



THE AUSTRALASIAN COLLEGE
OF DERMATOLOGISTS



IT STARTED FROM SCRATCH

THE FIRST FIFTY YEARS OF THE
AUSTRALASIAN COLLEGE OF DERMATOLOGISTS

Jill Barnard & Sonia Jennings



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OF DERMATOLOGISTS

In the 1960s Australian dermatologists set out, with lofty ambitions, to establish their own specialist medical college. The founding members of the Australasian College of Dermatologists aimed that the College — the first of its type in the world — would provide first-class dermatology training in Australia and New Zealand and attract doctors of the highest calibre to the specialty. Their vision extended to increasing understanding in medical, academic, government and public circles of the important role that skin plays in health and wellbeing.

Over the ensuing 50 years many dedicated fellows of the College have given their time to achieving these aims. This history traces the successes and the challenges faced along the way. Charting developments in various facets of College life in the 20th and 21st centuries, it tells the story of successive generations of fellows who have held firmly to the founders' commitment to train dermatologists to provide quality skin health for the community.

Cover photos (clockwise from left)

First College Annual Scientific Meeting 1967

College Annual General Meeting 1969

Conferring ceremony 1994

Board of Censors 2007

Conferring ceremony 2015



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FOREWORD

More than 50 years have now passed since the formation of the Australasian College of Dermatologists and it is a fitting time to record this period before much of it is lost forever. Tessa Milne in *From Clique to College — A History of the Foundation of the Australasian College of Dermatologists* gave us an insight into the steps and processes that led to the formation of the College in 1966. This monograph takes up where the earlier publication finished and, as you will read, it has been quite a journey.

Jill Barnard and Sonia Jennings, during their comprehensive research for this book, interviewed many dermatologists and members of the College staff who often had first-hand involvement in most of the significant issues that have arisen over this period. These interviews were far-reaching in their scope and the information gleaned enabled the authors to fill the gaps in the rather drier written historical record. It is these gaps that have added greatly to the interest and excitement of this text — *It Started from Scratch*.

As you can see from the chapter headings, the last 50 years have been a rather logical sequence of steps ending up with the mature College that we have today. The College can now proudly take its place among the more established and larger Australasian medical colleges. In fact, because of our size and dynamism, the College has been at the forefront of many areas of development and progress, such as our achievements in governance and education. As a result, we are now looked upon with envy by the more established, and arguably less dynamic, colleges.

I have had the privilege of having occupied several positions within the College over the last 20 years and thus have observed much of the accelerated development during this period. This development has been necessary, although in many areas it has not been easy, as you will read herein.

I would like to thank all those dermatologists and the College staff members who gave their time to be interviewed in the preparation of this history. Their insight and summaries of many events and issues have contributed greatly to the final manuscript. I would also like to thank the History Committee members for their review of the draft manuscript, and their corrections and additions to the final monograph.

I think all will agree that Jill Barnard and Sonia Jennings have done a superb job of compiling this history with a combination of the facts and the reasons behind the various events and issues. I am sure that you will find it an informative and entertaining read.

Finally, I want to thank all College fellows and our staff members, not just those mentioned in this history, who over the last 50 years have made the College what it is today. It is our College and, as this history reveals, we have done very well.

Stephen Shumack
Chair, History Committee
April 2017

PREFACE

This history of the Australasian College of Dermatologists traces the development of an organisation, but it is more than that. For a small medical specialist college — for many years the smallest in Australia — it has always punched above its weight. Sometimes referred to as the Cinderella specialty, dermatology has advanced by leaps and bounds since the College was established in 1967.

In the early 1980s, Dr William Lempriere, a founding member and for many years the College's official historian, set about designing a crest for the College. With a keen sense of humour and irreverence, he envisaged a shield bordered by a Mallee fowl and a New Zealand kiwi. Although symbolic of the Australian and New Zealand arms of the College at the time, this representation was not the only motivation for Dr Lempriere's choice of the two birds. The Mallee fowl was obvious — it was 'the greatest scratcher of all time'. The kiwi was not so obvious. According to Lempriere, the kiwi produced a very large egg relative to its body size — it symbolised a small college with large ideals. The central shield depicted a microscope, an x-ray machine and diagrams of the skin. The crowning glory was a large hat surrounded by lilac leaves to provide protection from the sun. But the most significant aspect of this flight of fantasy was the motto 'Ab Initio Pruritus' which has inspired the title of this history. Loosely translated it means 'starting from scratch'.

Dr Lempriere's tongue-in-cheek College crest was symbolic of the perception many dermatologists held that, compared with other medical specialties, their expertise was not respected. Many dermatologists felt this very keenly in the post-Second World War years and beyond. Founding members of the Australasian College of Dermatologists, and those who followed them, worked hard to reverse this perception and to place dermatology in its rightful place among medical specialties. We hope that this 50-year profile does justice to the efforts of so many dermatologists to establish the College as the provider of specialist dermatological training in Australia and to ensure that this training is of the highest quality.

The history that follows in these pages is arranged chronologically into periods of major developments. Within these chronological periods run several major themes connected with College governance, the education and examination of dermatologists and their professional life. Between the lines, we hope that readers will find evidence of the collegial spirit that has persisted despite ups and downs along the way.

The authors wish to acknowledge the assistance of the College's history committee, especially Associate Professor Stephen Shumack for his tireless devotion to the task of recognising the efforts of so many fellows over the years since 1967. Thank you also to all the fellows who generously gave their time for interviews. Your passion for the profession of dermatology came through loud and strong and your memories of the ups and downs of building, running and improving the College have coloured this history. Unless otherwise indicated, quotations used throughout this history have been drawn from these interviews or the 2016 history questionnaire.

To avoid repetition, we have generally avoided using the title Dr when referring to College fellows and trainees.

We thank our colleague, professional historian Virginia Macleod, who assisted with the oral history interviews in Sydney and with access to archival records at the State Library of New South Wales. We also thank College staff, particularly CEO Tim Wills, Rosie Cavaleri and Iris Hui for their support, as well as editor, Sophie Church, and designer, Lexi Johnstone.

The history of any organisation is characterised by peaks and troughs and the Australasian College of Dermatologists is no exception. We were pleased to have had the opportunity of documenting the College's journey and the privilege of meeting so many dermatologists for whom the patient always comes first.

Jill Barnard and Sonia Jennings
2017

THE FOUNDATIONS



First Council of Australasian College of Dermatologists

Front row (L to R): L.G. Abbott (Secretary), R.G. Park, R.F.A. Becke (President-elect), J.C.

Belisario (President), E.H. Taft (Chief Censor), M.B. Lewis (Treasurer), L.J. Cains

Second row (L to R): B.R. Entwisle, A.G. Harper, P.B. Fox, W.J. Jamieson, G.A. Hunter, R.H. King, W.M. Muston, G. Donald, H. Macmillan, A.M. Johnson, M.T. Hayvatt, D.A.W. Downie



Inauguration ceremony of the College at the Great Hall, University of Sydney, 1967.

1

THE FOUNDATIONS

'I cannot understand why the dermatologists of Australia do not undertake the training and examination of their own themselves.' These were the words of Professor Ruthven Blackburn which Miles Havyatt recalled many years later when he was writing about the formation of the Australasian College of Dermatologists. Looking back Havyatt reflected that Blackburn probably meant that the dermatologists should form their own faculty under the umbrella of the College of Physicians, but the dermatologists were much more enterprising than that.¹

The circumstances and events leading up to the beginning of the College in 1967 have been covered in detail in *From Clique to College* by Tessa Milne, but it is worth recapping on that story before delving into the history since that time.²

Dermatology as a specialty in Australia had its origins in hospitals in Melbourne and Sydney, where outpatient clinics for skin conditions were established in the 1880s and 1890s. Dr William Moore was made 'Surgeon in Charge' of the Melbourne Hospital's Skin Department in 1885. It took another six years before 'an outdoor skin department' was established at Sydney Hospital with Dr Camac Wilkinson as its 'medical officer'.³

At the forefront in the treatment of skin in Sydney, after Dr Wilkinson, came Drs F.A. Bennett and Wahab McMurray. In Melbourne, following Dr Moore, were Drs Herman Lawrence, Frederick Elsner and A Finch Noyes. In South Australia the Royal Adelaide Hospital had established a department for diseases of the skin by 1892 and this was headed initially Dr J.C. Vercoe and then by Dr Harry Swift.

Making the biggest impact on the field of dermatology in the early 20th century was Dr Edmund Harold Molesworth. An Honorary at St Vincent's Hospital, Sydney, Molesworth was a trail-blazer. The publication of his book *An Introduction to Dermatology* was a milestone in his career and in the study and treatment of skin diseases in Australia.⁴ One of the founders of the College, Adrian Johnson, stated:

*Here [at the Royal Prince Alfred Hospital] I came under the influence E.H. Molesworth ... who had first put dermatology on its feet, and, being a pioneer in the radiotherapy of all cancer, had gained the respect of his colleagues from which the status of dermatology also benefited.*⁵

From early days dermatologists needed to establish their credibility within the medical fraternity. The fact that dermatology was closely associated with venereal

diseases did the medics no favours as they were colloquially known as pox doctors. It was the work of those such as McMurray, Molesworth and Swift which took dermatology out of the realm of the general physician and into a recognised specialty. Moving into the 20th century dermatologists were up against perceptions of dermatology as an easy career path; one based on the application of lotions or potions, as opposed to the fields of the general physician or surgeon dealing with more acute cases. New treatment methods, such as the use of radiotherapy, and new drug therapies, such as sulphonamides and penicillin, as well as the recognition of skin cancer as a major concern in Australia, did much to change those perceptions.

In the 1920s in New South Wales and Victoria branches of the British Association of Dermatology and Syphilology (BAD)⁶ were established by dermatologists from the teaching hospitals. Leading these organisations were Sir Norman Paul in Sydney and Herman Lawrence in Melbourne.⁷ Early members of the BAD in Sydney included Langloh Johnston, George Norrie, G. Hamilton, G.B. (Grant) Lindeman, W.E. Ryan and John Witton Flynn, while in Melbourne there were Robert Brodie, Roland Wettenhall and a young William Lempriere. The BAD in Sydney held four clinical meetings a year where cases were presented and expert advice shared to the benefit of the patients and practitioners alike. BAD branches were subsequently

formed in Western Australia in the 1940s, at the instigation of Hamish Macmillan, Jim O'Donnell and Tom Anthony, and then in Queensland in the 1950s. William Lempriere reflected that 'the establishment of these groups led to coteries determined to promote the knowledge, teaching and status of dermatology and the friendship of those engaged therein.' But as Paver and Pettit have written: 'The practice of dermatology in Australia was the poor relation among the medical specialties. Anyone could call themselves a dermatologist and any practising dermatologist could become a member of the British Association of Dermatology.'⁸

Arguably the most important factor in furthering the specialty of dermatology was the impact of skin disease on servicemen during the Second World War. Dermatologists working for the Australian Army Medical Service contributed significantly to the welfare of the armed forces, particularly those serving in the Middle East and the tropical Asia-Pacific regions. A large section of the official medical history of the war is devoted to

dermatology. As the history states: 'it became more evident as time went on that skin disease was a stealthy stealer of manpower ... for a time the casualties from skin diseases exceeded those from malaria.'⁹ The expertise of dermatologists such as John Belisario, Ewan Murray-Will, Richard Perkins, Frederic Goldschlag, John Witton Flynn, and John O'Brien (either based in the field or conducting research at home) was apparent in those pages. The author pointed out that:

*The introduction of superficial X-ray therapy in New Guinea due to the insistence of Colonel Belisario, commanding the 2/5th A.G.H., proved a substantial aid to treatment, and shortened the stay of men in hospital.'*¹⁰

The incidence of disabling skin conditions during the Second World War created an impetus in the post-war years to establish a formal teaching program

Richard Perkins was appointed dermatologist to the 2/7 A.G.H. at Lae, New Guinea. In an area where dermatological casualties were second only to malaria, he rendered sterling service, and at the request of the Directorate of Army Medical Services, he produced a booklet on tropical skin disease for the use of medical officers. **Obituary of Richard Perkins, Australasian Journal of Dermatology, 1981**

in dermatology in Australia. Interestingly, Edmund Molesworth first proposed the establishment of a diploma in dermatology in 1920 at the 11th Australasian Medical Congress, but this largely fell on deaf ears.

It was not until 1944 when the Postgraduate Federation in Medicine at the University of Sydney initiated diplomas in many disciplines of medical practice that a dedicated dermatology course became viable. And so it was that, following his demobilisation in 1945, John Belisario took up the challenge to establish the Diploma in Dermatological Medicine (DDM). By this time he was a lecturer in dermatology at the University of Sydney and had the encouragement and support of members of the New South Wales BAD, most notably Sir Norman Paul and G.B. Lindeman.¹¹ 'Medical practitioners wishing to obtain the necessary experience and expertise in one of the specialties had no longer the obligation to expatriate themselves for twelve to twenty-four months to an overseas destination', wrote Miles Havyatt. 'Sydney became the Mecca for many aspirants of various specialties. It was primarily cheaper, but not very much so as much time had to be spent attending clinics without pay.'¹²

The diploma course began in 1947 and the first examinations — including written, oral and practical components — were held in 1948. The DDM course was comprehensive and included embryology, physiology, histopathology, biochemistry, bacteriology, mycology, electrotechnology, therapeutic radiation and general dermatology.

The course drew on the skills of academic staff at the University of Sydney and clinical dermatologists at several recognised teaching hospitals, including St Vincent's and the Royal Prince Alfred. Following in Belisario's footsteps as supervisor of the DDM were Richard Perkins and Geoff Finley. While there were formal lectures at the University of Sydney, the course relied on a system where students largely learned dermatology by attending outpatient sessions at the teaching hospitals where they were taught by the honorary dermatologists.¹³ William Land explained:

It was the only post-graduate training qualification in Australia ... so people came from all over Australia and New Zealand to do dermatology, which involved them living in Sydney for a year or two to do the course and do the exams.
William Land

You had to have a signature book; after each clinic you got the relevant dermatologist to sign your book. Initially, you had to have 500 signatures, which took approximately two years on average to obtain. Then later that was raised to 750 which took about three years to obtain.¹⁴

But the establishment of the DDM did not prevent specialist dermatology training being gained overseas, usually through the Royal College of Physicians in Britain, but also Europe or the United States, as there was no accrediting body for the specialty in Australia. For some physicians, particularly those who controlled appointments at major hospitals, the DDM was inferior to an MRCP.

At the same time as the DDM was beginning in Sydney, a new organisation known as the Dermatological Association of Australia (DAA) was formed. It was this organisation which was ultimately to evolve to become the Australasian College of Dermatologists. John Belisario credited Clive Robinson with conceiving the idea of the DAA after returning from overseas in 1946. The concept for what was to become a truly national organisation was cemented by dermatologists attending the Australian Medical Congress in Perth in 1948. Working towards its establishment

were Dr Upton from Adelaide, Dr Rosanove from Melbourne, and from Sydney, Drs Witton Flynn, Murraby-Will, Perkins and Belisario himself.¹⁵

The new organisation was a break from the origins and structure of the BAD. It was not tied to any British parent organisation and was less limited in terms of membership numbers (the BAD being restricted to 30 members in New South Wales and 20 in Victoria), although more rigorous when it came to membership qualifications. The aim of the DAA was 'to provide a uniform Australian voice and a basic academic standard (the DDM or its equivalent), thus excluding many practising dermatologists.'¹⁶ John Brenan from Victoria, who had studied dermatology for two years in England and passed the RACP examination, explained that this did not automatically qualify him for membership of the DAA. Brenan recalled that he was required to do 'a special course and an exam in physical therapy and radiotherapy which was conducted by Adrian Johnson.'¹⁷ The rules of the organisation were drafted along the lines of those of the Ophthalmological Society of Australia.¹⁸ It began with 41 members from New South Wales, 12 from Victoria, three from South Australia, three from Western Australia and two from Queensland.

While the BAD branches in NSW and Victoria continued to meet and hold clinical seminars, issues of more general or national importance, such as fees, were moved to the jurisdiction of the DAA.

The formation of the DAA was a determined effort to unite Australian dermatologists and further the development and credence of the specialty. For that reason it was not surprising that Belisario proposed establishing a journal at the first meeting of the DAA in April 1949. He believed the journal would place Australia on the map and assist in raising the standard of dermatology in Australia. The first edition of the *Australian Journal of Dermatology* was published in 1951 under the editorship of Adrian Johnson, assisted by Rex Becke and Brian Florance. The editorial board had representatives from the five states which made up the DAA.

By the early 1960s members of the BAD and DAA (many of whom were in both organisations) began to look to the future. They recognised the need to have greater control of the training and education of dermatologists in Australia. They wanted a training course where the standards and content were applicable to the Australian environment rather than Europe.¹⁹ They also sought a stronger voice within the medical profession. At a DAA council meeting in Sydney in 1962, Miles Havyatt recalls chatting with Eric Taft as they sat on a wall bordering Macquarie Street eating their lunch:

I suggested to Eric Taft that we should investigate the possibility of forming a college of dermatologists and that, following the example of the College of Physicians and that of the College of Surgeons, we should invite the dermatologists of New Zealand to participate.²⁰

Following a joint meeting of the DAA and the New Zealand Dermatological Society in November 1963, agreement was reached that both organisations would work towards forming a college.

While the idea was being discussed and debated, work was also being done to create a postgraduate diploma in dermatology which could be offered by universities across Australia, not just Sydney. Towards this end, meetings were held with representatives from the various branches of the BAD, the council of the DAA and the Postgraduate Federation in Medicine to bring this to fruition. By 1964

it became apparent that an Australia-wide qualification in dermatology was going to be dependent on having one examining body.

It was also apparent that the Royal Australasian College of Physicians (RACP) was looking to bring dermatology under its control by the inclusion of a 'specialist question' in its membership. This was regarded as a 'serious threat' to the status of the DAA and members saw it as an attempt by the RACP to control the qualifications for particular specialties — 'the matter had now become an urgent one.'²¹

So it was that in 1964 members of the DAA formally resolved to establish a college. Lewsbe Abbott recalled that while most DAA members wanted their own college so they could conduct their own education and examination system, that was not the only reason. He believed that 'by forming a college it provided a certain status and the status was important for dealing with governments and it was also important that we became recognised by other colleges.'²²

Miles Havyatt headed a sub-committee, including colleagues Lewsbe Abbott, Geoff Finley and Jim Molesworth, who met at the University Club in Sydney to thrash out the statutory requirements for forming a college and to develop criteria for membership. In a very pragmatic manner, Havyatt drew on contacts with and sources from other colleges.

*Where to begin! Memorandum of Association, Articles of Association had to be considered. Taking these two important factors into account I borrowed, begged and stole from the Articles of Association of the Australasian College of General Practitioners and the Articles of the Australasian College of Pathologists.'*²³

Abbott recalled that the meetings 'often took long hours to get through and were also highly contentious at times.' One stumbling block was the inclusion of New Zealand colleagues, many of whom had little experience in radiotherapy, but eventually a compromise was reached and it was decided to include New Zealand as a separate faculty.

On Friday 19 November 1966, the first meeting of the interim council of the Australasian College of Dermatologists was held with John Belisario as president. Immediately following this was a meeting of the DAA, under the presidency of Richard Perkins. The purpose of the second meeting was to officially dissolve the DAA. In signing off, Perkins acknowledged the important role the DAA had played, ensuring that the specialty had not 'stultified'. He 'expressed his confidence that the cementing of the relationships between Australian and New Zealand dermatologists would speed up advances and ultimately be responsible for higher standards in the knowledge of dermatology and their extension beyond the confines of Australia and New Zealand.'²⁴

THE FOUNDATIONS



First Annual Scientific Meeting of the College held in Sydney in 1967.



John Belisario, Ralph Park, Rex Becke and Lewsbe Abbott at the Annual Scientific Meeting in 1972.

2

UNDERWAY

1967 – 1977

To the strains of a dignified march, the solemn procession entered the Great Hall of the University of Sydney. Eight hundred guests, including College members and their spouses, the presidents of other medical colleges and distinguished dermatologists from overseas, watched the official party of College councillors, office bearers and university dignitaries lead the Chancellor of the University Sir Charles McDonald and the guest of honour, the Governor of New South Wales Sir Roden Cutler, to the official dais. Resplendent in their newly designed College academic gowns and Tudor bonnets over formal evening dress, the College's foundation members stood as the singing of the national anthem, *God Save the Queen*, opened the formal ceremony.¹

With all the dignity conferred by the gothic Great Hall, and the academic pomp of the order of proceedings, the Australasian College of Dermatologists was inaugurated on 1 May 1967.² The ceremony symbolised the bold determination of its founding members to 'enhance the stature of dermatology as a scientific discipline of general medicine in Australia and throughout the world.'³ To this end, the pageantry of the occasion was, according to Dr Lewsbe Abbott, first honorary secretary of the College, both 'purposeful' and 'absolutely vital'. It offered the nascent College 'the opportunity to relate to academia and to invite all the presidents of the other colleges so that even they had to be impressed by the academic relationship.'⁴

Inaugural president of the College, Dr John Belisario, spoke of the hopes the foundation members had for the Australasian College of Dermatologists, the 'first such College' in the world. Foremost in the plans was to continue, initiate and improve courses of training for dermatologists and to attract talented young physicians to the speciality. The College's aim was that its own qualifications would be recognised as the accepted qualification for 'registration as a specialist dermatologist' in Australia. The College would seek to expand the number of training posts available for dermatologists in teaching hospitals and to seek funds, scholarships and donations to improve facilities for postgraduate training and research. An 'essential requirement' according to Belisario was the establishment of a professorial chair in dermatology. Every endeavour would be made to 'increase undergraduate training in dermatology since this discipline of medicine is involved in at least ten percent of the ills which affect people'. Belisario rued the 'lack of status sometimes afforded to dermatology in Australia'.⁵

In the decade that followed the inauguration of the College, much distance would be covered in initiating programs to achieve these lofty aims, although progress was often slow and Belisario's hope that a chair in dermatology might be achieved by 1969 was wildly optimistic.

When the College Council met for the first time in 1966, Australia's longest-serving prime minister, Sir Robert Menzies, had recently retired after 16 years as Australia's leader. The years since the end of the Second World War in 1945 had been years of prosperity and population growth for Australia. It had also been a period when a greater proportion of the Australian population than previously completed secondary school and participated in higher education, with an increased proportion of women receiving tertiary education. The Commonwealth Reconstruction Training Scheme, introduced in 1944 to enable ex-servicemen and women to gain access to higher education, had contributed to the rising level of access to higher education in Australia. So too had the Commonwealth Scholarship Scheme which was introduced in 1951.

Dr W.W. Lempriere, after considerable research, produced the design of an academic gown with lilac facings and lining at the annual meeting of the DAA on 30 September 1966. He is reputed to have suggested that, by mixing the colours of calamine lotion and gentian violet, applications widely prescribed by dermatologists at the time, the colour of lichen planus would be approximated.

With few exceptions, the consulting rooms of the foundation members of the College were clustered in the medical specialist streets of the major capital cities. The highest proportion were located in Macquarie Street, Sydney, followed by Collins Street in Melbourne. North Terrace in Adelaide and Wickham Terrace in Brisbane were dominant addresses for the scattering of

members in South Australia and Queensland. West Perth was the preferred location of the eight College members in Perth in 1968 and New Zealand's members were scattered among its major cities and towns.⁶

Of the 90 foundation members of the College, only three were women. Lorna Archibald, from Queensland, had served as DAA President when that association had begun to seriously consider the formation of a college. Jean Mason-Johnson had served in the armed forces during the Second World War, before becoming the first New South Wales woman to achieve the DDM at the University of Sydney.⁷ Jennifer Foo, from Singapore, had achieved the DDM in 1964, having graduated from medicine at the University of Sydney in 1960.⁸

The foundation period for the College, when articles of association, regulations and courses of study and examination were defined and refined, was coloured by the personalities and backgrounds of many of the leading players, several of whom had many years' experience in the field of dermatology. A number of the foundation members of the College, and indeed the DAA, had served, often with distinction, in the armed forces during the Second World War. Their wartime experiences had lent them a stronger awareness 'that skin disease was important' and many of them 'were very senior medical men'.⁹ William Land remembers that many people who came into dermatology in those days were 'certainly older and [had had] a lot more experience of the world' than later generations who came through the College's training system to qualify as dermatologists.¹⁰ Consequently, discussions around policy and directions for the College in its foundation stages could be 'fiery'.¹¹

Bill Regan recalls that many of the early College Councillors were 'pretty sure of their opinions'.

IT STARTED FROM SCRATCH

They were very influential people in their own states, very closely related to business ... Belisario was a man of eminence in Sydney, regardless of being a dermatologist. He was eminent in the university, was eminent in business, socially, and many of these blokes were. Bert Ward in Newcastle was very eminent and he was a rugby man. Hamish Macmillan was very, very influential in Western Australia. Howard Linn was very influential in South Australia, Hakendorf and so it went on. They were men of substance in their own right and many had had senior rank in the military when they came back from the war — before the College had formed — so they were a rumbustious lot and they weren't frightened of expressing their opinions.¹²

Richard Armati, who found himself fulfilling the role of honorary secretary of the College not many years after he was admitted to membership in 1973, recalled that

these senior people were pretty formidable characters ... A number of them had been in the war, and they were tough cookies. They were strong characters these people. I mean Adrian Johnson was a tough fellow and the boys in Melbourne were pretty tough too — Taft and Brenan — and ... a bloke called Donald in Adelaide — they wouldn't give an inch, you know. I was very young to be dealing with all these people and having to be the go-between quite often when there were major disagreements, which there were over various issues.¹³

Even before its formal inauguration, the College's interim council had been active in ensuring that, from the very beginning, the College would begin raising the status of the specialisation. Sub-committees of the DAA were established to ensure the smooth passage towards a new College well before that association's final meeting in November 1966. The Inauguration sub-committee, chaired by the indefatigable Rex Becke, left nothing about the inauguration and associated scientific meeting to chance. Every last detail was meticulously planned. State committees of the Scientific sub-committee got to work months ahead to ensure that the scientific meeting, held at Sydney's Wentworth Hotel, would include 'scientific papers of the appropriate calibre from every state of the Commonwealth'.¹⁴ The first of the College's scientific meetings, the 1967 meeting, also included a trade exhibition, which would become a staple of the College's annual meetings.

Though the councillors of the new College would reassess and modify regulations and rules, in the formative years of the late sixties and early seventies, many of the College's structures, rules and methods simply continued the patterns set by the DAA. These included the governance structure of the new College. Indeed, the initial interim College Council was composed of members of the existing DAA Council, with state-based DAA Council members serving as interim faculty delegates. The initial membership categories of the College were based on those used by the DAA. The financial structure of the College mimicked that of the DAA. Even the College premises remained the same in the first year or so, with the College continuing to rent space from the Orthopaedic Association on the first floor of 147 Macquarie Street, Sydney.

However, through tireless effort and often with much debate, the office holders, councillors and members of the College sought to mould new structures, methods

and processes for the training and education of dermatologists in Australasia, in the process shaking off some of the patterns of the past. The stakes, however, were high. If the College was to succeed in its aim to raise the stature of dermatology both in Australia and overseas, then the standards of training, examination and membership of the College would have to be impeccable.

MEMBERSHIP OF THE COLLEGE

Membership of the projected College was the first issue that needed to be negotiated even before its formation. In 1964, after reviewing the opinions of state representatives of DAA branches, the DAA Council resolved that foundation members of the College — that is, those who would be automatically grandfathered into the College on its formation — would be limited to ‘those foundation, ordinary and senior members of the DAA at the time of formation of College, as well as those provisional members whose qualifications would admit them to ordinary membership of the DAA at that time.’¹⁵ DAA ‘ordinary members’ at that time were required to have been graduates of medicine of at least 10 years, to have practised dermatology solely for at least five years and to hold a DDM from the University of Sydney or a dermatology qualification of a ‘similar standing’.

Provisional members of the DAA, who could not vote or stand for office, must have practised dermatology for at least one year and ‘hold or intend to gain’ the DDM or an equivalent dermatological qualification. They were allowed five years from their election as provisional members to gain the appropriate qualifications. Foundation members of the DAA were those who were members of the BAD (Victoria and New South Wales) at the time of the formation of the DAA in 1949, or those who had practised solely as dermatologists for an accepted length of time.¹⁶

The decision to restrict the foundation members of the College caused immediate dismay for many New Zealand dermatologists, only some of whom were members of the DAA. Others were members of the New Zealand Dermatological Society (NZDS), which had been formed around the same time as the DAA in the late 1940s and was affiliated with the British Medical Association. Representatives of the NZDS had warmly embraced the suggestion, made by DAA personnel, that they join in the formation of an Australasian College of Dermatologists. They were naturally disappointed when it appeared that many of their colleagues might be ineligible for automatic membership of the proposed College. While Alan Muir, the honorary secretary of the NZDS, requested that the rules be changed to prevent a ‘cleavage’ among the New Zealand dermatologists, DAA councillors stood firm.¹⁷ Victorian DAA Councillor Eric Taft declared that ‘the majority of Victorian members opposed New Zealand’s entry under conditions which were separate from those pertinent to Australian residents.’¹⁸

Honorary Secretary Lewsbe Abbott summed up the rationale for the Australians’ firm stand:

*It is only recently that our allies, the physicians, have become less inclined to regard us as a strange clique of artisans, so there is every chance they will reform their previous impression if we permitted untrained and poorly qualified practitioners entry to the College.*¹⁹

Finally, in March 1966, Dr Hamish Macmillan, DAA Councillor representing Western Australia, suggested that foundation members of the NZDS be permitted to join the College as foundation members. Together with a motion that allowed other New Zealand practitioners to apply to join the College under the same conditions as Australian dermatologists, this suggestion saved the day, allowing New Zealand dermatologists to join their Australian colleagues in the new College.²⁰ Later in the same year, Dr Adrian Johnson travelled to New Zealand to examine six candidates in a radiotherapy examination. All passed and were elected members of the DAA and then were able to transition to the new College when it was inaugurated.²¹

There were good reasons why the College founders took a firm stance on the matter of appropriate qualifications for membership because, as Lewsbe Abbott pointed out, it was not only inadequately qualified New Zealand dermatologists who posed a risk to the standards of the proposed College. There were, he argued, several Australian practitioners, 'some well-qualified, others not', who had made no attempt to join the DAA in its almost 20 years of existence.²² There was no intention of allowing these practitioners an easy entry to the benefits of College membership. When, in 1968, Miles Havyatt suggested relaxing College rules to offer membership to practising dermatologists who were 'of standing', but unqualified for membership under College rules, he was howled down. Such people, argued Victorians Brian Entwistle and Eric Taft, with the agreement of the Western Australian Hamish Macmillan, had had adequate time in which to present for examination.²³

Under DAA rules, honorary membership of the association could be bestowed by Council to overseas practitioners who were 'eminent in dermatology' while associate membership was granted to members of the British Medical Association, who were eminent in fields related to dermatology or had 'rendered signal service to the Dermatological Association of Australia'.²⁴ John Belisario was an active nominator of honorary members to the DAA.

These categories of membership were carried over in the proposed regulations of the new College. However, College's strict articles regarding membership eligibility created difficulties in classifying these roles.²⁵ A new classification, that of 'corresponding member', was created to cover all former honorary and associate members of the DAA and NZDS. They would have the right to wear College academic dress and receive College correspondence, but no right to 'rank as an ordinary member' nor to vote or stand for office.²⁶ By 1975, the College Council had decided to dispense with this category of membership and no further corresponding members would be admitted to the College.²⁷ Associate membership continued to be offered, however.

A new College tradition began in 1970 when Councillors and members donned their academic gowns to induct new members into the College at the beginning of each annual meeting. Soon after, the distinction between 'foundation' and 'ordinary' members was dispensed with as College Council, with some 'dissent', voted to cease listing the membership according to these categories in the program of annual scientific meetings.²⁸ Within six years of the College's inauguration, members of the College had been redesignated as fellows and the Member Australian College of Dermatologists (MACD) qualification had become Fellow Australian College of Dermatologists (FACD).²⁹

EDUCATION AND TRAINING

Establishing training programs

Of the three sub-committees established by the DAA Council to plan for the Australasian College of Dermatologists, perhaps the most important was the Education sub-committee, established in 1965 to plan the College's educational and examination system for, as Lewsbe Abbott pointed out, the primary purpose of the College was that 'we would produce our own education and examination system'.³⁰ Convened by Victorian Dr Eric Taft, the initial sub-committee also included Drs Raymond King of New South Wales and Gordon Donald of South Australia.³¹ Taft would go on to become the first chief censor for the College, serving from 1966 to 1973. Gordon Donald also remained on the Board of Censors after the College was inaugurated and he and Taft were joined on this first board by Geoffrey Hunter of South Australia, Adrian Johnson of New South Wales and Ralph Park of New Zealand.³²

During the planning stages for the College it had been agreed that the DDM would continue to serve as an alternate qualification for membership of the College and might continue to operate in tandem with a College educational program. There were, however, problems with the DDM. To begin with, it was based in Sydney and required those from outside the state, including those from New Zealand, to base themselves in Sydney for the two years it took to complete the course. For those who did not have a post in the dermatology department of an approved hospital, there was a requirement to complete at least 500 hours in dermatology clinics. For many trainees in dermatology, this meant combining the clinical experience with part-time practice as GPs. Others completed the DDM at considerable financial cost.

Although it took some time for the College's training program to develop, from early on the Board of Censors was interested in extending the training program beyond the reach of New South Wales. To achieve this aim it was necessary to establish registrar positions or training posts for trainee dermatologists in hospitals throughout Australasia. This proved to be difficult.

At the time of the inauguration of the College there were only three existing registrar positions in Australasia, all of them in Sydney at the Royal Prince Alfred Hospital (within the Institute of Dermatology), the Repatriation General Hospital, Concord and a part-time position at the Sydney Hospital.³³ To extend the number of registrar positions throughout Australasia would require not only willingness on the part of state government health departments and hospitals, but also funding for these posts. This was not often readily forthcoming for a medical speciality that was still regarded somewhat as a 'Cinderella specialisation'. As Bill Regan recalled, 'the state governments weren't all that interested. If they were going to employ a registrar, they'd rather have a renal registrar, or somebody like that, because that was far more serious in their view.'³⁴

While the College Council, guided by the Board of Censors, established guidelines and attempted to centrally raise funds to support training positions, the work of negotiating with state health departments and hospital boards fell upon the regional faculties. Variations in population, political environments and health systems influenced the pattern of these negotiations.

While there were several potential places for registrars in Victorian hospitals in

1967, there was no government funding available for them. To get a 'foot in the door' the Victorian Faculty managed to negotiate with two 'ethical' drug manufacturers to sponsor two training positions. The Glaxo-Allenbury Fellowship was first awarded to Ron Dickinson for a two-year post commencing in 1969. The Squibb Fellowship was awarded for the first time the following year, to James Rohr. But two training positions for the state were, according to Eric Taft, 'not enough'. He explained that

*David Nurse and I then went to see the head of the Hospitals and Charities Commission and we struck gold there because, after a discussion over a couple of sherries he said 'Oh we're giving things to radiology a lot. I think we can take two off them.' So that's how we started.*³⁵

By 1972, when the Squibb Fellowship was withdrawn, the Hospitals and Charities Commission was funding a registrar position at the Queen Victoria Hospital in Melbourne.³⁶

Similar discussions with drug manufacturers took place in South Australia in the late 1960s.³⁷ However, progress in opening registrar positions there, as in other Australian states and New Zealand, was slow. By 1970 one registrar's position was rotated between the Royal Adelaide Hospital and the Children's Hospital Adelaide.³⁸ Gradually, by 1976, there were two registrar positions at the Royal Adelaide Hospital, but the trainees rotated to other hospitals to broaden their experience. When Flinders Medical Centre opened as a teaching hospital in conjunction with Flinders University in the same year, Marshall Hanna initiated a Department of Dermatology and another registrar's post was made available.³⁹

In Western Australia, despite 'extensive discussions' with three Perth hospitals and the support of staff at the Royal Perth and Fremantle hospitals, the lack of 'adequate funds for the support of registrar posts' was a stumbling block until 1970 when the Royal Perth Hospital appointed a registrar who covered both dermatology and radiotherapy.⁴⁰ The first occupant of this position was Peter Randell.⁴¹ According to James Rohr, who became the Western Australian Faculty secretary in 1974, it was an uphill battle to add to that one training post, but through negotiation with the medical superintendent at Royal Perth Hospital, he and faculty treasurer Bill Muston were able to negotiate a second registrar's position in 1976 or 1977. After that, 'slowly, with much persistence, we got three registrars and then four', he recalled.⁴²

The Queensland Government was initially prepared to 'consider' funding a dermatology post in that state, if the Faculty could offer evidence of the costs involved and the 'probable duties of such a registrar'.⁴³ Apparently unconvinced by the information presented by the Faculty, the Queensland Department of Public Health 'refused' dermatology registrar posts at the Brisbane General and Children's hospitals in 1969, although later that year one medical registrar was carrying out some dermatological work.⁴⁴ It was not until 1974 that an accredited training position at Royal Brisbane Hospital was confirmed with a second post at the hospital under consideration.⁴⁵ By 1976 the Royal Brisbane Hospital offered two posts, the Princess Alexandra one post and the Repatriation General Hospital at Greenslopes one limited accreditation post.

The New Zealand Faculty also had difficulty convincing hospital authorities of the desirability of establishing registrar positions in dermatology.⁴⁶ However, by

1970, one registrar's post had been advertised at Auckland Hospital. The number of training posts available in New Zealand expanded to four by 1976 and included posts at Christchurch and Dunedin hospitals as well as two at Auckland Hospital. However, each of these posts had only limited accreditation from the College Council.

The limited accreditation afforded to the New Zealand training positions reflected another strand of the establishment phase of the College's education program. While there was a desperate thrust to establish training positions to adequately train dermatologists, College Council, and in particular the Board of Censors, were insistent that training hospitals and the positions they made available conformed to College's standards. By 1974, Council had instituted a process for accrediting hospital training programs via annual visits by College fellows appointed for this very purpose. These representatives, who were not to be from the faculty under investigation, were expected to work in conjunction with the local faculty Education and Accreditation sub-committee to interview hospital staff, dermatologists and trainees.⁴⁷ Hospitals which earned limited accreditation, such as those in New Zealand, were accredited for only one to two years at a time. As the College moved towards requiring trainees to serve as registrars for a period of three years before they were eligible to sit the College's part two examination, this meant that some trainees faced the prospect of moving from one hospital to another fully accredited hospital, possibly interstate, to complete their training.⁴⁸

The dearth of funded training posts was one factor in the Victorian Regional Faculty's move to rotate its registrars among accredited hospitals. As Eric Taft pointed out, this was a departure from the established training practice for other medical specialties, which were often tied to the number of beds available to them within a given hospital. But an advantage of the rotation system was that it exposed the trainees to a range of teaching styles.⁴⁹ James Rohr, who moved from New South Wales to Victoria to take up the Squibb Fellowship in Dermatology in 1970, fully appreciated the benefits of this system, recalling that the fact that the Chief Censor, Eric Taft, was based in Melbourne meant that trainees 'got the most out of our training ... In fact the Melbourne dermatologists, not having had trainees under them, really, before, were extremely keen and eager. I'm certain I got the best training possible from these over-enthusiastic Victorians.'⁵⁰

Rohr fondly remembered the 'great variety' of teachers in Melbourne:

At the Royal Melbourne you had a fellow by the name of Ian Stahle ... As soon as he graduated in 1941 he was sent into the army which happened to most medical graduates at that stage and he was very shrewd, very smart and probably among the best clinicians I've ever come across. At the Austin, which was also associated with Melbourne University, I had Brian Entwistle as the chief ... Again, he was fanatical, very keen and eager. You couldn't get a better teacher. And then St Vincent's had two dermatologists who were very good: John Brenan, who's one of the nicest people you could ever meet and a very good teacher, particularly on dermatopathology, and Denis Clarke who was an older, more experienced dermatologist. They were my main teachers at the Melbourne University Hospitals. Now, if we go to the Monash University group, at the Alfred you had Bill Jamieson who was a very quiet person, but a very good teacher and if you'd ask him something, he'd always answer in a

*correct way, without putting the registrar down. He's an absolute gentleman. And then at Prince Henry's you had Eric Taft who was the Chief Censor, who was just unbelievably good and at the Queen Victoria Hospital ... there was David Nurse who was a very thorough, very good teacher, younger than the others and very easy to relate to.*⁵¹

The system of rotating registrars was also adopted in South Australia and Western Australia. After the Flinders Medical Centre opened in 1976 there were four hospitals available for training. According to Marshall Hanna, the trainees

*weren't actually full-time at any one hospital. They were mostly half-time at one, half-time at another so they shared the burden a bit. The Royal Adelaide had, I think from memory, one or two full time registrars and so when the training program came in they started to rotate the registrars through the various hospitals to broaden their experience; so they got paediatrics, they got three other hospitals and they got their experience that way.*⁵²

As the Western Australian Faculty gradually expanded its training programs, all of the registrars were paid by the Royal Perth Hospital, but were rotated among three other hospitals. James Rohr recalled that registrars might have 'four sessions at Royal Perth or say four sessions at Charles Gairdner, three sessions at Fremantle and two sessions at the Children's, but they were rotating and it worked very well. Mind you, they had to cover the whole of Perth'.⁵³

The training situation was different in New South Wales and Queensland, however, where registrars were generally based in only one hospital for the term of their training. For New Zealander Darion Rowan, who gained a registrar's post at Auckland Hospital in the 1970s, training to pass the College examinations was difficult. There were 'very few' trainees and the 'teaching program was not very good', she recalled. Eventually, she was offered a few months' experience in Australia. Though she was not in a paid post, she was welcomed to clinics in both Melbourne and Sydney and spent time 'looking down microscopes at histology and attending all their teaching sessions'.⁵⁴

I was on a Squibb Fellowship. The pharmaceutical company had donated the money for the position. At the Royal Melbourne Hospital, on my first day, I approached Dr Stahle and said, "Excuse me, sir, I'm the Squibb Fellow". He looked at me and said, "I do not interview drug reps in the hospital". I said, "I think you've got it wrong. I'm a registrar. I've got a fellowship to do dermatology". 'Oh, that's you, is it? O.K, go down to cubicle four and tell me what you think' and that's how he taught. **James Rohr**

Examinations and syllabus

Although the Board of Censors' primary role was intended to be the examination of candidates for the MACD (later FACD), in the foundation years of the College the Board also accepted responsibility for accrediting training hospitals and the educational syllabi for trainees, as well as undergraduates and continuing professional development.⁵⁵ However, its major role was in the area of preparing the syllabus and examining candidates. Even before the official inauguration of the College, the Education Committee had produced a 'comprehensive education and examination plan'.⁵⁶ While the examination process was fine-tuned, the Diploma in Dermatological Medicine (DDM) offered by the University of Sydney since 1947

continued to be accepted as a method by which candidates could gain membership of the College. In fact, the need for 'flexibility' as the training program was established meant that the DDM continued as an alternative method of gaining entrance to the College for some years. The College finally became a full examining body in 1970 when the first candidates sat the examinations for membership. However, the DDM course was offered until the late 1970s.⁵⁷

In Auckland, we trainees used to have tutorials among ourselves and help each other, which was good. We had regular dermatopathology sessions and clinical meetings. Also we would go to Australia for teaching meetings run by the Skin and Cancer Foundation in Sydney and by College. In Brisbane before the finals which were held in that city I was able to stay with a family friend, who was an obstetrician. He really grilled me in how to pass the exam and his advice was good and I passed (it was my second attempt). It was a struggle as I had a young family but a very supportive husband. It was a busy time of life. **Darion Rowan**

Like the DDM, the College's examination system was based in two parts. In order to enter the training program, candidates had to pass a part one examination in 'anatomy, histology and embryology, physiology, biochemistry and pharmacology in relation to the skin and physical methods and apparatus used in treatment of the skin.'⁵⁸ By 1975, immunology had also been added to the part one examination.⁵⁹ Candidates for the part one had to be registered medical practitioners with two years of postgraduate general hospital experience in a hospital that was acceptable to the Board of Censors. It appeared that some hospitals in which applicants had completed their intern training were not up to the Board of Censors' exacting standards.⁶⁰

The part two examinations at the end of the training period — written, clinical and vivas — covered pathology, microbiology, mycology, and parasitology associated with the skin, the diagnosis and treatment of venereal disease, general medicine, with particular reference to diseases of the skin, pharmacology and therapeutics and various aspects of the use of radiotherapy for the treatment of diseases of the skin.⁶¹ Although the College Council initially set the prerequisite for admittance to the part two examinations as 'two years' full-time training in an approved dermatological department', there was a necessity in the early years for flexibility and attendance at dermatology clinics over a period of three years — with a minimum 200 hours per year, as

had been allowed under the DDM — was also accepted as a pre-requisite.⁶²

In 1972, however, the Council ruled that the only adequate form of training in dermatological medicine was a full-time training program over three years, approved by the Board of Censors.⁶³ From 1976, candidates were not eligible to sit the part two examinations unless they had completed those three years in an accredited training program.⁶⁴ Nevertheless, College Council was able to grant exemptions in certain cases, such as when part of a candidate's training had been pursued overseas. Furthermore, registrars were to be assessed annually as they completed their training. In an attempt to ensure fairness to applicants, they were to be given priority for places on the training program according to the date at which they had achieved success in the part one examination.

After examining the first cohort of candidates for the MACD, the Board of Censors concluded that part-time training was inadequate preparation for success in the final examinations. Allowing for those already in the training program to catch up, the Council ruled that, as of 1976, part-time training was unacceptable.⁶⁵ Despite periodic requests in the following decades that part-time training be allowed, particularly for women with children, this policy was vigorously maintained until 2005.⁶⁶

Although a number of trainees who passed through the College training program valued the guidance given by their mentor teachers, the clinical meetings held in regional faculties, and the lectures when provided, they did not reap the benefits of a systematic course of study provided by the College. For guidance, the Board of Censors prepared a document known as 'Notes for the Guidance of Candidates', which was updated as necessary. In addition, a list of recommended textbooks was made available. When the available textbooks fell short, College fellows provided notes on subjects such as radiotherapy and electrotechnology or gave lectures in particular areas, such as dermatopathology or histology. Bill Regan recalled that the genesis of the Australasian Dermatopathology Society lay in the lectures John Brenan offered to Victorian dermatology registrars, which were such a success that pathology registrars began to attend as well.⁶⁷

The first successful candidates to qualify for membership of the College via College examinations were elected to membership in 1971. They were:

Dr J. Chapman (NSW)
Dr A.G. Collins (NSW)
Dr R.L.S. Dickinson (Vic)
Dr M. Hursthouse (NZ)
Dr J. Lark (NSW)
Dr A. Reid (Vic)
Dr J.B. Rohr (Vic)
Dr J. Sippe (NSW)
Dr F. Welch (SA)

Initially, trainees were not even allowed to attend the College's annual scientific meetings. A change in the rules in 1973 allowed trainees to attend, but only after seeking and receiving approval from College.⁶⁸

For many trainees in this period, despite the support they received from department heads and mentors, the College examination system could be 'intimidating' and the failure rate for the examinations was comparatively high. In 1979, the year that John Auld qualified, only eight of the 15 candidates passed.⁶⁹

Registrars in some faculties could take advantage of faculty clinical meetings and, often, the support of other dermatology registrars, as well as their mentors in the field as they worked towards achieving examination success. James Rohr remembers regular monthly meetings in Melbourne where the senior dermatologists would 'put the two registrars on the spot'.⁷⁰ John Auld, in Queensland in the 1970s, recalled attending Wednesday evening meetings that Dr Graeme Beardmore organised under the umbrella of the Brisbane Hospitals Dermatology Group. Originally held in Beardmore's own home, the meetings continued on a regular basis into the 2010s,

The old examinations were held over a half a day, rather than the present two day marathon. In those days the Board of Censors, always noted for their humanitarian approach, supplied the candidates with AFL final tickets when the exams were held in Melbourne. This was to guarantee a splitting migraine usually developing half way through the second quarter with about two hours to wait before the posting of the exam results outside the Athenaeum Club in Collins St at about 5.00pm, just when it was getting particularly cold windy and dark I have vivid memories of trudging back from the MCG with my co-examinee ... and walking into the censors who had just returned from their final meeting. The New Zealand censor looked at me and said 'you passed'. He looked at the other South Australian and said 'you failed'. These were men of great humanity. Ian Stahle, who was bringing up the rear, then invited us across to his rooms for a couple of drinks and during this little get-together, he turned to the failed South Australian, looked him in the eye and said 'now this is going to do you the world of good, failing', but I don't really think that the message sunk in, or was received that well.

Ivan Simmons, 'History of Dermatology in South Australia'.

I did both the part one of the DDM and the part one of the College exam in 1971. The part one of the College exam was extremely difficult and was based on a journal reading list relating to pharmacology and basic science of relevance to dermatology. There was no formal training at all for this part one. We met no one from the College until the day of the exam. There was a training program for the DDM part one but there was very little overlap with the College material.

I then did my clinical training under the old unpaid apprenticeship system, having to attend 500 clinics which could be at any dermatology department in Sydney. We had to have a book signed to denote attendance. At the end of this process we could sit the second part examination for the College, which I sat and passed in 1974. We attended a series of lectures for the part two DDM and those overlapped well with material required for the part two College exam.

During the clinical training period I worked at The Royal Alexandra Hospital for Children and St Vincent's Hospital as a clinical assistant in dermatology (also unpaid), doing my own clinics under supervision. Most of the people who did dermatology in this way were general practitioners and women planning a return to medicine after time away with family. By the end of my training this form of training had virtually ceased and everyone required a paid registrar position. People who were of particular support and help to me during those years were David Downie, Susi Freeman and Monty Lewis.

Maureen Rogers

forming an integral part of training for Queensland registrars.⁷¹

On the other hand, Ivan Simmons recalled that in South Australia 'registrar training in the 1970s was less intense' than it became in later decades.

Comparatively speaking, tutorials were kept to a minimum apart from histopathology tutorials with Dr Hunter. There was no real encouragement to go to the College Scientific meetings or to present cases at faculty clinical meetings. Nevertheless the workload was considerable and had to be digested over a much shorter training period.⁷²

Training was ad hoc without formal structure, initially without didactic lectures, these were later introduced.

There was no mentoring process and training in procedures and surgery was non-existent.

Geoffrey Cains

While there were attempts in the foundation period to regulate the admission of candidates to training posts via a central scheme through the College, this was not always successful. The advertisement and filling of training posts at different times throughout the year thwarted College's attempts to create a central system. However, by 1976 the College Council had decided that all applications to enter the College training program

should be directed, in the first instance, to the College, rather than to individual hospitals.

ACHIEVING RECOGNITION

From its first year, the College Council worked to have the MACD (later FACD) recognised as a specialist qualification with medical boards across Australasia. In most Australian states this was readily achieved by 1968. The Medical Board of

Victoria held back, awaiting the College's first examinations in 1971, when it guaranteed to then retrospectively recognise and register foundation members of the College.⁷³ The following year the MACD was recognised in Western Australia and the Northern Territory.

The College had been established on the cusp of some sweeping changes in the health system in Australia. Health systems in Australia had been managed on a state-by-state basis in the decades prior to the 1970s. Health insurance was mainly the responsibility of the individual. In 1969 the federal government commissioned an inquiry into the costs of health insurance, which found that a dangerously low proportion of the Australian population had private health insurance and recommended, among other things, that doctors inform patients of the cost of treatment before it was begun and whether the costs conformed to an agreed 'common fee', which would take into account only a small margin between the cost of treatment and the benefit the patient received back from their health insurance fund. Though the government did little to enact any of the recommendations of the inquiry, it did accept the Australian Medical Association's offer of conformity to the 'common fee' approach. The 'common fee' approach established different levels of fees for general practitioners and specialists.

A spin-off of the attempt to set common fees was the establishment, by the federal government, of a National Specialist Qualification Advisory Committee, an early precursor to the Australian Medical Board, with sub-committees in each state and territory. The committee was formed to determine the qualifications required for recognition as a medical specialist. By 1972, the Australasian College of Dermatologists was listed as an advisor to this committee on the subject of qualifications in dermatology.⁷⁴ Similarly, the federal government established a Committee of Overseas Professional Qualifications within the Department of Immigration in 1969.⁷⁵ By 1972 this Committee had agreed to list the College's degree in its publication, *Recognition of Specialist Medical Qualifications in Australia*.⁷⁶

Some other bodies were slower to accept the College's expertise. First attempts to be represented on the National Health and Medical Research Council and its Venereology Advisory Committee were rebuffed.⁷⁷ On the other hand, the Australian Drug Evaluation Committee, the Australian Department of Health and the Pharmaceutical Benefits Advisory Committee welcomed, and even sought, the College's advice on a number of products and medications, such as commercially available hair dyes, halogenated phenolic compounds and even, in the early seventies, the question of whether sunscreens should be placed on the Pharmaceutical Benefits Schedule.⁷⁸

The College's 'long and hard' labour to establish standards in dermatology had even borne fruit, after some negotiation, with the Royal Australasian College of Physicians (RACP), whose attempts to develop qualifications in dermatology had been one of the several spurs to establish the ACD in the first place. Bill Regan, then a 'lowly Assistant Secretary of the College', remembers meetings between College representatives and the RACP where College fellows 'agreed that the College of Physicians' dermatology qualification wasn't good enough. They knew no dermatology. And they didn't think we were good enough because we knew

We asserted that the MACD would be the qualification for dermatology and I think we prevailed upon most state institutions, most state authorities, that it would be and in the end that's what it became.

Bill Regan

no medicine, according to them.⁷⁹ Eventually, the RACP recognised the College's authority in specialist dermatology qualifications and, within Australia, agreed that to earn a FRACP in Dermatology, three years training in dermatology and one year in general medicine was required.

It came as a thunderbolt to Australian members of the College, therefore, to discover in 1975 that members in the New Zealand Faculty had been negotiating for some years with the RACP accreditation sub-committee in that country, regarding the development of a training program for the FRACP in Dermatology of only three instead of four years duration. To those in the College who had laboured to achieve high standards of training and accreditation, the threat imposed by the New Zealand Faculty's actions was outrageous and New Zealand ACD members were threatened with loss of membership unless they repudiated agreements which had been made with the RACP.⁸⁰ Tensions simmered and while the New Zealand Faculty offered to disassociate itself formally from the negotiations, a number of New Zealand fellows clearly favoured pursuing discussions with the RACP. An uneasy truce settled on the matter, but storm clouds hovered and would eventually burst in the next decade.

MAKING THE COLLEGE WORK

There were always long 'discussions', if I may use that word, with the Victorians as to who would represent and how many would represent each faculty. New South Wales, I think, was always a bit suspicious of Victoria and vice versa so these discussions went on for hours, if not weeks, to determine the actual representation and we all became very good friends at the end of it.

Bill Regan

The College began with a similar governing structure to the DAA and with Articles of Association borrowed by Miles Havyatt from those of the Colleges of General Practitioners and Pathologists, 'with reference to' the Articles of the DAA, which he had, himself, originally helped to draft.⁸¹ Bill Jamieson drafted regulations for the College. Very rapidly, however, the Review of Articles Committee began a long and tortuous process of reviewing and revising the articles and regulations as procedures and policies of the new College were refined. The regulations left much of the onus for implementing these policies and representing College at the local level to the regional faculties; many fellows remember that it was within the faculties that distinctive flavours and cultures developed. Faculties were exhorted to establish their own Education and Accreditation sub-committees, to negotiate with hospital and health authorities for registrar posts and to

conduct their own clinical meetings, but all within the limits of established protocols and policies formulated at the Council level or by its many standing committees. Faculties also took much of the responsibility for the rotating College annual meetings and scientific meetings, in liaison with the College's Secretariat.

Each faculty was also expected to vote for the councillors who would represent them at Council meetings. The proportional representation of faculties at Council meetings proved to be a thorny subject. Many remember the tension between New South Wales and Victorian delegates about appropriate ways to ensure fair representation for faculties while avoiding a system where sheer numbers would make Council meetings unwieldy. The New South Wales Faculty was overwhelmingly the largest in membership and continued to be so. Initially representation was set at one councillor per 10 faculty members. As the numbers of members began to grow, an attempt to cap the representation at four for faculties with over 40 members existed briefly.⁸² Eventually the representation was settled at one councillor

per faculty, with an extra councillor per 20 faculty members.⁸³ But the issue of representation on the Council would excite discussion several more times over the College's first 50 years.

A president, past president, president-elect, honorary secretary, honorary treasurer, chief censor and assistant honorary secretary added to the numbers attending Council meetings. The Council met only three times a year, two of those meetings occurring at the time of College's annual meeting, when there were plenty of reports to wade through. New South Australian Councillor, Allen Green, pleaded in vain for this reading material to be circulated to councillors prior to the meetings to give them ample time to digest it.⁸⁴ Councillors evidently struggled through, or did not read the reports at all. Darion Rowan, then a recently qualified dermatologist, recalled feeling 'very unwelcome' when she attended a Council meeting as an alternate for a New Zealand Councillor.⁸⁵

In effect, it was the executive team and the sub-committees of Council, particularly the Board of Censors, who made the important decisions to be ratified at Council. The bulk of the work of running the College fell upon the 'executive' members: president, honorary secretary and honorary treasurer, and more particularly on the honorary secretary who, of necessity, devoted a considerable amount of time to College affairs. The tone was set for the smooth transition of the presidency by building in a system whereby a president-elect was nominated by regional faculties and elected by Council to serve for two years in preparation for two years as president and then two years as past president. However, this did not always go to plan and there were times when circumstances intervened to disrupt this pattern, as occurred early in the 1970s when, after serving less than a year as president, Geoff Finley resigned and New Zealander Ralph Park stepped up to the president's role after only months as president-elect.

Beginning with the pattern set with the election of John Belisario as first president, College presidents in the foundation years were generally men of considerable experience both in dermatology and in the service of the College and its predecessors. Because the position 'demanded devotion to College affairs for six years' argued Rex Becke, the second president, the basic principle that should guide Councillors in the election of the president-elect was that 'the best person available should be elected, regardless of geography or other considerations.'⁸⁶ Nevertheless, of the first 10 presidents, only three were from faculties other than New South Wales.

With the College Secretariat firmly established in Sydney, the onerous and often time-consuming role of honorary secretary had to be filled by someone from the New South Wales Faculty. The system of tapping a promising or enthusiastic member on the shoulder to groom them for the secretary's role took root in the College early. Lance Cains, who served as the first assistant secretary and then as honorary secretary from 1968 until 1971, recounted how Lewsbe Abbott had 'told' him that he would be secretary of the proposed College at a DAA meeting in 1965. When Cains pointed out 'you must appreciate, Lewsbe, that there is not a great deal that I know about it', the brief response was 'you'll soon learn'.⁸⁷ Bill Regan, who succeeded Cains as assistant and then honorary secretary, had a similar story. Attending his first College meeting, having recently earned his DDM, he was 'dragged aside' by Rex Becke and Lance Cains who said "'you'll be the Assistant Secretary". Being a good soldier I said, "Aye, aye sir" and that was it.'⁸⁸

Richard Armati was another who was fairly new to the speciality when he received a phone call asking him to take on the assistant secretary's role. He went on to become the honorary secretary and was to remain in the position for 12 years.

Although the College had initially continued the DAA's practice of sharing space with the Orthopaedic Association in Macquarie Street Sydney, by 1968 it had moved to other rented space a few doors down and the volume of work passing through the Secretariat warranted the employment of an additional part-time administrative secretary. But as rising rental costs loomed in 1970, Honorary Secretary Bill Regan suggested the possibility of the College purchasing its own office space. With characteristic caution, the Council appointed a sub-committee to investigate the feasibility of purchasing premises and, in 1972, the College Secretariat was moved to a house and former butcher's shop in Bridge Street, Glebe, opposite the Children's Hospital. Though some regional faculties balked at the suggestion that they each contribute financially to the furnishing of rooms at the College premises, there was widespread support among College members for the commissioning of a portrait of their first President, John Belisario, to hang in the office.

The purchase of the premises was considered long and hard for, as Lance Cains recalled, the College, in its early days, was short of funds and relied on support from ethical pharmaceutical companies to stage annual scientific meetings, as well as to fund some early registrar positions. Cains recalled that College members had to 'talk the manufacturers into' attending trade exhibits at the annual meetings.⁸⁹ There were also early approaches from some companies for members of the College to conduct trials and while College Council encouraged faculties to carry out these trials, any payment for them was to be in the form of donations to the College Endowment Fund, established to fund training positions.⁹⁰

SHIFTING TIDES

In 1975 the Whitlam Government introduced a national health insurance scheme, Medibank, and while the scheme was later partially rolled back by the succeeding Liberal government before being re-introduced again in the 1980s as Medicare, the face of the provision of health and medical services in Australia began to change. With free provision of services in public hospitals, the time-honoured system of honorary medical officers donating their time to hospitals was replaced by paid visiting medical officers. Some members of the College clung determinedly to a practice they regarded as far more 'gentlemanly' than being paid. Veteran New South Wales dermatologist, Adrian Johnson, famously challenged his colleagues with the question 'Is anyone going to take the King's shilling?'⁹¹

The following year the College's first President, John Belisario CMG CBE ED, died. His contribution to the development of dermatology in Australia, through the establishment of the DDM and the *Australian Journal of Dermatology* in the post-war years had been considerable and his efforts towards achieving a chair in dermatology unflagging. In the same year, Adrian Johnson, who had edited the journal from its first issue in 1951, retired from the position and was succeeded by Rex Becke.

New trends in dermatology were emerging. During the 1970s the growth of immunology influenced greater use of immunosuppressive therapies for a number of skin disorders.⁹² In 1976, PUVA therapy was first used in Australia by

dermatologists.⁹³ In that same year, the College gave tentative support to members Ian Stahle and Ken Paver to establish skin and cancer foundations in both Victoria and New South Wales and the first PUVA treatment was carried out under the auspices of the New South Wales foundation. It took several more years before the Victorian foundation got underway.

In 1977, Dr Perry Robins of the American College of Chemosurgery extended an invitation to College to send a fellow to the United States to learn the technique of Mohs surgery. Developed in the 1940s by Dr Frederick Mohs, the technique offered the advantages of complete removal of skin cancers with only minimal loss of surrounding tissue and therefore less scarring following the surgery. Dr Robins was invited to Australia in 1978 and, at the Skin and Cancer Foundation, delivered a four-day workshop for College members, plastic surgeons and pathologists on the techniques of microscopically controlled skin surgery. Robins taught the gathered dermatologists

*the art of skin surgery, Z-plasty, rotation flaps, buried sutures etc. using pigs' trotters and forelegs. Four hours were spent on perfecting on the pig skin those surgical techniques for filling in an excisional gap that most of us had never been taught during our years of undergraduate or graduate training.*⁹⁴

Robins' visit, wrote Rex Becke and Brian Hill, marked 'one more milestone in the history of dermatology in Australia'.⁹⁵

The College had come some way since its inauguration in 1967. From a total of 110 members (foundation and ordinary) in 1967, there were 169 fellows by 1978. The training system, which had been painstakingly built from three training posts in the whole of Australasia in 1967, had grown to include 25 College-accredited posts. The College's qualifications were recognised by Australian authorities. The College had even hosted its first international congress with the Pacific Congress of Dermatology in Sydney in 1975. Not all of the hopes expressed for the College by its founders had yet been achieved and storm clouds still hovered over the status of training in New Zealand. However, the establishment phase of the College had well and truly been achieved.



Participants at the Annual Scientific Meeting 1969 in Melbourne.



Pacific Congress of Dermatology cocktail party 1975

L to R: Rex Becke, unknown, unknown, Peggy Becke, Shirley Abbott, Bill Lempriere, Enid Cains and Lewsbe Abbott (in background, far right).

IT STARTED FROM SCRATCH



Fellows at the 1987 World Congress of Dermatology in Berlin

L to R: Bill Regan (President), John Brennan (Past President), and John Reid (President-elect) (courtesy of Bill Regan).



Three former presidents of the College

L to R: Bill Regan (1985–87), Lewsbe Abbott (1973–75) and Brian Bartlett (1989–91) (courtesy of Bill Regan).



President Ian McCrossin (right) presents Emeritus Professor Ross Barnetson with the College's Silver Medal in 2009.



Professor Robin Marks, first Professor of Dermatology at the University of Melbourne.

3

CONSOLIDATING

1978 – 1988

In 1978 Australians flocked to see films such as *Grease* and *Saturday Night Fever*, wearing their flares and big-collared shirts. They danced to the music of the Bee Gees and cruised around in their Holden Kingswoods or Ford Fairlanes. Politically, the turbulent days of the dismissal of the Whitlam Government had given way to the more measured agenda of Malcolm Fraser and the Liberal-National coalition which had convincingly won the election of 1977. Socially, the angst of the Vietnam War had retreated and a second wave of feminism was in the ascendant. Economically, however, unemployment was rising, as was inflation, bringing Australia into a period known as 'stagflation'.¹

In the area of health, the Fraser Government sought to modify many of the social reforms introduced by the Whitlam Government, including the Medibank scheme. In 1978 changes to health care included a bulk-billing arrangement that would pay doctors 75 per cent of the scheduled fee for treating the disadvantaged and 85 per cent for pensioners, but doctors could not recoup the difference from patients.² Given the rates of inflation it was therefore not surprising that in 1979 the Australian Medical Association was pressing for an average increase of 17.4 per cent in doctors' fees.³

As the College moved out of the 1970s its establishment phase was completed and membership was nudging 170.⁴ The structure of management, although basic, was sound and the transition from a University of Sydney-based Diploma of Dermatological Medicine (DDM) to a College-administered training course was firmly in place. Now was the time for the College to consolidate and improve. As a small College, there was still work to be done to gain respect within the medical profession, to improve its organisation and training program, to foster the interests of members and to communicate the role of dermatologists to the general public.

By the late 1970s dermatology as a practice was changing. New surgery techniques for removing skin cancers were being explored and the 1980s saw the introduction of new cosmetic treatments using lasers and collagen injections. Marshall Hanna, who switched from cardiology to dermatology in the 1970s, recalled:

[It] had been a kind of a Cinderella subject ... but then the face of dermatology changed and it became much more scientifically oriented. It started to take a very prominent part in the medical field and I thought it was an interesting part

of the workforce to get into ... A lot of dermatology is to do with internal disease as well and I was pretty well trained in that and I thought the combination of the two [skin and internal medicine] would be quite useful. So I think that's one of the reasons I went into it, just a bit of a new challenge.

Similarly, Warren Weightman, who trained in the early 1980s, recalled that when he was a registrar 'the retinoids became available' and 'the effectiveness of isotretinoin radically changed the way we were able to treat acne and the use of etretinate and then acitretin improved the treatment of psoriasis and inherited skin disorders.'⁵

But for the College there were challenges on the horizon. A major concern was what was happening in New Zealand: training was inadequate and registrar positions were being taken by those not intending to complete the ACD exams. In Australia the imposition of the federal government through the establishment of the Australian Medical Council and changes to universal healthcare subsidies had implications. Further, a lack of training positions was limiting the growth of the profession and this prompted dermatologists to find a way to cater for the need outside the confines of the public teaching hospitals.

In 1988 the College approved the design of an official crest.

The motto, *Refulgent in Tenebris*, means 'to succeed in difficulties' or 'to shine in darkness'.

MANAGEMENT AND GOVERNANCE

In 1978 Miles Havyatt was in the chair, having taken over as president from Eric Taft. Havyatt was a protégé of John Belisario; having completed the DDM in 1949 he had joined Belisario's Macquarie Street practice. Havyatt had also attained the MRACP, lectured at the University of Sydney and consulted at the Royal Prince Alfred Hospital. By the 1970s he shared a practice with his wife, Betty, also a dermatologist. Joining the leadership team were Brian Bartlett as treasurer and Richard Armati as honorary secretary.⁶ Armati was indicative of the next generation coming through — one who had made the transition from the DDM to qualifying under the auspices of the College, passing the College's part two examination in 1973. Havyatt, Bartlett and Armati, unlike many of the founders, had not served during the Second World War.

Others to serve as president during this period were Malcolm Deakin (1979-81), Lance Cains (1981-83), John Brenan (1983-85), William (Bill) Regan (1985-87) and John Reid (1987-89).

The College Council continued to be constituted on the principles of proportional representation. This worked well. The founding members of College were still active and influential and the articles of association continued to be refined and updated as better ways of operating were identified. As William Land explained, 'people were expected to take executive positions initially at state level, then finally at federal level so they learnt how College worked, understood the difficulties faced by College, understood the amount of work that it involved in being an executive member of College and in general broadening their education and experience.'⁷ As with many organisations run on a voluntary basis, a 'tap on the shoulder' was the *modus operandi*. Warren Weightman, a member of the South Australian Faculty, recalled:

There was the SA faculty and they had their own chairman, secretary and treasurer, so usually it would be the senior dermatologist, often the chairman, who would tap somebody on the shoulder and ask them whether they wanted to be the next chairman or councillor.⁸

Marshall Hanna first attended Council meetings as the South Australian representative in 1982. He recalled that ‘they were very friendly meetings’ but ‘the bigger faculties were quite dominant because they had the numbers.’ Hanna believed that at times there was a degree of parochialism between the states ‘but as time went by people seemed to become less aggressive and more agreeable, seeing the College as an Australian thing rather than ... just thinking about their own faculty.’⁹

In terms of the day-to-day running of the College this was largely handled by the Honorary Secretary, Richard Armati, and an employed secretary-cum-office administrator, Sue Brodziak. As Richard Armati pointed out, ‘Sue was *the Office* — I knew everyone, everyone by name and sight — and she did all the work, checking things, the lot and then would run it past me or the president.’¹⁰ Sue Brodziak resigned in January 1987 after 20 years of service to the College.

New South Wales and Victoria sort of dominated a bit, but in those days when I was part of it, [it was] quite a civilised sort of council meeting, fairly simple, straightforward ... always formal, properly run, and when I was on the council there didn’t seem to be a lot of unpleasant disagreement between anyone.

Marshall Hanna

In the 1970s and early 1980s the office was located at 271 Bridge Road, Glebe.¹¹ According to Armati, ‘it was just a little building that used to be a butcher’s shop and it was two storeys, not very big, but it was perfectly adequate for the numbers of fellows we had at the time.’ He also recalled that ‘every year there’d be a Committee appointed to look at new premises ... but they could look as hard as they liked there was no money for it.’ The council minutes bear this out — when it came up for discussion in November 1986 the figure of \$250,000 was recorded as the amount needed to obtain larger premises but it was resolved to be ‘too much’.¹²

While the executive arm of Council — namely the president, president-elect, honorary secretary and honorary treasurer — handled the College’s administrative matters, more specialised areas of interest were delegated to sub-committees. Committees operating during this period included:

- Scientific advisory committee
- Fees committee
- Review of Articles (of Association) committee
- Library committee
- Editorial committee
- House committee
- Endowment fund committee
- Education fund committee
- Public relations committee
- Skin cancer prevention campaign committee

In addition to these committees, and arguably the most important, was the Board of Censors which managed all aspects of training and education. Chief Censors during this period were Wal de Launey, Graeme Beardmore, John Kelly and William Land.

TRAINING AND EDUCATION

In the late 1970s the College made some minor changes to its training program, such as adding multiple-choice questions and a long essay to the part two examination, but much of the training was still self-directed.¹³ As Greg Crosland explained:

We were given a bunch of textbooks and were told, 'Learn these.' There were no curricula as such, no learning objectives, no modules, you just had to learn it. The VMOs at the teaching hospitals were quite generous in that they and their registrars coordinated monthly meetings which we were generally encouraged to attend. So you'd jump in the car and head off to Westmead or to Concord or wherever, and have the opportunity to examine patients, take a history and be grilled by the VMO panel until 6 pm or later. It was the best learning experience.¹⁴

Douglas Gin from Victoria experienced the New Zealand training system first-hand. Gin had failed to gain a training place in Victoria in the early 1980s so took up a place offered in Christchurch, New Zealand.

The thing about New Zealand is that they have two streams. At that stage they had the college stream but they also would go for physician training. So [with] physician training you pass your exams before you pick your specialty and then you just do it for a year so, there's actually no exam at the end. So there's no pressure to actually learn a lot of fine detail, which is what we needed for our exams. They then travel for a year overseas to finish off their training.¹⁵

Gin felt fortunate to be able to finish his training in Australia. After returning to Victoria he noticed that training methods varied a lot between states and that this difference was particularly obvious between Victoria and New South Wales. He could see many advantages in the way registrars worked and studied in Victoria:

It was a rotating system so that all the registrars would go to various clinics together and you knew your standard the whole time. And you were also with the people who were going to pass the exams, who were very close to sitting exams. They set the standard and you knew what standard you had to get to and everything filtered down from there. I think I would have struggled to get through the exams from New Zealand.¹⁶

In 1985, the federal government signalled the establishment of the Australian Medical Council (AMC). This body would replace the Australian Medical Examining Council, the British Medical Council and the National Specialist Qualifications Advisory Committee. The role of the AMC would be to supervise the nationwide registration of medical practitioners and arrange accreditation of hospitals and medical schools. As a member of the Combined Education Committee of Clinical Colleges (CEC), dermatologists were anticipating 'some representation' on the AMC as part of a rotating arrangement.

Perhaps also anticipating the more rigorous oversight of medical training to come, in 1985 the College made the significant decision to extend dermatology training from three years to four years.¹⁷ Extension of the training period had been

debated by Council since 1981. Varying opinions had been expressed on the value of the fourth year being devoted to research or special projects, but ultimately it was resolved to make it a full training year with the part two examination being sat towards the end of that period.¹⁸ The change to four years was also seen as the solution to the high failure rate for the part two examination at this time.

Something that had not changed was the selection process for entry to the training course. By the late 1970s interest from medical graduates in gaining dermatology training had increased significantly and by the mid 1980s College was advising its faculties to make applicants aware that passing the part one examination did not ensure them a training place.

When Stephen Shumack trained in the late 1980s, the course was four years, but it was clear that the selection process and the format, or delivery, of training still lacked rigour and structure. Shumack recalled:

*When I started in dermatology you were accepted by the institution that trained you, so I was given a position at St Vincent's Skin and Cancer Foundation. College had nothing to do with it. The College set my pharmacology exam, the College set my part one exam that I had to pass before I could get in, and College set my part two exam, but really had no involvement with the training itself. That was expected to be done with the institution that you were employed by. It was the in-house, on the job, apprenticeship sort of model ... 'here's the text book, read that.' 'Here are the journals you need to read,' you know, 'we'll examine you on anything, anything associated with the journals or textbooks.'*¹⁹

It was not surprising, given that much of the training was self-directed, that there was a high failure rate in the 1970s and 1980s. Warren Weightman, who trained in Adelaide, recalled that he failed the part two examination on his first attempt in Melbourne, despite having had excellent teachers, including John Reid, Geoff Hunter and Dudley Hill. 'That was the situation at that time and for a number of years after ... you got that impression they were trying to fail people when I went through.'²⁰ Alan Cooper pointed out that, when he was training in the early 1980s, 'all of the registrars felt intimidated by the system.' He had difficulty initially passing the part two examinations simply because he had no clear idea of what was expected of him and tended to overcomplicate his responses. If registrars wished to attend the annual scientific meeting, he explained, 'we had to write to the Honorary Secretary requesting permission to attend and if permission was granted, we were advised that we must sit in the back row and we were not allowed to ask any questions of any of the speakers.'²¹

The New Zealand problem

While there was room for improvement in the structure and delivery of dermatology training in Australia, there were more serious problems on that front in New Zealand. Since 1975 the College had been aware that members in New Zealand had entered into negotiations with the RACP in New Zealand, although they 'lacked the authority to do so', to place dermatology training under the auspices of the RACP. As a result of one particular instance when council became aware of this action, Drs Park, Muir and Stringer were sent a stern letter censuring them 'for usurping the powers of

Council’.²² Soon after, President Eric Taft compiled a detailed three page circular to all members pointing out that negotiations by the New Zealanders were ‘a serious breach of the Articles of Association.’²³

At the next Council meeting following the censure, in May 1976, Miles Hursthouse was in the hot seat — apologies were tendered and Park’s resignation offered (although not accepted). Despite this admonition Hursthouse felt compelled to make it clear that the majority of New Zealand members still favoured training through the RACP. He wished it to be recorded that New Zealand members considered their support of the RACP through the New Zealand Dermatological Society ‘to be not incompatible with their avowed support of the ACD.’²⁴ The Australians were not convinced; the annual meeting planned for New Zealand in 1978 was immediately ‘postponed’ until 1980.

John Brenan, a foundation member and president of the College from 1983 to 1985, recalled that things began to change in New Zealand after Harry Black died. Black had also been a foundation member of the College and on the Board of Censors from 1973, when it was headed by Geoff Hunter and subsequently Brenan himself. Black also served on the Overseas Qualifications committee with the likes of Miles Havyatt and the Education and Accreditation committee with Eric Taft. At the time of his death in 1975, at the age of only 56, Black was in a full-time post as physician-in-charge of the Department of Dermatology at Auckland Medical School, having previously been convenor of postgraduate dermatological teaching.²⁵ It seems apparent that towards the end of the 1970s and into the early 1980s there was no other dermatologist in New Zealand as connected with the training practices expected and accepted by the College.

The training in New Zealand was pretty poor and Wal de Launey, who was then the Chief Censor, and I – we were on the Board of Censors – we went to New Zealand to have a look at the training. We went to Auckland, Wellington and Dunedin and the problem was in those days there weren’t enough dermatologists.

William Land

When John Brenan travelled to New Zealand to a meeting in Napier he concluded that the College had lost control of the New Zealand training programs. Brenan observed that the New Zealanders were ‘not sitting for the part one anymore. They were doing the College of Physicians’ exams.’ Brenan recalled later that the New South Wales Faculty in particular pushed strongly for separation and he concurred: ‘It did seem to me that we really ought to go our separate ways.’²⁶ This was also the opinion of Richard Armati who, as honorary secretary, was closely involved in ‘the New Zealand hoo haa.’

We kept writing to the people over there who were the heads of the department and saying ‘look you’ve got to appoint someone to train under our auspices, not the College of Physicians.’²⁷

Interestingly, according to John Brenan, the College of Physicians in Australia did not support their counterparts in New Zealand; they backed the ACD and disassociated themselves with ‘the New Zealand situation’.²⁸ To make matters worse, many Council members felt that New Zealand member, and former College president (1971-1973), Ralph Park effectively betrayed the College. Armati recalled that Park’s backing of the College of Physicians in New Zealand ‘absolutely incensed us.’²⁹

William Land, who was on the Board of Censors at this time, pointed out:

Those who had the DDM or the FACD and were registered as specialists could continue on but the New Zealand authorities weren't interested in registering newly graduated people with the FACD. Now, we felt that that was done in a very underhanded way. Miles Havyatt, who in fact was originally a Kiwi but had grown up in Sydney, was particularly vociferous about it ... people here felt very strongly about it and felt they'd been stabbed in the back by the Kiwis, particularly in the person of Ralph Park.³⁰

When Bill Regan took over the presidency in 1985, the New Zealand problem had still not been resolved. In Regan's words the time had come to 'drum them out of the regiment.'³¹ Armati concurred: 'we said "all right, you're not going to be part of our College anymore" and there was a whole lot of stink in council meetings and it took two goes to the Annual General Meeting to get the Constitution changed to boot the New Zealanders out.'³²

Not all New Zealand members were happy to go their own way. Armati recalled, 'there were a lot of very torrid times in the Council meetings and the Annual General Meeting with some of the New Zealanders who didn't really want to be separated.'³³ Regan also recalled that the Council had resolved to change the name of the College from Australasian to Australian, but '[Brian] Hill from New Zealand pleaded that we keep "Australasian" because one day New Zealand might want to come back. I lost that fight', said Regan, 'we put "Australasian" back in.'³⁴

In November 1986, the New Zealand Faculty was formally dissolved. Council resolved that New Zealand members would be required to pay only 50 percent of the annual College subscription but the whole of the annual subscription of whichever regional faculty they elected to join. As a result, 14 (of around 20) New Zealanders joined the South Australian faculty. Marshall Hanna believed that 'the reason they joined the South Australian faculty was it cost them very little; it was a cheap faculty to join. Every faculty had its own subs and ours was the cheapest so most of the New Zealanders joined ours.'³⁵

If there was any lingering goodwill towards colleagues across the Tasman, it was certainly not evident in May 1987 when Council resolved that New Zealand dermatologists who were not ACD members would not be permitted to attend the College's annual scientific meeting.³⁶

Establishing a professorial chair in dermatology

While Australia celebrated the bicentenary of white settlement in 1988, the College celebrated the milestone establishment of a chair in dermatology at the University of Sydney — the first in Australia.

The College had begun the work of establishing the chair back in the 1960s, with John Belisario first formally proposing it to the council of the DAA in March 1964. In his inimitable style, Belisario went straight to the top — he made representations to the Minister of Health and the Prime Minister with the suggestion that either the University of Sydney or Melbourne would be an appropriate institution.³⁷ Subsequent correspondence on the matter indicated, however, that the Minister of Health favoured establishing the chair at the University of New South Wales, rather than at Sydney.³⁸ For many fellows, the future of dermatology as a recognised and respected medical specialty was contingent on establishing a chair at a leading university.

Despite the matter popping up from time to time at council meetings, the push for a chair lost momentum during the late 1960s and early 1970s as the College focussed on matters more pertinent to its own establishment and responsibilities. However, by 1976 it was back on the agenda and David Downie was endorsed to 'continue negotiations with the New South Wales Health Commission.' In addition, all faculties were asked 'to communicate any suggestions to the secretariat' with Ken Paver nominated to co-ordinate the responses.³⁹

The following year the College's approach to the New South Wales Health Commission was rejected but, undeterred, Council formed an ad hoc committee consisting of Havyatt, de Launey and Paver, to formulate a proposal to put to the Commonwealth Department of Education and Health.⁴⁰ By 1978 there was still no chair and members of council had serious concerns about the willingness of universities to create a chair.⁴¹ Richard Armati reflected on the politics at play and the motivation behind the drive by dermatologists to gain a presence in academia:

*What goes on at the Uni with all these competing interests is incredible ... each speciality wants to give its lectures and dermatology was getting absolutely crunched because we didn't have any representatives on the academic boards and we were getting pushed to one side, big time.*⁴²

In May 1979, there was a breakthrough when Miles Havyatt (by then immediate past president) reported he had received written confirmation from the Vice Chancellor of the University of Sydney that a chair would be established.⁴³ The next hurdle, however, was funding as the university, according to Richard Armati, had stated: 'we won't pay a cent.'⁴⁴ The New South Wales Faculty immediately appointed a committee to raise the required capital, a substantial sum of \$600,000.⁴⁵

The College worked diligently to raise the funds, but every time it got close to reaching the target the goal posts were moved a bit further away. In 1984, the Vice Chancellor advised that \$1,000,000 would now be required. By this stage, the College had raised \$400,000 which it was told would fund 'a lecturer or reader or staff specialist at Royal Prince Alfred Hospital with academic standing', but not a professor. This was a great disappointment to the College and also extremely frustrating. Bill Regan remembered 'it was a great deal of trouble getting a professorship, they weren't all that keen and I think we were held in very low esteem in those days ... we'd get \$250,000 on the first call and then they wanted \$500,000 and then they wanted \$750,000 and so it went on.'⁴⁶

The time had come for an ultimatum. In April 1984, Council resolved to advise Sydney that their donors would be approached 'to see if they would be willing to transfer funds to Monash University' in Victoria.⁴⁷ Bill Regan recalled:

*Eventually Rick Armati and I had a meeting with the Vice Chancellor of Sydney University and at that stage of the game Monash was contemplating a professorship, so I said, 'well now if you people don't want the money ... would you object if we transferred it to Monash,' and it went over like a lead balloon. I was never invited back.*⁴⁸

Armati recalled that a week after their meeting 'the phone rings and it's the Vice-Chancellor saying that the Purves Foundation, which is one of the foundations at Sydney University, would come to the party for the other half [of the funds required]

and it would be called the Purves Chair of Dermatology. So, we got our chair.’⁴⁹ However, while the ultimatum had the desired effect, the University of Sydney still dragged its heels. Finally, in April 1986 the position was advertised, but the university — presumably demonstrating that it wouldn’t be dictated to — went ahead with the selection process without an official College representative on its selection committee.⁵⁰ Nevertheless, the College had prevailed. By May 1987, Ross Barnetson of Edinburgh had been appointed and took up the chair in early 1988.

Given the somewhat tortured process to establish the chair, it was not surprising that Barnetson’s presence at College meetings and events was initially viewed with a degree of ambivalence. Many would have wished for an Australian to be the first professor of dermatology, but Barnetson soon proved his worth and became a valued colleague. Marshall Hanna recalled ‘there was always that resistance to someone coming from overseas ... but as it turns out, he’s been a great success.’⁵¹

For Barnetson himself, arriving in Sydney was something of a culture shock. He was accustomed to a ‘big research department’ in Edinburgh but found that Sydney had no facilities to speak of either at the university or the associated teaching hospital, the Royal Prince Alfred. Barnetson recalled: ‘I was literally given a room with a desk and a chair and had to go from there.’⁵²

Introduction of continuing education

In the late 1970s the Board of Censors recommended to Council that the College should implement a structured continuing education program. Council accepted this and all fellows were circulated to give feedback on the proposal. Not one reply was received.⁵³ Council, perhaps mistakenly believing this indicated widespread acceptance, directed that the program would be implemented in 1981. It was proposed that the equivalent of 50 hours per year of suitable work should be undertaken and a method of supervising the program was under consideration.⁵⁴ Richard Armati recalled: ‘the thing that initiated that was Mr Hunt, who was the Minister for Health around that time, had threatened us with it, not just us but all the colleges. He made grumblings and things about it, so we went ahead and did it and I’m pretty sure we were the first.’⁵⁵

*It was pretty simple: it was just basically recording the hours of what you did and, you know, teaching or whatever and I think it was mainly teaching, not home reading, that gave you points and we tried to enforce that and make people do it.*⁵⁶

It soon became clear that fellows were generally reticent to participate in a continuing education program. In 1984 it was recorded that only 54 forms had been returned.⁵⁷ By 1988 however, with the release of the Doherty report — an in-depth analysis of medical training and education in Australia — it became clear that all medical colleges would soon be expected to have mandatory continuing education programs. Indeed, if ‘recertification’ was to be introduced there was a distinct possibility that this would be dependent on evidence of continuing education. It was at this time that Chris Commens, who headed up the Future of Dermatology committee, was requested to present ideas for a formal program.⁵⁸

Establishing the Skin and Cancer Foundation, Sydney

While the College persisted with campaigns to gain more training positions, to establish chairs in dermatology and to generally raise the standard of the profession through the accepted channels, a handful of fellows took dermatology in another direction. In the spirit of those who founded the College itself, they pooled their skills and resources to establish the Skin and Cancer Foundation in Sydney in 1976.⁵⁹

We got a lot of equipment. We had our PUVA machines and that was a source of money as well, we had an X-ray machine, we had a surgical machine, surgical operating theatre. And we had a pathology laboratory, we had everything that would normally be —well what we thought would normally be — available to dermatologists anywhere in the world, which wasn't available in Australia, not in those days at any rate. And so one thing led to another and it's done well.

Bill Regan

In the 1970s it had become clear that the aims of College were not being met by the universities or the hospitals and the College itself was not constituted to develop its own clinical or teaching unit. As Ken Paver pointed out, dermatology as a minor specialty was in competition with many other specialties in the teaching hospitals 'and it had no workplace in which to assemble the necessary concentration of patients and dermatologists necessary to stimulate development.'⁶⁰ For this reason the College endorsed the idea of a national skin foundation in May 1976, with Ian Stahle in Melbourne and Ken Paver in Sydney asked to 'co-operate' on the matter.⁶¹

Members of the New South Wales Faculty were the first to get it off the ground, with Ken Paver, Ray King and Ken Poyzer taking a leading role. Bill Regan recalled discussing the situation in the 1970s with Paver and they commiserated on the lack of facilities and equipment provided at the various hospitals. Regan had vivid memories of being allocated a clinic area at Sydney Hospital which was 'a darkened room for the eye people.'⁶² Paver, King and Poyzer 'hired rooms from the nuns ... opposite St

Vincent's Hospital' and what started out as a small specialist clinic became the Skin and Cancer Foundation. It was, according to William Land, 'the first tertiary referral dermatology setup in Australia.'⁶³

There were a number of people who worked there, all for free, and fees that they generated went into building up the Foundation assets and facilities so that the Foundation had equipment that wasn't available anywhere else in Sydney and it was supported by the great bulk of people [dermatologists] in Sydney ... I was happy to work there, you know, for purely the warmth engendered by working as an honorary in the truest sense of the word.⁶⁴

The Foundation was established as an ancillary body to the College with its Articles providing for one director to be appointed by the College and all the other directors to be elected by the ordinary members of the Foundation. To maintain the connection with the College only 25 percent of directors could be non-fellows. Having a small percentage of directors from outside the profession allowed the Foundation to bring in expertise from business, charities and consumer interests.⁶⁵

In 1979, an agreement with Sydney's St Vincent's Hospital allowed the Foundation to become involved in the training of dermatology registrars.⁶⁶ In addition, the Foundation offered facilities and resources which advanced the skills of dermatologists generally as well as in sub-specialties.

Regan pointed out that Paver prevailed upon him to do surgery at the Foundation and then he eventually established their dermatopathology laboratory.⁶⁷ Subsequently

Steve Kossard took over the running of the lab, after gaining skills and experience overseas. Regan believes that the Foundation's lab became a world-leader under the stewardship of Kossard.

The sub-specialty of Mohs surgery also had its beginnings in Australia at the Sydney Skin and Cancer Foundation. The Foundation brought the renowned American dermatologic surgeon Perry Robins to Sydney to teach the Mohs technique to a select number of Australian dermatologists. William Land recalled that he and Lance Cains were two of the first in Australia to undertake Mohs surgery:

We had a week's course at the Foundation and operated on a number of patients. Lance and I were working on it together there at the Foundation. But when Rob Paver came back — Rob was the registrar at Concord Hospital in Sydney — I bowed out of it. Although Lance and I were the first ones in Australia, the first Australians doing it, Rob was obviously much better qualified and experienced and so I thought, you know, best leave the field to him and he's subsequently trained quite a number of people at the Foundation here and people in Melbourne.⁶⁸

By 1988 the Sydney Foundation had moved to more substantial premises, a four-storey building in East Sydney on the corner of Bourke and Liverpool streets. In the same year it established affiliation agreements with St Vincent's Hospital and the University of New South Wales 'thus forging strong academic links.'⁶⁹

The Skin and Cancer Foundation was renamed the Skin and Cancer Foundation Australia in the late 1980s and flourished in its new premises. There were several sub-speciality clinics such as patch testing and laser, as well as an increase in general clinics to enhance registrar training. Training and dermatological services expanded to Ashley Lane near Westmead Hospital in the 1980s as well and it was here that the training in Mohs surgery and an accredited day surgery centre really got off the ground.

More recently the Darlinghurst branch of the Foundation moved to a new purpose built facility in Crown Street and the clinical arms of the organisation were renamed 'The Skin Hospital'.

PROFESSIONAL LIFE

Membership of the college was growing — by 1988 there were 222 members — but there was still a shortage of dermatologists in most states. In 1978, the College conducted a manpower survey and concluded that there was a 'maldistribution' of dermatologists within most faculties.⁷⁰ Victoria and New Zealand were deemed to be the most lacking with deficits of 10 and 20 respectively. Unfortunately no statistics were received from Western Australia. The establishment of the skin and cancer foundations in Sydney and Melbourne boosted the number of training places over the ensuing years, but dermatologists still struggled to meet the demand for their services.

By the mid 1980s the manpower issue was still a problem. The College received queries from medical organisations in Cairns and Canberra, in particular, 'regarding lack of dermatological representation in their cities.' In 1986 they were notified that a Commonwealth Working Party into medical education and manpower would begin

the following year. However, the ratio considered appropriate for dermatologists per head of population was 1:80,000 and this was actually being met. The main problem was still maldistribution.⁷¹ This is a matter which would challenge the College and attract the attention of government health authorities into the next decade.

New fellows setting up in private practice also lacked business skills. When Greg Crosland gained fellowship in the 1980s he had already worked in the practices of many established colleagues, but admits that he had no knowledge of how to run a practice.

It was the general rule that, after gaining your fellowship, you would work for other dermatologists for a while. I had no money behind me to start up a new practice anyway. I can recall no attempt in our training years to train you as to how to run a practice and what it's like to be running the show with secretarial and other staff, bills, accounting, surgical supplies, dictating letters and so on. You gained this knowledge through the experience of being a locum for established dermatologists.⁷²

The annual scientific meeting

Bridging the gap between education and professional life, social interaction and academic advances was the College's annual scientific meeting (ASM). The meetings, which were rotated around Australia, were generally organised by the local faculty. An overseas professor or expert in a particular sub-specialty was always the keynote speaker with expenses met by a pharmaceutical company — usually Essex Laboratory or Schering Corporation.

Over time the meetings became a reliable source of income for the College with pharmaceutical companies paying for the opportunity to demonstrate their products. Nevertheless, the College grappled at times with the boundaries of pharmaceutical sponsorship, debating the benefits to the College as a whole over the perceived benefits to individual practitioners.

I did the audio/visual for meetings of the SA Faculty, including the annual scientific meetings when it was our turn to run them, in my later years of training and when I first became a fellow.

I was an expert on the old carousels and had two spares. Sometimes speakers got slides out of order and/or forgot to put lids on properly and slides would fall out if the carousels were turned over.

Marshall Hanna

However, the ASM was not only a chance for fellows to update themselves on clinical, therapeutic or academic advances, it was also an opportunity for renewing friendships and cementing collegiality. Richard Armati recalled that, during the 1970s and 1980s, the meeting would 'start on Sunday and meander along and Wednesday afternoon we'd go off on a boat trip or do something; we'd have a couple of dinners with all the spouses, female spouses, and it was a social event as well and everyone knew each other.'⁷³ William Land also appreciated this aspect of the ASM:

I think College by the very title "College" is something more, and I think the promotion of interpersonal relationships, particularly in a country like Australia where there's enormous geographic distances between the various centres, is important.⁷⁴

By the end of the 1980s the ASM was becoming less of a 'them and us' situation for registrars, but there was still a defined hierarchy. Greg Crosland recalls that

when he was a registrar he was encouraged to attend the ASM but social events were another matter. 'The College scientific meeting had a college dinner as part of the program and I'm pretty sure that, as a registrar, you were not allowed to attend. I can't remember when this rule changed, but attendance at the meeting itself was never an issue in my day.'⁷⁵ David Wong, who also trained in the mid-1980s, similarly recalled that he was expected to attend the ASM as a part of his training, but the social functions were off limits: 'College had its annual dinner. That was for fellows, so trainees were not invited to that, so often one of the pharmaceutical companies had a dinner elsewhere.'⁷⁶

Grants and bequests

In 1977, as the College began to accumulate funds from donations and bequests it initiated a travelling scholarship for a young dermatologist to attend the meeting of the American Academy of Dermatology every year. On the recommendation of the Board of Censors, the award was to go to the most outstanding new fellow following the part two examination. The first recipient was Ivan Robertson of Brisbane and the funding in this first instance was topped up by Glaxo Australia.⁷⁷

By 1980, when Dudley Hill of Adelaide was awarded the travelling scholarship, the funds were available from the College's endowment fund but it was clear that the College had over-estimated the cost of this scholarship. The minutes of the annual meeting for 1980 recorded that Council 'hoped ethical manufacturers exhibiting at the Annual Meeting will contribute to this cost in future years.'⁷⁸

In 1984, the College received a substantial bequest of around \$650,000 from the Florance family.⁷⁹ Frederick Florance (1892-1972) was a foundation member of the College and held in high esteem by his peers and many younger dermatologists whom he had mentored.

The timing of the bequest is interesting as it occurred at a stage in the College's development when the funding of activities by pharmaceutical companies was becoming problematic. In addition, substantial donations directed towards establishing the chair in dermatology had exhausted funding sources for professional grants or awards. The Florance Bequest was therefore a significant boost for dermatology as a profession, opening opportunities for fellows to gain extended skills and experience. The struggle to establish the chair in dermatology had some bearing on the use of the bequest. Richard Armati recalled that when word of the bequest became known many academics 'were very keen to get their hands on this money.'⁸⁰ Council quickly resolved that the funds would not be used to support research projects or pay for assistants or equipment. The money would be wisely invested with the capital preserved and the interest directed towards grants.⁸¹

James Rohr recalled that his Perth-based colleague, Carl Vinciullo, got the first Florance Bequest in 1986. 'It was worth \$30,000, which was a lot of money then but that's what it cost him to go to New York to study with Perry Robins who at that stage was regarded as the Mohs expert.'⁸² When Vinciullo returned to Perth he set up the laser clinic for port wine stains chiefly at the Children's Hospital as well as

After I finished College training, I applied for a Florance Bequest scholarship and I was awarded the equivalent of about 20,000 British pounds at the time to go and spend a year in London and that money facilitated the year. I worked under a Professor John Hawk at St Thomas' in London and I learnt the techniques of light testing and the principles of photo-dermatology which I then brought back to Australia.

Chris Baker

doing Mohs surgery. Rohr regarded him as ‘probably one of the most progressive dermatologists in Australia at the time.’⁸³

Other early recipients of grants from the Florance Bequest were Margaret Stewart, who travelled to the United States to study Mohs and laser techniques, and Susan Freeman who similarly travelled to the United States to study pharmaco-toxicology.⁸⁴

In 1988 Fred Bauer, a Victorian fellow, donated monies to establish a scientific research fund. Bauer had a particular interest in immunology. Grants would be made from this fund to allow fellows to conduct research or assist in the publication of papers.⁸⁵

Public relations

The area of public relations was not a strong suit for the College. Attempts to engage with the media, via press or television, to promote the expertise of dermatologists had not proved particularly effective to date. In 1980 Council resolved that the College should be ‘more aggressive in advertising itself and that the media should be notified of spokesmen.’⁸⁶ For each state the faculty chairman was deemed to be the College’s spokesman. However, it was collaboration with the various state cancer councils in their campaigns for the prevention of skin cancer which particularly highlighted the knowledge and skills of dermatologists.

Instrumental in bringing the cancer councils and the College together was Robin Marks, a Victorian fellow and subsequently the first professor in Victoria, taking up the chair at the University of Melbourne in 1995. Marks was involved in the first — and arguably most successful — public health campaign for preventing skin cancer which introduced the ‘slip, slop, slap’ slogan.⁸⁷ Before this time the College had been consulted on standards for sunscreen applications and the like, but was not actively contributing to public awareness of skin cancer.

Slip, slop, slap came out in the late 70s, early 80s and that morphed into the Sun Smart campaign. It was originally developed by Robin Marks, when he was at the State Cancer Council of Victoria. That became a Cancer Council initiative, with input from the College of Dermatologists. So we’ve always been involved with, assisted and helped to roll out those messages with the Cancer Council.

Stephen Shumack

In the mid 1980s the College set up a committee to promote a skin cancer awareness week in conjunction with the state cancer councils. The committee was comprised of one member from each regional faculty.⁸⁸ In 1985 the College contributed \$10,000 towards the cost of brochures and posters for general practitioners and feedback indicated that the campaign had been a great success.⁸⁹ In the following years the College consistently contributed \$5,000 to similar campaigns and the various state faculties also conducted their own campaigns, the most notable being the ‘battle stations’ campaign in Queensland.⁹⁰

Medicare

In July 1983 federal treasurer Paul Keating brought in a budget which realised one of the Australian Labor Party’s main election commitments: to establish Medicare from February 1984. Funded in part by a one per cent tax levy, Medicare would provide free basic public hospital services and refund 85 per cent of scheduled doctors’ fees, with a maximum patient contribution of \$10 per service.⁹¹

Medicare was not welcomed by dermatologists or indeed by the medical profession as a whole. However, the College took no direct action, believing the

matter was best dealt with by their 'union', the Australian Medical Association (AMA). In March 1984, in large advertisements in the national daily newspapers, the AMA drew public attention to the fact that the government, through its Medicare scheme, sought to limit the payment of medical benefits to private patients in public hospitals. The main bone of contention for the AMA was 'not about how much doctors earn or even about price control', it was 'about a power assumed by the government which could be used to destroy the rights of citizens to make private arrangements with their private doctors to treat them in hospital.'⁹² Richard Armati recalled:

*Oh, we all opposed Medicare, that's the Blewett scheme ... we all fought desperately. There were rallies or meetings and things and it just got steamrolled through of course, despite our objections.'*⁹³

For dermatologists, who treated the bulk of their patients in private rooms, the government's Medicare conditions had less impact than for other specialities, particularly surgeons. The College's response was to set up a Fees committee which would 'consist of some New South Wales fellows with power to co-opt members from other States' and 'to enquire into all matters regarding fees.'⁹⁴ The first committee comprised just two fellows — Bill Regan and Brian Bartlett — but soon included John Brenan and Richard Armati. Negotiations between federal and state governments, as well as recommendations from the Penington Enquiry into Rights of Private Practice in Public Hospitals, eventually led to acceptance of Medicare.⁹⁵ The Fees committee continued to keep a watching eye on appropriate fees for established procedures, but also gave advice on rates for new treatments such as laser therapy and Mohs surgery.⁹⁶ As Marshall Hanna explained:

*The Fees committee really discussed what we should charge our patients and what we should recommend to the government, to the medical benefits people, in terms of what we thought we were worth; that's how it worked out. And so we'd just make recommendations ... and they'd sort of take it on board and agree or not agree.'*⁹⁷

The journal

Adrian Johnson had been the editor of the *Australasian Journal of Dermatology* since its inception in 1951 but in 1977 he had handed over the reins to Rex Becke, who had been assistant editor for the same length of time. In 1986 — after 35 years' involvement with the journal — Becke resigned and the editor's job was taken over by Victorian, David Nurse.

Production of the journal in the 1970s largely relied on the competence of Sue Brodziak. Brodziak was employed in a secretarial capacity, but in reality managed many aspects of College administration. Bill Regan recalled that 'we had a little room in Macquarie Street then and she [Sue] used to do the work of reading the articles and so on, and it was pretty low key, but they got it done.'⁹⁸ Similarly Richard Armati recognised that Sue Brodziak did a lot of work for the journal. 'A dermatologist would review the articles as such, but she did most of the hack work, setting the journal up for publishing and she was a smart cookie.'⁹⁹

Nevertheless, by the time David Nurse took over the editorship, the journal was

struggling to maintain the quality of articles and to attract advertising, which was the main source of finance. In the mid 1980s, Council had debated whether to continue with the journal. In 1983 Becke reported to Council that the journal's finances and circulation are satisfactory but 'there is now a dearth of manuscripts available from the members of College of suitable quality' and 'this questions the survival of the Journal.'¹⁰⁰ The lack of an academic department of dermatology in Australia at this time no doubt contributed to this dearth of articles.

An incident that occurred in the early 1980s put the future of the journal in jeopardy and indicated the changing dynamics within the College. In April 1987, Adrian Johnson wrote to Council complaining that some statements in an article he had submitted to the journal had been deleted without his prior consent. He believed that this amounted to censorship and 'should not be the function of an Editor'. The Council was in a bind — did it support the old editor or the new editor? After much discussion Council tacitly backed the new editor, resolving 'that no action should be taken as it did not wish to censure the editor.' On learning that Council would take no action and to 'avoid controversy', Johnson resigned. Richard Armati elucidates:

[W]e had a major crisis because Adrian Johnson submitted an article to the journal and he'd been the Editor for ever, basically, and he was an expert on a whole heap of things in dermatology. But this article talked about the syphilis outbreak that occurred after the war and Adrian said 'well this occurred because of homosexual activity' and Nurse said 'you can't put that in the Journal' and Adrian said 'well it's there, I've written it, it's true'. And Nurse said, 'no, I won't accept that'. So Adrian Johnson resigned from the College. So that was a pretty significant thing for someone as senior as him.

Bill Regan, being president at the time, had the job of diffusing the situation. He recalled: 'John Reid and I had a meeting with him, eventually, at the University Club and he did come back, eventually.'¹⁰¹ The incident illustrated the changing generational attitudes within the profession. Nurse, who completed most of his training in the 1950s and 1960s, no doubt had a different outlook and different sensitivities to Johnson, who had trained during the 1930s and 1940s and served as an RMO with the 2/5th Field Regiment in the Middle East during the Second World War.¹⁰²

Within a year of the journal controversy Adrian Johnson had died. With the deaths of John Belisario, Ewan Murray-Will, Richard Perkins, Frederic Goldschlag, William Lempriere, Les Linn, Howard Linn and several other foundation members in the 1970s and 1980s, the culture of the College was changing. It was time for the next generation of dermatologists to step up to the plate.

IT STARTED FROM SCRATCH



College Council 1990–91

Back row (L to R): Greg Crosland, John Doyle, Eric Waine, Laurel Saywell, Terence Connors

Middle row (L to R): Sandra Congdon, Ross Barnetson, Richard Armati, George Varigos, Tanja Bohl, Judith Nedwich

Front row (L to R): Alan Cooper, James Rohr, Brian Bartlett, William Land, William Ryman



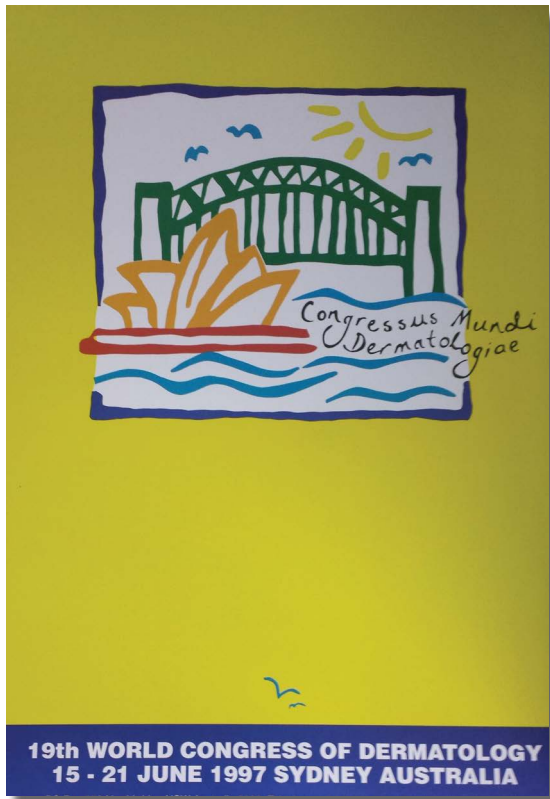
James Rohr
President 1991–93



Alan Cooper
general secretary for the World
Congress of Dermatology held in
Sydney in 1997



Ken Paver
instrumental in establishing the
Skin and Cancer Foundation in
Sydney



Poster produced for the 19th World Congress of Dermatology in Sydney



and samples of brochures prepared by College fellows for public education.

4

EXPLORING BROADER HORIZONS 1989 – 1997

As the 1980s gave way to the last decade of the 20th century, there was an air of progress and optimism about the future of the College and dermatology in Australia. The long-cherished hope of establishing a chair in dermatology had been achieved and more developments in academic dermatology were to follow. Strategic use of bequest funds enabled fellows of the College to travel overseas to gain expertise that would enhance dermatological practice in Australia and stronger connections were developing with international colleagues.

The College's role in public education campaigns in key health areas became more overt and there were efforts to promote a united voice on matters dermatological through public relations strategies and more effective communication between fellows. Perhaps the crowning achievement of the decade was the staging of the 19th World Congress of Dermatology in 1997, the first such Congress to be held in the southern hemisphere. As John (Jack) Sippe observed as he assumed the president's role in 1995, change appeared to be occurring more rapidly in the College than it had in the past. It was both 'exciting and challenging' to be president in such heady times.¹

Australians' enjoyment of a booming economy in the 1980s disappeared in 'the recession we had to have' in the early 1990s, before recovery got under way in the middle of the decade. Paul Keating, having challenged Bob Hawke for leadership of the Australian Labor Party, served as Australia's prime minister from late 1991 until 1996. In 1992 the High Court of Australia made its landmark Mabo decision, paving the way for the establishment of native title. An increasing proportion of Australia's citizens were of Asian, European and Middle Eastern origins and the idea that Australia should break ties with Britain and become a republic gained momentum. In the communications sphere, Australians connected to the internet for the first time early in the decade and, as household ownership of personal computers became more common in the late 1990s, so too did access to the internet.²

Each of the presidents who served the College during the 1990s had qualified as a fellow in the first decade of the College's existence. None had been foundation members. After 12 heroic years as honorary secretary, Richard Armati was grateful, in 1988, to find that someone had been found who was willing to replace him. For his part, Alan Cooper was motivated to try to change 'a couple of things' about the College when he accepted the 'tap on the shoulder' to take on the secretary's role.³

Like his successors in the role in the 1990s, Greg Crosland and David Wong, Cooper had qualified as a College fellow during the 1980s.

John Reid, president in 1988 and 1989, was pleased to note that dermatology was now attracting 'the best students.'⁴ The profile of the College membership was subtly changing. Although the number of fellows was gradually rising, several of College's foundation members announced their retirements from active practice at this time. Increasingly, women's names figured in the lists of those achieving fellowship of the College in the 1990s. In some years, they outnumbered men.

As the profile of College membership altered, efforts were made to maintain camaraderie among its fellows. It was Jack Sippe's idea in 1992 to introduce a membership book, complete with optional photos, so fellows 'could get to know each other better'. A sign of the changing times was the decision to make the inclusion of spouses' details optional.⁵ Communication between fellows across the College was improved by the introduction in 1989 of a quarterly newsletter, *The Mole*, named for the 'source of information rather than a black spot'.⁶ It not only enabled fellows to keep up with the achievements of their colleagues across the country, but also enabled Council policies and the rationales behind them to be shared with all College fellows in an 'informative but relaxed' manner.⁷

Another measure that was intended to boost inclusiveness in College affairs occurred in 1988 when there was 'general agreement' amongst College councillors that the 'status of registrars should be upgraded'.⁸ Alan Cooper remembered that 'recent graduates were, on the whole, very welcoming to my cohort of registrars when we were training ... so my cohort then were, I think, quite sympathetic to the trainees and tried to encourage them.'⁹ The Council reversed the College regulation that required registrars to seek written permission to attend the annual scientific meeting, voting in 1988 to allow them in as full delegates.¹⁰ Now the registrars had to 'write to get permission not to attend.'¹¹ A registrar's forum was introduced at the 1989 Annual Scientific Meeting. The College Council was delighted to find that 30 registrars attended this scientific meeting, in comparison with their poor attendance in the previous year.¹² It took somewhat longer, however, to break down the doors to the College dinner. Only in 1991 were registrars invited to attend for the first time.¹³

Along with the more 'welcoming' approach to would-be dermatologists, the College moved towards honouring its older statesmen in the last decades of the 20th century, creating the fellowship category of Fellow Emeritus for long and distinguished service to the College, in 1988. In 1992, Lance Cains and Eric Taft were the first fellows elected to this category for their 'outstanding contribution to College over many years.'¹⁴

RUNNING THE COLLEGE

One overdue decision made at the end of the 1980s was to move the College premises. There had long been dissatisfaction with the terrace in Glebe, which was in poor repair, badly located and subject to the occasional attack by vandals. There was insufficient space to properly house the College library.¹⁵ College Council had prevaricated over moving, primarily on the grounds of cost, but when a majority of fellows voted in favour of a levy to support the purchase of new premises,

obstacles were removed. The Glebe building was sold and the College secretariat moved to a house in a suburban shopping strip in Gladesville in 1990, with room for the Council to meet for interim Council meetings.

Extensive renovations allowed for an expanded library, with room for researchers and trainees. Gina Cottee, convenor of the Library Committee, set to work culling outdated books and journals and began ordering new subscriptions.¹⁶ In 1995 a professional librarian, Robyn Tolley, was employed for one day a week to properly catalogue the collection.

Robyn joined full-time staff members Rosie Galluzzo (later Cavaleri) and Chris Kauter. Rosie had replaced Gwen Hazelden in early 1989 as the office administrator, having previously worked at North Shore Hospital. Although she would become something of a College institution, she described her first year at the College as a 'steep learning curve'.¹⁷ As well as typing agendas and reports for Council, it was Rosie's job to type up minutes of Council meetings in the evenings, during annual meetings. She also handled the administrative correspondence associated with examination candidates.

Rosie recalled that, in her early years at the College,

*The secretary would come in once a week on a designated day and we'd go through the papers that I didn't know what to do with, and if there was an agenda to be done we would sort it out. The treasurer would come in again, once a week, and sign any cheques that would have to be signed. The president, in those days, never came in. It was just the secretary and the treasurer that we saw.*¹⁸

Rosie's major role at the College was managing organisational details of the annual scientific meetings, once a venue had been decided on by the local faculty. While the faculty was responsible for the program and visiting speakers, it was Rosie's task to deal with registrations, hotel bookings and accommodation for fellows. Staffing the registrations desk at the annual meetings, she became a familiar figure for College fellows and their families, often watching children grow up year by year.

People would bring their families along to the conferences. I'd get to meet all the children. One conference I had one of the doctor's girls helping me at registration. I was the only person who did registration so, yes, it was very family-oriented. Probably more so then, than now.

Rosie Cavaleri

The Honorary Secretary had other responsibilities such as completing the minutes of the third and first Council Meetings of the College year and the AGM, all of which were held in conjunction with the ASM. These were the days when you felt you were working 23 of 24 hours on some days. The meetings were taped using a cassette recorder and I'd use these tapes in conjunction with my notes to dictate the minutes. Rosie would type the many pages starting at about 11pm and I would edit for a re-type early the next morning.

The finished product would be on the table by 8am. It was a pretty crazy time, but now there is a CEO and more admin and support staff than back then — the way of the world...

Greg Crosland

ANNUAL SCIENTIFIC MEETINGS

The attendance and programs of the annual scientific meetings expanded in the 1990s. Symposia on sub-specialities and registrar training forums boosted the events on the program. In 1991, the College initiated an added annual meeting to coincide with the interim Council meeting in spring.¹⁹ The success of the first of these meetings meant that it became a biennial College event.

The College's international profile was boosted in 1990 when it combined with the American Academy of Dermatology to hold a symposium on skin cancer. This was the first time the Academy had held its scientific meeting 'off-shore'. A joint scientific meeting with the Japanese Dermatological Society took place in Cairns in 1995.²⁰

19th World Congress of Dermatology

Perhaps the most ambitious attempt to raise the College's international profile occurred in 1991 when Robin Marks and Alan Cooper gained the agreement of the College Council to make a bid to stage the 19th World Congress of Dermatology in Sydney. 'Alan Cooper had done training at the Mayo Clinic and was well-connected

with the Americans. Robin Marks had worked in Britain and knew the British scene very well'.²¹ Despite these connections, most fellows who remembered the bid felt that there were several obstacles in the way. The Congress had never been held outside of Europe or North America.²²

James Rohr was College president at the time of the 1992 World Congress in New York, when the voting was to be carried out. He recalled that prior to the Congress, the College put in 'a lot of groundwork'.

*We approached various significant people from different countries and invited them to Australia to talk. We also approached significant persons during the week of the preceding congress in New York. During the week of the New York congress we invited people to a lunch we put on at the venue and both Alan and I had to give talks about Down Under. We must have sounded convincing because we won over Paris and Buenos Aires. I feel Alan Cooper was the main reason why we succeeded but we did have a lot of willing helpers.*²³

The voting was like the Olympics so after the initial vote, the lowest city was eliminated and the vote was repeated with the remaining cities. As Buenos Aires was eliminated first, most South Americans voted for Sydney as it was in the southern hemisphere and there had never been a World Congress outside of Europe and the United States. With their support, Australia beat Paris.

Richard Armati succeeded James Rohr as College President in 1993 and

We'd been floating the idea around about whether we should ever offer to run the World Congress. In 1990 I organised a joint meeting in Sydney with the American Academy of Dermatology. One of the members of the Board of the International Committee for Dermatology, an American, was at the meeting. I was chatting with him and I said, 'look we've had some thoughts about maybe putting in a bid for the World Congress of Dermatology. Is there any advice or suggestions you could give?' He said 'Oh Alan, that would be really great, have it in Sydney. That would be really good, that would be fantastic. You wouldn't get the next one because the French are bidding and they'll win.' I thought 'Oh really?' So I took up the challenge.

Alan Cooper

*got a bit anxious about the financial structure of the proposed World Congress, because I could see that the College was totally exposed to this whole thing, and it was millions of dollars. It could have sent us broke. There was a real risk if something had gone wrong, an airline strike or something like that, we'd have gone broke. And it was alright for a limited liability company to go broke but it wouldn't have been for us.*²⁴

The solution was to set up a company, the 19th World Congress of Dermatology Ltd, with Robin Marks as president, Alan Cooper as secretary-general, Bill Ryman as treasurer and William Land as secretary. College Council approved a loan of \$50,000 to the company.²⁵

The Congress, held in June 1997, was judged to be a huge success, attracting about 5,500 delegates from 108 countries and, taken with the trade delegates, 8,000 people in all. The scientific program was of the 'highest calibre.'²⁶ A highlight was a photographic exhibition of fellow Allen Green's life's work with Aboriginal Australians. The exhibition attracted the interest of federal health minister, Michael Wooldridge, who granted the College money to support the cost of publishing a book based on the exhibition.²⁷

The Congress was in June. We had Ken Done-inspired back packs. They were really bright and had umbrellas and you could see, because it was pouring, all these umbrellas from the Dermatology Congress around the city. I think there was even something in Column 8 one day about all the dermatologists attending this Congress. We had very good numbers.

Richard Armati

It was held at the Sydney Convention Centre, the management of which was very helpful. Paul Keating as prime minister was very helpful and was our sort of patron and we had support from really all dermos. I don't remember any dermatologists in Australia refusing to support us. Everyone was very much on side. We had an extremely good program. One of the disappointing things was that not as many Americans came as we had hoped — as someone pointed out, Americans tend not to travel very far to go to meetings. At that stage we had the biggest number of attendees of any World Congress so it was extremely successful.

William Land

The Congress achieved a surplus of \$2 million. This was invested by the specially created 19th World Congress Foundation — later renamed the Australian Dermatology Research and Education Foundation (ADREF). Under Chairman Alan Cooper, ADREF used earnings from its investments to dispense grants for dermatological research and education in Australia.²⁸

As a result of gaining the rights to host the World Congress in 1997, Robin Marks and Alan Cooper sat on the Board of the International League of Dermatological Societies from 1992–2002, and Robin Marks became its president from 2002–2007.

A PUBLIC PROFILE

College Council looked to assert the authority of its fellows in dermatological matters with a proactive approach to public relations in the early 1990s. Representatives from each faculty joined a freshly minted Public Relations Committee in 1989 and a professional public relations consultant was engaged to offer members of the Committee media training. Thanks to Jack Sippe's organisation, a College crest had

We had (almost like how the American Academy of Dermatology has) quite a big range of brochures covering different skin disorders and so on. We thought we should have something that dermatologists could give to patients to explain who they were. There was a *What is a Dermatologist?* brochure and as a result of that a few other brochures came about. In essence I think during my time we may have had half a dozen to eight.

David Wong

finally been commissioned and it lent an official air to College press releases, as well as on more dignified documents such as College diplomas.

The College had been collaborating with the state cancer councils in raising public awareness of skin cancer since the mid-1980s. These efforts, according to Robin Marks, had not only 'placed dermatologists in the public arena as the experts in diagnosing and managing skin cancer' but also engineered a 'substantial shift in the knowledge, attitudes and behaviours related to skin cancer and sunlight.'²⁹ In 1989 the College stepped out on its own to release a 'consensus statement on photoaging', emphasising the dangers of skin damage by exposure to the sun and offering advice that the public should wear sunscreen daily, stay out of the sun during the hottest hours of the day and wear protective hats and clothing.³⁰ By 1997 it released a second position statement, strengthened by continued research carried out by the Scientific Research Committee, on sun protection and sunscreen. With a growing understanding of the effects of

exposure to sun on immunosuppression and skin cancer, the position statement argued that sunscreens of an SPF 15+, might be inadequate to protect against immunosuppression. Outdoor workers and sportspeople were advised to wear protective clothing.³¹

The College also actively lobbied governments on skin-related health issues, with varying degrees of success. It first began warning of the need to regulate sun tanning parlours in 1990, when Western Australia was the only state with any regulations in place.³² It would take another 15 years before success was achieved in this arena and Australian states began to ban the commercial operation of solariums. There was more immediate success on the cosmetic ingredients front, where contact dermatitis dermatologists were experiencing difficulties isolating allergens in patients because of inadequate labelling on packaging. The College lobbied the NHMRC on the matter.³³ The Trade Practices (Consumer Product Information Standards) (Cosmetics) Regulations were gazetted in 1991, requiring the labelling of ingredients on the packaging of cosmetics.³⁴

While the College was not in the vanguard of the movement onto the World Wide Web in the 1990s, it was not far behind. Western Australian fellow, Chris Clay, who had achieved his fellowship of College in 1992, convinced the College Council to establish its own homepage in 1996.³⁵ There was some hesitation among councillors about this move into a new frontier, but the news that the Skin and Cancer Foundation's website was garnering more inquiries than its 1800 phone number made the concept more desirable. A web presence, it was argued, would be a useful tool for 'reinforcing the public perspective that dermatologists are experts on skin' and disseminating accurate information on skin disorders. Chris Clay was authorised to establish the initial homepage, which was online by 1997.³⁶

Reinforcing the 'expert status' of dermatologists when it came to skin assumed new importance in the mid to late 1990s, as other professional groups sought to encroach on the territory, particularly in relation to such relatively new treatments as laser resurfacing. A welter of advertising of the benefits of laser resurfacing began appearing in Australian media in the mid 1990s and it became one of the 'sexiest and most sought-after treatments around'.³⁷ Carl Vinciullo, of the Laser

Committee, lamented the 'grab for market share' by other professional groups whose advertisements were often 'overly optimistic and misleading and rarely contain sufficient caution about potential complications'.³⁸ Vinciullo blamed the College's 'innate conservatism' for the fact that, in comparison to the 'clever marketing' by other groups such as the Australian Society of Plastic Surgeons, dermatologists did little to 'beat our own drums loudly enough'.³⁹

The College launched a renewed public relations effort at this time, with repeated media training for key dermatologists, and the production of various brochures. But, at the same time as they rued the dangers posed by inadequately trained practitioners treating patients with laser therapy, varying views on the morality of dermatologists conducting cosmetic surgery were emerging.

Many agreed with Marshall Hanna that 'if you're trained to be a dermatologist, you're in dermatology to look after people's sick skin'. Hanna felt it was inappropriate for a dermatologist

*to turn around and suddenly use your skills to treat people's cosmetic problems, which, in some people's view, really don't need treating anyhow, and charge a fortune for it, when you really should be looking after the sick people. That's my opinion anyhow but my view's old fashioned.*⁴⁰

Others, such as David Wong, felt that the College missed an opportunity in not taking control of training in the cosmetic surgery field at the time, arguing that patients treated by dermatologists would have been much safer than in the 'any number of clinics that are basically run by business people purely for volume and for profit'.⁴¹

There were several areas of dermatology that WA was a leader in establishing. These include Mohs surgery which was introduced by Carl Vinciullo. Laser therapy for eradicating vascular birth marks, especially port wine birthmarks in neonates was also introduced. Anne Halbert later took over this section at the Children's Hospital. Extensive patch testing was introduced by Leon Wall. A leg ulcer clinic was established at Fremantle Hospital by the vascular surgeon (Mike Stacey) and the dermatologist (James Rohr).
James Rohr

FOSTERING DEVELOPMENTS IN DERMATOLOGY

From the late 1980s the Florance Bequest began to bear fruit as recipients returned from overseas placements with refreshed awareness of developments in new dermatological frontiers to share with their Australian colleagues. Opportunities for fellows and registrars to travel were further enhanced during the 1990s when three travelling scholarships, funded by pharmaceutical companies, were established for both fellows and trainees, who were, by then, able to achieve limited accreditation for clinical experience overseas.⁴² Overseas clinical experience or training exposed fellows and trainees 'to skin conditions and dermatologists' practices that one wouldn't often have had the experience of otherwise. In Australia, we are physically a long way from other centres of excellence. The internet has made a huge difference whereas, in fact, in the old days one had to rely on publications that would have taken maybe two years to reach print'.⁴³ Alan Cooper was one dermatologist who had had the opportunity to spend some time training at the Mayo Clinic in the United States before gaining College credentials. He recognised the value of being exposed as a trainee to 'complicated case after complicated case all day long so the really difficult challenging patients become second nature'.⁴⁴

Greg Goodman trained in Sydney to bring Mohs back to Melbourne ... There were two centres performing Mohs surgery, Sydney and Perth. From that they've been able to train other dermatologists including a number of Victorian dermatologists who had trained over there and returned with enhanced surgical skills. Other dermatologists have gone elsewhere around the world to train in Mohs. Both traditional skin surgery and Mohs surgery have taken off in my time ... So from what started off as essentially a very 'cottage industry' where we were training ourselves, and getting compliant plastic surgeons to teach us, we are presently at a stage where dermatologists are training interstate and overseas and returning to teach our own. There has been a blossoming of dermatological surgery thanks to the efforts of Greg Goodman, Peter Sinclair and Philip Bekhor.

Douglas Gin

The flowering of emerging subspecialties — such as dermatological surgery, paediatric dermatology, occupational dermatology, dermatopathology and immunology — warranted, according to retiring president John Reid in 1989, the College's 'encouragement and support'.⁴⁵ Interdisciplinary interest in the skin was growing too. Chris Baker recalls that immunology was really 'hitting its stride' in the 1980s and, as the understanding of the immune system 'exploded' dermatologists had new insight into the mechanisms causing inflammatory skin diseases and an array of new treatments became available over the next few decades.⁴⁶

The support John Reid advocated was offered in measured manner through formal College channels. In 1989, for instance, Council approved of the formation of a Surgical Committee to organise advanced training in Mohs surgical techniques for fellows.⁴⁷ The committee went on to develop a set of minimum standards for surgery, particularly Mohs surgery.⁴⁸

Laser therapy to treat a limited number of specific skin conditions, such as vascular naevi, was formally approved by the College Council in the late 1980s, provided that the therapists were appropriately trained in both techniques and 'the indications for the selection of this modality'.⁴⁹ The benefits of laser therapy in treating conditions such as port wine birthmarks became readily apparent to those operating in the field. Writing from Western Australia, Bruce Connor reported that the laser enabled 'paediatric patients to be treated as day patients. Children awaken quickly and few anaesthesia problems are encountered.'⁵⁰ Negotiating with both federal and state governments, the College was able to initiate the introduction of the 'extremely expensive' Candela lasers into the dermatology department of one public hospital in each Australian state, making laser treatment accessible for all cases where it was deemed to be useful.⁵¹ The College Laser Committee formulated guidelines for training registrars in laser surgery and began offering an annual training course for both registrars and fellows in 1997.⁵²

Contact dermatitis was another sub-specialisation that received renewed impetus in the 1990s after Susi Freeman and Rosemary Nixon were able to enhance their studies via Florance Bequests. A Contact Dermatitis Committee was established by College in 1996.⁵³

EDUCATION AND TRAINING

Emerging developments in treatments for skin conditions had something of an impact on the training and examination of candidates for the FACD. With an increasing role for surgery in dermatology, a 'much wider knowledge and experience of surgical techniques was expected of candidates' and trainees were now required to keep a log book of surgical procedures.⁵⁴ Mycology gave way to microbiology in the clinical examinations, and the surgical syllabus was updated. Access to radiotherapy training in some states became more limited as state governments modified their licensing requirements.

Bigger changes in the delivery of training were in the air after Chris Commens became Chief Censor in 1997. A shift in the philosophy of preparing candidates for their final examinations saw directors of training appointed in each faculty to ensure that all candidates 'were exposed to all aspects of dermatological experience' during the training experience.⁵⁵ Seminars about effective teaching methods were introduced for trainers and supervisors. A beginning was made on the huge task of producing a formal curriculum. It would not be until the 21st century, however, that what became known as the training program handbook was unveiled and greater changes to the training system would take place.

Building a presence for academic dermatology

When Ross Barnetson arrived to take up the academic chair in Dermatology at the University of Sydney in 1988, he found a situation that was a far cry from the 'huge research department' at the Royal Infirmary in Edinburgh from whence he had come. Although he was welcomed by College fellows, who had lobbied for many years for the establishment of a professorial chair in Australia, he felt, initially, that there was little support from his academic colleagues and that 'the level of regard for dermatology was pretty well very low compared with Edinburgh for instance. It was a sort of joke subject to a lot of people.'⁵⁶ Barnetson's department began with few resources. He recalled that

One thing we did show was — most people think that skin cancer's due to UVB, ultraviolet B — but we showed that UVA was immensely important ... it meant that all sunscreens had to be UVA-proof.

Professor Ross Barnetson

where we were working, we had people in beds and so on but had no lab, so what we did was we got one of the larger rooms made into a lab ... So that was the start and I appointed a senior lecturer who came from Tasmania and he was an immunologist and that's been a huge success. We started off with the one lab and then we got eventually a second lab and then a third lab, which are in the university in fact, in the Blackburn Building.⁵⁷

The Tasmanian employed by Barnetson was Gary Halliday who was appointed as a lecturer in dermatology and went on to become a full professor 'with worldwide recognition'.⁵⁸ Research projects were soon underway — initially focusing on skin cancer — and within a year of its establishment, the department had three postgraduate students undertaking research.⁵⁹ The focus of research was, and continues to be, the areas of skin cancer and skin inflammation.⁶⁰

The chair at the University of Sydney was still the only professorial chair in dermatology in Australia, however. To the Committee of Presidents of Medical

Before Professor Marks' appointment, essentially there was no formal academic dermatology in Victoria. There were dermatologists who were interested in research and there was some research being done and some clinical papers being written, but there was no professorial university appointment, to my knowledge. Having said that, people that did public hospital work were, technically, clinical trainers and had various honorary university positions, but there was no formal academic structure.

Chris Baker

Colleges it was 'unacceptable' that, in the 1990s, many Australian medical schools were still without key academics in some specialities.⁶¹ Dermatologists in Australia were well aware that the standards and reputation of their craft could be enhanced through academic research. In 1989 College Council had agreed that candidates for the FACD could achieve limited training accreditation through involvement in a research project, provided it contained a 'satisfactory research component.'⁶²

In 1992 the College formed a Research Committee to promote and coordinate dermatological research in Australia. Barnetson was appointed convenor, serving along with Robin Marks of St Vincent's Hospital in Melbourne and Steven Kossard, who was appointed Associate Professor at the University of New South Wales in the same year.

Victorian Faculty members began investigating the means of establishing a chair in dermatology in Melbourne in 1993.⁶³ By 1994 it had been announced that the professorial role, based at the University of Melbourne, would include the role of director of the Department of Dermatology at St Vincent's Hospital (a University of Melbourne teaching hospital) and director of research and teaching at the Skin and Cancer Foundation of Victoria. The Victorian Faculty, together with St Vincent's Hospital and the Skin and Cancer Foundation of Victoria, established a fund to support the position.⁶⁴ Fortuitously, College fellow Franz (Fred) Bauer had established the F. and E. Bauer Trust, specifically to fund research in Victoria, before his death in 1992.⁶⁵ A significant pledge towards the chair came from this trust, but there was also support from the Dermatology Department at the newly opened Monash Medical Centre, and CSL Pty Ltd, with a number of pharmaceutical companies offering support.⁶⁶ In 1994 Robin Marks was appointed as the first incumbent of the professorial chair in Victoria.

Further milestones in the academic profile of dermatologists in the 1990s were the appointments of Dr Kate Georgouras as associate professor of dermatology at the University of New South Wales (the first female dermatologist to receive an academic appointment at this level in Australia),⁶⁷ Dr Graeme Beardmore as clinical professor in the Department of Medicine at the University of Queensland,⁶⁸ and Dr John Kelly as associate professor (subsequently professor) at Monash University. Subsequently, in 2010, Dr Douglas Gin was also appointed associate professor at Monash University.

In Victoria Jim Butler, Greg Goodman and Peter Cowan obtained pledges from various drug companies and were able to raise a million dollars. This was enough seed money to develop an academic department. They then approached the various hospitals to discuss the possibility of the hospitals having an academic dermatology department. St Vincent's Hospital was happy to do so. They didn't offer any monies but they offered a space for Robin and his secretary and some laboratory space, I believe.

Douglas Gin

SKIN AND CANCER FOUNDATIONS

In the late 1980s, after somewhat frosty years, the relationship between the College and the Sydney Skin and Cancer Foundation became more regular.⁶⁹ A College representative was appointed as a director of the foundation which, in turn, began providing annual reports of its activities to College Council. A significant step for the foundation in 1988 was its affiliation with St Vincent's Hospital (Sydney) and the University of New South Wales, forging much stronger academic links.⁷⁰ While supporting several registrar training posts — six by 1991 — the foundation offered space, equipment and time for dermatologists to carry out research and studies in a number of areas and subspecialties within dermatology. The foundation went from strength to strength in the 1990s, opening new premises in Darlinghurst in 1989 and then at Westmead in 1993, enabling a much greater expansion of facilities for surgery.⁷¹

Skin and Cancer Foundation Victoria

Although established a decade after the Sydney Skin and Cancer Foundation, the Victorian Skin and Cancer Foundation was founded for very similar reasons. Douglas Gin recalled that about three quarters of the Victorian Faculty members came together to get it up and running.

Thirty-six of us put in \$1000 each as seed money for the Skin and Cancer Foundation which was significant at the time because that was 1989 and, as a junior consultant, \$1000 was significant. But we all contributed seed money and we secured three rooms in the old Peter Mac at St Andrew's Place, and literally that's where we started the clinics. I consulted at the melanoma clinic at the time ... We weren't a big faculty at the time ... It was not without controversy as there were around 10 fellows who preferred not to be involved as they were philosophically against the concept.⁷²

Chris Baker recalled that there were a number of reasons why the time was ripe for establishing a foundation in Victoria. The first of these was to safeguard the training program in Victoria.

It was a period of time where there were a lot of cutbacks happening and threats to the public system. We saw some specialties that were predominantly outpatient or not thought essential being either cut back or under threat — ophthalmology, for example, was discontinued from a number of hospitals. It was very clear that dermatology was by no means secure and if we lost the hospital services then our training would be at risk.⁷³

It was equally important to create an environment where special interests in dermatology could thrive. Surgery at this time was 'very much controlled by the surgeons and skin surgery was very political on who was doing what procedures'. The skin and cancer foundations allowed 'training in skin cancer surgery, dermatologic surgery, and it was a great model because it did involve plastic surgeons and dermatologists and allowed dermatologists to develop these skills'.⁷⁴

But the Foundation also allowed dermatologists who had special interests — such as psoriasis, contact dermatitis, hair disorders, mucosal diseases or skin surgery — to run a clinic just for that condition or subspecialty. They would then, of course, attract interesting referrals. These clinics became a great training resource. They allowed a number of dermatologists in Victoria to become quite expert in different areas and arguably to become world experts based on the unique experience obtained in these special clinics. Due to competition for scarce resources and local politics, it was harder to do that in the hospital system, not impossible, but a number of these other services were only going to flourish in the Skin and Cancer Foundation.⁷⁵

As in Sydney, Victorian fellows initially worked honorarily at the Skin and Cancer Foundation where one registrar position was based.⁷⁶ Monthly update evenings, organised in the first place by Rosemary Nixon, allowed foundation staff to fill in their faculty colleagues on what was being achieved.⁷⁷

Queensland Skin and Cancer Foundation

The nucleus of a Queensland Skin and Cancer Foundation came in the mid 1990s when the Repatriation and General Hospital Greenslopes was sold to a private health group, sparking initial fears in the Queensland Faculty that one registrar post would be lost to the state. Of concern also was the potential loss of access to the state's candela laser which was located at Greenslopes. As a private hospital, however, Greenslopes maintained its dermatology outpatients' clinic. The Department of Veterans' Affairs continued to fund a training post at the hospital and, as Greenslopes was the only Brisbane hospital where registrars could train in laser technique, Queensland registrars began to rotate through the post. Out of those humble beginnings the Queensland Skin and Cancer Foundation grew.

John Auld recalled that Graeme Beardmore had been the head of the department at Greenslopes and was largely responsible for transforming it into the Skin and Cancer Foundation.

When the hospital was sold to Ramsays, Graeme converted, in a sense, the old clinics of the Repat Hospital into the Skin and Cancer Foundation, running more or less along similar lines. It just jogged along like that for quite some time. I then became Chair when Graeme resigned, at his behest.⁷⁸ The real driving force behind the QSCF, however, has always been Dr Lynda Spelman, who was Honorary Secretary for many years and more recently Chair, after I resigned.⁷⁹

NEW DIRECTIONS FOR THE JOURNAL

David Nurse agreed to become the editor of the *Australasian Journal of Dermatology* in 1986 when Rex Becke resigned from the post. One significant difficulty for Nurse in this position was that, unlike his predecessors, he was based in Melbourne and therefore did not have ready access to the help that the College Secretariat had provided with proofreading and administration. It was up to Nurse to receive, review and edit articles, manage the advertising and the preparation of proofs and liaise with printers 'almost singlehandedly'.⁸⁰

The journal had been facing difficulties before Nurse took over the editorship. Rex Becke had complained in 1983 that there was a 'dearth' of manuscripts of suitable quality to publish. This problem continued into the late 1980s, with the result that issues were often delayed, which not only frustrated advertisers, but contributed to the journal losing its ISI accreditation.⁸¹ There were endless delays with printers and typesetters. Not for the first time in its history, the journal was running at a considerable deficit.⁸² Though Nurse suggested that a management and financial committee be established to oversee those aspects of its production, this plea seemed to fall on deaf ears and, instead, the Council recommended that an assistant editor be appointed.⁸³ Even so, as he tendered his resignation as editor in 1994, Nurse recommended that the editor's role should return to a Sydneysider so that a 'significant amount of work ... could be returned to the College office.'⁸⁴

As it turned out, Nurse's assistant-editor and successor as journal editor was Victorian fellow Delwyn Dyall-Smith, who had gained her FACD in 1990. A keen writer, Delwyn was also aware of the difficulties the journal was facing so when she was asked to take over

*the first thing [I said] was 'it's got to go to a publisher' and the College was very reluctant about that to start with because they could only see that a publisher would cost money but what they forgot was that, first of all, they would have a whole publisher's department organising advertising who would know the commercial value of that.*⁸⁵

Blackwell was chosen as a publisher partly because they already had many dermatology journals in their stable, but also because they had an office in Melbourne. It was also an advantage that Blackwell was able to sell subscriptions to the journal as part of a package of subscriptions so, fairly quickly, the journal's subscriptions 'went from about 300 to many, many thousands. It actually turned the journal around in terms of making a profit and repaying the debt to College.'⁸⁶

In a new format and size, with a 'dramatic cover', the journal now began to include a regular continuing medical education review and presentations from special interest groups within the College. Delwyn merged the Editorial Advisory Committee into the editorial board. At about the same time the New Zealand Dermatological Society applied to have the *Australasian Journal of Dermatology* as their official journal and New Zealander Darion Rowan joined the board.

The College Council's decision in 1996 to require all FACD candidates 'to have published, or have accepted for publication, two articles in the *Australasian Journal of Dermatology* added another level of support.'⁸⁷

Although Blackwell assumed the task of seeking advertisers and of preparing the edited manuscripts for publication, there was still much work to do for the editor, particularly in the days before the journal began using an online manuscript submission system in 2005. Delwyn recalled

Blackwell would do the editing because at that time each publishing house would have an in-house style ... Now, I had to proofread it after that because they would sometimes introduce errors because they didn't understand what the author was actually saying when they did their corrections. So I was still a very hands-on editor ... I saw my job as being a) to provide information for Australasian dermatologists and b) to train people in writing for the scientific literature ... I used to go to editing conferences and I was a member of the European Association of Science Editors. So I used to go to workshops and get journals and things on editing.

Delwyn Dyall-Smith

I had to get four copies of the manuscript posted to me. I then had to work out who the reviewers would be, put a copy of the manuscript and a letter in an envelope and go to the post office and post all of the things out each week.

It was all totally by paper. So again although I had inherited this editorial board, it was very hard to actually use them in any useful way. We did meet once a year to discuss where we might go next and ideas and supplementary issues, special issues and things like that but it was very hard to actually use them in any practical way when I first took over.⁸⁸

At Balgo, which was a mission station run by the church, but is now run by the state, they had quite a number of problems and at the time

I went there I saw a lot of rashes, all very similar, and decided it was all very consistent with secondary syphilis, which it was. As soon as I said that, the Elders were consulted and they said they knew who the young fellow was who was spreading the syphilis around. They went out and before I left to fly back to Kununurra or wherever I was going, they turned up with this bloke tied up in rope in the back of one of their wagons and I just gave him shots of penicillin in each buttock and he went racing off into the desert again.

James Rohr

The journal moved from two or three issues a year to four, sometimes with supplementary issues as well, for special occasions, such as the abstracts for the 19th World Congress, published in time to be placed in delegates' conference satchels in 1997.

The number of articles submitted gradually grew. In 2000, 111 manuscripts were submitted, 66 of them from Australia.⁸⁹ In the same year the journal was published electronically for the first time, and by 2008, when Delwyn handed over the editorship to Orli Wargon, it had achieved ISI accreditation once more.⁹⁰

SERVICING RURAL AND REMOTE AREAS

The 1988 report of a committee inquiring into Australia's medical workforce and education system cast a long shadow over the deliberations of the College Council in the 1990s and, in the long run, the College's training and continuing medical education programs. In the wake of the introduction (or reintroduction) of

Medicare by the Hawke Government in the 1980s, the Federal minister for community services and health, Neal Blewett, commissioned an inquiry into medical education and the medical workforce. Chaired by Professor Barry Doherty, the committee of inquiry was asked to examine the 'most desirable long-term trends in the pattern of delivery of health care' to meet the needs of the future.⁹¹

I had just started as a dermatologist and was doing locum work when Brian McGaw said to me 'I've got a practice out in Dubbo and I'm flat-out and I'd love if you could come and give me a hand.' He was an absolute gentleman during all of my training so I thought, 'Yes, I'd like to work with him' I ended up working in Dubbo for 21 years! I thought Dubbo was going to be a small part of my professional development, but Brian had some health issues after a few years and had to forego the pressure of travel and a heavy workload. I felt obliged to keep the practice going. Initially Brian would do two to three days one week and I'd work the other week, two days. We'd fly in and out. When I took over I commenced working two days of each week. I'd fly up in the early morning on the first day and fly back in the early evening of the second day.

Greg Crosland

The subsequent Doherty Report made recommendations regarding the establishment of a medical workforce review committee to monitor workforce requirements, stricter requirements for doctors' continuing education and pathways to assist overseas-trained doctors to enter the Australian workforce.⁹² A National Office of Overseas Skills Recognition was established in 1989 and an Australian Medical Workforce Advisory Committee (AMWAC) in 1995. The AMWAC highlighted, amongst other things, that there was inadequate provision of medical services in rural and remote areas of Australia and proceeded to examine a number of professional groups, including dermatologists.⁹³ A wave of alarm wafted through College circles, and faculties were exhorted to adopt strategies to ameliorate the undersupply of dermatologists in rural areas before the government found its own solution with overseas-trained doctors who lacked College-accredited qualifications.

Chris Baker's memory of the time was that

back then, the government had a very ad hoc and seemingly unstructured way of recognising overseas trained specialists and others claiming specialist equivalence. It was possible for the government, without College's involvement and off their own bat, to say 'We recognise you'. In general, College didn't always know who the overseas trained specialists were, where they were from, what their credentialing and training was like, but the government, for various reasons, chose to follow this system. And my view at the time was they were using that as a mechanism to address a workforce shortage issue, but it certainly put the government and the medical specialties in opposition.⁹⁴

Not surprisingly, when the AMWAC did eventually examine the state of the dermatological workforce in 1997, the panel found that the overall supply of dermatologists in Australia was inadequate, with particular shortages in rural areas and some non-capital city urban areas.⁹⁵ Before then, however, the impending threat of being examined by the AMWAC focused attention on what rural services were being offered by dermatologists within each faculty, providing a glimpse of the varying geographical barriers, faculty cultures and relationships with the broader community that existed during the 1990s.

Perhaps surprisingly, given the vast distances involved, the Western Australian Faculty had been the most proactive in servicing rural and regional areas, with pioneering efforts by Don Wallace and Leon Wall from the 1970s.⁹⁶ James Rohr recalled that, at the invitation of the University of Western Australia, he had assessed the dermatological needs of the Kimberley region in 1979 — going 'anywhere from Balgo to Wyndham to Derby, to Halls Creek, Fitzroy Crossing and Broome.'⁹⁷ As a consequence of this, Rohr remembered,

The WA Faculty in the early 1980s agreed to suggestions I'd made regarding supplying a regular service to the Kimberley, the Pilbara and the goldfields because they were the areas we decided were most in need. Individual practices

In Victoria, the faculty saw there was a problem. We saw the government's solution was probably to go around College and I think our faculty very sensibly said 'Well, we've got to fix this' and so started this rural rotation program where key centres were identified and dermatologists put their hands up and said, 'I'll go to that centre'. This program is in operation today, over 20 years later. So I think it provides pretty good service to a number of centres. It's not perfect: We haven't got the whole of Victoria covered; we've got a substantial part covered now and it's growing.

Chris Baker

*agreed to go up each year for one week to rotate through the Kimberley and the Pilbara. They would do the Kimberley for a week and then 12 months later they might be called up to do the Pilbara. It was amazing how cooperative the whole faculty was in providing this service.*⁹⁸

A notice was sent to all NSW Faculty fellows asking, 'Would anyone like to help out in Coffs Harbour?' and

I think just six trips per year was the basis of the arrangement. Some of the other dermatologists already involved in the service

decided to stay on. I said to Lisa, my wife, 'Well, look, compared to Dubbo this is a piece of cake and this time there are subsidies for flights and accommodation. I won't make as much money as if

I worked in my practice in Sydney, but it's only 12 days a year and I don't think we'll starve to death.' ... I found out a year or two later that I had been the only faculty fellow to volunteer...

Greg Crosland

By the mid 1990s, Leon Wall was covering Busselton, Kalgoorlie, Albany, the Kimberley and Gascoigne in a 'nomadic routine'. Fellow Western Australians, Peter Randell, Carl Vinciullo, Hannes Gebauer, Gian Singh and Judy Cole, covered Geraldton, the Pilbara, Mandurah and Northern respectively.⁹⁹

The Victorian Faculty, albeit the one with the smallest territory, took the initiative to begin a roster of consultants visiting regional centres in 1995. Dr Douglas Gin was Chair of Faculty at that time and with suggestions from Rosemary Nixon and Martin Haskett, the Victorian Faculty started a rotating rural centre roster. They began with five centres: Sale, Warrnambool, Portland, Horsham, and Swan Hill. Six consultants visited each centre twice a year.¹⁰⁰

The system continued in the 2010s. From 2004, under the federal government's Rural Health Strategy, the faculty accessed funding through the Medical Specialists Outreach Assistance Program to enable registrars to accompany the consultants on the rotations through Sale, Warrnambool, Portland, Horsham, Swan Hill and Shepparton and 'therefore we were able to see more patients'.¹⁰¹ The system was ably administered by Dr Mei Tam for over 20 years.

The South Australian Faculty suffered a shortage of dermatologists in the 1990s due to retirements and deaths and struggled to support large regional centres such as Whyalla and Port Pirie with dermatological services. On the other hand, faculty members such as June Nicholson, Colin Parker and Warren

Weightman were making regular visits to Port Lincoln, Mount Gambier and Port Pirie.¹⁰² After a call went out to service Alice Springs in the Northern Territory, six Adelaide dermatologists began a rostered outreach to Alice Springs every three months, providing 'an adequate dermatological service in this area.'¹⁰³

Caroline Mercer, of the Queensland Faculty, reported in 1995 that, 'despite many comments about maldistribution' only three towns of any size in Queensland did not have any dermatological cover — Mt Isa, Mackay and Gladstone.¹⁰⁴ At about the same time Mervyn Gold, who had practised in Rockhampton for decades, was pleading in the College newsletter for a dermatologist to take over his practice. The following year, with federal funding for a pilot study, 'flying visits' were taking fellows to Rockhampton and Mackay.¹⁰⁵

John Auld remembered that, apart from this project, there were occasionally informal, less structured *country* visits ...

David Leslie who's retired now — who's been on the North Coast from the beginning — used to occasionally do a sort of a fly around to smaller country towns. That happened maybe several times a year I think and continued until David retired. He would often take a registrar with him but there wasn't really a very structured program, although the registrars reported informally that it

*was a very valuable experience.*¹⁰⁶

New South Wales, the state best-supplied with dermatologists, had the greatest difficulty attracting fellows to visit rural areas. In vain did Greg Crosland remonstrate in *The Mole* that 'surely it is not too much to ask Fellows to do one or two trips on rotation a year?'¹⁰⁷ In an attempt to organise a rotating system when he was a member of the faculty committee he 'sat down with air schedules and Divisions of GPs and looked at the map to work out what the faculty would have to do to provide a service to country towns.'

Realising that individual dermatologists would only need to make one or two country trips a year, Crosland became 'gung-ho' about the idea which he presented at a faculty meeting in Newcastle. He recalled that

*The presentation was received a little coolly, and some in the audience remarked that this type of service would lack continuity of patient care and would be disruptive to their own established practices. 'Why would I give up two or four days a year to do this?' was a not uncommon sentiment and, to be honest, there were always going to be issues with the reliability of flights to small rural centres and the continuity of good patient care was a valid point as well. So, it was a tyranny of distance, a tyranny of airfares and flight schedules, and a general lack of interest which saw the proposal fall over.*¹⁰⁸

Stephen Shumack reflected that there might be a number of reasons for the reluctance of city-based dermatologists to service rural areas.

*Sometimes the GPs in the rural areas don't want dermatologists coming in. Sometimes the organisation or the requirements needed to end up visiting, say, Inverell might be so onerous for somebody going twice a year that nobody does it. For instance, you might have to do a 15-hour course in Indigenous cultural issues before you can start. So often the requirements of going somewhere are really too onerous. And most people are busy enough just working in the centre of Melbourne or Brisbane. But nevertheless, there are still quite a few people across the country who do undertake rural visits for an extended period of time, but there are very few individuals that have a primary rural location of their practice.*¹⁰⁹

In 1997, as the College celebrated its 30th anniversary and basked in the success of the 19th World Congress of Dermatology, there was much progress to look back and reflect on. But, as the rural workforce problem illustrated, there were many hurdles to cross as the medico-political landscape became increasingly complex. In the first decade of the 21st century the College and its fellows would be challenged to face them.

Most dermatologists want to work, and do work in the major cities, so the centre of Melbourne, the centre of Sydney, the centre of Brisbane is where you'll find most dermatologists. So there is probably an oversupply in these areas and an undersupply in the country.

Stephen Shumack

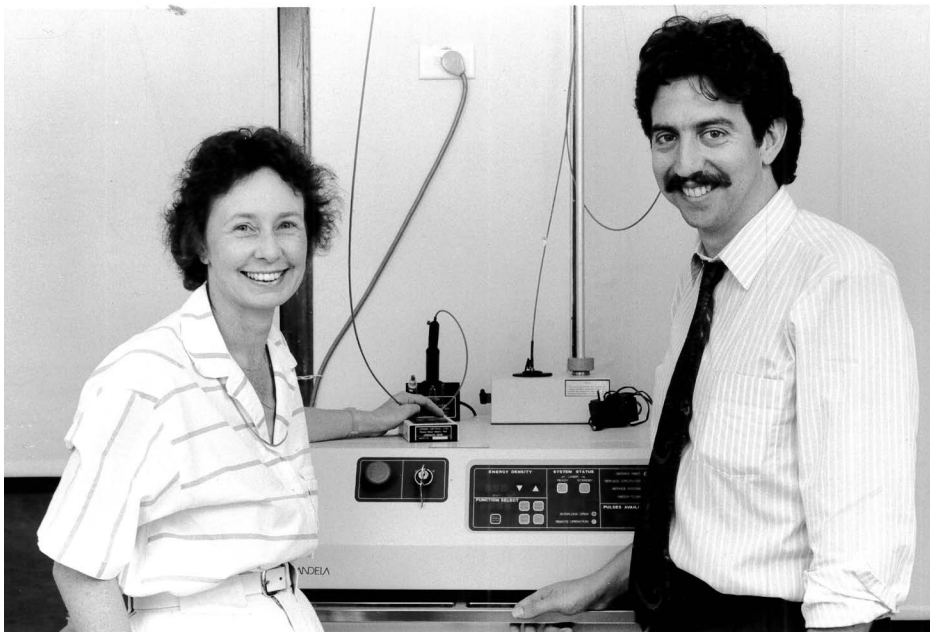


College conferring ceremony 1994

Back row (L to R): Hock Cheng Chua, Ian Younger, Peter Frederiksen, Howard Studniberg

Second row (L to R): Anne Lewis, May-Lian Lee, Fiona Bruce

Front row (L to R): Karen Stapleton, Linda Spelman, Richard Armati (President), Anne Halbert, Frances Tefany



Margaret Stewart and trainee, Howard Studniberg, with the new Candela laser installed at the Royal Prince Alfred Hospital in 1990.

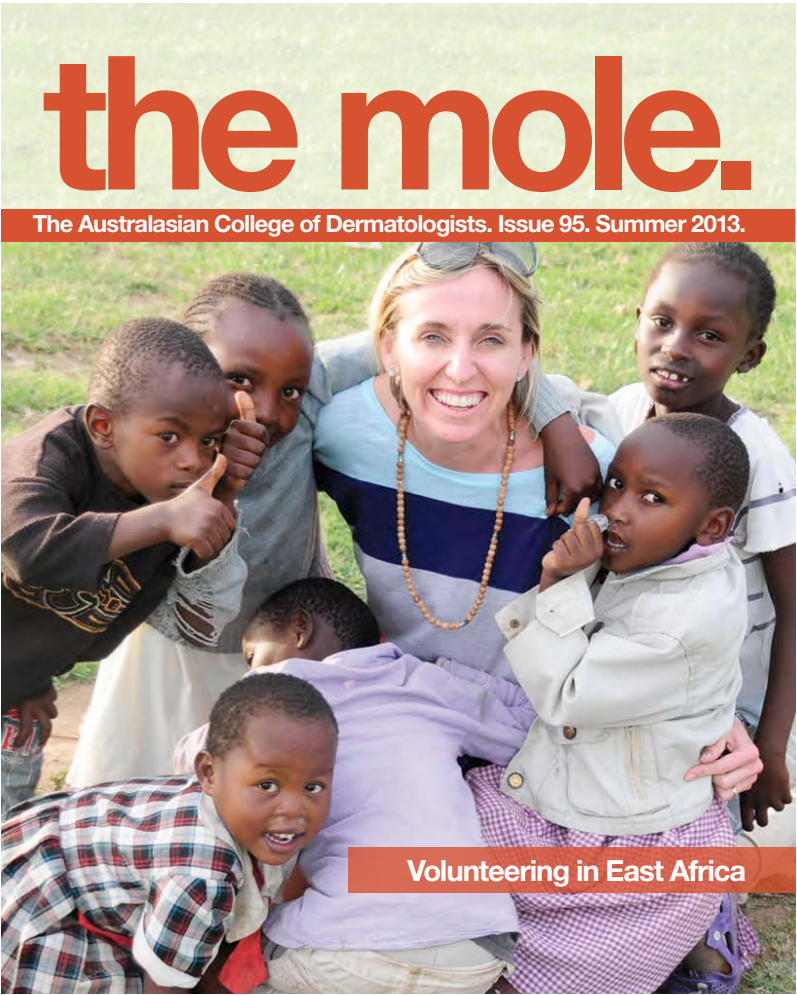
IT STARTED FROM SCRATCH



Chris Baker, Jim Butler, William Land and Glenda Wood pictured in 1998.



Chief Executive Officer, Rodney Sheaves, and Past President, John Auld, at the Annual Scientific Meeting in Perth in 2005.



Nina Wines volunteering in Kenya in 2012.



Colin Parker and patient at Maningrida in 2000.



Eileen Collins at Gapuwiyak in 2005.

5

CHANGES IN THE AIR

1998 – 2006

In 1998 Australians had enjoyed two years of leadership under the Liberal-National coalition government led by prime minister John Howard. Were they leading the 'relaxed and comfortable' lifestyle that Howard had promised in his election rhetoric of 1996? They were certainly enjoying films with historic themes, such as *Titanic* or *Saving Private Ryan*. Many were listening to the music of U2, Madonna or perhaps Pearl Jam. Medical dramas were popular on the box, with *ER* and the home-grown *All Saints* getting high ratings. By the late 1990s a personal computer in every home was becoming the norm, the internet search engine Google was invented and Microsoft had become the biggest company in the world.

After successfully hosting the Olympic Games in 2000, Australians had every reason to feel 'relaxed and comfortable', but then in 2001 the world shifted on its axis. No-one could have imagined that two aeroplanes would be intentionally flown into the World Trade Centre in New York killing hundreds of innocent people. This event brought a profound fear of terrorism — a fear that affected all western democracies, including Australia.

Back in 1998, however, the Liberal-National coalition government was settling in. It heralded a significant tax reform package including a much-debated 10 percent goods and services tax.¹ The tax was to be offset by a corresponding lowering in income tax and abolition of wholesale sales tax.² In the area of health, the Howard Government introduced a 30 percent private health insurance rebate to 'take the load off public hospitals'.³

For the College, in 1998 members were buoyant after their own successful 'Olympic' event, the 1997 international congress. The publication of *From Clique to College* marked the first 30 years of the College's history, giving a detailed account of its foundations, and the first glossy annual report was released. A new level of professionalism was apparent, but changes were in the air.

Dermatology proved to be an important service provided at the Olympic Village's Polyclinic before and during the 2000 Sydney Olympic Games. Five College fellows volunteered their services. The high quality, free service was appreciated by the athletes and officials.

Stephen Lee,
Annual Report 2000–01

MANAGING CHANGE

This decade was exemplified by a drive for a more corporate style organisation, but there was a good deal of resistance. While there was a strong conservative element

within the College executive, attempting to maintain a status quo, a new, more progressive cohort was on the rise. Those like John Auld, Alan Cooper, Stephen Shumack, David Wong and Anne Howard, who mostly completed their training in the 1980s, would be the harbingers of change.

In 1998 College membership was close to 300 — a four-fold increase since the College's beginnings in 1967 — but it was still small in comparison to other Australian medical colleges. The executive of the Council continued to be very 'hands on' with the president and honorary secretary, assisted by one full-time dedicated staff member, very involved in the nuts and bolts of College administration. William Land was president, having taken over from Jack Sippe in 1997. Land, who gained his DDM in 1966, had been a fellow since 1972. He had had a strong involvement with College administration, beginning in 1974 when he represented the New South Wales Faculty on Council for four years. He was on the Board of Censors from 1978 to 1984 and chief censor from 1986 to 1992. Land was assisted by two relative 'new bloods' in David Wong as honorary secretary and Stephen Shumack as honorary treasurer. Both Wong and Shumack were Sydney-based dermatologists, Wong having completed his training in 1988 and Shumack in 1990.

*Wong — I got a tap on the shoulder ... I wasn't particularly looking to be involved but, yes, I was tapped on the shoulder. I felt it was a time of my life and career that I thought, 'Okay, I can fit this in without compromising other people,' and so that's when I was honorary secretary ...*⁴

*Shumack — In those times it was often a tap on the shoulder and you know, it was hard to say no. So then I became treasurer, which was one of the five or six on the executive team ... it was the old Council system of governance which had a large body of 20 or 25 people.*⁵

By the end of the 1990s administration of College was becoming time-consuming and unwieldy for the executive and for Council members generally. Bi-monthly teleconferences had gone some way to increasing efficiency, but, as Land explained, the time was right to appoint a chief executive officer (CEO). 'We were getting bigger ... and it was decided to try and make it a more efficient organisation, responding better to the needs of the members.'⁶ David Wong recalled the heavy workload of the honorary secretary:

*During my time there was no CEO. It was basically the Council and Rosie [Cavaleri] was, I think, maybe the only full-time staff member. I think there was a bookkeeper and there was another lady that was helping with the library and that was it. I guess Rosie and I probably did most of the background work and then things changed when the CEO was appointed.*⁷

The successful candidate for CEO was Rodney Sheaves who began work with the College in April 1999 initially on the basis of three days a week. Sheaves, a former executive officer of the University of Sydney's Medical School and later executive director of the Royal Australian Institute of Architects (amongst other career progressions), had a wealth of managerial experience. Sheaves reflected that his initial impression of the organisation, based on his interview experience, and the fact that he had been provided with no documentation regarding the College

or its activities, was less than favourable.⁸ After struggling to find the 'office', a 'nondescript' 1970s-built house in Gladesville, Sheaves recalled:

I went in, eventually, for my interview and sat there with a few other people and they had this little library and there was a tiny table and they were all sitting in there. I was interviewed by Bill Land, the President, Dudley Hill, President-elect, Chris Commens, the Chief Censor, Stephen Shumack, the Treasurer, David Wong the Honorary Secretary and Stephen Lee, Assistant Honorary Secretary. There appeared to be no structure to the interview, nor order in the questions they put to me (mostly by Bill), and the information provided was vague. In the end I asked whether in fact the College had enough money to pay me (as I hadn't seen any financial statements), to which Bill answered: 'Oh, we've got millions!' And they had, mostly in a conservative term deposit with very little growth.⁹

Needless to say, Sheaves was not deterred by his initial impressions and hit the ground running. He recalled that most of the executive of the College at the time 'had no idea what a CEO did, they thought it was some sort of glorified secretary'. When he advised that within his first month on the job he would prepare a SWOT (strengths, weaknesses, opportunities and threats) analysis of the organisation as the basis for future planning, the executive was 'horrified'.¹⁰ However, once Sheaves had demonstrated his skills and gained the confidence of the executive, life became easier for everyone. The Annual Report for 2000-01 recorded that:

An increasing amount of contact with various bureaucracies and the increasing administrative load associated with overseeing the examinations and College meetings has resulted in the need for a more professional College administration. Rodney Sheaves has proved to be a hardworking and excellent Chief Executive Officer.¹¹

In late 1999, with Dudley Hill now in the chair, and with Sheaves as CEO, the College began developing a strategic plan for the future. An inclusive approach was taken, with all College members invited to submit ideas. From this information, key areas of importance were identified and a number of focus groups were formed.¹² New initiatives included a finance committee to assist the honorary treasurer, a website committee and an IT focus group working on improved communications and access to resources online via the College's website.¹³

The Finance committee began by reviewing the College budget and state faculty funds, the budget for the annual scientific meeting, and making recommendations regarding College investments, subscription fees, sponsorship and College administrative and staffing costs.¹⁴ A new staff member was added to deal with accounting and administration duties, making a total of four staff including Sheaves. The Strategic Plan was adopted and became the basis thereafter for all three-year plans and an annual business plan.¹⁵

In 2001, the College executive comprised Jim Butler as president, Alan Cooper as president-elect, Stephen Lee as honorary secretary and Stephen Shumack

A council of 23 members which met only three times a year, was top-heavy, inefficient and more concerned with defending state interests than promoting a national organisation, recalled former CEO **Rodney Sheaves**.

as honorary treasurer. Was this the 'dream team' capable of transitioning the cumbersome representative council to a slimmed down, merit-based board? As it turned out, no. Some on the team were focused on the future while others favoured the status quo or, at the least, a more conservative, gradual transition. Butler, in his president's report in the Autumn 2003 edition of *The Mole* stated that 'corporate governance seems to be the buzz word of the moment and we must view this matter seriously', musing that the College must comply with modern governance and ensure that its activities are free of any 'perceived conflict of interest' and that 'processes are open and transparent'.¹⁶ Federal legislation through the *Corporations Act*, which sought to bring about better corporate governance, also had a bearing.¹⁷ All the signs pointed to a readiness for change, but in May 2003 President-elect Alan Cooper resigned.

Cooper's resignation was largely brought about by his frustration with lack of progress in terms of structural change. Shumack explained that Cooper had consulted widely with the Australian Institute of Company Directors as well as a number of other College presidents, particularly the College of Ophthalmologists who had recently implemented change, and he was keen to push things along for the dermatologists.¹⁸ The planets did not align for Cooper or the 'progressives' at this time. The Honorary Secretary, Stephen Lee, who was certainly in the camp of the 'conservatives' made it clear that there was considerable conflict in the ranks:

*... College members and officers may not always have the same views in relation to College policies and operations, and it is healthy to have diversity of opinions. Nevertheless, it is necessary for us to be cohesive and focussed when we provide our services to the College.*¹⁹

Fortunately for the proponents of change, John Auld was willing to take on the role of president-elect at short notice and duly became president in November 2003. Auld had served on the Board of Censors from 1993 to 1999 and was chief censor from 1999 to 2002, so was well-informed on the issues at hand. He recalled:

*I was president-elect for about four days and then suddenly I was president, which was all a bit daunting. But I'd been on the Council as councillor for Queensland on two occasions before that ... and then I'd been on the Council and the executive as chief censor so I had a fair idea of how it all worked in that sense.*²⁰

Moving house

Symptomatic of the conflict between conservative and progressive elements within the College at this time was the lack of agreement on relocation of the office premises. The house in Gladesville, 'sited between a video outlet and a liquor store', no longer served its purpose.²¹ Sheaves outlined the case for moving in the Summer 2004 edition of *The Mole* explaining that the small rooms and spaces did not work well.

There is limited space for expansion of areas for staff, for filing and storage of materials and records, or for preparation work and mail-outs. Given the size of the current Council, the boardroom is tight for Council meetings. For

IT STARTED FROM SCRATCH

*those who work there, as opposed to those who visit only occasionally or after hours, the conditions are not appealing.*²²

The rationale for moving to better office premises was clear; what was not clear was whether the College should sell this property and purchase another more suitable property, or keep this property, lease it out and lease better office space for itself. As an interim measure Council resolved that the latter option was best: the Gladesville property would be kept and leased to a long-term tenant. Richard Armati was one who believed renting new premises was not a good option. He recalled:

*Some of them decided that [Gladesville] wasn't quite suitable for the College, wasn't prestigious enough, so the move to Rhodes occurred despite a fair bit of opposition. Just financially, well it was very expensive. We owned the premises I think, or more or less. It was costing us nothing, whereas we were going to be going in and spending, I don't know, 200-grand a year or something for renting these premises and that was just rent, it was money down the drain, you know, gone. So, I remember being opposed to that move at that time.*²³

President John Auld was caught in the middle of two opposing camps. He recalled a particular occasion when all members of the executive were invited to view a potential new premises and to engage in a discussion about the move, but several declined to attend the viewing or the subsequent meeting. Auld recounted:

*Those in attendance were unanimous that the proposed space and the building itself were ideal and the suggested financial arrangements negotiated by Sheaves were very satisfactory. It was resolved by those present that a detailed plan be developed for presentation to the full Council.*²⁴

But the more conservative Council members were strongly opposed. The president received a solicitor's letter informing him that three members of the College had applied for an injunction in the Supreme Court 'to stop this going ahead.' Auld quickly discussed the issue with Warren Weightman, the chief censor, and Stephen Shumack, the honorary treasurer, and they decided that it would be a mistake to expose the College to a potentially large legal bill. For this reason Auld 'signed something stating that we would withdraw our plans to lease this building.' He recalled that 'there was an enormous amount of rancour' and 'a lot of ill will about it all.'²⁵

Eventually most concerns relating to the lease of premises were addressed and by the beginning of 2006 the Gladesville property had been sold and College staff had moved into a modern office building in Rhodes. Anne Howard, who was by then president, was pleased to report that while Rhodes was 'not the Greek island', the new premises provided

*a much improved working environment, which will aid in our important work of obtaining AMC accreditation, as well as running the training, exams, meetings, etc. and keeping up with government demands from the ACCC, Productivity Commission, and numerous other jurisdictional organisations.*²⁶

Council to Board

The negotiations to move to new premises occurred at the same time as a new governance model was being discussed. The Strategic Plan developed in 2001 under Dudley Hill as president, which introduced the idea of a board with directors appointed 'on interest and merit rather than state representation', did not come to fruition until 2006.²⁷ It was finally ushered in under the leadership team of John Auld, Anne Howard, Stephen Shumack and John Coates. As Auld recalled, the old-style Council no longer functioned effectively:

There were about 21 people and some of the people were inclined to want to argue about all manner of things and repeat themselves. Those Council meetings used to go on for virtually a full day. It was Alan Cooper's idea, and really his passion, to introduce a new constitution and we talked about it, and I supported it. When he resigned it sort of all fell on my shoulders to do this ... Anne Howard, who was to become the next president after me, was on the Council at that time and she became head of the sub-committee, going through what had been suggested by our constitutional lawyer, Kate Costello.²⁸

As noted by Auld, it took the expertise of Kate Costello, a constitutional lawyer, to effect the change. In 2004 Costello began a comprehensive review of the governance of the College. The review led to a detailed report regarding possible changes. Costello conducted interviews with all members of the executive, state faculty chairpersons, members of the Constitution Committee and a number of councillors. All fellows were invited to present submissions to her.²⁹ As Auld explained: 'it always seemed to come down to having a board that was small and could get things done, that could develop five-year plans and take the College in the right direction.'³⁰ Following Costello's review and recommendations, Auld and Howard did a tour around Australia informing fellows in all faculties about 'what was being proposed and how it would be implemented.'³¹

In 2006, the year that Anne Howard became president (the College's first female president), the new constitution was passed by the members and a new era in governance began.

Under the new constitution, the Board comprised the present executive, minus the immediate past president and honorary treasurer, who was elected from the Board, and one director elected from each state faculty. The president-elect would be elected by all fellows and the chief censor would continue to be appointed by the Board with recommendations from the Board of Censors. Committees, reporting to the board as they had to the Council, would continue to carry out much of the work of the College.³²

Improvements in governance included an 'annual agenda' to ensure that important issues were dealt with within a 12-month period, more frequent board meetings, and the allocation of portfolios to each board member. Fellows were advised that at each face-to-face meeting a significant proportion of time would be spent discussing strategically important issues. Anne Howard explained that such issues might include 'the Business Plan, our association and dealings with other groups, such as the Skin Cancer Society of Australia, and the direction of our public relations campaigns.'³³

The first meeting of the new Board was held on 11 April 2006 as a teleconference

with Anne Howard in the chair, Glenda Wood as president-elect, Stephen Shumack as honorary secretary, John Coates as honorary treasurer and Caroline Mercer as chief censor. Additional directors elected by the faculties included Pam Brown for New South Wales, Martin Haskett for Victoria, Cathy Reid for South Australia and Carl Vinciullo for Western Australia. John Coates doubled as honorary treasurer and director for Queensland.³⁴

Matters of governance were promptly dealt with in the early meetings of the Board with agreement reached that standing committees such as the Board of Censors, Audit Committee and the Scientific Meetings Committee 'should be authorised to exercise greater autonomy' on matters that were not of major political, policy or financial consequence to the College, rather than referring all such matters to the Board for decision, thus allowing the Board more time in its meetings for major issues.³⁵

I think one of the more important achievements of my Presidency was more or less arranging for me to be followed, as President, by two of the younger female dermatologists, Anne Howard and Glenda Wood. I believe this contributed significantly to a fundamental change in the whole culture of the College.

John Auld, August 2016

TRAINING AND EDUCATION

The period from 1998 to 2006 saw more changes to the dermatology training program than ever before. While the program had been undergoing review and improvement over many years, looming on the horizon was the accreditation process to be conducted by the Australian Medical Council (AMC). In 1999 the AMC took over the role of the National Specialist Qualifications Advisory Committee and was working to develop one pathway to specialist registration.³⁶

A blueprint for training

The task of delivering a training program acceptable to the AMC was firmly on the shoulders of the Board of Censors. The role of chief censor has always been an important one for College and between the years 1998 to 2006 the position was held by Chris Commens, John Auld, Warren Weightman and Caroline Mercer respectively. Weightman, who was in the role from 2002 to 2005, noted that 'it was extremely hard work' as it included everything to do with the training program, including assessment of overseas trained specialists and the accreditation of hospital training positions.³⁷

While the College had been anticipating the AMC accreditation process from the early 2000s, Weightman believes this was not the only impetus for change. He recalled that Chris Commens was particularly progressive in improving the training program when he was chief censor from 1996 to 1999 and that 'he moved the College's training program forward.'³⁸ John Auld, who followed Commens as chief censor, agreed:

I have to say until the time that Chris Commens took over, I think the whole examination process and training program in general had been pretty stagnant for many years, although still run with expertise, passion and attention to detail. Chris knew what needed to be done to modernise the training and examination process and bring us into line with the other specialist colleges. He had all the ideas and plans.³⁹

The first significant change, one which was indeed overseen by Commens, was the introduction of a comprehensive training program handbook in 1999. The president of the day, Dudley Hill, proudly reported that the handbook allowed the College to provide detailed information not just for trainees but also for those outside the profession and it had 'already been helpful' in the College's submission to the New South Wales inquiry into cosmetic surgery.⁴⁰

Commens had also begun the process of implementing a formal curriculum in 1997. The curriculum, he stated, would 'define the present activities of dermatologists' and be 'a blueprint for training in Australia.'⁴¹ Much of the work to develop the handbook and the curriculum was done by a sub-committee of the Board of Censors headed by John Auld, with assistance from Carl Vinciullo and Chris Commens. This was a 'fairly daunting task', recalled Auld, as most of the documentation was 'in the form of loose notes, written at different times and by different people.'⁴²

Modifications to the examination process at this time included making the laboratory and physical therapy vivas consistent with an Objective Structured Clinical Examination (OSCE) format. John Auld explained that the introduction of the OSCE format was an attempt to make the short case vivas more objective. He recalled:

*We started with those as a big change to the short case clinical vivas and they continued when I was chief censor. Then I think somewhere after that they started to become more modified and less totally objective with a bit more leeway. In the original OSCEs you could only just ask the question in one way and if the candidate didn't understand, you weren't allowed to try and reword it or try and explain what you want, you just had to repeat exactly the same words, and it led to some really funny or really disastrous results.'*⁴³

It can be difficult at times being director of training, as there is a balance between the needs of the various hospital clinics and the heads of those clinics, and the wishes and needs of the trainees. Some trainees become more difficult to deal with as they approach the stress of the final exam, and what they see as their entitlements!

Fiona Bruce, former
Director of Training,
Victorian Faculty

In addition, candidates were given an exit survey after the viva examination to verify that 'satisfactory conditions existed during the examination.'⁴⁴ The surveys also gave the Board of Censors good 'information on which to base discussions on future modifications to the examinations'.⁴⁵

In 2000, when Auld was chief censor, he developed a training program record book which included an 'assessment of competence' form and sections for recording and certifying presentations, publications and research studies, as well as comprehensive recording procedures for all aspects of the Procedural Dermatology syllabus. Auld recalled that these components had been included in limited form in the first training program handbook, 'but clearly needed to be a separate handbook' to enable proper and adequate documentation of procedures performed and to show they were carried out in a competent manner.⁴⁶

Other changes included setting up a Training sub-committee with each state faculty having a director of training who liaised with the chief censor. The faculty training directors were accessible to trainees to assist with day-to-day training matters, rotational issues, selection processes as well as assessment procedures and implementation of the new curriculum.⁴⁷ These new innovations signalled a fundamental change to the training process. No longer were trainees expected to

‘sink or swim’; new attitudes to medical education sought to address high failure rates and to guide trainees by employing better communication and assessment procedures.

Along with the handbook and curriculum, the College also took steps to reform the trainee selection process. Until now this had largely been left to state faculties to administer and had many critics from both inside and outside the profession. In the 1970s and early 1980s there were sometimes more places available than candidates to fill them, but by the late 1990s competition for training places was fierce. The Victorian Faculty in particular was keen to see a better selection model introduced and Victorian fellow, Douglas Gin, was a prime mover in this area. Gin explained that his main motivation was ‘to develop a transparent and open system.’⁴⁸

*What we had developed in Victoria was the underlying tenet that everyone who applied would be treated on the same level, regardless of the number of postgraduate years spent. We were the first ones, I think, to include a medical administrator as part of the selection committee (to add the hospital perspective) as well as an independent lay person to ensure correct procedure. We were the first to involve a human resources consultant to participate in the selection process. This certainly refined the way questions were asked. We made sure that questions were appropriate and that our system was fair and transparent.*⁴⁹

The national selection process is vital for our forthcoming AMC accreditation, as it is important that the registrar selection process functions in a uniform way.
The Mole, Winter 2006

By mid-2001 the National Trainee Selection Guide had been completed. This ‘keenly awaited and crucial document’ was incorporated in the 2001 edition of the College’s training program handbook. The guide fulfilled the objective of ‘selecting the best and most suitable applicants for dermatology training positions in an open, fair and accountable manner.’ While the process of selection was still delegated to state faculty selection committees, which also retained their operational independence, all committees were expected to use the guide as ‘a standardised template and conform to published national guidelines.’⁵⁰

The selection process was further refined in 2005 by a training sub-committee under the leadership of Andrew Miller. This next phase of the review of selection procedures, which involved discussion of a move to a centralised national process, was a further indication of the College’s preparation for the imminent AMC review.⁵¹ By 2006 the sub-committee had successfully put in place a selection process which brought all the state faculties into line in the assessment of curricula vitae and the timing of interviews.

Learning and teaching — outside the box

No matter how sophisticated the selection process, though, the main stumbling block to training dermatologists was still the lack of training places in the major teaching hospitals. The skin and cancer foundations in New South Wales, Victoria and Queensland had gone some way towards relieving this problem, but certainly not solving it. As previously stated, by the 1990s there was strong competition for training places, and manpower surveys, conducted by both the College and government, revealed a need for more dermatologists in Australia. One solution, which was flagged by government in 1998, was to move dermatology out of the

teaching hospitals and into private practice.⁵² There was vigorous debate about this within the College. The South Australian Faculty was particularly forthright in its opposition with faculty chair, David Burdon-Jones, claiming: 'This is merely the thin end of the wedge and an attempt by government to shift the dollar costs of training out of the public hospital sphere and into the private area.'⁵³

Nevertheless, the College agreed to go ahead with a 12-month pilot project, funded to the tune of \$200,000 by the federal government, for three registrar training positions in private practice in 1999. The College's Queensland Faculty agreed to participate in the program with dermatology registrars to be based at South-East Dermatology in Brisbane and also to receive exposure to rural practice.⁵⁴ The chief censor at the time, John Auld, reassured fellows that the concept had merits:

*Some College members have expressed significant reservations about such training positions but considering that most dermatologists will spend the majority of their working life in private practice it appears a sound concept to give our trainees some exposure to dermatological practice in private offices. It is certainly not intended that this type of training will replace traditional teaching hospital based training.*⁵⁵

President Dudley Hill echoed Auld's sentiments, pointing out that hospital training would always be the cornerstone of dermatology education. In addition, he commended the research work of academics heading up dermatology departments — namely Ross Barnetson in Sydney, Robin Marks in Melbourne and Chris Anderson in Liverpool — which he felt complemented the clinical skills provided by fellows. But Hill also made it clear that if the College was to maintain and improve its standard of training then it was vitally important for fellows to give back as teachers. This would not only assist trainees, he exhorted, it would also benefit fellows themselves: 'there can be no doubt that the best way to learn is to teach.'⁵⁶

By 2001 the College had agreed to the concept of training in private practice. Stephen Lee advised fellows that 'after many months of negotiations and re-negotiations' trainee positions were being provided in New South Wales and the Northern Territory as well as Queensland. As Lee stated, the 'novel method of training' had 'generated much interest', and a dedicated evaluation committee had been formed to monitor the process and outcomes.⁵⁷ Another benefit, as pointed

Karyn Lun, a third year registrar, reported on her experience in the private practice training program.

There are many advantages to this training position. The trainee sees patients first and makes a clinical assessment, which is then directly compared to the consultant's; such close supervision is a great way to hone one's clinical acumen. Presenting each patient is good viva practice too. From paediatric to geriatric, from rosacea to rarities, the range of patients and conditions seen vary enormously. Observing how fee-for-service medicine operates and becoming familiar with Medicare item numbers and billing procedures are good preparation for the future. It is useful to see how senior colleagues perform full skin examinations, deal with patient expectations and queries, and plan treatments taking into account out-of-pocket costs (eg Mohs surgery). Excerpt from *The Mole*, Summer 2001.

out by CEO Rodney Sheaves, was that 'College's willingness to participate in these experiments' was well regarded by the Department of Health and created much goodwill for the College.⁵⁸

Other changes to training in the early 2000s included the abolition of the part one examination. With better selection methods in place, the part one examination no longer served its purpose. Auld pointed out that

*it was becoming very difficult to separate the candidates, many of whom were scoring very high marks. It was clear that a significant number of candidates, successful in the part one exam would never obtain a registrar training position, simply because there were not enough such positions available. This problem exacerbated as time went by.*⁵⁹

In their first two years, trainees now sat both a basic sciences and a pharmacology exam. In addition, the introduction of assessment procedures during training was, according to John Auld, 'a major development' during his term as chief censor. By 2002 the College had a system using 'trainee appraisal' and 'assessment of competence' forms, along with log books, by which trainees were regularly assessed. These procedures identified weaknesses or areas of deficiency in training early on and took some of the emphasis off the final fellowship examination.⁶⁰ Modifications were also made to the examinations themselves with the separation of long and short cases in the clinical vivas, a change which the chief censor believed would 'provide a better overall assessment of the various aspects of clinical ability.'⁶¹

One learns from the registrars as much as one teaches them because they would occasionally come up with new concepts. They might say 'Oh, someone else has done this in a different way'. I must admit I worry about the colleagues who are not involved in a public hospital or the Skin and Cancer Foundation because I don't know how one could keep one's knowledge current otherwise. ... As soon as one passes the exam one's knowledge starts to diminish.

Douglas Gin

Preparing for accreditation

Of course, most of the changes and modifications to the training program that were implemented from mid-2001 onwards were done with the AMC accreditation in mind. Dermatology training was expected to be assessed in 2005 (although this was changed several times and was eventually completed in 2007) and would cover both pre-fellowship training and continuing professional development.⁶²

The first step in preparing for accreditation, which was expected to be 'detailed, comprehensive and rigorous', was to appoint a dedicated education officer.⁶³ The idea was first mooted in late 2001, but not put into effect until August 2002, when Claudia Casson was employed on a part-time basis.⁶⁴ Casson, who had been the national education and development officer for the Royal Australian College of General Practitioners for three years, was well fitted for the task. In explaining the work ahead, she stated that it would be necessary:

*To demonstrate that dermatology trainees are prepared, not only for the clinical role of a dermatologist, but also the broader roles of a medical specialist, such as communicator, health advocate and manager. Whilst these roles have always been implicit in the training of dermatologists, they must now be declared and made explicit. There is a tremendous amount of work to be done.*⁶⁵

As Casson began work reviewing and documenting all aspects of the College's education functions, other changes were also being proposed by the Board of Censors. In 2002, they identified the need for a supervisor of training to be appointed at each training institution. These supervisors would be the primary consultant involved in 'on the job teaching'. They would liaise with the head of department at the hospital and their faculty's director of training on all training matters and give feedback to trainees on their performance.⁶⁶

At its May 2002 meeting, Council made a landmark decision to increase the training program from four to five years. This, according to President Jim Butler, would allow College to 'rectify any perceived short-comings' in the training program in preparation for the AMC accreditation.⁶⁷ Warren Weightman, who took over the role of chief censor in May 2002, explained the rationale for the change:

*We were doing away with the part one and we had a number of changes that had to be incorporated into the training program, including the basic scientific exam and the pharmacology exam in the first two years of training. We thought, like a number of other colleges, that doing an extra year, but still sitting in fourth year, involving research or going overseas to obtain more clinical experience in general or in a sub-specialty, would be valuable.*⁶⁸

Council and the Board of Censors were convinced that the move to a five-year training regime was a good one, but most trainees and fellows were not. Reflecting on the ultimate rejection of the concept, Weightman stated:

*Basically trainees just wanted to finish their training and having passed the exam then just go out into practice and if they did that then they would start earning good money ... We were looking at it from the perspective of the benefit of that extra training where they could sub-specialise, get training in an overseas centre in a field of their choosing and then bring that expertise back to Australia. The whole speciality would benefit from that, as well as the person who did that extra training, but a lot of people didn't want to do it.*⁶⁹

The College Clinical Examination is a sort of waltz or polka, or maybe tarantella. It is a major production with a cast of luminaries and a crew almost as large. Think Wagner's Ring Cycle. Think the filming of Armageddon. Merge them into one. This two-day, 25-hour production takes months of preparation with plans and storyboards, and briefings and rehearsals, endless emails and telephone discussions, a dozen hospital visits, and borrowing of microscopes from unlikely quarters. Not to mention the destruction of forests with reams and reams of printing and collating, duplicating and shredding. **Caroline Mercer**
— *The Mole*, Spring 2006

By the time Anne Howard assumed the role of president in 2006, the fifth year of training had been quietly set aside. Howard noted that because, firstly, there was a lack of jobs for these senior registrars and, secondly, 'there had been government pressures on all colleges to shorten training times', a fifth year of training would not be enforced. However, the option was left open for trainees who failed the fellowship examination in their fourth year to undertake a fifth year of training.⁷⁰

To further assist trainees to successfully pass their fellowship examination at the end of four years, in 2006 the College offered them the opportunity to take a practice examination. For a fee of \$500 trainees could complete a single, two-hour multiple-choice paper. Confidential results for the various sets of questions would be given to the trainees indicating whether they were 'strong', 'borderline' or 'weak', with overall results reported to the Board and directors of training.⁷¹

By the beginning of 2006 plans were in place for a series of workshops to be held around Australia during February, March and April to review the training curriculum. The review was deemed necessary to ensure that the College was maintaining 'a relevant, comprehensive and up-to-date training program, meeting best education practices', and for the much anticipated Australian Medical Council accreditation.⁷²

Continuing professional development

As well as improving and refining the training program for registrars, the College also addressed its continuing professional development (CPD) program for fellows. Over the years there had been a stubborn reluctance from many fellows, particularly the older cohort, to embrace a structured program. In 1999 fellows were warned that in future they might be expected to undergo recertification and CME (continuing medical education, as it was then known) would be an integral part of this.⁷³ By 2001 fellows were advised that they would be 'increasingly expected by the public and health authorities to demonstrate and verify' that they had 'adequate knowledge and well-honed skills.'⁷⁴ Putting the case for the 'old guard', Bill Regan objected to the need to fill in forms and accrue 100 points a year. In a letter to *The Mole* he stated:

*Surely continuing practice in dermatology, reading one's journals, utilising videos, the internet, attending scientific meetings, giving lectures etc is sufficient. Why this nonsense about acquiring and recording points — 10, 20 30, 150 — whatever? It provides a potent weapon to be used against one, readily enabling medically ignorant bureaucrats to control, punish and enslave you. What further nonsense is proposed — an exam after every meeting?*⁷⁵

The chair of the Continuing Professional Development Program (CPDP) committee at the time, Kurt Gebauer, gave a measured response to Regan and others. He pointed out that CPD was being 'thrust upon us by outside bodies' and that if fellows were to 'check with their local anaesthetist, obstetrician, gynaecologist, surgical or other medical specialist as to the degree of complexity of their program' they would see that 'College has had it extremely easy to date.'⁷⁶ Two years later many fellows were still disgruntled. Vincent O'Brien of the South Australian Faculty echoed Regan's earlier comments:

*There is a simmering unhappiness felt by many of the Fellows of the College at the way the CPD program has been formulated and foisted onto the College members ... just because other colleges have introduced a CPD program based on a points system, there is no justification for the Australasian College of Dermatologists to lemming-like follow their lead. It needs an urgent rethink.*⁷⁷

But an urgent rethink was not on the agenda for the 'progressives' on Council. President John Auld made it clear that dermatologists would not be able to go their own way on this. Auld stated that the lack of a formalised CPD program would be 'simply unacceptable' and it was essential for AMC accreditation.

The federal government has given the AMC the brief to accredit the training programs of the specialist colleges. It is important to appreciate that the

*accreditation process will include our CPD program ... Our College cannot escape the increasing scrutiny of government, government-appointed bodies such as the ACCC and consumer organisations, which is being applied to all medical colleges. To maintain our independence and autonomy we must answer these challenges and demonstrate that all of our college's training activities meet the specified standards.*⁷⁸

A session on CPD was scheduled for the Annual Scientific Meeting in 2004. Topics to be covered included: the current program and issues; CPD for rural and isolated dermatologists; quality management systems used in other medical specialities; clinical indicators; use of IT in CPD; and risk management and CPD.⁷⁹ By 2006 fellows were advised that the program had been revised with more emphasis placed on practice-based and interactive learning activities.⁸⁰

PROFESSIONAL LIFE

As with reforms introduced in the areas of College administration and in training and education during this period, the College continued to improve and expand on many of the services and supports it offered to fellows.

By the beginning of the new millennium there was a significant range of sub-specialties now undertaken by dermatologists in Australia. The environment and facilities created by the skin and cancer foundations in Sydney, Melbourne and Brisbane had contributed greatly to the development of these areas of expertise. Grants and fellowships awarded by the College to enable fellows to travel and study overseas benefited the profession as a whole. In its outreach to the wider community, the College made significant inroads and continued a productive relationship with the Cancer Council of Australia. While the standing of Australian dermatologists had been raised to a new level with the 1997 World Congress and through its representation at the International League of Dermatological Societies, the College's annual scientific meeting, along with new events, such as sub-specialty group seminars and training conferences, contributed further.

Annual scientific meetings

Under the leadership of Alan Cooper, Robin Marks and Bill Ryman, the College had successfully organised the International Congress in 1997, but ASMs had suffered for some years from a lack of professional resources. This was one of the core activities delegated to the new CEO, Rodney Sheaves. Rosie Cavaleri, who had coped extremely well with College administration for many years, particularly organising the ASM, realised that the College needed to raise its level of professionalism. 'We knew that we needed someone who had a lot of experience with meetings. The meetings did okay but the level was stepped up a notch when we employed the CEO.'⁸¹

James Rohr was one who noticed the improvement in the standard of the scientific meetings, having attended them since the early 1970s:

Well, basically the difference is the quality is much higher. And the quantity, there's much more compacted into the meeting, whereas before we would have 30 minute talks by people, just clinical dermatologists like myself. I

mean some of these talks were very good and some were very average. You didn't have a choice so you attended them all. Now they seem to have choices throughout. Now there's a lot of scientific, highly researched things and what's on offer is a full day's program.⁸²

The ASMs were always well supported by pharmaceutical companies and one of the first things that Sheaves did was to expand and formalise this relationship. A sponsorship brochure and kit was produced with levels of sponsorship — silver, gold and platinum. Sheaves recalled that one of his first tasks as CEO was 'to build up a trade show'.

When I came the trade component of the ASM was very small and the College was charging next to nothing and receiving very little in terms of sponsorship. There was a need for a more professional approach. I'd been managing international conferences and trade exhibitions for some 20 years in my previous career. I recognised that the College meeting could be turned into a major regional event, attracting quality overseas speakers, as well as international delegates. I could see that this would reflect well on the prestige of Australian dermatology.⁸³

The College's income was projected to exceed \$1 million by 2001 and the Honorary Treasurer, Stephen Shumack, reported that 'the major component of this 'flowed from the annual scientific meeting.' Shumack went on to explain that the money came primarily from 'the pharmaceutical industry and other sponsors and exhibitors.'⁸⁴ Sheaves had done his job well, but some fellows, including Shumack, were concerned that the College was beginning to rely too heavily on income from the meetings rather than through members' subscriptions. In 2002 it was demonstrated that 60 percent of the College's income was from meetings and just less than 30 percent from subscriptions.⁸⁵ It was clear that the ASMs had now become a business and not all members were comfortable with this. Chris Commens, for one, questioned the difference between 'pharmaceutical hospitality' and 'pharmaceutical junketeering', while Shumack and Auld raised concerns about the independence of the College, warning that 'subscription fees might need to increase significantly' in the future 'to balance income from non-subscription sources'.⁸⁶

However, as Sheaves has pointed out, funds raised through the ASMs provided the College with a stable financial base. This healthy financial position assisted the College to develop an efficient and appropriately qualified administrative team. This, in turn, ultimately provided better services to trainees and fellows and raised the public profile of dermatology. In Sheaves' view, 'this could not come from membership fees alone; the number of members would always be small and their willingness to pay increased fees, which reflected the reality of the College's costs, was always uncertain.'⁸⁷

The issue of the interaction with the pharmaceutical industry has presented a problem to the Code of Conduct Committee. In New South Wales it is a contravention of the most recent Medical Act to solicit or receive any incentives in prescribing decisions. Other States might follow to also legislate to prohibit this behaviour. The worst punishment would be deregistration for breaches of this act ... A prescription should be based only on the benefits and risks to the patient. Dermatologists should gain nothing. Otherwise patients will lose trust in why and what dermatologists prescribe.

**ACD Annual Report
2000-01**

There were those who thought anything goes, there were those who were dead against accepting even a pen or a mug, and then there were the people in the middle who sort of waxed and waned, depending on what went on. But it was always the same fellows who would stand up at the AGM and say, 'This is outrageous, this amount of pharmaceutical sponsorship' and then other people would stand up and say, 'Well, we wouldn't have a meeting without it'.

Greg Crosland

As the ASMs became more professionally run, with the CEO playing a major role, the burden of organisation was shifted from the host faculty to a dedicated Scientific Meetings committee. From 2002 the committee comprised a panel of five members representing each state to oversee the program, with the host faculty still involved in the organisation and logistics. In addition the meeting was opened up to other registered medical specialists, GPs, medical students and nurses, with an interest in dermatology.⁸⁸

Public relations

Various strategies had been employed over the years to improve the College's public image, to gain a higher profile within the medical profession and to actively engage with the wider community. At times a public relations professional had been employed and this had had mixed results. Matters relating to skin cancer often attracted the eye of the media as did conference papers on 'lighter' topics. As an example, the media was very keen to run stories on 'painted tattoos and skin rashes' and 'summer vegetables and sunburn' during the ASM in Perth in 1998. But the College still had some work to do to gain recognition as the premier authority on all matters related to skin.

For the lay public to appreciate the role of a dermatologist our messages need to be relayed in simple, everyday scenarios that can be conceptualised — urticaria and exam stress, hand dermatitis and occupational hazards, eczema and unrelenting itch.

**David Wong, *The Mole*,
Summer 1998**

The Public Education Committee, which in 1998 consisted of David Wong, Jenny Byth, Alan Cooper, Douglas Gin, David Burdon-Jones, James Rohr and Rosemary Nixon, addressed many of these issues. David Wong exhorted fellows to be more proactive in promoting the role of dermatologists through the media, but also to be wary of the pitfalls:

*We compete with other medical practitioners (some with doubtful levels of competence), pharmacists, beauticians and a mish-mash of alternate therapies. What can we do to correct the many misconceptions that exist over our specialty? Our tool is the media, a truly double-edged sword that is at times a valuable ally and at others truly treacherous.*⁸⁹

The answer was to encourage fellows, particularly executive members and faculty chairs, to undertake media training. A year later Chris Baker reported on exactly that — he and nine others had been 'put through the hoops' in a one day workshop conducted by Cheryl Taylor, a Channel 9 medical reporter.⁹⁰ Baker found the workshop valuable and encouraged others to gain these skills as, he explained, 'the willingness of the media to satisfy public hunger for medical information makes it vital that we become comfortable in dealing with these methods of communication.'⁹¹

By 2001 the services of a professional public relations consultant had been dispensed with. This was partly due to a perceived lack of value for the service, but also indicated that fellows were now handling the media more proficiently. Stephen Shumack reported in *The Mole* that: 'The Honorary Secretary and College's staff are kept constantly busy with enquiries from the media and individuals regarding dermatological issues.'⁹² The need to maintain an authoritative profile at this time became apparent as the College fielded concerns from the public on laser treatments, solarium and tanning machines.⁹³ By 2004 the College's concerns had

turned to the proliferation of skin cancer and mole scan clinics but President John Auld maintained that public criticism of such clinics was not the answer.

*The overall consensus is that the College should not become embroiled in attacking these clinics or the practices of those doctors who work in them ... rather, the view is that the College should concentrate on promoting its Fellows as the only true specialists in all aspects of dermatology, including skin cancer management.*⁹⁴

I can tell you I really got sick of media people and producers and television stations ... you've got to keep finding young people who you can tap on the shoulder and say 'I'll get you on camera.'

Alan Cooper

In addition, the College developed a teaching/training program for GPs working in skin cancer clinics or as an 'in-house skin specialist' in a group practice. Rob Paver headed up this program and, as Auld recalled, 'he worked tirelessly on its development.'⁹⁵

A more indirect, but equally important, approach to public engagement was the College's production of information brochures. In 1998 it produced brochures on rosacea, psoriasis, hair loss and moles and melanoma. These small publications complemented the 'What is a Dermatologist' brochure which detailed the qualifications and skills of a dermatologist for the benefit of patients and general practitioners, while previous publications had covered: 'HIV and Skin Disease', 'Sun Protection', 'All about Dandruff' and 'Toddler Sun Protection'. New brochures were produced in 2003 to cover skin cancer, eczema and acne with previous brochures updated to convey the 'significant developments in these areas of dermatology in recent times.' Information from the brochures was also made available to the public via the College website.⁹⁶

In a further move to raise the profile of College, in 1998 a glossy annual report was produced. Editing the report was one of the first tasks allocated to Stephen Shumack when he began as honorary secretary. He recalled 'it was a much-expanded document compared with the reports in previous years, and it was to be produced and kept as a public work of reference.'⁹⁷ David Wong, who instigated the move, believed it would be useful 'as a marketing tool.'⁹⁸

By 2006 the College's website had become an integral part of its public relations strategy. As Rodney Sheaves pointed out, 'the information on the site, which has grown enormously over the last five years, has been rationalised and the site has been simplified and made more user-friendly, as well as being given a makeover.'⁹⁹

Sub-specialty groups

In 1999 President Dudley Hill remarked on the increased sub-specialisation within College.

*While there will always be a place for the good general dermatologist, there is no doubt that an increasing number of Fellows will be devoting time to a particular branch of our specialty. This has led to the formation of interest groups such as the laser group, the Mohs surgery group, the contact dermatitis group etc.*¹⁰⁰

Hill believed the sub-specialty groups enhanced the dermatology profession but was concerned that College should maintain its position as an umbrella body for

these groups.¹⁰¹ He articulated the growing concern of many fellows at the time about the growth of cosmetic procedures and the proliferation of skin clinics, many of which blurred the boundaries between medical treatments and beauty treatments.¹⁰²

On a positive note though, under the auspices of the College, the sub-specialty of Mohs surgery was going from strength to strength. By 2003 the Westmead facility of the Skin and Cancer Foundation was appointing one fellow every year to complete a United States-accredited training program under the tuition of Rob Paver.¹⁰³ Orli Wargon reported on the establishment of a paediatric dermatology craft group in 2004 and acknowledged the other craft groups fostered by the College, which included contact dermatitis/occupational dermatology, surgical, Mohs, cosmetic and liposuction. Wargon was pleased that the paediatric craft group would be represented on College's Sub-Specialty committee which had been set up the previous year and convened by Phil Bekhor.¹⁰⁴ This committee was subsequently divided into Surgical and Medical sections. The Medical Sub-Specialty committee convened by Douglas Gin included contact dermatitis, paediatrics, pigmentary disorders, vulval diseases, genital dermatology, hair and nails, radiotherapy and phototherapy.

International relations

The late 1990s also brought Australian dermatologists and their Japanese colleagues closer together. A successful joint meeting with the Japanese Dermatological Association in Cairns in 1995 led to a similar meeting in Kyoto in 1999.¹⁰⁵ In addition, the relationship with the New Zealanders was on the mend. In 1997 the New Zealand Dermatological Society had approached their Australian colleagues requesting that the *Australasian Journal of Dermatology* become 'its official organ'. This was accepted. Then in 1999 planning began for a combined meeting in Queenstown, New Zealand, in Spring 2001.¹⁰⁶ The meeting was declared a great success by Stephen Lee in his report in *The Mole*. An outcome of the meeting was the establishment of a Trans-Tasman Exchange Scholarship. Lee pointed out that 'it provided a long awaited opportunity for members of the NZDS and the ACD to bond professionally and socially.'

*In the global dermatological picture, the ACD is small, and the NZDS is even smaller. It would seem logical, if not beneficial, for the two groups to have continuing interactions and flourish in harmonious unison in our region.*¹⁰⁷

Grants and bequests

The most significant new funding source available to dermatologists for research, further education or publication assistance came out of the funds generated by the World Congress held in Sydney in 1997. The congress produced a surplus of \$2.5 million which established the Australian Dermatology Research and Education Foundation (ADREF). The fund was administered by a board made up of College members and others with expertise in finance and education. An early grant was made to Allen Green for the publication of his text book of Aboriginal dermatology. Alan Cooper, who was a director of ADREF, explained that Green had spent all his life working in remote areas of Australia and treating Aboriginal people.

He had this incredible knowledge and incredible material and so he agreed to hand it over and Delwyn Dyall-Smith and I put it together in the form of a small textbook that anyone treating Aborigines can now have as a resource to help from the dermatology perspective.¹⁰⁸

The Florance Bequest continued to provide opportunities for many fellows to travel overseas to gain skills and experience. By 1998 the capital invested amounted to around \$2 million and generated interest of over \$100,000 per annum, providing substantial funds for grants. Taking advantage of this in 1999 were John Fewings, who travelled to Gentofte Hospital in Denmark to study the diagnosis and treatment of contact dermatitis, and Shyamala Huigol, who travelled to Vancouver in Canada to learn Mohs surgery under the tutorship of three renowned Canadian Mohs surgeons.¹⁰⁹

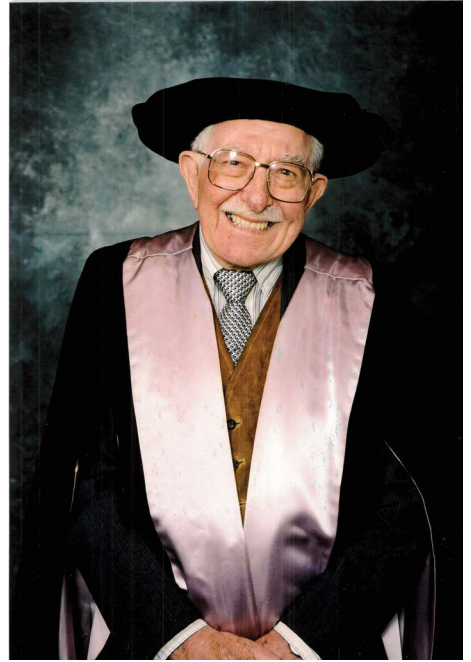
The ACD Travelling Fellowship was available to new fellows, while established dermatologists could apply for funds from the Bauer Foundation, the Ewan Murray- Will Bequest, the Scientific Research Fund or the Surgical Society Fund. In addition, several pharmaceutical companies, including Janssen-Cilag, Novartis and Roche, now provided funds for research and travelling scholarships.¹¹⁰

The period from 1998 to 2006 saw a transformation of the College in a myriad of ways. There had been changes brought about from within by a determined progressive cohort of fellows, and changes imposed from without. At times it had been a hard slog and on many occasions had tested the mettle of those in executive and leadership positions. The resources and stamina of many fellows had also been tested as they served on the College's various committees and task forces, particularly those involved in the education and training areas. The 'tap on the shoulder' was still working, with fellows continuing to volunteer their time and skills towards making the College an efficient and effective body in the new millennium.

CHANGES IN THE AIR



President Dudley Hill with Belinda Welsh, Australasian College of Dermatologists Travelling Scholar, 2000.



Lance Cains was awarded the Silver Medal, the College's highest award, for his many years of service to the College and distinguished service to dermatology in 2000.



The College Board in 2008.

Back row (L to R): Martin Haskett, Catherine Reid, Caroline Mercer, Carl Vinciullo, Pamela Brown, Ian McCrossin. Front row (L to R): Stephen Shumack, Glenda Wood, John Coates

IT STARTED FROM SCRATCH



Anne Howard, President 2005–07

Board of Censors 2007

L to R: Rosemary Nixon, James Muir, Gayle Fischer, Caroline Mercer (front), Tim Elliot (back), Anne Lewis and Judith Cole.



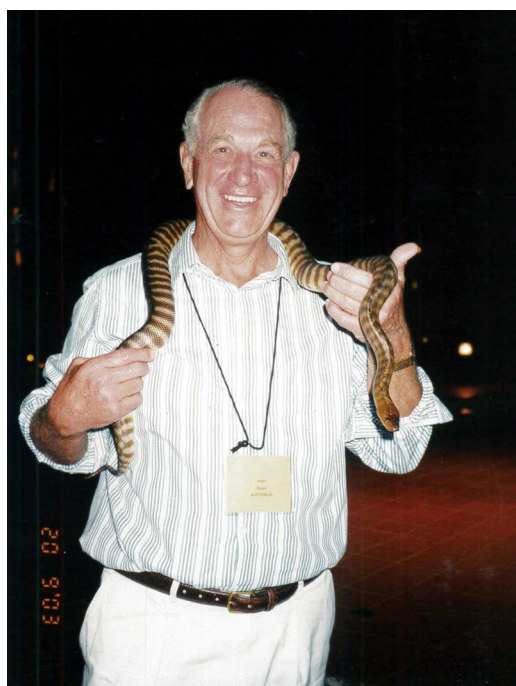
New fellows in 2013 with President Warren Weightman (front row, centre), flanked by Phillip Artemi, Honorary Secretary (left) and Tim Elliott, Chair of National Examination Committee (right).



Rosemary Nixon at the Annual Scientific Meeting in Brisbane in 2012.



L to R: Rob Paver, Ivan Simmons, Dudley Hill (at back) and John Coates at the Annual Scientific Meeting in Adelaide in 2007.



Jack Sippe enjoying social activities at ACD spring meeting held in conjunction with the Japanese Dermatological Society at Uluru in 2003.



Chris Commens and Ugandan Nicholas Etumoryee at the 2007 Annual Scientific Meeting. The College had sponsored Etumoryee's training as a dermatology officer at the Tanzanian Dermatology Training Centre.

6

COMING OF AGE

2007 – 2016

For the College, 2007 signalled a coming of age. A new Board, under the leadership of Anne Howard, with president-elect Glenda Wood waiting in the wings, was functioning well. Having crossed the divide from a managerial role to a body determined to delegate operational matters and focus on strategy and future directions, the Board was well placed to refine the constitution further to allow for greater flexibility in its executive functions.

In the wider world, the global financial crisis rippled through America and Europe in 2007 bringing hardship to many and anger towards financial institutions and foolhardy political decisions. But the impending recession did not impact on Australians to the same extent. Towards the end of 2007 the long-standing Liberal-National coalition government, which had come to power in 1996, lost the election to the Australian Labor Party. New broom prime minister Kevin Rudd quickly introduced measures to address the impending financial crisis. Changes in health policy signalled by the new government included a shake-up of the health and hospital system. In an endeavour to reduce hospital waiting times, Rudd issued a deadline to state health care providers and warned that if it was not met a referendum would be held to bring the responsibility for public hospitals under the control of the federal government. This had little impact on the dermatology profession and in the end had little impact on the hospital system, being much watered down by successive COAG¹ meetings and by the Gillard Government after 2011.² The main outcome was the establishment of 'Medicare Locals' created to give access to better primary care and after-hours services.³

As the College had worked assiduously towards completing the AMC accreditation review in 2007 there were some concerns that a new government may derail the process. Other concerns were held for the government funded pilot program supporting training in private practice. As Stephen Shumack pointed out, the program had increased trainee numbers and would 'go some of the way towards alleviating the dermatology shortage throughout Australia. Hopefully, this program will continue and be expanded with the change of federal government.'⁴ This also had a bearing on the work of Ian McCrossin who had taken a particular interest in the rural workforce and had looked at innovative ways of increasing dermatology services to rural areas of Australia.⁵

MANAGEMENT FOR THE FUTURE

New Board, new culture

For the new Board, everything indicated smooth sailing ahead and there was an air of confidence among the new leadership team. Women were certainly more dominant

and visible, with Anne Howard, Glenda Wood, Caroline Mercer, Catherine Reid and Pamela Brown being the most prominent. The women decided to let the men have another go at the presidency after 2009 when Wood was followed by Ian McCrossin, Warren Weightman, Stephen Shumack and then Chris Baker.

New high standards of governance were assured by attention to ethical concerns, particularly conflicts of interest. At each Board meeting the directors would declare their interests and these interests would be discussed by other directors as appropriate. In addition, and perhaps to the detriment of more speedy meetings, in its early days the directors were required to monitor and assess each other's performance and 'the quality of decision-making' at the end of every meeting.⁶

By the time Warren Weightman became president in 2011 all directors were required to do a company directors' course. Weightman recalled:

When I went through they all had to get some Australian Institute of Company Directors' training, certainly, the president had to do the five day training course ... it was very interesting, very worthwhile. I did the exam and then I had to do this project after it to qualify. But it was interesting and I did a live-in course in Melbourne for five days.⁷

While in the early 2000s some members may have questioned the role of the CEO beyond running the annual scientific meeting, it was clear that Sheaves and the administration team now relieved the Board of many bureaucratic tasks and facilitated the smooth running of the College. In 2007 Sheaves reported that 'through the forum of CEOs of all the medical colleges' he had access to the activities of the other colleges and could share information and experiences. He also pointed out that the group had 'an excellent relationship with the federal department of Health and Ageing' and that this 'gave privileged access to senior officials' about issues that were important to the College.⁸ Also on the cards was the introduction of a national registration and accreditation scheme and Sheaves reported that this had generated much discussion at the meetings of the Committee of Presidents of Medical Colleges.⁹ This growing need to respond to government bureaucracy and diverse stakeholders was acknowledge by Stephen Shumack:

You go back 30 years and the stakeholder was the hospital full-stop. These days it's the various statutory bodies and committees associated with both the federal and the state governments, the area health services, the hospital boards, the various committees set up by government, the other bodies, such as the AMC, the Medical Board. So there are all these other interactions which are required of our organisation, even though it is a membership organisation like the College, and that can't be done by part-time, busy, clinical dermatologists.

Anne was our first female president and she has done a great job of overseeing the change from our old Articles to the more corporate constitution ... Anne's steady hand has ensured that this transition has occurred in a calm and inclusive manner. I think you will agree that College now operates much more smoothly, and responds much more quickly and effectively to our Fellowship and also to our rapidly changing medico-political environment.

Stephen Shumack,
The Mole, Autumn 2007

*So you've got to have a management structure, CEO and other people to move those issues forward.*¹⁰

The CEO had also kept a close eye on College finances. Employment of consultants for development of curriculum and assessment projects as well as for advice on structural change had put a dent in the balance sheet, but in spite of the downturn in the economy College's financial position was still strong. In 2009 Sheaves reported that the 'investment portfolio has suffered from the impact of the world recession, but its performance has been better than many comparable funds over the last 12 months.'¹¹

By 2011, under the presidency of Ian McCrossin, it was time for the Board to review and refine the constitution and, once again, it called on the services of lawyer Kate Costello. Costello drew up a report which recommended further changes, including dispensing with the honorary treasurer role, introducing a non-dermatologist director and changing the portfolio roles of directors.

On reviewing Costello's recommendations, several board members questioned the need to do away with the honorary treasurer. Costello pointed out that the position was 'anachronistic' and that 'a director with financial expertise could chair the Audit Committee, but did not need a special title.' The Board accepted this but when it was also suggested that the honorary secretary be replaced by a non-dermatologist this was a step too far. Costello did not press the issue admitting that it might be 'too traumatic for the membership to accept at this stage'.¹² Indeed Carl Vinciullo wondered whether the College was suffering from 'reform fatigue' and believed that the 'vast majority of members were quite happy with the existing governance process'.¹³

Despite the fear of 'reform fatigue' the Board forged on with the process of change. By February 2012 the position of honorary treasurer had been discontinued and the position of chair of the Audit Committee established. Shortly after this it adopted the recommendation that there be only one board — the Board of Directors — and that all other boards, such as those for training, education and examinations, become committees. The most significant of these name changes was for the Board of Censors which became the National Examination Committee.¹⁴

The Board also decided to follow through with the recommendation for an external director. This person, according to Costello, should 'bring wider skills and experience to the board's work'.¹⁵ The constitution was amended in May 2013 to allow for the external director and the Board quickly determined that this person should be a woman and, while expenses would be covered, there would be no remuneration. Nominations were invited via the Australian Institute of Company Directors and Women on Boards and ultimately Susan Doyle was selected in February 2014 from 13 applicants.¹⁶ Doyle was known to many dermatologists as she served on the board of Epiderm, the company established to manage the funds generated by the World Congress in 1997, and was also a governor of the federal government's Future Fund.¹⁷

A further change instituted in 2013 was the rationalisation of directors' portfolios. This made sense — in 2012 there were 26 committees and task forces reporting to the

Carl Vinciullo asked why the position of Honorary Treasurer should be discontinued. Ms Costello considered the position was historical, dating from the days before the College had a CEO or a Finance committee. Board Minutes, March 2011.

The governance and management are definitely more transparent. In my day it was just a matter of getting a few heads to agree.

Chris Commens

Board.¹⁸ Costello believed that directors should be restricted to membership of board committees, such as Education, Audit, Remuneration and Risk, but not membership of the operational sub-committees.¹⁹ When Catherine Reid sought clarification on the difference between board committees and operational committees, Costello pointed out that operational committees were an arm of management and they did not need to report direct to the Board. Instead, she stated, 'the CEO should report to the board on their activities. The board should still hear about activities of these committees, but through the CEO's report.'²⁰ Consequently, from August 2013, the CEO was given responsibility for overseeing the majority of committees apart from the Appeals, Appointments and Remuneration, Audit, MBS, National Education and Risk Management committees.²¹

Recognising dermatologists from overseas

There was a loophole in the federal law at that time that an overseas doctor could be assessed by a committee under the AMC and could be assessed as equivalent to a specialist dermatologist for Medicare purposes. That is to say, they weren't recognised as a dermatologist by the College but they were accredited to practise as a dermatologist under Medicare.

Rodney Sheaves

For many years there had been problems with the assessment of overseas trained specialists and this included Australian graduates who obtained overseas qualifications. Many were given recognition by the National Specialist Qualifications Advisory Committee (NSQAC) as dermatologists for Medicare purposes but were not assessed for their competency by College.²² The NSQAC worked alongside its state counterparts — the Specialist Recognition Advisory Committees (SRACs) — which assessed individual specialist qualifications against those of the colleges' training requirements.

In 1999, the AMC and all the colleges agreed to co-operate and establish a common pathway for the assessment of overseas trained specialists. Applicants needed to meet the AMC's preliminary requirements then have their skills and qualifications assessed by the relevant college according to AMC guidelines. The

colleges would make recommendations, including the need for additional training if necessary.²³ This was a more open process than that conducted by the NSQAC. By 2006 the AMC had taken over the roles of both the NSQAC and the SRACs.²⁴ Around the same time the federal government brought in an 'Area of Need' category to encourage overseas trained doctors to take up work in underserved rural and regional areas of Australia.²⁵ As the federal government increasingly encouraged the use of overseas trained doctors to fill workforce gaps, particularly in rural and regional areas, the College assumed the role of assessor of specialist qualifications in dermatology for the AMC.

While an additional responsibility for the College, this was a welcome development from the pre-existing situation in the late 1990s when 'there were some pretty high profile cases early on interstate where government had made the decision to recognise a specialist to solve a work shortage and problems had occurred.'²⁶ The College committee set up to assess overseas trained specialists (OTS) went through a structural change in 2006. A broader range of members on this committee gave it scope to 'represent the many issues involved in the induction of overseas trained dermatologists into the College, apart from their academic assessment.'²⁷ Committee members now included the Board member responsible for the OTS area, the chief censor, a fellow who had been through the OTS process to obtain fellowship, a fellow of not less than 10 years standing, a fellow of not more than

five years standing, a member of the College educational staff, a representative of the health jurisdictions, and a lay person representing the public interest.²⁸ By 2009 there was a name change. It became the International Medical Graduate (IMG) Assessment Committee.

The Australian Government offered funding for training positions for such specialists if they were deemed as 'comparable to Australian-trained specialists', but needing two years or less of additional training.²⁹ College's IMG Committee assessed applicants, grading them into three categories — those whose qualifications were not comparable with ACD qualifications, those who were substantially comparable and thus able to practise as dermatologists in Australia, and those who were comparable, but required additional training under the watchful eye of the College.³⁰

Between 2007 and 2010 a total of 50 international medical graduates applied for assessment as dermatologists: 43 applied for specialist recognition assessment, while the remainder applied for area of need assessment. Of those 43 applicants, 16 were admitted to College fellowship with four taking up practice in regional centres where there had previously been no dermatology service. Others were participating in rural rotations, organised by the College's state faculties.³¹

By 2010, two faculties were able to report that IMGs had been successful in the College fellowship examinations.³² In 2010 UK-trained fellow, Simon Tucker, by then based in Cairns, described for readers of *The Mole*, his experience of the assessment process.

I was, I admit, a little apprehensive about it, but my overall impression was that it was fair and relevant. I had been sent information beforehand which had given me a good idea of what to expect, so I wasn't entirely unprepared. The panel consisted of seven members, about three of whom I think had flown interstate to be there, on what was a Saturday morning (no pressure, then). After some credentialing questions, the main body of the interview was really a viva voce examination. Common but tricky clinical scenarios were presented to me and I was asked how I would manage them. Well, I must have given at least some correct responses because a few days later I was delighted to be informed that I had been considered 'substantially comparable' (to an ACD-trained dermatologist) and the result of this excellent outcome was that I was then able to apply for my visa — enough said.³³

The system appeared to be working well, but it did falter at one stage when the College granted fellowship to an overseas trained specialist who had previously been assessed and declined because of a lack of equivalency. This ultimately brought the resignation from the College of Greg Crosland, a former honorary secretary and long-serving council member. Crosland and

I am happy to report that the Specialist Recognition Advisory Committee is no more. This was a committee responsible to the Minister for Health and Ageing, which considered applications from persons without college fellowships who sought specialist recognition for Medicare purposes. All Fellows will be aware of instances where persons without our College's fellowship were able to obtain recognition as dermatologists through this process. A number of colleges had complained to the Government about this back door means of obtaining specialist recognition, but to no avail. Our College, with assistance from the Solicitor, prepared a submission to the Government regarding this matter, which was taken up by the CPMC on behalf of all colleges.

Stephen Shumack,
The Mole, Spring 2005

Many Fellows are aware that I have resigned from College for what I and others, including past Honorary Secretaries and Presidents of College, saw as a failure of the Board to adhere to the constitution of College.

Greg Crosland,
The Mole, Summer 2011

other former honorary secretaries, namely Richard Armati, David Wong, Stephen Shumack, Alan Cooper and Stephen Lee, formally protested the decision by the

Board to award fellowship to someone they believed did not meet the standards set by the College, had previously been declined and moreover had not been vetted by the College's appropriate Education Committee. In this instance the Board decision stood and was backed up by legal advice, but it did not sit well with many fellows.³⁴

During 2012–13 the Board successfully established a procedure to allow academic dermatologists to gain fellowship. The procedure was developed following a complaint from a fellow that the College had knocked back a prominent overseas academic dermatologist. This particular applicant, whose primary

interest was research, had failed the Overseas Trained Specialist Committee's assessment of his clinical skills on two occasions. It became clear that the procedure deprived Australian dermatology of a number of people with valuable teaching and research skills. As the procedure stood, these applicants were assessed under the same criteria as any other overseas trained specialist but often rejected due to their sub-standard clinical skills or directed to gain further clinical training. It was therefore a worthwhile, albeit complex, exercise during Warren Weightman's presidency to establish an acceptable pathway for academics. Weightman explained:

*We came up with a process that took into account their academic qualifications and if they were basically doing academic research and not much clinical work — and some of those might be involved in skin cancer research and where they see skin cancer patients — but they hadn't seen an acne patient for 20 years or so, so there's no point in them being up to date on acne patients or psoriasis patients if they're not going to see one. So it took almost two years to come up with a process that everybody was happy with.*³⁵

The Pre-eminent Academic Assessment Committee was convened to assess and, where appropriate, accredit overseas-trained academic dermatologists. Eligibility for this assessment was reliant on the applicant being nominated by two College Board members and a set of strict criteria governed the process.³⁶

Rifts appear

Another difficult issue which the Board had to address during this period related to staffing at the College. The handling of this issue highlighted that there was still a transition in process from an operational 'hands-on' council to a corporate-style board.

In late 2012 a complaint concerning a breakdown in the relationship between the CEO, Rodney Sheaves, and a long-serving staff member was brought to the Board. The action caused a rift between Board members: some directors saw it as an issue they could and should deal with, while others believed staffing issues were well outside their remit. Ongoing legal advice on the matter was sought by the president as the issue unfolded. The advice was clear — this was a matter that Board members should not address. It should be resolved by the CEO or an independent statutory body, such as Fair Work Australia.

One thing we grappled with was an academic pathway, particularly for overseas dermatologists who wanted to come to Australia, particularly to further research, and their clinical skills may or may not have been as good as ours.

Warren Weightman

The need for a review of the staff structure had been on the agenda for the CEO and senior staff members earlier in 2012. With the growth of professionalism in the College's training and education functions, it had become necessary by 2012 to employ more staff with expertise in these areas. Until this time, staff had been appointed to fill specific roles as they arose without an overall view of the College's staff structure. Warren Weightman, who was president at that time, believed there had been a 'positions filled as needed' approach to employment of staff:

As the College took on more responsibilities especially with the AMC accreditation, the College staff grew significantly ... and so the consultant rationalised the staff structure and offered some good ideas about how it should change.³⁷

A review of staffing was conducted by an external consultant and a report produced in February 2013 which led to most staff positions being made redundant and new positions created.³⁸ All existing staff were encouraged to apply for the new positions. However, following the staff review one very disgruntled staff member took her grievances to Fair Work Australia. Subsequently Fair Work Australia oversaw a settlement of the matter and this resulted in no further action. Another staff member chose not to accept one of the new positions offered and, again, a settlement was reached to the benefit of both the staff member and the College. The outcome was 'that the College now had a happier, more cohesive and efficient staffing team', recalled Sheaves.³⁹

Unfortunately, the process temporarily unsettled the final period of Sheaves' time as CEO and it also led to the resignation of three Board members. The first casualty of the Board rift was President-elect Rob Sinclair who felt that he would have been unable to chair a united Board and thus resigned shortly before he was due to take office as president. Two following casualties were the honorary secretary, Phillip Artemi, and the dean of education, Clare Tait, who both departed shortly after the next president assumed office.⁴⁰ Weightman recalled that the dispute 'led to a lot of disharmony on the Board.'⁴¹

With the resignation of the president-elect shortly before he was due to take office as president — only the second time this had happened in College's history — the president-elect 'in waiting' found himself in the top job sooner than he expected.⁴² Fortunately for the College, the new president was Stephen Shumack, a fellow since 1990. As a former honorary treasurer, honorary secretary and a member of many committees and task-forces, Shumack had the runs on the board. He recalled that there was a rather diminished and disconsolate Board assembled in his early days of presidency, but this soon improved.

For the first couple of months of my presidency there were a number of pressing issues, including the governance issues. I was extremely lucky to have Gayle Fischer take up the role of dean of education because two years before she'd been the chief examiner, so she did have some experience with that committee. I was also very fortunate that Patricia (Trish) Lowe agreed to take up the role of honorary secretary on the College Board. So we ended up with a rejuvenated Board, and I think the Board was then in a far better position to move forward from the governance and strategic perspective.⁴³

Rodney Sheaves retired from the role of CEO at the end of 2013 to be replaced by Tim Wills in February 2014. By the time Wills took up the job, the staffing problems had been resolved. He recalled:

After an exhaustive search by KPMG, we identified Mr Tim Wills as our new College Chief Executive Officer. He comes to us after serving in the Faculties of Medicine at both the Universities of Western Sydney and NSW.

Annual Report 2014

When I got here, the ructions had settled, all the staff were in place. They were starting to make a difference and to me there was a palpable sense of excitement that we were a good staff. The negative ripple effect on everyone from a few had settled. As I was led to understand, there was rude behaviour happening and all of that had now gone, and there was a very happy team when I got here.⁴⁴

Sheaves had played a major role in building up the College's administrative functions, progressively taking responsibility for a diverse range of duties. When Wills began he was 'just astounded at the range of work' that he needed to deal with: 'from the very minor to the very major and everything in between and it wasn't sustainable going forward.'⁴⁵ For this reason Sheaves stayed on for a period of time to manage the annual scientific meeting via a trust company that had been set up to run the commercial arm of College — ACD Educational Enterprises Pty Ltd. Wills recalled that this greatly assisted his transition into the organisation and allowed him to focus on strategy and future directions for the College.⁴⁶ By 2015 Wills had assisted the College to better define its three distinct areas of activity. These 'three pillars' were Education, Service to Members and Service to Community. As he stated in the annual report, while the College's education and training function was working well and had benefited from a 'thoughtful and deliberate approach', there had been less focus and fewer resources put into building up services to members and to addressing the needs of communities.⁴⁷

Wills was aware that in the past Sheaves, with the able assistance of Rosie Cavaleri, had done a massive amount of work for the ASM, including 'designing booths, liaising with convention centres over work, health and safety requirements, setting up all the audio-visual needs etc.' But catering to the needs of the sponsors was becoming increasingly time-consuming:

Our annual scientific meeting is a fantastic event. It's very important for the running of College in terms of the income that it generates and it's also the major time where the College gets together. And I think the pharmaceutical companies and trade suppliers are an integral part of the event. It's an opportunity for them to interface with the members and also for members to see what's new, what's coming down the pipeline, but it's a relationship that needs to be managed increasingly with care.

Chris Baker

People are interested in selling things to dermatologists and, of course, dermatologists need to buy things: drugs, equipment, expertise, financial management. I think the sponsors became more needy as Sheaves became increasingly responsive but it was clear to me this was something that had to be changed.⁴⁸

As he settled into the CEO role, Wills reviewed the manner in which the ASM was run and in 2015 outsourced the management of this to a professional conference organiser. As Wills explained, the professional organisers 'bring insights from running other meetings that help College with its own direction. And they would professionally manage sponsors and exhibitors.'⁴⁹

A more streamlined Board

By 2015, with College management in good hands, the Board recognised an opportunity to foster another major change in governance. Under the leadership of Stephen Shumack, the directors felt the time was right to implement the earlier aim of having a Board fully constituted on the basis of skills and merit rather than based on faculty representation. Shumack realised that this was a move that needed to be handled sensitively. He and Tim Wills, following the example of John Auld and Anne Howard, undertook a ‘road show’ to all the state faculties to ‘highlight the benefits of this proposal.’ They set out to convince their colleagues of the need to reduce the size of the Board, ensure that Board members were ‘fit for task’ and to be open to an increase in the number of non-fellow directors.⁵⁰

Chris Baker, who was president-elect when the ‘streamlined’ Board was being proposed to the various state faculties, recalled that it ‘was quite a hotly debated change.’ He explained that:

There was concern expressed by the smaller states that representation may be lost at the level of the Board. In part that was probably a misunderstanding by the membership of College as to what the role of the Board member was and they didn’t see that a Board member had a duty to represent the interests of all in College, not just a sectional group.⁵¹

Apart from Dudley Hill, most living past presidents of the College expressed opposition to the new composition of the Board.⁵² One of those to voice an opinion was William Land. Reflecting on this in 2016, he stated:

I think the way things are very few people in College are ever going to get to have the privilege and the duty of being an executive member and I think that’s unfortunate ... One could imagine that down the track a bit there’ll be more and more accountants, lawyers, non-dermatologists on the board and there’ll be one or two dermatologists providing some professional opinion — I think that would be extremely unfortunate.⁵³

This historic change was accepted and voted in under the presidency of Shumack’s successor, Chris Baker, in December 2015. The new governance model included a nominations committee to oversee the performance of the Board and to advise on the skills and expertise required of directors. Another subsequent change — one that Baker believed made the new Board structure more acceptable to the faculties — was the establishment of a representative committee. Every state has a representative on this committee which works as an adjunct advisory committee to the Board.⁵⁴ Wills also recognised the need for faculty representation to inform College governance:

There was still, at this latest governance change, anxiety about state representation and that did form a focus of a lot of discussions and that issue will always be there. We’re a very uneven nation in that numerically most

We’re the first College in Australia to have a purely a skills-based set for our Board. It really is moving the governance changes of the College into the 21st century. So we’re set up for better opportunities regarding, particularly, strategy and we won’t, hopefully, get the Board bogged down in management issues which caused, effectively, the dysfunctional Board for a period of time in 2013.

Stephen Shumack

*dermatologists are in New South Wales and Victoria and there's as many in South Australia and Western Australia combined as there are in Queensland ... so they're quite different internal bodies as a result of that. Their politics are all different, their state health systems are all different, so despite our desires to nationalise, there's a need to account for the unique issues of each faculty.*⁵⁵

EDUCATION AND TRAINING

The pace of change in the provision of training, examinations and continuing professional development in the second decade of the 21st century might have appeared to some observers to be breathless, particularly after many decades of incremental developments. In fact, however, it was measured, strategic and developed with broad-ranging input from a wide range of College fellows, who continued to give their time to value-add to College programs on an honorary basis. A particular strength of the developments in the fields of education and training was that they built upon the shared expertise of College fellows. They were also informed by the professional expertise of College staff members with qualifications and experience in contemporary educational best practice.

It became unmanageable for the Board of Censors to deal with all these things and under the chairmanships of Warren Weightman and Caroline Mercer it was understood that College needed to have more education committees.

Chris Baker

The College achieved AMC accreditation as the training provider in dermatology for Australia in 2007. Despite this 'excellent result', there were a number of AMC recommendations to be implemented before reaccreditation in 2010 and 2013. AMC requirements added an authoritative 'stick' to the process of overhauling education and training practices that, as Chris Baker, former dean of education, pointed out, had been commenced by some chief censors before the accreditation process began.⁵⁶ Chris Commens, who had initiated reforms in the 1990s, conceded that his changes 'were probably too quick and not appreciated' by College fellows.⁵⁷

Traditionally, the Board of Censors had managed all aspects of the College's education and training arms — from accrediting training posts to conducting examinations. By 2007, with the number of trainees increasing, the imperative to overhaul the curriculum and examination methods and the additional demands imposed on the College to assess international medical graduates as specialist dermatologists, amongst other things, the impossibility of the six members of the Board of Censors being able to fulfil these multiple and demanding roles became apparent.⁵⁸

There's quite a lot of sentimentality attached to the positions of honorary secretary and chief censor. Even though the chief censor now is the chair of the National Examination Committee, with a role more focused on examinations, the chief censor still stands up at the conferring ceremony to say a few words to the graduates. I think there are these sentimental positions in College that, if they're going to disappear or be changed, it will take some time and some discussion.

Chris Baker

An Education Committee, reporting directly to the Board of Directors, became the umbrella committee for a range of educational arms of the College in 2007. Reporting to the College Board through its convenor, the Education Committee consisted of representatives from the Board of Censors, the Board of Training, the Curriculum Committee, the Overseas Trained Specialists Committee, the Professional Development Committee and the Selection Committee, each with oversight of their own educational areas.⁵⁹ By 2009, the Education Committee had become the

Board of Education, with Pam Brown serving as the inaugural dean of education.⁶⁰ However, in 2012, it was renamed the National Education Committee. In the same year, in a break with long tradition, the Board of Censors was renamed the National Examination Committee and relinquished its role of accrediting the ever-expanding number of training programs, handing this over to a National Accreditation Committee.

The proliferation of education-focused committees offered greater scope for a broader range of fellows to contribute to the College's education and training programs. At the same time, the impetus to update and improve educational processes added a further layer to the College's paid personnel. From one education officer — Claudia Casson — in 2002, the College's educational staff grew to five in 2010, accounting for almost half of its employees.⁶¹

Curriculum

Underpinning the many significant changes in the training and education programs of the College was a radical redesign of the curriculum. Substantial work had occurred in the late 1990s and early 2000s to document a syllabus that reflected the expertise needed by contemporary dermatologists. The challenge now was to present this syllabus as a curriculum with specific learning goals and outcomes. This shifting emphasis was in line with contemporary educational theories that focused on equipping learners with 'lifelong learning skills'. Pam Brown, convenor of the Education Committee, explained in 2009:

*There are significant components of College's teaching and assessment practices that have tended to encourage individuals to pursue superficial learning. The concept of spot diagnoses encourages a superficial assessment of a small part of a patient's problem to make a diagnosis rather than assessing a patient as a whole ... The most effective adult learning occurs when the learner, thinking about the material presented, takes it and mixes it with their other knowledge, resulting in a transformation of their attitude and approach the next time they deal with a similar problem.*⁶²

The process of developing the new curriculum began with consultation with fellows across Australia. In a series of workshops, they were invited to define the core content knowledge, skills and competencies desirable in 26 key areas of dermatology (Standards). College education staff took this material and shaped it into an 'outcomes based' program. Dr Bob Corderoy explained that 'we took what was important to know about psoriasis, for example, and expressed it as learning outcomes.'⁶³ Bob Corderoy, with many years' experience as an educationalist, joined Victoria Baker-Smith on the College education staff in 2007, explicitly to assist with this task.⁶⁴ The emphasis on 'standards' and learning outcomes offered an alternative to

In the early 2000s, College's curriculum was fairly rudimentary. It covered the necessary topics but it didn't have a lot of depth. In my time on the Board of Censors, and then Board of Education, there was substantial work done by many fellows on curriculum development ... A lot of this was being driven by AMC accreditation, which was happening to all of the colleges. That became a real driver for reviewing what we were doing and how we were doing it.

Chris Baker

Where we had a radiotherapy exam in the finals, they now have a series of stations where they have to look at this and give a diagnosis, etc. I haven't actually seen it in operation ... but it's a much broader and, I guess, a fairer process than used to be the case. I mean, in my day one of the local GPs, who had been the registrar at RPAH, had passed every subject in the part two exam at different times but just hadn't passed them all together so in fact he'd never qualified.

William Land

the previous pattern where trainees might memorise textbook content, perhaps at the expense of clinical experience, in the hope of covering all bases in their fellowship examinations. The 15 modules contained in the revised curriculum reflected a ‘task-based, trainee-centred approach’ across ‘15 modules representing coherent threads of study in the field of dermatology.’⁶⁵ There was an added emphasis on professional skills — such as effective communication and ethical practice in dermatology. The standards that trainees needed to master were made explicit.⁶⁶

Trialled in selected teaching hospitals in 2008, the revamped curriculum was rolled out across the College training program in 2009. However, it was not a static document and was reviewed by the Teaching Learning and Curriculum Committee in 2011–2012 and again in 2015. Training supervisors now had very clear guidelines on what experiences their trainees should have, while trainees now had an explicit guide as to ‘what was expected of them in clinical assessment and treatment of patients’.⁶⁷

Assessment

With a detailed set of outcomes established, it was now possible for the Board of Censors to ‘blueprint’ assessment tasks to the curriculum to ensure that they were actually testing what was being learned.⁶⁸ One expected outcome of the revised curriculum was that, as it made explicit what was expected of candidates in fellowship examinations, it would not only help to relieve some of the pressure of this stressful time, but also clear the way for greater use of ongoing competency-based assessments throughout the training period.⁶⁹ Trainees now had opportunities each year to undergo formative assessments of performance with their supervisors, while twice a year summative assessments identified trainees whose progress might be less than desired, offering them opportunities to improve their performance before the high stakes examinations at the end of their training.

Nevertheless, the examinations remained in place and, despite attempts in the early 2000s to skew the emphasis of the examinations towards clinical practice, trainees were still too ‘focused on the exit exam and felt that book knowledge was the best way to pass’.⁷⁰ To make the content of College examinations more transparent to candidates, incoming chief censor, Caroline Mercer, adopted a policy in 2005 of publishing the most recent long-case viva examination cases along with assessment criteria in *The Mole*, making it clear to future candidates that success in this examination would depend on ‘professional skills’ such as communication with the patient as well as on diagnosis and treatment plans.⁷¹

A reassessment of the examination process was intended to align it more closely with the aims of the curriculum. The Board of Censors, working with education staff, also hoped to make examination processes more ‘valid and reliable’ and to offer candidates a fair opportunity to demonstrate their competency.⁷² Changes came in 2010. Questions examining ‘professional qualities’ were added to the fellowship written examination paper

and candidates were allowed longer to complete this examination in an effort to encourage greater quality.⁷³ Clinical vivas contained fewer cases to allow candidates

I don’t think that I would have had the degree of training that the registrars have nowadays. They have online webinars that they can always look at. We didn’t have that so if you missed out, you missed out. They have access to so many websites. They can communicate with each other while really we were just individuals who might meet together for one journal club once a month or something like that. That was it. Otherwise, you were on your own, doing your own study.

David Wong

more time to spend on each case.⁷⁴

The Objective Structured Clinical Examination format, adopted for fellowship vivas in the early 2000s, gave way to new examination methods in histopathology, dermoscopy, laboratory dermatology and procedural dermatology. The histopathology examination became an interactive process between candidate and examiner sharing a double-headed microscope. Dermoscopy and laboratory dermatology were now examined via an online multiple choice test using photographic images. The interactive examinations offered greater 'validity and reliability' than the OSCE tests.⁷⁵ The OSCE format of the procedural dermatology viva was also eliminated, and while questions in this examination were still scripted, the examination took place in a series of themed stations, allowing candidates greater opportunities to 'display their competencies' and focusing less on minutiae.⁷⁶

Traditionally, all candidates who had passed their final written papers had descended on a central location in August for a gruelling weekend of vivas. To ease the intensity of this experience — and to allow more time for individual candidates to display their competency — some of these examinations were now held a month prior to the final vivas in state-based facilities.⁷⁷ Perhaps not surprisingly, chief examiners were able to report that candidates were gaining improved scores in those examinations where more time was allocated.⁷⁸

The clinical sciences examination, usually attempted in the first two years of training, was scrapped, to be replaced by 12 online clinical sciences learning modules, which trainees could complete over a two-year period. Each module offered information, links to further information, and self-assessment tasks, as well as short essays to be marked by the National Examination Committee.⁷⁹

Trainee selection

AMC accreditation had implications for the College's trainee selection process.

While the College had increasingly moved towards a uniform method of assessing applicants for the training program in the early 2000s, the process of interviewing candidates had remained with the individual faculties. However, with demands that trainee selection should be 'reproducible and transparent', this changed.⁸⁰ In contrast to earlier decades, dermatology was now 'widely known as a medical speciality which was extremely difficult to enter'. Between 2008 and 2011 the 'likelihood of being selected into the College's training program ... varied between 20 percent and 30 percent, depending on vacancies.'⁸¹ In 2007, trainee selection shifted from being a primarily faculty-based ritual to a centrally organised process and the first nationally based set of interviews took place.

Some dissatisfaction with this process led to the suggestion of a review of the selection policy.⁸² Organisational psychologist Dr Nick Reynolds was engaged to assist the College's National Selection Committee to refine the trainee selection

I think the selection process has become too rigid in the sense of the way it's run and how too much emphasis is placed on just interview rather than all the background checking of people or interviewing people who have had trainees under them in the wards, or in the clinics. I know from my last years at Princess Alexandra Hospital there were several young ladies who were certainly quiet in personality but excellent trainees, very bright and very good clinically, lovely with the patients, and they took years to get on the program and several others who I wouldn't have thought were anywhere near them in ability got on prior to them. That's just my opinion, obviously, but I don't think I'm alone.

John Auld

process. He conducted workshops with faculty directors of training to define the characteristics of trainees who were most likely to become 'outstanding' dermatologists. These characteristics were then used to devise an interview process designed to seek information about the behaviours of candidates.

New procedures were initiated, in which a centrally organised selection process shortlisted applicants by experience and references, before all interviews, based on behavioural factors, were conducted centrally at the College's premises in Sydney.⁸³ The system continued to provoke criticism, however. Some fellows expressed dismay at the lack of faculty 'ownership' of the selection process, while others felt that the emphasis on the interview meant that the 'best' candidates were not always selected and that the interview process failed to identify 'certain types of personality'.⁸⁴ For trainees, too, there were sometimes drawbacks if they were allocated to a state other than their own home state.⁸⁵ The College Board acknowledged these flaws, but also had to balance them against the demands of the AMC and, worse, the risks of charges of nepotism, unfavourable publicity and possible litigation.⁸⁶

One change to the College's training procedures that occurred at this time was an adjustment to College policy to allow for flexible or job-shared training positions.⁸⁷ From the early 1970s, it had been College policy not to allow part-time training, despite requests being made at various times for the College Council to consider it. As the proportion of female candidates increased over the decades, there were some College fellows who had come to believe that this policy was unfair. Writing in 1988, Eric Taft, who had been the first College chief censor, had had second thoughts about

this policy, stating that it was 'now quite obvious that the present pattern of full-time training, inevitably being expanded and usually completed in the sixth year after graduation, clearly discriminates against women graduates unless they remain unmarried, or childless, or postpone maternity until their early thirties.'⁸⁸ Taft advocated for a part-time training program, believing that it would 'have the particular advantage of increasing the numbers of Fellows in training as well as redressing the difficulties of those female medical graduates seeking to enter our speciality.'⁸⁹

It was not until 2005, however, that the New South Wales Faculty, acknowledging that 'many registrars were parents', introduced one job-shared registrar's position.⁹⁰ Following the initial review of the College by the AMC, the College committed to the principle of 'flexible' training. The AMC commended the College for this approach.⁹¹

Professional development

The College's professional development program for fellows received an overhaul in the period after AMC accreditation as the AMC moved towards mandatory continuing professional development for medical professionals.⁹² The curriculum again

proved to be a useful framework for redesigning the professional development program and fellows were, from 2010, required to accrue PD points across four domains — clinical, quality assurance, educational and professional (ethics, cultural awareness and advocacy).⁹³

The CPD Committee was introducing this new framework for accreditation for continuous medical learning and I have to say the then chairman, who was David Francis from Queensland, did a fantastic job because obviously quite a few colleagues were not happy about these CPD activities. But at the end of the day we tried to make it as easy as possible for the colleagues and tried to let them know that it's better that we are in charge of this process than an independent outside sort of company or, let's say, the AMC.

Professor Peter Soyer

Increased use of online facilities, including the College e-portal was an enormous boon to the professional development program, as well as to the fellowship training program. The College's e-portal was launched in 2008 specifically with training and professional development possibilities in mind.⁹⁴ As Bob Corderoy pointed out, it offered convenient access to training resources and would revolutionise both access to training and continuing professional development for fellows. The first offering through the portal was a National Skin School, based on the New South Wales Faculty's Saturday Skin Schools for trainees. Redevelopment of the College's website in 2013 and 2014 expanded its role in the CPD and training programs, including offering online CPD modules.⁹⁵

One of the AMC's requirements of the College was that all its training supervisors should experience some basic teaching training.⁹⁶ The simplest way of achieving this appeared to be to seek recognition as a Registered Training Organisation (RTO), accredited to deliver qualifications by the Australian Skills Quality Authority. This would enable the College to deliver the nationally accredited Certificate IV in Training and Assessment, the mandatory base qualification for delivering training in Australia, to College fellows.

The first step in the process of achieving this was to seek from the International Organization for Standardization ISO accreditation, an international administration and management standard essential for world recognition. While most universities held this accreditation, few Australian medical colleges did; it was a feather in the College's cap when it was accredited to ISO 9001 in 2012.⁹⁷ The College was then successful in its bid to attain RTO status in 2014. The plan was that the Certificate IV course be embedded as a mandatory component of the fellowship training so that 'all trainees would emerge from the program with a Certificate IV' in addition to their FACD.⁹⁸ The course would also be offered to fellows of the College.

Naturally, there were fears that the requirement to complete the Certificate IV added another 'onerous' time commitment to the already crowded College training program.⁹⁹ However, by developing online modules and delivering intensive weekend training sessions twice yearly, the College's education staff lessened the load. The attainment of at least five of the course's 10 modules was made mandatory for trainees, but the course was available for fellows of the College as well. Experienced teaching fellows were able to gain recognition of prior learning for their teaching practice.¹⁰⁰ Offered for the first time in late 2014, the Certificate IV course was, at first, greeted with grumbles. But Lauris Harper was pleased to report, after the first face-to face training workshop, that the feedback became much more positive.¹⁰¹

We're the first specialist medical College to get this recognition by TESQA, so we are now able to run courses and programs, for example Masters' degrees, PhDs, and it will be interesting to see where this goes and what we do with it. It's quite innovative and we will be interested to see if other colleges follow our lead and whether we value add to our fellowship and education programs. The whole idea is to engender academic involvement and development.

Chris Baker

Higher education status

By this time, the sights of the College's Director of Educational Planning and Innovation, Dr Bob Corderoy, had been set higher and a proposal was put to the College Board that it apply for Higher Education Provider (HEP) status with the Tertiary Education Quality and Standards Agency (TEQSA).¹⁰² The federal government had established TEQSA in 2011 to replace state and territory-based statutory bodies

We, for better or for worse, put up the training program to TEQSA as our course to be assessed against a Masters level degree qualification. At that point we did have a Mohs course and we could have put the Mohs course up and perhaps with the wisdom of hindsight we would have been better to do that because now we've created some confusion amongst the members as to 'Why do we want to turn the training program into a Masters?' Well, we don't necessarily need to do that. The point was to demonstrate to TEQSA that we had something that was an equivalent to a Masters level qualification.

Tim Wills

as a regulator of standards and quality in tertiary education. Achieving HEP status would enable the College to offer accredited diploma and degree courses at the graduate and postgraduate levels. As Clare Tait, Dean of Education pointed out, the decision to seek HEP status was not to be taken lightly. It would require a 'considerable investment of resources and time' and there was no guarantee that it would have the support of all fellows.¹⁰³

The College was the first medical college in Australia to apply for Higher Education Provider status and thus 'opened up some new frontiers for TESQA

to consider'.¹⁰⁴ TESQA personnel had difficulty, for example, understanding that, as each trainee's experiences and placements differed, there could be no lock-step movement through a linear four-year course of study. The process of achieving higher education status, therefore, took some years and involved a number of hurdles. In May 2016, however, just a few short months before the 50th anniversary of the College's first meeting, it achieved HEP status.

PROFESSIONAL LIFE

Sharing fellows' expertise

The issue of providing training to other health professionals had always been a thorny one for the College and the rise of skin clinics and cosmetic surgeons in the 1990s and early 2000s had done little to allay the fears associated with this issue. In 2004, the College, seeking to improve its relationship with GPs, established a task force to investigate providing basic dermatological training for GPs.¹⁰⁵ The College's hegemony in the area of dermatology training in Australia was threatened by other providers, such as The University of Queensland which was considering introducing courses in skin care management for GPs. The GP Training Task Force, headed by Rob Paver, and with input from many College fellows, developed two online courses for GPs — a Certificate in Primary Care Dermatology and a Certificate in Primary Skin Cancer Management to be delivered as part of the professional development programs of the RACGP and ACRRM.¹⁰⁶ Weekend workshops in procedures complemented the online modules.¹⁰⁷ Victorian fellows had also been proactive about offering weekend training in basic dermatology, with the Skin and Cancer Foundation teaming up with Douglas Gin at the Alfred Hospital to present workshops to GPs.¹⁰⁸

The majority of fellows surveyed in 2005 agreed that College should be involved in GP training.¹⁰⁹ But it remained a 'controversial' issue for some who asked, 'why are dermatologists teaching these skin doctors?'... 'Why teach them more dermatology? Then you won't get any more referrals'.¹¹⁰ Even as late as 2016, Adrian Lim, Chair of the National Education Committee, acknowledged that there was 'an inherent risk' of 'product differentiation by the public' in providing training to non-dermatologists.¹¹¹ On the other hand, Douglas Gin argued that having

undergone some basic training with dermatologists, GPs gain 'a greater awareness of the complexity of skin issues which in turn encourages GP referrals and so it's actually a positive benefit. Furthermore if GPs manage to treat simpler conditions it will alleviate the pressures on our waiting lists. Hopefully, the GPs will actually treat a lot of conditions rather than having to refer them on.'¹¹² Gin's own educational work with GPs over 27 years was recognised in 2014 with a RACGP Victorian Faculty Recognition of Distinguished Services Award. Of the five recipients of the award since 2007, he was the first non-GP.

Based in Wagga Wagga from 2011, Delwyn Dyall-Smith found compelling reasons to deliver educational presentations to country GPs via the Medicare Local (later Primary Health Care) networks.

I give GPs talks about vulval dermatology because many [country] women will say, 'Look, nobody's even examined me. They just say, "You must have thrush or you must have a urinary tract infection" without looking' ... My record is one lady who'd been going for 40 years to her GP and was never examined once in that time and then she struck a female GP registrar who had heard me speak ... The registrar took one look and said, 'Look, you've just got to go and see a dermatologist'. On the patient's second visit to me she cried. She said, 'I can't believe that you fixed it so quickly and I've had it for 40 years'.¹¹³

A further step towards extending the influence of the College on undergraduate medical education was achieved at this time when Associate Professor Gayle Fischer developed a series of dermatology modules for undergraduates. By 2012 eight universities around Australia were delivering the modules to their students.¹¹⁴

Mohs surgery training for College fellows was formalised in 2012 with the introduction by the Mohs Surgery Committee of a formal post-fellowship Mohs surgery training program. Four training centres — two in Perth, one in Melbourne and one in Sydney (based at the skin and cancer foundations) — were initially accredited as training centres and curriculum and assessment tasks conforming to AMC requirements were prepared.¹¹⁵ In 2015, the College's Cosmetic Dermatology Taskforce prepared to develop a post-fellowship Masters degree in cosmetic dermatology.¹¹⁶

Research and academic dermatology

In 2009, the Governor of New South Wales, Her Excellency Professor Marie Bashir, was present at a formal meeting at the Royal Prince Alfred Hospital to celebrate the 21st anniversary of the founding of Australia's first professorial chair in dermatology. College President Ian McCrossin was on hand to unveil a portrait of Ross Barnetson, the first incumbent of the chair.¹¹⁷

The celebration was symbolic of an increasingly high profile for dermatological research in Australia. Since its foundation, the University of Sydney department had published over 400 scientific papers, including over 50 in the top journal of experimental dermatology, the *Journal of Investigative Dermatology*, and in the *New England Journal of Medicine*, as well as in *The Lancet* and *Proceedings of the National Academy of Sciences*.¹¹⁸ The department had also attracted research

I can remember when I first met Graeme Beardmore, which was 1976, Graeme was talking about how we should have a chair in dermatology in Queensland way back then and I know that he used to periodically go lobbying at The University of Queensland, always unsuccessfully as I understand it, always told we had to find the million dollars first and then we'll sort of think about it.

John Auld

grants worth \$20 million and, by 2010, boasted a full-time staff of 40.¹¹⁹ On Professor Barnetson's retirement as professor in 2006, Wolfgang Weninger, who had initially trained at the University of Vienna in his native Austria, had succeeded to the post, now known as the Raymond E. Purves Chair in Dermatology.

There had also been a changing of the guard in Victoria, when Professor Robin Marks retired from the professorial post in 2005, to be succeeded by Rodney Sinclair. The Australasian Society for Dermatology Research had been initiated in 2004, with Professor Barnetson as its first president. It soon began convening annual meetings coinciding with the College's annual scientific meetings.¹²⁰ Increasingly, aspiring dermatologists were completing higher research qualifications.

The status of academic dermatology in Australia received a further shot in the arm when, after years of lobbying on the part of Queensland fellows, it was announced that a chair in dermatology would be established at The University of Queensland. As had happened with the Victorian professorial chair, the Queensland Skin and Cancer Foundation provided much of the funding for the chair, funding it jointly with the university.

Professor Peter Soyer, who had initially trained at the University of Graz in Austria, was appointed as the inaugural chair in 2007. Soyer had particular interests in translational dermatology and translational research and had been a founding president of the International Dermoscopy Society. In contrast with the approach used to appoint Sydney's first professor of dermatology in 1988, when the College had not been invited to participate formally in the selection process, the Queensland Skin and Cancer Foundation was well-represented with four dermatologists on the interview panel. Soyer believes that the dermatologists had

*relatively clear ideas that [the appointee] should be someone who is a clinical academic dermatologist, particularly interested in translational dermatology and translational research and my interest in the early diagnosis of melanoma suited them quite well and for me, of course, to come to Queensland when you have a lifelong interest in the early detection of melanoma — it's the best place in the world.*¹²¹

Soyer was soon joined in the Dermatology Research Centre by Associate Professor Stephen Gilmore, from Melbourne, and, though based at the Princess Alexandra Hospital, the professors also established sub-specialty clinics at the Foundation's Queensland Institute of Dermatology.¹²² On John Auld's retirement as head of department at the hospital, Soyer took on that position.

Professor Soyer felt 'very warmly embraced by the dermatology community' in Australia and became actively involved in College activities, serving on a number of committees and, for a while, as co-editor in chief together with Stephen Shumack of the *Australasian Journal of Dermatology*.¹²³ At the Dermatology Research Centre he was soon able to 'build up quite a team', attracting a number of postgraduate students and significant funding through NHMRC and ARC grants.¹²⁴

Within a decade of its establishment, the Department of Dermatology was regarded as 'one of the six research strengths of The University of Queensland'.¹²⁵ For Professor Soyer, this success was based on

a team effort, a collaborative effort. We have at the moment at The University

of Queensland [UQ] four academic dermatologists, two of them associate and two full professors. Two are working within the Dermatology Research Centre and two within the same building within another UQ structure — very soon we will be all in the same structure — the UQ Diamantina Institute. And I always had the impression that it's about critical mass, you know. It's also about succession planning and all these sort of things and I have always had very strong feelings about this. Obviously, you need leadership in one way but on the other hand you need the whole team because, really, alone you are completely lost. If you don't have the team who follows you and you don't embrace them, then you will not be successful.¹²⁶

Some of the research funding that Professor Soyer's department attracted came via Epiderm (formerly ADREF). With Alan Cooper as chairman of the Board, by the middle 2000s, his co-directors included three other former College honorary secretaries — Stephen Shumack, Greg Crosland and David Wong. They were joined by an independent director, Susan Doyle, in 2006. ADREF had supported a range of dermatological academic research and educational projects from 1998 to 2014. It supported research in skin and cancer foundations and university departments, funded travelling scholarships and publications. The foundation also sponsored annual training weekends for first year College registrars from 2006.

Although many of the grants that the foundation made were relatively small, the dermatology departments of Melbourne, Sydney and Queensland had each received substantial amounts. Looking to wind-up the Foundation, Cooper had hoped to use the remaining \$2.05 million to fund a full professorial chair at the University of Melbourne but gave up after four frustrating years of negotiation. He recalled that

at that time we were approached by The University of Queensland. Now, when we gave them the half-a-million the first time the university matched it \$2 for every dollar we put in so the Dermatology Department got one-and-a-half million from our half-a-million. This time they made a similar promise: that the Dermatology Department would get \$2 for every dollar we put in and that they would then seek to raise money to move it up to being a permanent chair. They only had four permanent chairs up there and so it seemed like too good an offer to pass up, much to the disappointment of my dear friend the Professor of Dermatology at the University of Sydney, who would have liked the money, but it was too good a deal. So, the company's now been wound up and the money's been tucked away neatly. Everyone's happy; most everyone's happy.¹²⁷

The University of Queensland inaugurated an annual Alan Cooper Epiderm lecture in honour of Cooper's support for academic dermatology in Australia.

The Australian professors of dermatology came together in a new Academic Committee, reprising the role of the earlier Scientific Research Committee, in 2009. The intention was to assist the College in lobbying for more Australian chairs in dermatology and to promote academic dermatology.¹²⁸ In a 'major step towards strengthening academic dermatology in Australia', the committee was able to announce in 2010 that a new training pathway for College — a joint PhD/FACD program— would be offered by the University of Sydney and the College.¹²⁹ The first candidate for the joint award, Dr Philip Tong, began his PhD studies the following

year. Two years later, Victoria's first PhD/FACD candidate, Jane Li, followed suit.¹³⁰

Looking outward

Dermatological services to rural and regional areas received something of a boost in the 2000s, as government funding went some way to extending existing faculty

On occasion I have worked on the dusty stage of a community hall with my gear sitting on an ancient edentulous piano. Quite the worst was when I was allocated the toilet of a demountable building. Fortunately the room was quite large and the lighting good. A towel was laid over the (closed) toilet seat to provide a bit of class. You'd never get away with this in Sydney's eastern suburbs, but the locals were very good about it.

Tony White,
The Mole, Spring 2010

schemes, introducing new areas where outreach took place and funding registrars, through the Rural Advanced Specialist Support scheme to accompany specialists on outreach visits.¹³¹ While the rural outreach programs were still very much the province of the faculties, the College's Rural, Regional and Indigenous Services Committee, composed entirely of fellows servicing rural or regional areas, began to formalise a support network in 2007 with the first College weekend conference on rural dermatology.

The aim was to provide professional development and support for both dermatologists based in rural areas and those who delivered outreach services via rural rotations.¹³² The meeting provided a forum to discuss the many challenges that lay in the way of delivering services in rural areas. There were still, in 2007, only 25 rural-based dermatologists in Australia, with 15–20 city-based fellows acting on rotation. With an ageing College membership, fellows involved with the Rural, Regional and Indigenous Services Committee feared for the College's future ability to meet its 'moral obligation to ensure that services are available to rural patients as much as to city-based

ones.'¹³³ Australia's first rural-based full-time hospital registrar training position in dermatology was achieved in Queensland in 2009, largely thanks to Leith Banney.¹³⁴ Teledermatology was one way of reaching rural patients, provided that a GP or nurse accompanied the patient. In 2011, Professor Peter Soyer developed a trial teledermatology service in Mt Isa. There were hopes that such a service would be extended to other centres in Queensland.¹³⁵

Dermatological services to Aboriginal Australians developed as a more conscious priority for College fellows after the 2002 publication of fellow Allen Green's *A Handbook of skin conditions in Aboriginal populations of Australia*. Rodney Sheaves remembered that

*a number of fellows becoming interested in doing work with Aboriginal populations on skin disease, and in fact a program called 'Healthy Skin' was developed in Arnhem Land in the Northern Territory. Colin Parker, who's now retired, a fellow from Adelaide, was very much the driving force for this because skin disease is rampant amongst Aboriginal populations living in rural areas.*¹³⁶

Under Colin Parker's leadership, a number of College fellows participated in the Northern Territory Healthy Skin Project to eradicate scabies among Aboriginal people in Arnhem Land, volunteering their time, along with other medical specialists, for one week each year, initially for three years.¹³⁷ At the close of the three-year project, Parker successfully lobbied the federal government to extend the funding for a further three years.

By 2009, Indigenous dermatology was situated as a priority for the College

Board.¹³⁸ The Indigenous Affairs Committee had approved a module on Aboriginal and Torres Strait Islander skin diseases for inclusion in the training program and plans were underway to offer a College Indigenous training position. In 2014, the Board secured government support to fund such a position, to be based at the Victorian Skin and Cancer Foundation.¹³⁹ The inaugural trainee in this position, Crystal Williams, completed her first year in 2015 and travelled to Oxford for her second training year in 2016.¹⁴⁰

Further evidence of an increasingly outward perspective among the College membership was the growing commitment of several fellows to providing dermatological services in developing countries. The Board membership of the International League of Dermatological Societies (ILDS) of Robin Marks and Alan Cooper from 1992 — and Marks's term as international president from 2002 to 2007 — raised awareness in some Australian circles of the lack of access to skin health projects in developing countries. In the 2000s a small number of fellows, quite independently of the College, began volunteering their expertise in diverse locations such as Timor (East and West), Peru, Uganda, Cambodia and Papua New Guinea. Their efforts were formalised with the formation of an International Dermatology Outreach Committee in 2006, with aims to initiate a coordinated program of international aid by the College.¹⁴¹

POSTSCRIPT

Fifty years on from the foundation of the Australasian College of Dermatologists, what would Miles Havyatt, if he were sitting on that wall in Macquarie Street with his old friend Eric Taft, make of the progress of the College? Would he marvel at the outreach programs to third world countries, the intensified focus on Aboriginal and Torres Strait Islander health, the recognition of the College as a Higher Education Provider? Perhaps Dr Havyatt might have trouble recognising the College, which, in 2017, has become a vastly more complex operation than it had been in 1967. Now with almost 600 fellows, the College has a shifting membership profile, with 105 future dermatologists in training in 2016, a sharp contrast to the three training posts available for the whole of Australia in 1967. Expanding opportunities for training positions are gently leading a 'transition to a younger membership', and the median age of fellows is dropping.¹⁴²

Jean Mason-Johnson might be another foundation member of the College to be astounded by the College's progress. Her role in the preparations for the College inauguration in 1967 had been to serve with her colleagues' wives on the 'Ladies Social Sub-committee', organising social events and gaining exposure for the fledgling College via 'society' columns in newspapers and magazines.¹⁴³ From her lonely position as one of three female foundation members, surely she would have been pleased to observe that, by 2012, 40.3 percent of practising dermatologists and 59.7 percent of dermatology registrars were women and these numbers continue to rise.¹⁴⁴

While some aspects of the College's development in recent years have alarmed some College fellows, there are signs that this alarm is unnecessary. Some have expressed fears that the collegial spirit, so prized by many fellows in the early decades, is in danger of becoming lost. Yet, if anything, it is enhanced by a broader inclusivity towards all members than had existed in the early years.

Some viewed changes in the College's governance structure with trepidation,

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anticipating limited member representation in decision-making. However, the flowering of committees, communities of practice and taskforces reporting to the College Board is an indication that there are far more channels through which fellows can contribute their views than there had been under the Council system.

While the College's operations have become increasingly diverse and methods of communication more sophisticated, the vision and aims for the College enunciated by its founders remain, in essence, the same. Poised to move into its next phase as a provider of higher education, the Australasian College of Dermatologists looks confidently to the future, maintaining the original vision of the founders to be Australia's leader in the provision of both dermatological education and the best quality skin health for the community.



Rob Paver (right) oversees the 2014 first year trainees' surgical practice session at the Skin and Cancer Foundation, Westmead.



Rosie Cavaleri receives her award for meritorious service from President Stephen Shumack at the Annual Scientific Meeting in Melbourne in 2014.

NOTES

1. The Foundations

- ¹ Miles Havyatt, 'The Formation of the Australasian College of Dermatologists', unpublished manuscript, 28 April 1987, ACD archives
- ² Tessa Milne, *From Clique to College: a history of the foundation of the Australasian College of Dermatologists*, Blackwell Science Asia, Carlton, 1999
- ³ *Evening News* (Sydney), 8 April 1891
- ⁴ <https://members.racp.edu.au/page/library/college-roll/college-roll-detail&id=526> (accessed July 2016)
- ⁵ https://sydney.edu.au/medicine/museum/mwmuseum/index.php/Johnson,_Adrian_Mackey (accessed July 2016).
- ⁶ Syphilology' was dropped from the title in 1948
- ⁷ BAD records, ML MSS 2030, State Library of New South Wales
- ⁸ K. Paver and P. Pettit, 'A History of the Institutions of Australian Dermatology', *Australasian Journal of Dermatology*, 1998, 39, pp.52–54
- ⁹ Allan S Walker, *Clinical Problems of War, Australia in the war of 1939-1945*, Series 5, Vol Chapter 55 Dermatology, Australian War Memorial, Canberra, 1952, p. 629
- ¹⁰ *Ibid*, p. 631
- ¹¹ BAD records op. cit.: letter from J. Belisario to F. Florance, undated
- ¹² Miles Havyatt, op. cit.
- ¹³ K. Paver and P. Pettit, op. cit.
- ¹⁴ William Land interviewed by Jill Barnard and Sonia Jennings, 29 July 2016
- ¹⁵ John C. Belisario, 'Inaugural Oration Australasian College of Dermatologists', *The Australasian Journal of Dermatology*, Vol. IX, No 1, June 1967, p. 11
- ¹⁶ K. Paver and P. Pettit, op. cit.
- ¹⁷ John Brenan interviewed by Tessa Milne, 17 June 1997, MLOH 324, State Library of New South Wales
- ¹⁸ Minutes of BAD, 15 October 1948, ML MSS 2030, State Library of New South Wales
- ¹⁹ K. Paver and P. Pettit, op. cit.
- ²⁰ Miles Havyatt, op. cit.
- ²¹ DAA Minutes, 7 March 1964, ML MSS 1891, State Library of New South Wales
- ²² Lewsbe Abbott interviewed by Tessa Milne, 25 July 1997, MLOH 324, State Library of New South Wales
- ²³ Miles Havyatt, op. cit.
- ²⁴ DAA Minutes, 19 November 1966, ML MSS 1891, State Library of New South Wales

2. Underway — 1967–1977

- ¹ Details taken from Milne, op. cit., pp. 156–158
- ² John Brenan interview op. cit.
- ³ John C Belisario, 'Inaugural Oration Australasian College of Dermatologists', *The Australasian Journal of Dermatology*, Vol. IX, No. 1, June 1967
- ⁴ Lewsbe Abbott interview op. cit.
- ⁵ John C. Belisario, 'Inaugural Oration Australasian College of Dermatologists', op.cit.
- ⁶ ACD Professional and Private Addresses of Members, 1 July 1968, ACD Archives
- ⁷ *Australasian Journal of Dermatology* Vol 50, Issue 1, February 2009, pp. 74–75
- ⁸ Milne, op. cit., p.209
- ⁹ Bill Regan interviewed by Jill Barnard and Sonia Jennings, 12 April 2016
- ¹⁰ William Land interview op. cit.
- ¹¹ Marshall Hanna interviewed by Sonia Jennings, 17 June 2016
- ¹² Bill Regan interview op. cit.
- ¹³ Richard Armati interviewed by Jill Barnard and Sonia Jennings, 12 April 2016
- ¹⁴ DAA Council Minutes, 10–11 September 1966, ML MSS 1891, State Library New South Wales
- ¹⁵ DAA Council Minutes, 28 November 1964. ML MSS 1891, State Library New South Wales
- ¹⁶ Rules of the Dermatological Association of Australia (British Medical Association) ML MSS 1891, SLNSW
- ¹⁷ A. D. Muir to Lewsbe Abbott in DAA agenda papers, 12 November 1965, ML MSS 1891, State Library New South Wales
- ¹⁸ DAA Council Minutes, 20 November 1965, ML MSS 1891, State Library New South Wales
- ¹⁹ L G Abbott letter, 29 June 1965, ML MSS 1891, State Library New South Wales
- ²⁰ DAA Council Minutes, 6 March 1966, ML MSS 1891, State Library New South Wales
- ²¹ DAA Council Minutes 19 September 1966, ML MSS 1891, State Library New South Wales
- ²² L G Abbott letter, 29 June 1965, ML MSS 1891, State Library New South Wales
- ²³ ACD Council Minutes, 26 May 1968
- ²⁴ Rules of the Dermatological Association of Australia (British Medical Association) ML MSS 1891, State Library New South Wales
- ²⁵ ACD Council Minutes, 4 April 1967
- ²⁶ ACD, Regulations of Council (revised) 5 March 1969
- ²⁷ ACD Council Minutes, 20–21 June 1975
- ²⁸ ACD AGM Minutes, 27 April 1971
- ²⁹ ACD Council Minutes, 27–28 October 1973

- ³⁰ Lewsbe Abbott interview op. cit.
- ³¹ DAA Council Minutes, 20 November 1965
- ³² ACD Council Minutes, 19 November 1966
- ³³ ACD Council Minutes, 26 May 1968
- ³⁴ Bill Regan interview op. cit.
- ³⁵ Eric Taft, *Coming of Age — Transitions in Victorian Dermatology*, Victorian Faculty History Project, <https://www.skincancer.asn.au/page/2195/faculty-history#comingofage>
- ³⁶ ACD Council Minutes, 30 April 1971
- ³⁷ ACD Council Minutes, 4 April 1967
- ³⁸ ACD Council Minutes, 21–22 November 1970
- ³⁹ Marshall Hanna interview op. cit. and ACD Report of Council, 1978
- ⁴⁰ ACD Council Minutes, 26 May 1968
- ⁴¹ ACD Council Minutes, 21–22 November 1970
- ⁴² James Rohr interviewed by Jill Barnard and Sonia Jennings, 3 June 2016
- ⁴³ ACD Council Minutes, 26 May 1968
- ⁴⁴ ACD Council Minutes, 29–30 November 1969
- ⁴⁵ ACD Council Minutes, 27–28 April 1974
- ⁴⁶ ACD Council Minutes, 7–8 Dec 1968
- ⁴⁷ ACD Council Minutes, 23–24 November 1974
- ⁴⁸ Ibid.
- ⁴⁹ Eric Taft, *Coming of Age — Transitions in Victorian Dermatology*, Victorian Faculty History Project, <https://www.skincancer.asn.au/page/2195/faculty-history#comingofage>
- ⁵⁰ James Rohr interview op. cit.
- ⁵¹ Ibid.
- ⁵² Marshall Hanna interview op. cit.
- ⁵³ James Rohr interview op. cit.
- ⁵⁴ Darion Rowan interviewed by Jill Barnard and Sonia Jennings, 8 June 2016
- ⁵⁵ ACD Council Minutes, 30 April 1971
- ⁵⁶ DAA Council Minutes, 19 Sept 1966
- ⁵⁷ ACD Report of Council, 27 April 1971
- ⁵⁸ ACD Regulations of Council, revised 1969
- ⁵⁹ ACD Council Minutes, 22–23 Novmber 1975
- ⁶⁰ ACD Interim Council Minutes, 22–23 November 1975
- ⁶¹ ACD Interim Council Minutes, 22–23 November 1975
- ⁶² ACD Revised Regulations of Council 1969
- ⁶³ ACD Council Minutes, 18–19 March 1972
- ⁶⁴ ACD Council Minutes, 20–21 June 1975
- ⁶⁵ ACD Council Minutes, 18–19 March 1972
- ⁶⁶ Caroline Mercer, ACD Annual Report 2007–2008, p.26
- ⁶⁷ Bill Regan interview op. cit.
- ⁶⁸ Amendment to Regulations of Council, 7 April 1973
- ⁶⁹ John Auld interviewed by Jill Barnard and Sonia Jennings, 8 August 2016
- ⁷⁰ James Rohr interview op. cit.
- ⁷¹ John Auld interview op. cit.
- ⁷² Ivan J Simmons, 'History of Dermatology in South Australia', unpublished paper, 1995, ACD archives
- ⁷³ ACD Council Minutes, 26 May 1968
- ⁷⁴ ACD Council Minutes, 14–15 October 1972
- ⁷⁵ Robyn Iredale, 'Where Are We Now in Overseas Qualifications Recognition? A Decade of Review and Changes.' Centre for Multicultural Studies, University of Wollongong, n.d. p. ix.
- ⁷⁶ ACD Council Minutes, 14–15 October 1972
- ⁷⁷ ACD Council Minutes, 27–28 October 1973
- ⁷⁸ ACD Council Minutes, 30 April 1971
- ⁷⁹ Bill Regan interview op. cit.
- ⁸⁰ Eric Taft, 'Important Circular to all Fellows', 31 March 1976, ACD archives
- ⁸¹ Miles Havyatt, op. cit.
- ⁸² ACD Council Minutes, 30 April 1971 and 7–8 April 1973
- ⁸³ ACD Council Minutes, 13 April 1973
- ⁸⁴ ACD Council Minutes, 27–28 October 1973
- ⁸⁵ Darion Rowan interview op. cit.
- ⁸⁶ ACD Council Minutes, 31 May 1968
- ⁸⁷ Lance Cains interviewed by Tessa Milne, 8 July 1997, MLOH, 324, State Library New South Wales
- ⁸⁸ Bill Regan interview op. cit.
- ⁸⁹ Lance Cains interview op. cit.
- ⁹⁰ ACD Council Minutes, 18–19 March 1972
- ⁹¹ Richard Armati interview op. cit.
- ⁹² Brian Hill, 'Immunosuppressive Drug Therapy as a potentioator of skin tumours in five patients with lymphoma', *Australasian Journal of Dermatology*, Vol. 17, Issue 2, August 1976, p.46
- ⁹³ Poyzer, K, LeGuay, J, King, R, Lobel, E and Paver, K, 'Australian Experience with PUVA', *Australasian Journal of Dermatology*, Vol. 20, Issue 3, December 1979, p. 108
- ⁹⁴ R F A Becke and B H A Hill, 'Microscopically-Controlled Surgery Comes to Australia', *Australasian Journal of Dermatology*, Vol. 20, Issue 1, April 1979, p.53
- ⁹⁵ Ibid.

3. Consolidating — 1978–1988

- ¹ <http://www.smh.com.au/news/national/how-stagflation-killed-golden-age/2006/11/17/1163266787633.html?page=4> (accessed 28 August 2016)
- ² <http://www.naa.gov.au/collection/explore/cabinet/by-year/events-issues-1978.aspx> (accessed 27 August 2016)
- ³ <http://www.naa.gov.au/collection/publications/papers-and-podcasts/cabinet-release/jim-stokes-transcript.aspx> (accessed 27 August 2016)
- ⁴ ACD Council report to AGM 1978
- ⁵ Warren Weightman interviewed by Sonia Jennings, 17 June 2016
- ⁶ Richard Armati became the honorary Secretary in 1976 and continued until Alan Cooper took over in 1987
- ⁷ William Land interview op. cit.
- ⁸ Warren Weightman interview op. cit.
- ⁹ Marshall Hanna interview op. cit.
- ¹⁰ Richard Armati interview op. cit.
- ¹¹ Located here since August 1972
- ¹² ACD Council Minutes, November 1986
- ¹³ ACD Council Minutes, November 1978 — Note: with the

NOTES

- introduction of multiple choice questions, marks were deducted for wrong answers.
- ¹⁴ Greg Crosland interviewed by Jill Barnard and Sonia Jennings, 30 June 2016
 - ¹⁵ Douglas Gin interviewed by Jill Barnard and Sonia Jennings, 7 May 2016
 - ¹⁶ Ibid.
 - ¹⁷ ACD Council report to AGM 1984, ACD Council Minutes, 27 April 1985
 - ¹⁸ ACD Council Minutes, 27 April 1985
 - ¹⁹ Stephen Shumack interviewed by Jill Barnard and Sonia Jennings, 11 April 2016
 - ²⁰ Warren Weightman interview op. cit.
 - ²¹ Alan Cooper interviewed by Jill Barnard and Sonia Jennings, 13 April 2016
 - ²² Minutes of ACD Interim Council meeting, 23 November 1975
 - ²³ ACD Circular to all members, March 1976
 - ²⁴ ACD Council Minutes, 21 May 1976
 - ²⁵ <https://members.racp.edu.au/page/library/college-roll> (accessed 8 August 2016)
 - ²⁶ John Brenan interview op. cit.
 - ²⁷ Richard Armati interview op. cit.
 - ²⁸ John Brenan interview op. cit.
 - ²⁹ Richard Armati interview op. cit.
 - ³⁰ William Land interview op. cit.
 - ³¹ Bill Regan interview op. cit.
 - ³² Richard Armati interview op. cit.
 - ³³ Ibid.
 - ³⁴ Bill Regan interview op. cit.
 - ³⁵ Marshall Hanna interview op. cit.
 - ³⁶ ACD Council Minutes, May 1987
 - ³⁷ DAA Minutes, 7 March 1964, ML MSS 1891, State Library New South Wales
 - ³⁸ The following year it was reported at the DAA meeting in Perth that the recently elected Minister of Health in New South Wales was enthusiastic about the creation of a chair, but at the University of New South Wales, rather than the University of Sydney — DAA minutes, 11 August 1965
 - ³⁹ ACD Council Minutes, 16 May 1976
 - ⁴⁰ ACD Council Minutes, 30 April 1977
 - ⁴¹ ACD Council Minutes, November 1978
 - ⁴² Richard Armati interview op. cit.
 - ⁴³ ACD Council Minutes, 4 May 1979
 - ⁴⁴ Richard Armati interview op. cit.
 - ⁴⁵ ACD Council Minutes, 4 May 1979
 - ⁴⁶ Bill Regan interview op. cit.
 - ⁴⁷ ACD Council Minutes, 28 April 1984
 - ⁴⁸ Bill Regan interview op. cit.
 - ⁴⁹ Richard Armati interview op. cit.
 - ⁵⁰ ACD Council Minutes, 26 April 1986
 - ⁵¹ Marshall Hanna interview op. cit.
 - ⁵² Ross Barnettson interviewed by Virginia Macleod, 16 June 2016
 - ⁵³ ACD Council Report, 29 April 1980
 - ⁵⁴ ACD Council Report to AGM 1980–81
 - ⁵⁵ Richard Armati interview op. cit.
 - ⁵⁶ Ibid.
 - ⁵⁷ ACD Council Report to AGM 1985
 - ⁵⁸ ACD Council Minutes, April 1988; Brooks, Peter M., Doherty Ralph L. and Donald, Kenneth J., 'Expansion and diversification of medical education in Australia, 1951–2000', *Medical Journal of Australia*, Vol 174, January 2001, pp 25–28
 - ⁵⁹ ACD Council Minutes, 21 May 1976
 - ⁶⁰ K Paver and P Pettit, 'A history of the institutions of Australian dermatology', *Australasian Journal of Dermatology* (1998) 39, p. 54
 - ⁶¹ ACD Council Minutes, 21 May 1976
 - ⁶² Bill Regan interview op. cit.
 - ⁶³ Bill Regan interview op. cit and William Land interview op. cit.
 - ⁶⁴ William Land interview op. cit.
 - ⁶⁵ Ken Paver and Peter Pettit, 'A philosophy for the Skin and Cancer Foundation', *Australasian Journal of Dermatology* (1998) 39, p. 76
 - ⁶⁶ Skin & Cancer Foundation Australia Annual Report 2009 (Celebrating 30 years of service).
 - ⁶⁷ Bill Regan interview op. cit.
 - ⁶⁸ William Land interview op. cit.
 - ⁶⁹ ACD Council report to AGM 1988
 - ⁷⁰ ACD Council Report, 2 May 1978
 - ⁷¹ ACD Council Minutes, 8 November 1986
 - ⁷² Greg Crosland interview op. cit.
 - ⁷³ Richard Armati interview op. cit.
 - ⁷⁴ William Land interview op. cit.
 - ⁷⁵ Greg Crosland interview op. cit.
 - ⁷⁶ David Wong interviewed by Jill Barnard and Sonia Jennings, 29 June 2016
 - ⁷⁷ ACD Council report, 3 May 1977 and 2 May 1978
 - ⁷⁸ ACD Council report to AGM, 29 April 1980
 - ⁷⁹ ACD Council Minutes, 28 April 1984, 10 November 1984, 9 November 1985 and information provided to the authors by Richard Armati, March 2017. Note: an initial bequest of \$100,000 was made in April 1984, then a further amount in November 1984 bringing it up to \$660,000. By November 1985, with interested earned, the bequest was valued at \$860,000
 - ⁸⁰ Richard Armati interview op. cit.
 - ⁸¹ ACD Council report to AGM 1986
 - ⁸² James Rohr interview op. cit.
 - ⁸³ Ibid.
 - ⁸⁴ ACD Council report to AGM 1987
 - ⁸⁵ ACD Council report to AGM 1988
 - ⁸⁶ ACD Council report, 29 April 1980
 - ⁸⁷ <http://www.cancer.org.au/preventing-cancer/sun-protection/campaigns-and-events/> (accessed 27 August 2016)
 - ⁸⁸ ACD Council report to AGM 1985
 - ⁸⁹ ACD Council report to AGM 1986
 - ⁹⁰ ACD Council report to AGM 1988, ACD Council Minutes, November 1988
 - ⁹¹ <http://www.naa.gov.au/collection/explore/cabinet/by-year/economy-tax-financial.aspx> (accessed 27 August 2016)
 - ⁹² *The Canberra Times*, 14 March 1984

- ⁹³ Richard Armati interview op. cit.
- ⁹⁴ ACD Council Minutes, 28 April 1984
- ⁹⁵ The final Penington report, proposing that an interim AMA-Government consultative committee consider its many detailed recommendations, was published in October 1984. Its recommendations included that private doctors' fees for diagnostic services in public hospitals such as radiology and pathology should be at or below the schedule fee, and that schedule fees be reviewed annually by a committee of medical peers. <https://ama.com.au/article/independence-contracts> (accessed February 2017).

4. Exploring Broader Horizons — 1989–1997

- ¹ *The Mole*, Winter 1995, p. 1.
- ² Australian Bureau of Statistics, Measuring Australia's Progress <http://www.abs.gov.au/ausstats/absnsf/0/5338D62935241FCDA256BDC00122420?opendocument>.
- ³ Alan Cooper interview op. cit.
- ⁴ *The Mole*, Autumn 1989
- ⁵ ACD Report of Council 1992
- ⁶ Alan Cooper, *The Mole*, Autumn 1989
- ⁷ Alan Cooper, *The Mole*, Autumn 1989
- ⁸ ACD Council Minutes, 12 November 1988
- ⁹ Alan Cooper interview op. cit.
- ¹⁰ ACD Council Minutes, 12 November 1988.
- ¹¹ Alan Cooper interview op. cit.
- ¹² ACD Council Meeting Minutes, 4 May 1989
- ¹³ ACD Report of Council, 1991
- ¹⁴ ACD Report of Council, 1992
- ¹⁵ ACD Council Minutes, 29 April 1989
- ¹⁶ *The Mole*, Spring 1992
- ¹⁷ Rosie Cavaleri interviewed by Jill Barnard, 23 February 2016
- ¹⁸ Ibid.
- ¹⁹ *The Mole*, Summer 1992
- ²⁰ ACD Report of Council 1994
- ²¹ William Land interview op. cit.
- ²² *The Mole*, Summer 1992
- ²³ James Rohr interview op. cit.
- ²⁴ Richard Armati interview op. cit.
- ²⁵ ACD Report of Council, 1993
- ²⁶ Robin Marks, *The Mole* 1997
- ²⁷ ACD Council Meeting Minutes, 13 June 1997
- ²⁸ *The Mole*, Summer 1998
- ²⁹ Robin Marks, *The Mole*, Summer 1991
- ³⁰ Canberra Times, 4 November 1989, p.5.
- ³¹ ACD Council Minutes, 13 June 1997
- ³² *The Mole*, Spring 1990
- ³³ *The Mole*, Spring 1990
- ³⁴ Product Safety Australia <http://www.productsafety.gov.au/standards/cosmetics-ingredients-labelling> (accessed January 2017).
- ³⁵ ACD Council Minutes, 9 November 1996
- ³⁶ *The Mole*, Autumn 1997
- ³⁷ Carl Vinciullo, *The Mole*, Summer 1996–1997

- ⁹⁶ ACD Council Minutes, 10 November 1984
- ⁹⁷ Marshall Hanna interview op. cit.
- ⁹⁸ Bill Regan interview op. cit.
- ⁹⁹ Richard Armati interview op. cit.
- ¹⁰⁰ ACD Council Minutes, 30 April 1983
- ¹⁰¹ Bill Regan interview op. cit.
- ¹⁰² *Australasian Journal of Dermatology* 1989; 30: 57–59 and *The Mole*, Winter 2003
- ³⁸ Ibid.
- ³⁹ Ibid.
- ⁴⁰ Marshall Hanna interview op. cit.
- ⁴¹ David Wong interview op. cit.
- ⁴² *The Mole*, Winter 1990
- ⁴³ Douglas Gin interview op. cit.
- ⁴⁴ Alan Cooper interview op. cit.
- ⁴⁵ *The Mole*, Autumn 1989
- ⁴⁶ Chris Baker interviewed by Jill Barnard and Sonia Jennings, 20 May 2016
- ⁴⁷ ACD Report of Council, 1989
- ⁴⁸ ACD Report of Council, 1992
- ⁴⁹ ACD Council Minutes, 12 November 1988
- ⁵⁰ *The Mole*, Autumn 1991
- ⁵¹ *The Mole*, Autumn 1990
- ⁵² ACD Report of Council, 1997
- ⁵³ ACD Council Minutes, 22 May 1996
- ⁵⁴ ACD Report of Council, 1987
- ⁵⁵ ACD Council Minutes, 13 June 1997
- ⁵⁶ Ross Barnettson interview op. cit.
- ⁵⁷ Ibid.
- ⁵⁸ Richard Armati interview op. cit.
- ⁵⁹ *The Mole*, Autumn 1989
- ⁶⁰ <http://sydney.edu.au/medicine/dermatology/about/history.php> (accessed August 2016)
- ⁶¹ ACD Report of Council, 1990
- ⁶² ACD Report of Council, 1989
- ⁶³ ACD Report of Council, 1993
- ⁶⁴ Chris Baker interview op. cit.
- ⁶⁵ ACD Council Minutes, 4 May 1994
- ⁶⁶ *The Mole*, Summer 1993–1994
- ⁶⁷ *The Mole*, Summer 1995
- ⁶⁸ *The Mole*, Autumn 1996
- ⁶⁹ ACD Council Minutes, 29 April 1989
- ⁷⁰ Report of College Director on the Skin and Cancer Foundation NSW, 1988
- ⁷¹ *The Mole*, Autumn 1993
- ⁷² Douglas Gin interview op. cit.
- ⁷³ Chris Baker interview op. cit.
- ⁷⁴ Ibid.
- ⁷⁵ Ibid.
- ⁷⁶ As at 1993 ACD Council Minutes

- ⁷⁷ *The Mole*, Spring 1990
- ⁷⁸ John Auld interviewed by Jill Barnard and Sonia Jennings, 8 August 2016
- ⁷⁹ Ibid.
- ⁸⁰ Tim O'Brien, *Australasian Journal of Dermatology*, Vol. 36, Issue 1, February 1995, p. 1
- ⁸¹ Delwyn Dyall-Smith interviewed by Jill Barnard, 12 August 2016
- ⁸² ACD Report of Council, 1995
- ⁸³ ACD Report of Council, 1993
- ⁸⁴ ACD Journal Editor's report to ACD Council, 7 April 1994
- ⁸⁵ Delwyn Dyall-Smith interview op. cit.
- ⁸⁶ Ibid.
- ⁸⁷ ACD Council Minutes, 18 May 1996
- ⁸⁸ Delwyn Dyall-Smith interview op. cit.
- ⁸⁹ ACD Annual Report 2000–2001
- ⁹⁰ ACD Annual Report 2007–2008
- ⁹¹ News Release from the Minister for Community Services and Health, 16 January 1987
- ⁹² News Release from the Minister for Community Services and Health, 15 July 1988

5. Changes in the Air — 1998–2006

- ¹ The goods and services tax (GST) came into operation on 1 July 2000.
- ² <https://www.liberal.org.au/achievements-government> (accessed October 2016)
- ³ [#Government_spending_cuts](https://en.wikipedia.org/wiki/HowardGovernment) (accessed October 2016)
- ⁴ David Wong interview op. cit.
- ⁵ Stephen Shumack interview op. cit.
- ⁶ William Land interview op. cit.
- ⁷ David Wong interview op. cit.
- ⁸ Information supplied by Rodney Sheaves to the authors, March 2017
- ⁹ Rodney Sheaves interviewed by Virginia Macleod, 24 May 2016
- ¹⁰ Ibid.
- ¹¹ ACD Annual Report 2000–01
- ¹² ACD Annual Report 1999
- ¹³ ACD Annual Report 2000–01
- ¹⁴ Ibid.
- ¹⁵ Rodney Sheaves interview op. cit.
- ¹⁶ Jim Butler, *The Mole*, Autumn 2003
- ¹⁷ Information supplied by Rodney Sheaves to the authors, March 2017
- ¹⁸ Stephen Shumack interview op. cit.
- ¹⁹ Stephen Lee, *The Mole*, Autumn 2003
- ²⁰ John Auld interview op. cit.
- ²¹ Ibid.
- ²² Rodney Sheaves, *The Mole*, Summer 2004
- ²³ Richard Armati interview op. cit.
- ²⁴ John Auld interview op. cit.
- ²⁵ Ibid.
- ²⁶ Anne Howard, *The Mole*, Summer 2006

- ⁹³ *The Mole*, Spring 1995
- ⁹⁴ Chris Baker interview op. cit.
- ⁹⁵ AMWAC, The Specialist Dermatology Workforce in Australia; supply, requirements and projections 1997–2007
- ⁹⁶ James Rohr interview op. cit.
- ⁹⁷ Ibid.
- ⁹⁸ Ibid.
- ⁹⁹ *The Mole*, Autumn 1996
- ¹⁰⁰ Douglas Gin interview op. cit.
- ¹⁰¹ Ibid.
- ¹⁰² *The Mole*, Spring 1991
- ¹⁰³ *The Mole*, Autumn 1996
- ¹⁰⁴ *The Mole*, Autumn 1995
- ¹⁰⁵ *The Mole*, Spring 1996
- ¹⁰⁶ John Auld interview op. cit.
- ¹⁰⁷ *The Mole*, Summer 1996
- ¹⁰⁸ Greg Crosland interview op. cit.
- ¹⁰⁹ Stephen Shumack interview op. cit.

- ²⁷ ACD Council Minutes, 10 November 2001
- ²⁸ John Auld interview op. cit.
- ²⁹ *The Mole*, Summer 2004
- ³⁰ John Auld interview op. cit.
- ³¹ Ibid.
- ³² ACD Annual Report 2005–06.
- ³³ Anne Howard, *The Mole*, Autumn 2006
- ³⁴ ACD Board Minutes, 11 April 2006
- ³⁵ ACD Board Minutes, 12 May 2006
- ³⁶ ACD Council Minutes, 15 May 1999
- ³⁷ Warren Weightman interview op. cit.
- ³⁸ Ibid.
- ³⁹ John Auld interview op. cit.
- ⁴⁰ Dudley Hill, *The Mole*, Winter 1999
- ⁴¹ ACD Annual Report 1997–98
- ⁴² John Auld interview op. cit.
- ⁴³ Ibid.
- ⁴⁴ ACD Annual Report 1997–98
- ⁴⁵ ACD Annual Report 2000–01
- ⁴⁶ Information supplied by John Auld to the authors, March 2017
- ⁴⁷ ACD Annual Report 1997–98
- ⁴⁸ Douglas Gin interview op. cit.
- ⁴⁹ Ibid.
- ⁵⁰ ACD Annual Report 2000–01
- ⁵¹ *The Mole*, Autumn 2006
- ⁵² This came out of an Australian Medical Workforce Advisory Committee report: The Specialist Dermatology Workforce in Australia (1998).
- ⁵³ David Burdon-Jones, *The Mole*, Spring 1998
- ⁵⁴ *The Mole*, Winter 1999

- ⁵⁵ ACD Annual Report 1999
 - ⁵⁶ ACD Annual Report 2000–01
 - ⁵⁷ Ibid.
 - ⁵⁸ Ibid.
 - ⁵⁹ Information supplied by John Auld to the authors, March 2017
 - ⁶⁰ *The Mole*, Autumn 2002
 - ⁶¹ *The Mole*, Winter 2000
 - ⁶² ACD Interim Council Minutes, 10 November 2001
 - ⁶³ ACD Interim Council Minutes, 10 November 2001, *The Mole*, Autumn 2002
 - ⁶⁴ ACD Annual Report 2002–03
 - ⁶⁵ Claudia Casson, *The Mole*, Spring 2002
 - ⁶⁶ *The Mole*, Spring 2003
 - ⁶⁷ ACD Annual Report 2002–03
 - ⁶⁸ Warren Weightman interview op. cit.
 - ⁶⁹ Ibid.
 - ⁷⁰ ACD Annual Report 2005–06
 - ⁷¹ ACD Board Minutes, 11 April 2006
 - ⁷² *The Mole*, Summer 2006
 - ⁷³ ACD Annual Report 1999
 - ⁷⁴ ACD Annual Report 2000–01
 - ⁷⁵ Bill Regan, *The Mole*, Spring 2001
 - ⁷⁶ Kurt Gebauer, *The Mole*, Spring 2001
 - ⁷⁷ Vincent O’Brien, *The Mole*, Winter 2003
 - ⁷⁸ John Auld, *The Mole*, Spring 2003
 - ⁷⁹ *The Mole*, Summer 2004
 - ⁸⁰ ACD Annual Report 2005–06
 - ⁸¹ Rosie Cavaleri interview op. cit.
 - ⁸² James Rohr interview op. cit.
 - ⁸³ Rodney Sheaves interview op. cit.
 - ⁸⁴ Stephen Shumack, *The Mole*, Summer 2001
 - ⁸⁵ *The Mole*, Autumn 2002
 - ⁸⁶ *The Mole*, Winter 1999, Winter 2001 and Autumn 2002
 - ⁸⁷ Information supplied by Rodney Sheaves to the authors, March 2017
 - ⁸⁸ ACD Council Minutes, 10 November 2001 and 17 May 2002
 - ⁸⁹ David Wong, *The Mole*, Summer 1998
 - ⁹⁰ Chris Baker, *The Mole*, Summer 1999
 - ⁹¹ Ibid.
 - ⁹² Stephen Shumack, *The Mole*, Summer 2001
 - ⁹³ *The Mole*, Summer 1998 and ACD Council Minutes, 15 May 1999
 - ⁹⁴ John Auld, *The Mole*, Summer 2004
 - ⁹⁵ Information supplied by John Auld to the authors, March 2017
 - ⁹⁶ ACD Annual Report 2003–04
 - ⁹⁷ Stephen Shumack, *The Mole*, Autumn 2004
 - ⁹⁸ David Wong interview op. cit.
 - ⁹⁹ ACD Annual Report 2005–06
 - ¹⁰⁰ Dudley Hill, *The Mole*, Winter 1999
 - ¹⁰¹ Ibid.
 - ¹⁰² Dudley Hill, *The Mole*, Winter 1999 and Summer 2001
 - ¹⁰³ *The Mole*, Spring 2003
 - ¹⁰⁴ Orli Wargon, *The Mole*, Summer 2004
 - ¹⁰⁵ *The Mole*, Summer 1998
 - ¹⁰⁶ *The Mole*, Summer 1999
 - ¹⁰⁷ Stephen Lee, *The Mole*, Spring 2001
 - ¹⁰⁸ Alan Cooper interview op. cit.
 - ¹⁰⁹ ACD Annual Report 1998–99
 - ¹¹⁰ ACD Annual Reports 1998–2006
-
- ## 6. Coming of Age — 2007–2016
- ¹ Council of Australian Governments
 - ² <https://theconversation.com/will-the-buck-stop-with-rudd-on-fixing-the-hospital-system-15571> January 2017
 - ³ <https://grattan.edu.au/news/did-the-health-reforms-fail-now-well-never-know/> January 2017
 - ⁴ ACD Annual Report 2007–08
 - ⁵ Ibid.
 - ⁶ ACD Annual Report 2008–09
 - ⁷ Warren Weightman interview op. cit.
 - ⁸ ACD Annual Report 2006–07
 - ⁹ ACD Annual Report 2008–09
 - ¹⁰ Stephen Shumack interview op. cit.
 - ¹¹ ACD Annual Report 2008–09
 - ¹² ACD Board Minutes 28 March 2011
 - ¹³ Ibid.
 - ¹⁴ ACD Board Minutes, 4 April 2012 and ACD Annual Report 2011–12
 - ¹⁵ ACD Board Minutes 28 March 2011
 - ¹⁶ ACD Board Minutes 17 November 2013
 - ¹⁷ ACD Board Minutes 18 February 2014
 - ¹⁸ ACD Board Minutes 18 May 2012
 - ¹⁹ ACD Board Minutes 28 March 2011
 - ²⁰ Ibid.
 - ²¹ ACD Board Minutes 6 August 2013
 - ²² The National Specialist Qualification Advisory Committee was a Commonwealth body established in 1972 and abolished in 2001 — see L. Geffen, ‘A brief history of medical education and training in Australia’ in *Medical Journal of Australia*, 2014; 201 (1 Suppl): S19–S22.
 - ²³ ACD Council Minutes, 15 May 1999, *The Mole*, Winter 1999 and Winter 2005
 - ²⁴ Catherine E. Storey, ‘A brief history of the specialties from Federation to the present’ in *Medical Journal of Australia*, 2014; 201 (1 Suppl.): S26–S28
 - ²⁵ ACD Council Report to AGM, 13 May 2005
 - ²⁶ Chris Baker interview op. cit.
 - ²⁷ ACD Annual Report 2006–07
 - ²⁸ Ibid.
 - ²⁹ Rodney Sheaves interview op. cit. and *The Mole*, Summer 2006
 - ³⁰ ACD Annual Report 2007–2008
 - ³¹ ACD Annual Report 2010–11

NOTES

- ³² *The Mole*, Spring 2010
- ³³ *The Mole*, Summer 2010
- ³⁴ Greg Crosland interview op. cit., ACD Council Minutes, 18 May 1996, ACD Board Minutes 21 November 2009 and 12 February 2010
- ³⁵ Warren Weightman interview op. cit. and ACD Annual Report 2012–13
- ³⁶ ACD Annual Report 2013–14
- ³⁷ Warren Weightman interview op. cit.
- ³⁸ ACD Annual Report 2013–14
- ³⁹ Rodney Sheaves, information supplied to the authors, March 2017
- ⁴⁰ ACD Annual Report 2013–14, Warren Weightman interview op. cit. and Stephen Shumack interview op.cit.
- ⁴¹ Warren Weightman interview op. cit.
- ⁴² One College President, Geoff Finley, had also resigned prematurely in 1970.
- ⁴³ Stephen Shumack interview op. cit.
- ⁴⁴ Tim Wills interviewed by Jill Barnard and Sonia Jennings, 29 June 2016
- ⁴⁵ Tim Wills interview op. cit.
- ⁴⁶ Ibid.
- ⁴⁷ ACD Annual Report 2015.
- ⁴⁸ Tim Wills interview op. cit.
- ⁴⁹ Ibid.
- ⁵⁰ ACD Annual Report 2015.
- ⁵¹ Chris Baker interview op. cit.
- ⁵² Richard Armati, personal communication with the authors, March 2017
- ⁵³ William Land interview op. cit.
- ⁵⁴ Chris Baker interview op. cit.
- ⁵⁵ Tim Wills interview op. cit.
- ⁵⁶ Chris Baker, *The Mole*, Summer 2011.
- ⁵⁷ Chris Commens, response to ACD history questionnaire 2016
- ⁵⁸ Pam Brown, Convenor Education Committee, ACD Annual Report 2007–2008
- ⁵⁹ ACD Annual Report 2007–2008, p. 24
- ⁶⁰ ACD Annual Report 2010, p. 27
- ⁶¹ *The Mole*, Summer 2010
- ⁶² Pam Brown, *The Mole*, Summer 2009
- ⁶³ Bob Corderoy interviewed by Jill Barnard, 24 February 2016
- ⁶⁴ Ibid.
- ⁶⁵ Bob Corderoy, *The Mole*, Winter 2008
- ⁶⁶ Chris Baker, *The Mole*, Winter 2007
- ⁶⁷ Warren Weightman, *The Mole*, Summer 2009
- ⁶⁸ Pam Brown, *The Mole*, Winter 2007
- ⁶⁹ Warren Weightman, *The Mole*, Summer 2009
- ⁷⁰ Ibid.
- ⁷¹ Caroline Mercer, *The Mole*, Spring 2005
- ⁷² ACD Annual Report 2011
- ⁷³ Gayle Fischer, *The Mole*, Spring 2011
- ⁷⁴ ACD Annual Report 2011
- ⁷⁵ Gayle Fischer *The Mole*, Spring 2010
- ⁷⁶ Ibid.
- ⁷⁷ Ibid.
- ⁷⁸ Tim Elliot, *The Mole*, Spring 2013 and Duncan Stanford, *The Mole*, Spring 2014
- ⁷⁹ Gayle Fischer, ACD Annual Report 2012
- ⁸⁰ Cathy Reid, *The Mole*, Winter 2009
- ⁸¹ Dr Nick Reynolds, *The Mole*, Summer 2011
- ⁸² ACD Annual Report 2007–2008
- ⁸³ *The Mole*, Summer 2011
- ⁸⁴ ACD Annual Report 2014, p. 55 and Anne Howard, ACD History Questionnaire 2016 and ACD Board Minutes 13 November 2013
- ⁸⁵ Fiona Bruce ACD History Questionnaire
- ⁸⁶ ACD Board Minutes, 13 November 2013
- ⁸⁷ ACD Annual Report 2007–2008
- ⁸⁸ *Australasian Journal of Dermatology*, Vol. 29 Issue 2, August 1988, p. 67
- ⁸⁹ Ibid, p. 68
- ⁹⁰ ACD Annual Report 2004–2005 and ACD Annual Report 2006–2007
- ⁹¹ AMC Report to ACD Directors November 2011
- ⁹² *The Mole*, Summer 2011
- ⁹³ David Francis and Denise Smith, *The Mole*, Spring 2009
- ⁹⁴ Bob Corderoy, *The Mole*, Winter 2008
- ⁹⁵ ACD Annual Report 2015
- ⁹⁶ Bob Corderoy interview op. cit.
- ⁹⁷ Rodney Sheaves ACD Annual Report 2012–2013
- ⁹⁸ Warren Weightman, ACD Annual Report 2012
- ⁹⁹ ACD Board Minutes, 3 April 2013
- ¹⁰⁰ Lauris Harper, *The Mole*, Summer 2015
- ¹⁰¹ Ibid.
- ¹⁰² ACD Board Minutes 3 April 2013
- ¹⁰³ Ibid.
- ¹⁰⁴ Chris Baker interview op. cit.
- ¹⁰⁵ ACD Annual Report 2006
- ¹⁰⁶ *The Mole*, Summer 2007
- ¹⁰⁷ *The Mole*, Autumn 2008
- ¹⁰⁸ ACD Annual Report 2005
- ¹⁰⁹ ACD Annual Report 2006
- ¹¹⁰ Stephen Shumack interview op. cit. and Douglas Gin interview op. cit.
- ¹¹¹ Adrian Lim, ACD Annual Report 2016
- ¹¹² Douglas Gin interview op. cit.
- ¹¹³ Delwyn Dyal Smith interview op. cit.
- ¹¹⁴ ACD Annual Report 2012
- ¹¹⁵ ACD Annual Report 2013
- ¹¹⁶ *The Mole*, Summer 2016
- ¹¹⁷ *The Mole*, Summer 2010
- ¹¹⁸ Ross Barnettson personal communication, March 2017
- ¹¹⁹ *The Mole*, Summer 2010
- ¹²⁰ Stephen Shumack, *The Mole*, Spring 2008
- ¹²¹ Peter Soyer interviewed by Jill Barnard and Sonia Jennings, 12 August 2016
- ¹²² *The Mole*, Autumn 2008
- ¹²³ Peter Soyer interview op. cit.
- ¹²⁴ DRC Research Performance Review (supplied by Professor Peter Soyer to authors)

- ¹²⁵ *The Mole*, Spring 2014
- ¹²⁶ Professor Peter Soyer interview op. cit.
- ¹²⁷ Alan Cooper interview op. cit.
- ¹²⁸ *The Mole*, Spring 2009
- ¹²⁹ ACD Annual Report 2010
- ¹³⁰ ACD Annual Report 2013–2014
- ¹³¹ ACD Annual Report 2004
- ¹³² ACD Annual Report 2007
- ¹³³ Ian Hamann, Lloyd Hale, Tony Hall, Rodney Sheaves, *The Mole*, Autumn 2007
- ¹³⁴ *The Mole*, Autumn 2009
- ¹³⁵ *The Mole*, Spring 2011
- ¹³⁶ Rodney Sheaves interview op. cit.
- ¹³⁷ John Auld, Annual Report 2004–2005
- ¹³⁸ Ian McCrossin, *The Mole*, Spring 2009
- ¹³⁹ ACD Annual Report 2013–2014
- ¹⁴⁰ ACD Annual Report 2016
- ¹⁴¹ ACD Annual Report 2007
- ¹⁴² Tim Wills, ACD Annual Report 2016
- ¹⁴³ Australasian Journal of Dermatology (2009) 50, 74–75
- ¹⁴⁴ National Health Workforce Series No 8, Medical Workforce 2012, report by Australian Institute of Health and Welfare and Tim Wills, ACD Annual Report 2016

BIBLIOGRAPHY

Australasian College of Dermatologists Archives

ACD Annual General Meeting Minutes

ACD Annual Reports

ACD Board Minutes

ACD Circular to all members, March 1976

ACD Council Minutes and Reports

ACD Council reports to AGM

ACD Professional and Private Addresses of Members, 1 July 1968

ACD Regulations of Council 1967

ACD Revised Regulations of Council 1969, 1972, 1973

Ivan J. Simmons, 'History of Dermatology in South Australia', unpublished paper, 1995

Miles Havyatt, 'The Formation of the Australasian College of Dermatologists', unpublished manuscript, 28 April 1987

The Mole, 1989–2016.

State Library New South Wales

Australasian College of Dermatologists, interviews with senior members of the College by Tessa Milne, 1997, MLOH 324

British Association of Dermatology, New South Wales Branch Records 1927–1969, MLMSS 2030

Dermatological Association of Australia, New South Wales section records, 1949–1968, MLMSS 1891

Newspapers

Canberra Times, 14 March 1984

Canberra Times, 4 November 1989, p 5.

Evening News (Sydney), 8 April 1891

Books

Milne, Tessa, From *Clique to College, a history of the foundation of the Australasian College of Dermatologists*, Blackwell Science Asia, Carlton, 1999

Walker, Allan S., *Clinical Problems of War, Australia in the war of 1939–1945*, Series 5, Vol. 1, Chapter 55 Dermatology, Australian War Memorial, Canberra, 1952

Journals and Journal articles

Becke, R.F.A. and Hill, B.H.A., 'Microscopically-controlled surgery comes to Australia', *Australasian Journal of Dermatology*, Vol. 20, Issue 1, April 1979

Belisario, John C., 'Inaugural oration Australasian College of Dermatologists', *The Australasian Journal of Dermatology*, Vol. IX, No.1, June 1967

Brooks, Peter M, Doherty Ralph L and Donald, Kenneth J, 'Expansion and diversification of medical education in Australia, 1951–2000', *Medical Journal of Australia*, Vol 174, January 2001

Callan, Annette 'Jean Mason-Johnson Obituary', *Australasian Journal of Dermatology*, Vol. 50, Issue 1, February 2009

Geffen, L., 'A brief history of medical education and training in Australia', *Medical Journal of Australia*, Vol. 201 Issue 1, July 2014

- Hill, Brian, 'Immunosuppressive drug therapy as a potentiator of skin tumours in five patients with lymphoma', *Australasian Journal of Dermatology*, Vol. 17, Issue 2, August 1976
- Hill, Brian H..R., and Donoghue, Michael F., 'Adrian Mackey Johnson obituary', *Australasian Journal of Dermatology*, Vol. 30, Issue 1, April 1989
- O'Brien, Tim, 'Appreciation of David Nurse, editor of the Australasian Journal of Dermatology 1986–1994', *Australasian Journal of Dermatology*, Vol. 36, Issue 1, February 1995.
- Paver, Ken and Pettit, Peter, 'A history of the institutions of Australian dermatology', *Australasian Journal of Dermatology*, Vol. 39, Issue 1, February 1998.
- Paver, Ken and Pettit, Peter, 'A philosophy for the Skin and Cancer Foundation', *Australasian Journal of Dermatology* Vol. 39, Issue 2, May 1998.
- Poyzer, K., Lobel, E., LeGuay, J., King, R., and Paver, K., 'Australian experience with PUVA', *Australasian Journal of Dermatology*, Vol. 20, Issue 3, December 1979
- Storey, Catherine E., 'A brief history of the specialties from Federation to the present', *Medical Journal of Australia*, Vol. 201, Issue 1, July 2014.

Reports

- Australian Medical Workforce Advisory Committee report: The Specialist Dermatology Workforce in Australia (1998)
- Australian Medical Workforce Advisory Committee: The Specialist Dermatology Workforce in Australia; supply, requirements and projections 1997–2007
- University of Queensland, Dermatology Research Centre Research Performance Review, 2013–2014
- Robyn Iredale, 'Where are we now in overseas qualifications recognition? A decade of review and changes,' Centre for Multicultural Studies, University of Wollongong, n.d.
- Report of College Director on the Skin and Cancer Foundation NSW, 1988
- Skin & Cancer Foundation Australia Annual Report 2009 (30 years)

Oral Histories

- Dr Richard Armati interviewed by Jill Barnard and Sonia Jennings, 12 April 2016
- Dr John Auld interviewed by Jill Barnard and Sonia Jennings, 8 August 2016
- Associate Professor Chris Baker interviewed by Jill Barnard and Sonia Jennings, 20 May 2016
- Emeritus Professor Ross Barnetson interviewed by Virginia Macleod, 16 June 2016
- Rosie Cavaleri interviewed by Jill Barnard, 23 February 2016
- Professor Alan Cooper interviewed by Jill Barnard and Sonia Jennings, 13 April 2016
- Dr Bob Corderoy interviewed by Jill Barnard, 24 February 2016
- Dr Greg Crosland interviewed by Jill Barnard and Sonia Jennings, 30 June 2016
- Dr Delwyn Dyal-Smith interviewed by Jill Barnard, 12 August 2016
- Associate Professor Douglas Gin interviewed by Jill Barnard and Sonia Jennings, 7 May 2016
- Dr Marshall Hanna interviewed by Sonia Jennings, 17 June 2016
- Dr William Land interviewed by Jill Barnard and Sonia Jennings, 29 July 2016
- Dr Bill Regan interviewed by Jill Barnard and Sonia Jennings, 12 April 2016
- Dr James Rohr interviewed by Jill Barnard and Sonia Jennings, 3 June 2016
- Dr Darion Rowan interviewed by Jill Barnard and Sonia Jennings, 8 June 2016
- Rodney Sheaves interviewed by Virginia Macleod, 24 May 2016
- Associate Professor Stephen Shumack interviewed by Jill Barnard and Sonia Jennings, 11 April 2016
- Professor Peter Soyer interviewed by Jill Barnard and Sonia Jennings, 12 August 2016
- Dr Warren Weightman interviewed by Sonia Jennings, 17 June 2016
- Tim Wills, interviewed by Jill Barnard and Sonia Jennings, 29 June 2016
- Dr David Wong interviewed by Jill Barnard and Sonia Jennings, 29 June 2016

BIBLIOGRAPHY

ACD History Questionnaires (2016)

Dr Fiona Bruce
Dr Geoffrey Cains
Dr Chris Commens
Dr Anne Howard
Dr Maureen Rogers

Websites

Australian Bureau of Statistics, Measuring Australia's Progress
www.abs.gov.au/ausstats/ October 2016

Australian Medical Association <https://ama.com.au/article/independence-contracts>
February 2017

Australian Parliamentary Library
www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library

Cancer Council Australia www.cancer.org.au/preventing-cancer/sun-protection/campaigns-and-events/ 27 August 2016

Coming of Age – transitions in Victorian dermatology, ACD Victorian Faculty History Project, www.skincancer.asn.au/page/2195/faculty-history December 2016

Grattan Institute <https://grattan.edu.au/news/did-the-health-reforms-fail-now-well-never-know/> January 2017

National Archives of Australia www.naa.gov.au/collection/explore/cabinet/by-year/economy-tax-financial.aspx 27 August 2016

National Archives of Australia www.naa.gov.au/collection/explore/cabinet/by-year/events-issues-1978.aspx 27 August 2016

National Archives of Australia www.naa.gov.au/collection/publications/papers-and-podcasts/cabinet-release/jim-stokes-transcript.aspx August 2016

Powerhouse Museum
www.powerhousemuseum.com/collection/database/?irn=207103 July 2016

Product Safety Australia www.productsafety.gov.au/standards/cosmeticsingredients-labelling December 2016

Royal Australasian College of Physicians
<https://members.racp.edu.au/page/library/college-roll> 8 August 2016

Sydney Morning Herald www.smh.com.au/news/national/how-stagflation-killed-goldenage/ 28 August 2016

The Conversation <https://theconversation.com/will-the-buck-stop-with-rudd-on-fixing-the-hospitalsystem-15571> January 2017

The Liberal Party www.liberal.org.au/achievements-government

University of Sydney <http://sydney.edu.au/medicine/dermatology/about/history.php> August 2016

University of Sydney, Medical School on-line museum https://sydney.edu.au/medicine/museum/mwmuseum/index.php/Johnson,_Adrian_Mackey July 2016.

Wikipedia
https://en.wikipedia.org/wiki/Howard_Government#Government_spending_cuts

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Jill Barnard and Sonia Jennings, of Living Histories, each hold a BA (Hons) from the University of Melbourne and an MA in Public History from Monash University. With many years' experience as professional historians, their research has taken them into diverse areas of Australian history. Sonia's publications include *A Federation of Pilots: The story of an Australian Air Pilots' Union* and *A Profession's Pathway: Nursing at St Vincent's since 1893* (both with Mary Sheehan) and a chapter on sporting clubs in *Carlton: a History*. Jill's publications include *Holding on to Hope, a history of the founding agencies of MacKillop Family Services* and *Nursing Mums, a history of the Australian Breastfeeding Association* (both co-authored with Karen Twigg) and *From Humble Beginnings, the story of the Sisters of St Joseph in Victoria*. Sonia and Jill collaborated to produce *Welcome and Farewell, the story of Station Pier*. Their work has also included biographical profiles for the Victorian Aboriginal Honour Roll, welfare in Australia, industry superannuation, artistic culture and fashion, maritime infrastructure, oral histories and heritage studies. They have both been active in professional associations for historians. Sonia is a past president of Professional Historians Australia (2010–14), while Jill was elected president in 2016.

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