Rural perspectives on dermatology
Welcome to the spring edition of The Mole, bigger than ever. Thank you to those who have contributed to The Mole, whether it be as a regular contribution or a one-off.

NEW BOARD
The new Board is settling in well. In June we bid farewell to Dr Michael Pitney, Queensland, who retired from the Board after serving for six years; making way for Mr Phillip Hyde, a non-Fellow Director to join the Board. The President, Dr Andrew Miller, and the Chief Executive Officer, Tim Wills; have been guiding the Board through further changes to the committee structure. The new committee structure has been summarised by Tim in this edition of The Mole.

ACCREDITATION
Fellows and trainees should be aware of how much work goes into preparing for College accreditation by the Australian Medical Council (AMC). Tim Wills and Brett O’Neill, Director of Education Services, have put in an enormous effort writing our submission. They were supported by Dr Adrian Lim, Dean of Education, Dr Adriene Lee, Director of Training and Dr David Burdon-Jones, Chief Censor, who volunteered much of their time refining the submission. It was clear that the AMC panel were impressed by our College’s submission and the quick and thorough responsiveness to their queries. Two days of somewhat harrowing meetings were held in College headquarters in Rhodes, which was mostly amicable, except for the occasional ‘gotcha’ moment in what looked like a United States Senate inquiry at times.

SELECTION WEEKEND
The selection weekend ran very smoothly this year. This was partly due to tweaking of the selection process, but in large part due to College staff, Brett O’Neill and Jannet Farley, Academic Support Officer, who worked hard to make sure it ran smoothly. The CV weekend in July had representatives from all states, with every applicant’s CV reviewed by at least four Fellows. The interview weekend in August was conducted by three Fellows from each Faculty, along with external interviewers who came from medical or allied health backgrounds. There was no involvement of psychologists this year. The state Faculties worked well together.

Dr Andrew Satchell
Honorary Secretary
The Australian Medical Council (AMC) accreditation of College is well underway. The process is extremely rigorous and has involved an extensive submission followed by meetings between the accreditation team; and College staff and office bearers. There have also been site visits at selected state Faculty training centres, together with meetings with clinical supervisors and trainees. The AMC holds community involvement as a priority and there has been extensive stakeholder consultation. We now await a formal report from the assessment team. Following that, probably late this year, the AMC Specialist Education Accreditation Committee will reach a determination and recommend this to the Board of the AMC. The AMC then report to the Australian Health Practitioner Regulation Agency (AHPRA) for decision in March 2018. This is a complex and involved process and I would like to take this opportunity to thank the College staff for their hard work and professionalism; and to thank all the College Fellows and trainees who have contributed.

Frustratingly happening in parallel to this accreditation process, comes the report to the Council of Australian Governments (COAG) Health Council from the Independent Review of the National Regulation and Accreditation System, which underpins AHPRA’s authority. The report has recommended changes to the regulatory and accreditation system that are causing considerable disquiet in the profession and amongst medical colleges.

The College will be making a submission independently and through the Committee of Presidents of Medical Colleges (CPMC).

Practitioner welfare has been a significant focus in recent months. It has exercised minds of the Board and College staff, the AMC, the Australian Medical Association (AMA) and, most recently, the NSW Department of Health. Concerns are diverse and range from mandatory reporting provisions in the National Act governing medical registration, to Junior Resident Medical Officers (JRMO) and trainee welfare. The College has engaged in several forums related to possible changes to mandatory reporting requirements, including removal of the obligation for treating doctors to report their practitioner patients so long as there is no public risk at issue.

Our discussions on this issue with the AMC have revolved around trainee welfare. Our Bullying and Harassment Policy is one element, but we are working towards a more multifaceted approach with the College Code of Conduct and Trainee Charter. A key aspiration for this will be supporting respectful relationships and working environments. These include between colleagues (including Fellows and trainees), within treating teams (including allied health professionals and other staff), in training environments and hospital services; and within practices and private surgery centres. Within the hospital environment it falls on all Fellows to ensure that the trainees and JRMOs attached to our units are dealt with in a respectful manner, regardless of our own past experiences or views regarding current employment and training conditions.

The political and regulatory environments that we operate in are in a state of flux at present and the College Board has begun a midstream strategic review. It will look at progress along the 2015 -2019 Strategic Plan and reassess our current capabilities and plans. This will allow a reassessment of priorities for the remaining years of the current plan. The three pillars of the plan are Education, Service to the Community and Service to Members- each of these will be reviewed in turn.

The state of the dermatology workforce has excited attention from various levels of Government, the AMC and of course the community who remain concerned about access. Many of you would be aware of our engagement with the National Medical Training Advisory Network. Beyond dermatology, the growing imbalances in the medical workforce generally have also come to the attention of Government, the AMA and the CPMC. Roles and scopes of practice area are being reviewed, together with training resource allocation. This represents an opportunity, and a threat, for dermatology as a specialty and for the College. We have set up a new Workforce Committee whose remit will be to examine and help direct every influence that College can bring to bear to address the challenges ahead.

The Rural Dermatology Meeting went ahead in August in Broome. The organising committee, led by Associate Professor Prasad Kumarasinghe and including Dr Bernadette Ricciardo, Dr Gian Singh and Dr Claire Tait, are to be congratulated for bringing together a diverse and interesting programme. Reviews of the meeting have been very positive, with Fellows and trainees enjoying the mix of policy and clinical science in a much less formal environment than our Annual Scientific Meeting (ASM).

The last three months have been very busy, but I never cease to be impressed with the willingness of Fellows to chip in when help is needed. Ultimately we are small community that depends on unqualified volunteerism. An extraordinary proportion of our members are actively involved in one way or another, and in case I forget when I see you, I would like to thank you all now for your support for your peers and your College.

Dr Andrew Miller
President
The College has just completed the visit by the Australian Medical Council (AMC), a significant moment for College given 10 years have passed since the last such visit. Many Fellows, trainees, International Medical Graduates (IMGs) and community members gave of their time and for some this involved travel and significant loss of work time, for which the College is extremely grateful. In the preliminary findings the College was praised for the degree of engagement, responsiveness, receptiveness and thoroughness. It should have been clear to the team that small as our College may be, the degree of effort put in by Fellows and staff reflects the collegiate spirit.

No matter what you might think of AMC accreditation, it comes at an interesting time as our President notes regarding a review of healthcare accreditation – covering all healthcare professions accreditation – and has the potential to be quite disruptive to medical accreditation, not necessarily to any great benefit.

The majority of healthcare professions are taught only at universities leading to universities having to respond to both Tertiary Education Quality Standards Agency (TEQSA) and professional body standards. University Health Science Faculties for example, may have to respond to more than a dozen professional bodies’ standards, plus TEQSA. So the desire to simplify this for stakeholders, like universities, makes intuitive sense. However, College must only contend with the AMC. We have chosen to also be judged by TEQSA whose standards include academic capabilities, student welfare, course standards, financial solvency and systems.

The AMC, on behalf of the Australian Health Practitioner Regulation Agency (APHRA), assesses whether our college remains fit to train and endorse specialists, assess and train IMGs and oversee the continuing professional development of specialists. If the report finds this to be the case, College will be granted ‘accreditation’ (for a defined period). The maximum now is six years.

However the AMC does not accredit all of our business. It has no interest in, or authority over, post Fellowship education (Mohs and cosmetic). It has no standards for College roles in educating General Practitioners (GPs) or other health professionals. It has no standards covering scientific advancement, the future of the profession, government advocacy, public relations, liaison with pharmaceutical and devices industries, services for members that are not Continuing Professional Development (CPD), staff conditions, investment management, financial liquidity or solvency.

Whatever the findings of the AMC Report, if College is to meet all its demands as described above, a strategy has to be set. A balance has to be found in what resources and urgency are given to meet AMC objectives as opposed to those driven by TEQSA, or those driven by College, as described above.

The AMC noted that College is still transitioning to the governance reforms that commenced when the Constitutional change was accepted in November 2015. The Board changes were implemented first. Committee changes are following. Policies are also being progressively revised. Role descriptions for Committee Chairs are incomplete.

Some committees are only one year or less into operation, others are yet to be established. The AMC will want reports on progress and an evaluation of effectiveness.

The main committee changes are described in the ‘Governance update’ section of this Mole.

Tim Wills
Chief Executive Officer

ACHIEVEMENTS

Congratulations to Dr Matthew Lin

Congratulations to Dr Matthew Lin who has been awarded three Fellowship examination prizes for 2017. These are the Australasian College of Dermatologists Travelling Fellowship Award, the Founders Medal for Procedural Dermatology and the Ken Paver Medal for Medical Dermatology.

Dr Lin is only the second candidate to have achieved three awards in the same year, the first being Dr Ann Boyapati in 2014.

2017 Eureka Prize

The College is pleased to announce that Dr Margot Whitfield and the Scabies Research Team – a multidisciplinary collaboration from Murdoch Children’s Research Institute, the Kirby Institute, St Vincent’s Hospital Sydney and Menzies School of Health Research – has been awarded the 2017 Eureka Prize for Infectious Diseases Research.

Through two landmark trials, the Scabies Research Team has shown that mass drug administration with the oral drug ivermectin is highly effective in controlling scabies and related bacterial skin sores. These results have transformed the global conversation on integrated programs for neglected tropical diseases.

Congratulations to Dr Whitfield for her invaluable contribution to this important research.
A most successful 5th Rural Dermatology Meeting was held at The Mangrove Hotel in Broome, Western Australia in August 2017. The hotel itself overlooked mangroves with red dirt blending into blue water – a fitting setting for discussions on all things rural. This meeting focused on infections and infestations, various aspects of rural dermatology services, workforce issues, medicinal plants and indigenous health issues.

11-13 AUGUST 2017, BROOME, WESTERN AUSTRALIA

Associate Professor Prazad Kumarasinghe, Convenor, reports...

The President, Dr Andrew Miller opened the meeting, together with a Welcome to the Country by a local indigenous community representative, Mrs Dianne Appleby. Each Faculty provided an update on rural dermatology in their state, followed by Dr Clare Tait’s presentation focusing on lupus in the Kimberley region.

Invited speakers Associate Professor Christopher Heath and Dr Lydia Scott led the discussion on leprosy. Fittingly, the teledermatology update was given via video conference. A lively discussion on improving rural dermatology care followed an update on rural workforce planning.

After a full afternoon of conference, the welcome reception at the Mangrove Hotel was a chance to catch up and unwind, with a few keen attendees visiting the local Matso’s Brewery around the corner afterwards.

The second day opened with a presentation on medicinal plants by Dr Bernadette Ricciardo and our keynote speaker Professor Bart Currie who spoke on skin health and infectious diseases in the tropical North of Australia. Associate Professor Christopher Heath delivered an interesting talk on cutaneous and subcutaneous mycoses. Invited speakers Dr Nola McPherson and Dr David Gaskell provided insights into the Royal Flying Doctors Service and complexities of specialist clinics and other services at regional hospitals, respectively.

Dr Casey Parker delivered a captivating, yet alarming, talk on the skin injuries and diseases you can get from marine life forms, which had everyone swearing not to take a dip at Cable Beach following their camel ride. Some attendees took a guided tour of aboriginal art at the Short St Gallery, while some others visited the Willie Creek Pearl Farm.
The Pearling Master Dinner at Cable Beach Resort and Spa on Saturday evening was well attended, with pre-dinner drinks on the veranda, followed by fine food.

The final day of the conference began with a sunrise walk on Cable Beach by a few keen attendees. Presentations on scabies and head lice by Dr Dev Thilakaratne and Dr Margot Whitfeld were very informative. The talks on ‘A registrar’s perspective on rural visits’ and managing bullous diseases by using teledermatology facilities, were also thought provoking. Dr Lachlan Warren highlighted the importance of detecting acral lentiginous melanoma, particularly in dark skinned people, as other forms of melanomas are uncommon in them. Mr Mark Norval did an excellent presentation on aboriginal art appreciation. The presentations of 10 free papers and exotic cases, mostly by the College registrars, was of a very high standard. In addition several excellent posters were displayed during the whole conference.

For those wanting to extend their bush medicine knowledge, a post congress workshop was held on native bush medicines with the Aboriginal elder, Ms Annie Milgin and her team.

Anecdotal feedback on the 5th Rural Dermatology Meeting from both Fellows and trainees has been overwhelmingly positive. The inclusion of clinicians from outside dermatology was interesting and informative and clearly intersected with dermatologists’ interests.

A special thank you is due to Ms Roshan Riddell, Marketing and Communications Specialist of our College Office, for her untiring efforts to make this event come to fruition. Roshan took over the task from Ms Rosie Cavaleri after Rosie’s retirement and did an excellent job. We are grateful to Dr Clare Tait, Dr Bernadette Ricciardo and Dr Gian Singh for their support in organising this meeting and to our meeting sponsors Eli Lilly, Galderma, Leo-Pharma, Sun Pharma, Syneron-Candela and Tourism Western Australia for their valuable contributions to the success of the event.

I believe that Rural Dermatology Meetings will go from strength to strength. The next meeting will be in 2019 and I am sure it will be another enriching, learning and sharing experience in a relaxed atmosphere.
RURAL VISITS

Dr Dana Slape, second year trainee, reports...

The Australasian College of Dermatologists has identified key priorities in the dermatology workforce, training, rural health and Aboriginal & Torres Strait Islander health. The 5th Australasian College of Dermatologists Rural Dermatology Meeting held in Broome had much discussion focused on addressing these workforce issues. The meeting was successful in uniting interdisciplinary clinicians and researchers with community members with special interests for skin disease in regional, rural, remote, and Aboriginal and Torres Strait Islander health. A breadth of pertinent issues facing these communities were addressed, including infectious and tropical diseases, connective tissue disease, emergency dermatology, service provision to these communities and how this is best met and the cultural nuances of caring for and working with patients from these backgrounds. It was a successful meeting and much enthusiasm was generated as to how these communities will be best serviced in the future. These meetings are critical in addressing the workforce needs in the present and future.

Following the meeting, I joined Dr Clare Tait from Perth and resident medical officer Dr Ciara Drumm, to service rural communities in top North West Kimberley. These communities are not only some of the most geographically isolated in the world, but also suffer with a great burden of disease and rely on an intermittent fly in fly out model of specialist health care provision. Dr Tait has serviced these remote communities for four times every year for many years and her dedication and mentorship is inspiring.

The College priority areas of workforce development, Indigenous health, and rural health are realised in a powerful, unique and synergistic way on community visits such as these. Consultants, trainees, other clinicians and students with specific interests in Indigenous health and tropical medicine are able to exchange knowledge and experiences. The mentoring relationships that develop serve to inspire trainees with interests in these areas to commit to servicing these communities in need now and into the future. These trips also establish a dialogue with patients and community members to better define their needs as a population and how these can be met in the future. The benefit to the community is immense. They gain access to specialist services that they otherwise would not have, and those involved are likely to pursue future work in communities that desperately need them.

The skin diseases in this part of the world are as diverse as the community members we met. There were the retired Australians touring the Top End in their motorhomes who have extensive actinic damage and complex high-risk non-melanoma and melanoma skin cancer. A breadth of infectious diseases were also addressed which commonly included diseases of overcrowding and poverty. The consequences of these infections are well known to disproportionately impact Indigenous Australians. These communities are ravaged by the downstream sequelae of invasive group A streptococcal infections, such as rheumatic heart disease and post streptococcal IgA nephropathy, leading to chronic renal failure. These diseases are endemic and one of the largest contributors to child and adult morbidity and mortality in Indigenous communities in the Top End.

The conference and Broome community both ran lectures on the Derby Bungarun Leprosarium which was closed in the late 1980s. We saw a patient who had grown up there, and this gave us insights into the stigma of leprosy in Indigenous Australia, which was compounded by forced removal from the communities these people called home.

Incidence rates of autoimmune connective tissue disease are reported to be at least four times higher in Indigenous communities. In keeping with this, we treated cutaneous
and systemic lupus, vitiligo, complex occupational contact dermatitis and experienced firsthand the challenges of the logistical difficulties of starting biologics for a psoriasis patient who lived 2,500 km from Perth. Smoking, sun protection and general health literacy remain ongoing areas of opportunity in these rural and remote towns. The expansion of the health workforce willing to serve areas such as these will assist these communities in the future.

APART FROM CARING FOR LOCAL COMMUNITY MEMBERS, A KEY OBJECTIVE OF THIS COMMUNITY OUTREACH WAS TO CONNECT WITH LOCAL YOUNG INDIGENOUS PEOPLE TO DISCUSS CAREER OPTIONS AND PATHWAYS TO FURTHER EDUCATION.

On average, less than one third of Indigenous young people complete high school and the figures are dramatically worse as remoteness increases. Hearing from one of Australia's few Aboriginal doctors with similar life experience allows them to believe that a path to success is possible. I was able to reach out to over 200 Indigenous high school students at the local schools in each town and discuss opportunities to further education, particularly in health. True to the remote town experience, one of the engagement activities was temporarily suspended by a snake encroaching on the long jump pit at the athletics carnival, but we were able to meaningfully engage about their future career goals after the dedicated snake handler (the year two teacher) removed it back to the bush.

Overall, the workforce issues in dermatology and other medical specialties can be addressed through engagement with local medical students and junior doctors working in these locations. These community needs can be met through inspiring interest in dermatology and to breaking down myths and barriers about training opportunities. Those with lived experiences and backgrounds growing up, or working in, rural and remote areas; and those who are of Indigenous heritage, are far more likely to go on to contribute to work in these areas of great need and address workforce shortages. In this vein, three of the five medical students who joined us in clinics were high-achieving Aboriginal medical students who are leaders in their communities and universities. One had worked as a human rights lawyer before transitioning into medical studies and another recently won a national award for expanding a mentoring program for academically gifted Indigenous high school students. Another has a keen interest in pursuing rural dermatology and then servicing her hometown in Broome. They will no doubt go on to become exceptional doctors, community leaders and role models.

As a trainee with a commitment to rural, remote, tropical, and Indigenous dermatology, the opportunity was an invaluable one. It is exposure to these patients and the clinicians who care for them that provides inspiration to keep striving towards Fellowship, with the goal of returning to areas of great need and suffering. Over 14,000 kilometres were covered from Sydney to Broome, Derby, Fitzroy Crossing, and Kununurra, and then back again. Our reach spread to dozens of patients, 200 Indigenous high school students, five senior medical students, about a thousand cane toads, a million midges and one snake. The inspiration and determination to continue to contribute to a career serving these communities? Priceless.

Note: There are approximately 200 Aboriginal and/or Torres Strait Islander doctors across Australia out of the total medical workforce of approximately 90,000 doctors, making up less than 0.3% of the Australian medical workforce.
Dr Paul Jarrett, NZDSI President, reports...

Could there be a better venue for a meeting than Queenstown, New Zealand in the ski season? The New Zealand Dermatological Society Incorporated (NZDSI) meeting was held at the Millennium Hotel in Queenstown in August.

Delegates attended a busy meeting with the distinguished guest speakers being Professor Jean Bolognia, Dr Gideon Smith and Associate Professor Carl Vincuillo from the Universities of Yale, Harvard and Western Australia respectively. Their topics covered medical dermatology with a focus on connective tissue disease and surgical dermatology. They spoke with sublime clarity, giving pragmatic ideas for us all to take to the next dermatology clinic.

The International Scholarship presentation was given by Dr Catriona Wootton, a UK trained dermatologist currently working in Laos. Her excellent talk “Dermatological Features of Scrub Typhus in Laos”, provided a useful reminder of the sometimes subtle clinical features of the eschar.

The Turnbull Hodge registrar award was won by Waikato Hospital based trainee, Dr Jennifer Taylor. Her talk “Evaluating a consumer dermatoscope”, reported a research project exploring if smartphone derived clinical images are adequate to diagnose skin cancer.

Fortunately there was time to enjoy Queenstown and the ski fields. The conference meal was held at Rātā, a restaurant in central Queenstown, with an artful and elegant menu.

I know that the delegates returned home well educated and well fed. Thanks to the organising committee, headed by Dr Paul Salmon, for an excellent meeting.

On behalf of the NZDSI we look forward to welcoming you to the Auckland meeting in 2018.

Dr Jennifer Taylor receives the Turnbull Hodge award from Professor Jean Bolognia, Dr Gideon Smith and Associate Professor Carl Vincuillo at Rātā

UNIVERSITY OF QUEENSLAND EPIDERM LECTURE, 11 AUGUST 2017, BRISBANE

An important 10 year milestone for skin cancer research was celebrated at the 2017 Alan Cooper Epiderm Lecture.

This year’s event acknowledged a decade of The University of Queensland’s (UQs) Chair in Dermatology, and Dermatology Research Centre, the state’s first research unit led by specialist dermatologists.

The third annual Alan Cooper Epiderm Lecture was hosted by the UQ Faculty of Medicine at the Translational Research Institute in Brisbane on Friday 11 August 2017.

Queensland’s first Dermatology Chair and keynote speaker, Professor H. Peter Soyer, addressed more than 130 attendees on the future of melanoma detection.

“Artificial intelligence will have a major impact on how we manage the early detection of melanoma in the future.” Professor Soyer said.

“We now are at a timely junction regarding developments in genomics, imaging technology and artificial intelligence.”

UQ Deputy Vice Chancellor (Research), Professor Robyn Ward, presented Professor Soyer with a service award acknowledging his pioneering work in early diagnosis of melanoma and teledermatology.

Other speakers at the lecture included Australasian College of Dermatologists President Elect, Dr David Francis, and Professor Alan Cooper OAM.

Successful projects in the Australian Skin and Skin Cancer Research Centre (ASSC) Enabling Grant Scheme were announced on the night by Professor David Whiteman, Deputy Director QIMR Berghofer Medical Research Institute, and Professor Joanne Aitken, Cancer Council Queensland.

ASSC draws together some of the world’s leading experts from UQ and QIMR Berghofer Medical Research Institute to work on collaborative research projects.
The workshop was launched at the end of 2016 with the help of Dr Jim Muir and Dr Benjamin Carew in Brisbane. It is delivered over a period of 12 to 14 weeks and consists of six self-paced online modules, a virtual outpatients’ clinic and a one day face-to-face workshop. The virtual clinic is a unique feature of the course. It runs like a discussion forum with a new case posted every couple of days and is a great tool for teaching and learning. It helps GPs apply what they are learning to real cases, and they value the personalised feedback they receive.

Fellow dermatologists, Dr Brian De’Ambrosis and Dr Simon Yong Gee; and colleagues Dr Matt Hishon, Dr Dan Kennedy, Dr Paul Komarowski, Dr Matthew Peters and Dr Lily Vrtik, have facilitated the weekend workshops with Dr Muir and Dr Carew.

The feedback from GPs has been overwhelmingly positive. One participant recently said, “The great thing about the course is that it goes for 12 weeks. Things stick in my memory a lot more than if it was just on one weekend or day.”

Other comments include:

“This is the best skin cancer course I have done so far. The course content was excellent and relevant to general practice, the face-to-face workshop was great and the virtual clinic gave an excellent opportunity of learning and interaction with teachers. It was also great value for money, especially considering that specialist dermatologists delivered the course. I hope to attend more courses from Australasian College of Dermatologists.”

Dr Prajwal Tuladhar

“The course is practical and relevant to general practice. At the end of the course, I gained confidence in identifying suspicious lesions and coming up with a management plan. I have avoided unnecessary excisions of benign lesions. I am more comfortable doing skin checks and advising my patient appropriately, knowing that I did not miss any suspicious lesions. The virtual clinic honed my skills in using a dermoscope and committing to a diagnosis. The workshop was very useful in reinforcing my surgical skills and tackled management options for skin cancers. Highly recommended.”

Dr Karen Gebusion

“I found the course significantly improved my skills in identifying skin cancers and other skin lesions. Thoroughly enjoyable.”

Dr Jessica Witherspoon

“I am pleased to recommend this excellent course to other GPs. It is a most practical course which is very well organised. The highlight and unique feature is the virtual outpatients’ clinic. There is easy access to experts who are happy to help.”

Dr Susannah Warwick

Thanks to Dr Muir and Dr Carew for all their work in the development and implementation of the course. We hope to be able to offer the course in other states in 2018 and 2019 and are seeking Fellows who wish to be involved in this roll out. Thank you to Dr Tony Caccetta and Dr Austen Anderson who have volunteered to facilitate a course in Perth. Please contact teresa@dermcoll.edu.au if you are interested in facilitating a course.

Teresa Llewellyn-Evans
Academic Coordinator
Board subcommittees
There are five Board Sub Committees:
Audit Committee – is now the Audit and Risk Committee (two risk reports have been received in six monthly intervals)
National Education Committee (NEdC) – has split into the Academic Standards Committee (have met once) and the Professional Standards Committee (are yet to meet)
Nominations Committee – has been recommenced and is named the Nominations and Governance Committee
Representatives Committee – added as a new Board subcommittee to give Faculty representation to the Board (have met since 2016).
All other committees of College also report to the Board through six monthly reports. These are:
Community Focussed Committees
A to Z of Skin Committee – has always been in existence
Community Engagement Advisory Committee – new committee (have met three times since November 2016)
Public Affairs Committee – new committee for media, marketing and public relations (have met four times since November 2016).
Member Input Committees
Aboriginal and Torres Strait Islander (AbSTI) Committee – now directly reports to the Board (was reporting through NEdC) as AbSTI issues are whole of organisation focussed, not only educational
Awards Committee – recommends to Board awards for Fellows (at Conferring Ceremony)
E-Health Committee (to be confirmed) – replaces telehealth/dermatology committee (are yet to meet)
Expert Advisory Committee – replaces Medical, Surgical and Scientific Committees – often issues cross all three of these bodies. The aim is that one group oversees the forming of appropriate, short-term taskforces specific to the issue arising
History Committee – formed for the writing of 50 year history project and will remain as need a web based and active history recognition process
International Dermatology Outreach Committee – has always been in existence
International Medical Graduate Committee – has always been in existence
Medicare Benefits Schedule Committee – has always been in existence
Scientific Meetings Steering Committee – has always been in existence
Selection Committee – oversight of selection process
Research Futures Advisory Committee (new and to be confirmed)
Rural & Regional Services Committee – has always been in existence
Workforce Committee – new Committee (are yet to meet).
Tim Wills
Chief Executive Officer
A considerable challenge for the specialist medical workforce is the provision of services in regional, rural and remote areas of Australia. Dermatology is no exception, with recent workforce modelling undertaken by the Commonwealth Department of Health in collaboration with College highlighting considerable geographic maldistribution. Ninety-two percent of College Fellows live and practise in major metropolitan cities and 80% are located in the eastern states. While many dermatologists deliver outreach services to regional and rural areas across the country, securing reliable funding is an ongoing frustration. Coupled with transport and infrastructure limitations, outreach represents only a partial solution to ensuring equitable access to healthcare.

A key Federal health priority is to grow a stable and permanent regional medical workforce. To that end, the Government has implemented a number of policies and programs, with some more successful than others. Current Federal strategies have veered from an incentive-based approach to focus on training, including funding for specialty training positions via the Specialist Training Program (STP) and growing rural clinical school capacity and junior doctor training opportunities via the Integrated Rural Training Pipeline (IRTP). Jurisdictional health departments must also strengthen their commitment to regional hospital and health services in parallel, so that the goal of an expanded and stable regional specialist workforce can be realised.

Understanding the drivers for regional and rural retention of the medical workforce is critical and must be underpinned by longitudinal data in order to support effective policy. College is an endorsing organisation of the Medicine in Australia: Balancing Employment and Life (MABEL) study—a National Health and Medical Research Council (NHMRC) funded national longitudinal survey of doctors. Since 2008, the annual MABEL survey has collected data on doctors’ decisions around work, leisure, family, lifestyle, economic and non-economic incentives impacting work choices. These results are identifying trends and determinants in the labour supply of doctors, which in turn are providing evidence of the effectiveness of policy and driving policy change when needed to build targeted workforce capacity.

MABEL data for dermatologists has been insightful. Reassuringly, it suggests a robust workforce with satisfactory job conditions and work-life balance. However the number of dermatologist respondents has been low and participation is strongly encouraged by College. Building on this dataset will help provide a unique insight into how College can better support our rural dermatologists and trainees who intend to live and work regionally. MABEL data can inform College’s longer-term strategies to address the geographic maldistribution of the dermatology workforce and support our ongoing advocacy efforts with Government.
In 2015, there were 463 practicing dermatologists in Australia, equating to 2.2 full-time equivalent (FTE) dermatologists for every 100,000 Australians.

While the average dermatologist is a 51 year-old male, the dermatology workforce is shifting to a younger female demographic.

There were 101 registrars in the ACD national training program in 2015. While 70% of training occurs in public hospitals, the majority of Fellows’ FTE work (93%) occurs in the private sector.

There is marked geographic maldistribution across Australia—80% of dermatologists are located in New South Wales, Victoria and Queensland. Nationally, 92% of dermatologists live and practise in major metropolitan cities.

According to the Department of Health, the dermatology workforce will be in critical shortage of 90 FTE dermatologists by 2030, representing a 14% deficit of the projected demand. Up to 8.7 new FTE training positions are needed annually to curb this shortfall and produce the 742 dermatologists required to effectively meet Australia’s healthcare needs by 2030.

Haley Bennett
Director – Policy, Engagement and Advocacy

### Dermatology workforce (2015)

- **463 practicing dermatologists**
- **43% female**
- **38.6 hours per week (females 33.3 hours)**
- **51 years average age**
- **36% aged over 55**
- **92% in MM1**
- **7% FTE in public sector**
- **80% in NSW, VIC, QLD**
- **101 trainees**
  - **66% female**

### Dermatology workforce supply and demand modelling

- **0.5% deficit** (8.7 new training positions required)
- **5% deficit** (5.2 new training positions required)


At the request of the United States (US) Embassy Medical Unit, a meeting was organised with Dr Leona Yip, a Canberra-based dermatologist and college advocate, to discuss specialist dermatology presence in the capital and how both parties can foster closer ties to improve shared patient care and access to treatments when on secondment in Canberra.

Medical care for staff and diplomats based at the US Embassy in Canberra are provided by an in house Medical Unit staffed by a Regional Medical Officer, Dr Chuck Wright and his nursing staff, who are all expatriates on secondment to Australia to work at the Embassy.

An interesting topic discussed included isotretinoin treatment prescribed for Embassy staff in Australia, as supply of this medication is obtained from America through the US Government health insurance after initial recommendation and prescription by a local Australian dermatologist. Due to American medicolegal requirements, the Embassy Medical Officer in Canberra needs to reissue the isotretinoin prescription and is jointly responsible for the close monitoring of staff prescribed this treatment.

This meeting was a great opportunity to raise our profile as an important specialty to help service the large international community in Canberra.

College advocate, Dr Alexandra Varol, sponsored the local public school fete in Drummoyle and donated skincare packs and sunscreens as giveaways. Sponsorship of local schools or sporting groups is a great platform for advocacy, education and to raise awareness about skin checks in the community.
It has been a busy time in New South Wales (NSW) since the successful 50th anniversary Annual Scientific Meeting. Accreditation has been a theme for NSW over the recent months. The NSW training scheme is due for accreditation with College this year. Each training facility is currently preparing the pre-inspection visit information as requested by College. In addition to this, the Australian Medical Council (AMC) accreditation visits and meetings have also been taking place. The future of the College and its sustainability has been a key focus during these interviews. AMC accreditation is critical to College’s survival and standing in the community. The preliminary report is yet to be released. We wish to thank all the Fellows and trainees that all gave up their time to meet with the AMC accreditation team. We expect that there will always be recommendations as we needfully remain a College ‘in evolution’, as we seek to improve on our already excellent record.

The annual new trainee candidate selections have been a significant focus for the NSW Faculty over the past few months. For those who are unaware of the process, this involves several members of the Faculty giving up their weekends to participate in the national CV review and scoring weekend. This is then followed by a Faculty short-listing of candidates. Finally, several members of the Faculty again give up their weekend for the national candidate interview weekend. I know that selectence remains a hot topic amongst Fellows, however having been involved in this complex process this year, I have witnessed the passion of all the Fellows involved to find the best possible candidate for all states. It was collegial weekend with wonderful collaboration between all states to help identify these candidates. A big thank you to Dr James Choi, Dr Keng Chen, Dr Michelle McCrae and Dr Stephen Donoghue, among others. The Faculty wish to congratulate the successful applicants in NSW. This will then puts the onus on us as a Faculty, and Clinical Supervisors in particular, to help develop and train these new talented registrars for the future.

The final Fellowship exams concluded in August in Adelaide. On behalf of the Faculty, I would like to thank all the Fellows involved. Importantly, I would like to congratulate the following successful NSW candidates: Dr Rebecca Saunderson, Dr Bonnie Fergie, Dr Yong Kho, Dr Ben Thompson and Dr Shivam Kapila. Dr Jane Khoury is an International Medical Graduate (IMG) who also recently completed her required training with College and is to be awarded her Fellowship. Congratulations and welcome to the NSW Faculty.

Thank you to the many Fellows who have helped with various tasks this year. I look forward to a busy and successful 2018.

Associate Professor Saxon Smith
Chair, NSW Faculty

Congratulations to Dr Matthew Lim, Dr Ben Daniel, Dr Stephanie Tizi, Dr Adam Quinn and Dr Tahereh Taklif, who successfully completed the 2017 dermatology Fellowship exams. Particular note goes to Dr Lim who took out all three prizes- only the second time in history this has been done. We also thank second year registrar Dr Flora Poon for representing the College so well by winning the Registrars Prize for the best paper at The Royal Society of Medicine educational session while on rotation to the United Kingdom (UK).

Further on the awards front we congratulate Associate Professor Rosemary Nixon on her Australia Day Honours. She has very deservedly received Membership in the General Division of the Order of Australia (AM) for her outstanding contribution to the Australian community. Fellow silver medallist Dr James Butler is also loudly applauded, as are meritorious service recipients, Associate Professor Gregory Goodman, Dr Jeremy Horton and Dr Michael Rich. Dr Timothy O’Brien was awarded an International Outreach Award. Presidential citations were also given to a number of Victorian Fellows. Rising stars, Dr Victoria Mar and Dr Michelle Rodrigues, have achieved notable profile in international journals this year; and we are hoping to see more of Associate Professor Christopher Baker as he steps down from his exceptional term as President and returns to a more normal life.

We are very proud of our rural outreach program and managed to provide an expanded service this year with nine extra doctors coming on board to do country visits. The Skin & Cancer Foundation have been hugely helpful, providing equipment boxes and administrative support where needed. We currently have roughly 50 consultants who visit Sale, Portland, Smithton, Burnie, Swan Hill, Mooroopna, Shepparton, Tasmania, Bright and Horsham, including two Indigenous health services. This is an essential service for country Victoria and the goodwill of the consultants who give up their usual practice time is greatly appreciated.
appreciated. The programme is very deserving of ongoing and increased support and we hope that this is noted at a funding level. It is administered by Helen Saunders, with registrar coordination by Dr Friyana Baba and we are very grateful for their expert coordination.

On a more frivolous note we have also expanded our social activities this year with our inaugural Cocktail Party held in April at my home. This was a less formal event than our Annual Dinner and a chance to welcome new Fellows to the fold. It was a terrific evening and a party we intend to hold again next year in addition to our Annual Dinner. Our next Annual Dinner will take place on 13 October 2017 at a bespoke venue, Space@collins, in the Melbourne Central Business District.

The Queensland (QLD) Faculty would like to congratulate Dr Zac Boyce, Dr Melissa Manahan and Dr Lauren Kunde on their success at the recent Fellowship exams. This is a testament to their tremendous hard work and dedication, as well as the support of their friends and families. Dr Boyce and Dr Manahan have now completed their training and will commence private practice. Dr Kunde is completing her final year of training throughout the rest of this year. We look forward to formally welcoming them to the QLD Faculty and wish them long and fulfilling careers in dermatology.

Dr Ilsphi Browne has successfully achieved accreditation for a dermatology registrar position in Cairns. This position will commence in early 2018 and the Faculty is grateful to Dr Browne for her hard work in achieving this and her dedication and commitment to dermatology training.

Professor H Peter Soyer recently delivered the Epiderm Alan Cooper Lecture in August 2017, hosted by the University of Queensland (UQ). The occasion also marked 10 years for Professor Soyer as UQ’s Chair in Dermatology. The Faculty congratulates Professor Soyer on this enormous achievement and is grateful for his ongoing contribution to clinical and academic dermatology.

The Queensland (QLD) Faculty would like to congratulate Dr Gregory Butler, Chair, Queensland Faculty, for a dermatology registrar position in Cairns. This position will commence in early 2018 and the Faculty is grateful for her hard work in achieving this and her dedication and commitment to dermatology training.

It is a real pleasure to be able to update College on so many positive developments within our local Faculty. Our Faculty was delighted to see Dr Jenny Menz, Dr Catherine Reid, Associate Professor Gillian Marshman and Dr Lachlan Warren honoured at the Annual Scientific Meeting (ASM) graduation ceremony in May. They are well deserved recipients of Certificates of Meritorious Service. Over the years during their tenures as heads of department in our public hospitals they have been mentors to dermatology registrars and have been active contributors to College activities at both state and national levels. Dr Marshman’s commitment to teaching has been further recognised with the academic title of Associate Professor of Dermatology being recently awarded to her by Flinders University. We also would like to acknowledge Dr Anne Lewis who recently retired from the Board of Directors, a position she held from 2013 to 2017.

This year, three of our registrars are training abroad in the United Kingdom (UK). They have enthusiastically written about their experiences in their mid-year reports back to us. Dr Georgina Harvey is based at St Mary’s Hospital in Portsmouth, Dr Charlotte Forrest is at Queen’s Hospital in Romford, East London and Dr Cassandra Chaptini is at St. John’s Institute of Dermatology in London. Well done to second year registrar, Dr Matthew Cho who was awarded the Brennan prize at this year’s Australasian Dermatopathology Meeting for his presentation titled “Prurigo pigmentosa - ketogenic diet to lose weight and gain rash”. Matthew was supervised by Dr Lynne Gordon, Dr David Astill and Dr Jan Ibbetson.

The Fellowship exam vivas were held in early August at the Women’s and Children’s Hospital. Thanks especially to Dr Karen Koh for her tireless efforts in coordinating the exams.
and ensuring that all went operationally well. She is grateful to all those who participated including examiners, bulldogs and patients. The South Australia (SA) Faculty would like to congratulate our final year registrars Dr Annabel Stephenson and Dr Ashling McNally who were successful. Well done to them.

Dr Sachin Vaidya and Dr Warren Weightman at Queen Elizabeth Hospital are overseeing the introduction of a monochromatic excimer 308nm lamp to the vitiligo clinic. We look forward to seeing the results of targeted phototherapy for their patients. With the decommissioning of the Repatriation General Hospital, the dermatology outpatient service there is being incorporated into Flinders Medical Centre dermatology clinic. The 2.3 billion dollar new Royal Adelaide Hospital has finally opened. At the helm of our first dermatology clinic held on 10 September 2017 was Dr Shireen Sidhu, Head of Dermatology, who has worked tirelessly to ensure the smooth transition of the department to the new site.

In SA and the Northern Territory (NT) this year, we sure keep the storks flying with three first-borns delivered recently. Kirsty and Dr Dev Tilakaratne welcomed Sophie who was born in May. My wife Frances and I are very blessed to have a healthy son, Hamilton, born in July. Jaein and Dr Matthew Cho have a daughter, Chelsea, born in September.

Dr Colin Ooi
Chair, South Australian Faculty

It has been a busy year for Western Australia (WA) Fellows. Dr Tony Caccetta settled into the role of Secretary (and Chair-Elect) and Dr Daniel Hewitt turned his attention to the job of WA Censor. Dr Su Lin Chan and Dr Stephanie Weston enjoyed clinical attachments in the United Kingdom (UK). Dr Kate Borchard, Dr Bernadette Ricciardo and Dr Rachael Foster welcomed new additions to their families. Dr Patricia Le delivered a beautiful baby boy and just two months later passed her final exams.

We were especially proud to have four WA dermatologists receive Certificates of Meritorious Service at the Annual Scientific Meeting. Congratulations to Dr Judith Cole, Dr Alan Donnelly, Dr Timothy Elliott and Dr Clare Tait. Your contributions to the College are much appreciated.

The Rural Dermatology Meeting was a great success, with credit to Associate Professor Prasad Kumaraasinghe and his team. Broome provided a warm welcome to a record number of delegates. Topics ranged from bush medicine and infectious disease, to personal recounts of working in remote areas of the Kimberley.

The WA Faculty organised a mock exam day for our more senior registrars, which was also attended by two South Australian registrars. We were honoured to have Dr Lachlan Warren as a visiting examiner. Thank you to Dr Hock Chua, Dr Clare Tait and all the Fellows who contributed to this event.

Our local clinical meetings continue, and we now host a guest speaker each month. Recent presentations have included radiotherapy and venous disease. Fellows also continue to deliver educational sessions to the wider medical and allied health community. The Faculty has met with the medical schools, including that commencing its first year at Curtin University, to discuss ongoing integration of dermatology into the curriculum.

Health service delivery in WAs public hospitals has been challenging. I was joined by Tim Wills and Haley Bennet in a meeting with WA Health, in which we presented data on the profile of dermatology clinics across the four teaching hospitals. There is a combined waitlist in excess of 5,000 patients, but only the equivalent of 2.4 full time dermatologists are currently employed within the public system. We explored ways to expand clinics. However, WA is now at the end of the mining boom, and the newly elected state Government is reacting to previous overspending by tightening the health budget.

Ongoing negotiation is needed with each Metropolitan Health Service. The hard work of Dr Jonathan Chan has been rewarded by the establishment of a new dermatology clinic within the North Metropolitan Health Service. We have also been successful in creating an additional training position for 2018. This is considered invaluable in addressing the predicted dermatology workforce shortage within our state.

The WA Faculty Chairman and Secretary can be best contacted via the College emails: WAchair@dermcoll.edu.au and WAFaculty@dermcoll.edu.au.

Dr Genevieve Sadler
Chair, Western Australian Faculty
We were delighted to be a part of the graduation ceremony where three New South Wales (NSW) Fellows and one International Medical Graduate (IMG), graduated at this year’s Annual Scientific Meeting (ASM) in Sydney. Our heartfelt congratulations to all the graduates, Dr Amy Kline, Dr Deshan Sebaratnam, Dr John Frew and Dr Ebrahim Abdulla. Not only was the Skin & Cancer Foundation Australia (SCFA) well represented at the Conference, we were also very pleased that so many attended our trade display; especially as one of the Founders of SCFA was present, Dr William Regan, who was also a key note speaker during the Gala Dinner event.

OTHER EDUCATIONAL EVENTS

The SCFA ASM was held once again at the Fairmont Resort Leura, from 31 March to 2 April 2017. A welcome addition to the success of the meeting were our two international speakers Professor Erwin Tschachler, Professor of Dermatology and Venereology and Head of the Research Division for Skin Biology and Pathobiology, Medical University of Vienna, Vienna General Hospital (AKH); and Professor Robert Stern, Professor of Dermatology, Harvard Medical School and Chief, Department of Dermatology at Beth Israel Deaconess Medical Centre.

We especially thank our other speakers including; Dr Charlotte Thomas (‘Strongyloides Hyperinfection Syndrome’), Dr Rashi Minocha (‘Effect of Nicotinamide on Melanoma Cell Biology’), Dr Simon Lee (‘Surgical Insights’), Dr Shien-Ning Chee (‘Hepatitis B and Intravenous Immunoglobulin’), Associate Professor Mark Schiffter (‘Fifty Shades of Red or White’) and Associate Professor Pablo Fernandez-Penas (‘A year in our Oncodermatology Research Program’). Dr Shawn Richards gave an excellent presentation on getting the most out of our Patient Management System, Dr Andrew Miller gave an update on the College and Professor Alan Cooper gave an entertaining address on ‘A Little Bit of History.’

Our ASM is now a very important part of the medical education calendar for the doctors associated with the SCFA. Planning is underway for next year’s ASM in Leura, to be held from 16 to 18 March 2018.
Extensive pathology tutorials, including:

- Dr Vicki Howard holds a fortnightly 90 minute tutorial on alternate Wednesday evenings for final year registrars between, 6.00pm and 8.00pm.
- Dr Howard also conducts a mock slide exam for the fourth year registrars prior to the formal slide exam
- Dr Karen Cheung conducts an hour long tutorial on Wednesday mornings at the Foundation for all levels, from 7.30am to 8.30am
- Dr Oana Crainic conducts fortnightly tutorials on Thursday evening for the junior registrars from 6.00pm to 7.30pm.

Put this Future Event in your calendar now by booking online.

Evenings with the Foundation: Mohs presentation by Dr Simon Lee at the University of Sydney, 9 November.

There are more educational events scheduled for November but we are still waiting on the titles of the presentations. Please keep checking our website for updates and our future programs for the beginning of 2018.

CLINICAL SERVICES

During July, The Skin Hospital successfully achieved full accreditation on all the National Safety and Quality Health Service (NSQHS) standards in Darlinghurst and, at the same time, we had a partial review of Standards one, two and three (Governance, Partnering with Consumers, and Infection Control), in Westmead. The surveyors from Global Mark were very positive and complimentary about all that we have achieved. In particular, they commented on the positive culture throughout the organisation; the fact that all staff are aware of our values, our policies and procedures; and that staff are well trained and committed to providing quality care and to a culture of continuous improvement. It does not rely on just one or two people, but the whole organisation is working as a team to achieve great results.

We have gone through some significant changes in the past 12 months and everyone has embraced the changes and are doing a superb job. We thank all of our doctors, managers, staff and consumer representatives for their commitment to change. We also really appreciate the support of our patients, donors and other supporters. To that end, Global Mark confirmed that, in addition to achieving accreditation, we also achieved ‘Met with Merit’ in four areas of the Standards, for both sites. There were two in Standard one and two in Standard two including:

1. The impact of patient safety and quality of care is considered in business decision making
2. Action is taken to improve the safety and quality of patient care
3. The health service organisation establishes mechanisms for engaging consumers and/or carers in the strategic and/or operational planning for the organisation
4. Consumers and/or carers are involved in the governance of the health service organisation.

We continue to have the regular standard Ministry of Health audits, and each time have passed, clearly demonstrating compliance with full standards. No issues have been identified.

Our clinics continue to expand. Some highlights include:

- Dr Keng-Ee Thai has opened a Community Service Excision Clinic. The clinic has been opened to provide a discount surgical clinic for patients who cannot afford private surgical fees. Dr Thai is the supervising consultant whilst teaching dermatology registrars surgical skills for skin cancer treatment. Patients can be referred to Dr Thai at The Skin Hospital, Darlinghurst
- Dr Annika Smith and Dr Richard Holland will commence a sub-specialty clinic for Connective Tissue Diseases in Darlinghurst
- A discounted Mohs Surgery Program has commenced at Westmead with Dr Gilberto Moreno Bonilla. A letter will be sent out to all dermatologists advising them of this service
- Dr Michael Lee has transferred his practice to The Skin Hospital. Dr Lee consults here full time and he also performs laser and Mohs surgery. He reports that he is very happy with the support he receives from our committed staff at The Skin Hospital
- We are continuing to develop further sub-specialty clinics. Please contact the SCFA for further information or if you are interested in commencing a sub-specialty clinic
- Congratulations to one of our most admired doctors, Associate Professor Robert Paver who celebrated 30 years of working at the Foundation.
RESEARCH AND CLINICAL TRIALS

SCFA has a strong history of clinical research under the leadership of A/Prof Fernandez-Peñas, supported by an experienced Research & Clinical Trials Unit. The team is dedicated to a wide scope of research, including clinical trials, investigator initiated projects, case studies and collaborative projects. SCFA fosters close partnerships between its specialists and researchers providing a dynamic environment dedicated to research with valuable translational potential.

The Research & Clinical Trials Unit includes: Dr Emily Fuller, Research Unit Manager; Dr Lisa Abbott, Dermatology Research Fellow; and Surabhi Bhargava, Clinical Trial Coordinator.

Clinical Trials

We have three trials open for recruitment:

1. Psoriasis
   Akaal Pharmaceuticals-safety, tolerability and efficacy of a topical treatment for patients with plaque psoriasis. This trial is being run from the Westmead and Darlinghurst clinics with A/Prof Fernández-Peñas as principal investigator and Dr Hanna Kuchel as sub investigator.

2. Atopic eczema
   LEO Pharma ECZTRA 2- a randomised, double-blind, placebo-controlled, phase three trial to evaluate the efficacy and safety of tralokinumab monotherapy in subjects with moderate-to-severe atopic dermatitis who are candidates for systemic therapy. This trial is being run at the Darlinghurst clinic with Dr Hanna Kuchel as principal investigator.

3. Lentigo Maligna
   RADICAL- Australia and New Zealand Melanoma Trials Group (ANZMTG). In this trial, patients with Lentigo Maligna not suitable for surgery, are randomised to receive treatment with Radiotherapy or Imiquimod. This trial is running from Darlinghurst clinic with A/Prof Fernández-Peñas as principal investigator.

We are following up our patients in the Janssen VOYAGE-1 trial: Evaluating the safety and efficacy of a biologic treatment of patients with moderate to severe plaque-type psoriasis. This trial is being run at the Darlinghurst clinic with Dr Kuchel as principal investigator.

Watch this space

There are new trials for 2017/18. We will be commencing a new trial for atopic eczema patients at Westmead at end of 2017/early 2018.

We welcome all enquiries about further research and clinical trials. On the horizon for 2018 is the possibility for more trials on skin cancer, alopecia and other conditions.

Research Projects in Progress

Oncodermatology:

Westmead Oncodermatology is the result of the collaboration of the Department of Dermatology at Westmead Hospital (DermWH) and SCFA. Oncodermatology is a merge of the oncology and dermatology disciplines and works to improve management and research into cancers of the skin.

- Dermatology Bio-Specimen Bank - Principal Investigator A/Prof Fernandez-Penas. The best source of information available to researchers and clinicians are from specimens of skin cancers which can be studied in order to elucidate mechanisms of development as well as new therapies. DermWM and SCFA have collaboratively begun a Bio-Specimen bank to collect and store skin cancer (including pre-malignant lesions) specimens and relevant associated clinical data (under human research ethics approval), for future research use. The aim is to build a research resource for scientists to access in order to perform investigations which may be translated into clinical benefit. The Dermatology Bio-Specimen bank is now certified under the NSW Health Biobank certification program, which aims to improve state-wide consistency, compliance with Australian regulations and guidelines and to generally improve the quality of Biobanking in NSW. We are very pleased to be a part of this world-class program.

- Proteomic analysis of non-melanoma skin cancer – PhD project, Westmead Hospital Department of Dermatology, Mr Ali Azimi supervised by A/Prof Fernandez-Penas.

Human behaviour and skin cancer risk:

- Understanding the relationship between patterns of sun exposure and tanning attitudes, appearance orientation and social media usage amongst Australian adults undergoing skin checks.

- Attitudes to skin cancer Australia versus Spain – Principal Investigator A/Prof Fernandez-Penas.
Mohs Studies:
- Mohs Surgery registry: The Research team at SCFA has achieved a very important milestone setting up a registry for all patients having Mohs surgery.
- Factors affecting the surgical complexity in Non-Melanoma Skin Cancer (NMSC) treated with Mohs surgery – 2017 Mohs Fellow.
- Cost-effectiveness of Mohs surgery – data has been collected and is being analysed by the DermWM Oncodermatology Fellow.

Psoriasis:
- Peer-to-peer (P2P) psoriasis support program (Janssen Immunology). Parallel study to pilot program-assessing the efficacy of a P2P support program (intervention) for patients with severe psoriasis (PASI>15) on psychosocial and Quality Of life (QOL) Indices. The Principal Investigator is A/Prof Shumack.

FUNDRAISING INITIATIVES
During the year we have continued to focus on our fundraising initiatives, including growing our Friends of the Foundation, End of Financial Year Appeal and applying for research grants. One very successful event was Morning Tea with the Chairman. About 20 of our valued donors attended this event. Not only was this an opportunity for us to thank our donors for their support, but they also thoroughly enjoyed the presentations. A/Prof Shumack, Chairman of our Board and Medical Director for Darlinghurst, gave a presentation on how to care for your skin as it matures. Dr Kuchel spoke about cosmetic procedures.

These initiatives are proving successful and will help fund research and educational events in the future.

We thank everyone for their continuing support.

Dr Alice Killen A/Prof Stephen Shumack Dr Shawn Richards
Chief Executive Medical Director, Medical Director, Officer (CEO) Darlinghurst Westmead

SKIN & CANCER FOUNDATION INC, VICTORIA

SKIN & CANCER FOUNDATION INC CELEBRATES 30 YEARS
The Skin & Cancer Foundation Inc. is proudly celebrating its 30th anniversary this year. This important milestone commemorates 30 years of clinical treatment, education and research on skin conditions, skin cancers and melanoma.

The 30 year anniversary will be marked with a special cocktail party to be held in October. The event will recognise the contributions of past and present staff and consultants at the Foundation.

The cocktail party will include this year’s Members’ Special Recognition Awards which are presented to nominated dermatologists for their outstanding contribution to skin health at the Skin & Cancer Foundation Inc.

RECOGNISING EXCELLENCE
Several of our members, have recently received recognition for their contributions and achievements:
- Associate Professor Rosemary Nixon was awarded an Order of Australia (AM) for significant service to community health in the field of occupational dermatology, as an academic and researcher, and to professional standards.
- A/Prof Nixon and her late husband, Steve Ashton, both received Orders of Australia awards in the Queen’s Birthday Honours List.
- A/Prof Nixon is an invaluable member of our Victorian Faculty, the Australasian College of Dermatologists and a well-respected dermatologist internationally as well.
- Across the course of her career, she has made significant contributions to dermatology, locally and internationally in the contact dermatitis field. In 2001, A/Prof Nixon established the Occupational Dermatology Research and Education Centre (ODREC) and in 2011 established the Contact Allergen Bank which provides access for patch testing throughout Australia.
- Over the past four years, she has also run the very successful Patch Test Education Days to stimulate interest in Contact Dermatitis.
- A/Prof Nixon’s credentials include mentoring medical students and Fellows in contact dermatitis; mentoring dermatology registrars and international Fellows in dermatology; running clinical updates; and once being an exam censor. She is also on numerous boards and committees, including being the current Vice-President of the Skin & Cancer Foundation Inc.
- A/Prof Nixon’s AM is a well-deserved honour for all her work.

The recipients of the 2016 Members Special Recognition Awards, Dr Peter Sinclair and A/Prof Rosemary Nixon.
Alvin Chong appointed Associate Professor

Congratulations have been flowing in for Associate Professor Alvin Chong who was recently appointed Associate Professor with the Department of Medicine at The University of Melbourne.

It’s an appointment that recognises his contributions to clinical leadership, dermatology education and research over the past 14 years.

A/Prof Chong has also been formally appointed as the Foundation’s inaugural Honorary Director of Education. The Board wishes to provide a focal point for its overall education program, as is the case with research and clinical services (ie Director of Research and Medical Director positions).

Dr Michelle Goh discovers a new balance through the study of Theology

Dr Michelle Goh, dermatologist at the Skin & Cancer Foundation Inc, was recently awarded a Masters of Arts (Theology) from the University of Divinity - a multi-denominational university dedicated to the learnings of theology, philosophy and ministry.

By nature, Dr Goh describes herself as ‘action-orientated, driven by goals and outcomes’.

She believes studying theology has moved her towards striking a better balance between action and reflection/contemplation in her life. Learning more about the rationale behind her faith has assisted her, not only in her everyday life, but also in her work in dermatology.

Dr Victoria Mar’s recent comment in The Lancet

Dr Victoria Mar, dermatologist and member of the Skin & Cancer Foundation Inc’s research team, recently commented in British journal, The Lancet, on the use of artificial intelligence for the diagnosis of skin cancer and melanoma.

Research on the use of artificial intelligence for the diagnosis of skin cancer has recently been published in Nature.

Dr Mar’s comment highlights some exciting developments, but notes that there is some way to go before computer-generated diagnoses can be regarded as accurate and used safely in the clinical setting.

ONLINE BIOLOGICS EDUCATION PORTAL

The Skin & Cancer Foundation Inc. will shortly launch the Online Biologics Education Portal, free for all Australian dermatologists, registrars and dermatology nurses.

To date, those practices which contribute to the Australasian Psoriasis Registry have sent representatives to regular masterclasses conducted by the Skin & Cancer Foundation Inc. These classes provide an outline of biologic treatment options together with the bureaucracy around obtaining approvals for patients to be placed on biologic treatment.

The Online Biologics Education Portal will provide a real-time resource containing all the masterclass information plus updated information on biologic treatment, together with forms and other specific advice. It will also provide a question and answer opportunity for clinicians, plus immediate access to all the pharma information. Each biologic pharmaceutical company provider will have a separate segment on the site which provides information on their respective drug.

Clinicians and nurses will have full access to all drug company information and the general information and advice on the portal.

The portal is due to be launched shortly.

ASCD SYMPOSIUM INJECTS KNOWLEDGE, INSIGHT AND DISCUSSION

The Australasian Society of Cosmetic Dermatologists (ASCD) held its first stand-alone symposium in Melbourne in late August. The three and a half day conference was a sell-out with a long list of international keynote speakers including Dr Mitch Goldman, Vince Gotz, Dr KM Kapoor, Paul Matts, Ravi Jain, Dr Rashmi Shetty, Dr Emil Tanghetti, Sky Wong and Dr Wolffes Wu.

They were complemented by an extensive list of Australia’s own key opinion leaders and experts. Thanks to all Fellows who contributed to a very successful weekend at The Crown Conference Centre.
HEALTHY SKIN AWARDS

This year marked the eighth Healthy Skin Awards - a night that celebrated excellence in the promotion of skin health. Five very diverse and deserving winners were recognised as making considerable efforts supporting and encouraging healthy skin practices in the community and within their organisation.

Congratulations to the winners of the 2017 Healthy Skin Awards:

1. Jo Mohan - for excellence in the promotion of skin health in the community
2. IRESS Ltd - for excellence in the promotion of skin health in the workplace
3. Great Barrier Reef Marine Park Authority - for excellence in the promotion of skin health in the workplace
4. Whitehorse City Council - for excellence in the promotion of skin health in the workplace
5. Johanna Young - for excellence in the promotion of skin health in the community.

SKIN CANCER GP WORKSHOP

The Skin & Cancer Foundation Inc. hosted another very successful Skin Cancer General Practitioner (GP) workshop in May. These GP workshops are proving to be very popular, with the September workshop on Inflammatory Dermatoses and another skin cancer workshop planned for October being sold out in a matter of weeks.

Planning is now underway for our 2018 GP workshops.

WORLD VITILIGO DAY

To commemorate World Vitiligo Day on Saturday 25 June 2017, the Foundation held a special patient information evening to mark the day organised by Dr Adrian Mar and Skin & Cancer Foundation Inc. staff.

Dr Mar led a general discussion on vitiligo with patients and their families who attended, outlining the activities of the Vitiligo Association of Australia (VAA) and the Camouflage Testing Project.

Dr Jennifer Nguyen then gave a special presentation on this testing project, which is currently reviewing the range of camouflage products available for patients.

Everyone then had an opportunity to try some products and discuss their own experiences.

UPCOMING EVENTS

Skin Health Education Day (SHED) Saturday 17 March 2018 at St Vincent’s Hospital

5th Annual Patch Test Training Day Friday, 18 May, 2018 at the Gold Coast.
Mr Brett O’Neill, Director of Education Services, reports...

Winter is generally a busy time for education matters at the College. The Fellowship exams are run in June, July and August and selection comes to its culmination at the end of August with interviews. Preparation is also well underway for the accreditation of New South Wales (NSW) sites as part of the annual cycle of state accreditation. College has been busy working on a range of other matters during this time, including preparing for the Australian Medical Council (AMC) reaccreditation and developing and revising the supervisor training program. There have also been several successful Practical Dermoscopy courses run for General Practitioners (GPs) during this time.

AMC: As noted in an earlier newsletter, over 100 people were involved in the College’s reaccreditation application to the AMC. College is very appreciative to those Fellows and trainees who took the time to attend meetings, teleconferences and site visits. Our relationship with the AMC is a collegial one and this is due to the cooperative nature of all involved. Special thanks to Dr Adrian Lim, Dr Adriene Lee and Dr David Burdon Jones who gave up significant amounts of time to attend meetings and participate in the process.

Fellowship examination: This year 25 candidates sat the June writtens in their home state, with 19 progressing to the July/August vivas. In relation to pass rates for the June writtens, 89% of local trainees passed, 50% of Post Training Candidates (PTCs) passed and 25% of International Medical Graduates (IMGs) passed. For the July/August Vivas, held in Adelaide, 24 candidates sat the exams with 17 passing. In relation to pass rates for the July/August vivas, 71% of local trainees passed, 67% of PTCs passed and 100% of IMGs passed. Thank you to all National Examination Committee and to all those Fellows and trainees involved in the examination process.

Selection process: This year College interviewed 41 candidates for what ended up being a total of 21.25 positions across all five Faculties. While maintaining mostly the same structure as previous years, greater ownership and control was given to the dermatologists in the setting of questions, leading the interviews and making decisions about offers. Feedback has been positive and while there are further refinements to be made, most involved in the process believe the College is moving in the right direction and the national approach to selection and appointing candidates is working well.

GP training: College has now run three Practical Dermoscopy courses for GPs. Thanks to Dr James Muir and Dr Benjamin Carew for all their work in the development and implementation of this course. We hope to be able to offer these courses in other states in 2019 and are seeking Fellows who wish to be involved in this roll out. Please contact Teresa at the College if you are interested. Work continues on the development of our own Certificate in Managing Skin Cancer in General Practice for GPs which we hope to roll out soon after we finalise agreements with the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM) in relation to College support of the Certificate of Primary Care Dermatology.

In other news, work continues on the Graduate Certificate of Cosmetic Dermatology course - awaiting Tertiary Education Quality Standards Agency (TEQSA) TEQSA response. College is also working on updating supervisor training modules, improving the online training portal; and working on other education matters such as IMG interviews, Specialist Training Program (STP) reviews and grant applications.
The Australian Medical Council (AMC) is a national assessment and standards body for medical education and training and the designated accreditation authority for the medical profession under the Health Practitioner Regulation National Law.

The College was first accredited by the AMC in 2007, for a period of three years, until December 2010. In June 2010, at the request of the College, and having considered the College’s progress, the AMC extended this accreditation by 12 months. The College underwent a follow-up assessment in 2011, with AMC Directors granting accreditation until December 2013. Fourteen conditions were set on this accreditation. In 2013, the AMC assessed the College’s comprehensive report for extension of accreditation. The College was found to be meeting the accreditation standards and had addressed 10 of the 14 conditions set in 2011. On the basis of the 2013 comprehensive report review, the AMC Directors extended the accreditation of the College by four years, until 31 December 2017. This was extended until 31 March 2018 to allow for an accreditation decision to be made before the expiry date.

Work on College’s AMC submission began in February 2016, with College setting up a strong collegial working relationship with the AMC. Initially a team of Fellows was appointed in June 2016 to oversee the development and review of the submission. College submitted its documentation to the AMC in April 2017 and then hosted the AMC at various meetings and sites from May, concluding with four days of meetings at the College in September 2017. This included:

- Meeting separately with trainees, International Medical Graduates (IMGs) and supervisors at the Annual Scientific Meeting (ASM)
- Observing a number of Committees at the ASM
- Site visits to Victoria, South Australia, Queensland and New South Wales
- Holding a number of meetings with the President, Board, Community Engagement Advisory Committee, College staff, various Committee Chairs and members of committees.

The AMC Assessment Committee, which was approved by the College, comprised of a broad range of members that encompassed academic staff, medical specialists, medical administrators, Aboriginal and Torres Strait Islander (ABTSI) representation and trainee representation. College was also able to nominate an overseas dermatologist to sit on the panel. Ruth Murphy, Academic Vice President for the British Association of Dermatology and President of the British Society of Paediatric Dermatology, was appointed to the Committee and provided valuable contributions to the process.

College will receive a draft report from the AMC prior to 30 November 2017. This will list commendations, conditions and recommendations. College will have until 18 December 2017 to respond to this report. The team’s report, with any changes made in response to the comments from the College, will be submitted to the AMC Specialist Education Accreditation Committee meeting in February 2018 for endorsement. This will then be sent to the AMC Directors for final approval prior to 30 March 2018. Once the AMC Directors have made their decision, the report will be available to the College and also as a public document.

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**Continuing Professional Development Report**

Have you completed your CPD requirements for the 2016 to 2017 biennium?

To be compliant for the 2016 to 2017 biennium, Fellows need to obtain 200 points with a minimum of one Category 1 activity, six Category 2 points and six Category 3 points over the two year period. The full Continuing Professional Development (CPD) Program requirements are listed in the 2016-2017 CPD Handbook available on the College website. Compliance reporting for the 2016 to 2017 biennium will be conducted in January 2018. Participants must have their points submitted by 31 December 2017.

Please note that the Russell Kennedy Law Report can be used for Category 3: Professionalism points. The July Law Report is now available on the e-Learning Portal. Fellows can obtain one Category 3 point per month for reading the monthly Law Report. (Activity code: RKMLR)

Details regarding the 2018 to 2019 period will be communicated to Fellows in late October.

If you are no longer participating in the College’s CPD Program or require special consideration, please contact Jannet Farley on email jannet@dermcoll.edu.au or phone 02 8741 4190.
The government and administrative pressures to see patients has been both intriguing and challenging at times. Working for the NHS and learning about their systems and not available at my hospital trust. One thing I miss is formal histopathology teaching which is to gain knowledge and updates of more common conditions. About and examine patients with rare presentations as well as educationally enriching, providing the opportunity to learn of lectures and live cases. Similarly, the sessions have all been very informative with a mixture of patients and conditions. I am also rostered one unsupervised surgical list each week consisting mainly of simple excisions and biopsies. As Mohs surgery is offered through the National Health System (NHS), in my professional development time I have been fortunate to be able to learn, observe and assist with these procedures and complex repairs.

There are many opportunities to present cases, teach and assist in audits or research. I have had the opportunity to present at the UCLH grand rounds and participate in dermatology teaching for medical school students and registrars. Last month I presented a case of Sneddon-Wilkinson disease at the monthly St John’s Institute of Dermatology meeting and I hope to present a case at the Royal Society of Medicine (RSM) meeting later in the year.

Tutorials and the monthly St John’s Institute of Dermatology and RSM meetings are held on Thursday afternoons throughout the year. All registrars are encouraged to attend and no clinics are booked. The Pan Thames registrar teaching sessions are held every other week, usually at Guy’s Hospital with each hospital faculty organising this in turn. These sessions have all been very informative with a mixture of lectures and live cases. Similarly, the meetings have been educationally enriching, providing the opportunity to learn about and examine patients with rare presentations as well as to gain knowledge and updates of more common conditions. One thing I miss is formal histopathology teaching which is not available at my hospital trust.

Working for the NHS and learning about their systems and processes has been both intriguing and challenging at times. The government and administrative pressures to see patients within set times from the date of the referral (eg two week wait for the skin cancer clinic) means that clinics are always very busy or overbooked. Although the consultants at my trust are all very approachable, I feel that this limits the amount of supervision they can provide during clinics. From a positive perspective, this has made me become more time efficient during consultations and has built my confidence in developing management plans.

There are numerous courses and conferences to attend. Study/conference leave is encouraged and therefore easy to arrange. So far, I have attended an alopecia course, oral dermatology and genital dermatology course, the British Association of Dermatologists (BAD) annual conference and the European Academy of Dermatology and Venerology (EADV) conference. I look forward to attending the annual St John’s photodermatology course and biology of the skin course in Cambridge later in the year. I will also be presenting a poster at the International Society of Dermatopathology Symposium in Glasgow.

The main challenges I have faced have been setting up a bank account, finding a rental property and attaining my hospital contract and salary. The primary issue is that proof of a United Kingdom (UK) residential address is required to set up a bank account, but in order to rent a flat you require a UK bank account. The other problem was that my hospital contract could not be confirmed until I attended my identity check in the UK, gained my General Medical Council (GMC) registration and further paperwork completed. Without a confirmed employment contract, this made it difficult to rent a place without a guarantor. Unfortunately, human resources at UCLH were not very efficient or helpful and I only received my contract more than a month after my start date. This also meant that I only received my first pay at the end of my second month. It was a stressful few months and I’m thankful that I had my partner there to support me.

Despite the recent attacks and tragedies that have occurred in the UK, I have overall felt
fairly safe and have enjoyed exploring London and the rest of the UK. Some highlights include seeing the Queen at the Trooping of the Colour ceremony, attending the Royal Ascot with the other Australian trainees, watching Federer play at Wimbledon and seeing Stonehenge. With so many countries only a stone’s throw away, it has been a luxury to be able to visit some on weekend getaways. As well as making connections with the UK dermatology trainees and consultants, it has also been really nice to develop friendships with the other Australian trainees, as well as the Fellows working here including Dr Bonnie Swan, Dr Stephanie Weston and Dr Amanda Saracino.

Thank you for allowing me to participate in the UK training position. I look forward to sharing more of my experiences when I return.

DR CASSANDRA CHAPTINI - ST JOHN’S INSTITUTE OF DERMATOLOGY

In the first half of this year, I have had been extremely privileged to be exposed to a huge range of conditions, including conditions which are rare that I may not ever see in Australia. I have undertaken an average of seven clinics per week. The regular clinics have formed my core clinics have been the lymphoma clinic, photo monitoring clinic, photodermatology clinic, severe eczema clinic, paediatric clinic, severe psoriasis clinic and general dermatology clinic.

Other clinics I have undertaken less frequently, but which have been incredibly useful to gain exposure to are, the epidermolysis bullosa clinic, graft-versus-host-disease clinic, Dermatology Surgery and Laser Unit and radiotherapy. I am hoping to undertake genetics clinic, vulval clinic, contact dermatitis clinic and further paediatric clinics later in the year.

Patient interactions are on a daily basis, where I take a history and examine multiple patients during each clinic. This may involve procedures, such as intralesional corticosteroid injections, biopsies etc.

The hospital clinics provide an outstanding work environment, with a central hub for multi-disciplinary meetings, discussion of patients and teaching and enough rooms for each doctor and nurse in clinic.

The academic and learning environment is second to none at St John’s Institute of Dermatology. During each clinic, the consultants provide exceptional bedside teaching and are open to discussing difficult cases. There is a Grand Round every Thursday at lunch, where live patients are viewed and then discussed, which provides immense teaching opportunities. As well as that, there are St John’s Meeting’s once a month, and Royal Society of Medicine Meetings once a month where interesting cases are viewed and presented. Dermatologists United Kingdom (UK)-wide attend these meetings.

I have also been to many teaching sessions specifically for dermatology registrars, roughly once or twice a month, which are usually based at Guy’s Campus. There are histopathology tutorials that run once every one to two weeks, which I attend when my clinics allow.

Scientific meetings and conferences are readily available in the United Kingdom. I have attended the British Association of Dermatologists (BAD) Conference. I have also attended courses, including the alopecia masterclass and anogenital course, which have been exceptional in the teaching provided, including cutting-edge research and patient management.

All consultants have been outstanding in their dedication and willingness to teach. My supervisor, Dr Hiva Fassihi, has not only been an excellent teacher, but an exceptional mentor and supervisor. I was delighted to be greeted with such a warm, friendly presence on my arrival to St John’s. She has been open to discussing various aspects of training and has helped find multiple solutions to various questions I have had throughout the year.

There have been ample opportunities for publications and presentations. With the help of my supervisor, I have been able to find interesting cases, which I will present at conferences. I have presented at the European Academy of Dermatology and Venerology (EADV) meeting in Geneva and I am also aiming to present another case later this year at a conference.

Training in the UK has allowed me to see so many conditions, which are extremely rare and that I might not otherwise see in my entire career. The ability to work in specialised clinics alongside supervisors who are world-class and at the forefront of research has been phenomenal. In fact, multiple supervisors have edited and written chapters in the Rook’s textbook we use. They are a wealth of knowledge and are more than happy to teach during each clinic.
I have also been exposed to a range of patients with diverse cultural backgrounds and with different skin types, which is important to see how dermatological conditions present in patients of a wide range of backgrounds.

I have lived in the hospital accommodation, near London Bridge, which is in the centre of London. This has been a relatively affordable place to live, only a minute’s walk to Guy’s Hospital, as well as various markets and restaurants. There is a gym, with access to a pool, provided at cheap rates by the hospital, which I have joined.

The visa process was very difficult due to bureaucratic issues and timing in getting the visa, however that is not something that is easily changed unfortunately. The hospital administration has been excellent and very approachable.

Living in London has meant that I have been only a short train ride or flight away to exploring the rest of the UK and Europe. London is so varied and has so many different boroughs to explore, which has kept me busy on the weekends. My husband and I have also been on weekend trips to Brussels, Edinburgh and the English Countryside, including Bath and the stunning Cotswolds. We have also been to parts of France- a highlight being the French Riviera- absolutely beautiful in every way. I am looking forward to many more European adventures.

This year, so far, has been exceptional and it really has been a once in a lifetime experience for me. Thank you for providing me with this incredible opportunity to learn and grow professionally, and personally.

DR FLORA POON, OXFORD UNIVERSITY HOSPITALS

It is truly, such a privilege to be given this opportunity to undertake a year of training overseas.

Oxford is a beautiful town. In the city centre, the historic sandstone buildings that make up the numerous university colleges, libraries, galleries and cathedrals are intertwined between hidden alley ways with delicious and hip small gastropubs and eateries.

Oxford Dermatology is located in Headington, approximately 10 minutes by bus form the main city centre and one hour by bus from London. The dermatology department is located at the Churchill campus and services also cover the John Radcliffe campus which is located 10 minutes walk away. There are 10 consultants, five registrars and two general practice senior house officers.

Oxford Dermatology has a range of different specialist and general dermatology clinics including paediatrics, allergy, combined gynaecology, vulval dermatoses, male genital dermatoses, biologics, cutaneous lymphoma, tumour, genetics and photodermatology. Most clinics run on a weekly basis and some clinics even several times every week. The broad exposure of clinics is a wonderful opportunity to learn and gain experience in building upon dermatology clinical acumen.

All clinics are consultant led with usually one (and sometimes two) dedicated registrars. The registrar has their own dedicated patient clinic list. Similar to back home, patient reviews can be undertaken and discussed with consultants. There are times however when registrar run clinic lists are undertaken independently.

Teaching is run on a weekly basis and usually consists of tutorials testing diagnosis and management of email referrals received by consultants, once a month dermatopathology and a range of different general dermatology topics. Teaching is delivered by a range of different consultants and it is such a privilege to even receive regular teaching by the retired Professor Sue Burge, author of the Oxford Handbook of Dermatology. Once a month, there is also dedicated time to attend The Royal Society of Medicine (RSM) dermatology clinical meeting and rostered sessions for registrars to conduct formal teaching for Oxford University medical students.

The broad exposure of different clinics has provided a great opportunity to see patients of different skin types and
cutaneous and systemic pathologies. This has also provided an opportunity to engage in research and present work at meetings and conferences. One memorable case involved being privileged enough to care for a patient with a chronic history of disfiguring diffuse pigmentation, being able to provide a diagnosis (Diffuse Normolipemic Xanthomatosis) and presenting her case at the RSM, which assisted in directing meaningful management. It was also such a privilege and complete surprise to be awarded the best registrar’s paper prize for the presentation of this patient’s case.

It is currently summertime and local farmers hold openings where you can harvest your own fruit and vegetables. It was a real adventure riding my bicycle with some of the co-registrars to various different farms and having a picnic with locally grown produce. Additionally, Oxford is located a short drive from the Cotswolds, a weekend getaway destination many locals frequent. It was really lovely to explore quintessentially English villages with my colleagues and friends outside work.

In summary the past six months have been truly wonderful from all aspects of learning, teaching and engaging in a new culture.

DR GEORGINA HARVEY, ST MARY’S HOSPITAL, PORTSMOUTH

This year I am based at St Mary’s Hospital in Portsmouth. Our dermatology department is also linked with the Queen Alexandra Hospital in Portsmouth, Gosport War Memorial Hospital in Gosport and the Southampton General Hospital in Southampton. St Mary’s Hospital has a busy dermatology department, with eight dermatology consultants, one fellow and five dermatology registrars.

I conduct outpatient clinics on a daily basis- four days a week I am based at St Mary’s Hospital, whilst on Wednesdays I spend a full day at Gosport War Memorial Hospital. The clinics are varied; general dermatology, skin cancer, paediatric dermatology and vulval dermatology. I have my own patient lists which allows for continuity of care. I run my clinics alongside at least one consultant. I have found the dermatology consultants to be extremely supportive and always happy to review patients during clinic when required. I also have two surgical lists per week and generally conduct these independently, however there is always a consultant nearby in an adjacent theatre if I require assistance.

The range of conditions is similar to that which I might expect to see in a busy Australian tertiary hospital. The burden of skin cancer is greater in Southern England than I had expected, and this fills at least one full clinic a week, plus some of the general dermatology clinics. Mohs surgery is conducted at St Mary’s Hospital and I have had the opportunity to observe this which has been excellent.

I also participate in the on-call roster here- for the first half of the year this has been one day/evening per week plus one full weekend every eight weeks. The on-call days are busy and have provided me with the opportunity to see many interesting cases including polyarteritis nodosa, multiple cases of erythema multiforme, measles, acute generalised exanthematous pustulosis pathology and a neonate with incontinentia pigmenti. We provide an on-call service for the Queen Alexandra Hospital, so some travel is required on the days between the hospitals. We also cover the surrounding region on weekends, and thus the on-call weekends can involve quite a bit of driving between towns. The United Kingdom (UK) junior doctor contracts changed at the beginning of August, after much debate, as we also heard about in Australia. This does not have a huge impact on the dermatology trainees, but will increase the frequency of the weekend on-calls to one in four or five weekends.

Physically, St Mary’s Dermatology department is a stand-alone building with excellent facilities. There are five theatres, multiple consulting rooms and a Mohs theatre with a small processing lab for Mohs specimens. There is a seminar room and a large office for the registrars to share, as well as private offices for the consultants. Additionally, the location of the department means that I can live within walking distance of both work and the seaside.

Teaching is less structured from a curriculum perspective than I experienced in Adelaide last year, but is regular and largely within the working day. A regional clinical cases meeting takes place every month. At these meetings I have seen some unique presentations and learnt a great deal from the clinical discussions afterwards. We also have one afternoon a month scheduled for departmental teaching. During these sessions the registrars and consultants take it in turns to provide an update for the department on new research or treatment guidelines. Histology teaching has unfortunately not occurred as much as I had hoped, but we do have pathology meetings each fortnight which allow for some histology viewing. Of particular value has been the ability to attend specialised teaching courses for dermatology trainees. I attended an excellent surgical dermatology course in Newcastle at the beginning of the year. This was three days of intense surgical teaching- five hours a day practicing surgery on pig’s heads, plus lectures before and after the practical sessions. I also attended a course on anogenital and oral dermatology in London recently, which I found to be of high quality. Additionally, I spent a day at Birmingham Children’s Hospital at their epidermolysis bullosa course, which I found fascinating. As courses similar to these are not readily available in Australia, I am particularly grateful to be able to attend them this year. I was unable to attend the whole of the British Association of Dermatologists (BAD) annual conference as we shared our on-call responsibilities so that all registrars could attend at least one day of the meeting. I was however able to attend the whole of the European Academy of Dermatology and Venerology (EADV) Scientific Meeting in Geneva.

I believe there is an opportunity for publications and presentations within the department, however I have had my plans for a research project foiled by discovering the lengthy timeframes for ethics approval within the local hospital trust once I had put together my project outline. I am thus working
with my supervisor currently to create a project that will not require ethics approval that may still be of interest for publication. I also presented a poster at the EADV Scientific Meeting.

I am living in the suburb of Southsea, in a one bedroom flat within a charming Victorian terrace house. I am enjoying seaside living, with regular walks along the esplanade, during which I enjoy watching the constant stream of boats coming in to port. I am not quite used to the pebbly beach, but I love the fresh sea air and the beautiful old pier.

Prior to my arrival, I found the last minute wait for visa approval quite stressful, however I have not had any bureaucratic nor administrative issues since I landed.

Socially, I have been having a wonderful time. I have made very good friends with the local Portsmouth registrars. We went hiking in Wales and have had many evenings out together. I have also enjoyed trips around England, including up to London where I have been able to catch up with the other Australian dermatology registrars and friends from medical school who are living in the UK. And of course, a year in England wouldn’t be complete without a holiday or two across the Channel. Thus far I have visited Paris and Tuscany, with some more holidays planned for later in the year.

DR PRISKA MCDONALD, ST GEORGE’S HOSPITAL, LONDON, UNITED KINGDOM

There are significant patient interactions. Each clinic session has 12 patients and are followed up in subsequent clinics. Patients also seen in the emergency department, on the wards and direct referrals from general practitioners.

St George’s Hospital is an old building with outdated facilities. There is no air conditioning in clinic rooms or office. There is a registrar’s office, which is locked. Each registrar has their own computer.

Histopathology teaching after the histopathology Multidisciplinary Team Meeting is held every Tuesday. Thursday afternoon is protected teaching time. The location changes each week. Friday morning there is a teaching session at St George’s Hospital. This is run by the consultants, registrars and residents.

Special interest meetings occur monthly at St George’s Hospital, which is similar to our clinical meetings in Victoria. Interesting patients are brought into clinic and then discussed in a forum. Registrars are asked to present the patients.

The Australian registrar is given preference for the British Association of Dermatologists (BAD) conference.

There is limited supervision during clinics compared with Australia. Registrars are expected to run their own clinics, however, there is usually a supervising consultant present for help with complex patients. There is a consultant ward round three times per week for assistance with ward patients. On call consultants are approachable and contactable, however are not always on site.

There are significant opportunities for audits, case reports/series and presentations.

The major difference in training is how the clinics are run in the United Kingdom (UK). Rather than consultant lead clinics, clinics are run by registrars with consultant supervision if required.

I have already had many opportunities for travelling around Europe, as well as going to iconic events in London.
DR DIANA NORRIS, NATIONAL SKIN CENTRE, SINGAPORE

The outpatient clinics at National Skin Centre, Singapore (NSC) include general and specialty clinics and laser suites. There is the occasional visit to Women’s and Children’s Hospital to observe outpatient clinic at that centre. Clinics are conducted in morning or afternoon sessions and rosters are allocated a variety of clinics. I was easily able to request exposure to different clinics by emailing Human Resources, who were most accommodating. Given the breadth of specialty clinics available, scope for exposure to a broad range of conditions was sufficient, however there is no inpatient exposure.

I performed daily, independent practice with adequate support from consultants who were accessible. The language barrier was not a problem due to easily accessible phone or nurse interpreters. No practical skills were allowed.

There are almost daily lectures, tutorials and presentations, which I was expected to attend. I was integrated into the program and expected to participate in book and journal clubs with my own presentations. Evidence based practice was emphasised by the use of NSC protocols for most conditions. These were regularly reviewed during the lectures.

Upcoming meetings were promoted via email, and I was able to access a grant via NSC which assisted with transport costs to attend a conference in Germany.

Registrars at all levels here are rostered approximately once per week to observe a consultant running a specialty clinic. We never sit in on clinics at home. I found this really useful as I was able to have one on one time to ask questions about a consultant’s approach to a condition, see a large variety of cases in one afternoon and complete performance assessment tasks.

Nurses complete many more procedures than at home. For example, a doctor will order cryotherapy or IL-1A to a keloid, and the patient will have this done by a nurse in an allocated treatment room. Similarly, one registrar is allocated biopsies and others will forward on their cases for biopsy. This made for a more streamlined clinic where larger numbers of patients can be seen by each registrar.

Accommodation was subsidised by NSC and arranged prior to arrival, which made the process easy. It was however fairly basic and expensive compared with other rental options. The convenience and proximity to work made it a good option, if trainees can afford to pay. Rent was two thirds of my monthly pay, with utility bills on top of that, so there was not much money left for food and travel. I can see how an overseas placement like this may be attractive to registrars from an experience perspective, however, it may be viewed as not financially viable. With mortgage repayments at home, the six month trip cost me in excess of $20,000 on top of wages.

Phone/internet is difficult to arrange as most providers will not allow less than a one year contract, with heavy early cancellation fees. There was a lot of paperwork to arrange before arrival. Attaining a bank account was a real nightmare.

I had lovely, supportive and inclusive colleagues. I was asked to join in on their annual dinner and dance, which involved a dance performance with many hours of rehearsals, a professional choreographer and a leopard print leotard. The Lion King dance performance was a success. I certainly didn’t expect dancing to be part of the experience when I nominated to come along to Singapore. Having half a day off per week, with the rostering person conveniently allocating me Friday afternoons most weeks, meant I could do some travelling around South East Asia. My family and I visited Bali, Philippines, and Bintan Island, as well as making it back to Queenstown, New Zealand for a friend’s wedding. My three year old son now has a passport full of stamps and hopefully a memory full of adventures.
Associate Professor Rosemary Nixon reports...

The most recent highlight for me has been lecturing in the triennial NIVA course in occupational dermatology, held in Scandinavia. This time it was in Helsinki. Dr Kate Drummond from Canberra also attended the course and found it to be an extremely valuable learning experience. Most participants were from the Nordic countries however, which are still pre-eminent in contact dermatitis. The next course may be held in two years rather than three years, because of demand.

We have recently reviewed our rates of sensitisation to the preservative methylisothiazolinone (MI) in patients being patch tested in both the Occupational Dermatology and Contact Dermatitis Clinics at the Skin & Cancer Foundation in Melbourne. Our peak rate of 20.3% positive reactions to MI in all patients patch tested occurred in 2015, with 76% of tests being relevant to the patients’ presenting dermatitis. This was our top allergen, easily surpassing nickel. This rate rose from 4.5% in 2011; however, we have now experienced a decline to 10.8% in the first half of 2017. Common sources of sensitisation were shampoos, conditioners, wet wipes and moisturising lotions, however it is pleasing to see MI having been being removed from almost all baby wipes now and increasingly also, from shampoos and conditioners. It still remains a common cause of allergic contact dermatitis in the clinics.

Congratulations to Dr Danit Maor for being awarded the John Fewings prize for the best talk in the contact dermatitis session at the College Annual Scientific Meeting this year. Her talk was on testing in autoimmune progesterone dermatitis.

We are already finalising the program for the 5th Annual Patch Test Training Day, to be held at the Quality Hotel, Mermaid Waters, on Friday 18 May preceding next year’s Annual Scientific Meeting in the Gold Coast. Once again, it will be a brand new program highlighting making a practical diagnosis of contact dermatitis, and focussing on the allergens from the Australian Baseline Series. Put it in your diary now.
We Get Postcards
From the Himalayas!

Dr Celestine Wong, Dr Giri Raj and Dr Michelle Rodrigues report...

THE HIMALAYAN DERMATOLOGY PROGRAM: DERMATOLOGY SERVICES, RESEARCH AND TRAINING

The relationship between Australian Dermatologists and the Northern Indian rural health community was established 10 years ago with the help of Victorian (VIC) Faculty member Dr Claire Grills and her husband Associate Professor Nathan Grills, a public health physician. Both of them have been actively involved in community and health development in the mountainous regions of Uttarakhand, a Northern Indian state near the borders of the Himalayas.

Research undertaken by Dr Grills and A/Prof Grills in 2010 and published in the International Journal of Dermatology, revealed a high prevalence of treatable skin conditions in the rural communities who did not have access to dermatological services. This was followed by a visit in 2012 by VIC dermatologist, Dr Niyati Sharmain, who returned in 2014 with a small team including VIC third year registrar, Dr Celestine Wong and New South Wales first year registrar, Dr Rashi Minocha.

In collaboration with the Nossal Institute for Global Health, Dr Celestine Wong and her husband Dr Samuel Wong, returned to India again to conduct a research project that explored the prevalence and drivers for the usage of skin lightening products, its complications and the perceptions of skin colour. The project was published in the Indian Journal of Public Health. Based on this, it was felt that a focus on pigmentary conditions was valuable.

In 2016, the group planning for the 2017 visit was awarded the SkinCare for Developing Countries grant from the American Academy of Dermatology (AAD) for our proposed trip to India. The aim of the trip was to focus on the pigmentary conditions, such as vitiligo and melasma, with a view to undertake education and training of rural community healthcare workers, clinic work and to conduct focus group sessions with the village communities.

Dr Michelle Rodrigues led the group consisting of New Zealand dermatologist, Dr Giri Raj, Dr Celestine Wong and pharmacist Manisha Kaur.

Every incredible journey starts with a single step into the unknown. This certainly was the feeling, and on 14 March 2017, we began our journey from Melbourne airport. Although some of the team members had not met each other in person, it quickly became apparent we had a special and dynamic team. In some situations we were well outside our comfort zone and had to face challenges including language barriers, different cuisines, obtaining local currency and securing enough clean drinking water. Despite this, our team worked tirelessly and with a sense of humour and purpose. Without a cohesive team, such a journey would be difficult, but each member helped the other and we managed to overcome barriers faced in long haul plane travel, securing taxis at connection points, money, food and organising the program ahead.

The foundational work that had been laid down by Dr Grills and A/Prof Grills, made it easy for us to connect and work with the network of local hospital medical officers and community health leaders. During our visit, we were fortunate to have the company of Dr Teem Wing Yip, a highly qualified Australian public health physician and general practitioner, who meticulously planned our clinic sessions.

“For it is in giving that we receive.”
- Saint Francis of Assisi
DAY ONE
We arrived in New Delhi and took a short flight to Dehradun.
Our first stop was at a roadside pharmacy, where we secured a supply of topical creams, antibiotics, fungicide creams and tablets, and a one-week supply of clean bottled drinking water. We were very thankful to have Manisha, an experienced pharmacist who is fluent in Hindi and was highly efficient in getting our dermatology drug formulary and supplies organised.
From Dehradun, we took a three hour car ride up the mountain to Mussoorie.

Our accommodation was a beautiful quaint cottage run by a kind couple who provided nutritious home cooked meals during our stay. The views from the cottage to the rural village below, with the Himalayas in the background, were simply stunning. At evening time there was a gentle calmness that set in, perhaps reflecting the spiritual origins of the place and culture. This was a pleasant contrast to the bustling traffic, horns and pollution of metropolitan Delhi.

DAY TWO
Bhanswari Village with Sampan: Rural village dermatology clinic and community health workers skin education session with Dr Teem Wing, Op and Sharifan
Our day began with one hour of car travel on the steep mountainside roads with numerous hairpin bends. Our cheerful team spirit and the breathtaking scenery made for an enjoyable journey. India certainly is a place of contrast and scenes such as roadside villagers carrying immense loads of firewood on their backs and farmers herding their cattle in the intense midday sun, made us quickly realise the living conditions we have at home that we sometimes take for granted.
Our dermatology clinic took place in a school classroom. A variety of conditions were seen including melasma, vitiligo,
acne, scabies, eczema and fungal infections. Despite the crowds and more basic clinic conditions, the smiles and excitement on our patients’ faces after they were given treatment for their skin condition, were priceless. To bring treatment and education to these isolated populations brought us contentment and joy.

We also conducted an education session to the local healthcare workers on melasma and scabies, perhaps the two most common conditions seen. We were hoping these healthcare workers would then spread the education about these conditions to their local villages and create a positive domino effect. Even without creams to treat everyone, sun protection to prevent melasma, education about early identification and to avoid contact spread in scabies were easily modifiable behaviour practices that could have colossal effects. Hence, education in these isolated settings is just as important as clinical care.

**DAY THREE**

Samvedna Disability Clinic in Dharna

After another car ride in contrasting and breathtaking mountain scenery, we arrived at our community hospital destination. The terrain was an immense flat plain, surrounded by huge mountains. The locals informed us that the floods in the monsoon season can cause havoc and in some cases require evacuation of the entire village.

The clinic ran for over five hours, and close to 100 patients were seen between us. Like the previous clinic, the incidence of melasma in our patient population was remarkable and approached 60% of all female patients seen. It was apparent that it was a significant condition with social implications. We conducted focus groups in relation to pigment disorders and through this we learned that future marriage prospects and even dowry were affected by melasma. No doubt, UVA and visible light are important factors, as much of this population work in the fields and spend the majority of the day outdoors without any coverage from the elements. Perhaps the altitude and lack of atmospheric pollution also increases the Ultraviolet (UV) exposure, as we were well above sea level and in a rural environment.

**DAY FOUR**

Landour Community Hospital, Mussoorie: Dermatology outpatient clinic

As a stark contrast to our previous two clinics, this clinic was conducted in a hospital setting, and we had designated clinic rooms and a supporting local registrar. Despite the less rural setting, the incidence of melasma in our female population was well above that seen in Australasia. Although further studies will be needed to determine the exact incidence, the need for education and treatment of the disabling cosmetic problem in this area of the world became apparent. Vitiligo was seen, but eczema and acne were also common reasons for presentation to the hospital clinic.

**DAY FIVE**

Herbertpur

The last leg of our trip saw us with Dr Molly Viju, a local dermatologist who works at the Herbertpur Christian Hospital and also provides monthly dermatology services to Landour Community Hospital. Dr Viju is the only dermatologist servicing the region. The International Dermatology Outreach Committee had previously supported Dr Viju in attending the World Congress of Dermatology Conference in Vancouver, where she met Dr Terrence Ryan and Professor Roderick Hay, who are both renowned for their contributions in International Dermatology. Dr Viju plays a pertinent role in teaching junior medical doctors, training nurses and undertaking dermatology research. She had collaborated with us on a number of research projects, the latest being on the topic of corticosteroids misuse in the local region.
The travel from Mussoorie to Herbertpur took over four hours. We met Dr Viju at her rural outreach clinic in the fields. She had recently started a small dermatology and general medicine clinic with the support of a local community leader. Her clinic was set up in an incomplete brick house that was undergoing construction work.

Dr Viju had organised for us to provide a number of dermatology community education sessions with the local school and a group of female village workers. This was met with enthusiasm from both the school children and village workers who were keen to learn about acne, superficial fungal infections, melasma and vitiligo.

We ended the day with a dermatology grand round and education session for the Herbertpur Christian Hospital medical staff, nurses and students. We provided an update on the management of pigmented conditions and a basic lecture on common inflammatory and infective skin conditions.

The definition of success can be measured in many ways, however perhaps the most important is having a sense of purpose and fulfillment in what we do. Although our trip was only a week long, the ability to be able to administer treatment and education to people who would not be able to receive such treatment otherwise, was fulfilling and incredibly rewarding. Although we embarked on the journey with an attitude of voluntary service and giving, we returned with much more. We had been exposed to a beautiful ancient culture, met so many dedicated local doctors, nurses and grateful patients. More importantly our team that had shared this journey together forged lifelong bonds.

Melasma and vitiligo are conditions that need further research to enhance patient outcomes. Perhaps trips such as this that demonstrate the gravity of the condition, can assist through education and awareness.

We do hope we can continue growing this voluntary work and partnership with rural Northern India, and wish to plan another trip in the not too distant future. As we sow, so we reap. Our voluntary experience has been priceless on many levels. Thank you to the AAD, A/Prof Grills, Dr Grills and all their contacts in India who made this trip possible.

If you wish to support the Himalayan Dermatology Program or would like further information, please contact A/Prof Grills on ngrills@unimelb.edu.au or Dr Celestine Wong on celest1306@gmail.com.

The definition of success can be measured in many ways, however perhaps the most important is having a sense of purpose and fulfilment in what we do.
Dr Monisha Gupta reports...

The Swiss are excellent confectioners and in Zurich you’re never far from the next stop for delicious cakes and chocolate as we soon learnt on our chocolate walking tour.

With their obsession to detail and pursuit of perfection, the Swiss are famed worldwide for their mass produced chocolates - Lindt, Nestle, Toblerone, Frey and Cailliers. More boutique artisan chocolates - Sprungli, Teuscher, Favarger, Laderach, and Schober are all characterised by the Swiss finesse in balancing sweetness and flavours.

Chocolate arrived in Spain from Central America, from where it was introduced to France and then Italy. It was mostly a bitter drink reserved for ceremonial occasions.

In 1819, Cailler developed a recipe to turn gritty cocoa beans into a solid, smooth chocolate bar. Jean Tobler formulated the Toblerone bar in the late 1860s, said to mimic the Swiss Alps. Perhaps the greatest innovation came in 1875, when Daniel Peter figured out how to combine cocoa powder with local milk to create milk chocolate, which became an instant sensation.

Chocolate beans used by master chocolatiers are ‘noble’ chocolate, which are superior quality beans, ethically grown and sourced. Ninety five percent of the chocolate beans grown worldwide are ‘consumer chocolate’.

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Like coffee, single origin chocolate is sought after. Beans from Java, Bolivia, Madagascar and Colombo have flavours influenced by the soil they are grown in, humidity and the environment. For example, chocolate from Java has the slightly acrid flavour of volcanic ash, while in Bolivia chocolate trees grow amidst orange orchards imparting it a slightly citrusy flavour.

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Swiss chocolate refers to chocolate produced in Switzerland. While cacao beans and other ingredients such as sugar can originate from outside of Switzerland, the actual production of the chocolate must take place in Switzerland. Switzerland’s chocolates like other Swiss products, enjoy an international reputation for high quality.

Chocolate is treated with reverence in Switzerland, always handled with gloved hands and served with tongs because good chocolate melts just below the body temperature. Cupcakes are a novelty and only a recent introduction to the country’s sweet palate.

Switzerland is a nation of chocolate-lovers. As per the Guinness Book, the Swiss eat more chocolate per person than anywhere else in the world, consuming more than half of the over 150,000 tonnes of chocolate they produce. On average every Swiss person eats 11 kg of chocolate a year. Australians eat only half that.

Wealth is another factor in Switzerland’s high chocolate consumption attributable to its high purchasing parity. Few cocoa-producing countries are big chocolate consumers, because chocolate is a luxury. Ivory Coast, Indonesia, Ghana, and Nigeria, all of which have per capita Gross Domestic Products (GDPs) well below the global average, lead the world in cocoa production. By contrast, wealthy Western Europe constitutes six percent of the world’s population, but eats 45% of its chocolate.

The manufacturing process involves multiple steps, which begins with the roasting of cocoa beans to separate cocoa from cocoa butter.

Next comes the mixing process where all the raw ingredients are bound together, melted, cooled and then pulverised into a powder.

These are then rolled in big machines to refine the tiny particles. The smaller the powder grains, the better the taste.

The powder is then whizzed around in big metal drums for a minimum of 24 hours.

The friction in the drums raises the temperature of the powder and melts all the ingredients together - a process known as conching, which was invented by Rodolphe Lindt.

Dark chocolate is conched for around 48 hours, and milk chocolate for 24 hours - the longer the conching time, the smoother and silkier the texture.

We learned about reading labels—good quality chocolate should list only cocoa, cocoa butter, sugar and milk as its ingredients.
Please note the following for your diary:

31 October – 3 November 2017
10TH WORLD CONGRESS FOR HAIR RESEARCH
Kyoto, Japan
http://www.congre.co.jp/wchr2017/

10-12 November 2017
TRANSITION TO PRIVATE PRACTICE
Melbourne, Australia
theprivatepractice.com.au/2017courses

11-12 November 2017
ADVANCE YOUR WEALTH
Melbourne, Australia
theprivatepractice.com.au/2017courses

12-15 November 2017
22ND AUSTRALIAN AND NEW ZEALAND PREVOCATIONAL MEDICAL EDUCATION FORUM
Brisbane, Australia
http://prevocationalforum2017.com/

24-26 November 2017
DYSTROPHIC EPIDERMOLYSIS BULLOSA RESEARCH ASSOCIATION INTERNATIONAL CONGRESS
Wellington, New Zealand
www.debra.org.nz

4-8 February 2018
WORLD CONGRESS OF PHLEBOLOGY
Melbourne, Australia
http://uip2018.com/

18-22 May 2018
51ST AUSTRALASIAN COLLEGE OF DERMATOLOGISTS ANNUAL SCIENTIFIC MEETING
Gold Coast, Queensland, Australia
www.dermcoll.edu.au

15-18 August 2018
17TH WORLD CONGRESS ON CANCERS OF THE SKIN
Sydney, Australia
www.wccs2018.com

25-27 April 2019
6TH CONGRESS OF THE SKIN INFLAMMATION & PSORIASIS INTERNATIONAL NETWORK
Paris, France

10-15 June 2019
24TH WORLD CONGRESS OF DERMATOLOGY
Milan, Italy
http://www.wcd2019milan.org/

17-19 November 2019
10TH WORLD CONGRESS OF ITCH
Sydney, Australia
mailto:itch2019sydney@gmail.com
The Australasian College of Dermatologists

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