



21 March 2018

Dr Andrew Miller  
President  
Australasian College of Dermatologists  
PO Box 3785  
RHODES NSW 2138

Dear Dr Miller

At its meeting on 6 March 2018, the Australian Medical Council (AMC) Directors considered the report on the recent assessment of the training, education and continuing professional development programs of the Australasian College of Dermatologists.

The AMC Directors found that the College substantially meets the accreditation standards, and resolved that the training, education and continuing professional development programs of the Australasian College of Dermatologists be granted accreditation for four years until 31 March 2022, subject to satisfying AMC monitoring requirements including progress reports and addressing accreditation conditions.

In making their decision, the Directors also considered the College's response to the report. A copy of the accreditation report sent to the Medical Board of Australia is enclosed.

The 6 March 2018 meeting of the AMC Directors resolved:

- (i) That the Australasian College of Dermatologists' specialist medical programs and training and continuing professional development programs in the recognised specialty of dermatology are granted accreditation for four years until 31 March 2022, subject to satisfying AMC monitoring requirements including progress reports and addressing accreditation conditions.
- (ii) That this accreditation is subject to the conditions set out below:
  - a) By the 2018 progress report, evidence that the College has addressed the following conditions from the accreditation report:
    - 2 Develop a communications strategy to ensure effective communication of the new governance structure throughout all levels of the College, including both the wider College membership and all committee members so that reporting lines and functions are clearly understood. (Standard 1.1)
    - 3 Explicitly reflect the role of the Faculties in regional governance of education and training in the governance structure, including relevant lines of reporting for Directors of Training, Supervisors of Training and Clinical Supervisors. The regional governance structure must clarify the separation of training governance and management from the relationships with training sites with regard to employment issues. (Standard 1.1)
    - 19 Formalise, and make publicly available, the criteria and processes for informing employers and/or regulators when patient safety concerns arise in the course of trainee assessment. (Standard 5.3.3)

- 26 Proactively communicate with trainees to ensure there is a consistent national understanding regarding training policies and procedures, including options for flexible and interrupted training, and the accommodation of special circumstances and leave. (Standard 7.3.2)
  - 35 Formalise and make publicly available the criteria and processes for informing employers and/or regulators when patient safety concerns arise in the course of specialist international medical graduate assessment. (Standard 10.2.2)
- b) By the 2019 progress report, evidence that the College has addressed the following conditions from the accreditation report:
- 1 Fully implement the new governance structure, including: developing charters for all committees and position descriptions for committee chairs; recruiting and appointing external members to the Board and committees as planned; transferring functions from the previous governance structure to the new one to ensure functional continuity; and revising all College documents and the website to reflect the new structure. (Standard 1.1.2 and 1.1.3)
  - 4 Further develop the representational function of the Trainee Representative Committee including development of a charter, and provision of professional development for trainees in representational and governance roles. The purpose and role of the trainee representative attending the Board and other committee meetings must be defined and further developed. (Standard 1.1)
  - 5 With the new governance, ensure that the Community Engagement Advisory Committee and Aboriginal and Torres Strait Islander Committee are active in all principal areas of College governance. (Standard 1.1.2 and 1.1.3)
  - 13 Clarify the approval process and criteria for recognition of prior learning of the research component of the training program with respect to previous publications and/or equivalent experience to meet requirements and develop a process to provide transparent feedback to candidates when approval is not granted. (Standard 3.3.2)
  - 14 Develop an explicit process to accommodate the progression of a competent trainee after a period of unplanned leave. This process needs to be clearly stated in the trainee handbook and explained at the outset of training. (Standard 3.4.1)
  - 18 Ensure that all training program resources for supervisors and trainees are updated to reflect the new College governance structure and that all documents are consistent with regard to the Summative In-Training Assessment (SITA) process and the Supplementary Supervision Program (SSP)/Performance Improvement Plan (PIF) procedure for unsatisfactory performance. (Standard 5.3.3)
  - 21 In relation to monitoring, evaluation and feedback:
    - (i) Develop a framework for monitoring and evaluating the training program. The evaluation framework should include goals for participation, satisfaction, educational impact, outputs and outcomes.
    - (ii) Establish the governance and operational structures to implement the framework.
    - (iii) Institute regular reporting that describes how feedback has been evaluated, what actions have been taken and whether goals for

improvement have been met. This should include plans to distribute results to those who provided feedback. (Standard 6.1, 6.2 and 6.3)

- 22 Implement regular and safe processes for trainees and other stakeholders to provide feedback about program delivery and development, and their perception of the achievement of graduate outcomes. (Standard 6.1.3)
  - 24 Develop strategies to support the wellbeing of Aboriginal and Torres Strait Islander trainees, recognising the specific needs required and additional challenges faced by this group. (Standard 7.1.3)
  - 25 Work with the Trainee Representative Committee to further develop the role of trainees and the Trainee Representative Committee as an integral part of decision making in the College.
    - (i) Ensure trainees are effectively represented on all relevant committees of the organisation.
    - (ii) Support the Trainee Representative Chair or designated delegate to attend Board meetings in person.
    - (iii) Review the composition of the Trainee Representative Committee to ensure the views of all trainees are effectively represented, including third and fourth year trainees and post training candidates.
    - (iv) Provide administrative support to the Trainee Representative Committee. (Standard 7.2.1)
  - 29 Create safe, accessible and formally documented internal pathways for trainees experiencing personal and/or professional difficulties to seek advice about appropriate support. This should include, but not be limited to, the development of policy and procedures, consideration of a trainee welfare officer role and appropriate safeguards within these processes. (Standard 7.4.2)
  - 30 Develop pathways through which complaints (as opposed to requests for reconsideration, review or appeal of decisions) are referred to the College and appropriately investigated and resolved. A complaints process must incorporate principles of due process, procedural fairness and support for all parties. (Standard 7.5)
  - 34 Articulate and implement a policy and procedure applying to practitioners who require remediation for not performing to expected standards, or who are formally referred by regulatory bodies or other sources for revalidation and up skilling. This policy and procedure should be separate from CPD underperformance, recency of practice and return to practice policies and procedures. (Standard 9.3.1)
- c) By the 2020 progress report, evidence that the College has addressed the following conditions from the accreditation report:
- 6 Develop and implement a process for regular formal review and evaluation of de-identified cases of applications under all three steps of the reconsideration, review and appeals policy to identify any systemic issues to be addressed. (Standard 1.3.2)
  - 7 Develop a deliberate approach to collaboration and benchmarking across the medical education sector to achieve cultural change and best practice in education. (Standard 1.4)

- 15 Demonstrate increased flexibility in accommodating variable periods of trainee leave so trainees are not unduly disadvantaged. (Standard 3.4.3)
  - 16 In relation to the Fellowship Examination:
    - (i) Develop a plan for increasing the frequency of the Fellowship Examination for all candidates and / or supplementary assessment for candidates who fail a single clinical component. (Standard 5.2.1 and 7.4.1)
    - (ii) Provide appropriate consideration of special circumstances for applicants that are rendered ineligible to sit the examination, as a result of not meeting, for legitimate reasons, the increased number of training weeks required in each of the first three years of training. (Standard 5.2.1 and 7.4.1)
  - 17 Implement, document and publicise valid pass/fail standard setting procedures for all examinations, including specific procedural details of how pass/fail decisions are determined for borderline candidates. Methods used must be consistent with current best practice in medical education. (Standard 5.2.3)
  - 20 Develop and document a systematic approach to quality assurance methods with respect to all types of College assessments. (Standard 5.4.1)
  - 27 Implement and evaluate the 2016 Action Plan to address bullying and harassment. (Standard 7.4)
  - 28 Explore and address factors that contribute to an unsupportive learning environment, for example: the competition among trainees as a result of the of norm-referenced single-point exit examinations; anxiety relating to the lack of access to training placements for post training candidates; restricted leave allowances; inconsistent and limited access to flexible and interrupted training; and decisions about leave being made in relation to service needs rather than training requirements. (Standard 7.4.1)
  - 32 Develop and implement a process for evaluating the performance of supervisors including a mechanism for the provision of feedback to supervisors. (Standard 8.1.4)
- d) By the 2021 progress report, evidence that the College has addressed the following conditions from the accreditation report:
- 8 When defining the educational purpose, program and graduate outcomes, formally engage trainees, as well as other relevant medical specialties, community representatives, Aboriginal and Torres Strait Islander health organisations, and health funder services, to ensure community perspectives are considered. (Standard 2.1.3)
  - 9 Develop and implement a process to ensure the program outcomes are responsive to the health needs of the community. (Standard 2.2.1)
  - 10 Develop and implement a formalised approach to regularly assessing needs across rural and regional communities and evaluating the degree to which program outcomes are aligned with these needs. (Standard 2.2.1)
  - 11 Implement a continuous rolling cycle of curriculum review, including:
    - (i) Implementing mechanisms to monitor its relevance to practice, including feedback from fellows and trainees in Indigenous, rural and regional settings.

- (ii) Mapping curricular needs to changing practice, for example Teledermatology
  - (iii) Detailing the accessibility to training to cover all curricular components, for example Indigenous populations, cosmetic procedures, lasers and surgery.
  - (iv) Strengthening explicit integration of the training and CPD curriculum. (Standard 3.1.1)
- 12 Review the Dermatoses of Specific Populations (Skin Disorders of Aboriginal and Torres Strait Islander Peoples) module with experts in the field in order to provide a more rigorous approach to the demonstration of cultural competency with respect to dermatology disease presentation. (Standard 3.2.9 and 3.2.10)
  - 23 Implement regular and safe processes for external stakeholders, including consumers, Indigenous people, medical specialties and health jurisdictions to provide feedback about program delivery and development. (Standard 6.2.3)
  - 31 Develop and implement a comprehensive suite of resources with compulsory core elements for the training of supervisors, including but not limited to, finalising and implementing the College's planned new supervisor development course. (Standard 8.1.3)
  - 33 Increase opportunities for dermatology trainees in all regions to gain relevant experience in settings for provision of care to Aboriginal and Torres Strait Islander peoples. (Standard 8.2.3)

In March 2022, before this period of accreditation ends, the College will undergo a follow up accreditation assessment. The AMC will consider if the College is continuing to satisfy the accreditation standards, the AMC Directors may extend the accreditation by a maximum of two years (to March 2024).

In March 2024, before this period of accreditation ends, the College may submit a comprehensive report for extension of accreditation. The report should address the accreditation standards and outline the College's development plans for the next four years. The AMC will consider this report and, if it decides the College is continuing to satisfy the accreditation standards, the AMC Directors may extend the accreditation by a maximum of four years (to March 2028), taking accreditation to the full period which the AMC may grant between assessments, which is ten years. At the end of this extension, the College and its programs will undergo a reaccreditation assessment by an AMC team.

As an accredited provider, the College is subject to monitoring by the AMC Specialist Education Accreditation Committee (see section 4 of the AMC Procedures at [http://www.amc.org.au/files/525611ebe5b6cd3de54b01cbf0c753f635521c6f\\_original.pdf](http://www.amc.org.au/files/525611ebe5b6cd3de54b01cbf0c753f635521c6f_original.pdf))

The AMC will continue to seek annual progress reports from the College as well as reports on accreditation conditions at other times. The accreditation decision, which is given above, includes the conditions placed on the accreditation and the timelines for reporting against them. The procedures explain what actions the AMC may take as part of its monitoring process. Please note in particular:

- The AMC expects that education providers will report at any time on matters that may affect the accreditation status, such as a change to capacity to meet the standards, or any change that may meet the definition of a major change to the program or provider.

- If at any time the AMC has reason to believe that changes are occurring or planned in the accredited provider or programs that may affect the accreditation status, it may seek information in writing.

Now that the AMC has made its new accreditation decision, in accordance with the requirements of the National Registration and Accreditation Scheme, the AMC will provide the accreditation report and the AMC Directors decision to the Medical Board of Australia to enable the Board to make a decision on the approval of the accredited programs of study for registration purposes. The Medical Board of Australia will consider the accreditation report at its 28 March 2018 meeting. The AMC will advise the College when the Medical Board has made this decision. The Medical Board will also announce this decision in a communiqué, via its website: [www.medicalboard.gov.au](http://www.medicalboard.gov.au)

AMC staff will be in contact with the College concerning progress reporting in 2018. The AMC will send the College an electronic copy of the full accreditation report once copyediting is completed.

The AMC congratulates the College on its significant achievements in education, training, assessment and continuing professional development. We hope that the Accreditation Report is of assistance to the College in the ongoing development of its programs.

The AMC Directors would like to thank the College for the assistance given to the AMC staff and team during the assessment. We recognise the considerable preparation undertaken by the College for this assessment, which significantly assisted the completion of this task.

If the College wishes to discuss the report, please contact Theanne Walters on (02) 6270 9703.

Yours sincerely



Associate Professor Jill Sewell  
President

cc: Mr Tim Wills, Chief Executive Officer, Australasian College of Dermatologists

**Enclosure:**

- Accreditation Report: The Training and Education Programs of the Australasian College of Dermatologists 2018