Challenges and possibilities
Will COVID-19 change the way we learn and practice?
Welcome to the Autumn 2020 edition of The Mole. Never have communication and news been more important to College members and associates than in these unprecedented times, where the news cycle evolves not just daily, but hourly.

College firmly believes it is our place to keep you informed and up to date with the latest news and information relating to COVID-19. Throughout the pandemic we strive to provide relevant, timely and informed communications; as a trusted source of truth. With this in mind, we have decided to publish this edition of The Mole as a softcopy only, enabling us to deliver the latest updates from College, members, government and the broader skin care community at the time we distribute it.

Aside from news and commentary relating to COVID-19, we are pleased to present important reports from faculties, our partners, and community. It is a timely reminder that the cogs continue to turn in all facets of the dermatology landscape including training, research, outreach, patient support and advocacy, while at the same time we find new and innovative ways to go about our work.

Thank you to all contributors for this edition. Your articles and reports help to inform and shape our activities, focus and efforts today and in the future.

Associate Professor Anna Braue
Honorary Secretary

Editorial Team

Editor
Associate Professor Anna Braue
Honorary Secretary

Editorial Personnel
Sarah Stedman
Haley Bennett

Acknowledgement

The Australasian College of Dermatologists acknowledges the Wangal people, the Traditional Owners of the lands upon which the College head office is located. The College also acknowledges and pays our respects to the Traditional Owners of the lands upon which Australian dermatology services are delivered, and Elders past, present and future; for they hold memories, traditions, cultures and hopes of Aboriginal and Torres Strait Islander peoples of Australia.

Disclaimer: The Australasian College of Dermatologists wishes to encourage debate and exchanges of ideas amongst Fellows through The Mole. Nevertheless, the opinions expressed in articles in The Mole are those of the authors and are not necessarily those of the College.
Contents

ISSUE 124
AUTUMN 2020

NEWS & INTRODUCTION
02 President’s report
03 CEO’s report

BEING THE REPRESENTATIVE VOICE IN SKIN HEALTH
04 Policy in the time of COVID
06 How have dermatologists been affected during the COVID-19 pandemic?
08 Antimicrobial stewardship
10 Parliamentary Morning Tea by Eczema Support Australia

LEADING SKIN HEALTH EDUCATION & TRAINING
11 Keeping education on track in times of crisis
13 Fostering trainee welfare and engagement
15 The National Skin School Program – COVID-19 related changes
16 From the Faculties

DELIVERING HIGH QUALITY MEMBER SERVICES & SUPPORT
19 Adapting to COVID-19 in a rural setting
20 Top End dermatology outreach
23 AMA revised Guide to Social Media and Medical Professionalism
25 South Australian Dermatologists visit Indian Dermacon 2020
26 Obituary notices

DRIVING DERMATOLOGY RESEARCH & INNOVATION
27 Study – atopic dermatitis in Australian general practice
29 Melanoma risk in young Australians
30 Annual Scientific Research Fund grant awarded
31 Our partners
Since our last edition of The Mole, dramatic events have taken centre stage. Fire, rain and COVID-19 have had profound effects on not only Fellows but also many other Australians. On behalf of all Fellows, College wishes those well that have been impacted by these events over the holiday period and the time since then, and in the future.

During this period, I attended the CPMC meeting in the earlier stages of the COVID-19 situation. Clearly, major developments have occurred since then! Daily updates from Government and other institutions have given some evidence based guidelines for Fellows and health workers to help them get through this unusual crisis, as well as information for College to use in making decisions. At that meeting, this issue shared time with other topic such as antibiotic resistance that is particularly relevant to us, the Medical Training survey and Medical Workforce Strategy, as well as Trainee parity of leave and pay throughout different jurisdictions.

I queried the significant cost of the AMC accreditation process on, particularly, small Colleges such as ours.

At CPMC and other venues, a number of social responsibility issues were raised which reinforced your Board’s decision last November to form a Committee to look at the increasing number of topics on which we are asked to comment, which may or may not be our core business. A call to Fellows to join this committee and create a charter and a structure that can better inform the Board on whether to engage or not, and associated risks, was repeated in March. I hope by the time this edition is published we will have a number of Fellows who are keen to get involved and strengthen our relevance by balanced dialogue on appropriate issues. Your Board unanimously felt it was better for us to prosecute any issues after our own careful consideration rather than attach to other agencies opinion. At the time of writing, a weekly teleconference of CPMC concerning COVID-19 developments has been instituted. Also, your College has started a COVID-19 webpage on our website, which will work in concert with our own taskforce to best navigate the circumstances that are unfolding. Practical issues relevant to Dermatology will be addressed and updated, endeavouring to give optimum outcomes for patients, Fellows and Trainees, their staff, families, and the community in general.

Our Strategic Plan has been produced earlier this year which gives us framework and guidance to go forward as a College. Represent, Lead, Deliver and Innovate are the Strategic goals, with the ultimate outcome of optimum care for our patients. Thanks to staff and a wide range of Fellows who gave their time and effort to build an overarching document to which we can come back to when required.

Beginning with this ASM, which will now take place from 10-13 April 2021, I wished to embed in our conference a session that makes us better teachers, but also better able to interact with staff and patients etc. by improving feedback techniques. Scenarios involving Consultant and Trainee perspectives should be fruitful. I encourage you to attend when we can reconvene our major meeting, whether a supervisor or not, as this is a major area that can be improved, aligning with our strategic goal of excellence in producing high quality Dermatologists.

Thank you to all involved for their input at this unsettling time. It is our job to be positive, stay calm, and make evidence based clinical and practical decisions as we have been trained to do, and do everyday. Good health and stay safe.

Associate Professor David Francis
President
Our thoughts have been with all those impacted by drought then fire, floods, and storms over this catastrophic spring and summer of 2019/20. Witnessing the grief and loss, resilience and fight has been sobering. Is it a turning point for living differently? But right now, we are being sorely tested as the COVID-19 pandemic bites hard in each State. Looking back to the 29 February Board meeting it’s hard to imagine how the whole picture looks so very different. We were clearly on a precipice that day!

Move forward to mid-April 2020 and almost everything now looks different. It was a hard decision to postpone the ASM, but it was closing itself before our eyes. Participation was never going to be viable. Daily stock market plunges have made our reserves thinner, but luckily, we have them! Business continuity has been activated so that the staff in Rhodes work from home as do those in Melbourne. Clearly, as cases rose the hospital system came under increasing duress. Private practices faced rapidly changing threats to business, staff, and patients. The impacts on all health professionals has been profound. We hope Fellows and registrars, your staff and colleagues get through this at the front line.

Whatever happens from here, the impacts will reverberate for many months ahead. Our ambitions for 2020 as per the Strategic Plan will undergo a re-assessment. Our priorities in the immediate future are:

- Accurate communications about COVID-19
- Support our Fellows on the many impacts today and ahead
- Monitor the impacts on training and support trainees and SoT, HoD, DoT in the short and medium term
- Ensure College staff working from home are managing/supported
- Work with other Colleges to develop clear positions to government on matters impacted e.g. CPD, accreditation, STP, MBS
- Develop contingencies for cancelled activities
- Business modelling of the financial impact
- Adjust 2020 activities
- Be mindful of mental health supports and issues as changes occur.

Central to coming out of this intact is to maintain solidarity and support, helping everyone to adjust. Collegiality will be tested, but we must hang in there together. We are being forced to think and work differently. For instance, and it’s a relatively minor issue in the current context, we can do an AGM differently. As a Charity, under the ACNC Act, an AGM is not a requirement. Its high Fellow attendance we value and want to maintain. So we will remain accountable, just electronically. We can’t hold the usual CV weekend (selection) so this will be electronic. It might be a good time for major house cleaning and finding new ways to do our work.

Now that the incidence has fallen, minds must turn to the way we go forward, how we recover and structure ourselves. When the time comes, we might even see opportunity, try new approaches and decide on bold changes so we come back with strength and purpose.

Our investment policy setting must be in place when the bounce comes. The training business model that relies on face to face might need to flip to be less reliant on that, somehow. Can we find how to be less reliant on the ASM for College revenue? Could this be a good time to increase training in private practices?

As we absorb the meaning of the impacts on the months ahead, we have the immediate need to get through the weeks ahead. What a strange time for us all. We will do all we can as a college to support fellows and trainees in this difficult time.

Tim Wills
Chief Executive Officer
Putting in place effective safeguards for the health system to deal with a potential onslaught of cases was understandably prioritised, followed by a suite of financial subsidies and rebates to protect individuals and businesses.

Haley Bennett, Deputy CEO

Overlaid with this was the need to protect the community through the staged implementation of social distancing measures. At the time of writing, these have been effective and it is with great relief that we are observing the flattening curve.

It has been astounding the speed at which policy changes occurred, especially when such shifts usually progress at a snail’s pace and with much deliberation. It has been pleasing to see that these decisions have not been heavily politicised – although no doubt we will see this re-emerge when the storm calms.

From the health policy perspective, the quick response of government to expand MBS telehealth items has provided a safe way to allow many medical practitioners to continue to deliver care in some form. However the almost daily changes in eligibility and bulk-billing requirements has caused undue stress to those working privately and legitimate concern for the viability of their practice. While these changes were measured in response to the evolving crisis, the unintended consequences on practice sustainability was heard by the Department; we now seem to have reached some stability and hope that this will improve the situation for dermatologists.

As far as corporate buzzwords go, ‘pivot’ is in its heyday and certainly reflects the experience of most sectors. Doctors have experienced this firsthand, with the shift to telehealth driving an upskilling of many across the medical profession, which in itself is not a bad thing. It has ushered in creative and profession-wide thinking about patient triaging for digital health, but has also highlighted the reality of technological challenges.
administrative burdens and compliance and privacy matters. We are observing the response of the tech industry in that many are optimising their platforms and working towards better integration with existing software. It has expedited the work of College’s E-Health Committee in developing guidance, tools and resources to equip dermatologists and patients for telehealth consultations, which can be drawn upon now and post-COVID. In some training sites, telehealth has provided a good solution to supplement registrar training. Taken together, these experiences provide opportunities for improvement and refinement of telehealth and may help it develop into a mainstream complementary modality for delivery of care.

Throughout this period, advocacy for dermatologists and their patients has been essential. The Council of Presidents of Medical Colleges (CPMC) has met weekly, facilitating a unified voice to government on many issues including impacts on medical workforce and training, elective surgery restrictions, infection control, and PPE and medicines availability. A/Prof David Francis and Tim Wills have been unwavering in raising issues pertinent to dermatology, supported by College’s Policy and Advocacy team. Some issues remain unresolved and we continue to work on these – hydroxychloroquine supply for example, despite implementation of TGA and PBS restrictions.

College’s COVID-19 Taskforce, chaired by Dr Bruce Tait, has been essential in College’s efforts not only for clinical and practical guidance for Fellows, but to help direct our advocacy response. We hope that all Fellows have visited the COVID-19 section on College’s website and have found the information helpful. We thank all Fellows who responded to the COVID-19 survey; half of the membership did so which is an outstanding response. It provided critical insight into the most pressing issues amongst dermatologists and informs ongoing work for the Taskforce. We look forward to the day of ‘business as usual’ but are very grateful to the hard work of the Taskforce during this time and of the support of Fellows.

College thanks the members of the COVID-19 Taskforce. The Taskforce, chaired by Dr Bruce Tait, has been essential in College’s efforts not only for clinical and practical guidance for Fellows, but to help direct our advocacy response.

COVID-19 Taskforce
Dr Bruce Tate (Chair)
Associate Professor Marius Rademaker
Dr Clare Tait
Associate Professor Gillian Marshman
Associate Professor Chris Baker
Associate Professor Peter Foley
Dr Edward Upjohn
Associate Professor Andrew Miller
Associate Professor Stephen Shumack
Dr Erin McMenimen
How have dermatologists been affected during the COVID-19 pandemic?

A total of 264 Fellows – or 48% of our members actively practising – responded to our survey in early April. The sample was encouragingly representative of the membership, with proportional representation broadly seen across Faculties, gender, career stage and public/private sector.

Findings revealed that the majority of Fellows’ practice has been impacted to some degree during this time. Almost half thought that normal practice would resume within 6 months. For many, patient bookings have been reduced either due to required triaging or by booking cancellation or postponement. The vast majority are using telehealth as well as maintaining face to face consultations; and while over half are using telehealth for fewer than 20% of their patients, others are using this modality considerably more. Almost a quarter of metro-based Fellows indicated that they provide rural service, and of these, two-thirds indicated that they will continue to do so during the pandemic.

Of the 65% of Fellows who indicated that they are involved in registrar teaching, almost all stated that they will continue to teach during COVID-19, although there were mixed responses regarding whether teaching hours will be affected.

Of concern, 35% of Fellows responded that they are just coping or not coping during this time. This seemed to not be indicative of any particular group – rather the negative impacts of COVID-19 have not discriminated. Fellows are encouraged to contact Converge International, the appointed Employee Assist Program provider for the College available to all Fellows and trainees. Services are free, confidential and private. Please visit https://www.dermcoll.edu.au/for-fellows-and-trainees/support-welfare-services/ or call 1300 687 327.

---

**Percentage of working week (average) dedicated to each craft**

- **Medical**: 62%
- **Surgical**: 31%
- **Cosmetic**: 7%

**Consultation methods**

- **Currently seeing patients face to face**: 100%
- **Currently performing teledermatology**: 80%
- **Currently stopped seeing patients completely**: 20%
“We (the Taskforce) are encouraged that our efforts thus far have been targeted appropriately, providing information and guidance on topics of greatest relevance.”
A/Prof David Francis

### Mode of teledermatology

- **Telephone only**: 20-40%
- **Telephone + photos**: 41-60%
- **Videoconferencing only**: 61-80%
- **Videoconferencing + photos**: 81-100%

### Platforms

- **Telephone**: 81-100%
- **Whatsapp**: 61-80%
- **Facetime**: 41-60%
- **Skype**: 21-40%
- **Conviu**: 0-20%
- **Health Direct**: 0-20%
- **Other**: 0-20%

### What were your top 3 priority issues for the COVID-19 Taskforce?

- **Advice on best practice for face to face patient contact**
- **Recommendations on procedural dermatology**
- **Guidelines for specific clinical scenarios**
- **Practical infection control in the practice**
- **PPE availability and use**
- **Practical management and financial support**
- **Welfare and support for fellows and trainees**
- **General pandemic information**
- **Other**

---

**THE MOLE | Autumn 2020 | 7**
Antimicrobial stewardship

Antimicrobial resistance (AMR) continues to be a substantial risk to patient safety. Not only does it reduce the range of antimicrobials available to treat infections, it also increases morbidity and mortality associated with infections caused by multidrug-resistant organisms and limits a range of other life-saving treatments.

CAROLINE ZOERS, POLICY MANAGER

The Australian Commission on Safety and Quality in Health Care’s 2019 AURA report found that antimicrobial resistance shows little sign of abating and poses an ongoing risk to patient safety, with common pathogens such as E. coli, Salmonella, Neisseria gonorrhoeae and Neisseria meningitidis becoming increasingly resistant to major drug classes, and some organisms resistant to last-resort treatments.

Because of their consistent use, utility, and availability, antibiotics are susceptible to overuse in the treatment of dermatological conditions. College has promoted appropriate prescribing through the Choosing Wisely initiative.

The AURA report identified reducing inappropriate prescribing of broad spectrum antibiotics for skin and urinary tract infections as an area for action. Concerns about the use of amoxicillin–clavulanic acid and cefalexin in both community and hospital settings were raised. Reducing inappropriate prescribing of these antibiotics and promoting use of narrower-spectrum antibiotics such as amoxicillin, should contribute to preventing and containing AMR.

Indeed, the Government has been keen to act on this issue, accepting the PBAC’s recommendations to amend the maximum quantity and repeats for the top five most commonly prescribed PBS-listed antibiotics (amoxicillin, amoxicillin with clavulanic acid, cefalexin, doxycycline and roxithromycin) commencing 1 April. For details see: http://www.pbs.gov.au/info/news, March 2020.
Surgical prophylaxis also remains high on the list of inappropriate antibiotic prescriptions. The AURA findings show that whilst there was an improvement in appropriateness of surgical prophylaxis between 2013 and 2018, almost a third (28%) of surgical prophylaxis was inappropriately given for longer than 24 hours.

Improvements are needed in documentation, data collection and surveillance mechanisms to support ongoing quality improvement in the prescribing of antibiotics. The *Antimicrobial Stewardship Clinical Care Standard and Therapeutic Guidelines: Antibiotic* set out best practice.

The importance of high quality data was highlighted by the findings of a systematic review and meta-analysis of surgical site infection following Mohs surgery without prophylactic antibiotics by ACD Fellows Dr Harvey Smith, Dr Kate Borchard, Dr Paul Cherian and A/Prof Carl Vinciullo published in the *Australasian Journal of Dermatology* last year.[1] The review found the range for the mean surgical site infection rate after Mohs when prophylactic antibiotics are not used seemed likely to be fall between 1.4 and 2.7%. However, the authors noted the reliability and utility of this data would be improved if the literature had routinely commented on the use of antibiotics, repair elsewhere, follow-up of patients and clearly defined staged Mohs over days and non-Mohs. Developing a standardised way to report Mohs research data would help build the future evidence base relating to Mohs and contribute to quality improvement in antimicrobial stewardship.

View the [AURA 2019 report](#).

Many thanks to Dr Harvey Smith for his assistance with this article.

---


We all have a role to play in reducing overuse of antibiotics.

**LOOK FOR OPPORTUNITIES TO INCREASE AWARENESS OF COLLEGE’S CHOOSING WISELY AUSTRALIA® RECOMMENDATIONS.**

Three out of the five recommendations aim to ensure appropriate use of antibiotics: in lower limb bilateral redness and swelling; epidermal cysts; and acne vulgaris.

**KEEP UP-TO-DATE WITH THE MOST RECENT GUIDELINES FOR ANTIBIOTIC PRESCRIBING AND STEWARDSHIP:**

- [Therapeutic Guidelines: Antibiotic](#)
- [Antimicrobial Stewardship - Clinical Care Standard and key resources (ACSQHC)](#)
- [Antibiotic resistance - latest information, data and guidelines (ACSQHC)](#)
- [Antimicrobial e-learning modules (NPS MedicineWise and ACSQHC)](#)

**KEEP UP-TO-DATE WITH THE LATEST INFECTION CONTROL GUIDANCE:**

- [NSQHS Preventing and Controlling Healthcare-Associated Infections Standard (second edition) for antimicrobial stewardship in relation to surgical prophylaxis](#)
- [NHMRC’s Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)](#)
- [WHO’s Global guidelines on the prevention of surgical site infection – see Chapter 4 recommendations on topical decolonisation preoperatively to reduce surgical site infection and overall use of antibiotics](#)
- [College’s own updated infection control guidelines will be available soon](#)

**CONSIDER THE QUALITY OF YOUR OWN DOCUMENTATION, DATA COLLECTION AND SURVEILLANCE MECHANISMS.**

This will support ongoing quality improvement in the prescribing and use of antibiotics.

**SHARE THE LATEST RESEARCH AND EVIDENCE ON BEST PRACTICE IN ANTIBIOTIC PRESCRIBING IN DERMATOLOGY.**

Share these with College by emailing Caroline Zoers, Policy Manager at carolinez@dermcoll.edu.au.
On 27th February 2020, College attended the Parliamentary Morning Tea at Parliament House Canberra, hosted by the Eczema Support Australia as part of their “SOS – Save Us from Eczema” campaign.

MARIAM ZAHID, ENGAGEMENT OFFICER

Eczema Support Australia’s campaign aims to challenge the perception that eczema is “just an itch” and calls for the Federal Government to support the eczema community by making new treatment options available on the PBS.

Eczema Support Australia is one of the patient support groups that College works with to advise Australians who are significantly impacted by eczema and other atopic conditions. The event, which was supported by a strong media and advocacy campaign, gathered significant attention from several MPs including Shadow Minister for Health Chris Bowen and Allergies and Anaphylaxis Inquiry members Trent Zimmerman and Dr Mike Freelander. Eczema patients, their families and carers from all over Australia attended and spoke, providing moving accounts of how physically, psychosocially and mentally debilitating living with eczema is. Those fortunate enough to have been able to access better treatments through clinical trials and compassionate access schemes relayed how transformative that has been for them.

Dr Diana Rubel was among the powerful speakers at the event providing her perspectives on the impact of the condition and newer treatment options. College lent support to Eczema Support Australia by connecting them with Fellows and their patients to assist with media enquiries. You can view Eczema Support Australia’s “SOS – Save Us from Eczema” campaign by visiting their Facebook page.

Given the significant unmet need for better and safer treatment options for this condition, College also lodged a submission in support of the listing of dupilumab on the PBS earlier this year.

The PBAC released its positive recommendation on 24th April – to list dupilumab for the treatment of patients 12 years and older with severe atopic dermatitis who are inadequately controlled on topical therapies. This is an excellent result for the eczema community, and we look forward to providing further information on this in the coming months, once the listing process is complete.
Keeping education on track in times of crisis

I love a good sports quote. Mario Andretti, the great Formula 1 car driver once said, “if you have everything under control, you’re not moving fast enough”.

BRETT O’NEILL, DIRECTOR EDUCATION SERVICES

I am sure that in the current climate we all feel like we are moving extremely fast. COVID-19 has caused a call to arms that has not been seen in most of our lifetimes and it is great to see so many taking up the challenge. Thank you for all your work.

We are being pushed and pulled in all directions when it comes to work, family and general wellbeing. I hope and pray that you all remain safe and well as we gather around each other and our families and friends to support each other (at a distance) through these times. I am confident that we will all benefit from this experience and become better individuals and professionals through it, in order to better serve those around us. As C.S. Lewis said: “hardships often prepare ordinary people for an extraordinary destiny.”

Throughout the COVID-19 crisis College has endeavoured to maintain some level of normality in the services that have been offered. I am thankful for the many Fellows and Trainees who have put their hands up to provide support and advice during this time. Committees such as the NTC, NExC, NAccC and TRC, along with the Supervisors, HODs, the Dean and College staff have been working hard to ensure that the Training Program continues to operate given the demands placed on Trainees and Fellows. I have been reassured by the many thoughtful emails I have received offering suggestions on ways to manage the crisis. We have tried to maintain regular communication with trainees through the Connect platform and with Fellows through the COVID-19 website section on the variations and updates to the Training program. I would encourage you to review this information for an update on where we are up to. Ashleigh and Caterina, our Wellbeing and Engagement officers, have also been working overtime since starting in January with enquiries tripling in the last few weeks. It has been great to have them on the team. The curriculum review continues to progress under the leadership of Dr Adriene Lee (Dean) and Dr Catherine Scarff (Associate Dean). This has been progressing and given the current climate has given new meaning to a review of how provide a learning environment and ways to learn. I would encourage you to consider how you can play a part in participating in the curriculum review either as a once off or in an ongoing capacity. Please contact the College if you are interested.

Throughout the COVID-19 crisis College has endeavoured to maintain some level of normality in the services that have been offered.
During the crisis College has continued to run a range of education activities. I am pleased to report that College has received close to 100 applications for 2021 entry into the program.

At the time of this article we are still intending to run the Fellowship Examinations (delayed by three months). College will consider ways to ensure these run and remain consistent and reliable. College will continue to work with trainees and supervisors to monitor the clinical and training component on the program. Thank you to the many Fellows who have volunteered to run additional online webinars for trainees.

During the crisis College has continued to run a range of education activities. I am pleased to report that College has received close to 100 applications for 2021 entry into the program. This is an increase from previous years and may reflect the decision to remove the 4 attempts rule. Interviews are expected to continue as planned and will most likely occur using video conferencing tools. We have conducted some interviews like this in the past, but it will be a big change to adapt to. I am confident we will overcome any issues to be ready to offer positions for 2021.

College has had to postpone any face to face teaching for GPs, but it has continued to run and support those enrolled in the online components of the GP courses. College continues to work on this content and further develop educational content for this group of professionals. This will be critical for the College when the business returns to normal and education requirements of GPs and other professionals increase again. We want to be in a strong position to offer opportunities to learn.

Updated information on CPD were announced in a recent newsletter and can also be found on the COVID-19 section of the College website.

During the next period, IT services will also be considered. These have been tested with staff working from home and the introduction of a range of tools to assist in this process. The Education team remain available for meetings and can be contacted through the normal channels.

The Education team will continue to work on a variety of projects during the current crisis in order to ensure College is in a better position at its conclusion. Building more online modules, repurposing content for Fellows and a wider audience are some of the tasks that will continue to be completed.

I am sure that many people will be able to look back on this crisis and reflect on the many good things they have done to help others. If you do wish to assist College in any education tasks, or have thoughts on further activities, please feel free to contact me at the College.
The wellbeing of all Trainees and Fellows is a key focus for College. Following on from the Trainee Welfare and Engagement Officer pilot study conducted in Victoria in 2018, College has now appointed two Welfare Officers to continue and expand this work.

DR CATE SCARFF, ASSOCIATE DEAN

These two positions, which are based in Sydney and Melbourne, cover trainees and supervisors in all Australian states and territories. The Officers, Ashleigh and Caterina, are able to provide proactive and coordinated pastoral care and support to trainees and their supervisors, so facilitating effective responses to a variety of individual circumstances – both personal and educational. They can provide support during a trainee performance improvement process and help to mobilise additional educational or other support as required. Caterina and Ashleigh will work with the Trainee Representative Committee and to advocate for all trainees. Their work will also involve exploring and developing wellbeing initiatives and programs to assist and support those in the training program and they will be active participants in Wellbeing working groups from other Colleges and areas of Medical education. You can contact them for any enquiries relating to welfare matters!

Though based in Victoria and NSW, Caterina and Ashleigh will undertake visits to all states during the year, so look out for when they are coming to your area, once travel is allowed. If you have any suggestions to make about wellbeing initiatives and work, please be in touch with your ideas.
Introducing Caterina De Meneghi

My name is Caterina and I am the Wellbeing and Engagement Officer for VIC, TAS, WA, NT and SA.

My professional background is in Counselling and Higher Education. I have worked as a counsellor with local and International students completing TAFE courses and University degrees. I ran workshops and activities as part of the wellbeing program and greatly enjoyed connecting with people from all walks of life. I also worked as a manager of International student support and experience, where I assisted staff and students with grievances and issues surrounding academic misconduct. I have also worked as a welfare professional with non-for-profit organisations such as YWCA, Windermere and Workbridge. My career has focussed on improving the wellbeing of my clients, whether it be from helping to connect to their community, to finding specific support agencies and emergency services, to simply helping with time management, study skills and mindfulness. I aim to empower people to help them live more fulfilling lives. I have learned so much from the ACD already and look forward to working with trainees throughout the course of their training. I love a good chat over a cup of coffee, so if you share my love of coffee, please don’t be shy and reach out.

Aside from my work, I enjoy travelling and learning about various cultures. I was born in Colombia, so I have grown up with a great appreciation for cultural traditions, and love learning about art and music from different countries. My little family takes up most of my time now, so I spend a lot of time in parks and libraries or hiking. However, I still enjoy some salsa dancing every now and then.

Introducing Ashleigh Thomas

My name is Ashleigh and I am the Wellbeing & Engagement Officer for NSW & QLD. I started my career as a high school visual arts teacher in Dubbo, NSW. After encountering many students with complex circumstances, I transitioned into a student wellbeing role for NSW DET. In this role I supported students from K-12 in Central Western NSW. During my time in the state school system, I was also a Women’s Representative for the New South Wales Teachers Federation. This was an advocacy role where I supported female teachers with gender-based workplace issues.

My time in regional NSW was also instrumental in developing my interest in Aboriginal & Torres Strait Islander education – this led me to my most recent role where I ran an Aboriginal & Torres Strait Islander scholarship program at an independent school in Sydney. Working with adolescents has shown me the importance of empathy and patience. I hope I can bring these things to my new role.

I have enjoyed meeting trainees at the 1st and 3rd year workshops & hope to meet all NSW & QLD trainees at some point this year through site visits. I look forward to working with Caterina, Dr Cate Scarff and the TRC to deliver relevant and meaningful wellbeing initiatives to trainees. Aside from working at ACD, I am a potter by trade, so most of my spare time is spent with my hands covered in clay. I work predominately with porcelain, making jewellery and wheel thrown forms. The thing I love most about working with clay is the infinite potential – there are so many variables at play with clay bodies, glaze composition and kiln firings. I might be biased, but if you’re looking for an activity to help you unwind, this is a great one!
The National Skin School Program – COVID-19 related changes

The COVID-19 pandemic has led to profound changes in many aspects of our lives. The College-run National Skin School (NSS) program, which previously presented one webinar per month aiming to supplement local teaching opportunities, is one such example.

With the realisation that the virus would lead to long-term changes in how we work and so significantly impact on both tutorial programs and trainee exposure to patients in clinics, the decision was made to expand the NSS. As sessions would no longer supplement teaching, but become a primary source of training for many, information was sought from trainees and Fellows to guide the process. As such, the program now aims to provide a variety of session types and cover all aspects of the curriculum. The CPCs from previous ASMs were identified as a way of rapidly providing trainees with clinical vignettes. The hosts of the sessions were contacted, as one of them put it, to “get the band back together” and re-present their session to trainees through the webinar format. The Victorian Skin School program, which runs sessions for all levels of trainees as well as ones aimed specifically for juniors, have kindly made their sessions available nationally. In addition, sessions covering further topics from the Medical and Procedural parts of the curriculum are under planning with many Fellows from around the country contributing to this. Pathology teaching is currently being conducted online by states individually, and additional resources have been generously offered by several Fellows. The NSS program can be viewed on the e-portal along with other resources.

Thank you to all who have contributed so far. Many Fellows have created new presentations or modified existing one to suit the online platform. Those previously unfamiliar with webinars have learned how to run them, supported by College staff members Lucy and Jacqui. There is scope to add more, so any Fellows who would like to contribute are asked to please contact Cate Scarff, cate@dermcoll.edu.au.

While this initiative started as a short-term plan to supplement the learning opportunities available to trainees during the pandemic, it will likely have a much longer term effect. The current aim is to develop a library of resources which spans the curriculum, and is permanently available for trainees to access. Organisations such as the Association for Medical Education in Europe (AMEE), encourage us to use the current COVID-19 situation as a springboard for innovations in medical education. To think about new and better ways to teach – not just “get through this” – but to come out the other end with better and more effective ways of educating our next generation of dermatologists.

See AMEE website for free COVID-19 resources https://amee.org/covid-19#resources. A summary of the webinar “Adapting to the impact of COVID-19: Making the most of digital and online presenting and teaching” is available from Cate Scarff.
From the Faculties

NSW Faculty

The new academic year has just started, and the Faculty welcomes our new registrars’ Drs Stephanie Blake, Alex Coe, Geoffrey Lee, Rose Liu, Thomas Stewart, Kirsty Wark, Anes Yang and Rudy Yeh, into the training program. A belated welcome to Dr Swaranjali Jain, who commenced her training towards the end of last year, in a second newly accredited and funded position at the Royal Canberra Hospital. This position is the result of a lot of hard work and lobbying on the part of the Dermatology Department there, led by A/Prof Andrew Miller – well done Andrew!

Finally, the Faculty welcomes our IMG trainee Dr Simone Goldinger. Simone is a dermatologist from Switzerland, who has already been attending faculty meetings and sharing her experiences with advanced onco-dermatology treatments. We wish all trainees success in their training and future careers! (But Rudy, please take it easy with the steak competitions…)

Speaking of new positions, a new private practice-based Specialist Training Program (STP)-funded position has commenced this year at SouthDerm, in southern Sydney, with Drs Rob Rosen and Eleni Yiasemides as Head of Department (HoD) and Supervisor of Training (SoT) respectively. This position is linked to another STP-funded regional position in Port Macquarie, with Drs Ian Hamann and Katie Le, again as HoD and SoT, where registrars will spend 6 months in each position. These positions offer a broad range of medical, surgical, and cosmetic training, along with the rural exposure, and the faculty hopes that trainees will appreciate and gain from the experience.

Dr Keng Cheng
Chair, NSW Faculty

VIC Faculty

The Victorian Faculty AGM was held on February 21 and departing members from our committee - Vanessa Morgan, Fiona Bruce and Hugh Roberts - were thanked for their sterling service. New members to the committee include Anousha Yazdabadi as DoT, Rebecca Dunn and Tim Rutherford and we look forward to working together during the trying months ahead in the shadow of COVID-19. Thank you in particular to Anousha for accepting the role of DoT with its complex and time consuming demands of rostering, service provision and registrar wellbeing. We welcome and look forward to working with Caterina de Meneghi who is our new trainee engagement and wellbeing welfare officer for Victorian registrars - this important role carries on from the original pilot program overseen by Cate Scarff.

We welcomed 6 new registrars to our Victorian training program in the summer edition of the Mole and since then have added Smriti Tandon to an everlarging cohort of registrars. We now have 36 registrars in our training program. We thank Alvin Chong and his team – Matheen Mohammed, Aaron Robinson and supporting cast – for their ongoing provision of junior and senior skin school. This formalised teaching program is highly valued by our registrars and consolidates the experience provided in outpatient clinics.

Our service provision to country areas has been enhanced by the addition of the telehealth registrar at Royal Melbourne and with the worsening situation with COVID-19 this form of patient consultation will become even more important. Service provision to Bright was interrupted by the devastating bushfires in the high country highlighting further that Dermatology like all areas of medicine is facing unprecedented challenges this year.

The COVID-19 pandemic is impacting significantly on all Victorian Faculty activities including service provision to outpatients, the cancellation of clinical meetings and updates and modifications to teaching arrangements to protect registrars, consultants and staff. We are sure the same issues are being experienced Australia wide and we look to College for ongoing guidance and leadership at this challenging time.

Dr Paul Curnow
Chair, VIC Faculty

We look to College for ongoing guidance and leadership at this challenging time.
QLD Faculty

Queensland has cracked into 2020 with expanding services, academic energy, and a peppering of memorable social gatherings.

Dr Aaron Boyce has joined us and is already working hard at optimising his new department in Townsville. Possibly invigorated by the beautiful January Townsville weather, in his short time with us he has engaged the hospital, both individually and through College, with a view towards creating a top tier department in The North. We are genuinely thrilled to have him and thank him again for his ongoing work. The inaugural Junior Skin School was run in Brisbane on Feb 29/March 1. Our 1st and 2nd year registrars enjoyed a full weekend of teaching and discussions, with education being provided by both junior and senior consultants. Special thanks to Dr Lisa Byrom and Dr Sarah Morton for putting the weekend together, and the South East Dermatology team for hosting. The QLD Faculty was fortunate to have an excellent afternoon of vulval dermatology with Prof Gayle Fischer in March, presented by the Mater Hospital. The session covered case based teaching spanning the most complex of cases to common scenarios, and was attended by a multidisciplinary audience including many Dermatologists, registrars, Gynaecologists and nurses.

Dr Dougal Coates
Chair, QLD Faculty

WA Faculty

In Western Australia, like our friends and colleagues in other states and around the world, we are attempting to adapt to the rapidly changing clinical environment created by the COVID-19 pandemic. Whist our educational events for the year are postponed, I am heartened to see our registrars and fellows working together to keep ourselves safe and healthy whilst aiming to continue dermatology service provision to the people of Western Australia as best as is possible in very difficult circumstances.

Whilst a teledermatology pilot program in rural Western Australia has been temporarily put on hold due to the COVID-19 situation, we are being forced to rapidly adapt and offer teledermatology in public and private services where it was not available before. Hopefully there may a ‘silver lining’ to what is a very large grey cloud over our service at present and this may in the form of expansion of teledermatology services in our state.

We welcome Dr Arif Aslam, from the United Kingdom, and Dr Rochelle Gild, from Victoria, to our Faculty this year. We also welcome two new registrars; Dr Georgia Farrah who has transferred from interstate, and Dr Jasmin Korbl to our training program. We hope you find our Faculty engaging and professionally stimulating and look forward to your contributions to Western Australian Dermatology.

Dr Rachael Foster has been elected as our new Faculty Secretary and I congratulate her on this appointment and look forward to working closely with her over the next two years. Dr Anne Halbert will be representing our Faculty on the AMAWA Council and we are excited to have her respected voice at this important table. Thank you to our immediate past Chair, Dr Tony Caccetta for an outstanding term as a cohesive and visionary leader for our Faculty. I look forward to continuing to work with the Faculty to aim to deliver the best Dermatology service possible to the people of Western Australia.

Dr Austen Anderson
Chair, WA Faculty

SA Faculty

Unfortunately, with the evolving COVID-19 situation the ASM which was to be held in May has been postponed until April 2021. The huge efforts of ASM organizers Dr Sally Ball and Dr Emma Ryan are much appreciated, and we look forward to their interesting programme when permitted.

The Annual General Meeting in February was attended by College CEO Tim Wills who gave a good run through the Strategic Plan for College that has been approved. Dr Karen Koh is now handing over the reins of the very important State Examiner job to Dr Emma Haverhoek who is wished well for the future in this. Dr Karen Koh has put a significant amount of time and effort over many years into this including previously running the Part 2 Fellowship examination in Adelaide. She is greatly thanked by the Faculty for all her work.

Dr Stuart Murray has stepped down from the role of longstanding Treasurer as per the new State By-laws and we thank him for his work as well as Dr Christopher Tyson taking on this job. Dr Christopher Ross has arranged and run the student prize again (won by Katherine Moore) and we are grateful to him for his efforts.

Dr Matthew Cho is welcomed as a new Fellow starting work in South Australia. Dr Sachin Vaidya will continue with the Vitiligo clinic at the Queen Elizabeth Hospital and has arranged for the excimer lamp to be available to patients in private as funding was withdrawn for the technician at the hospital.

Dr Romuald Czechovicz
Chair, WA Faculty
The College Board after careful consideration has decided to postpone the 2020 Annual Scientific Meeting until 10-13 April 2021 at the Adelaide Convention Centre.

The decision is due to the escalating and dynamic nature of the COVID-19 pandemic and its ramifications on the ability of fellows, trainees, guest speakers, international guests, sponsors, exhibitors, and other attendees to commit or be able to attend the meeting. College believes this is the most responsible course of action.

We are looking at opportunities to present a number of webinars throughout the year on key topics including those focussing on supervising training. We will create an opportunity for Trainees to present their posters as well, again in webinar format.

The 13th International Congress of Dermatology (ICD 2021) Local Organising Committee invites the submission of abstracts for original work for consideration as an oral presentation, mini oral with digital poster and/or digital poster presentation in the Congress Program.

The key themes are Common skin diseases and their treatment, Translational dermatology, Global health and Technology which showcases the opportunities and challenges in the world of dermatology.

Please register to create an account to upload your submission, by using this link.

If you have any questions regarding the abstract submission process, please visit the website or contact the Program Coordinator via email or Ph: +61 3 8888 9500
During my most recent quarterly Dermatology visit to Katherine Region 300km south of Darwin I was joined by new FACD graduate Dr Dana Slape. With her assistance to manage the load of patients and educational activities I was able to reflect on the time, cost commitments, validity and outcomes of this type of service to rural and remote areas.

DR LACHLAN WARREN

Northern Territory Health funds SONT (Specialist Outreach NT) to enable regional access to a range of visiting health services to Top End communities and regional centres. Whilst many specialties (including paediatrics, gynaecology, renal, psychiatry, ophthalmology etc) regularly service smaller communities, Dermatology SONT is limited to East Arnhem and Katherine regions. For the last 11 years I have provided 3 monthly visits of 2-day duration to Katherine Hospital and Wurli Wurlinjang Aboriginal Health Service, whilst Jenny Menz, Ian McCrossin and more recently Dev Tilakaratne have provided valued services to Nhulunbuy and Aboriginal communities of Gove Peninsula and surrounding locations. SONT funding facilitates administration, logistics, transport (flights and road), accommodation and sessional medical salary support.

Access of remote residents to the spectrum of health services is notoriously difficult, and despite indicators of health disparity overall Medicare funding spent on urban Australians vastly exceeds that of remote and Aboriginal populations.
DERMATOLOGY OUTREACH CONSULTATIONS
During our recent 2 day visit 34 referred patients were seen at Katherine Hospital outpatients and 23 at Gudbinji Aboriginal Health Service. Clinics are deliberately heavily overbooked with the expectation of 30-40% failure to attend rate, especially those who need to fly in from more distant communities during Wet Season. Coronavirus concerns also restricted some travel. If by some miracle everyone attended these clinics it would be nigh impossible to cope. Despite transport and time issues resulting in schedule disruption there is gratitude and no sign of anger at waiting times, with tolerance of delays generally accepted with good humour.

Case mix includes many with numerous difficult and neglected skin tumours (including in the many local immunosuppressed transplant recipients), socially and lifestyle-related infective conditions and a smattering of the worried well.

Care and follow-up extends beyond what irregular Dermatology visits can provide. Colleague assistance required!

Illustrative patients

- Previously longstanding (many years) undiagnosed cutaneous lupus referred for assessment of “unusual psoriasis” (photograph). Stigmatised and isolated from community and family, this proud and sensitive man had avoided any contact with his 2-year-old grandson for fear of transmitting the condition. Prior biopsy was inconclusive presumably due to sampling error, his referral was initiated 6 months prior to his visit and this was his first opportunity for dermatologist input. With education and treatment major benefits are anticipated

- Infected scabies – whilst in endemic areas pyoderma, tinea and scabies are often overdiagnosed (“confirmation bias”), when features are atypical or when inadequate treatment fails the correct diagnosis may be discarded, as in this case. Being able to provide a specific and confident diagnosis with dermoscopy and microscopy facilitates curative treatment, and guides community health initiatives

- Severe progressive acne accompanied by androgenisation in a female bodybuilder is a consultation which requires investigations, care and follow-up extending beyond what irregular Dermatology visits can provide. Colleague assistance required!

- Opportunistic consultations and input are encouraged in aboriginal health services such as the accompanying child with years of untreated tinea capitis
EDUCATION AND HEALTH PROFESSIONAL SUPPORT
At our clinics a Charles Darwin medical student provided valued local and IT (“Communicare”) help and perspectives. Hospital morning handover including resident and locum consultant physician liaison assists recognition of the roles and credibility of dermatology. As requested by health service staff whilst I continued afternoon consulting Dana gave a 90-minute presentation on indigenous skin disease to 25 captivated medical, nursing, pharmacy and aboriginal health workers and students. With such a spread of experience ensuring audience needs are met is a major task but the universal request transmitted to me was for more such input. Clinic nursing and medical officers were especially interested in dermoscopy - to see living scabies mite got them quite excited, given their enforced previous dependence on the uncertainty of diagnoses and observations of chronic scabetic complications.

OUTREACH – LOTS OF PROBLEMS TOO!
I explained to Dana our dependence and reliance on relationships with administrative, clinic and medical staff on the ground, and the problems of loss of expertise when local staff move on, as they frequently do. For surgical procedures reliance on inadequate disposable instruments and compromised suture and other materials often turns a simple operation into frustration! Result and outcome follow-up and duty of care are constant issues. Documentation, measuring activity and duty of care are special burdens but without some form of audit our quest for continuation of dermatology funding is unlikely. Transport delays (plane engine would not start!), minor discomfort (poor sleep), different food ……

IS DERMATOLOGY OUTREACH WORTH THE BOther?
Without visible activity and input the specialty of Dermatology becomes progressively irrelevant in health care. Providing periodic Outreach to remote areas takes us out of our comfort zone, induces new complexities, and is not lucrative. To me provision of services to the most severely underprivileged, disadvantaged and needy especially in our rural and indigenous population is our duty. Support to those rural and remote health care workers who spend their life committed to this goal is important and greatly appreciated. Opportunities to provide Dermatology Outreach are worth seeking out and a privilege in which to be involved.

Dr Dana Slape gave a 90-minute presentation on Indigenous skin disease to 25 captivated medical, nursing, pharmacy and aboriginal health workers and students.
Dr Michelle McRae – Adapting to COVID-19 in a rural setting

Getting daily email journal updates on COVID-19 has allowed me to implement practice changes weeks in advance of recommendations.

We sorted access to PPE early on, reorganised the office and staff schedules to minimise contact, and are using Microsoft Teams to communicate and share cloud based documents.

I’ve limited face to face consultations, teleconferencing medical consultations and postponing full skin checks. In mid-March I completed all melanomas and most urgent SCC surgeries. By postponing the BCCs, setting aside dates for new melanomas and high risk reviews, reducing UVB/UVA to non-psoriasis patients, and receiving photos of concerning lesions from high risk patients we have limited daily patient numbers in the surgery. Those who do come wait in their car and protect the team by thorough handwashing on entry.

I’m still billing, but at a reduced rate, as I want to continue supporting our staff and local business too. While they may prefer to attend in person, rural people have been really accommodating and most appreciate just being sorted out. For patients not living locally teleconsultation has the potential to reduce travel time and accommodation costs for regular check-ups after COVID-19.

Terrible connectivity in my region, especially with non-Telstra providers, is making teleconferencing quite difficult. Overall I’ve found the Coviu interface better than Gruveo due to a consent form, waiting room and camera tweaking facilities. I’m often helping non-tech savvy rural patients fix technical issues before the consult. The whole teleconference process is more exhausting than normal with additional paperwork and patient scheduling changes putting extra work on all the team.

Looking to the future we are really very fortunate, I have a great hardworking team and lots of potential work. But I am still concerned about my patients. I am worried about my older patients who have lesions or conditions of concern but are too scared to leave the house, and all those little things we notice each day that may be more important than what our patients initially present for. However, it is great and comforting to see that in our communities everyone is checking on each other and their wellbeing, with even our practice receiving deliveries of hand-made treats.
Use of social media by medical practitioners is common and growing. There are immense benefits for individuals and practices in maintaining an active online presence, but inappropriate use of social media can put your professional integrity and doctor-patient relationships at risk.

The AMA has revised its Guide to Social Media and Medical Professionalism to help you maintain the ethical and professional code of conduct and manage your legal risk while enjoying use of social media.

Have you ever googled yourself? Or wondered how to respond to a friend request from a patient? When was the last time you checked your privacy settings on your social media accounts?

MARIAM ZAHID, ENGAGEMENT OFFICER
<table>
<thead>
<tr>
<th>THEME</th>
<th>THINGS TO CONSIDER – KEY TIPS</th>
</tr>
</thead>
</table>
| **Connectivity – You are always a doctor (even when using your personal profile)** | When connecting on social media:  
- You are always a doctor. Even when using your personal reputation, avoid posting comments or images endorsing activities which can impact your professional reputation and put you in breach of professional guidelines  
- Content can be discoverable, even if you delete it  
- Control who can access your information  
- Read up on your employer’s social media policies |
| **Confidentiality – Identifiers are everywhere and consent is critical** | You have an ethical and legal responsibility to protect patient confidentiality. The permanency of digital medium means the impacts of an online breach can be greater.  
- Obtain written and specific patient consent before you post their information/images  
- Protect patient information by de-identifying  
- Beware of secondary use of data - allowing access to your profile through social media apps could result in access to confidential patient details  
- Turn off auto-uploads of pictures to social media and back-up sites |
| **Clinical Images – are also confidential** | Clinical images are “health information” and must be treated with the same privacy and confidentiality as any other health record or information.  
- Do not post them in closed groups and forum without patient consent.  
- Check your organisation policy before taking a picture on your own phone to communicate with a colleague about patient.  
- Check if there is a platform endorsed by the hospital as a secure mobile application |
| **Consider your options - who you friend and share information with on social** | Professional boundaries are important. Before friending or following patients, their carers and families on social media:  
- Maintain clear professional boundaries and avoid sending friend requests to patients  
- Consider creating a separate personal and professional profile and content  
- Respond to requests by directing them to your professional network  
- If you have an agency maintaining your social media account, you are still responsible for any material they post on your behalf |
| **Professional Reputation Online** | Use sound judgement when posting online and be mindful of behaviours that can harm the reputation of your colleagues and profession:  
- Think before joining or following groups or pages that are considered sexist, racist or otherwise defamatory - any information, whether posted anonymously or in a closed group can be linked back to you professionally  
- Safeguard your online reputation - google your name on a regular basis to see what comes up  
- Post respectful comments and flag/report harmful content from Google or other online sites and pages  
- Avoid gratuitous and unsubstantiated comments about individuals and organisations |
| **Online Engagement** | There are several ways that you can manage negative patient comments while maintaining professional boundaries:  
- Resist the temptation to immediately reply angrily or defensively  
- Seek advice from colleagues or AMA about appropriate ways to respond  
- If you identify the person making negative comments, consider whether it is appropriate to contact them and discuss their concerns  
- Consider blocking or reporting the harassers  
- Check online forum policies for the removal of inappropriate and fake comments |
| **Social Media and Advocacy** | Social media allows for a better connection with public, journalists, business leaders, politicians and your colleagues,  
- Comment within the scope of your practice and post content that is well informed  
- Read up on your employer’s policies about posting on social media and acting as a spokesperson for your organisation. |
| **Social Media and Advertising** | It is important that all your content material complies with the obligations under the National Law and AHPRA guidelines.  
- You are responsible for your advertising  
- You must not use a testimonial that refers to a clinical aspect of your care in your advertising  
- You must not edit an online review that is negative to make it positive or that no longer accurately reflects the reviewer’s feedback  
- If you find comments that can be considered testimonial, remove them to avoid any breach of your professional obligations |
South Australian Dermatologists visit Indian Dermacon 2020

Attendees at the 2020 Dermacon Conference in Pune, Maharashtra, India in late January included SA Dermatologists Dr Sachin Vaidya, Dr Cathy Reid and Dr Lachlan Warren.

DR LACHLAN WARREN

This annual scientific meeting of Indian Association of Dermatologists, Venereologists and Leprologists is a massive event with approximately 7,000 registrants. The scientific and academic content was of a very high standard and is recommended to any Australian Dermatologist with an interest in global and international skin disease. In a conference venue fully constructed for the purpose of this meeting the social and cultural program was also impressive. Trade displays included an impressive array of biosimilar pharmaceuticals including biologics, cosmeceuticals, surgical instruments, journals and books.

Dr Sachin Vaidya presented on topics of Vaccination considerations during biologic therapy and International Dermatology Leadership. Dr Lachlan Warren gave lectures on Vascular Anomalies, and also Allergic disease and atopic dermatitis. Both participated in robust panel discussions. One impressive aspect of the conference organisation was timekeeping with strict adherence to presentation durations – to the extent of lecture screens going black when allocated time was reached.

After completion of Dermacon Drs Reid, Vaidya and Warren travelled to Delhi for a regional tour. A highlight was an invited visit to the premier research and clinical centre All India Institute of Medical Sciences including a ward-round of dermatology inpatients. The severity of conditions observed and discussed was striking, with multiple inpatients with pemphigus, Reiters disease, leprosy, ichthyosis with associated cachexia, mycetoma and other advanced dermatoses demonstrating some of the complexity and challenges of Indian Dermatology and healthcare.

The scientific and academic content was of a very high standard and is recommended to any Australian Dermatologist with an interest in global and international skin disease.

Dr Vaidya, Dr Warren, Dr Reid, Prof. Gupta and Residents at the Dermatology Ward at All India Institute of Medical Sciences, Dr Warren and Dr Vaidya at Dermacon 2020, Pune, India
Professor Klaus Wolff

PROFESSOR ALAN COOPER

It is with great sadness that we acknowledge the death last December of Klaus Wolff, one of the giants of the world of dermatology over the past fifty years, and an honorary fellow of the Australasian College of Dermatologists.

Klaus will be remembered for many things, his brilliance as a teacher, his genius as a researcher, his skill and empathy as a leader, and his ability to inspire a generation of dermatologists. Klaus trained as a dermatologist at the University of Vienna and the Mayo Clinic, Rochester, Minnesota. In 1976 he was appointed Professor and Head of the Department of Dermatology at the University of Innsbruck, and in 1981 he was appointed Chairman of the Department of Dermatology at the University of Vienna. Under his leadership the University of Vienna rose to be one of the premier dermatology units in the world.

Klaus was instrumental in founding the European Society for Dermatology Research (ESDR), and served as its president. He was also president of the ILDS at the time of the 1997 World Congress of Dermatology in Sydney.

Klaus was a tremendous supporter of Australian dermatology. His first visit was as Visiting Professor at the Sydney ASM in 1979. Those were the days when registrars were required to write to the honorary secretary requesting permission to attend the ASM, and permission was only granted on the understanding that the registrars would sit at the back during presentations and would be silent throughout. At the end of the Tuesday morning sessions one of the registrars approached Klaus and explained the situation. On being asked to come and take questions from the registrars he readily agreed and then followed a memorable extended discussion at the back of the now vacated lecture room.

In those days Tuesday afternoon was a social function, in this case a harbour cruise and lunch leaving from the Man O War steps near the Opera House. The session with the registrars had taken too long, and a mad dash to the wharf found a breathless visiting professor and a terrified registrar watching the red faced College president gesticulating and pointing at Klaus from 100 meters away beside the boat’s captain who was firm in his refusal to return for the guest of honour. Klaus’ comment was that his session with the registrars was a highlight for him and he was really looking forward to a quiet afternoon. He used to love retelling that story whenever the opportunity arose.

Klaus was Visiting Professor at the ACD ASM on two further occasions, in 1985 and 1992, and was an invited speaker at the 2003 ASM. He also was a speaker at the 1997 WCD, and visited Sydney for the site visit in 1995. Klaus maintained close contact with Australian dermatology throughout his career and was delighted when one of his proteges, Wolfgang Weninger, was appointed to the Chair at Sydney University. He was also proud and delighted when Peter Soyer, another Austrian, was appointed the foundation chair at the University of Queensland, and he followed Peter’s progress and achievements with great satisfaction.

Klaus received numerous prestigious awards in Austria and around the world. He was a visiting professor at many major international dermatology institutions and was appointed to numerous other dermatological societies. He is probably best remembered by the current generation of dermatologists for his term as editor of “Fitzpatrick’s Dermatology in general Medicine”. For those of us lucky enough to have known him he is remembered as a mentor, a role model and an inspiration. ☞
As dermatologists we see on a daily basis the challenges that patients face living with atopic dermatitis (AD). The chronic relapsing nature of the disease in combination with pruritus can mean that it has significant impact on the activities of daily living for patient and the other family members.

CLINICAL ASSOCIATE PROFESSOR SAXON SMITH

Furthermore, the prevalence of AD is said to have doubled or tripled in industrialised countries in recent decades\(^1,2\). Although our understanding of the pathophysiology has developed over this same time period, there remain large unmet needs.

A key unmet need is an understanding of the true prevalence and incidence of AD in Australia. The obvious challenge to define these is that is not a reportable disease and there are only fledging data registries at present. As dermatologists we see a particular cohort of patients which is not representative of the community more broadly. This is especially the case with AD where patients or patient carers choose to interact with healthcare professionals and alternative medicine practitioners on an ad hoc basis. Therefore, my co-authors from the MedicineInsight team and dermatologist colleague Dr Diana Rubel sought to try and answer the prevalence and incidence question.

Prevalence, incidence and management of atopic dermatitis in Australian general practice

A study providing important insights about the epidemiology of AD and its management in general practice in Australia.
A cross-sectional study was designed accessing the attendances of patients to 494 general practices that are involved in the MedicineInsight program. This captured 2.1 million patients over a 2 year period. A condition coding algorithm using information from the diagnosis (medical history), reason for encounter, and reason for prescription fields, and included both coded and free-text data. There are several limitations within the MedicineInsight data, such as not being able to access information recorded on progress notes due to privacy issues, current diagnosis may have only been recorded historically and not routinely as well as the diagnostic skills of the treating GP. However, prescription and referral information can be captured which helps to add context to each patient.

The lifetime (ever diagnosed) prevalence of AD in this general practice population was 16.4% and was greater in females (17.3%) than males (15.3%). Current (past 2 years) prevalence was 6.3%. The incidence of AD in 2018 was 2.0% and was greater in females (2.2%), and for patients aged 0–4 years (3.9%). I found the 0-4 years old result interesting as I often quote previous population studies suggesting around 20% of children in Australia have AD to one degree or another. Importantly, the study also demonstrated that patients with AD had an increased risk of insomnia, anxiety and depression, compared to those with no recorded AD.

It was important to then try and define disease severity. However, there are no validated measures of AD severity routinely collected clinical data in general practice. Therefore, surrogate markers were required. The patients were classified into two categories – ‘mild’ or ‘moderate-to-severe’ – in accordance with the Australian consensus recommendations for management of AD. A record of systemic therapies for AD or a referral to a specialist were used as indicators of disease severity in this study. One in five patients with AD required systemic therapy or referral and were classified as having moderate-to-severe disease. This may under-represent the true number or moderate-severe patients especially given the diversity of phenotypes where some patients are more constantly moderate-severe whilst others are more mild but have moderate-severe flares of differing frequency. Interestingly when the paired prescription data was explored systemic corticosteroids (15.6%) were more commonly prescribed than other oral immunosuppressants (0.9%) in the moderate to severe category. This indicates need for education around the management of AD in the general practice setting to decrease systemic corticosteroid use in favour of referral to a dermatologist for more directed treat to target approach.

Overall this study provides important insights about the epidemiology of AD and its management in general practice in Australia. This information can be helpful in planning effective interventions to support GPs to optimise the management of their patients with AD.

References
Dr Erin McMeniman, a PhD candidate from the Diamantina Institute noted that whilst the sun was still the most significant danger to younger melanoma patients, due to genetics they had a greater likelihood of non-sunburn cancer.

“It’s important for young people to be aware, particularly if they have more than 20 moles, that they have increased risk and that melanomas can grow in areas without visible sun damage.”

Research carried out by University of Queensland identified that sunburn on areas of the body including thighs, abdomen, buttocks and lower back, where sunburn is traditionally less common, was more prevalent in younger patients.

With statistics indicating that Melanoma is the most deadly form of skin cancer and affects more than 13,000 Australians each year; the study focused on a group DNA samples of over 500 volunteers. Each participant had a history of more than one melanoma.

The results indicated that people with multiple melanomas were more likely to have mutations in three genes, including the red hair gene. “Melanoma patients are born with genetic mutations which make them more vulnerable to sun damage.”

“If you live in Queensland and carry the CDKN2A mutation, the most well-known melanoma gene, you have about an 80 per cent risk of developing melanoma, whereas if you live somewhere getting very little sun, it might be much lower, or approximately 50 per cent.”

With early detection the key to improving survival rates, genetic testing could help identify individuals carrying mutations and ensure they get appropriate monitoring.

“It should be considered if a person has been diagnosed with three or more melanomas, or if they have had at least one melanoma and two or more affected relatives. “Genetic testing for melanoma isn’t available in the public system yet, but I think that will change in the future,” Dr McMeniman said.

“If people are concerned, they should see their GP or dermatologist for a risk assessment and if they are at high risk they will typically be seen every 6-12 months for a full skin examination.

“Of course, go to the doctor sooner if any marks grow or change in colour or shape - if in doubt, get it checked out.”

In a recent research published in the British Journal of Dermatology; “The interplay of sun damage and genetic risk in Australian multiple and single primary melanoma cases and controls”, highlighted the prevalence of cancers on non-sun damaged parts of the body detected on Australians under the age of 40, compared to people diagnosed who are older.

SARAH STEDMAN, MEMBERSHIP & MARKETING MANAGER
College received ten applications for the annual Scientific Research Fund grant this year covering a broad range of dermatology topics. We are very pleased to announce that A/Prof Johannes Kern has been awarded the grant for his project *Preclinical validation of effective analgesics for Dystrophic Epidermolysis Bullosa (DEB)*.

**LEAD INVESTIGATOR**

A/Prof Johannes S Kern MD, PhD, FEBDV, ICDP-UEMS (Dermpath), FACP
Head of Clinical Research Dermatology
The Royal Melbourne Hospital, University of Melbourne

**CO-INVESTIGATORS:**

A/Prof Kenneth Pang
Clinician Scientist Fellow and Team Leader
Murdoch Children’s Research Institute / Walter and Eliza Hall Institute

Dr. Nicholas Veldhuis
Group Leader, Integrated Neurogenic Mechanisms Laboratory, Drug Discovery Biology Theme,
Monash Institute of Pharmaceutical Sciences

Dr. Priyank Shenoy
Research Fellow, Monash Institute of Pharmaceutical Sciences

Mr Blake Smith
PhD candidate, Murdoch Children’s Research Institute / Walter and Eliza Hall Institute

**PROJECT SIGNIFICANCE**

Pain is a major contributor to disease burden in EB. Although many different analgesics are used clinically, these are frequently ineffective and can be associated with significant side effects.

This grant will enable us to systematically and objectively compare the effectiveness of these analgesics in our validated preclinical mouse model of DEB that closely recapitulates the phenotype of patients with DEB, including pain hypersensitivity.

In this way, we will aim to provide a better understanding of which analgesics are best suited to treating pain in EB and will represent an important advance in knowledge, enabling more rational selection and use of analgesics in EB patients in the future.
ANNOUNCEMENT FROM THE CHAIR OF THE SKIN HOSPITAL

We would like to share with the wider dermatology community the following announcement. This was made to Staff, VMO’s and Board of The Skin Hospital from the Chair, A/Prof Stephen Shumack and reflects the feeling and sentiments of all of the staff at The Skin Hospital.

“It is with much sadness, that after almost 8 years as CEO of Skin & Cancer Foundation Australia (SCFA) t/a The Skin Hospital, Dr Alice Killen has advised that she wishes to retire in the middle of this year.

The Board would like to thank Alice for all the work and effort that she has put into The Skin Hospital over the last 7½ years as CEO. It is acknowledged by all that her contribution to our organisation has been transformational in its nature and we have been honoured to have her in the leadership role of CEO.

Having started as Interim CEO in June 2012, when SCFA was in some difficulty, she is now leaving The Skin Hospital in very good shape. Some highlights include TSH now being in a strong financial position, the completion of the Darlinghurst redevelopment in 2013, the official opening & more recently further upgrade of the facilities, the dermatopathology strategic alliance with DHM, securing increased strata unit entitlement and improving the future of the Westmead property, launch of the new brand, improved fundraising, expansion of the clinical trials & research unit; increased educational events, additional registrar positions, and significantly more doctor engagement.

Now most satisfyingly is that we have a stable, cohesive management team, with great depth of skills, ready to take the organisation forward.

Although we will be very sad to move on without Alice’s presence at its head as CEO, we feel confident that the basis is there to allow us to move into the future as seamlessly as possible.

Best wishes,
A/Prof Stephen Shumack
Chair
The Skin Hospital"
CLINICAL TRIALS
The Skin Hospital is addressing and responding to the developing coronavirus (COVID-19) situation. We have implemented all the requirements of NSW Health to prevent the transmission of the virus and ensure the safety of patients, doctors and staff. All non-frontline staff are working from home while clinics and day surgery remain operational. We are in the process of implementing a Telehealth option for patients who cannot attend the Skin Hospital.

Dr Monisha Gupta continues to expand the treatment of Pigmentary Disorders at The Skin Hospital. After establishing the second Pigmentary Disorders Clinic at Westmead in June 2019, she has successfully delivered almost 10,000 sessions of the Excimer lamp experience across Darlinghurst and Westmead in the last four years.

Dr Gupta is now working on commencing lab based non-cultured epidermal suspension melanocyte transfer for stable vitiligo at Westmead. This comes after conducting over twelve Recell procedures and a similar number of mini punch grafting surgery.

With the latest phototherapy equipment which includes a new booth, new hand and foot machine and excimer lamp, as well as educated nurses, who understand the art of individually tailored phototherapy, Dr Gupta is achieving optimum results for patients.

Dr Gupta has also introduced home-based phototherapy for patients.

“We are collating data on our experience and streamlining the process for patient education to ensure safe and effective delivery of the treatment for those where office-based phototherapy is inconvenient.” Dr Gupta said.

In addition to the home experience, our team of nurse educators and nurses are working on creating a phototherapy education module, to be available for training dermatology nurses and nursing students.

Congratulations to Dr Hsien Herbert Chan, who has been successful in gaining selection as the inaugural Dermatology Fellow in Confocal microscopy at the Melanoma Institute Australia (MIA).

This fellowship will allow for upskilling in the clinical applications of confocal microscopy, contribute to research at the MIA in the applications of confocal microscopy in inflammatory dermatoses and provide ways to improve access to confocal microscopy.

Dr Chan will be fulfilling this role in conjunction with fellow Dermatologist Dr Rodrigo Schwartz, from the University of Chile, Santiago. The MIA Dermatology Fellowship is funded jointly through the generosity of the Goodridge Foundation and corporate partner Ricky.

We are very pleased to welcome Dr Niamh O’Sullivan to The Skin Hospital. Dr O’Sullivan, joins The Skin Hospital as the new Mohs fellow. She will also have General Dermatology clinics at Darlinghurst on Fridays.

We are also very pleased to welcome back to Darlinghurst, Dr Tevi Wain.

EDUCATION
This year we welcomed 12 new registrars at our annual registrar induction day. In addition to the new registrars we welcomed back our 2 post trainees and 3 unaccredited registrars.

Welcome to:

Dr Simone Goldinger
Dr Olivia Charlton
Dr Victoria Harris
Dr Ludi Ge
Dr Giuliana Carlos
Dr Rashi Malesu
Dr Victoria Snaidr
Dr Geoffrey Lee
Dr Lisa Abbott

Dr Kirsty Wark
Dr Stephanie Blake
Dr Philippa Dickinson
Dr Carolina Cordoba
Dr Bonita Choy

Dr Brent Doolan
Dr Victoria Venning

Unaccredited Registrars
Dr Janice Yeon

At our Registrars Farewell Party we celebrated success and said farewell to the following registrars:

Dr Andrew Lee
Dr Alicia O’Connor
Dr Dana Slape
Dr Munther Zureigat
Dr Pooja Kadam
Dr Cathy Zhao
Dr Paris Banan
Dr Beth Croker
Dr Theone Papps
The Skin Hospital’s education calendar for 2020 is underway. This year started with an informative and well attended Education Series evening presented by Dr Phil Artemi on “The Ten Commandments for Optimal Wound Closure”.

This was followed by the popular Laser Safety Course presented by A/Prof Lee Collins.

Unfortunately, events since then and for the next month have been cancelled due to the impact of the Covid19 virus.

**DERMATOLOGIST & DERMATOLOGY REGISTRAR EVENTS IN 2020:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Theme</th>
<th>Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANCELLED</td>
<td>Education Series</td>
<td>Dermatology and Rheumatology working together – Psoriatic Disease and beyond</td>
<td>Dr Annika Smith</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dr Richard Holland</td>
</tr>
<tr>
<td>CANCELLED</td>
<td>Conference Highlights</td>
<td>AAD 2020 Annual Meeting Denver, Colorado</td>
<td>Dr Phil Tong</td>
</tr>
<tr>
<td>CANCELLED</td>
<td>Skin School</td>
<td>Dermatology for Medical Students</td>
<td>Various</td>
</tr>
<tr>
<td>24th June</td>
<td>Education Series</td>
<td>Paediatrics</td>
<td>A/Prof Gayle Fischer</td>
</tr>
<tr>
<td>23rd July</td>
<td>Education Series</td>
<td>Vitiligo – dots of hope</td>
<td>Dr Monisha Gupta</td>
</tr>
<tr>
<td>16th Sept</td>
<td>Education Series</td>
<td>What I have learnt in 30+ years of patch testing?</td>
<td>A/Prof Rosemary Nixon</td>
</tr>
<tr>
<td>14th Oct</td>
<td>Education Series</td>
<td>“Dermatology Mythbusters”. Using evidence to debunk some myths in Dermatology.</td>
<td>Prof Sam Zagarella</td>
</tr>
<tr>
<td>11th Nov</td>
<td>Conference Highlights</td>
<td>Update on the 29th Congress of the EADV in Vienna, Austria</td>
<td>Prof Pablo Fernández Peñas</td>
</tr>
<tr>
<td>26th Nov</td>
<td>Conference Highlights</td>
<td>Update on the Asia Pacific Combined Dermatology Research Conference in Tokyo, Japan</td>
<td>A/Prof Stephen Shumack</td>
</tr>
</tbody>
</table>

For further details go to skinhospital.edu.au/events
Supporting GP’s through education has been a major focus which will continue to be in 2020. The following events have been held or are scheduled:

**GP EDUCATION EVENTS 2020**

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Presenter</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-Mar</td>
<td>Male Dermatoses Lasers</td>
<td>Dr Bruno Blaya</td>
<td>Darlinghurst</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr Deshan Sebaratnum</td>
<td></td>
</tr>
<tr>
<td>POSTPONED</td>
<td>Skin Cancers, Diagnosis and Management</td>
<td>A/Prof Robert Paver</td>
<td>Darlinghurst</td>
</tr>
<tr>
<td>18-Jun</td>
<td>Skin Cancers, Diagnosis and Management</td>
<td>A/Prof Robert Paver</td>
<td>Westmead</td>
</tr>
<tr>
<td>30-Jul</td>
<td>Birthmarks Acne</td>
<td>Dr Deshan Sebaratnum</td>
<td>Darlinghurst</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr Haady Fallah</td>
<td></td>
</tr>
<tr>
<td>9-Sep</td>
<td>Eczema &amp; Skin Infections</td>
<td>Dr Tanumay Raychaudhury</td>
<td>Darlinghurst</td>
</tr>
<tr>
<td>15-Sep</td>
<td>Eczema &amp; Skin Infections</td>
<td>Dr Tanumay Raychaudhury</td>
<td>Westmead</td>
</tr>
</tbody>
</table>
The Skin Health Institute

WELCOME 2020 REGISTRARS
The Skin Health Institute welcomed six new registrars at an induction session earlier this year.

Congratulations to Drs Natalie Wong, Louise Photiou, Matthew Howard, Quynh Le, Smriti Tandon, Tom Kovitwanichkanont and Zhi Mei Low, all of whom have been accepted into the Victorian Dermatology Training Program.

The Institute provides extensive training and education resources and support for the registrars during their 4-year stretch. These include Junior and Senior Skin Schools, Updates, dermatopathology and surgical tutorials, clinical experience in our 28 sub-specialty clinics for on-the-job training and tuition. This involves a considerable contribution by many Victorian Fellows, which is really appreciated. Thank you to A/Prof Alvin Chong and Dr Matheen Mohamed for their ongoing and extensive commitment to education and for conducting the Skin School sessions.

The Institute provides extensive training and education resources and support for the registrars during their 4-year stretch.

SKIN HEALTH EDUCATION DAY 2020
The 4th Skin Health Education Day, organised by A/Prof Rosemary Nixon and Amanda Palmer RN, was held on February 22, featuring talks from a wonderful, enthusiastic and capable team of young consultants, most of whom also work at the Institute. A wide variety of topics commonly encountered by healthcare professionals were covered, such as food allergies, skin infections, contact dermatitis, common childhood rashes, skin surgery and more.

The event had a large number of participants, with over 130 GPs, nurses and pharmacists attending.

The 2020 registrars with A/Prof Rosmary Nixon, President of the Skin Health Institute, and A/Prof Alvin Chong, Director of Education at the Skin Health Institute

Amanda Palmer at the 4th Skin Health Education Day
SPOT DIAGNOSIS

The Skin Health Institute has launched a series of dermatology education podcasts for GPs, nurses and medical students. The series is called Spot Diagnosis.

The series provides evidence-based, up-to-date dermatology education & information aimed at upskilling GPs in treating skin complaints, in order to improve the skin health of our communities.

New episodes will be released each month. Each episode is supported by other information and education resources for the GPs and medical students to access on our website.

Spot Diagnosis is the brainchild of A/Prof Alvin Chong and his former Research Fellow, Dr Tom Kovitwanichkanont (now first year Registrar).

The podcasts are now available through all the popular podcast players including iTunes, Spotify, Google, and Stitcher. They are publicly available so anyone can access. Although tailored for GPs and medical students, they will also be useful for nurses and pharmacists.

If you get a chance, please rate and review them. Your feedback will help us develop our education resources, so will certainly be appreciated.

AUSTRALIAN DOCTOR’S ORCHESTRA

Every year, the Australian Doctor’s Orchestra perform concerts that raise money for different medical charities.

We are pleased to announce that in 2020, the Australian Doctor’s Orchestra have selected the Skin Health Institute as their charity of choice for 2020.

The concert will take place on Sunday 23 August at 2pm at the Melbourne Recital Centre. Put it in your diary now. We will keep everyone posted.