself meets the requirements of the Training Program and confirm

whether the journal in which it is published/will be published is acceptable. The decision of the ARC is final.

In projects where more than one trainee has contributed to the research and/or presentation, trainees are advised to agree in advance which one of them will be eligible to apply for approval of the paper and/or presentation. If agreement cannot be reached before hand, trainees must consult their SoT. Under no circumstances will more than one trainee receive approval for the same presentation.

Trainees may apply for Recognition of Prior Learning (RPL) for up to four previous publications, if they have published papers within three years prior to the year in which they started in the Training Program. Applications for RPL for previous publications must be made in writing to the Honorary Secretary by 1 July of the year of commencement in the Training Program. A copy of the published papers must be attached to the application. A fee applies. Refer to the application form in the eLearning portal.

Research material submitted for publication may serve as material for one oral or poster presentation.

7.4 Presentation Requirements

A Trainee must complete two (2) research presentations (poster, oral) during their training and substantiate each presentation. The presentations must be dermatology related and be based either on material the Trainee worked on during their Dermatology Registrar Training or undertaken within 5 years prior to acceptance in to the ACD Dermatology Training Program. At least one of the two presentations must be an oral presentation.

7.4.1 Presentations at ACD Events

All research presentations must have an abstract that is submitted to the organisers of the scientific meeting. Research must be presented at a scientific meeting and/or conference approved by the College, including:

a) The ACD Annual Scientific Meeting (Registrars' Forum or alternate session)
b) The College's Biennial Spring Meeting
c) The Australasian Dermatopathology Society Conference
d) The Australasian Society of Dermatology Research
e) Annual New Zealand Dermatology Meeting.

7.4.2 Presentations at non-ACD Events

A Trainee who wishes to present research at another meeting of equivalent stature that is not on the approved list may make application in writing to the College. The application should be sent to the Senior Academic Support Officer for approval by the appropriate committee. The Trainee must apply for approval no later than six months prior to the date of the meeting. College approval to present at such a meeting, if granted, does not include approval of the presentation itself. This must be applied for in the usual way with the relevant evidence, as specified in Section 7.4.1 above.

Following the meeting, a Trainee must submit the necessary documentation to the Senior Academic Support Officer to substantiate the presentation, for referral to the appropriate Committee.

CHAPTER EIGHT: OTHER TRAINING CONSIDERATIONS

8.1 Ethics and Dermatology Training

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

8.1.1 Professional Code of Ethics

Trainees should be familiar with the College Professional Code of Ethics, available on the website. This Code provides trainees with clear expectations in relation to behaviour on a number of areas.

College also adheres to the AMC Good Medical Practice: A Code of Conduct for Doctors in Australia for its members and Trainees which outlines:

"The principles that characterise good medical practice and makes explicit the standards of ethical and professional conduct expected of doctors by their professional peers and the community". (AMC August 2009)

The Code is published at www.goodmedicalpractice.org.au

8.1.2 Ethical Principles

In practice, dermatology Trainees should follow broad principles of medical ethical behaviour that include:

a) Respect for the dignity, safety, privacy and confidentiality of every patient and co-worker

b) Provision of the best possible dermatological care when dealing with patients and efforts to improve the quality of the dermatological services available to the community

c) Ensuring that patients are given accurate information about their condition and the treatment options so they are able to make informed decisions about their healthcare and treatment at all stages of their (the patient's) care

d) Balancing the likely benefit to the patient against the risks of the procedure or treatment

e) Ensuring clinical research follows appropriate ethical guidelines set down by responsible bodies

f) Sharing dermatological knowledge and not misusing knowledge or skills

g) Ensuring that relationships with the pharmaceutical industry follow the principles enunciated in the College guidelines

h) Respect for cultural diversity.

8.2 Training Charter and Training Agreement

The College is committed to ensuring that Dermatology training is undertaken in an appropriate, safe and supportive environment, and that trainees are informed of their rights and responsibilities. These are outlined in the Training Charter. This Charter should be read in conjunction with the Training Program handbook and Professional Code of Conduct. The principles underpinning this Charter have been agreed by the College and by the Trainee Representative Committee (TRC) on behalf of the trainees and can only be updated in consultation and approval of the Trainee Representative Committee. Each trainee is required to sign the Trainee Agreement as an acknowledgement of their understanding and acceptance of the contents. This Agreement is in place for the duration of training. Any approved revisions will require the Trainee to resign the agreement.

8.3 College Education Policies

There are a number of education policies available on the College website for Domestic and IMG trainees. The list below identifies some of these key policies. Go to the website for a full list.

- Anti-Bullying, Discrimination and Harassment
- Candidate in Difficulty
- Post Training Candidate
- Reconsideration, Review and Appeal
- Special Consideration
- Unsatisfactory Performance
- Variation of Training

8.4 Validity of Accredited Training

Trainees must complete their training (including assessments) within 10 years of commencing the program. Training time will cease to be valid on 31 January ten years after the year in which the Trainee commences the Training Program. For example, if a Trainee commences Training on 1 February 2012, they must complete all of the requirements of the Program by 31 January 2022. IMGs must complete their training within 4 years of commencement.

8.5 Variation to training

The ACD recognises that Trainees may wish to vary their training patterns for a number of reasons. These include shared/part time roles, interrupted training, state transfers and others. Trainees are advised to refer to the relevant policy for more information. All requests for such training will be carefully considered but cannot always be accommodated.

8.6 Rural Training Positions

In some cases College offers Rural Training positions. These may require a candidate to train for one or more years in a rural setting.

8.7 Overseas Training and Scholarships

A Trainee may complete a maximum of twelve months in one continuous period of training in an accredited overseas training position. In exceptional circumstances a Trainee may have an additional 12 months allowed overseas, but this time will be unaccredited and will not count towards a year in the Training Program. Year two is the ideal time for overseas training. All applicants for overseas positions are interviewed. Refer to the Overseas Placement Policy.

The College currently has six overseas dermatology training positions, accredited as part of the Dermatology Training Program, available to all Trainees (except IMGs):

a) The Churchill Hospital, Oxford, UK
b) St John's Institute of Dermatology, St Thomas' Hospital, London UK
c) St George Hospital, London UK
d) Queen's Hospital, Romford (outside London) UK
e) University College Hospital Fitzrovia, London, UK
f) National Skin Centre, Singapore

Applications for the above positions close on 1 March in the year prior to the posting. All Trainees who wish to apply must download and complete the application form from the College eLearning Portal. Further information is also available on the College website.

8.8 Post-training Candidate (PTC)

A PTC is someone who has satisfied the pre-Fellowship Exam requirements but was unsuccessful in their Fellowship Examinations in their final training year, or has delayed sitting their Fellowship Examination in their fourth year, or has failed to sit the Fellowship Examination by the end of their prescribed training time and is entitled to (re-)sit their Fellowship Examinations the following year. See the Post-training Candidate Policy for more information.

8.9 Recognition of Prior Learning (RPL)

RPL avoids unnecessary duplication of training and education that is equivalent to that provided by the Training Program. Trainees who believe that they have already attained the learning outcomes/performance competencies required, are able to apply to the College for an RPL assessment. The applicant's request for RPL will be assessed on a case-by-case basis. For further information refer to the Recognition of Prior Learning Policy. Fees may apply.

CHAPTER NINE: KEY POSITIONS IN THE TRAINING PROGRAM

Many people play a part in developing, managing and implementing learning and teaching activities in the program. They include:

a) Heads of Department (HoDs)
b) Directors of Training (DoTs)
c) Supervisors of Training (SoTs)
d) Clinical Supervisors (CSs)
e) Mentors
f) The Trainee Representative Committee
g) College staff
h) College Committees.

9.1 Head of Department (HoD)

Each training position has a designated HoD who has responsibilities relating specifically to trainees and the Dermatology Training Program. These include:

a) Being familiar with the objectives, Curriculum and procedures of the Dermatology Training Program
b) Ensuring the Department provides SoTs, CSs and Trainees with the opportunity and support to follow the Curriculum and procedures and to attain the objectives of the Training Program
c) Being the point of contact for any employment or human resources issues
d) Advising Trainees of any administrative issues related to their employment in the training institution

9.2 Directors of Training (DoT)

Each State (Faculty) Training Network has a DoT who is appointed for an initial term of three years, with the possibility of reappointment for a further three years. The five DoTs (one from each Faculty) form the National Training Committee (NTC) which is chaired by a sixth person. This committee has a functional reporting line to the Academic Standards Committee (ASC).

The DoT is responsible for overseeing the organisation and implementation of the Dermatology Training Program in their State Faculty, and for ensuring that each Trainee has the opportunity to achieve the aims and goals of the Dermatology Training Program. Their roles include:

9.2.1 Trainee Selection and Appointment:

- Involvement in the selection, interviewing and allocation of trainees to training positions and for their rotations.

9.2.2 Training and the Curriculum:

- Implementation of the College's Curriculum into the Training Program
- Leading and facilitating effective teaching and learning opportunities with the education team (SoTs, CSs, support staff) in their Faculty who train and support Trainees

- Liaising with the SoTs and CSs to monitor the performance of Trainees to ensure they are progressing satisfactorily towards attaining the competencies documented in the College Curriculum
- Meeting with each Trainee at least once each year to review their training records, discuss their progress and give comprehensive feedback on their progress
- Ensure that trainees have the appropriate breadth of training in their rotations
- In association with SoTs and CSs identifying Trainees who are performing below the required standard, providing counselling and/or initiating an SSP and working with them to set learning goals and strategies to achieve the required standards
- Signing off the Trainee Online Portfolio (TOP) at the end of the third year in preparation for Trainees to apply to sit the Fellowship Examinations. This will involve checking the quality and completeness of all medical-related content such as ProDAs, DermCEXs, case-based discussions and rotation learning plans.

9.2.3 Training and the College:

- Liaising with the College regarding Trainee progress and any other issues
- Informing the College of yearly Trainee allocations and deviations in training
- Providing feedback to the ASC regarding training issues (via the NTC Chair)
- Ensuring communication between Trainees and the College is effective.

9.2.4 Personal:

- Modelling good clinical skills and professionalism
- Participating in the development of training programs, workshops, program development or other activities as appropriate.
- Complete relevant supervision training (or equivalent) as prescribed by the College.

9.3 Supervisors of Training (SoTs)

In collaboration with the DoT, the SoT is appointed by the institution where they are attached for a period determined by the HoD and the DoT. They oversee the Training Program and supervise and assist the HoD and CSs with the day-to-day teaching, mentoring and supervision of Trainees in their hospital department, in the overseas training positions, private practices and/or community medical centres that Trainees rotate through when based in that department.

SoTs are required to accept the trainee/s allocated to their training position. Their roles include:

9.3.1 Trainee Appointment:

- Acting as the liaison/contact point for the Faculty Director of Training (DoT)
- Orientating the Trainees to the institution and the people who work there.

9.3.2 Training and the Curriculum:

- Being responsible for implementing and overseeing the proper functioning of the Dermatology Training Program
- Being familiar with the objectives, Curriculum and procedures of the Dermatology Training Program
- Assisting and supervising the CSs who are allocated to the training position

- Teaching and supervising the Trainee's learning and interaction with patients, peers and staff
- Guiding and facilitating development of the knowledge, behaviour and skills outlined in Curriculum, as applicable
- Ensuring Trainees operate within the scope of their expertise and practice
- Observing the Trainees in the clinical context to be able to give constructive feedback
- Identifying below standard performance issues, instituting remedial strategies and in the event of trainee misbehaviour, in consultation with the DoT, invoking a PIF
- Liaising with other staff as necessary

9.3.3 Paperwork:

- Completing RLPs with Trainees within first two weeks of any appointment. This discussion should include both the SoT's and Trainee's assessment of areas of strength, weakness and areas of concern and conclude with plans and strategies for dealing with these
- Completing required work-based assessments
- Being responsible for completing the summary six monthly SITAs in collaboration with the Trainees' supervisors
- Providing feedback to the Trainee on performance, and instituting PIFs for failed SITAs
- Tracking the trainee's progress through the monitoring of their Trainee Online Portfolio
- Keeping minutes of meetings with Trainees
- Recording issues of concern on an incident form and sending to College (tony@dermcoll.edu.au).

9.3.4 Personal:

- Modelling good clinical skills and professionalism
- Participating in the development of training programs, workshops, program development or other activities as appropriate.
- Complete relevant supervision training (or equivalent) as prescribed by the College.

9.4 Clinical Supervisors

Clinical Supervisors are selected by SoTs and consult at a facility where accredited dermatology training positions are based. Their primary role is to provide on-the-job teaching, mentoring and feedback. Their roles include:

9.4.1 Training and the Curriculum:

- Being familiar with the objectives, Curriculum and procedures of the Dermatology Training Program
- Regularly observing Trainees' interactions with patients, peers and other medical staff in the clinical setting
- Providing constructive feedback to the Trainees on their performance in the clinical and procedural setting
- Ensuring that Trainees operate within the scope of their expertise and practice
- Discussing strategies to overcome any weaknesses in performance with the Trainee concerned
- Discussing the Trainee's performance with the SoT as necessary

- NOTE: At least one of the two CS chosen to supervise a trainee must have the opportunity to observe the trainee in a procedural/surgical setting.

9.4.2 Paperwork:

- Observing and signing-off required work-based assessments.
- Completing the Summative In-training Assessment (SITA) process at the end of every rotation of four, six and/or twelve months.

9.4.3 Personal:

- Modelling good clinical skills and professionalism
- Participating in development of training programs, workshops, program development or other activities as appropriate
- Complete relevant supervision training (or equivalent) as prescribed by the College.

9.5 Mentors

College acknowledges the importance for all Trainees to have a mentor. A mentor is a third party with whom Trainees should liaise in order to discuss issues arising from training, study or other areas of concern. Each State Training Network may source and allocate its own mentors attached to the different training positions. In general, mentors should be:

a) A positive role model
b) A willing listener
c) Encouraging and supportive
d) Tolerant and respectful of individual differences
e) A communication link between the Trainee and related parties if required
f) Able to offer appropriate advice and guidance, and assistance with 'settling in' to training position
g) Able to give and receive constructive feedback
h) Able to introduce IMGs into the Australian medical environment where appropriate
i) Not directly involved in the daily supervision of the Trainee.

There is a formal mentoring program for all PTCs, IMGs and Candidates in difficulty.

9.6 Trainee Representative Committee (TRC)

The Trainee Representative Committee is a national committee of the ACD that represents and advocates on behalf of all dermatology Trainees to ensure the delivery of high quality dermatology education to all Trainees, and serves as the formal avenue of communication between the Trainees and the Academic Standards Committee. The Chair of the TRC sits on the ASC. The Chair may nominate another committee member to attend ASC meetings in their absence after notifying the Chair of the ASC. Other TRC committee members sit on the National Accreditation Committee, the Teaching, Learning and Curriculum Committee. The Chair of the TRC sits on the Board by invitation. Regular TRC representative presence and participation in Committee and Board meetings allow trainees to provide an alternative voice to increase diversity with ACD governance structures and to assist the quality and relevance of decisions made.

9.7 College staff

Key College staff are identified in section 1.4 of this handbook.

9.8 College Committees

There are a number of Education Committees that impact on the trainee. These include:

a) ASC: The **Academic Standards Committee** has the overall responsibility for the education programs managed by the College. This includes the Training Program, Mohs, CPD and other education related matters

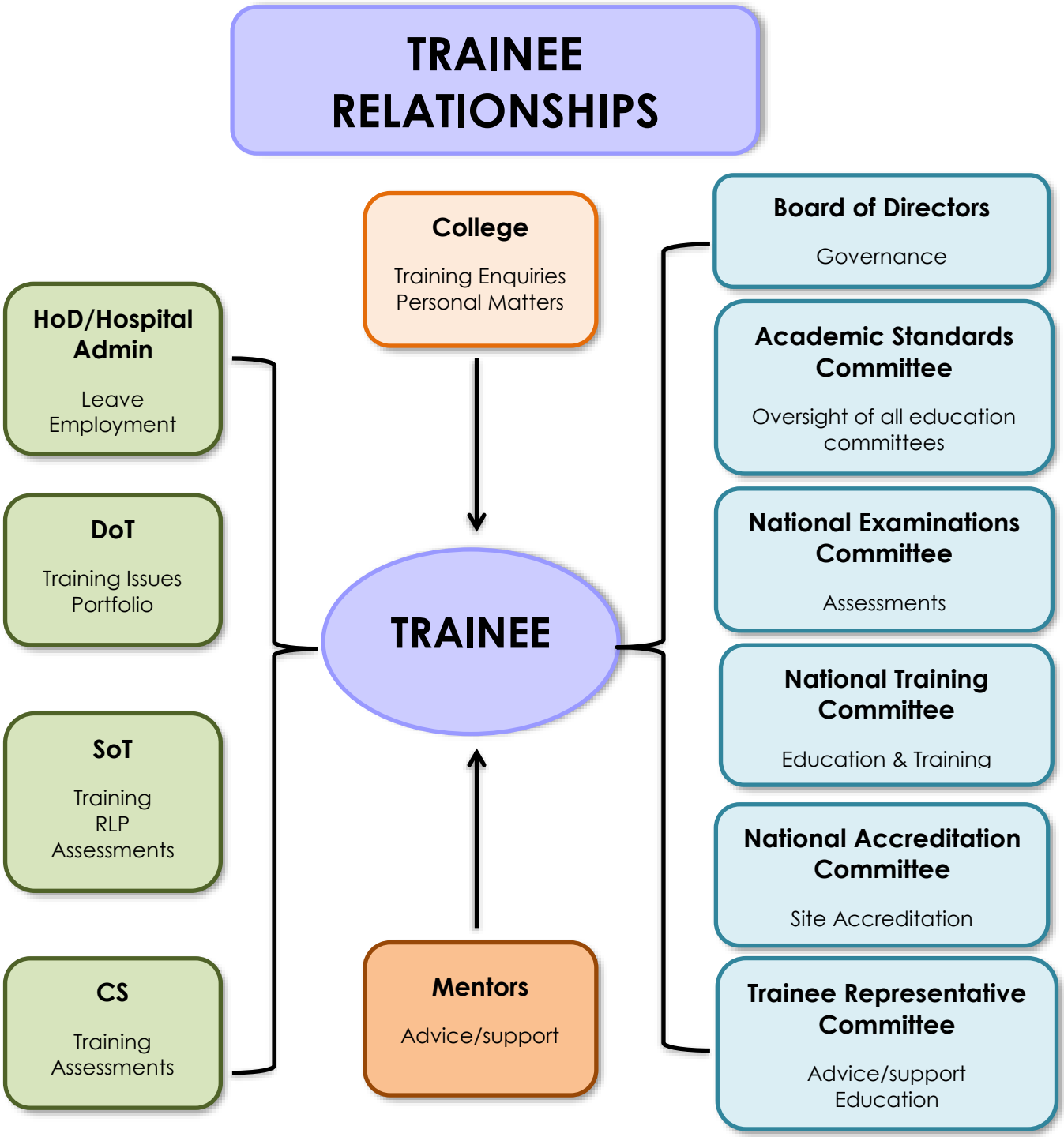
b) NExC: **The National Examinations Committee** manages the assessments for the Training Program

c) NTC: The **National Training Committee** is comprised of the DoTs and manages training matters related to trainee performance and supervision and other matters.

d) NAccC: The **National Accreditation Committee** is responsible for the accreditation and ongoing monitoring of training sites.

e) ARC: The **Academic Research Committee** reviews research projects and presentations and determines the research requirements of the curriculum.

9.9 Trainee Relationships



APPENDIX 1: RESOURCE LIST

The following list represents key texts and resources for reference during the course of study in the ACD Training Program. It is not intended to be comprehensive, definitive or compulsory, but it reflects the resources most frequently used by the National Examinations Committee in preparing the Fellowship Examinations. Candidates are encouraged to read from a wide variety of sources relevant to the curriculum and to source knowledge from clinical experience.

The Resource List below is current as at February 2018 and may be updated with appropriate notice from College via the College website and email to trainees. Any deletion of texts, journals, policy documents or handbooks from the reading list will be notified to trainees by 31 January and will not be examined in that year.

Books

For all books listed, the most current edition is recommended. (The most current editions at time of printing are listed here.)

General Dermatology

- Griffiths C, Barker J, Bleiker T, Chalmers R and Creamer D, *Rook's Textbook of Dermatology*, 9th edn. Wiley-Blackwell, 2016.
- Bolognia JL, Schaffer JV, Cerroni, L (eds). *Dermatology*, 4rd edn, revised. London: Elsevier, 2017.
- Goldsmith LA, Katz SI, Gilchrest BA, Paller A, Leffell DJ and Wolff K. *Fitzpatrick's Dermatology in General Medicine*, 8th edn revised. New York: McGraw-Hill Medical.
- Green AC. *A Handbook of Skin Conditions in Aboriginal Populations of Australia.* Carlton South: Blackwell Science Asia, 2001.
- Lebwohl MG, Heymann, WR, Berth-Jones J, Coulson, I. *Treatment of Skin Disease: Comprehensive Therapeutic Strategies*, 4th edn revised. London: Saunders, 2013.

Dermoscopy

- Bowling J. Diagnostic *Dermoscopy. The Illustrated Guide*. Wiley-Blackwell. 1st Edition November 2011
- Malvehy J, Puig S, Braun RP, Marghoob AA, Kopf AW. *Handbook of Dermoscopy*, 1st edition. London: Taylor & Francis, 2006.

Evidence-Based Medicine/Research Methodology

- Greenhalgh T. How to Read a Paper: *The Basics of Evidence-Based Medicine*. 5th ed. West Sussex: Wiley-Blackwell, 2014.
- Greenhalgh T. How to Read a Paper. *British Medical Journal* 1997; 315:305.

Pathology

- Weedon D. *Weedon's Skin Pathology*, 4th edn revised. London: Churchill Livingstone, 2009.

Pharmacology

- Wolverton SE. *Comprehensive Dermatologic Drug Therapy*, 3rd edn revised. Philadelphia: Saunders, 2012.

Procedural Dermatology

- Paver R, Stanford D and Storey L. *Dermatologic Surgery: a manual of defect repair options*, Australian edn. New York: McGraw-Hill Medical, 2010.
- Robinson J, Hanke CW, Siegel DM and Fratila A. *Surgery of the Skin: Procedural Dermatology*, 2nd edn, St Louis: Mosby, 2010.

- Salasche SJ, Bernstein G and Senkarik M. Surgical Anatomy of the Skin. Maidenhead: Appleton & Lange, 1998. (No longer available in book form – please contact College for further details.)

ACD eLearning Portal

The College eLearning portal provides access to a range of asynchronous teaching and learning resources. These include but are not limited to:

- self-paced learning modules supporting specialised areas in the curriculum (e.g. the Clinical Sciences Online Modules)
- online case-based practice modules
- trial examination questions
- National Skin School webinars (see below).

Examinable Resources on the eLearning Portal

The following are examinable:

- ASM talks available on the eLearning portal for 2 years up to 31 December of the year prior to the Fellowship Examinations (go to 'Meetings & Events' in eLearning Portal)
- National Skin School talks available on the eLearning portal for 2 years up to 31 December of the year prior to the Fellowship Examinations
- Other conference talks available on the e-Learning Portal for 2 years up to 31 December of the year prior to the Fellowship Examinations.

National Skin School

The College operates a National Skin School Webinar series designed to provide trainees with access to teachers with particular expertise in specific areas of Dermatology. These sessions are recorded and made available as resources within the eLearning portal.

Journals

Articles for the two years up to 31 December of the year prior to the Fellowship Examinations in the following journals:

- *Australasian Journal of Dermatology*
- *British Journal of Dermatology (guidelines and clinical articles)*
- *Journal of the American Academy of Dermatology*
- *Medical Journal of Australia*
- *JAMA Dermatol*

Websites

Evidence based dermatology

- Cochrane Skin Reviews http://skin.cochrane.org/our-reviews

Patient information sheets

- A to Z of Skin http://www.dermcoll.edu.au/a-to-z-of-skin/
- Dermnet NZ http://www.dermnetnz.org/

Infection control

- *ACD Guidelines for Infection Control in the Practice of Dermatology* - available from ACD website http://www.dermcoll.edu.au under Regulatory Documents.

APPENDIX 2: APPROVED JOURNALS

The following is a list of journals trainees may approach for publication of their quality paper.

Journal Title

Acta Dermato-Venereologica
Advanced Skin Wound Care
American Journal of Clinical Dermatology
American Journal of Dermatopathology
Archives of Dermatological Research
Australasian Journal of Dermatology
British Journal of Dermatology
Burns
Clinical Dermatology
Clinical & Experimental Dermatology
Contact Dermatitis
Cutis
Dermatitis
Dermatologic Clinics
Dermatologic Surgery
Dermatologic Therapy
Dermatology
European Journal of Dermatology
Experimental Dermatology
Indian Journal of Dermatology, Venereology & Leprology
International Journal of Dermatology
International Journal of Lower Extremity Wounds
International Wound Journal
JAMA Dermatol
Journal of The American Academy of Dermatology
Journal of Cosmetic Dermatology-US
Journal of Cosmetic Laser Therapy
Journal of Cutaneous Pathology
Journal of Dermatology
Journal of Dermatological Science
Journal of Dermatological Treatment
Journal of Drugs In Dermatology
Journal Der Deutschen Dermatologischen Gesellschaft
Journal of The European Academy of Dermatology
Journal of Investigative Dermatology
Journal of Tissue Viability
Journal of Wound Care
Leprosy Review
Medical Journal of Australia
Melanoma Research
Mycoses
Paediatric Dermatology
Photodermatology, Photoimmunology & Photomedicine
Pigment Cell & Melanoma Research
Semin Cutaneous Medicine & Surgery
Skin Pharmacology & Physiology
Skin Research & Technology
Wound Repair & Regeneration

APPENDIX 3: GRADUATE OUTCOMES

The Australasian College of Dermatologists is committed to providing participating students with a program of scholarship, advanced study and research, which enables candidates to make a significant contribution to knowledge and practice in their professional dermatological context. In doing so, they may also contribute more generally to scholarship within the discipline of dermatology generally or in some specific area(s) of interest.

The ACD believes post-graduate students should be required to apply their research and study to problems, issues or other matters of substance which produce significant benefits in professional practice and to this end, the Master of Dermatology (Coursework) degree developed by the ACD is designed to encompass and provide opportunity for candidates to learn in environments that nurture the:

- scholarship of discovery;
- scholarship of integration;
- scholarship of application; and
- scholarship of teaching.

The College aims to produce graduates from all its programs of study with the following overarching attributes:

- **Scholars** capable of independent and collaborative enquiry, rigorous in their analysis, critique and reflection, and able to innovate by applying their knowledge and skills to the solution of novel as well as routine problems;
- **Entrepreneurial leaders** capable of initiating and embracing innovation and change, as well as engaging and enabling others to contribute to change;
- **Professionals** capable of ethical, self- directed practice and independent lifelong learning;
- **Global citizens** who are culturally adept and capable of respecting diversity and acting in a socially just and responsible way.

More specifically, with regard to the principal educational domain of the College, specialist medical practice in the field of dermatology, the College aims to produce graduates who exhibit the following attributes:

Personal

- Apply analytical and critical thinking leading to creative problem solving.
- Commit to ethical practice and social responsibility.
- Engage in lifelong learning and reflective practice.

Applied Knowledge and Skills

- Utilise relevant and current information for decision making in their activities as a specialist dermatologist.
- Strategically plan and manage resources in the treatment and on going management of patients.
- Manage quality in their practice as independent decision makers.
- Manage risk associated with their practice as independent specialist.
- Lead and manage those in their charge.

Interactional Skills

- Communicate across a range of disciplines and communities
- Work within and contribute to local and international processes in the practice and ongoing development in the field of dermatology.
- Enhance collaborative and multidisciplinary teamwork.

APPENDIX 4: ACRONYMS

ACD or the College	Australasian College of Dermatologists	LCV	Long case Viva
AHPRA	Australian Health Practitioner Regulation Agency	MCQ(s)	Multiple Choice Question(s)
AJD	Australasian Journal of Dermatology	NAcC	National Accreditation Committee
AMC	Australian Medical Council	NExC	National Examinations Committee
ARC	Academic Research Committee	NTC	National Training Committee
ASC	Academic Standards Committee	PDV	Procedural Dermatology Viva
ASM	Annual Scientific Meeting	PIF	Performance Improvement Form
AT	Advanced Training	PMP	Probationary Management Plan
BT	Basic Training	ProDA	Procedural Dermatology Assessment
BoD	Board of Directors	PTC	Post-training Candidate
CbD	Case-based Discussion	RLP	Rotation Learning Plan
CEO	Chief Executive Officer	RPL	Recognition of Prior Learning
CEx	Chief Examiner	RTOC	Registered Training Organisation Committee
CPD	Continuing Professional Development	SA	Supervising Assessor
CSs	Clinical Supervisor(s)	SCV	Short case Viva
CSOCM	Clinical Sciences online modules	SD -1	1 Standard Deviiation below the mean
Dean	Dean of Education	SITAs	Summative-In-Training Assessment(s)
Derm-CEX	Dermatology Clinical Evaluation Exercise	SoTs	Supervisors of Training
DoHA	Department of Health	SSP	Supplementary Supervision Program
DoT	Director of Training	STP	Specialist Training Program
FTE	Full time equivalent	TOP	Trainee Online Portfolio
HoD	Head of Department	TLCC	Teaching, Learning and Curriculum Committee
Hon Sec	Honorary Secretary	TPH	Training Program Handbook
HV	Histopathology Viva	TRC	Trainee Representative Committee
IMG	International Medical Graduate	WbA	Work-Based Assessment