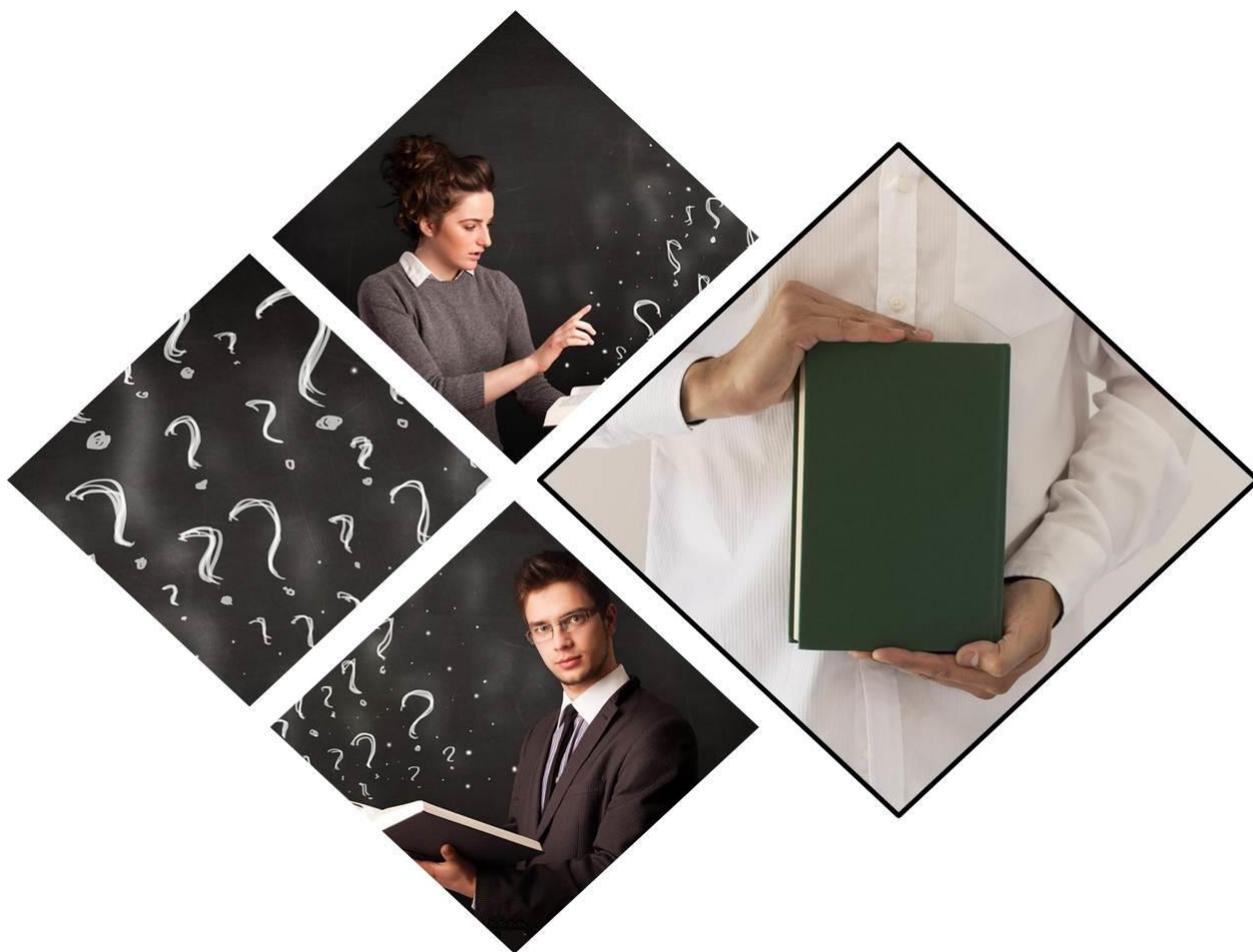




THE AUSTRALASIAN COLLEGE  
OF DERMATOLOGISTS



# Dermatology Training Program

## Handbook 2021

Version 2 2021



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 speciality field. The basic interpretation of the motto is "They succeed in difficulties".

## Important Information

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

Please note that policies and procedures may change during your training time and the policy and/or procedure that is current at the time, will be the one which is implemented.

Changes to the Training Program handbook version may occur from time to time. Trainees will be notified of any changes via ACD Connect and updated versions will be posted on the website and eLearning portal. It is the responsibility of the Trainee to ensure they remain up-to-date by consulting the College website regarding the handbook, policies and procedures.

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 [www.dermcoll.edu.au](http://www.dermcoll.edu.au) and eLearning portal for the most current information.

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## CHAPTER ONE: INTRODUCTION

### 1.1 About the Australasian College of Dermatologists (ACD)

**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 550 active Fellows in Australia and overseas. 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 several 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, nails and hair.

The College is committed to:

- Educating and training Fellows, Trainees and other health professionals.
- 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 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 5 Faculties in Queensland, New South Wales (inc. ACT), Victoria (inc. TAS), South Australia (inc. NT) and Western Australia. College has a Board of Directors consisting of the President, President Elect, Dean of Education and four appointed Directors. 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).

## 1.2 Education Governance

Trainees are encouraged to be familiar with the governance of the College by reviewing relevant documents on the website such as the Constitution and Regulations. The College is governed by a Board of Directors who are elected, appointed and co-opted by the College membership. The Academic Standards Committee (ASC), which reports directly to the Board, is responsible for the governance of the Training program and other education matters. The ASC is comprised of representatives from the following committees: National Training Committee (NTC), National Examinations Committee (NExC), National Accreditation Committee (NACC), Academic Research Committee (ARC), Trainee Representative Committee (TRC), plus several external members. It is chaired by the Dean of Education, who is also a member of the Board.

The TRC is comprised of at least one Trainee representative from each Faculty, plus other representatives such as International Medical Graduates (IMGs), recent graduates or Post Training Candidates (PTCs). Members sit on various education committees and the Chair (or their nominee) also attends the Board by invitation.

The Professional Standards Committee (PSC) also reports directly to the Board and reports on matters relating to Selection, IMGs, CPD, professional behaviour and ethics.

Further information on the College committees and taskforces can be found on the [website](#).

## 1.3 Communication with Trainees

It is essential that your email addresses, mailing addresses and mobile phone numbers are kept up to date in the College data base to facilitate communication with you. Trainees can make changes themselves to their College Member profile. They can also email any changes to [admin@dermcoll.edu.au](mailto:admin@dermcoll.edu.au) or contact the College on 02 8741 4101.

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 or if this is seen as the most appropriate method of communication.

### **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:

- Via **ACD Connect** (please ensure you accept the link for this system)
- Group email to selected email addresses (usually blind-copied)
- Placement of information in the College's eLearning Portal
- Letter on College letterhead, via normal post

### **Trainees contacting College**

The following addresses may be used for this purpose:

- [admin@dermcoll.edu.au](mailto:admin@dermcoll.edu.au) Generic College address
- [Jacqueline@dermcoll.edu.au](mailto:Jacqueline@dermcoll.edu.au) Jacqueline Sciancalepore: Manager, Training Program
- [Finance@dermcoll.edu.au](mailto:Finance@dermcoll.edu.au) Finance team
- [Helpdesk@dermcoll.edu.au](mailto:Helpdesk@dermcoll.edu.au) IT related enquiries

## 1.4 Access to Resources and Material

### eLearning Portal

Trainees are given access to their own, password-protected eLearning Portal account which can be accessed through the members' area of the College website. Take the time to be familiar with the content of this area. The eLearning Portal contains learning content such as:

- Training Program Handbook and Curriculum
- Trainee Online Portfolio
- Basic Science Modules
- Clinical Science Online Competency Modules (including: Pharmacology, Clinical Sciences, Research)
- Dermoscopy module
- Examination Information
- National Skin School resources
- Workplace Behaviour module
- Other learning resources

Contact the College at [helpdesk@dermcoll.edu.au](mailto:helpdesk@dermcoll.edu.au) if you need assistance with accessing the eLearning Portal. Information on Research Requirements; RPL, Resource List; Overseas Training Information and Student Support can also be accessed from the eLearning Portal.

### Trainee Online Portfolio (TOP)

Trainees are required to complete a portfolio as part of their training requirements. **It is the trainee's responsibility to ensure it is completed and up to date each year.** See Chapter 6 for more information on the TOP. Failure to complete or keep the TOP up to date may result in delay of progress or Fellowship.

### College Website

The College website has important information about your training. This includes: Education Policies, governance documents (annual report, constitution, regulations, and strategic plan).

### Grants

College offers a range of Grants. Information on these can be found on the [website](#).

## 1.5 Trainee Wellbeing

Trainee wellbeing is a priority for College. It is understood that many trainees experience a broad range of competing issues/challenges at different times during their training, relating to both the demands of a rigorous medical specialty training program and external ones, such as family and social commitments. The potential for differing interests between the health service, as the employer and the college, whose role is to ensure that trainees develop the skills required for safe and successful patient care, is also recognised. There are a number of methods used to promote trainee welfare. It is important to maintain communication with your Director of Training (DoT) and Supervisor of Training (SoT) about personal matters. College has also two part-time Wellbeing and Engagement Officers (based in NSW and VIC) covering all Faculties. These staff are there to assist you with a range of personal and progression matters. See details below.

College also partners with [Converge International](#) who provide Employee Assistance Programs to Trainees and Fellows. If you need to speak to a counsellor about any issue impacting your training, please contact them on 1300 687 327. The College will fund your first 4 sessions initially and review after that if more sessions are required. These are held in confidence and College is

not informed of who uses this service. Trainees are also encouraged to contact College staff if they have any queries or concerns they wish to discuss.

There is more information on the College website on [Support Services](#). Go to the 'For Fellows and Trainees' and select 'Support and Welfare'. You should also complete the 'Workplace Behaviour – A Way Forward' module available in the eLearning Portal as this links in with the College Bullying and Harassment action plan.

## 1.6 College Education Contacts

<b>General enquires:</b>	
<b>Telephone:</b> 02 87650242:	<b>E-mail:</b> <a href="mailto:admin@dermcoll.edu.au">admin@dermcoll.edu.au</a>
<b>Education</b>	
<p><b>Director Education Services</b> Mr Brett O'Neill Telephone 02 8741 4199 E-mail: <a href="mailto:brett@dermcoll.edu.au">brett@dermcoll.edu.au</a></p> <p><b>Associate Dean</b> Dr Catherine Scarff E-mail: <a href="mailto:Cate@dermcoll.edu.au">Cate@dermcoll.edu.au</a></p> <p><b>Manager, Training Program</b> Ms Jacqui Sciancalepore Tel: 02 8741 4116 E-mail: <a href="mailto:Jacqueline@dermcoll.edu.au">Jacqueline@dermcoll.edu.au</a></p> <p><b>Wellbeing and Engagement Officer (NSW/ACT/QLD)</b> Ms Ashleigh Thomas Tel: 02 8741 4110 E-mail: <a href="mailto:Ashleigh@dermcoll.edu.au">Ashleigh@dermcoll.edu.au</a></p> <p><b>Wellbeing and Engagement Officer (VIC/SA/WA/NT/TAS)</b> Ms Caterina De Meneghi Tel: 0434 437 447 E-mail: <a href="mailto:Caterina@dermcoll.edu.au">Caterina@dermcoll.edu.au</a></p>	<p><b>Accreditation Manager (including IMGs)</b> Ms Jennifer Chowdhury Telephone: 02 8741 4121 E-mail: <a href="mailto:Jennifer@dermcoll.edu.au">Jennifer@dermcoll.edu.au</a></p> <p><b>Academic Support Officer</b> Ms Jannet Farley Telephone: 02 8741 4190 E-mail: <a href="mailto:jannet@dermcoll.edu.au">jannet@dermcoll.edu.au</a></p> <p><b>IT Operations Manager</b> Mr Kevin Turner Tel: 02 8741 4132 E-mail: <a href="mailto:helpdesk@dermcoll.edu.au">helpdesk@dermcoll.edu.au</a></p> <p><b>Finance Team</b> Tel: 02 8765 0242 E-mail: <a href="mailto:Finance@dermcoll.edu.au">Finance@dermcoll.edu.au</a></p>

## 1.7 Key Dates in 2021

A list of important dates can be found in the eLearning Portal. These include information on:

- 1<sup>st</sup> and 3<sup>rd</sup> year workshops
- Closing dates for applications relating to overseas positions, fellowship exams
- Dates of key events like the ASM and the Fellowship exams

## 1.8 Other key timelines:

- RPL Research Project Applications: Due 7 weeks after starting date
- Research Proposal Submission: Due 4 months after starting date
- Pharmacology module: Due 3 months after starting date
- Clinical Sciences and Research modules: Due 12 months after starting date

## 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. It is essentially an 'apprenticeship model' of training. Trainees engage in experiential learning on the job, supplemented by additional activities such as online modules, tutorials, and workshops.

Trainees complete 4 years of full-time equivalent training (6, 12 or 24 months for IMGs) in accredited training positions. They rotate through positions and are required to complete 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. The trainee is the central active agent in learning and takes responsibility for their learning. The Curriculum provides a framework which specifies the knowledge and skills that trainees need to learn, apply, and demonstrate, to determine their competence to practise as specialist dermatologists.

Trainees should use the **Curriculum** (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 while they work alongside experienced consultants and other trainees. The curriculum document 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.

**ACD Graduate Outcomes** are outlined in Appendix 3.

### 2.3 Duration of the Dermatology Training Program

The College training year traditionally begins on the first Monday in February and ends on the Sunday preceding the first Monday of February the following year. However, start dates may vary based on the availability of positions. Trainees must complete a minimum of 184 weeks of training in an accredited training positions over the 4 years. The number of weeks completed and documented as contributing to this total each year will be determined by the amount of leave taken. This should be arranged in consultation with the DOT to consider site needs as well as trainee needs and wellbeing.

Provision is made each year for 4 weeks of annual leave and 2 weeks of unscheduled leave for illness and other unexpected events from the Training Program. Requests for leave from the Training Program outside this will be considered according to the Variation of Training policy.

Trainees are required to be familiar with their employment contracts for conditions of employment/leave/entitlements from the employer. Aspects such as maternity leave, long service leave etc., should be considered by trainees. Local award and work conditions may vary across sites and states, however all trainees must meet the necessary number of weeks of the training program.

Trainees may also use up to 5 work-days per year of their training time for College approved education activities. This may include:

- Conference leave (e.g. ASM, ACD rural conference)
- 1<sup>st</sup> and 3<sup>rd</sup> year workshops (days of workshop only)
- 4<sup>th</sup> year Fellowship examinations (days of exams only)
- Other pre-approved education activities

Please note that travel time is not included in any education leave in Australia, however up to 2 days may be granted for overseas placement travel.

**While ASM leave will be automatically approved by the DOT once the workplace has signed off on it, Trainees must seek written approval from their DOT and communicate this to College prior to any other conferences/education activities they wish to have included in their 5 days of education activities.**

In some circumstance's trainees may be required to organise to go to another hospital or site in order to perform or observe a procedure. Trainees may use their conference leave to attend other sites, however it must be pre-approved in writing by the trainees HoD or DoT and submitted to College.

Trainees in 4th year will also have up to 3 additional days for examinations. Please note that these 3 days are related to training requirements but distinct from your employment contract, which should also be checked.

Any unused annual leave must be discussed with the relevant DOT and employer when moving from one site to another.

For periods of sick leave of two days or more a doctor's certificate is required, which is to be submitted to the Supervisor of Training (SoT). Employer requirements may also apply so trainees must be aware of their individual employment contract conditions.

Trainees are required to submit a Rotation Placement Summary form to their portfolio at least every 6 months or per rotation/placement, which ever is less.

### **Impact of leave**

College understands that trainees may wish to take leave of varying time frames during their training. College may approve trainees to take additional leave from the training program in collaboration with the worksite. Trainees should consider how the leave may impact their training time requirements and their eligibility to proceed to the next year of training or sit the Fellowship exams.

Please see the below information regarding minimum weeks and accredited training time.

- Trainees are generally required to complete a minimum of 46 weeks of training per year in order to meet the 184 weeks course requirement. College recognises that this may vary 1 or 2 weeks per year due to leave taken or not taken. With approval from their DOT, trainees can carry weeks 1 or 2 weeks forward or back providing they meet the necessary training weeks in the course.
- For a SITA to be conducted and hence training time accredited, a trainee must complete at least half their rotation. (i.e. 3 months for a 6 month rotation, 6 months for a 12 month rotation).
- Any time not accredited will need to be made up during or at the end of training.

In these cases, the trainee and the DoT will develop a plan to manage the unplanned leave to ensure all components of the trainees' program are completed. Trainees must meet all eligibility requirements to be able to sit the Fellowship Exams, and additional leave taken may impact this.

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

- 24 months requires completion of 92 weeks of training,
- 12 months requires completion of 46 weeks of training,
- 6 months requires 23 weeks continuous training time.

NB: 4 weeks annual leave and 2 week's unscheduled leave for illness and other unexpected events are pro-rated for IMGs based on 6 or 12 month positions.

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

### **Completion time**

A Trainee (local) must complete all requirements of the Training Program within ten (10) years of the commencement of their first year of training, including a maximum of four (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. Limited RPL may be granted.

## **2.4 Accredited Training Positions**

Training is conducted **only** in **paid** positions accredited by the College's National Accreditation Committee (NACC) against set standards. Application is made in consultation with the State Faculty Chair and the Director of Training. Provisional Accreditation may be granted for up to 12 months, and Full Accreditation may 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 and ensures that they have a voice in the process.** For more information about the accreditation process, refer to the [Accreditation and Training Positions](#) section of the College website.

College understands that in some cases trainees may find themselves in a position where they require additional weeks of training outside their current rotation due to earlier leave. In this situation Trainees should ensure they speak with College prior to contacting a site in order to obtain relevant approval and documentation. Under no circumstance will College approve unpaid work in an accredited training site.

## **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 (FT/PT), **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 Trainee Charter and Agreement form annually (February each year). This is available on the website and elearning portal.
- d) Be financial or have a payment arrangement in place with College. 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.

## OVERVIEW OF THE TRAINING PROGRAM (For trainees commencing from 2020)

### Year 1: Trainees must

- Complete the 1st year workshop
- Satisfactorily complete the Clinical Sciences Online Competency Modules (including Pharmacology, Clinical and Evidence Based Research)
- Complete year 1 of clinical training in an accredited training position
- Complete Rotation Learning Plan (1 per rotation)
- Complete 2 Summative-In-Training-Assessments (SITA) Summaries 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)
- Trainee Online Portfolio requirements:
  - o Procedure logs,
  - o WBAs Derm-CEXs (3), CBDs (4), ProDAs (4),
  - o ASM attendance, Meetings, Presentation,
  - o Work/Leave Summary, Annual review, online checklist



### Year 2: Trainees must

- Complete year 2 of clinical training in an accredited training position
- Complete Rotation Learning Plan (1 per rotation)
- Complete 2 Summative-In-Training-Assessments (SITA) Summaries for the year and satisfactorily address any identified performance concerns as required
- Complete Dermoscopy Exam/module (please see chapter 5)
- Trainee Online Portfolio requirements:
  - o Procedure logs,
  - o WBAs Derm-CEXs (3), CBDs (4), ProDAs (4),
  - o ASM attendance, Meetings, Presentation,



### Year 3: Trainees must

- Complete the 3rd year workshop
- Complete year 3 of clinical training in an accredited training position
- Complete Rotation Learning Plan (1 per rotation)
- Complete 2 Summative-In-Training-Assessments (SITA) Summaries for the year and satisfactorily address any identified performance concerns as required
- Submit and have approved/signed off the completed research project
- Trainee Online Portfolio requirements:
  - o Procedure logs,
  - o WBAs Derm-CEXs (3), CBDs (4), ProDAs (3),
  - o ASM attendance, Meetings, Presentation,
  - o Work/Leave Summary, Annual review, online checklist



### Year 4: Trainees must

- Complete year 4 of clinical training in an accredited training position
- Complete Rotation Learning Plan (1 per rotation)
- Complete 2 Summative-In-Training-Assessments (SITA) Summaries for the year and satisfactorily address any identified performance concerns as required
- Complete online supervisor module
- Trainee Online Portfolio requirements:
  - o Procedure logs,
  - o WBAs Derm-CEXs (3), CBDs (4), ProDAs (3),
  - o Work/Leave Summary, Annual review, online checklist
- Successfully complete the Fellowship Examination

## OVERVIEW OF THE TRAINING PROGRAM (For trainees commencing pre 2020)

### 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 research)
- ❖ Complete year 1 of clinical training in an accredited training position
- ❖ Submit and have approved research project
- ❖ 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/publication requirements of Training Program
- ❖ Complete Dermoscopy Exam/module (please see chapter 5)
- ❖ 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 the Fellowship 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. 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 184 weeks of training across 4 years (or pro rata equivalent, or as per IMG assessment), in an accredited paid training position. Clinical Training means time spent working in clinics and on the wards, with responsibility for patients and other Training activities as directed and expected by the Director of Training (DoT), Supervisors of Training (SoT) and Clinical Supervisors (CS). In some cases, work undertaken overseas as part of a community dermatology related project may be approved for up to one week of clinical training. Trainees should adhere to the rules/expectations, including dress codes for the site they are working at.

### 3.2 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 wellbeing.

### 3.3 Professional Development Workshops, Clinical Meetings and Tutorials

Trainees must attend at least 2 ACD ASMs in the first 3 years of training (or equivalent if approved by the National Training Committee **prior to attendance**). 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. Trainees are expected to attend relevant Faculty and Hospital Clinical meetings as directed.

Once accepted onto the program, PhD Pathway and Deferred trainee who attend an ACD ASM prior to their training start date, may have their ASM attendance counted towards their training requirements. Trainees on Interrupted Training may also attend an ASM during an interrupted period and have their ASM attendance counted towards their training requirements.

While not compulsory, Trainees are encouraged to attend organised educational tutorials. These tutorials are designed to assist trainees in the development of their knowledge and skills and progress towards the completion of training requirements. Non-attendance should be communicated with the relevant parties.

### 3.4 Surgical Procedures

Essential Surgical Procedures/Treatment Modalities should be documented by the trainee and signed by the Clinical Supervisor within one week of being observed by the SoT. 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 documented by the trainee and signed 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.

### 3.5 Work based Assessments (WBAs) and Summative In-Training Assessments (SITAs)

Trainees must complete the minimum number of WBAs each year. Procedural Dermatology Assessments can be signed off as completed. Trainees must also successfully complete SITAs as per their clinical rotation in order to progress in the Training Program.

### 3.6 Online Modules

Trainees must complete online modules and achieve a **75% pass mark** in each module. These include:

- **Pharmacology:** This module **must be completed within 3 months of the start date**. Multiple attempts are permitted. Failure to pass the module within 3 months of your start date will result in an unsatisfactory SITA.
- **Clinical Sciences:** These modules, **must be completed by the end of first year**. Multiple attempts are permitted. Failure to pass the modules by the end of year one may lead to dismissal from the program.
- **Evidence Based Research:** These 3 modules, located with the CSOCMs, **must be completed by the end of your first year**. Multiple attempts are permitted. Failure to pass the modules by the end of year one may lead to dismissal from the program.
- Trainees must complete modules 3 and 4 of the online **Supervisor training** module in the eLearning Portal by completion of 4<sup>th</sup> year.
- **Dermoscopy:** This module **must be completed** according to the following guidelines:
  - trainees who commenced in or before 2018, by the end of fourth year
  - trainees who commenced in 2019, by the end of third year
  - trainees who commenced from 2020 onwards, by the end of second year

While not compulsory, the **Basic Science Modules** and other resources in the eLearning portal cover a range of Dermatology topics that trainees may find useful early in their studies.

### 3.7 Examinations

Trainees apply to undertake the Fellowship Examinations in the fourth year of Training, provided they have met all other requirements. See chapter 5 for more information. The Exams include:

- **Writtens:** Four Written examination papers (2 essay papers and 2 True/False papers).
- **Viva Part 1:** Two assessments. Histopathology Viva and Short Case Viva.
- **Viva Part 2:** Two examinations. Medical Division Long Case Viva and Procedural Dermatology Viva.

### 3.8 Research and Presentations

#### 3.8.1 Research

Trainees must complete a research project. See Chapter 7 for more details.

#### 3.8.2 Presentations

A Trainee must complete one oral research presentations **during** their training. See Chapter 7 for more details.

### 3.9 Trainee Online Portfolio (TOP)

TOP is the online portfolio used to document progress in the Training Program and provide evidence of completion. See chapter 6 for more.

## CHAPTER FOUR: CLINICAL AND PROFESSIONAL DEVELOPMENT REQUIREMENTS

### 4.1 Clinical Training (onsite) Requirements

Accredited Training positions may be located in any Australian State, Territory or Overseas. The sequence and allocation of clinical training is determined by the Director of Training (DoT) in each state. The DoTs allocate training positions and rotations which are supervised by Clinical Supervisors (CSs) and Supervisors of Training (SoTs). States may vary in their allocation process and due to differences between each hospital and the various clinical rotations, patient demographics and clinic types, a trainee's individual experiences may vary, but every trainee will have experience across a range of domains and is expected to build on the requisite knowledge and skills year by year. If a trainee declines the placement they are provided with, they may be required to take leave from the program until another position becomes available. 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 College 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 the final decision.

With consultation, Trainees may be rotated to a position based outside the Faculty Training Structure in which they have been selected to undertake training.

Clinical Training Evidence must be recorded regularly in the Trainee Online Portfolio (TOP).

#### 4.1.1 On-call training

On-call (i.e. after-hours patient service) can provide 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. This type of on-call work is not considered as part of the training program.

## 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 by the trainee. Each RLP is designed to ensure appropriate progression in experience and responsibility. RLPs are designed to ensure that components of the curriculum are 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 the curriculum to be completed during the rotation.
- Identify employable strategies and resources to use to help meet the learning outcomes.
- Plan for their research project and presentation.
- 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 the RLP and arranges a meeting with their SoT within the **first fortnight** of the rotation and brings to this meeting their completed RLP.
- b) 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.
- c) 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.
- d) 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.
- e) The SoT reviews the RLP and suggests alterations or additions to learning outcomes and resources available to achieve them.
- f) The SoT ensures that the learning outcomes are achievable, are suitable, and that the outcomes are commensurate with their level of training.
- g) 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.**
- h) The SoT and Trainee are encouraged to meet half-way through the rotation to review progress and update the RLP as necessary.
- i) 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 position 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 listed below must be logged by the completion of the 3rd year of training.

For procedures where a PRODA is required: Once the minimum requirement for each procedure has been reached and a PRODA has been submitted, trainees do not require Supervisors signatures to verify logs.

For procedures where a PRODA is **not** required: Once the minimum requirement for each procedure has been reached, trainees do not require Supervisors signatures to verify logs.

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

<b>ESSENTIAL PROCEDURES</b> (Must be logged by the completion of the 3rd year of training)		<b>'Performed' Minimum Target</b>
Anaesthetic	Nerve block (including digital, facial-sensory, supraorbital, infraorbital, mental)	1 of each
Biopsies	Punch*	20
	Shave/saucerisation*	20
	Excisional	20
	Incisional	5
Biopsies - special sites	Scalp (alopecia)*	2
	Nail*	1
	Eyelid*	1
	Lip/mucosa*	2
Shave excision or saucerisation	Benign	20
Curettage	Benign	5
	Malignant*	20
Electrosurgery	Benign	2
Excisional Surgery	Excisional ellipse simple closure*	20
	Fusiform ellipse layered closure*	
	Fusiform ellipse with specialised skin closure ( <i>subcuticular, half buried etc</i> )	10
	Excision in special areas - lip, nose, brow, eyelid, ear	2 of each
	Skin grafts* - split, full thickness	5
	Flaps - <i>advancement, transposition, rotation, subcutaneous or myocutaneous, pedicle</i>	5
Cryotherapy	Benign (solar keratoses, verrucae, skin tags)*	20
	Malignant (superficial BCC, IEC/Bowen's) *	10
Phototherapy (Narrow UVB)*		10
Vascular Laser (To be observed or performed)		1
Photodynamic Therapy*(To be observed or performed)		5
Intralesional Treatments - Intralesional steroid injection*		10
Patch Testing and photo patch testing#		5
Microscopy of direct skin scrapings/parasites/hairs#		5

\* Procedures that require a ProDA

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

#### 4.4 Advanced Surgical Procedures or Treatment Modalities

Trainees must keep a log of the below procedures in their **TOP** using the **Procedures Log form** found in the eLearning Portal. Trainees are expected to observe (i.e. observe a clinician performing the task) and keep a log of the procedures or treatment modalities listed below. There are two types of advanced surgical procedures or treatment modalities - those that must be observed by the end of 3<sup>rd</sup> year and those that must be observed by the end of 4<sup>th</sup> year.

The supervising consultant must sign the **procedures log** form within **one week** of the procedure. Procedures not performed by dermatologists locally can be signed off by plastic surgeons, or physicians working within dermatologist's rooms/supervision. Where this occurs, the specialist's details must be clearly documented, including 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.**

<b>ADVANCED PROCEDURES</b> <i>(Must be observed and logged by the end of the third year)</i>	<b>Assisted/Observed Minimum Target</b>
Radiotherapy of skin malignancies	2
Ablative laser resurfacing with CO2 or erbium lasers	2
Other lasers: <i>tattoo lasers (Q-switched Nd YAG, alexandrite or ruby); pigment lesion lasers (Q-switched Nd YAG, other); hair removal lasers (diode, LPIR, ruby)</i>	2
Mohs surgery	5
Complex flap surgery	5
Wedge resection of lips and ears	2 of each

<b>ADVANCED PROCEDURES</b> <i>( Must be observed and logged by the end of the fourth year)</i> <i>(*Recommended that these procedures be observed at least once)</i>	<b>Assisted/Observed Minimum Target</b>
Injectable fillers	2
Injectable muscle relaxants	2
Chemical peels	1
Scar revision procedures - CO2 laser; surgical, for example z-plasty	1
Autologous fat transfer	0*
Sclerotherapy	0*
Intense pulsed light	0*
Composite skin cartilaginous grafts	0*

#### 4.5 Professional Development: Workshops and Meetings

As noted in 3.2 and 3.3 Trainees are required to attend, and keep a record in TOP:

- 1<sup>st</sup> and 3<sup>rd</sup> year workshops
- Two ACD ASMs (or approved equivalents) in the first three years of training
- All tutorials and meetings as required (to be discussed with DoT/SoT).
- Annual Faculty meetings, hospital clinical meetings and other meetings (discussed with DoT/SoT).

## CHAPTER FIVE: ASSESSMENT AND EXAMINATION REQUIREMENTS

### 5.1 Assessment Requirements of the Dermatology Training Program

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

- a) Online Modules
  - a. Pharmacology
  - b. Research Methods I, II and III: Basic Evidence Based Medicine
  - c. Clinical Sciences
  - d. Dermoscopy
- b) Teaching, Learning and Supervision online module
- c) Summative In Training Assessments (SITA)
- d) Work-based Assessments (WbA) comprising:
  - Case-based discussion (CBD)
  - Procedural Dermatology Assessment (ProDA)
  - Dermatology Clinical Evaluation Exercise (Derm-CEX)
- e) Fellowship Examination (comprising 3 stages):
  - Written Examinations
  - Viva 1: Histopathology, Short Case Vivas
  - Viva 2: Medical Long Case Vivas and Procedural Dermatology Vivas
- f) Completion of research proposal and project (see Chapter 7)

### 5.2 Online Modules

#### 5.2.1 Pharmacology, Clinical Sciences, Evidence Based Medicine, Dermoscopy

These 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, Research and Dermoscopy sections of the Curriculum. Pharmacology must be completed within 3 months of commencing the Training Program. Please see section 3.6 for completion times of the Dermoscopy module.

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). These assessments are a part of a trainee's development to become a dermatologist capable of excellent patient care. Trainees must complete these assessments independently. Any evidence of collusion between Trainees will be deemed as a failure to satisfactorily complete the modules and hence unsatisfactory performance, which may result in the trainee being referred to the professional standards committee.

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

### 5.2.2 Teaching, Learning and Supervision module

During, and post training, dermatologists may take on a variety of teaching and education roles. To assist in this process trainees must complete several online modules related to teaching, learning and supervision. 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 trainee's clinical supervisors. They are designed to help support the development of the trainee and 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, leading ultimately to excellence in the care of their patients. They also provide an opportunity for feedback regarding strengths and areas for development of the trainee. Feedback on a trainee's performance should be given with the best intentions by supervisors and reflected on by the trainee in order to promote their development. In order for supervisors to give their most honest feedback, individual ratings and comments are anonymous and the SOT is not able to reveal who the assessors are.

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 at the 6 and 12 month mark. Where a trainee completes a placement with **three rotations** SITAs are generally completed every 4 months. IMGs must complete a minimum of 1 SITA every six months.

The minimum number of weeks for a SITA to be completed is half the rotation

- 3 month rotation: 6 weeks
- 6 month rotation: 12 weeks
- 12 month rotation: 23 weeks

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 uses the same form, which is available in the eLearning Portal:

### 5.3.2 SITA Process

- a) At the appropriate time, 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 (the trainee does not select the supervisor to complete the form)**. SITA's may, at the request of the SoT, be completed by all of a trainee's supervisors. 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 individual SITA forms are NOT to be shown to the Trainee**, or given to the Trainee, or any other person under any circumstances. These are confidential documents between the individual clinical supervisor and the SoT. The SoT should receive a minimum of three completed individual 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 requires 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 (or approved online format if require) 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 or who have not completed the required number of WBA required for their period of training or other requirements (such as completion of Clinical Sciences modules, Pharmacology modules in the first training year).
- 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 joint responsibility of the SOT and Trainee to ensure all meetings are conducted and all the forms are complete. The SITA Summary form is uploaded by the Trainee 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 views the trainee's performance of everyday practice through direct observation. WbAs are of key importance in providing Trainees with both structured teaching and constructive feedback to inform and develop their clinical knowledge and skills and ultimately improve their patient care. WbAs are Trainee-led and comprise:

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

**The Trainee must negotiate with an appropriate assessor and discuss an appropriate case and timetable for the assessment.**

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 each year as noted below and in the TOP.

- a) CbDs – **4 per year** (usually 2 every six months) cover a wide variety of topics and are not repetitive
- b) ProDAs – **4 per year** in 1st and 2nd year and **3 per year** in 3rd and 4th year. In some instances, for example due to clinical opportunities, it may be possible to complete more than the stated ProDAs per year due to opportunity and circumstances. This should be discussed in advance with the SoT and the additional ProDAs to be included in the rotation should be outlined in the TOP, including the reasons for their inclusion. These can be carried forward.
- c) Derm-CEX – **3 per year**; first year trainees must include General skin examination as one of the three Derm-CEXs in their first year.

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 Clinical Supervisors (CS) 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 provides feedback immediately after the assessment, especially when deficiencies have been identified. This would normally take about five minutes.

Trainees should complete WBAs with 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 CS retains responsibility for patient care throughout and must intervene, if 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. They are not intended to be a test of knowledge, or an oral or clinical examination. As with other WBA, they are 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 should be chosen. 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 CS advising they will be completing a Cbd on a patient and would like their performance assessed.
- b) The Trainee gives the form to the CS prior to the assessment.
- c) The CS interviews the Trainee about the case, 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 CS 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 and provides constructive feedback to the trainee. 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 as well.
- 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 each year.

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

Suggested training year	ProDA
1 <sup>st</sup> year (4 ProDAs)	Biopsy – punch Biopsy – shave/saucerisation Curettage – malignant lesion Cryotherapy – benign lesion
2 <sup>nd</sup> year (4 ProDAs)	Excisional surgery – fusiform ellipse – simple closure Cryotherapy – malignant lesion Intralesional steroid injection Photodynamic therapy
3 <sup>rd</sup> year (3 ProDAs)	Biopsy – scalp Biopsy - 2 of the following 3: nail OR eyelid OR lip/mucosa Excisional surgery – fusiform ellipse – layered closure
4 <sup>th</sup> year (3 ProDAs)	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 CS 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 CS prior to the assessment.
- c) The CS **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 CS 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. If the required standard is not achieved, 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 CS 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 guidance. First year Trainees must include Lesion: General skin examination as one of their three Derm-CEXs. Where possible, they should consult any of the following topic areas below.

Specialised Content Topic Areas	
Adnexal Diseases	Infections
Anogenital Diseases	Infestations, Bites and Stings
Autoimmune Connective Tissue Disease/ Rheumatologic Dermatology and Auto- Inflammatory Syndromes	Lymphoproliferative and Myeloproliferative Disorders
Benign Skin Neoplasms	Lymphatic System Disorders
Dermatoses in Pregnancy	Mastocytosis Syndromes
Dermatoses of the Elderly	Metabolic and Systemic Disorders
Disorders Due to Physical Agents	Papulosquamous Disorders
Disorders of Dermal Connective Tissue	Oral Diseases
Disorders of Hair	Paediatric Dermatology
Disorders of Macrophages (Non-Infective Granulomas)	Non-Infectious Neutrophilic and Eosinophilic Dermatoses
Disorders of Nails	Pigmentary Disorders
Disorders of Subcutaneous Fat	Premalignant and Malignant Neoplasms
Disorders of Sweat Glands	Psoriasis

Drug Eruptions and Reactions	Psychocutaneous Diseases
Eczema/Dermatitis	Skin Disorders of Aboriginal and Torres Strait Islander Peoples
Emergency/Life Threatening Dermatology	Skin of Colour
Erythroderma	Skin Signs in Patients with Paraneoplasia
Exanthems	Skin Signs in Patients with Systemic Disease
Genodermatoses	Urticaria, Erythema, Purpura and Vasculitis
Hamartoma	Vascular System Disorders
Histiocytoses	Vesiculobullous Diseases

### 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 CS advising they would like their performance to be assessed and organise a mutually convenient time.
- b) The Trainee gives the form to the SCSA prior to an assessment.
- c) The CS directly **observes** the Trainee with the patient and completes the form at the end.
- d) The Se 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. If the required standard is not achieved, 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 CS 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 approximately two months prior to the application closing date. Application forms for the Fellowship Examinations can be downloaded from the eLearning Portal. The form, fee and specified documents 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.

Certain College activities, including examinations and assessments, are conducted outside of normal business hours including evenings and weekends.

### 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. Potential candidates must:

- Be in the fourth year (or be studying at an approved status such as PTC)
- Have completed a minimum of **150 equivalent full-time** weeks of training, or if an IMG have completed 46 weeks of training in the first year, and 17 weeks of training in the

second year, at the time of the Written exam. Candidates who do not feel they have or will meet the requirements are advised to contact the College.

- Have completed all Research requirements and Presentations by the end of their third year of training. It is the responsibility of the trainee to contact College in the event that this is unlikely to be completed.
- Have successfully completed all SITAs to the end of their third year.<sup>^^</sup>
- Have completed all requirements of the TOP and had this certified by their DoT and submitted to College.
- At the end of third year the DoT has checked the TOP 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 of the validity and accuracy of the documents submitted is conducted by the Training Program Manager.

<sup>^^</sup>If a trainee performance is reported as unsatisfactory in the last SITA of their third year, they may apply provisionally to sit the Fellowship examinations while the PIF procedures are in process. The trainee must satisfy all PIF requirements before the Writtens examinations. If the trainee does not satisfy all PIF requirements before this time, they may not sit the examinations, and 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 prior to 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 a three part examination covering the curriculum. These are outlined below.

Exam Part	Component	Domain	Dates**	Venue**
Part 1: Writtens	Essays (Part A and B) AND True False Exam (Part A and B)	All	22/23 June 2021	Local capital City
Part 2: Viva 1	Histopathology Viva AND Short Case Viva	All	14 August 2021	Local capital city
Part 2: Viva 2	Long Case Viva AND Procedural Viva	All	28/29 August 2021	Queensland

\*\* 2021 dates and venues may change due to the impact of COVID restrictions. Candidates will be informed of all dates/venues and any changes.

**Part 1: Fellowship Written Papers**

Assessments in the Written examinations draw on the 4 domains of the Curriculum (Clinical Sciences and Pharmacology; Medical Dermatology; Procedural Dermatology; Professional Qualities). The Written examinations are a barrier examination to the Part 2 Vivas. They comprise:

- a) **Essay paper (Part A and B):** Each of these two papers (Part A and B) are of three hours duration. Each paper contains six clinical scenarios followed by a series of short answer questions of variable length and mark allocation. Some questions may be supplemented by test results, photographic material or other resources.

**Note:** 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

- b) **True/False paper (Part A and B):** Each of these two papers (Part A and B) are three hours duration. Each paper consists of 75 questions of a true/false type, each with 5 parts. There is no negative marking.

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

**Pass Requirement**

In order to pass the Writtens examinations candidates must:

- Achieve the passing standard for at least of 8 of 12 essays and
- Achieve the combined passing standard for the essays overall and
- Achieve the passing standard of the combined (150 questions) True/False papers

**There are two possible outcomes of the Written Examination:**

- The expected standard of the examination is met, and the candidate receives an invitation to attend the next stage of the Fellowship examinations.
- The expected standard of the examination is not met and progression to the next stage of the Fellowship examinations is denied.

Trainees will be notified of their assessment outcome. Trainees who successfully pass the Written components of the examination will be notified regarding the Part 2 Viva venues, dates and session times.

**Exemptions:**

Candidates who achieve both requirements of the Essay papers but fail the combined True/False paper will be granted exemption from the Essay papers (A and B) for the following year only. Candidates who pass the combined True/False paper but fail one or both of the pass requirements for the Essay papers will be granted exemption from the True/False paper for the following year only.

**Part 2: Clinical Vivas**

The Clinical Vivas are held over two weekends and assess all four Domains of the curriculum. For analytical purposes of the results the Medical division is comprised of the Histopathology Viva, Short Case Vivas and the Long case Vivas. The Procedural division is comprised of the Procedural Vivas.

### **Viva 1: Histopathology Viva and Short Case Vivas**

These two assessments are usually held in local capital cities on a Saturday. The content of these examinations and the conditions assessed are covered in the Curriculum. This examination consists of two 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 images in 50 minutes. This may be via a microscope or high-quality images. Candidates then undergo a viva up to 30 minutes with the two examiners.

Candidates will be assessed on their ability to:

- Assess five dermatopathology images
- Identify positive and negative histopathological features
- Discuss diagnosis and further investigations as appropriate.

- b) Short Case Vivas: The short case vivas are based on clinical photographs related to clinical conditions or laboratory tests. Candidates 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 this is not possible, an appropriately experienced local 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)
- Assess laboratory dermatology images, results or reports
- Provide information on other important aspects of the condition.

The date for the 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.

### **Viva 2: Long Case vivas (LCVs)**

The Long Case vivas are usually held in a different Australian city centre every year. In 2021 these examinations are planned to be held in Queensland. The content of this examination and the conditions assessed are covered in the Curriculum.

Candidates complete three LCVs, each involving two separate cases:

- Candidates will have 30 minutes to assess the two cases, both live or simulated patients.
- Candidates will have 5 minutes to organize their thoughts, reflect on the cases and formulate a management plan on examination paper provided.
- Immediately following, candidates will have a 20-minute viva in which they will discuss both 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, or an experienced local examiner nominated by the NExC.

### **Viva 2: Procedural vivas**

These Procedural vivas will be held in a different Australian city centre every year. In 2021 these examinations are planned to be held in Queensland. The content of this examination and the conditions assessed are covered in the Curriculum.

These vivas will consist of six examination rooms with a specific theme to each: Repairs, Laser, General Surgery, Topicals/Injectables, Phototherapy and Miscellaneous. In each room two examiners, one from the NExC (or an experienced examiner nominated by 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.

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.

### **Pass Requirement**

In order to pass the Viva examinations candidates must:

- Achieve the passing standard for the total of the 6 Procedural vivas and
- Achieve the passing standard for at least 4 of the 6 Long Case Vivas and
- Achieve the passing standard for the combined Medical assessment items (Histopathology Vivas, Short Case Vivas and Long Case Vivas)

#### **5.5.4 Passing Standard**

College employs evidence based, widely accepted practices in medical education, to determine the passing standard for the Fellowship examinations Using a criteria or competency based marking process, the 'Passing Standard' required for each assessment is set by the NExC using formalised standard setting procedures. This is to ensure fairness and consistency in the assessment process. For True/False examinations, College uses a modified

Angoff (Yes/No) approach. For assessments where there is a marking rubric (essay, viva), College uses an extended Angoff approach. For each question the standard setting panel (NExC) determine the score that would be obtained by a minimally competent candidate.

Once the passing standard is set, an error of measurement is applied using formalised methods to establish a minimum 'cut' score that is required to pass. Candidates who are below the passing standard, but above the minimum 'cut' score are reviewed by the NExC and may be awarded a Pass. Candidates below the 'cut' score are deemed to have failed that assessment. Marks are reviewed and analysed by the NExC and forwarded to the Academic Standards committee prior to release for comment and approval.

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

<b>Written Examinations</b>	
Achieve the passing standard for at least of 8 of 12 essays <b>and</b>	
Achieve the combined passing standard for the essays overall <b>and</b>	
Achieve the minimum passing standard of the combined (150 questions) True/False papers	
<b>Invited to Clinical Vivas if Written Examinations are passed</b>	
<b>Medical Division (Viva 1 and Viva 2)</b>	<b>Procedural Division (Viva 2)</b>
Achieve the passing standard for the combined medical assessment items (Histopathology Vivas, Short Case Vivas, & Long Case Vivas)	Achieve the passing standard for the total of the 6 Procedural vivas
<b>and</b>	
Achieve the passing standard for at least 4 of the 6 Long Case Vivas	
Must pass both Medical and Procedural Divisions of July/August examination to be considered eligible for Fellowship	

### 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. See above for exemption information.

#### **B. Fellowship Examination Outcome 3:**

The Trainee who has successfully completed the Fellowship Written Examination but has subsequently failed one or more components of Clinical Vivas.

#### **C. Fellowship Examination Outcome 2:**

The Trainee who has successfully completed the Fellowship Written Examination and has subsequently obtained a pass in the Clinical Vivas will be considered to have passed the Fellowship Examination.

**Exemptions:**

Candidates who have progressed to the Vivas will be eligible for the following exemptions for one subsequent year, according to their results.

- Exemption for the Fellowship Written Examination for one subsequent year.
- Candidates who have successfully passed the Procedural viva, but failed the Long Case Viva and/or the Combined Medical assessments, will also receive a one year exemption from the Procedural Vivas.
- Candidates who have successfully passed the Long Case Viva **AND** the Combined Medical assessments vivas, but failed the Procedural Vivas, will receive a one year exemption from the Long Case Vivas, Histopathology and Short Case vivas.

**5.5.6 Fellowship Practice Questions:**

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

**5.5.7 Examination attempts**

Local Trainees are allowed four (4) attempts at the Fellowship Examination within ten (10) years of commencement of the Training Program. IMGs are allowed 4 within four (4) years of commencement.

The following rules apply to examination attempts:

- A sitting of the written examination is deemed to count as one attempt at the exam, independent of the candidate's outcome. 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 (i.e. the year of taking the Writtens plus one consecutive year). If the viva section is failed on both occasions, the candidate must re-sit, and pass, the Written examination prior to being permitted their next attempt (3<sup>rd</sup>) at the Vivas.
- A trainee who registers to attempt an examination, but fails to attend on the day, will have that counted as an attempt unless there are extenuating circumstances (see Special Consideration policy or withdrawal from examinations policy).

Trainees who are unsuccessful in their Writtens or Clinical Vivas are advised in writing that they have failed. They will receive feedback on their performance from their State Examiner. Please see the Unsuccessful Fellowship Follow-up policy on the College website.

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 so compete with current applicants for training positions.

**5.5.8 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 8 weeks of the completion of the Examination cycle. The purpose of this meeting is to provide information to the candidate on their performance; outline areas in which the candidate needs to improve and consider ways to manage their preparation for the next examination. Refer to the relevant policy.

### 5.5.9 Other Examination Information

- College has clearly defined examination rules outlined 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 or special need may be eligible for Reasonable Adjustment. Refer to the Reasonable Adjustment policy for more information.
- In some circumstances trainees may be required to withdraw from an exam. Please see Withdrawal policy for further information

### 5.5.10 Prizes

College awards several prizes based on performance and professionalism in the Fellowship Examinations. Awards are granted at the discretion of the NExC.

#### 1. Travelling Scholarship (TSC) <sup>^</sup>

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 American Academy of Dermatology (AAD) meeting (or other approved meeting) the next year. The prize, as determined by the NExC, is awarded to the candidate with the highest **Overall Fellowship Examination Score**.

#### 2. Founders' Medal <sup>^</sup>

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.

#### 3. Paver Medal <sup>^</sup>

First offered in 1978, the Paver Medal recognises the work of the late 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.

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.

#### 4. Kossard Dermatopathology Award<sup>^</sup>

First offered in 2018, the Dermatopathology award recognises the work of Associate Professor Steven Kossard in the area of Dermatopathology. It is awarded to the candidate with the highest aggregate mark in the Histopathology section of the Fellowship exam. The successful recipient will be awarded registration to the Australasian Dermatopathology Society conference in the following year.

<sup>^</sup> Weightings of marks may be applied in the determination of awards

## CHAPTER SIX: TRAINEE ONLINE PORTFOLIO (TOP)

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

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. The 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 by loading relevant documents/forms.
- c) Provides graduating trainees with a record of their training for future use when applying for overseas registration.

### 6.2 How HoDs, DoTs and SoTs use TOP. The TOP:

- a) Provides a record of the Trainee's accomplishments and progress at any time during the training period.
- b) Provides information regarding the specific training requirements of IMG Trainees.
- c) Provides an area to upload SITAs.
- d) Provides an area to document relevant procedures.

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

- a) Copies of Rotation Learning Plans completed for **each** rotation and signed by the SOT.
- b) The following original completed Work-based Assessments:
  - CbDs 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 or 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
- i) Completed CSOCM modules.

#### **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:

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

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

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

It is a requirement of the Training Program that Trainees demonstrate competence in research and presentation skills. The research discipline develops evaluation skills, evidence-based practice and encourages future interest in contributing to scientific knowledge. Work on the research project and presentation requirements should be commenced in first year so that they can be completed in a timely manner.

College has several research requirements in place depending on the starting year. These are listed below. Trainees who believe they meet these 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 three (3) CSOCM research modules (Research Methods I, II and III) by the end of their 1st year
- Submission of a research project proposal to the Academic Research Committee (ARC) (within 4 months of commencing 1st year).
- Undertake approved research project.
- Submit completed project to ARC by the end of August of the third year of training or in special circumstances (such as late entry into training program) in the middle of the 3rd year of training as specified by the ARC.
- Have their completed research project assessed and approved by the ARC.

#### 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. Studies with pharmaceutical company sponsorship or involvement will not be accepted, nor will any 'ghost writing' by third parties be acceptable. Where required and prior to commencement, approval to conduct a study must be sought and obtained from an appropriate Human Research Ethics committee or equivalent

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 designing and 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 pose a reasonable and meaningful question, and the rationale for the study should be presented to the ARC in their submission.

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

### 7.2.3 Types of projects accepted

The 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](http://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](#).

Of importance, observational studies need to address association between an exposure/risk factor and an outcome. Purely descriptive cohorts or cross-sectional studies that mimic case series are not acceptable.

#### 2. Systematic Reviews

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

As with other research, 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 conduct a RCT as their research project they are encouraged to refer to the [CONSORT guidelines](#), which is a guide to best practice.

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 research project for the purposes of satisfying the training program criteria, the trainee is expected to provide evidence of a significant contribution to the research methodology of the study. This may include study preparation and design,

ethics and protocol development and research, patient recruitment, random allocation, data collection and analysis.

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

**Similarly, qualitative studies will not be accepted unless of exceptional standard and quality and in exceptional circumstances.**

#### 7.2.4 Initial Research proposal format

Trainees who commence training in February must submit a research proposal to via TOP by 31 May in year 1 of their training or within four months of entering the training program for those with delayed entry. 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, trainees are responsible for applying through the relevant hospital/clinic ethics committee prior to submission to ARC. Once the proposal has been accepted by the ARC, the trainee can begin work on the project.

The ARC will review proposal and either accept, reject or suggest revisions. The reviewing process will be completed within 4 weeks of the submission deadline. Where a project is rejected or revisions are suggested, resubmission is required within four weeks" – but if rejected, they need to come up w a new project don't they? Maybe then, "where a project is rejected, the trainee will need to develop a new research proposal. Where revisions are suggested, the trainee will need to attend to the recommendations of the ARC. The period for completion of both of these scenarios is one month

### 7.2.5 Final Research Project Submission

The completed project must be submitted to the ARC for assessment by August in the 3<sup>rd</sup> year of training in a similar format to a publishable work. In special circumstances, the ARC can approve a different deadline, especially for candidates who entered the training program mid-year or those who took significant leave. The final Research Project 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 (not mandatory) are encouraged to do so. If the research work is published, submission of the accepted manuscript to the ARC is encouraged to facilitate reviewing.

A marking guide for the completed research project is available in the eLearning portal. The reviewing process will be completed within 4 weeks of the submission deadline. If the project is deemed unsatisfactory or requires revision, the ARC will provide a new deadline for resubmission. At the end of this revision process, if the project remains unsatisfactory and does not fulfil the requirements of the ARC, the trainee's eligibility to sit final year examinations may be delayed.

### 7.3 Research Requirements for trainees commencing PRIOR to 2017

Trainees should contact College if they commenced training prior to 2017 and have not met their research requirements.

### 7.4 Presentation Requirements

A Trainee must complete one (1) oral research presentations **during** their training (prior to the completion of 3<sup>rd</sup> year) and substantiate this presentation with documentation. The presentation must be dermatology related and be based either on material the Trainee worked on during their Dermatology Registrar Training or had undertaken within 5 years prior to acceptance in to the ACD Dermatology Training Program. Trainees must submit a copy of the meeting program listing session time, location, title of the work and name of the presenting author or a copy of the abstract accompanied by an acceptance letter or email from the meeting convener, stating the submission has been accepted and will appear in the meeting program. There is no RPL for presentations.

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, unless there are separate components and these are approved prior to presentation. See the TOP for submission requirements.

#### **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 their research at another meeting of equivalent stature that is not on the approved list may make an application to do so in writing to the College. The application should be sent to the Manager, Training Program for approval by the appropriate committee. The Trainee must apply for approval no later than 3 months prior to the date of the meeting. Retrospective approval of a meeting, or presentation may not be granted. College approval to present at such a meeting, if granted, does not include approval of the presentation itself. This must be applied for with the relevant evidence, as specified in Section 7.4 above.

Following the meeting, a Trainee must submit the necessary documentation to the Manager, Training Program to substantiate the presentation, for referral to the appropriate Committee.

## CHAPTER EIGHT: OTHER TRAINING CONSIDERATIONS

### 8.1 Ethics and Dermatology Training

Membership of a professional organisation involves both privileges and responsibilities. The community recognises that members of a profession such as dermatology have privileges, which include self-regulation 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, provide service to the disadvantaged, allocate resources and priority based on patient needs, and that they will demonstrate a high level of ethical and accountable practice.

#### 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 in a number of areas. College also adheres to the MBA Good Medical Practice: A Code of Conduct for Doctors in Australia for its members and Trainees.

The Code is published at <https://www.medicalboard.gov.au/codes-guidelines-policies/code-of-conduct.aspx>

#### 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. This includes being familiar with the necessary rules and guidelines of the setting regarding professional behaviour (including in relation to dress codes, communication), patient examinations, recording of notes and storing of patient information. Identifying patient notes should not be stored on personal devices.
- 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 and sensitivity. This includes being aware of stereotyping patients based on areas such as ethnicity, gender or sexual orientation.
- i) Awareness of the need to attend to their own self-care and wellbeing needs in order to most effectively serve and care for their patients

## 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 Training Agreement on an annual basis as an acknowledgement of their understanding and acceptance of the contents. This Agreement is in place for the duration of training.

## 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. Refer 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 ten (10) years of commencing the program. Training time will cease to be valid ten years after the date 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 four (4) years of commencement.

## 8.5 Variation of 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 a period of time in a rural setting.

Trainees may also be required to undertake short rural trips during their training to support local communities. These will be discussed with the DOT.

## 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. All applicants for overseas positions are interviewed. Refer to the Overseas Placement Policy.

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

- The Churchill Hospital, Oxford, UK
- St John's Institute of Dermatology, St Thomas' Hospital, London UK (x 2)
- St George Hospital, London UK
- Queen's Hospital, Romford (outside London) UK
- University College Hospital Fitzrovia, London, UK
- National Skin Centre, Singapore (6 month placements)

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 a trainee who has satisfied the pre-Fellowship Exam requirements but has been 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.

PTCs do not generally occupy an accredited training position once their training time has been completed, except in exceptional circumstances. They are supported by their local Faculty via mentors. 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.

## 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:

- Heads of Department (HoDs)
- Directors of Training (DoTs)
- Supervisors of Training (SoTs)
- Clinical Supervisors (CSs)
- Mentors
- The Trainee Representative Committee
- College staff
- College Committees.

### 9.1 Head of Department (HoD)

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

- Being familiar with the objectives, Curriculum and procedures of the Dermatology Training Program
- 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
- Accept the trainee/s allocated to their training position by the DoT.
- Being the point of contact for any employment or human resources issues
- Advising Trainees of any administrative issues related to their employment in the training institution
- Signing off on relevant work-related forms

### 9.2 Directors of Training (DoT)

Each State (Faculty) Training Network has at least one DoT who is appointed for an initial term of three years, with the possibility of reappointment for a further three years. The DoTs 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, CbDs and RLPs.

### 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 health service 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 the relevant department.

SoTs are required to accept the trainee/s allocated to their training position by the DoT. 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 health service 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 SoTs 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 and sending to College

### 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 health service 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 depending on the individual rotation requirements.

#### 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 it is important 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, guidance and assistance with 'settling in'
- 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 TRC is a national committee of the ACD, supported by the Wellbeing and Engagement officers, that represents and advocates on behalf of all dermatology Trainees to ensure the delivery of high-quality dermatology education to all. The TRC serves as the formal avenue of communication between the Trainees and the Academic Standards Committee and 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 and other committees as invited. 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

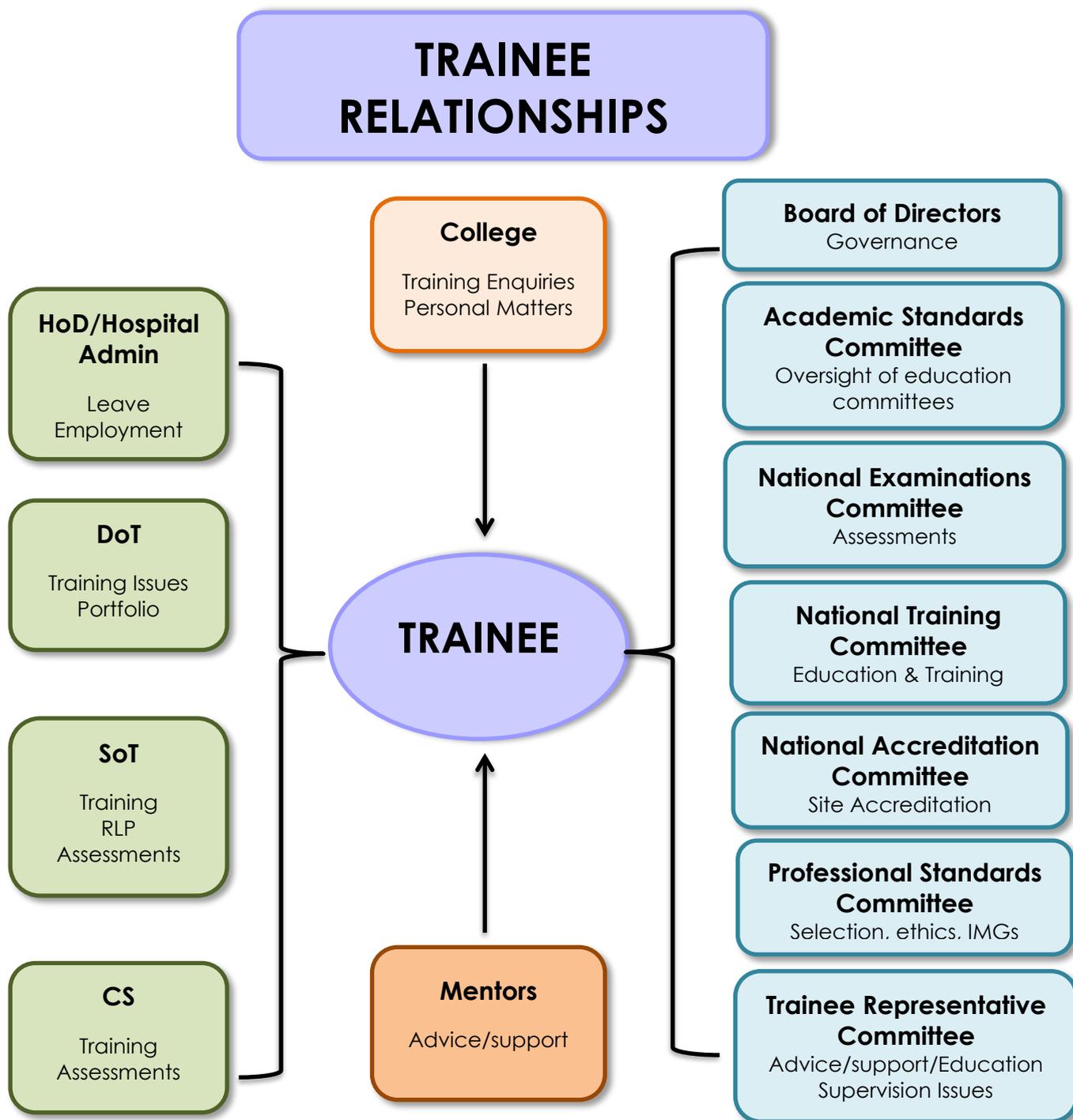
Key College staff are identified in section 1.6 of this handbook.

## 9.8 College Committees

There are a number of Education Committees that impact on the Training Program. 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 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.
- f) PSC: **Professional Standards Committee** has the overall responsibility for standards set for entry into the Training Program, IMG selection and the overall professional ethics of College members.

9.9 Trainee Relationships



## APPENDIX 1: RESOURCE LIST

The following Resource List is current as at February 2021 and represents key texts and resources for reference during the Training Program. It is not intended to be comprehensive, definitive or compulsory, but it reflects the resources most frequently used by the NExC 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 List may be updated with appropriate notice from College via the College Connect group 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*, 9<sup>th</sup> edn. Wiley-Blackwell, 2016.
- Bologna JL, Schaffer JV, Cerroni, L (eds). *Dermatology*, 4<sup>th</sup> edn, revised. London: Elsevier, 2017.
- Kang, S., Amagai, M., Bruckner, AL., Enk, AH., Margolis, DJ., McMichael, AJ., Orringer, JS. *Fitzpatrick's Dermatology*, 9<sup>th</sup> edn. New York: McGraw-Hill Medical. 2019
- Green AC. [\*A Handbook of Skin Conditions in Aboriginal Populations of Australia\*](#). Carlton South: Blackwell Science Asia, 2001.
- Lebowitz MG, Heymann, WR, Berth-Jones J, Coulson, I. *Treatment of Skin Disease: Comprehensive Therapeutic Strategies*, 5<sup>th</sup> edn revised. London: Saunders, 2015.

#### 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

- Patterson J. *Weedon's Skin Pathology*, 5th edn revised. London: Elsevier, 2020.

#### Pharmacology

- Wolverton SE., & Wu J. *Comprehensive Dermatologic Drug Therapy*, 4th edn revised. Elsevier, 2020.

#### 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, Fratila A, Bhatia A and Rohrer T. *Surgery of the Skin* 3rd edn, Elsevier, 2014.

- 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:

- self-paced learning modules (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. Where possible, 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*
- *Australian Prescriber*
- *British Journal of Dermatology (guidelines and clinical articles)*
- *Journal of the American Academy of Dermatology*
- *Medical Journal of Australia*
- *JAMA Dermatology*

## Websites

### Evidence based dermatology

- Cochrane Skin Reviews <http://skin.cochrane.org/our-reviews>
- Cancer Council Australia: [https://wiki.cancer.org.au/australia/Guidelines:Keratinocyte\\_carcinoma](https://wiki.cancer.org.au/australia/Guidelines:Keratinocyte_carcinoma)

### 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 Dermatology  
Journal of the American Academy of Dermatology  
Journal of Cosmetic Dermatology-US  
Journal of Cosmetic and 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  
Seminars 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 all students with programs of scholarship, advanced study and research, which enables individuals 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 ongoing management of patients.
- Manage quality in their practice as independent decision makers.
- Manage risk associated with their practice as an 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: ABBREVIATIONS

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
BoD	Board of Directors	PMP	Probationary Management Plan
CbD	Case-based Discussion	ProDA	Procedural Dermatology Assessment
CEO	Chief Executive Officer	PSC	Professional Standards Committee
CEx	Chief Examiner	PTC	Post-training Candidate
CPD	Continuing Professional Development	RLP	Rotation Learning Plan
CSs	Clinical Supervisor(s)	RPL	Recognition of Prior Learning
CSOCM	Clinical Sciences online modules	SA	Supervising Assessor
Dean	Dean of Education	SCV	Short case Viva
Derm-CEX	Dermatology Clinical Evaluation Exercise	SITAs	Summative-In-Training Assessment(s)
DoH	Department of Health	SoTs	Supervisors of Training
DoT	Director of Training	SSP	Supplementary Supervision Program
FTE	Full time equivalent	STP	Specialist Training Program
HoD	Head of Department	TOP	Trainee Online Portfolio
Hon Sec	Honorary Secretary	TPH	Training Program Handbook
HV	Histopathology Viva	TRC	Trainee Representative Committee
IMG	International Medical Graduate	WbA	Work-Based Assessment