OUR MISSION
To lead the achievement of first class dermatology care and skin health for our communities.

Professionalism demonstrating competence and skill in our work
Integrity adhering to moral and ethical principles and practice
Progressiveness continuously improving and presenting new and innovative ideas
Integrity adhering to moral and ethical principles and practice
Inclusiveness valuing and respecting diversity
Accountability & Responsibility to our communities and members; using member resources wisely
Leadership motivating the capacity of our profession

OUR VISION
To be a well respected leader in the Asia-Pacific region for dermatological training, continuing education, scientific advancement and advice.

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## Highlights

### Membership as at 31 December 2016

<table>
<thead>
<tr>
<th></th>
<th>Practicing</th>
<th>Non-Practicing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Queensland</td>
<td>88</td>
<td>12</td>
</tr>
<tr>
<td>New South Wales</td>
<td>177</td>
<td>31</td>
</tr>
<tr>
<td>South Australia</td>
<td>45</td>
<td>4</td>
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<tr>
<td>Victoria</td>
<td>137</td>
<td>17</td>
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<tr>
<td>Western Australia</td>
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<td>7</td>
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<tr>
<td>Overseas</td>
<td>492</td>
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<td><strong>Total</strong></td>
<td><strong>585</strong></td>
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### Trainees

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>New South Wales</td>
<td>40</td>
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<tr>
<td>Queensland</td>
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<tr>
<td>South Australia</td>
<td>10</td>
</tr>
<tr>
<td>Victoria</td>
<td>32</td>
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<tr>
<td>Western Australia</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>114</strong></td>
</tr>
</tbody>
</table>

### New Mohs Surgeons

- Dr Peggy Chen
- Dr Dougal Coates

### New Fellows successful in the 2016 Fellowship examination process

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Austen Anderson</td>
<td>WA</td>
</tr>
<tr>
<td>Dr Friyana Bhabha</td>
<td>VIC</td>
</tr>
<tr>
<td>Dr Melissa Carroll</td>
<td>QLD</td>
</tr>
<tr>
<td>Dr Mark Cicchiello</td>
<td>VIC</td>
</tr>
<tr>
<td>Dr John Frew</td>
<td>NSW</td>
</tr>
<tr>
<td>Dr Daniel Gaffney</td>
<td>QLD</td>
</tr>
<tr>
<td>Dr Dallas Gramp</td>
<td>QLD</td>
</tr>
<tr>
<td>Dr Amy Kline</td>
<td>NSW</td>
</tr>
<tr>
<td>Dr Lena Ly</td>
<td>VIC</td>
</tr>
<tr>
<td>Dr Georgina Lyons</td>
<td>VIC</td>
</tr>
<tr>
<td>Dr Emma Mooney</td>
<td>VIC</td>
</tr>
<tr>
<td>Dr Rebecca Nguyen</td>
<td>VIC</td>
</tr>
<tr>
<td>Dr Christopher Ross</td>
<td>SA</td>
</tr>
<tr>
<td>Dr Salvatore Scuderi</td>
<td>QLD</td>
</tr>
<tr>
<td>Dr Deshan Sebaratnam</td>
<td>NSW</td>
</tr>
<tr>
<td>Dr Devita Surjana</td>
<td>QLD</td>
</tr>
<tr>
<td>Dr Bonnie Swan</td>
<td>VIC</td>
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<tr>
<td>Dr Matthew Warren</td>
<td>QLD</td>
</tr>
<tr>
<td>Dr Annaliesa Wright</td>
<td>VIC</td>
</tr>
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### New Fellows elected under Clause 3.2 of the College Constitution

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Ebrahim Abdool</td>
<td>NSW</td>
</tr>
<tr>
<td>Kader Abdulla</td>
<td>NSW</td>
</tr>
<tr>
<td>Dr Lior Sagi</td>
<td>NSW</td>
</tr>
<tr>
<td>Dr Mark Darling</td>
<td>VIC</td>
</tr>
<tr>
<td>Dr Ritva Vyas</td>
<td>VIC</td>
</tr>
<tr>
<td>Professor Werner Sinclair</td>
<td>South Africa</td>
</tr>
</tbody>
</table>

### In Memoriam

- Dr Gordon Donald – 6 October 2016
- Dr Dolores Gillam – 6 October 2016
- Dr William James Jamieson – 12 March 2017
# Highlights

## Silver Medal
- Dr James Butler
- Associate Professor Rosemary Nixon
- Dr John Sippe
- Associate Professor Stephen Shumack

## Certificate of Meritorious Service
- Dr Pamela Brown
- Dr Judith Cole
- Dr David Cook
- Dr Alan Donnelly
- Dr Timothy Elliott
- Associate Professor Greg Goodman
- Dr Jeremy Horton
- Dr Gillian Marshman
- Dr Jennifer Menz
- Dr Catherine Reid
- Dr Michael Rich
- Dr Ivan Robertson
- Clinical Associate Professor Duncan Stanford
- Dr Clare Tait
- Dr Lachlan Warren

## Belisario Award for Academic Dermatology
- Professor Gary Halliday

## Mervyn Gold OAM Award
- Dr Neville Collins
- Dr Ian McCrossin

## Australian College of Dermatologists (ACD) International Outreach Award
- Dr Tim O’Brien

## Adrian Johnson Award for 2016
- Dr Casey Rowe ‘Clinical and biological determinants of melanoma progression: Should all be considered for clinical management?’

## Eileen Collins Memorial Prize for 2016
- Dr Andrew Lee ‘Paediatric psoriasis is associated with increased waist to height ratio in the absence of obesity: A multi-centre Australian study’ presented at Annual Scientific Meeting (ASM) 2016

## F & E Bauer 2016
- Dr Pascale Guitera

## Scientific Research Fund July 2015
- Dr Phillip Tong

## Scientific Research Fund January 2016
- Dr Mitchell Stark

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We awarded in 2016 (To be presented in 2017)

## Presidential Citation
- Dr Nita Agar
- Dr Philip Bekhor
- Dr Jennifer Cahill
- Dr Hock Cheng Chua
- Dr Catherine Faulkner
- Associate Professor Peter Foley
- Clinical Associate Professor Kurt Gebauer
- Dr Martin Haskett
- Associate Professor Shyamala Huilgol
- Dr Adriene Lee
- Dr Adrian Mar
- Dr Rob Miller
- Dr James Muir
- Dr Shawn Richards
- Dr Jo-Anne See
- Associate Professor Greg Siller
- Dr Ivan Simmons
- Dr Peter A Sinclair
- Dr Ernest Tan
- Associate Professor Sam Zagarella

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**52 AWARDS**
President’s Report

50th Anniversary
As we approach the 50th anniversary of the inauguration of the ACD it is timely to reflect how far we have come and the significant achievements made by all past and current members of College. It is a significant milestone for dermatology in Australia. During this year, work has been underway to document the history of College to mark the 50th anniversary and special thanks to Associate Professor Stephen Shumack who has overseen this project. College has evolved to be a diverse and representative group that is responding to the changing needs of the community. Membership, now numbering over 550, continues to grow and is approaching equal gender representation. We have 130 trainees across Australia and 43 Associate Members. Although many fundamentals of dermatological practice remain unchanged from when John Belisario gave his address at the Inauguration of College, much has changed with treatments and technologies, education programs, evolving communication platforms and modern governance structures. College’s leadership in matters of skin disease, prevention and patient advocacy, which began 50 years ago, continues now and will do so into the future.

Goverance
The new Constitution, adopted in 2015, is now in place and transitional arrangements detailed in its implementation clauses are near completion. The Board Committees - Audit & Risk and Nominations - have been established. The establishment of the Representatives Committee, to ensure ongoing regional representation, is serving its purpose and providing an important communication channel to the Board, covering matters such as local workforce and trainee selection. Thanks to Dr Greg Butler (Chair of Queensland Faculty) who has been very effective as the first Chair of this new committee. Work was undertaken during the year to revise the Regulations of College under the new Constitution. The Representative Committee’s engagement and the thorough attention provided by our CEO Tim Wills, has resulted in updated and functional regulations that will serve the College well. We are now moving to a skills based Board. A call to the membership to identify prospective new dermatologist Board members to fill anticipated vacancies and the election of the next President Elect will occur in early 2017. There is also a need to appoint a new Independent Director and the process to recruit a suitable person has been initiated. The changes prescribed in the Constitution will ensure renewal of Directors and a Director skill base that best meets the needs of the organisation. College continues to be in a sound financial position. Revision of how financials are reported, new auditors (appointed 2015) and review of the investment strategy is providing the necessary foundation effective financial management and prudent direction.

Culture and conduct
During the past year, under a specially convened Presidential Taskforce and engaging a third-party provider, a survey was undertaken to determine the prevalence of bullying, discrimination and harassment (including sexual harassment) in College. Whilst these behaviours had not previously been identified as a key area of concern for the ACD, anecdotal evidence, plus the experiences of other medical colleges, raised the matter and indicated that the exploration of these issues was required. The results of the survey, which were reported to the membership and publicly on the College website, indicated that these unwanted behaviours have, and are, occurring in our College. Whilst numbers are small and lower by comparison with other colleges, they are unacceptable at the levels reported, indeed at any level, and cannot and will not be tolerated. The Board is committed to ensuring that the culture of our organisation does not

“To lead the achievement of first class dermatology care and skin health for our communities.”

This is the patient focused mission statement of College which underpins all activities undertaken by the Australasian College of Dermatologists (ACD). Over the past year, we have seen significant progress in College engagement with the community, internal communications, educational services and governance. These are key areas which are critical in the pursuit of our mission and strategic plan objectives. I wish to acknowledge the ongoing energy, commitment and teamwork of the entire Board, College membership, the Chief Executive Officer (CEO) and the staff in the important work being undertaken by the ACD.
tolerate these behaviours and that we have processes in place and resources to adequately address, instances when they occur. Integral to this discussion is a review of the College Code of Conduct which is now underway and will articulate what our organisation sets as acceptable behavioural standards. It is anticipated that the soon to be convened Professional Standards Committee will oversee the Code of Conduct and issues, as they arise, related to ethical and professional behaviour by Fellows and trainees.

Communication and Public Engagement

Internal and external communications are a critical area for College. The ACD Weekly Update, quarterly publication of The Mole, video reports from the President and regular communications from the Honorary Secretary have been aimed at increasing frequency and rapidity of communication with members and trainees. Public communication has also been busy over past years with many Fellows being called upon to provide public comment on items of interest in the print and electronic media. We have great depth amongst our Fellows and a broad range of experts able to speak with authority on a range of topics. Joint activities with the Cancer Council during National Skin Cancer Action Week drew significant media coverage. Pre-planning of public communications, increasing social media activities and appointment in College of a Marketing and Communications Specialist, are all aimed at increasing the public face of College. The development of ACD position statements is another important initiative that commenced during National Skin Cancer Action Week. Stakeholder meetings held during the year and in one-on-one meetings with the Australian Health Practitioner Regulation Agency (AHPRA). College is committed to high professional standards, competency and has directed significant resources to the development of its Continuing Professional Development program, which has a high level of engagement and completion by Fellows. We are of the view that any new system of revalidation must be costed, evidence based, fair, equally accessible to all practitioners and not an additional unnecessary burden.

Education

The College training and education programs, which are referred to in other reports, continue to run efficiently and at a high level. Thanks to the National Education Committee lead by Dr Adrian Lim (Dean) and with support from Brett O’Neill (Director of Education Services). Thanks also go all Fellows who give freely of their time and are involved in the training program or education committees. Special acknowledgement is made of the work of the National Exam Committee lead by Dr Bruce Tate and Dr David Burdon-Jones (Chief Examiners during 2016).

Scientific Meetings

Two very successful scientific meetings were held this year. An excellent program was presented at the Annual Scientific Meeting in Perth where attendance exceeded expectations. Thanks to Dr Daniel Hewitt (convenor) and the Western Australian Faculty for hosting this meeting. The combined spring meeting in Noosa Heads brought together dermatologists and researchers from Australia, New Zealand and Japan. Associate Professor Kiarash Khosrotehrani (convenor) and the organising committee are to be congratulated for producing such an innovative program that covered “bench to bedside”.

Reconciliation Action Plan

The Board adopted the College’s Reconciliation Action Plan (RAP). The plan will now be considered by Reconciliation Australia prior to endorsement. Thanks to all on the RAP working group which included College Fellows, staff and an indigenous member. This is an important initiative of College and release of the RAP in 2017 will be timely given the ACD’s 50th anniversary. It is also pleasing to report that through the Specialist Training Program (STP) there are now two Aboriginal and Torres Strait Islander trainees in the ACD program.

Acknowledgement

Finally, I would like to thank Mr Tim Wills (CEO) and the management team for their hard work, professionalism and valuable support to the Board. Thanks to the outgoing Directors, Dr David Cook and Dr Alan Donnelly, both of whom have provided valuable service to College as Directors and in other roles. Acknowledgement and thanks to Dr Andrew Miller for his wise counsel and great contribution as President Elect and to Dr Andrew Satchell who has worked tirelessly and very effectively in his role as Honorary Secretary. I would like to thank and recognise the significant contribution of my fellow Directors, Dr Adrian Lim, Dr Anne Lewis, Dr Michael Pitney and Dr Rob Kelly. It has been a pleasure to work with such a great team. All members and stakeholders can be assured they have a well functioning Board, supported by dedicated management, all of whom work on their behalf and in the interests of the patients and communities we serve.

Associate Professor Christopher Baker

President
Financial position

At the end of 2016, College delivered a balanced operating result, maintaining us in a sound financial position. Following the change of external auditors in 2015, there are structurally important changes in reporting. Staff cost in building new courses is attributed as asset growth not as operating cost and the intellectual property in the assets being built is depreciated, as reported in the operating statement. Our financial assets have been appropriately and significantly re-positioned resulting in sales and acquisitions, and movements in the fair value reserve creating some loss in other comprehensive income. This is shown on the face of the operating statement, leading to a deficit of $88.5K (unaudited).

Budget

The Board builds a baseline budget in October/November then considers strategic initiatives in its February Board Meeting, accounting for the year end result and accumulated results from prior years. In February 2016 the Board approved a significant new Budget enabling the commencement of initiatives within the Strategic Plan.

CEO’s Report

The calendar year 2016 marked some notable progress for College in line with its Strategic Plan. Two excellent, successful scientific meetings were held and the College passed some important milestones. The year was also notable for the focus given to addressing and countering bullying, harassment and discrimination within College, in line with similar efforts happening across all Specialist Medical Colleges.

Strategic initiatives

The approved 2016 budget enabled increased expenditure. A Strategic Projects Manager was employed in May to progress community engagement, workforce planning and College policy and position statements. In November a Marketing and Communications Specialist was appointed to replace our external contractor S2i Communications used during 2015/16 and to whom I wish to pass on my thanks and appreciation. The initiatives in 2016 approved and completed are:

- Plan for Policy and Advocacy - a standardised approach for College in the development of public-facing outputs written or endorsed by College
- Reconciliation Action Plan
- Marketing and Communications Strategy
- Draft Workforce Plan for Dermatology with Department of Health and Ageing
- Survey of Public Perception of Dermatology and Dermatologists
- Position statements on skin cancer and topical corticosteroid treatment
- Report on Bullying and Harassment Survey and Action Plan - communication to Fellows and public statement
CEO’s Report

Governance
Following the December 2015 approval of a revised Constitution, the Board established the Representatives Committee which met twice in 2016. The Board adopted a Risk Management Framework and Policy with its first risk report considered by the Audit & Risk Committee in November. All Board Committees have Charters approved. The Board approved change for the National Education Committee to become two new Standards committees, one Academic (all education academic matters – not only the training program) and one professional. The Regulations attached to the Constitution have been re-drafted for approval in 2017.

Higher Education Provider status
The College was granted Higher Education Provider Status by the Tertiary Education Quality Standards Agency (TEQSA) as a provider and for its Masters of Dermatology as a Master level course. This comes after lengthy effort commencing in 2013.

Scientific meetings
The Annual Scientific Meeting ventured to Perth, Western Australia for the first time since May 2011 for a very successful meeting. In August the College with New Zealand Dermatological Society Incorporated (NZDSI), Australian Society for Dermatology Research (ASDR) and the Japanese Dermatology Association (JDA) plus the Japanese Society for Investigative Dermatology (JSID) held a stimulating and successful meeting. This is the first meeting with the Japanese since 2009 in Sapporo. The planning for the International Congress of Dermatology, a bid won by College in 2013 for delivery in Melbourne in November 2021, commenced.

I wish to express my thanks to the staff of the College head office and for the hard work of the Board of Directors throughout the year.

Tim Wills
Chief Executive Officer
College Governance

Our Directors work in medicine, business and academia, bringing a wealth of experience and knowledge to the College.

The Board of Directors are:

- **Associate Professor Christopher Baker**
  President, appointed 17 July 2013

- **Dr Andrew Satchell**
  Honorary Secretary, appointed 18 May 2015, transitional arrangement ends May 2018

- **Dr Andrew Miller**
  President-Elect and Chair Audit & Risk Committee, appointed 18 May 2015

- **Dr Adrian Lim**
  Dean of Education, appointed 18 May 2015

- **Dr Alan Donnelly**
  (state elected) appointed 22 May 2012, retired 16 May 2016

- **Dr David Cook**
  (state elected) appointed 15 July 2010, retired 16 May 2016

- **Dr Rob Kelly**
  (state elected) appointed 18 May 2015, transitional arrangement ends May 2017*

- **Dr Anne Lewis**
  (state elected) appointed 21 May 2013, transitional arrangement ends May 2017*

- **Dr Michael Pitney**
  (state elected) appointed 21 May 2013, transitional arrangement ends May 2017*

*When there will be Appointed Directors as per Constitution

### Attendance by Directors:

There were seven meetings of the Board of Directors during the reporting period. Attendance by Directors is as on the right.

Figures in brackets indicate total number of meetings eligible to attend during the year.

<table>
<thead>
<tr>
<th>Director</th>
<th>Board of Directors Meeting</th>
<th>Audit &amp; Risk Committee</th>
<th>National Education Committee</th>
<th>Other Committee assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Professor</td>
<td>7(7)</td>
<td></td>
<td></td>
<td>Chair, Academic Futures Committee and Pre-eminent Academic Assessment Committee, Academic Committee, Public Affairs Committee</td>
</tr>
<tr>
<td>Christopher Baker</td>
<td>7(7)</td>
<td></td>
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<tr>
<td>Dr Andrew Miller</td>
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<td>Appeals Committee</td>
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<tr>
<td>Dr Andrew Satchell</td>
<td>7(7)</td>
<td></td>
<td></td>
<td>Chair, MBS Committee, Public Affairs Committee and Scientific Meetings Steering Committee 2(2), Selection Review Committee</td>
</tr>
<tr>
<td>Dr Adrian Lim</td>
<td>6(7)</td>
<td>4(4)</td>
<td></td>
<td>Academic Futures Committee, Pre-Eminent Academic Assessment Committee</td>
</tr>
<tr>
<td>Dr Alan Donnelly</td>
<td>3(3)</td>
<td>2(4)</td>
<td></td>
<td>Chair, International Medical Graduate Assessment Committee 2(2) and Rural and Regional Service Committee, Pre-eminent Academic Assessment Committee</td>
</tr>
<tr>
<td>Dr David Cook</td>
<td>7(7)</td>
<td></td>
<td></td>
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<tr>
<td>Dr Alan Donnelly</td>
<td>3(3)</td>
<td>2(2)</td>
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<tr>
<td>Dr Rob Kelly</td>
<td>7(7)</td>
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<td>Scientific Meetings Steering Committee 2(2)</td>
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<tr>
<td>Dr Anne Lewis</td>
<td>5(7)</td>
<td>4(5)</td>
<td></td>
<td>Chair, Continuing Professional Development Committee 2(2)</td>
</tr>
<tr>
<td>Dr Michael Pitney</td>
<td>7(7)</td>
<td></td>
<td></td>
<td>Scientific Meetings Steering Committee 2(2), Undergraduate Education Taskforce</td>
</tr>
</tbody>
</table>
Management and staff are:

AUSTRALASIAN COLLEGE OF DERMATOLOGISTS
Board of Directors

CHIEF EXECUTIVE OFFICER
Tim Wills
Managing and overseeing all aspects of College administration, strategic planning, external relations (including Government & industry), member relations, conferences, business activities, legal (sitting on Audit & Risk Committee and Representatives Committees) (Services committees, Board of Directors/Scientific Meetings Steering Committees)

EA TO CEO
Iris Hui
Secretarial/administrative/Board support, compliance, office & property administration, document management, general administration

DIRECTOR, EDUCATIONAL DEVELOPMENT, PLANNING & INNOVATION
Bob Corderoy (0.4)
Cosmetic dermatology graduate program(s), intranet project

CONSULTANTS
HR/Legal

DIRECTOR, EDUCATION SERVICES
Brett O’Neill
Management of all aspects of educational development, training, accreditation and Continuing Professional Development (CPD) programs, information systems

FINANCE & ACCOUNTING SERVICES
CHIEF FINANCIAL OFFICER
Hakan Selam
Financial and operational risk management, commercial & operational advisory services, preserving company assets, financial reporting and human resources (Services Audit & Risk Committee, Invertment Taskforce)

MANAGER, STRATEGIC PROJECTS
Haley Bennett
Workforce, community engagement, position statements, Medical Services Advisory Committee (MSAC)

MARKETING AND COMMUNICATIONS SPECIALIST
Roshan Riddell
Media enquiries, publications, events

EVENTS & MEMBER SERVICES COORDINATOR
Rosie Cavaleri (0.6)
All events and conferences, special projects.

IT SYSTEMS
INFORMATION SYSTEMS MANAGER
Jacqueline Sciancalepore
Database, website, ePortal, Information Technology (IT) administrators, membership

INFORMATION SYSTEMS OFFICER
Samuel Williams (0.6)
Support IT Manager, data entry, web updates, day to day IT support

CONSULTANTS IT

CURRICULUM DEVELOPMENT TEAM
ACADEMIC COORDINATOR
Teresa Llewellyn- Evans
Mohs and development of other post-fellowship programs in the future, General Practitioner (GP) dermatology/dermoscopy (Services Mohs Surgery Committee)

PRE-FELLOWSHIP TEAM
SENIOR ACADEMIC SUPPORT OFFICER
Tony Moore
Trainee and examinations support (Services National Examinations Committee, National Training Committee)

ADMINISTRATIVE OFFICER
Jennifer Chowdhury
Accreditation, Specialist Training Providers (STP), International Medical Graduates (IMG) (Services National Accreditation, IMG Assessment Committee, Pre-eminent Academic Status Pathway Committee)

ACADEMIC SUPPORT OFFICER
Jannet Farley
CPD, Certificate IV administration, grants and awards, administration support to Senior Academic Officers especially in trainee selection (Services CPD Committee)

ACCOUNTING TEAM
COMPANY ACCOUNTANT
Andy Wong
Management reporting and budgeting, bank reconciliation, month end processing, bank and accounts payable/receivable management

JUNIOR ACCOUNTANTS ASSISTANT
Sapna Soni
Accounts payable, general administration

CONSULTANTS PAYROLL
The Directors present their report, together with the financial statements, on the consolidated entity (referred to hereafter as the 'consolidated entity') consisting of Australasian College of Dermatologists (referred to hereafter as the 'company' or 'parent entity') and the entities it controlled at the end of, or during, the year ended 31 December 2016.

Directors
The following persons were Directors of the Australasian College of Dermatologists during the whole of the financial year and up to the date of this report, unless otherwise stated:

Christopher Baker
David Cook (Retired on 16 May 2016)
Alan Donnelly (Retired on 16 May 2016)
Anne Lewis
Michael Pitney
Robert Kelly
Adrian Lim
Andrew Miller
Andrew Satchell

Principal activities and objectives
The principal activities and objectives of the College as per College constitution are to:

1. Advance education, training and research in the practice of dermatology;
2. Determine and maintain professional standards for the practice of dermatology in Australia and New Zealand;
3. Support scientific research in the field of dermatology;
4. Educate the public and other health care professionals about dermatological matters;
5. Provide an environment promoting fellowship, development and support; and
6. Provide authoritative advice, information and opinion to other professional organisations, to governments and to the public.

Strategy for achieving the objectives
A strategic plan for 2015 -2019 has been devised with three main focus areas as follows:

1. Service for community (which is related to objectives four and six above). The College aims to provide a workforce to meet public need, improve public engagement, raise community awareness of dermatology, provide quality services by our members and offer leadership in skin health care;

2. Education (which is related to objectives one and two above). This strategy aims to provide quality trainee education, stronger trainee support, post fellowship education options, Higher Education Provider (HEP) status achievement, education courses for General Practitioners (GPs) and other primary care clinicians and strengthen supervisor quality; and

3. Service for Members (which is related to objectives two, three, five and six above). This strategy aims to pursue professional development improvements, improve member engagement, advance scientific and academic research and improve advocacy for the profession and communications.

Performance measures
Performance measures have been completed or set out in the following areas:

1. Community
   a) Completion of workforce planning
   b) Completion of Engagement Framework and Community Engagement Policy
   c) Ongoing implementation of Position Statements Policy
   d) Enhancing of public perception of dermatology and dermatologists by measuring a baseline level against which to measure changes following campaigns to raise public awareness.

2. Education
   a) Ongoing monitoring of trainee performance
   b) Obtaining trainee surveys/census on issues of education delivery
   c) Maintain Australian Medical Council (AMC) Accreditation Status.

3. Members
   a) Ongoing actions from Member Survey addressing the strategic positioning of the College
   b) Completion of workforce planning.

4. Organisation Excellence
   Key Performance Indicators of the Chief Executive Officer (CEO) and Senior Management have been set and their performance is reviewed annually by the Board and CEO respectively.
## Information on Directors

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Positions held</th>
<th>Qualifications</th>
<th>Experience &amp; Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christopher Baker</td>
<td>Associate Professor</td>
<td>President; Chair of Academic Futures Committee; Pre-eminent Academic Status Pathway Committee; Member of Academic Committee; Appointments &amp; Remuneration Committee and Public Affairs Committee</td>
<td>MBBS, FACD</td>
<td>Clinical Associate Professor in dermatology at the University of Melbourne, Director of Dermatology at St Vincent’s Hospital Melbourne and President of the Skin &amp; Cancer Foundation Victoria, private dermatology practice with interest in photodermatology</td>
</tr>
<tr>
<td>David Cook</td>
<td>Dr</td>
<td>Director; Chair of International Medical Graduates Assessment Committee and Rural &amp; Regional Service Committee; Member of National Education Committee and Pre-eminent Academic Status Pathway Committee</td>
<td>MBBS, DRANZCOG, DA, FACD</td>
<td>Clinical Senior Lecturer at Sydney Medical School of The University of Sydney, Visiting Medical Officer at Repatriation General Hospital Concord, private dermatology practice in Sydney, Visiting Dermatologist providing outreach service to Walgett Aboriginal Medical Service</td>
</tr>
<tr>
<td>Alan Donnelly</td>
<td>Dr</td>
<td>Director; Member of Audit &amp; Risk Committee</td>
<td>MBBS, FRACP, FACD</td>
<td>Head of Department of Dermatology at Fiona Stanley Hospital</td>
</tr>
<tr>
<td>Robert Kelly</td>
<td>Dr</td>
<td>Director; Member of Audit &amp; Risk Committee and Scientific Meetings Steering Committee</td>
<td>MBBS, FACD</td>
<td>Head of Clinical Dermatology at St Vincent’s Hospital Melbourne, private dermatology practice in Hawthorn East</td>
</tr>
<tr>
<td>Anne Lewis</td>
<td>Dr</td>
<td>Director; Member of the Audit &amp; Risk Committee, Continuing Professional Development Committee and National Education Committee</td>
<td>MBBS, FACD</td>
<td>Private dermatology practice in Adelaide</td>
</tr>
<tr>
<td>Adrian Lim</td>
<td>Dr</td>
<td>Dean of Education; Chair of National Education Committee; Member of Academic Futures Committee and Pre-Eminent Academic Status Pathway Committee</td>
<td>MBBS, FACD</td>
<td>Visiting Medical Officer/staff specialist at the Royal North Shore Hospital (NSW) with special interest in laser dermatology and phlebology</td>
</tr>
<tr>
<td>Andrew Miller</td>
<td>Dr</td>
<td>President Elect; Chair of Audit &amp; Risk Committee; Member of Appeals Committee</td>
<td>BSc(Med), MBBS (Hons), FACD</td>
<td>Over 20 years of experience in private practice including as a Visiting Medical Officer at the Calvary Hospital and the Canberra Hospital, Department Head at Canberra Hospital, Member of the Australian Medical Association (AMA) Australian Capital Territory (ACT) Board and the AMA Federal Council</td>
</tr>
<tr>
<td>Michael Pitney</td>
<td>Dr</td>
<td>Director; Member of Scientific Meetings Steering Committee and Undergraduate Education Taskforce</td>
<td>MBBS, FACD</td>
<td>Private practice in Brisbane with interest in general dermatology and phototherapy</td>
</tr>
<tr>
<td>Andrew Satchell</td>
<td>Dr</td>
<td>Honorary Secretary; Chair of Medicare Benefits Schedule Committee, Public Affairs Committee and Scientific Meetings Steering Committee; Member of National Education Committee</td>
<td>MBBS (Adel), BMedSci (Hons), MM (Syd)</td>
<td>Visiting Medical Officer at Royal Prince Alfred Hospital supervising the registrars in dermatological surgery, private dermatology practice, a Mohs Surgeon</td>
</tr>
</tbody>
</table>

### Company (Honorary) Secretary

**Dr Andrew Satchell**

### Contributions on winding up

In the event of the company being wound up, ordinary members are required to contribute a maximum of $20 each. Honorary members are not required to contribute. The total amount that members of the company are liable to contribute if the company is wound up is $9,860 based on 493 current ordinary members.

This report is made in accordance with a resolution of directors.

On behalf of the Directors

---

**Associate Professor Christopher Baker**  
President

**Dr Andrew Miller**  
Chair of Audit Committee
I am pleased to present this report on the financial performance of the College for the year ending 31 December 2016.

Profit or Loss and other Comprehensive Income
The College has returned a consolidated deficit of $88,552 for 2016. This follows a consolidated surplus of $298,704 in 2015. The significant decline in the consolidated net result is mainly due to a process of implementing strategy in the financial investment portfolios which commenced in May and it was still continuing as of December 2016. The unrealised losses as a consequence of revised fair value estimates have contributed significantly to the reported loss. College investments continued to be managed by Pitcher Partners with an average income return of approximately 5.8 per cent.
The implementation of College’s new Strategic Plan also continued in 2016. Implementation of this plan included new operational expenses amounting to $247,285.

Financial position
In 2016, the net assets of the College declined to $9,143,052 compared to net asset position of $9,231,604 in 2015.
The College held financial investments of $5,691,981 as at 31 December 2016 which represented an increase of 74 per cent from $3,275,709 as at 31 December 2015. This increase of $2,416,272 in financial investments was financed through utilising passive cash holdings in the investment portfolios. The College portfolios were individually assessed for purpose and direction; and a new strategy developed moving from highly conservative philosophy to conservative/balanced growth and income generation.
Investments in development of new courses continued and College recognised new course intellectual property assets of $244,846. It is envisaged these new courses will support diversifying College revenue sources in to the future.

Cash Flows
The College’s cash position at the end of the year was $4,951,687 and represented a cash decline of 31.7 per cent on the cash balance at December 2015. This is mainly due to changes within our investment portfolios, with movement of cash held in investment portfolios to income earning securities.
The College has had a successful year and continues to maintain a strong financial position.
Financial Report

Report of the Independent Auditor on Summary Financial Statements

The accompanying summary financial statements, which comprises the statement of financial position as at 31 December 2016, the statement of profit or loss and other comprehensive income and statement of cash flows for the year then ended, are derived from the audited consolidated financial report of Australasian College of Dermatologists for the year ended 31 December 2016. We expressed an unmodified audit opinion on that financial report in our report dated 4 April 2017.

The summary financial statements do not contain all the disclosures required by Australian Accounting Standards. Reading the summary financial statements, therefore, is not a substitute for reading the audited consolidated financial report of Australasian College of Dermatologists.

Directors’ responsibility for the Financial Report

The Directors of the company are responsible for the preparation of the summary of the consolidated audited financial report in accordance with the criteria as set out in the Annual Report.

Auditor’s responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Auditing Standard ASA 810 Engagements to Report on Summary Financial Statements.

Opinion

In our opinion, the summary financial statements derived from the consolidated audited financial report of Australasian College of Dermatologists for the year ended 31 December 2016 are consistent, in all material respects, with that audited report, in accordance with Australian Accounting Standards.

William Buck
Chartered Accountants
ABN 16 021 300 521

L.E. Tutt
Partner
Sydney, 4 April 2017
# Financial Report (continued)

## STATEMENTS OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

For the year ended 31 December 2016

<table>
<thead>
<tr>
<th></th>
<th>Consolidated</th>
<th></th>
<th>College</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016</td>
<td>2015</td>
<td>2016</td>
<td>2015</td>
</tr>
<tr>
<td>Revenue</td>
<td>4,708,076</td>
<td>4,438,332</td>
<td>4,596,390</td>
<td>3,344,512</td>
</tr>
<tr>
<td>Other income</td>
<td>3,057,507</td>
<td>3,079,978</td>
<td>2,993,884</td>
<td>3,079,589</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct costs</td>
<td>(1,528,948)</td>
<td>(1,193,487)</td>
<td>(1,528,948)</td>
<td>(370,729)</td>
</tr>
<tr>
<td>Government grants distributed</td>
<td>(2,910,227)</td>
<td>(2,930,664)</td>
<td>(2,910,227)</td>
<td>(2,930,664)</td>
</tr>
<tr>
<td>Information Technology expenses</td>
<td>(131,527)</td>
<td>(134,470)</td>
<td>(131,527)</td>
<td>(134,074)</td>
</tr>
<tr>
<td>Employment costs</td>
<td>(1,683,819)</td>
<td>(1,627,516)</td>
<td>(1,683,819)</td>
<td>(1,512,369)</td>
</tr>
<tr>
<td>Occupancy expenses</td>
<td>(235,872)</td>
<td>(224,420)</td>
<td>(235,872)</td>
<td>(224,420)</td>
</tr>
<tr>
<td>Administration expenses</td>
<td>(571,375)</td>
<td>(390,475)</td>
<td>(417,897)</td>
<td>(359,512)</td>
</tr>
<tr>
<td>Governance and Committee expenses</td>
<td>(76,468)</td>
<td>(83,222)</td>
<td>(76,468)</td>
<td>(83,222)</td>
</tr>
<tr>
<td>Professional fees</td>
<td>(163,957)</td>
<td>(203,255)</td>
<td>(163,957)</td>
<td>(185,467)</td>
</tr>
<tr>
<td>Depreciation and amortisation</td>
<td>(171,578)</td>
<td>(124,760)</td>
<td>(171,578)</td>
<td>(123,152)</td>
</tr>
<tr>
<td>Investment costs</td>
<td>(55,942)</td>
<td>(34,053)</td>
<td>(34,837)</td>
<td>(22,075)</td>
</tr>
<tr>
<td>Other expenses</td>
<td>(119,732)</td>
<td>(104,029)</td>
<td>(119,732)</td>
<td>(104,029)</td>
</tr>
<tr>
<td>Finance costs</td>
<td>(28,059)</td>
<td>(33,700)</td>
<td>(28,059)</td>
<td>(27,433)</td>
</tr>
<tr>
<td><strong>Surplus before income tax expense</strong></td>
<td>87,899</td>
<td>433,659</td>
<td>87,173</td>
<td>346,355</td>
</tr>
<tr>
<td>Income tax expense</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Surplus after income tax expense for the year attributable to the members of Australasian College of Dermatologists</strong></td>
<td>87,899</td>
<td>433,659</td>
<td>87,173</td>
<td>346,355</td>
</tr>
<tr>
<td>Other comprehensive income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Items that may be reclassified subsequently to profit or loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fair value revaluation reserve movement</td>
<td>(176,451)</td>
<td>(134,955)</td>
<td>(97,241)</td>
<td>(87,083)</td>
</tr>
<tr>
<td>Other comprehensive income for the year, net of tax</td>
<td>(176,451)</td>
<td>(134,955)</td>
<td>(97,241)</td>
<td>(87,083)</td>
</tr>
<tr>
<td><strong>Total comprehensive income for the year attributable to the members of Australasian College of Dermatologists</strong></td>
<td>(88,552)</td>
<td>298,704</td>
<td>(10,068)</td>
<td>259,272</td>
</tr>
</tbody>
</table>

The full version including all notes and disclosures of the Audited Financial Statements of The Australasian College of Dermatologists and its related entities are separately provided in print format to all College Members within the 2016 Annual General Meeting Agenda and Papers.
## STATEMENTS OF FINANCIAL POSITION

As at 31 December 2016

<table>
<thead>
<tr>
<th></th>
<th>Consolidated</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016 $</td>
<td>2015 $</td>
</tr>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>4,951,687</td>
<td>7,257,693</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>768,501</td>
<td>902,437</td>
</tr>
<tr>
<td>Inventories</td>
<td>16,056</td>
<td>16,464</td>
</tr>
<tr>
<td>Available-for-sale financial assets</td>
<td>5,691,981</td>
<td>3,275,709</td>
</tr>
<tr>
<td>Other</td>
<td>473,090</td>
<td>359,330</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>11,901,315</td>
<td>11,811,633</td>
</tr>
<tr>
<td><strong>Non-current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments accounted for using the equity method</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>41,507</td>
<td>56,762</td>
</tr>
<tr>
<td>Intangible assets</td>
<td>653,643</td>
<td>557,039</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td>695,150</td>
<td>613,801</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>12,596,465</td>
<td>12,425,434</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>262,066</td>
<td>208,114</td>
</tr>
<tr>
<td>Employee benefits</td>
<td>148,377</td>
<td>174,667</td>
</tr>
<tr>
<td>Other</td>
<td>3,024,781</td>
<td>2,774,212</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>3,435,224</td>
<td>3,156,993</td>
</tr>
<tr>
<td><strong>Non-Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee benefits</td>
<td>18,189</td>
<td>36,837</td>
</tr>
<tr>
<td><strong>Total non-current liabilities</strong></td>
<td>18,189</td>
<td>36,837</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>3,453,413</td>
<td>3,193,830</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td>9,143,052</td>
<td>9,231,604</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserves</td>
<td>39,523</td>
<td>215,974</td>
</tr>
<tr>
<td>Retained surpluses</td>
<td>9,103,529</td>
<td>9,015,630</td>
</tr>
<tr>
<td><strong>Total equity</strong></td>
<td>9,143,052</td>
<td>9,231,604</td>
</tr>
</tbody>
</table>
## STATEMENTS OF CHANGES IN EQUITY

For the year ended 31 December 2016

<table>
<thead>
<tr>
<th></th>
<th>Revaluation reserve</th>
<th>Trust Funds</th>
<th>Retained profits</th>
<th>Total equity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consolidated</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 1 January 2015</td>
<td>350,929</td>
<td>2,661,018</td>
<td>5,920,953</td>
<td>8,932,900</td>
</tr>
<tr>
<td>Surplus after income tax expense for the year</td>
<td>-</td>
<td>-</td>
<td>433,659</td>
<td>433,659</td>
</tr>
<tr>
<td>Other comprehensive loss for the year, net of tax</td>
<td>(134,955)</td>
<td>-</td>
<td></td>
<td>(134,955)</td>
</tr>
<tr>
<td>Total comprehensive (loss)/income for the year</td>
<td>(134,955)</td>
<td>-</td>
<td>433,659</td>
<td>298,704</td>
</tr>
<tr>
<td>Balance at 31 December 2015</td>
<td>215,974</td>
<td>2,661,018</td>
<td>6,354,612</td>
<td>9,231,604</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Revaluation reserve</th>
<th>Trust Funds</th>
<th>Retained profits</th>
<th>Total equity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consolidated</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 1 January 2016</td>
<td>215,974</td>
<td>2,661,018</td>
<td>6,442,511</td>
<td>9,143,052</td>
</tr>
<tr>
<td>Surplus after income tax expense for the year</td>
<td>-</td>
<td>-</td>
<td>87,899</td>
<td>87,899</td>
</tr>
<tr>
<td>Other comprehensive loss for the year, net of tax</td>
<td>(176,451)</td>
<td>-</td>
<td></td>
<td>(176,451)</td>
</tr>
<tr>
<td>Total comprehensive (loss)/income for the year</td>
<td>(176,451)</td>
<td>-</td>
<td>87,899</td>
<td>(88,552)</td>
</tr>
<tr>
<td>Balance at 31 December 2016</td>
<td>39,523</td>
<td>2,661,018</td>
<td>6,442,511</td>
<td>9,143,052</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Revaluation reserve</th>
<th>Retained profits</th>
<th>Total equity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>College</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 1 January 2015</td>
<td>212,533</td>
<td>5,933,850</td>
<td>6,146,383</td>
</tr>
<tr>
<td>Surplus after income tax expense for the year</td>
<td>-</td>
<td>346,355</td>
<td>346,355</td>
</tr>
<tr>
<td>Other comprehensive loss for the year, net of tax</td>
<td>(87,083)</td>
<td></td>
<td>(87,083)</td>
</tr>
<tr>
<td>Total comprehensive (loss)/income for the year</td>
<td>(87,083)</td>
<td>346,355</td>
<td>259,272</td>
</tr>
<tr>
<td>Balance at 31 December 2015</td>
<td>125,450</td>
<td>6,280,205</td>
<td>6,405,655</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Revaluation reserve</th>
<th>Retained profits</th>
<th>Total equity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>College</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 1 January 2016</td>
<td>125,450</td>
<td>6,280,205</td>
<td>6,405,655</td>
</tr>
<tr>
<td>Surplus after income tax expense for the year</td>
<td>-</td>
<td>87,173</td>
<td>87,173</td>
</tr>
<tr>
<td>Other comprehensive loss for the year, net of tax</td>
<td>(97,241)</td>
<td></td>
<td>(97,241)</td>
</tr>
<tr>
<td>Total comprehensive (loss)/income for the year</td>
<td>(97,241)</td>
<td>87,173</td>
<td>(10,068)</td>
</tr>
<tr>
<td>Balance at 31 December 2016</td>
<td>28,209</td>
<td>6,367,378</td>
<td>6,395,587</td>
</tr>
</tbody>
</table>
## STATEMENTS OF CASH FLOWS

For the year ended 31 December 2016

<table>
<thead>
<tr>
<th>Consolidated</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td><strong>2016</strong></td>
</tr>
<tr>
<td>Grant income</td>
<td>$3,084,505</td>
</tr>
<tr>
<td>Membership income and training program income</td>
<td>$2,569,865</td>
</tr>
<tr>
<td>Events income</td>
<td>$2,194,174</td>
</tr>
<tr>
<td>Other income</td>
<td>$295,944</td>
</tr>
<tr>
<td>Management fees</td>
<td>$200,552</td>
</tr>
<tr>
<td>Investment income</td>
<td>$305,720</td>
</tr>
<tr>
<td>Trust distributions</td>
<td>-</td>
</tr>
<tr>
<td>Payment to suppliers and employees</td>
<td>$(8,148,343)</td>
</tr>
<tr>
<td>Other revenue</td>
<td>$502,417</td>
</tr>
<tr>
<td>Finance costs</td>
<td>$65,286</td>
</tr>
<tr>
<td>Fair value revaluation reserve movement</td>
<td>$(28,059)</td>
</tr>
<tr>
<td>Net cash from/(used in) operating activities</td>
<td>$363,193</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cash flows from investing activities</th>
<th><strong>2016</strong></th>
<th><strong>2015</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Net movement in financial assets</td>
<td>$(2,416,272)</td>
<td>$50,458</td>
</tr>
<tr>
<td>Payments for property plant and equipment</td>
<td>$(8,081)</td>
<td>-</td>
</tr>
<tr>
<td>Payments for intangibles</td>
<td>$(244,846)</td>
<td>$(250,645)</td>
</tr>
<tr>
<td>Net cash used in investing activities</td>
<td>$(2,669,199)</td>
<td>$(200,187)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cash flows from financing activities</th>
<th><strong>2016</strong></th>
<th><strong>2015</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Repayment of borrowings</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Net cash used in financing activities</td>
<td>-</td>
<td>$(49,279)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Net increase/(decrease) in cash and cash equivalents</strong></th>
<th><strong>2016</strong></th>
<th><strong>2015</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>$(2,306,006)</td>
<td>$(412,009)</td>
<td>$(1,536,415)</td>
</tr>
<tr>
<td>Cash and cash equivalents at the beginning of the financial year</td>
<td>$7,257,693</td>
<td>$7,669,702</td>
</tr>
<tr>
<td>Cash and cash equivalents at the end of the financial year</td>
<td>$4,951,687</td>
<td>$7,257,693</td>
</tr>
</tbody>
</table>
Pillar 1 - Services to Community

Throughout 2016, College initiated a focused program of work to strengthen engagement with the community, patients, government and other stakeholder groups. This work is underpinned by the new Strategic Engagement Framework which describes a structured and systematic approach to engagement priorities for College and is helping to steer College’s efforts in this area.

**STAKEHOLDER ENGAGEMENT**

The first major achievement in engagement is the establishment of the Community Engagement Advisory Committee (CEAC). The role of the CEAC is to provide strategic advice and support to the Board of Directors on dermatological issues relevant to the community, including consumer health care expectations and priorities and the impact of College’s educational programs. College has been extremely fortunate in gathering together an experienced and enthusiastic group of community members, many of whom are involved with state and national consumer health organisations at the governance level. The Committee held its inaugural meeting in November 2016, attended by the President-Elect Dr Andrew Miller, the Chief Executive Officer (CEO) Tim Wills and College staff, which was a great success.

College looks forward to the ongoing insight provided by the CEAC to help ensure College’s education and professional development activities reflect community need and drive optimal outcomes in skin health.

College has commenced working with several patient support groups to determine their collective and individual needs and identify avenues for collaboration. Achievements in 2016 include connecting groups with dermatologists who provide clinical advice and contribute to patient resources, as well as helping to promote research grants, meetings and awareness campaigns. In addition, strategic partnerships with organisations such Cancer Council Australia and NPS Medicinewise are helping College to expand its communication platforms and community reach.
Pillar 1 - Services to Community

COMMUNITY PERCEPTION AND AWARENESS OF DERMATOLOGY

In 2016 College undertook a community survey of over 1,000 Australians to determine the public perception of dermatology, the level of awareness of skin conditions and the experience of dermatology patients. Results from the survey have provided a benchmark to measure community understanding of dermatology, emphasising several areas in which knowledge and awareness is lacking.

Notably, the survey revealed public confusion and uncertainty around skin cancer expertise, with Australians more likely to believe that dermatologists, rather than General Practitioners (GPs), work in skin cancer clinics. In addition, almost half did not know whether a dermatologist or a skin cancer clinic has greatest expertise or options for skin cancer treatment. There is also a degree of consumer concern around accessing dermatological services, although most people felt that the waiting time for a visit was acceptable.

Health professional at skin cancer clinic

<table>
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<th>Health professional at skin cancer clinic</th>
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Satisfaction with dermatology services is high. For those who have visited a dermatologist, the experience was reported as excellent quality. An overwhelming majority of respondents felt they were treated with courtesy and respect, were listened to, and understood how to manage their skin condition after their visit.

Patient satisfaction

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The highly informative results of this survey have opened up many opportunities for College. Implementation of College Marketing and Communications Strategy throughout the coming year will help to raise public awareness of dermatology, improve health literacy and lead the community dialogue in skin health.
Pillar 1 - Services to Community

ADVOCACY AND POSITIONING

College is implementing a strategic approach to advocacy as part of its program to strengthen stakeholder engagement and improve positioning as the authority in skin health. By adopting a proactive and anticipatory approach, College will be well positioned to respond to relevant Government, policy, clinical and community issues. Through 2016, key issues of strategic priority to College, the community and to health professionals, were identified and development of a number of position statements commenced, to be released iteratively throughout 2017.

COMMUNITY RESOURCES: A TO Z OF SKIN

The A to Z of Skin currently has in excess of 200 topics published. The project has been a great success and has involved more than 100 dermatologists in writing or reviewing material.

The website was officially launched on 31 August 2016, in a press release by Associate Professor Chris Baker. An infographic was also developed and distributed in the College weekly newsletter to members and through social media. The infographic highlighted the impact that living with a skin condition has on individuals.

The focus in 2017 will be ensuring that the content remains up-to-date and visually appealing. Authors will be asked to review their topics, particularly in the light of new treatments and research. Members will be asked to contribute de-identified images to the site which have been obtained with patient permission.
Pillar 1 - Services to Community (continued)

COMMUNITY OUTREACH

Throughout 2016, College continued to deliver vital dermatology outreach services, education and support to communities across Australia and internationally.

RURAL HEALTH

Each Faculty continues to develop new strategies to address unmet need in service delivery, a challenging task in the face of diminishing funding for the provision of rural services. Training of registrars in rural settings continues to be a great success in encouraging new graduates to take up rural and regional positions.

Regular rural and regional dermatology services have been established or continue to be delivered across the country, including in Clare and Keith in South Australia (SA); Alice Springs in Northern Territory (NT); Mooroopna, Warrnambool and Sale in Victoria (VIC); Valentine, Dubbo and Wagga in New South Wales (NSW); Launceston in Tasmania (TAS); and Cairns in Queensland (QLD). Of note, from 2016 the NT will receive its first full-time dermatology service in a decade, with Dr Dev Tilakaratne in Darwin. Dr Tilakaratne will provide services in Darwin and East Arnhem Land and will be involved in teaching trainees in the top end.

2016 saw the retirement of Dr Jenny Menz, who has provided regular NT and rural service provision and teaching for the past 11 years. Dr Mei Tam, after many years of dedicated work, has stepped down from her role as the VIC Faculty Rural Representative. The College would like to thank Dr Menz and Dr Tam for their dedicated service to rural communities.

The Rural Committee has been eagerly preparing for the 5th Rural Dermatology Biannual Meeting, to be held in Broome in August 2017. The meeting, organised by the WA Faculty with Dr Prasad Kumarasinghe as convenor, will have a focus of infections and infestations in the rural setting, with other key topics including teledermatology, Medicare and rural workforce planning.

Of note, from 2016 the NT will receive its first full-time dermatology service in a decade, with Dr Dev Tilakaratne in Darwin. Dr Tilakaratne will provide services in Darwin and East Arnhem Land and will be involved in teaching trainees in the top end.

Thanks to Dr Jenny Menz

Thanks to Dr Mei Tam
Pillar 1 - Services to Community

ABORIGINAL AND TORRES STRAIT ISLANDER (ABTSI) HEALTH

In 2016, the College continued its focus on ABTSI health and its commitment to address disparities in health outcomes.

A key piece of work is the College Reconciliation Action Plan (RAP). This important document describes the steps that College will take over a 12 month period to work towards reconciliation. Implementation of the RAP will help College to realise its vision of dermatologists working collaboratively with Aboriginal and Torres Strait Islanders to achieve equity in health and wellbeing. The RAP has been developed in consultation with Reconciliation Australia and is undergoing its final review, with planned release in 2017.

The ABTSI Committee undertook a number of activities in 2016 which aimed to promote education and training in ABTSI health. In May, the College was pleased to offer the Annual Scientific Meeting (ASM) Travelling Award to Dr Artiene Tatian. In August, Dr Dana Slape delivered the official address at the NSW Medical Education & Training Conference in Sydney. In September, a number of Fellows attended the Australian Indigenous Doctors Association conference in Cairns, where Dr Ian McCrossin presented on syphilis and strongyloidiasis in Aboriginal communities and Dr Erin McMeniman ran a medical/procedural dermatology workshop. College has also commenced a new program of work in the education of ABTSI health workers, with the development of a new online education package underway.

INTERNATIONAL DERMATOLOGY

Dr Timothy O’Brien – Uganda
Dr Timothy O’Brien attended the Dermatology Department in Mekelle, based at Ayder Hospital. This is one of the largest referral hospitals in Ethiopia, staffed by five dermatologists. There are plans to establish a training program in the next 12 months. A Vorotek examination light was donated by the Australasian College of Dermatologists (ACD) and a number of new edition textbooks were given to the department library. A further visit is planned to Ethiopia for 2017, following a visit to Mbarara, Uganda, under the auspices of Health Volunteers Overseas (HVO). Dr O’Brien will continue as the Project Director for the HVO dermatology program in Uganda.

Dr Claire Grills – India
- Programs aiming to provide dermatology training, clinical advice and research to disadvantaged rural North Indian villages in the Himalayas
- Supporting local network of doctors and nurses to deliver community dermatology services
- Providing teledermatology advice to sites across North India.

Michelle Rodrigues is leading a team from Australia in early 2017 to teach, train and research pigmentary disorders and common therapeutics used to treat them.

Associate Professor Prasad Kumarasinghe – Sri Lanka/Nepal
Associate Professor Prasad Kumarasinghe assisted the Sri Lanka College of Dermatologists in organising the first ever International Conference on Tropical Dermatology in August 2016 in Colombo, Sri Lanka.
Several Australian speakers also took part in this meeting which was a great success. Several Australian dermatologists took part in the 8th Asian Society for Pigment Cell Research (ASPCR) in Taiwan in November 2016. A/Prof Kumarasinghe is coordinating the next ASPCR Conference, to be held in Sri Lanka in 2018. He has also assisted several Sri Lankan dermatology trainees to find suitable training positions in Australia for advanced training in dermatology. These trainees are fully funded by the Sri Lankan Government.

Aims and objectives for 2017 are:
- Supporting the Sri Lankan Dermatology College in planning the ASPCR Meeting in 2018, such as organising international speakers and obtaining funds
- Continuing to facilitate advanced dermatology training in Australia
- Encouraging more skin physiology research using the equipment donated previously.

Dr Gillian Marshman – West Timor
The Flinders Overseas Health Group trip description has been operating since May 2016, with multiple programs in:
- Oncology
- Pharmacy
- Dermatology
- Paediatrics
- Lab medicine/microbiology.

Associate Professor Rosemary Nixon – East Timor
The main achievement of 2016 was the visit of Dr Julia Rhodes with NSW dermatologist, Dr Rebecca Saunderson, in June. They organised dermatology clinics at the Baro Pite Clinic, but most importantly established a WhatsApp group to enable the clinic staff to text photos and virtually receive instantaneous advice. This is a good use of resources, rather than organising regular short visits. The East Timor fund, based at the Skin & Cancer Foundation, made a donation to the Baro Pite Clinic and assisted an East Timorese dermatologist to attend the International Conference of Tropical Dermatology in Sri Lanka in August 2016. Scabies in remote areas is still a major problem in many provinces, needing a co-ordinated response from Government. In 2017, Associate Professor Rosemary Nixon is hoping to continue addressing this problem, not only by continuing our involvement, but also by collaborating with other agencies including the Melbourne Rotary Club. This is an ongoing challenge. Donations are welcome to the fund on the Skin & Cancer Foundation website.

Dr Margot Whitfeld – Fiji
Dr Margot Whitfeld has continued her work in the Pacific. In 2016, she was part of two successful National Health and Medical Research Council (NHMRC) bids for funding. One was in Fiji, looking at the effect of treating an island of 140,000 people using a mass drug administration strategy for scabies and looking at the downstream problems, such as infection, glomerulonephritis, rheumatic fever etc. The other is a study in the Solomon Islands, comparing one versus two doses of Ivermectin for scabies. Dr Whitfeld is also part of a group working with a World Health Organisation (WHO) and Global Fund sponsored multi-site program comparing two drugs for filariasis, DEC and albendazole versus three drugs DEC, albendazole; and Ivermectin and assessing the response to scabies. These are being led by Associate Professor Andrew Steer, a paediatrician from the Murdoch Childrens Research
Institute (MCRI) in Melbourne. The Fiji Albinism Project has continued, and is now looking at increasing the health and education personnel regarding albinism – estimated to be one per 700 of the iTaukei (indigenous) Fijians. Dr Whitfeld has partnered with Dr Meclusela Tuicakau to begin establishing an educational dermatology programme for the Pacific, based out of the National Skin Hospital and in partnership with the Fiji National University. The College has been supportive of this venture and is working with Dr Tuicakau and Dr Whitfeld to progress this project.

Dr Nina Wines – Africa
Dr Nina Wines finds what she does in Africa to be very rewarding, especially watching the clinic grow and start to become independent since she started visiting. In 2016, she travelled to Kenya for ongoing work at the Community Clinic in Nakuru to service the local region. Dr Wines has established links between the Community Clinic and ongoing dermatology training at Nakuru Hospital and has also spent time training the nurses about dermatology at the Community Clinic. She worked with and attended clinics with Dr Beatrice Etemesi (Director of Dermatology at Nakuru Provincial Hospital), who trained at Tumainin University in Moshi, Tanzania. The key difficulty is being able to establish ongoing education due to pressure on the local Community Clinic staff and lack of funding. Dr Wines has worked on increasing and providing funds for medical supplies and into the value of teledermatology equipment. Funding is needed to build a larger Community Clinic.
The Darlinghurst and Westmead facilities continue to provide multi-disciplinary clinics offering expert care for complex medical/dermatological conditions. A number of new sub-specialty clinics have recently commenced during 2016, including camouflage, immunology and paediatric clinics.

CLINICAL TRIALS AND RESEARCH

Skin & Cancer Foundation Inc
The Skin & Cancer Foundation Inc conducted 23 separate clinical trials during 2016, as well as two epidemiological research studies covering a range of skin conditions. A melanoma research program is underway, investigating melanoma incidence in transplant patient (Dr Alvin Chong), biomarkers in disease progression (Dr Victoria Mar) and melanoma behaviour (Associate Professor Stephen Gilmore).

The Skin & Cancer Foundation Inc continues to manage the Australasian Psoriasis Registry, a database of over 1,600 patients administered through 29 centres across Australia and New Zealand. The Contact Allergen Bank is also generating significant research content and resources for training and education. The Occupational Dermatology Research and Education Centre (ODREC), led by Associate Professor Rosemary Nixon, focuses on dermatitis in healthcare workers, clinical trials with a known nickel allergy and the high rates of allergic contact dermatitis caused by the use of methylisothiazolinone.

Queensland Institute of Dermatology (QIDerm)
QIDerm’s Visiting Medical Officers (VMOs) are currently conducting many research trials in both skin cancer and inflammatory skin disorders. These VMOs are contributing to the research community worldwide. Associate Professor Kiarash Khosrotehrani, Dr Rowland Noakes and Dr Lynda Spelman have been conducting clinical trials in a number of dermatological conditions such as morphea with topical preparations, the treatment of dermatitis through clothing intervention and the role of biofilm in wound management. QIDerm continues to provide funding for vital dermatological research.

The Skin Hospital runs a Corporate Skin Check Program, with over 700 skin checks performed over 10 days throughout 2016.

Research is a major focus and the Skin Hospital is committed to continuing its vital work in this area by supporting a wider scope of research, including clinical trials, in house projects, case studies and collaborative projects. In 2016, five clinical trials were underway led by Associate Professor Pablo Fernández-Peñas or Dr Hanna Kuchel, investigating skin diseases such as psoriasis, basal cell carcinoma and actinic keratosis. A number of research projects are also in progress, including a study to identify genes and variants linked to vitiligo and associated autoimmune disorders (Dr Richard Wittal) a non-melanoma skin cancer proteomics study and the Dermatology Biospecimen Bank (both led by Associate Professor Pablo Fernández-Peñas).
Pillar 2 - Education

The National Education Committee (NEdC) supports the development, accreditation, operation and selection into College programs, which are recognised internationally as best practice in dermatology education. It provides oversight and leadership of the education activities being undertaken by the College for trainees, Fellows and other health professionals. College Fellows have a strong professional reputation within Australia and internationally because of the rigorous training and assessment standards and processes that are fair, transparent, consistent and reproducible. The continued support and engagement of Fellows in these committees towards the College goals are greatly appreciated.
MAINTAINING EDUCATION STATUS

Australian Medical Council (AMC) Accreditation: College continues to meet the AMC accreditation standards with the submission of the 2016 yearly report. In 2016 College began the process of preparing for a full AMC review of its training program. This reaccreditation will occur in 2017. College will submit its application in April 2017, with site visits and assessment meetings to occur from May to September 2017.

Higher Education Provider (HEP) status: In May 2016, College received notification from the Tertiary Education Quality Standards Agency (TEQSA) that it had achieved HEP status for a period of seven years until April 2023. This is a great achievement for the College, as it is the first Specialist Medical College to receive this status. College intends to build on this with the development of courses for Fellows and other professionals.

Registered Training Organisation (RTO): College successfully completed a compulsory audit undertaken by Australian Skills Quality Authority (ASQA) in 2016 and maintains its RTO status.
Training program curriculum: Further refinements to the training program curriculum were completed in 2016, for the 2017 cohort. The three main changes related to the pharmacology examination, research requirements and Certificate IV requirements.

Trainees who commence in 2017 will complete an online pharmacology module in first year as well as being tested on therapeutic pharmacology in fourth year. These two components will replace the pharmacology examination that was completed in year one of the training program. This ensures trainees have adequate time to engage in first year clinical practice, while ensuring that content is assessed throughout the course.

Trainees who commence in 2017 will also be required to undertake a research project, instead of meeting publication requirements. Trainees will complete a series of online evidence based medicine modules as well as conduct a supervised research project.

The final change has led to the removal of the requirement for trainees to complete Cluster one of the Certificate IV in Training and Assessment. Following feedback from trainees and Fellows, it was felt that this content was not appropriate and that a different approach would be required. From 2017, all trainees will be required to complete a teaching and learning component covering a range of education and supervisor content.

Evidence based medicine: In 2016, three new evidence based medicine online modules were developed under the leadership of Associate Professor Sam Zagarella. These modules, available in 2017, will assist trainees to demonstrate an understanding of the principles and basics of statistics and evidence based medicine which is crucial to the critical analysis of medical papers and therefore help them to choose management options for patients.

Clinical Science Online Competency Modules (CSCOM): A subcommittee chaired by Dr Bruce Tate was set up to review the CSCOM modules. Fellows with expertise in the specific area identified relevant source material, reviewed the previously developed material and updated or wrote multiple choice questions.

Supported Learning Activities: College continues to offer ongoing support and educational tools to trainees. The National Skin School webinar series continued in 2016, led
by Dr Erin McMeniman. This continues to be a well-attended event with over 20 trainees regularly attending these sessions. Mentoring services continued for International Medical Graduates (IMGs), Aboriginal and Torres Strait Islander (ABTSI) trainees, Post Training Candidates (PTCs) and trainees in difficulty.

Certificate IV: There were 25 new enrolments in Cluster one (21 trainees) and 11 enrolments in Cluster two in 2016. College continues to review Certificate IV and will consider variation to the development and delivery of content that assists both trainees and supervisors to understand the teaching and learning process as well as the supervisor skills necessary to support trainees in this environment.

Fellow/trainee wellbeing: College established an Employee Assistance Program (EAP) for trainees and Fellows involved in the training program. This provides four sessions with a counsellor for a range of issues such as stress, dealing with a crisis, managing workloads etc. College does not gain access to information about who uses the services and recognises the need to provide supervisors involved in difficult training situations with support and guidance. We look forward to more formal training of clinical supervisors in the future.

Recognition of Prior Learning (RPL): College has had an unprecedented number of applications for RPL of clinical experience. All applications have been assessed in the same standardised manner and recommendations made to the NEdC regarding the outcome of these. Two applicants were granted RPL and two were unsuccessful.

Overseas training positions: All overseas positions were filled for 2016. The NTC reviewed the addition of two further London teaching hospital training positions for Australian trainees. There is unanimous support in adding these positions, although acknowledging that it may not be possible to fill these every year as trainee numbers and demands will vary in the future. The Chelsea Westminster position is anticipated to be available in 2018 and the Royal London Hospital in 2019, pending accreditation. With an increasing number of trainees in the United Kingdom (UK), an overseas mentor who is working there has been appointed to strengthen local College support.

Trainee Online Portfolio (TOP): In mid-2016 College launched the TOP. This online portfolio replaces the hard copy version that trainees submitted to Directors of Training (DoTs) and College for sign off. Trainees now submit work online and are able to print off a version to keep as a record. It is expected that this will streamline the duties of each DoT and supervisor and make these duties more efficient.
Review/updates to policies: The number of trainees, and their varying needs, is increasing and the complexities of coordinating this for the DoTs and College remains a challenge. Consideration of these requests and continued review has led to the NTC and NExC making recommendations to refine various policies and a review of other education policies. This policy review will continue in 2017.

Site accreditation: In 2016, The National Accreditation Committee conducted a reaccreditation of the seven Queensland (QLD) sites. Overall the QLD training system fulfilled the requirements. Some sites were required to meet further conditions and recommendations were made to encourage improvements. The sites included:
- Princess Alexandra Hospital,
- Royal Brisbane and Women’s Hospital,
- The Mater Hospital,
- Nambour Private Hospital,
- Queensland Institute of Dermatology,
- Lady Cilento Children’s Hospital.
- Westside Dermatology.

A successful follow up visit was also made to Fiona Stanley Hospital in Perth, Western Australia. No overseas site inspections were completed in 2016 due to availability of Fellows. These have been rescheduled for 2017.

In 2017, College will be reaccrediting NSW positions and visiting all sites. Due to the vast geographical distances of some sites, this will be an extensive review. College will also be monitoring existing sites that are under review.

Specialist Training Program (STP) review and Integrated Rural Training Pipeline (IRTP) positions: College was successful in its application for two IRTP positions, with one position commencing in February 2017. These positions require trainees in the position to spend at least 66% of their training time in a rural setting (RA2-RA5). Expressions of interest for 2018 STP funding were also submitted in 2016 as College waits for funding of this important category to be finalised for 2018.
Selection: In 2016 there were 100 applications for 24 positions. A total of 36 Fellows were involved in the selection process, which included a CV weekend, shortlisting, question development and interviews. College has undertaken various reviews of the selection process and made changes based on these reviews. Following the 2016 selection process a comprehensive survey of Fellows engaged in the selection process was undertaken. The results of this survey were presented to the Selection and Representatives Committees. Key areas of development in the 2017 process will include:

- State representation on Selection Committee
- Greater ownership by the dermatologists in the process
- A selection panel of dermatologists to be appointed for a period of up to three years
- Weightings for CV and interview to be reviewed
- Consistency of selection panel in process
- Feedback to unsuccessful candidates.

In 2016 College received 12 IMG applications, of which nine were assessed by the committee and eight progressed to the next stage of interview. As a result of the interview and assessment process five were assessed as not comparable; one was assessed as partially comparable, requiring 12 months upskilling; and two were assessed as substantially comparable, eligible for Fellowship. The IMG Committee also received two applications for Area of Need positions, of which both were found suitable.

The biggest challenge for those involved in the placement of successful candidates and continuing trainees, remains accommodating and accounting for any changes in trainee requirements in flexibility of their training, including both interrupted and part time training.

Fellowship and basic examination: The NExC ran another successful Fellowship examination in QLD. Thanks to Dr David Burdon Jones in setting up and running a successful venue. 2017 examinations will be held in South Australia under the supervision of Dr Karen Koh. Dr David Burdon Jones took over from Dr Bruce Tate as Chief Examiner after the August Very Impressive Vocational Achievements (VIVAs) in 2016. Dr Elizabeth Dawes-Higgs will replace Dr Catherine Drummond and Dr Daniel Hewitt will replace Dr Roland Brand in May 2017. College thanks all Fellows for their contribution to the 2016 examination process.
Pillar 2 - Education

EXAMINATION OUTCOMES FOR 2016

CLINICAL SCIENCES
23 candidates enrolled in 2016. All have successfully completed the assessment.

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CLINICAL SCIENCES

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AWARDS FROM 2016 EXAMINATIONS

Australasian College of Dermatologists
- Travelling Fellowship for 2016 — Dr Georgina Lyons
- Founders’ Medal for Procedural Dermatology for 2016 — Dr Rebecca Nguyen
- Ken Paver Medal for Medical Dermatology in 2016 — Dr Georgina Lyons
- President’s Medal for Pharmacology for 2016 — Dr Sarah Smithson

Strategy, direction, best practice, challenges being faced: With the AMC review being conducted, College will have the opportunity to gain insight and feedback from the AMC on ways in which to further improve the training program. It is hoped that with this guidance, College will continue to develop and improve the training program.

College will continue to develop educational programs for Fellows, General Practitioners (GPs) and other health professionals, using its HEP status. These will relate to cosmetic dermatology, dermoscopy and melanography. College will continue on the development of internal programs for supervisors and further refine its existing programs such as Mohs.

I would like to formally acknowledge and thank all past and present NEdC members who have shown such dedication to the cause and volunteered so much of their time for the benefit of all trainees and Fellows. Special thanks to Dr Bruce Tate, Chief Examiner, who conducted his last Fellowship examination in QLD in 2016.
Pillar 2 - Education

UNDERGRADUATE COMMITTEE

The Undergraduate Dermatology Teaching support modules, developed by Associate Professor Gayle Fischer in association with The University of Sydney Medical School, continue to be widely and used by many of the undergraduate medical students across Australia.

These include:

- University of Sydney (500 students)
- University of Western Australia (500 students)
- University of Wollongong (250 students)
- James Cook University (200 students)
- Monash University (500 students)
- Bond University (200 students)
- University of Notre Dame (120 students).

Aims and Objectives for 2016:

Revision of the existing modules to address issues raised in feedback from existing clients and to align them more closely with the revised Undergraduate Curriculum:

- Continued efforts to attract an increased level of uptake by Australian Medical Schools
- Review and implementation of the ‘stand-alone’ assessment module developed to provide a decontextualised case based tool to provide a more ‘accurate measure’ of a student’s knowledge across the full range of topics covered.

The battle to increase uptake continues. The key obstacle is the level of funding available to the medical schools. Prospective clients who have been provided with access to assess the worth of the modules to their respective undergraduate student cohorts have all commented upon the high quality of the modules. The Undergraduate Education Taskforce will place an emphasis on re-assessing current strategies and developing new approaches to expanding the uptake of the modules across the medical school sector.

Key Achievements 2016:

The undergraduate curriculum on which the undergraduate modules are based has been re-developed by Associate Professor Shyamala Huilgol with the assistance of Dr Aakriti Gupta with some input from medical schools. It was ratified by the NEdC.
Mohs Surgery

The Mohs group has 56 members included on the list of Australasian College of Dermatologists (ACD) approved Mohs micrographic surgeons on the College website.

The Mohs benchmarks of practice remain in place. In 2016, all Mohs group members participated in the annual quality assurance activities including the Mohs Diagnostic Module and Annual Mohs Cases survey. Criteria have been developed to remove members from the group who fail to participate in providing this annual data. In 2017, the Mohs committee will also collect data about the number of Mohs surgeons collecting patient satisfaction data.

In 2016, two Fellows have completed their Mohs surgery training and three are currently in training, with two new Candidates to start in 2017. The Melbourne training position appears to be reaching training milestones slower than expected. The Mohs Committee through the College Accreditation Committee has provided a plan to ensure that the current candidate is successfully trained and that the training position is thoroughly reviewed before another candidate is allowed to train at this facility.

The Mohs group has developed appropriate use criteria for the Medicare Benefits Scheme (MBS) Mohs item number for submission by College to the Health Department review.

In 2017, a Master of Mohs curriculum will be developed in readiness for an application to TEQSA.

The decision to alter the format of the 2017 ASM and integrate Mohs surgery into the general surgical sessions has been supported by the Mohs group. The altered format will be reviewed internally by the Mohs group and feedback provided to the Board for their July 2017 meeting.
Pillar 2 - Education

EXTERNAL EDUCATION

GP dermatology
College continued to work with the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACCRM) to deliver the Certificate of Primary Care - Dermatology. The College continues to update content and run the Procedural Skills Workshops for this course.

College also launched a course on dermoscopy for GPs. This course was developed by Dr Jim Muir and Dr Ben Carew and ran as a blended course including a one day workshop in QLD, online content and a virtual clinic. There were 12 participants in this course and College will be offering the course again in 2017.

Thank you

All committee chairs wish to thank every single person who has given their time and energy so freely throughout 2016. Without their dedication, the College could not offer the education it does.

11 committees report to the NEdC
70 plus people serve on the committees
3 committees have trainee representatives
7 College staff provide secretarial and other support to all education committees

Total hours pro bono: conservatively 2,000 hours, excluding the never ending hours contributed by the NExC, DoTs and Supervisors of Training who deal with the day to day trainee issues.
HONORARY SECRETARY’S REPORT

On behalf of all College Fellows and trainees I wish to congratulate Associate Professor Christopher Baker on his success during his term as President of the College.

A/Prof Baker guided the College and Board through the momentous change in the College Constitution, a process which was set in train before his presidency. The Representatives Committee was established to maintain a voice for the States, with the Committee, under the excellent Chairmanship of Dr Greg Butler, Queensland (QLD), reporting directly to the Board on clinical, training and workforce matters affecting the States. The Community Engagement Advisory Committee was established, its Charter defined, and its members sought and selected.

Together with Tim Wills, A/Prof Baker has seen the development of the overarching College Strategic Plan develop to address three areas: service to the community, education, and service to members. Tim Wills recruited Dr Haley Bennet, PhD, who has proved to be remarkably effective in rolling out the strategic plan, so that it has not remained a document gaining dust on the shelf, but rather a burgeoning resource and focus for College.

As we watched the Royal College of Surgeons respond to the experiences of bullying suffered by its trainees and surgeons, A/Prof Baker, in a bold move, organised the Presidential Bullying and Harassment Taskforce to address this issue head on, when we were uncertain of what the findings might be. There was quiet acceptance of the survey by our Fellows and trainees, the results of which revealed that bullying and harassment is prevalent, but less common than seen by other specialist colleges and with most reports dating five years or more ago. The College procedures for responding to a report of bullying have been strengthened and with the issue being openly discussed and awareness throughout our organisation, we can hope that it becomes irrelevant.

A/Prof Baker has been an effective Chairman of the Board meetings, keeping the Board addressing questions at hand. At a personal level, he has been an inspiration for his ability to listen, to appreciate everyone’s point of view, bring together everyone’s thoughts and help the Board, the Committees and College staff find the wisest pathway through. A/Prof Baker has always made himself available and responds daily to any number of queries, dilemmas and media enquiries. Our College, Fellows, trainees and the community have been lucky to have been so well served by him.
Pillar 3 - Services to Members

Continuing Professional Development

Congratulations to the Continuing Professional Development (CPD) Committee chaired by Dr Anne Lewis, South Australia (SA), who has served on the Board for almost four years and chaired the CPD Committee for three years. This is a thankless task. It is so easy to feel disgruntled by the demands of complying with CPD when we all feel that after the countless hours of helping our patients during the day, we end up scrambling to find the last category C point to be compliant with the CPD program late in the evening and on weekends.

Congratulations also to Jannet Farley, Academic Support Office, who has done a wonderful job in helping a large number of Fellows to find points for those sometimes unaware of the professional development they achieve.

Public relations

Service to members is one of the three arms of the five year Strategic Plan. Midway during 2016, it was decided to move public relations in-house. Roshan Riddell was taken on as Marketing and Communications Specialist to replace external public relations agency, S2I Communications. Roshan has already proven to be an asset and monitors the media well. She has also helped reinvigorate the Public Relations Committee. Roshan has worked closely with Dr Haley Bennet to coordinate new College position statements with media releases, including statements on eczema and skin cancer.

A survey of College members late last year resulted in 65 responses. Although a small response, the feedback was good regarding communication with Fellows on the Annual Report (92% readership), the Annual General Meeting, the quarterly Mole and the weekly updates on Friday afternoons.

Selection Review Committee

College received feedback last year from several Fellows expressing concern about the selection process. There is a perceived lack of input by dermatologists in the selection process. Areas of concern related to the role of psychologists in the process, the weighting of the curriculum vitae (CV) and less reliance on the interview.

In response, the Selection Review Committee now has a representation from each State, welcoming Dr Sally Ball (SA), Dr Jamie Von Nida (Western Australia) and Dr Brad Jones (QLD). The CV categories and weighting is being revised in 2017, and the CV, medical and behavioural questions will contribute equally to the assessment. The Director of Training (DoT) will be involved through all
Pillar 3 - Services to Members

(continued)

stages of the selection process – CV review, interview, reference checks and final selection.

Annual Scientific Meeting
The Annual Scientific Meeting (ASM) in Perth last year and the combined Australian/New Zealand/Japanese meeting in Noosa were both successful and profitable meetings. This year’s ASM in Sydney to be held at the newly built International Convention Centre, Darling Harbour, sees a new format for the meeting: a four-day meeting opened on Saturday morning, expanding the Saturday registrar’s training day to become updated in dermatology for all Fellows and trainees; and absorbing the concurrent meetings including Mohs Surgery and cosmetics into the ASM.

Conferring Ceremony
This year’s 2017 ASM marks 50 years since inauguration of the College which was held at a ceremony in the Great Hall at the University of Sydney in 1967 in the presence of the then Governor of New South Wales, Sir Roden Cutler, and the Chancellor of the University of Sydney, Sir Charles McDonald.

This year’s ceremony for the conferring of awards and induction of new Fellows will be held in The Great Hall of the University of Sydney on Sunday 7 May 2017 between 5.00pm and 7.00pm.

The Vice-Regal Couple, His Excellency General The Honourable David Hurley AC DSC (Ret’d), Governor of New South Wales and Mrs Linda Hurley, have kindly accepted our invitation to attend the Ceremony. His Excellency has graciously agreed to present the Silver Medal and the inaugural Belisario Award for Academic Achievement.

The Honorable Michael Kirby AC CMG has kindly agreed to give the John Reid Oration to new Fellows. Mr Kirby is a former Justice of the High Court (1996-2009) who now has international commitments with the United Nations (UN), the Global Fund Against AIDS, Tuberculosis and Malaria, and was a Member of the UN Secretary-General’s High Level Panel on Access to Essential Healthcare (2015-16).

Medicare
The past year saw new items for patch testing introduced after representation by College.

After exhaustive efforts by College on the Skin Services Review Working Group set up by Medicare to overhaul the surgical item numbers, the new numbers were introduced in November last year and in general, appear to be working well. Medicare has said they would like to review this, but no firm commitment has been made for this as yet.

A problem unforeseen by College were changes to band C of the private health insurance which disadvantaged some patients in accessing services through day surgery facilities.

Quietly in the background, Dr Rob Miller has made a submission to Medicare Pharmaceutical Benefits Advisory Committee (PBAC) for new item numbers for digital mole monitoring.

The Medicare Review under Professor Robinson has completed the Skin and Allergy group. A number of recommendations have been made by the Committee to the Health Minister. Medicare met with College in March this year and intends to put these recommendations out for review in the near future for review by the professional community. College would like to hear Fellows thoughts and intends to make a submission on behalf of all Fellows.

2016 was a busy year with lot of positive activities. Thank you to all Fellows for your engagement and support and thanks also to College staff for all their hard work.
Pillar 3 - Services to Members (continued)

**BULLYING, DISCRIMINATION, HARASSMENT AND SEXUAL HARASSMENT**

Whilst these behaviours had not previously been identified as a key area of concern for the Australasian College of Dermatologists (ACD), anecdotal evidence, plus the experiences of other medical Colleges, raised the matter and indicated that the exploration of these issues was required.

In September 2015, a Taskforce, comprising the CEO, Fellows and a trainee of the ACD, was convened by Associate Professor Chris Baker, President of the ACD, in order to examine these issues.

Earlier in 2016, the ACD engaged a third party provider to conduct a survey to ascertain the prevalence of bullying, discrimination, harassment and sexual harassment amongst and affecting dermatologists and the profession.

The findings reflect themes, which are similar to those reported by other professions and in other countries. Some results indicate that specific focus is required within dermatology as a profession. Whilst numbers are small and lower by comparison with other Colleges, they are unacceptable at the levels reported, indeed at any level, and cannot and will not be tolerated. A previous attitude of tolerance of these behaviours needs to change. There have been societal shifts in expectations leading to changes of standards and changes to legislation reflecting this. The ACD will provide learning resources so that it is very clear on what the full scope of inappropriate behaviours are, and how to correct them. It is of paramount importance to the ACD that the prevalence of these behaviours diminish and become non-existent. This is a whole-of-profession cultural issue to discuss and become familiar with.

The ACD recognises that training in a workplace, where there are abundant pressures to clear waiting lists and see large patient loads, present major challenges for trainees, supervisors and department heads alike. The ACD will embark on communication skills and supervision skills training. There are simple techniques and, for more sensitive conversations, well-practiced methods that can take time to learn. The ACD supports the various State health systems as employers of our trainees and many of our Fellows and is committed to use its sphere of influence to make a difference.

The ACD will continue to provide support to those experiencing any of the unwanted behaviours and work to improve its complaints handling processes. It is of the utmost importance that any issues regarding bullying, discrimination, harassment and sexual harassment do not remain hidden and are resolved. The ACD views discrimination, bullying, harassment and sexual harassment in the workplace and in the ACD as completely unacceptable.
Pillar 3 - Services to Members (continued)

MEDICARE BENEFITS SCHEDULE REVIEW

The Medicare Benefits Schedule (MBS) Review Task Force, headed by Professor Bruce Robinson, has been active in 2016 looking at making the MBS Schedule more focussed on patient outcomes and contemporary best practice.

The MBS Review of Dermatology Item Numbers was undertaken. Other subspecialist groups provided advice to the MBS Committee on this. A laser and Mohs surgery working sub committee was formed (represented by Phil Bekhor) and opinions were sought by members of College where appropriate. Redundant item numbers were eliminated, laser, phototherapy and Mohs item numbers were redrafted and skin cancer treatment item numbers were defended and in some cases, changed, to improve patient safety.

The revision of Skin Surgical Item Numbers was completed in February 2016, included in the Federal Budget and the new item numbers were rolled out on 1 November 2016. This was the culmination of work by various members of College over more than eight years. Changes were made to the ‘banding’ of three item numbers for the purposes of patients claiming from their health funds for surgery done in day hospitals. The College has been actively involved in opposing these changes.

The revised Patch Testing Item Number Schedule was released in 2016 with the aim being to provide greater remuneration for testing of larger numbers of items.

The MBS review of Consultation Item Numbers is due to be completed in 2017. A submission for Complex Dermatological Consultation was made prior to this. As many members have communicated their concern about the lack of recognition of the complexity of medical dermatology in the schedule, further lobbying on this is planned for 2017.

The final committee report was presented to the Task Force in September 2016 and is now awaiting approval from the Department of Health before it goes out for public comment.

The College believes that we have made significant inroads into a more appropriate MBS schedule for our patients.

WORKFORCE PLANNING

The College and the Workforce Taskforce has progressed a number of critical activities in dermatology workforce planning throughout 2016. This work aims to map the current and project the future dermatology workforce across a number of measures, including demographics and geographic distribution, training and supervisory capacity, subspecialisation and scope of practice and interaction with the health system.

The College has been working closely with the Department of Health’s Health Workforce Division to develop a report on the national dermatology workforce, which will be presented to the National Medical Training Advisory Network (NMTAN) in 2017. This report models the future dermatology workforce and identifies opportunities and barriers to expanding training and supervisory capacity.

In 2016, College also provided input into jurisdictional workforce planning initiatives in QLD and WA. The College looks forward to ongoing work with national and jurisdictional health departments in dermatology workforce planning to encourage coordinated decision making between sectors and adequately meet future healthcare demands.

In 2016, College became an endorsing organisation of the University of Melbourne’s Medicine in Australia: Balancing Employment and Life (MABEL) survey. This innovative research initiative aims to understand the dynamics of the medical labour market in Australia to drive policy and better inform workforce planning.
Pillar 3 - Services to Members

(continued)

JURISDICTIONAL MATTERS

The national workforce is currently skewed toward metropolitan areas. There are state specific outreach programs in place but gaps in service delivery exist in regional and remote areas. Each State Faculty experiences challenges in accommodating and monitoring the training needs of registrars. There is an expanded responsibility for Faculties, and particularly for the Directors of Training, with fluctuating registrar capacity and sometimes insufficient training positions. Responses to these challenges may include offering part time training and increasing training in regional hospitals.

The exact purpose and role of the Faculties is not currently included in the College Constitution. Draft Faculty Regulations have been written to outline some procedural rules and to provide clarification to constitutional clauses that reference the Faculties. The Draft Regulations also aim for a consistent approach to issues that affect all Faculties such as succession planning for the executive, orientation and handover, risk mitigation and defining the responsibilities of officers. The aim is to strengthen and clarify the ties between College and the Faculties, but also to permit the unique operational structures of each Faculty to continue.

Medical Sub Committee: College have put forward a submission to Post-Market review of Biologic Disease Modifying Anti-Rheumatic drugs (BDMARDS) listed on the Pharmaceutical Benefits Scheme (PBS). We have also completed an expert review for the National Blood Authority for use of Intravenous Immunoglobulin in Pyoderma Gangrenosa, Epidermolysis Bullosa Acquisita and Scleromyxoedema.

Medical Services Advisory Committee (MSAC) Application 1360.1: College have just reviewed the Health Technology Assessment Team report on our application and have replied. It will progress to the Evaluation subcommittee (ESC) and if approved with be forwarded to the full MSAC Committee for approval.

MSAC Application 1356: The Protocol assessment meeting (PASC) with the Department of Health was more encouraging in 2016. College expects the modified application will be accepted and the assessment stage will begin with a Department of Health appointed Health Technology Assessment Team.

LOG OF GOVERNMENT SUBMISSIONS

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<td>Australian Health Practitioner Regulation Agency (AHPRA)</td>
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We are at the half way point of the 2016-2017 CPD Program.

CONTINUING PROFESSIONAL DEVELOPMENT

At the completion of the 2013-2015 triennium, 98% of Fellows had met compliance. College is committed to encouraging dermatologists’ participation in Continuing Professional Development (CPD) activities and continues to work with members to ensure compliance is met.

We are at the half way point of the 2016-2017 CPD Program. To be compliant for the biennium Fellows need to obtain 200 points with a minimum of one Category one activity, six Category two points and six Category three points over the two year period.

The CPD Program accepts a wide range of activities to be eligible for points. These are grouped into three categories: Clinical and Education (Category 1); Quality Assurance (Category 2) and Professionalism (Category 3).

Clinical and Education continues to be the most engaged category of the CPD Program making up 84.33% of the total submitted points in 2016. Of the remaining, 5.92% of submitted points were for Quality Assurance and 9.75% of submitted points were for Professionalism.

Throughout 2016, the College newsletter was used to raise awareness of CPD activities and provide access to online journals articles through the e-Learning portal to assist Fellows in meeting their CPD points. Two journals articles and a forum to discuss the articles were promoted monthly. Thirteen journal articles and forums had been promoted from March 2016 to November 2016.

2017 will see the College continue working on promotion of CPD and the development of the next CPD reporting period (2018 to 2020), based on feedback and data from the 2016/2017 reporting period. Of key interest will be the issue of revalidation and how this will be integrated into the next reporting period.

ACD’s CPD Program category engagement

% submitting points in 2016

- Quality Assurance: 5.92%
- Clinical and Education: 84.33%
- Professionalism: 9.75%
Pillar 3 - Services to Members

INFORMATION TECHNOLOGY

In 2016 we saw the introduction of the new training program application that allows applicants to complete their application entirely online in a much more user-friendly way. As the new application is linked to the College database, we can now keep a digital record of all member information, from when an applicant first applies to when they retire as a Fellow.

One of the later developments of 2016 was the integration of the College accounting software and the College database, which now let’s members of College view, download and pay their College membership invoices securely online. A financial statement, which displays all transactions with the College, is also available to be downloaded. An online expenditure claim form was developed to allow College members and trainees to claim College related business expenses online through their member account.

Looking into 2017, College will be reviewing all the newly developed areas to find what needs updating or fixing. We want to make sure that all areas are functioning as intended and that these areas remain user friendly and accessible.

PUBLIC AFFAIRS

This Public Affairs Committee has been revitalised to build a vibrant and creative team of experts. This is partly due to the appointment of Marketing & Communications Specialist, Roshan Riddell to the College who has replaced S2I Communications.

Under the new charter, the primary purpose of the Public Affairs Committee is to guide the development of strategies for College including marketing and communications, public relations, external communications, internal communications, social media and crisis management. The Public Affairs Committee are in constant email contact with Roshan Riddell, providing direction on marketing strategies and advice on communications projects, usually within 24 hours.

The marketing and communications strategy for 2017-2018 was passed through the Board in November 2016. A marketing and communications survey was circulated to members in December 2016 to benchmark the current marketing and communications service. The aim is to repeat this survey in one year’s time to measure any changes in service over the period.
Pillar 3 - Services to Members (continued)

EVENTS

49th ASM, Perth, Western Australia, Saturday 14 May to Tuesday 17 May 2016: The Convenor of the meeting was Dr Daniel Hewitt who was assisted by the Scientific Meetings Steering Committee. The meeting was a huge success, reflecting the commitment and energy of the College members involved in organising it. Five of the graduating registrars spent time training at The Skin Hospital in Darlinghurst or Westmead.

The following satellite meetings were held in conjunction with the ASM:

- Patch Test Training Day, Friday 13 May
- The Australian Dermatology Nurses’ Association (ADNA) Conference, Saturday 14 May and Sunday 15 May. The ADNA trade exhibition was incorporated in the ACD ASM trade exhibition
- The Australasian Society of Cosmetic Dermatologists, Sunday 15 May to Tuesday 17 May.

The meeting was complemented by an active social program organised by the WA Faculty.

The Patch Test Training Day, developed by Associate Professor Rosemary Nixon, required extra sessions being held to cope with numbers. This has been matched with an equally impressive increase in the Skin & Cancer Foundation Inc patch testing allergen bank service. Substantially more packs are being sent to doctors across Australia including rural and remote areas.

The Skin Hospital sponsored their largest contingent of dermatology nurses, with a total of fifteen nurses attending the ADNA Conference.

Combined Asia-Pacific Dermatology Conference, Noosa, Queensland, Thursday 25 August to Sunday 28 August 2015: This meeting was a joint meeting with the College, the New Zealand Dermatological Society (NZDSi), the Australasian Society for Dermatology Research (ASDR), the Japanese Dermatological Association (JDA) and the Japanese Society for Investigative Dermatology (JSID). The convenors of the meeting were Associate Professor Kiarash Khosrotehrani (Conference Chair), ACD, Associate Professor Amanda Oakley, NZDSi, Associate Professor Nikolas Haass, ASDR and Professor Yoshiki Tokura, JDA/JSID.

The meeting was a remarkable success in bringing together like minded dermatologists and scientists from Japan, New Zealand and Australia. Congratulations are due to the Convenor and the Co-Convenors for organising an excellent meeting.
Pillar 3 - Services to Members

Planning is well advanced for the 50th meeting which will be in Sydney at the International Convention Centre (ICC) Sydney.

50th ASM, Sydney, New South Wales, Saturday 6 May to Tuesday 9 May 2017: Planning is well advanced for the 50th meeting which will be in Sydney at the International Convention Centre (ICC) Sydney. The meeting will be earlier than usual, Saturday 6 May to Tuesday 9 May, to fit in with the availability of the new ICC Sydney.

The Great Hall, University of Sydney, has been booked for the Conferring Ceremony. College was inaugurated in the Great Hall on 1 May 1967 and also celebrated 25 years at the Great Hall in 1992.

The Convenor of the meeting is Associate Professor Samuel Zagarella assisted by Dr Ian Hamann and Dr Monisha Gupta as Co-Convenors.

Remote and Rural Services Meeting, Broome, Western Australia, Friday 11 August to Sunday 13 August 2017: Planning is underway for the 5th Rural Dermatology Meeting.

Melanoma March: In 2016, the Skin & Cancer Foundation Inc joined forces with the Melanoma Institute of Australia in hosting the Melanoma March which has generated significant public awareness over the years. The 2016 event in Melbourne raised over $140,000 for melanoma research, contributing to a national tally of over $800,000. Net proceeds from marches Australia-wide are being invested into a national melanoma research database ‘Big Data for Melanoma’ project. The Skin & Cancer Foundation Inc is participating on a national committee to drive this project forward.

Skin School: A Skin School for Medical Students took place in the Founders Wing at the Skin Hospital, Darlinghurst on Saturday 30 April 2016 with organiser and Chair being dermatology research Fellow, Dr Charlotte Thomas. The Skin Hospital will continue to run this event on an annual basis.

Skin & Cancer Foundation Australia: Hosted 16 educational events for dermatologists and registrars, General Practitioners (GPs) and medical students during 2016. The majority of these have been recorded and can be found on the Skin Hospital website.

5th Rural Dermatology Meeting

Melanoma March

Skin School

Skin & Cancer Foundation Australia
Pillar 3 - Services to Members

AWARDS

Founders Medal: Congratulations to Associate Professor Stephen Shumack OAM and Associate Professor Robert Paver who were both presented the Founders Medal for their outstanding contribution to the Skin & Cancer Foundation Australia.

Order of Civil Merit: Congratulations to The Skin Hospital’s Head of Research Associate Professor Pablo Fernández-Peñas who received the Officer’s Cross of the Order of Civil Merit awarded by Felipe VI King of Spain, from the Spanish Ambassador to Australia by Mr Manuel Cacho.

The Professor Beardmore Bursary: The Professor Beardmore Bursary for 2016 was presented Dr Tristan Blake. The purpose of the bursary is to assist one registrar to attend a major conference such as the ACD ASM. Professor Beardmore was passionate about educating all staff in the clinical and practical aspects of dermatology and this award ensures that his legacy is continued.

New award categories:

The International Outreach Award: This award is to recognise Fellows who have made an outstanding contribution to dermatology internationally by providing much needed dermatological services in countries of need.

The Belisario Award for Academic Dermatology and Dermatological Research: This award recognises those Fellows and others who have made outstanding contributions to dermatology research.

The Presidential Citation: There are many Fellows who have given significant service to College, State Faculties and the profession who have not been recognised with the major awards which tend to be given towards the end of the recipient’s career. This recognition can be awarded at any time throughout the year at the discretion of the President, the Board of Directors, or at the suggestion of the Awards Committee.

The College relies on Fellows, and in particular, State Faculty office bearers, to identify Fellows who should be considered for recognition. All Fellows are requested to contact the Honorary Secretary with their recommendations.
Pillar 3 - Services to Members

AUSTRALASIAN JOURNAL OF DERMATOLOGY (AJD)

752 original manuscripts were received, with a further 289 revised manuscripts. These included 201 original research articles and 27 review articles. We accepted 163, rejected 549 and 40 are still undergoing editorial review. The acceptance rate was approximately the same as 2015 at 17%, with an average turnover from submission to final decision of 18 days.

During 2016, we were able to publish 91 articles in print, and 203 articles online, as early view or online only manuscripts. Unfortunately we have a backlog of 178 accepted manuscripts.

The highest acceptance rate for submissions comes from Australia and New Zealand with notable international submissions from the United State of America (USA), China, the United Kingdom (UK) and Japan.

Institutional sales were increased with around 40% to European countries. Article downloads were over 90,000, with USA at 26%, Australia at 14%, UK and China each at 5% and Japan at 4%. The revised impact factor released in 2015 has increased to 1.305.

Our ISI citation ranking is 44 of 61 for dermatology journals and the journal continues to operate at a small profit. An AJD app has been developed and is now available for free for iPhone, iPad, iPod touch and android.

COUNTRIES WHERE INSTITUTIONAL SALES INCREASED

The highest acceptance rate for submissions comes from Australia and New Zealand.

WRITING THE HISTORY OF COLLEGE

Living Histories of Melbourne have been commissioned by College to write a short history of the College since its inception in 1966. After review and possible editing, this history will be available as a small publication at the time of the 50th ASM in Sydney in May 2017.

Following on from the publication there will be a web based history of the College. This will have photographs, interviews and additional information related to the history of College. This information will be regularly updated.

The history has been produced through face to face recorded interviews with a number of College Fellows who have had input into the progress and changes of College over the last fifty years. The College archives, including the Board minutes and correspondence were also reviewed in the preparation of the history.
Pillar 3 - Services to Members

SKIN & CANCER FOUNDATION AUSTRALIA

The Skin & Cancer Foundation Australia supported ten new registrars and three International Medical Graduates (IMGs) during 2016 that had the advantage of seeing surgery at Darlinghurst and Westmead as well as a variety of specialised dermatology clinics. Medical students continued to attend dermatology training at Westmead with Dr Brian Wallace (University of Western Sydney) and Associate Professor Pablo Fernández-Peñas (Sydney University) on a weekly basis.

The Pathologists continued to provide weekly dermatopathology training each week as part of the curriculum for the Fellow of ACD training of registrars by the use of high definition imaging equipment for histopathology images used in teleconferencing mode to reach a broader group of registrars at regional teaching hospitals and country centres.

SKIN & CANCER FOUNDATION INC

2016 has seen the provision of education for dermatologists, registrars in dermatology, GPs, IMGs and the community.

A new advanced surgical training course for dermatologists was introduced during 2016. This was designed to meet a growing demand for advanced surgical training under the supervision of Mohs and plastic surgeons. Congratulations to Dr Johannes Kern, the first graduate from this intensive training.

Other training includes regular tutorials in dermatopathology, Foundation Updates and Clinical Meetings, which the Skin & Cancer Foundation Inc organise on behalf of the Victorian Faculty.

Working closely with the Skin & Cancer Foundation Australia and the Queensland Institute of Dermatology, the online reference library is proving to be very popular. The library of some 212 videos, has been accessed over 11,859 times during 2016, and 1,085 educational videos have been played. These statistics clearly demonstrate the effectiveness of this online training resource for Australian dermatologists and registrars in dermatology.

QUEENSLAND INSTITUTE OF DERMATOLOGY (QIDERM)

The QiDerm has continued to achieve its mission to provide support and training to staff, registrars, residents and medical students. All of the 2016 registrars who sat exams passed. One of QiDerm’s sub specialities is wound care and a continuing support of nursing education by financing attendance at wound management conferences.

QiDerm proudly support Australian Defence Force Patients through the Medibank Health Care Solutions preferred partner program. Department of Veteran Affairs (DVA) patients also remain a key focus in clinics.

THANK YOU

The College wishes to thank all College and Operational Committee members for donating their time and energy to progressing the College for all members.
We commenced 2016 reviewing some of the challenges that NSW is facing, mainly training issues and workforce maldistribution, in our Annual General Meeting. A survey showed that 82% of the Heads of Dermatology and Supervisors of Training considered that the training program needs improvement.

Regarding workforce maldistribution, the NSW Health Minister informed us that “Local health districts are responsible for the provision of medical services to their communities and for determining the number of medical specialist positions required for service delivery” and “Local health districts are also responsible for establishing and funding medical specialist training positions.”

There have been a number of Area of Need positions in NSW, two of them in two metropolitan hospitals in Sydney: Sydney Melanoma Diagnostic Centre (a clinical unit of the Sydney Cancer Centre, Royal Prince Alfred Hospital) and the Department of Dermatology, Westmead Hospital. Some of the rural facilities are considering developing new Area of Need positions or upskilling some of the international dermatologists assessed by college as partially equivalent. Issues regarding training, engagement with the facility, long term sustainability, Fellowship etc are creating many uncertainties in all these facilities.

After discussions with College, new Regional Faculty regulations have been developed during 2016 and the NSW Faculty have been actively implicated in their development. In 2016, training related activities took most of the NSW Faculty time. Fortunately, we have two new positions in NSW, one funded by NSW Health and a rural position funded by the Integrated Rural Training Pipeline (IRTP).

Finally, the 50th anniversary of the College will be celebrated during the Annual Scientific Meeting (ASM) of the Australasian College of Dermatologist (ACD) in the new International Convention Centre Sydney. Dr Sam Zagarella, Dr Ian Hamann and Dr Monisha Gupta are the convenors for this memorable and exciting meeting.

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New Faculty Fellows:
Dr Johannes Kern _______ Germany
Dr Mark Darling _______ United Kingdom (UK)/Scotland
Professor Werner Sinclair ___________ South Africa

Retiring Fellows:
Dr Peter Berger
Dr Peter Sinclair
Dr Terry Connors
Dr Norma Shim
Dr Carol Burford

New trainees:
Dr Francis Lai
Dr Claire Higgins
Dr Helena Lolatgis
Dr Chen (Charles) Xie
Dr Harini Rajgopal Bala
Dr Toy Tancharoen

Registrars who successfully passed their Fellowship examinations:
Dr Lena Ly
Dr Friyana Bhabha
Dr Mark Cicchiello
Dr Georgina Lyons
Dr Emma Mooney
Dr Rebecca Nguyen
Dr Bonnie Swan
Dr Annaliesa Wright

Founders’ Medal for Procedural Dermatology _______ Dr Rebecca Nguyen
American Academy of Dermatology (AAD) Free Registration _______ Dr Rebecca Nguyen and Dr Bonnie Swan

I would like to especially thank Dr Gayle Ross who has been an outstanding Director of Training (DoT) for the last two years. This is a demanding job especially in a larger state like Victoria with 30 registrars to look after. She will be stepping down from this important position and we would like to thank Dr Hugh Roberts for taking over this role.

We wish them all the best in the future and thank them for their many years of service to dermatology.

Our rural rotation system continues to provide services to eight rural sites in VIC. Thirty four Fellows take part in this very important service. We would like to thank Dr Olivia Milne for setting up and coordinating a new service to Bright. Many thanks also to Dr Helen Saunders for her overall co-ordination of this service. We are always encouraging Fellows to join the scheme and are very pleased a number of our recent graduates have stepped up to do this.

We continue to have a successful and productive relationship with the Skin & Cancer Foundation who provide an essential home base for so many of the Faculty activities. The Foundation also provides much needed administrative support particularly with the rural scheme.

Our History project continued to gain momentum in 2016. We held our inaugural Witness Seminar at the Skin & Cancer Foundation on the 30 April 2016. This was an opportunity to obtain a collective group history from dermatologists and several prominent dermatopathologists who graduated between 1969 and 1994. The morning session (1969 – 1983) and afternoon session (1984 – 1994) were chaired by Historian Emma Russell from History at Work. Both sessions were recorded and the proceedings have been transcribed and wonderfully presented on a website which will be accessed on the main College website. This also includes the audio stories we created in 2015. We hope this will provide a template to grow and develop our story over the coming years. I would like to thank Emma Russell for her outstanding work in creating this special resource for us. I’d also like to thank my colleagues on the History Sub-committee Dr Fiona Bruce, Dr Rod O’Keefe, Dr Nick Downes and Dr Douglas Gin.

Our Faculty newsletter continues to be a wonderful vehicle for our Fellows to stay informed and connected thanks to the tireless work of our Editor in Chief Dr Adrian Mar with his trusty sub editors – Dr Julia Rhodes and Dr Rosemary Nixon. The newsletter has been kindly sponsored at various times over the last three years, however, we have made the decision to fund this ourselves moving forward.

The Faculty dinner was again successful in 2016 with 85 Fellows and partners attending. We were able to pay tribute to our retiring doctors Dr Norma Shin, Dr Carol Burford and Dr Peter Berger. Unfortunately Dr Peter Sinclair and Dr Terry Connors were unable to attend. Dr Berger was recipient of our Distinguished Service Award and Dr Ben Daniels was awarded the Harvey Rotstein Award for General Excellence in dermatology training.

Many thanks to those Fellows who so generously helped the VIC Faculty Committee in 2016 with various tasks:

Dr Josie Yeatman and Dr Boon Tan for the interview weekend
The QLD Faculty recently hosted the Fellowship Clinical Examinations in August, which were successfully held at the Mater Hospital. These were extremely well organised and successfully conducted. The QLD Faculty is hugely grateful to Dr David Burdon-Jones for his enormous effort in coordinating and organising this. We are also indebted to the many Fellows and trainees who participated as examiners, bulldogs and coordinators.

The QLD Faculty is proud to congratulate Dr David Burdon-Jones on his election to Chair of the National Examination Committee (Chief Censor). We also warmly thank him for his tireless work in his previous role as the QLD Examiner. We are pleased that Dr Catherine Faulkner has agreed to represent QLD as the State Examiner.

The QLD Faculty would like to sincerely thank Dr Erin McMeniman, Dr Kate De’Ambrosis and Dr Tania Zappala for organising the very successful Foundation Dinner at Customs House. Dr John Auld spoke on behalf of the QLD Faculty, to thank Dr Caroline Mercer for her distinguished service to dermatology and to College, especially in the service to dermatology training, over her long and successful career.

The QLD Faculty would also sincerely like to thank Dr Brad Jones for his work as DoT, which he has performed with distinction over the last three years. He has spent countless hours working on behalf of trainees and the QLD Faculty in this difficult role, and we are extremely grateful for his service. Dr Shobhan Manoharan has commenced work as DoT in 2017.

QLD training positions were fully accredited. The remaining training positions were accredited by the College in 2016. The Royal Brisbane and Women’s Hospital and Mater Hospital have provisional accreditation and have made positive changes to meet College requirements. The remaining training positions were fully accredited. Two trainees will start in new positions at the Lady Cilento Children’s Hospital and in private practice at Central Brisbane Dermatology in 2017. There is also an IMG undertaking dermatology training at a newly accredited private practice training position at Westside Dermatology.

The QLD Faculty will be hosting the College ASM in 2018, on the Gold Coast. Organising this will be an exciting and important task for the Convenors, Professor H. Peter Soyer and Dr Sam Scuderi, who have kindly volunteered to perform this.

Dr Gregory Butler
Chair, Queensland Faculty

State Faculty Reports

(continued)

Dr Friyana Bhabha who has taken over from Dr Niyati Sharma doing the registrar leave rosters and the rural roster

Helen Saunders for performing the rural coordinator job

Oliva McCurdy for organising the Skin School

Anita Lasocki for coordinating the undergraduate prizes, now awarded at four universities

Rosemary Nixon who organised the Senior Fellows Luncheon.

I would like to thank the committee members for their support of me as Chair over the last two years and welcome our new Chair, Dr Vanessa Morgan.

Belinda Welsh
Chair, Victorian Faculty

Queensland Faculty

Queensland (QLD) Faculty Office bearers:

Chair ____________ Dr Greg Butler
Secretary ___________ Dr Jason Wu
Treasurer ___________ Dr Jason Wu
Director of Training ___________ Dr Brad Jones

New Faculty Fellows:

Dr Sam Scuderi
Dr Devita Surjana
Dr Dallas Robinson
Dr Matthew Warren
Dr Melissa Carroll
Dr Daniel Gaffney

South Australian Faculty

South Australian (SA) Faculty Office bearers:

Chair ____________ Dr Leah Wilson
Secretary ___________ Dr Colin Ooi
Treasurer ___________ Dr Stuart Murray
Director of Training ___________ Dr Emma Haverhoek

Retiring Fellow:

Dr Jenny Menz

New rural trainee:

Dr Christopher Ross
The SA Faculty would like to extend its deep thanks to Dr Jenny Menz for all her many contributions to dermatology in SA over the years. As Head of Unit at the Repatriation Hospital she did an exceptional job in expanding and improving the services available. Dr Menz has also been instrumental in establishing and providing ongoing dermatology services to the Northern Territory (NT). Many of our registrars have had the opportunity to accompany her on these rotations and are grateful for her teaching and wealth of experience in indigenous health. Dr Menz will be a sadly missed colleague and we wish her all the very best for her retirement.

Dr Christopher Ross is our first rurally bonded trainee to complete the programme and his help will be much appreciated in providing services to rural SA.

In 2017, three of our registrars, Dr Cassandra Chaptini, Dr Georgina Harvey and Dr Charlotte Forrest, will be taking up overseas training positions. In their place, Dr Abby Wallett will return from maternity leave and we will welcome two new first year registrars, Dr Aakriti Gupta and Dr Fiona Menz.

The SA Faculty recognises the importance of servicing our rural communities and members continue to conduct clinics in the NT, Port Lincoln, Port Pirie, Broken Hill, Ceduna, Victor Harbor, Yankalilla, the Barossa region and the Southeast.

In 2016, the SA State Government passed the Health Care (Private Day Procedure Centres) Variation Regulations 2017 as part of amendments to the Health Care Act. The purpose was predominantly to provide a regulatory regime for the accreditation of day surgeries in SA. The SA State Faculty was recently made aware that within these regulations is a clause that would ultimately necessitate all local anaesthetic procedures be done within an accredited day surgery. While the intent of the government was ostensibly to limit large procedures (eg liposuction) being performed in rooms, the poor wording of the legislation will mean that all local anaesthetic procedures will be restricted as of 1 July 2017. Exemptions have been provided in the legislation for dentists and General Practitioners (GPs), but not for specialists. The SA Faculty has put in a request for a minister’s exemption from this clause in the short term and the Australian Medical Association (AMA) is seeking to have the Act amended.

The opening of the new Royal Adelaide Hospital continues to be delayed, most recently by legal action against the construction company. This situation has recently been resolved though, which will hopefully allow the move to occur prior to winter.

Dr Leah Wilson
Chair, South Australian Faculty
clinical meetings. Fellows regularly presented education programmes to other health professionals, including GPs, physiotherapists and podiatrists. Dr Ernest Tan has been invaluable in maintaining a relationship with the University of WA, as we strive to improve the teaching of dermatology to medical students.

Public Dermatology Clinics continued in Perth’s four teaching hospitals: Royal Perth, Fiona Stanley, Princess Margaret and Sir Charles Gairdner. The Heads of Department have engaged with hospital administration staff to optimise delivery of quality dermatology care. We have lobbied to increase the number of clinics, defended the scope of practice of dermatologists and managed the pressure of activity based funding models.

Delivery of dermatology services to rural areas has been a challenge in the large state of WA. Visits continued to eight rural centres throughout 2016, with new dermatologists enthusiastically filling vacancies when they became available. Week long visits to the Kimberley region have occurred every few months, and one dermatologist is permanently based in the South-West region.

Other WA Faculty activities have been reviewing the progress of local dermatology research projects, meeting with the Lion’s Cancer Institute regarding their skin screening programme and streamlining the process of medical student attachments to the dermatology clinic.

Teamwork underpins the success of a relatively small Faculty, and there is a good sense of collegiality between the 43 Fellows in WA.

Dr Genevieve Sadler
Chair, Western Australian Faculty