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Executive Summary: Australasian College of Dermatologists

The Australian Medical Council (AMC) document *Assessment and Accreditation of Specialist Medical Education and Training Programs and Continuing Professional Development Programs: Standards and Procedures* describes AMC requirements for accrediting specialist programs and their education providers.

An AMC assessment team assessed the education, training and professional development programs of the Australasian College of Dermatologists (ACD) in 2007. On the basis of this assessment, the Council granted accreditation of these programs for three years, until December 2010, subject to conditions.

At the request of the College, and having considered the College’s progress, in June 2010, the AMC extended this accreditation by 12 months.

In 2011, an AMC team completed the follow-up assessment of the College’s programs, considering the progress against the recommendations from the 2007 AMC assessment. Under the AMC accreditation procedures, the 2011 review assessment may result in the extension of the accreditation to six years from the original assessment, that is until December 2013.

The Team reported to the 28 October 2011 meeting of Specialist Education Accreditation Committee. The Committee considered the draft report and made recommendations on accreditation to AMC Directors within the options described in the AMC accreditation procedures.

This report presents the Committee’s recommendation on accreditation, as presented to the November 2011 meeting of AMC Directors, and the detailed findings against the accreditation standards.

Decision on accreditation

Under the *Health Practitioner Regulation National Law Act 2009*, the AMC may grant accreditation if it is reasonably satisfied that a program of study and the education provider meet an approved accreditation standard. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard, and the imposition of conditions will ensure the program meets the standard within a reasonable time. Having made a decision, the AMC reports its accreditation decision to the Medical Board of Australia to enable the Board to make a decision on the approval of the program of study for registration purposes.

The AMC’s finding is that, overall, the education, training and continuing professional development programs of the Australasian College Dermatologists meet the accreditation standards. Since its accreditation by the AMC in 2007, the College has significantly enhanced its educational and training activities. It has implemented the dermatology curriculum. The College has largely addressed the recommendations made by the AMC in 2007. There are some notable strengths including the completion of the curriculum, and the embedding of the curriculum in selection and assessment processes. The College’s continuing professional development program is well established. Work is still required to complete the review of the curriculum and assessment methods.
The AMC notes that since the Team’s review the College has considered and begun to address a number of the recommendations contained in this Report.

The November 2011 meeting of AMC Directors resolved:

(i) That the education and training programs and the continuing professional development program of the Australasian College of Dermatologists be granted ongoing accreditation to 31 December 2013, subject to satisfactory progress reports to the Specialist Education Accreditation Committee.

(ii) That this accreditation is subject to the conditions set out below:

(a) By the 2012 annual report, evidence that the College has addressed the following recommendations from the accreditation report:

1. Review the ACD policy statements and training documents to ensure graduate outcomes refer clearly to the competencies that distinguish the specialist dermatologist from other health professionals. (Standard 2.2)

2. Complete the review of the dermatology curriculum with a focus on evaluation, fine-tuning and value-adding rather than further major change. (Standard 3.1)

4. Articulate clearly the ACD’s policy on:
   - the ongoing development of pass/fail standard-setting for all assessments;
   - the methods by which assessment information is used to reach the final decision about pass or fail in the Fellowship examination;
   - the quality of assessments, including reliability and evidence for validity, and the methods used in obtaining relevant indicators. (Standard 5.3)

6. Communicate clearly on the scoring system and the weightings of the various components of the selection process for trainees. (Standard 7.1.3)

7. Provide administrative support to the Trainee Representative Committee. (Standard 7.2)

8. Develop and formalise a process for the selection of supervisors and examiners. (Standard 8.1.2 and Standard 8.1.4)

10. Implement processes to ensure that the outcomes of the accreditation assessments of rural and regional rotations and overseas postings are clearly documented within the prescribed timelines. (Standard 8.2.1)

11. Report on the roll out of its new accreditation process and on the establishment of an Accreditation Committee. (Standard 8.2.1)

12. Ensure that the revised accreditation standards are made publicly available. (Standard 8.2.1)

13. Develop a process and criteria for assessing and recognising continuing professional development (CPD) providers and/or the individual CPD activities. (Standard 9.1.3)

(b) By the AMC review of the College’s comprehensive report in 2013, evidence that the College has addressed the following recommendations from the accreditation report:
3 Review the overall assessment burden and evaluate the impact of new assessments, such as multi-source feedback and case-based discussion. (Standard 5.1.2)

5 Implement processes for regularly obtaining comment from consumers and non-medical health professionals in College evaluations, and involving them in more formal program review. (Standard 6.2.2)

9 Take a stronger role in implementing a system for regular review of supervisor performance, including seeking meaningful feedback from trainees. (Standard 8.1.3)

14 Demonstrate preparedness to develop a program for the evaluation and subsequent retraining of fellows whose performance has been found to be unsatisfactory, should that occur. (Standard 9.3)

In 2013, before this current period of accreditation ends, the AMC will seek a comprehensive report from the College. As well as reporting on the conditions listed under (b) above, the report should outline the College’s development plans for the next four to five years. The AMC will consider this report and, if it decides the College is continuing to satisfy the accreditation standards, the AMC Directors may extend the accreditation by a maximum of four years (to December 2017), taking accreditation to the full period which the AMC will grant between assessments, which is 10 years.

At the end of this extension, the College and its programs will undergo a re-accreditation assessment by an AMC team.

Overview of findings
The findings against the nine accreditation standards are summarised below. Only those sub-standards which are not met or substantially met are listed under each overall finding.

Conditions imposed by the AMC so the College meets accreditation standards are listed in the accreditation decision (pages 2 to 3). The Team’s commendations in areas of strength and recommendations for improvement are given below for each set of accreditation standards.

<table>
<thead>
<tr>
<th>1. The Context of Education and Training (governance, program management, educational expertise and exchange, interaction with the health sector and continuous renewal)</th>
<th>Overall this group of standards is MET</th>
</tr>
</thead>
</table>

Commendations
A  The ongoing leadership and dedication of office bearers and staff in progressing the College’s educational direction.
B  The College’s recent initiatives in its education and training programs.
C  The College’s engagement with the Australian Government resulting in securing significant funding to support the dermatology workforce development.

Areas for improvement
AA  Develop and implement strategies to engage wider consumer representation in ACD decision-making committees. (Standard 1.1.2)
BB  Revise the College’s Education Plan to include information on how each task will be completed and what are the expected outputs identified for each task, goal, and objective. (Standard 1.2)

CC  Progress the development of the College’s Strategic Plan for 2011 onwards. (Standard 1.1)

DD  Progress and report on the findings of the 2011 external governance review. (Standard 1.1)

2. The Outcomes of the Training Program
   (purpose of the training organisation and graduate outcomes)

   Overall this group of standards is MET

Standard 2.2 (graduate outcomes) is substantially met.

3. The Education and Training Program – Curriculum Content
   (framework; structure, composition and duration; research in the training program and continuum of learning)

   Overall this group of standards is MET

Standard 3.1 (curriculum framework) is substantially met. The College has made considerable progress in implementing its curriculum but it is important that the formal review be conducted as planned.

Commendations

D  The application and enthusiasm shown by College fellows and officer bearers in the development and implementation of the dermatology curriculum.

E  The College’s approach to flexible and part-time training.

F  The College’s contribution to the prevocational and undergraduate stages of the medical training continuum.

G  Establishment of the joint FACD/PhD research pathway.

Areas for improvement

EE  Communicate actively with employers and supervisors to ensure they are informed about professional indemnity insurance requirements, and that trainees involved in rural rotation are adequately indemnified. (Standard 3)

FF  Integrate the joint FACD/PhD into the mainstream dermatology training program. (Standard 3.3.2)

GG  Consider strategies for improving the uptake of and access to online learning modules by medical students and prevocational doctors. (Standard 3.5)

4. The Training Program – Teaching and Learning

   Overall this group of standards is MET

Commendation

H  The focus on, and achievements in, the development of online learning resources.
Areas for improvement

HHContinue to develop strategies to ensure that structured educational programs are equally accessible by trainees across all states. (Standard 4.1.2)

| 5. The Curriculum – Assessment of Learning (assessment approach, feedback and performance, assessment quality, assessment of specialists trained overseas) | Overall this group of standards is MET |

Standard 5.1.2 (range of assessment formats) and Standard 5.3 (assessment quality) are substantially met.

Commendations

I The assessment blueprint which demonstrates the relevance of each assessment modality to the domain learning outcomes.


K The development of Rotation Learning Plans.

L The College’s development and implementation of process for assessment of overseas-trained dermatologists, and the support given to those who enter the College’s training program.

Areas for improvement

II Publish to trainees the methods used to determine pass/fail assessment decisions. (Standard 5.2)

JJ Evaluate the effect of the new assessment program on learner behaviour. (Standard 5.3.1)

KK Complete the external review of assessment and identify the College’s strategies to address the recommendations. (Standard 5.1)

LL Implement the recommendations of the 2010 College’s evaluation of the international medical graduate assessment process. (Standard 5.4)

| 6. The Curriculum – Monitoring and Evaluation | Overall this group of standards is MET |

Standard 6.2.2 (outcome evaluation) is substantially met.

Commendation

M Establishment of a process to seek feedback from trainees on assessment methods.

Areas for improvement

MM Continue to conduct and report on the biennial surveys of trainees and supervisors. (Standard 6.2.1)

NN Evaluate recently-introduced assessment methodologies such as workplace-based assessment (see recommendation 3, Section 5). (Standard 6.1.1)
7. Implementing the Curriculum - Trainees
(admission policy and selection, trainee participation in governance of their training, communication with trainees, resolution of training problems, disputes and appeals)

Overall this group of standards is MET

Standard 7.1.3 (documents and publishes its selection criteria) and Standard 7.2 (trainee participation in governance of their training) are substantially met.

Commendations

N The rigour, fairness and consistent application of selection policies embodied in the new National Trainee Selection Procedure.

O Current involvement of the Trainee Representative Committee on College training related committees.

Area for improvement

OO Formalise the requirement for trainee representation on College training-related committees. (Standard 7.2)

8. Implementing the Training Program – Delivery of Educational Resources
(Supervisors, assessors, trainers and mentors; and clinical and other educational resources)

Overall this group of standards is SUBSTANTIALLY MET

Standard 8.1 (supervisors, assessors trainers and mentors) and Standard 8.2 (clinical and other education resources) are substantially met.

Commendations

P Development of clear roles and responsibilities for supervisors.

Q Development of the revised policy and process for the accreditation of training positions.

Areas for improvement

PP Continue to develop and implement the mentoring scheme. (Standard 8.1)

QQ Continue to promote engagement between individual faculties and state health jurisdictions. (Standard 8.2.4)

RR Address the challenges of the accreditation process, namely:
  • expanding the pool and training of accreditors;
  • ongoing administration of visits;
  • systematic follow-up of recommendations and conditions on accreditation. (Standard 8.2)

SS Review ACD policy to ensure the requirements of overseas posts are clear and promulgated widely to all trainees and supervisors on a regular basis. (Standard 8.2.1)

9. Continuing Professional Development (programs, retraining and remediation)

Overall, this group of standards is MET
Standard 9.1.3 (process and criteria for assessing and recognising CPD providers and activities) and Standard 9.3 (remediation) are substantially met.

**Commendation**

R The CPD program has been successfully blueprinted against the curriculum.

**Areas for improvement**

TT Continue to evaluate the CPD program for continual improvement while incorporating feedback from participants. (Standard 9.1.3)

UU Report on the outcome of the implementation of the Mandatory Participation Policy in Professional Development and Recency of Practice and its compliance with the Board’s recency of practice registration standard. (Standard 9.1.2 and 9.2)
Introduction: the AMC accreditation process

The Australian Medical Council (AMC) was established in 1985. It is a national standards body for medical education and training. Its purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

The process for accreditation of specialist medical education and training

The AMC implemented the process for assessing and accrediting specialist medical education and training programs in response to an invitation from the Australian Government Minister for Health and Ageing to propose a new model for recognising medical specialties in Australia. A working party of the AMC and the Committee of Presidents of Medical Colleges was established to consider the Minister’s request, and developed a model with three components:

- a new national process for assessing requests to establish and formally recognise medical specialties;
- a new national process for reviewing and accrediting specialist medical education and training programs;
- enhancing the system of registration of medical practitioners, including medical specialists.

The working party recommended that, as well as reviewing and accrediting the training programs for new specialties, the AMC should accredit the training and professional development programs of the existing specialist medical education and training providers—the specialist medical colleges.

Separate working parties developed the model’s three elements. An AMC consultative committee developed procedures for reviewing specialist medical training programs, and draft educational guidelines against which programs could be reviewed. In order to test the process, the AMC conducted trial reviews during 2000 and 2001 with funding from the Australian Government Department of Health and Ageing. These trial reviews covered the programs of two colleges.

Following the success of these trials, the AMC implemented the accreditation process in November 2001. It established a Specialist Education Accreditation Committee to oversee the process, and agreed on a forward program allowing it to review the education and training programs of one or two providers of specialist training each year. In July 2002, the AMC endorsed the guidelines, *Accreditation of Specialist Medical Education and Training and Professional Development Programs: Standards and Procedures*.

In 2006, as it approached the end of the first round of specialist medical college accreditations, the AMC initiated a comprehensive review of the accreditation guidelines. In June 2008, the Council approved new accreditation standards and a revised description of the AMC procedures. The new accreditation standards apply to AMC assessments conducted from January 2009. In 2010 the AMC made some additional changes to the standards, including new explanatory notes to clarify AMC expectations regarding the principle of ‘no disadvantage’ to existing trainees when colleges change training program requirements; and changes to bring standards into line with the requirements of the Medical Board of Australia,
particularly its registration standards concerning continuing professional development. The relevant standards are included in each Section of this report.

A new National Registration and Accreditation Scheme for health professions began in Australia in July 2010. The Ministerial Council, on behalf of the Medical Board of Australia, assigned the AMC the accreditation functions for medicine.

From 2002 to July 2010, the AMC process for accreditation of specialist education and training programs was a voluntary quality improvement process in which all specialist colleges had agreed to participate. From 1 July 2010, the Health Practitioner Regulation National Law Act 2009 makes the accreditation of specialist training programs an element of the process for approval of programs for the purposes of specialist registration. Similarly, the Medical Board of Australia’s registration standards indicate that continuing professional development programs that meet AMC accreditation requirements meet the Board’s continuing professional development requirements.

From 1 July 2010, the AMC presents its accreditation reports to the Medical Board of Australia. Medical Board approval of a program of study that the AMC has accredited forms the basis for registration to practise as a specialist.

**Assessment of the programs of the Australasian College of Dermatologists**

When the specialist accreditation process was first implemented, the AMC established a process to grant initial accreditation to the providers of training in the recognised medical specialties based on a review of the providers’ policies and documentation. Initial accreditation continued, subject to satisfactory progress reports, until an accreditation assessment by an AMC team. In June 2003, the AMC, on the advice of its Specialist Education Accreditation Committee, granted initial accreditation to the Australasian College of Dermatologists as the training organisation for the specialty of dermatology.

The Australasian College of Dermatologists offers dermatology training in Australia only. In New Zealand, dermatology training is provided by the Royal Australasian College of Physicians. The Medical Council of New Zealand has separately reviewed that training program.

The assessment of the College’s programs by an AMC team was scheduled for 2007. In 2006, on the advice of the Specialist Education Accreditation Committee, the Council appointed Associate Professor Stephen Trumble to chair this assessment. The AMC then began discussions with the College about the timing of the review and the process that would be followed in the review.

The AMC appointed other members of the Dermatology Accreditation Team (called ‘the Team’ in this report) in March 2007, after the College had an opportunity to comment on the individuals proposed. The members of the Team are listed at Appendix 1.

The review process followed the standard steps described in the AMC accreditation procedures, namely:

- a meeting between AMC Secretariat staff and officers and senior staff of the College in September 2006 to begin planning;
- preparation by the College of a detailed accreditation submission;
• a Team meeting in March 2007 to consider the College’s submission and to plan the review;
• feedback to the College on the Team’s preliminary assessment of the submission, the additional information required, and on the Team’s plans for site visits and meetings with College committees;
• AMC surveys of trainees (59 per cent of trainees responded) and supervisors of training (62 per cent of supervisors responded);
• invitations to other specialist medical colleges, medical schools, health departments, College-identified stakeholders, and health consumer organisations to comment on the College’s training and professional development programs;
• a program of site visits and meetings in Queensland, Victoria and New South Wales, held between 31 August and 6 September 2007. The Team presented its preliminary findings at the end of the assessment.

The 2007 assessment resulted in the AMC granting accreditation to the ACD’s education and training program and CPD programs for three years, until December 2010, subject to a review by the Specialist Education Accreditation Committee by June 2009 of a report that demonstrated the successful implementation of the College curriculum.

At the request of the College, in June 2010, the AMC extended this accreditation by 12 months. The AMC considered that the College was making good progress but agreed that a delayed assessment would give the College additional time to progress its curriculum review and would be a more appropriate point at which to assess the implementation.

In July 2010, the Specialist Education Accreditation Committee began considering requirements for the review of the College’s progress on the key issues raised in the 2007 Accreditation Report.

On the Specialist Education Accreditation Committee’s recommendation and after the College had an opportunity to consider the proposed membership, the AMC Directors appointed a team to complete this review. The 2011 team was chaired by Professor Stephen Trumble. The membership is given in Appendix 2.

In January 2011, the College provided an accreditation submission outlining progress on the recommendations and challenges facing the College. The Team met in February 2011 to consider the submission, and then discussed plans for the review with College officers and staff.

The Team completed its review between 28 March and 7 April 2011. The review comprised a program of site visits in Queensland, Victoria, South Australia and New South Wales; consultation with jurisdictions, trainee organisations, other colleges, and medical schools; and meetings with College officers, committees and staff.

Appreciation
The AMC is grateful to the College staff who prepared the accreditation submissions and managed the preparations for the assessment. It acknowledges with thanks the support of the

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1 The AMC subsequently agreed to amend this recommendation to ‘progress towards the successful implementation’
ACD fellows in Australia who have coordinated the visits to individual units and hospitals, and the assistance of those who have hosted visits from AMC Team members.

The AMC Team is grateful to all those who contributed to the review by attending meetings and/or by responding to the AMC Team’s surveys.

A list of the organisations that made a submission to the AMC in 2007 and/or 2011 is at Appendix 3. A summary of the AMC Team’s program of meetings and visits for these reviews is provided in Appendix 4.

**Report on the 2007 and the 2011 AMC assessments**

This report contains the findings of both the 2007 and 2011 AMC Assessment Teams. As this is an iterative process, it is intended that the two assessments be seen as points along a continuum.

Each section of the report begins with the relevant accreditation standards. These are taken from the revised 2010 accreditation standards.

The findings of the 2011 Team are provided as commentaries following the relevant sections of the 2007 report and are shown in italics. It should be noted that the report by the 2011 Team addresses progress by the College in relation to recommendations made by the AMC in 2007. In areas where the College has made no substantial change and no recommendations were made in 2007, the 2011 Team has not conducted a comprehensive assessment.
1 Context of education and training

The accreditation standards are as follows:

- The education provider’s governance structures and its education and training, assessment and continuing professional development functions are defined.
- The governance structures describe the composition and terms of reference for each committee, and allow all relevant groups to be represented in decision-making.
- The education provider’s internal structures give priority to its educational role relative to other activities.
- The education provider has established a committee or committees with the responsibility, authority and capacity to direct the following key functions:
  - planning, implementing and reviewing the training program(s) and setting relevant policy and procedures;
  - setting and implementing policy and procedures relating to the assessment of overseas-trained specialists;
  - setting and implementing policy on continuing professional development and reviewing the effectiveness of continuing professional development activities.
- The education provider’s education and training activities are supported by appropriate resources including sufficient administrative and technical staff.
- The education provider uses educational expertise in the development, management and continuous improvement of its education, training, assessment and continuing professional development activities.
- The education provider collaborates with other educational institutions and compares its curriculum, training program and assessment with that of other relevant programs.
- The education provider reviews and updates structures, functions and policies relating to education, training and continuing professional development to rectify deficiencies and to meet changing needs.

1.1 Organisational structure and governance

The Australasian College of Dermatologists was established in 1966, developing from the Dermatological Association of Australia, which had existed from 1949. The College is a company limited by guarantee.

The College’s vision statement is ‘The College is a fellowship of dermatologists trained to the highest professional standards whose objective is to serve the community by providing the best quality dermatological care.’

The strategic objectives of the College are:

- to provide and maintain dermatological education at all levels;
- to define and maintain the highest standards of ethical practice;
- to promote better public awareness about the skin and its care and the prevention of skin disease;
• to provide the best standards of professional service to all members of the community;
• to support and promote dermatological research;
• to undertake its objectives competently, efficiently and responsively.

The College provides education and training in the specialty of dermatology in Australia. The education and training of dermatologists in New Zealand is carried out by the Royal Australasian College of Physicians, and results in fellowship of the RACP.

In September 2007, the College had 400 members including 64 trainees. The management of the business and affairs of the College is vested in the nine-member Board, which meets monthly. *Ex officio* members of the Board include the President, President-Elect, Censor-in-Chief and the Honorary Secretary. Board membership also includes one Director nominated or elected for each of the College’s Regional Faculties.

The Board came into being in April 2006, replacing a larger College Council. The College indicates that a reason for this change was to develop an efficient and responsive governance structure.

College training, assessment, research and continuing professional development activities are managed by a number of Boards and committees:

• The Board of Censors comprises the Chief Censor and six other Censors appointed by the Board. Under the new governance structure, the Board of Censors’ responsibilities relate largely to examination and assessment, the supervision of courses or educational activities provided by the College, and the accreditation of training positions.

• The Selection Committee which is responsible for overseeing the selection of trainees into the training program.

• A new Education Committee has been established and comprises the following members: Chief Censor; one elected Director responsible for overseeing the development of fellows; one elected Director responsible for overseeing the implementation of the training program; the Chair of the Professional Development Committee; and the Chair of the Selection Committee.

• The Chair of the Curriculum sub-committee attends meetings of the Education Committee by invitation. The sub-committee will become a full committee in November 2007 and the Chair will become a member of the Education Committee.

• Reporting to the Education Committee are:
  • the Professional Development Committee which is concerned with the College’s Professional Development Program;
  • the Overseas Trained Specialist Assessment Committee which is responsible for the assessment of overseas-trained dermatologists.

The Appeals Committee hears and determines appeals on decisions made by any committee or board of the College. Its membership includes: three members nominated by the Australian Health Ministers’ Conference; two fellows of the College who have been a fellow for at least eight years; an appropriately qualified medical specialist in another specialty; a representative of a consumer association appointed by the College; a Chairman who is not a member of the College and has appropriate legal qualifications and experience.
The College has five regional faculties in: New South Wales, Queensland, South Australia, Victoria and Western Australia. Members residing in the Australian Capital Territory, Tasmania and the Northern Territory are members of the New South Wales, Victorian and South Australian Regional Faculties respectively. Each regional faculty has a small regional faculty committee which advises the Board on the affairs of the College within that Faculty.

Training is organised at a state/regional level. At this level, the College has identified the following key training roles:

- The state director of training oversees the training program in the state and is a line of communication between trainees and the College through the Board of Censors.

- The supervisor of training supervises, teaches and assesses trainees in accredited training positions in their teaching institution. They meet in June and December with each trainee they supervise to discuss the trainee’s performance in the Summative In-Training Assessment (SITA). The Summary of Ratings form is used as the basis for discussion at these meetings.

- The clinical supervisor teaches and assesses trainees. They complete a SITA form for each trainee they are asked to assess. They give the SITAs to the supervisor of training who uses them to complete a Summary of Ratings form for each trainee.

- The head of department at the training institution is expected to ensure that supervisors are aware of their training responsibilities. The head of department’s training responsibilities include monitoring trainee performance, providing feedback to trainees and participating in the management of poorly-performing trainees.

These are discussed in more detail in section 8 of this report.

The College is supported by a small secretariat, based in Sydney, and led by the Chief Executive Officer, Mr Rodney Sheaves.

1.1.2 2011 Team findings

The ACD Board of Directors remains the College’s governing body.
Committees have clear terms of reference. The College’s committees involve a broad range of groups in decision-making, for example supervisors, trainees and health services. The Team applauds the College’s decision to include consumer representatives on the International Medical Graduate Committee. The Team encourages the College to continue to build opportunities for relevant consumer engagement in decision-making.

The College’s governance, education, training, assessment and CPD functions are well defined. The College continues to give high priority to its educational role. The College is in the process of developing its strategic plan for 2011 onwards. To ensure that the College continues to use long-range planning to assist in establishing priorities, the Team asks that the College provide a copy of the strategic plan in its next annual report to the AMC.

The College supports its educational and training activities well with a team of 2.5 full-time equivalent staff. It is also considering an additional part-time Education Officer to administer accreditation processes, and to support the implementation of new teaching and learning initiatives. The key positions include:

- Director of Education – This position develops and implements educational strategies.
- Manager, Online Educational Development – This position works closely with the Board of Censors and Professional Development Committee to develop online learning resources and assessment strategies and tools.
- Education Officer (specialist projects) — This position is responsible for overseeing International Medical Graduate assessments and training, and developing and managing general practitioner training courses.

Since 2007, the College has reorganised its committees. Most notably, the functions of the Board of Censors have been separated, resulting in the establishment of the Board of Education, the Teaching, Learning and Curriculum Committee, and the soon to be established Accreditation Committee. Additionally, the College has introduced a Board of Training which is responsible for the implementation of the training program in each state.

The Board of Censors’ main focus is now on examinations, while the main duty of the Board of Education is to oversee and manage all aspects of the College’s education programs. This includes the development, monitoring and review of an education plan and the publication of the Training Program Handbook. Membership of the Board of Education has extended to include a Dean of Education.

The Teaching, Learning and Curriculum Committee is responsible for the development, implementation and ongoing review of the training program curriculum.

Since 2007, the Trainee Representative Committee’s representation has extended to the following: Board of Directors; Board of Censors; Board of Education; Board of Training; and the Teaching, Learning and Curriculum Committee. The Team noted that members of these committees are chosen through informal mechanisms, rather than through a defined process. This is discussed further in Section 8.2 of this report.

The Team noted that the College has recently undertaken an external governance review. To ensure that College structures in place are operating efficiently, it is requested that the College provide an overview of its findings to the AMC in its next annual report.
1.2 2007 Challenges

The College is facing a range of challenges in relation to the dermatology workforce. The College’s workforce analysis suggests that more than 100 additional dermatologists are needed to meet current requirements, that the numbers of trainees needs to be expanded significantly, and that the ageing demographic of the College’s membership presents a risk. In addition, the scope of dermatology practice is widening as new surgical and non-surgical procedures develop.

The College has undertaken both surveys of its fellows and strategic planning exercises to consider how it can respond to these challenges in a way that ensures it retains its pre-eminent role in setting standards for and training in dermatology.

The development of a national dermatology training course for general practitioners in collaboration with the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine is an example of the College’s initiative in this area. The course entails 25 modules including a clinical attachment in which general practitioners work with a dermatologist for one session per week for 12 weeks, a procedural dermatology workshop and extensive procedural demonstration videos. Another initiative relates to discussions between the College and the Australian Dermatology Nurses Association concerning the development of educational material.

The College is also active in considering how additional dermatology training posts can be created and funded. There are a number of self-funded positions available through the Skin and Cancer Foundations, as well as positions part-funded by local dermatologists or groups of dermatologists. The College acknowledges the opportunities to expand private practice training in dermatology and has sought Commonwealth funding for new posts under the Expanded Settings for Specialist Training initiative.

The College’s strategic plan includes a commitment to ensure that its message is heard. The Team commends the College’s efforts to implement this plan by successfully improving its media profile and enhancing its public image.

The College is well positioned to face these challenges. The new College committees are committed to implementing the educational changes agreed by the College and responding proactively to the challenges facing the profession. The AMC will look forward to hearing more about the College’s initiatives in annual reports.

2007 Commendation

A The College’s commitment to strategic planning to ensure it retains a pre-eminent role in setting standards for and training in dermatology.

1.3 2011 Challenges

Since the 2007 AMC accreditation, there has been significant growth in ACD’s education and training activities. The College is to be commended for the initiatives it has implemented, such as the implementation of workplace-based assessments.
The College regularly reviews and updates its Education Plan. While the Team is encouraged by the College’s Plan to forecast for its future work, the Plan is limited to a list of activities which details when and by whom this is to be completed. The Team considers the College would benefit from a detailed plan that identifies how each task will be completed and what are the expected outputs for each task, goal, and objective.

The Team noted the College’s main development priorities for 2011 and onwards were:
- to review the 2010 curriculum and assessment methods;
- to evaluate the College’s new selection processes;
- to implement the new accreditation policy for all training posts;
- to enhance communication to supervisors and trainees;
- to enhance online learning tools.

The training post accreditation process has been redesigned and is in an early stage of implementation. The Team encourages the College to continue to implement and evaluate this process. The College will need to continue applying substantial resources to its accreditation processes and ensure that all recent changes are embedded into its education and training programs. This is discussed further in section 8 of this report.

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**2011 Areas for improvement**

| AA      | Develop and implement strategies to engage wider consumer representation in ACD decision-making committees. (Standard 1.1.2) |
| BB      | Revise the College’s Education Plan to include information on how each task will be completed and what are the expected outputs identified for each task, goal, and objective. (Standard 1.2) |
| CC      | Progress the development of the College’s Strategic Plan for 2011 onwards. (Standard 1.1) |
| DD      | Progress and report on the findings of the 2011 external governance review. (Standard 1.1) |

**1.4 ACD relationships with health departments and health services**

The accreditation standards concerning interactions with the health sector are as follows:
- The education provider seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote the education, training and ongoing professional development of medical specialists.
• The education provider works with healthcare institutions to enable clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.

**Relationships with health departments and health services in 2007**

As a predominantly ambulatory and chronic specialty, much of dermatology is delivered in community-based settings through private practice rather than through public hospital clinics, although it is here that the majority of complex cases are seen. This means that dermatology involves both the Federal government (through patients’ Medicare rebates) and State Governments (through public hospitals). The balance of care is likely to continue to shift away from public hospitals towards private practice.

The College has an important role in interacting with both tiers of government. At the state level, the ACD advocates for dermatology within public hospitals to ensure that specialised clinics continue to work with complex cases. The Team noted a perception by many dermatologists that dermatology does not have a strong position within public hospitals (given most state funding systems reward chronic, ambulatory care relatively poorly), and the College had little leverage when accrediting posts. Conversely, the Team heard anecdotes of posts being quickly brought up to the required standard when accreditation was withheld.

At the national level, the ACD is in a position to negotiate over the provision of Medicare provider numbers to trainees to allow them to train in private practices in a cost-neutral or even positive manner. Such an outcome is unlikely to be achieved unless the trainees are granted temporary access to the specialist item numbers while working under supervision. These provider numbers would remove a major impediment to greater training numbers in dermatology.

Comments to the AMC by state health departments suggest there is generally good communication and that Regional Faculties were seen as willing contributors to discussion on topics such as workforce planning and the identification of new training posts. Some jurisdictions would have welcomed greater consultation about the plans to extend the training program from four to five years, although they identified no specific problems with the introduction of the additional year.

One health department commented that training in safety and quality approaches and tools such as root cause analysis and clinical practice improvement might be relevant, especially in managing adverse events.

**Relationships in 2011**

The College has engaged well with the Commonwealth in securing significant funding to support the growth and enhancement of the specialist training programs. The College has received a substantial grant from the Commonwealth Government under the Specialist Training Program which has resulted in 18 additional training positions for 2011 to 2014, including International Medical Graduates up-skilling positions. The College is encouraged to ensure that state faculties establish and maintain advocacy with state health departments to ensure support for future training is matched with anticipated future workforce requirements.
2011 Commendation
C The College’s engagement with the Australian Government resulting in securing significant funding to support the dermatology workforce development.
2 Organisational purpose and program outcomes

The accreditation standards are as follows:

- The purpose of the education provider includes setting and promoting high standards of medical practice, training, research, continuing professional development, and social and community responsibilities.
- In defining its purpose, the education provider has consulted fellows and trainees, and relevant groups of interest.
- The education provider has defined graduate outcomes for each training program including any sub-specialty programs. These outcomes are based on the nature of the discipline and the practitioners’ role in the delivery of health care. The outcomes are related to community need.
- The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.
- The education provider makes information on graduate outcomes publicly available.

2.1 Goals of the dermatology education and training programs in 2007

The Training Program Handbook of the Australasian College of Dermatologists states that its overall objective is: ‘To produce dermatologists who are safe, skilled and competent in the diagnosis and management of all aspects of diseases of the skin and its appendages, and able to respond to the changing health needs of the Australian community.’

The specific objectives of the program are grouped into three domains relating to skills, attitudes, and knowledge. They are listed below, although it is likely that the curriculum review will lead to substantial changes.

Objectives relating to knowledge and understanding

During their dermatological training, trainees should develop a knowledge and understanding of:

- the scientific method at a level adequate to provide a rational basis for present dermatological specialist practice and to assimilate the advances in knowledge which will occur over their working life;
- the normal development of the human skin, the normal structure and function of the human skin at all stages of life, the interactions between the skin and the body and mind and the factors which may disturb these interactions;
- the aetiology, pathology, clinical features, natural history and prognosis of dermatological conditions in all age groups;
- relevant diagnostic procedures, their indications, uses, limitations and complications;
- the management of dermatological conditions including pharmacological, procedural, nutritional and psychological therapies;
- the principles of health education, disease prevention, amelioration of suffering and disability and rehabilitation where relevant;
- the factors affecting the interactions between human skin and its social and physical environment;
systems of provision of health care including their advantages and limitations;
the principles of ethics related to health care and the legal responsibilities of the medical profession.

Objectives relating to skills
During their dermatological training, trainees should develop the following skills:

- the ability to take a tactful, accurate, organised and problem-focused medical history and relate this to the general medical condition of the patient;
- the ability to perform a reliable and appropriate dermatological examination and relevant general physical examination;
- the ability to choose from their repertoire of clinical skills, those which are appropriate and practical in a given situation;
- the ability to interpret and integrate the history and physical examination findings to arrive at an appropriate provisional diagnosis and differential diagnosis;
- the ability to select the most appropriate and cost effective investigations and diagnostic procedures and interpret the results of investigations;
- the ability to plan management with the appropriate involvement of the patient and family;
- the ability to competently carry out phototherapy, cryosurgery, electrosurgery and cauterisation, and those surgical and laser procedures detailed in the Procedural Dermatology curriculum;
- the ability to counsel sensitively and effectively, and to provide information in a manner which ensures that patients and families are adequately informed when being advised of their diagnosis and or consenting to any procedure or treatment;
- the ability to interpret medical evidence in a critical and scientific manner and to use information sources to pursue independent inquiry;
- the ability to communicate opinion in oral and written form.

Objectives relating to attitudes as they affect professional behaviour
During their dermatological training, trainees should develop the following professional attitudes which are regarded as fundamental to medical practice:

- respect for every human being, with an appreciation of the diversity of human background and cultural values;
- an appreciation of the complexity of ethical issues relating to human life and death including the allocation of scarce resources;
- the ability to interpret medical evidence in a critical and scientific manner and to use information sources to pursue independent inquiry;
- a desire to ease suffering;
- an awareness of the need to communicate with patients and their families, and to involve them fully in planning management;
• a desire to achieve optimal patient care and at the same time appreciating the need for cost effectiveness of the whole treatment program to allow maximum benefit from available resources;
• recognition that the health interests of the patient and the community are paramount;
• a willingness to work effectively in a team with other health care professionals and to behave honourably towards them and to acknowledge and respect their opinions;
• an appreciation of the responsibility to maintain standards of medical practice at the highest possible level throughout a professional career;
• an appreciation of the need to recognise when a clinical problem exceeds their capacity to deal with it safely and efficiently and of the need to refer the patient for appropriate help from others when this occurs;
• a realisation that it is not always in the best interests of patients or their families to do everything which is technically possible to make a precise diagnosis or to attempt to modify the course of an illness.

2.1.1 2007 Team findings
Based on the consultations and discussions during the review, the Team found the College was meeting its overall objective of producing safe, skilled and competent dermatologists. It was not possible to determine whether graduates of the training program and participants in the Professional Development Program (PDP) acquired and maintained all of the attributes in each of the domains listed above, but the impending launch of the new curriculum should allow these objectives to be mapped and used for blueprinting the various formative and summative assessments, to ensure that the desired outcomes are achieved. The College’s expressed intention to adopt the recently developed RACP professional qualities framework is similarly likely to improve the clarity with which trainees (and their assessors) can see the path towards holistic competence as a dermatologist.

2.2 Organisational purpose and program outcomes in 2011
Since 2007, the College has revised its goals and objectives of dermatological training, which are included in the 2011 Training Program Handbook. This document is publicly available on the College’s website.

In 2011, the College’s Training Program Handbook states that the College is committed to:
• educating and training trainees, Fellows and other health professionals;
• ongoing professional development of its Fellows and associated members;
• defining and maintaining professional and ethical standards for all fellows;
• ensuring quality dermatological service to the community and the delivery of care to all Australians, including those living in regional and remote areas;
• promoting public awareness of skin health and the prevention of disease through media, government and support groups;
• encouraging, supporting and promoting research to ensure the best quality care of all patients;
• undertaking its objectives competently, efficiently and responsibly.
In addition, the Training Program Handbook indicates that the broad learning outcomes of the ACD Training Program are that, overall, by the end of the dermatology training program a trainee will be able to:

- develop, maintain and appropriately use clinical knowledge in dermatological medicine;
- maintain currency with understanding of disease pathogenesis and the basic sciences that underpin these;
- keep abreast of changes in pharmacologic and other therapeutic options and apply these in the best interest of the patient;
- obtain an accurate history, examine a patient thoroughly and organize and/or perform appropriate investigations to establish a relevant, well-reasoned diagnosis;
- interpret results of investigations and devise, implement and monitor an effective patient management/treatment plan appropriate to the diagnosis and with consideration of patient wishes and health system resources;
- develop, maintain and appropriately use clinical knowledge and skills in procedural dermatology;
- communicate effectively with patients, their family and/or carers, other health care professionals and the community;
- implement standards associated with quality and safety to ensure patients receive safe, high-quality care;
- acknowledge the impact of culture on health outcomes and be sensitive to the needs of patients from indigenous as well as culturally and linguistically diverse backgrounds;
- demonstrate effective self-management practices and use management and leadership skills as appropriate;
- behave professionally, demonstrating integrity, compassion and altruism;
- identify opportunities for health advocacy, and promotion of health and disease prevention with individuals and in communities;
- continually improve mastery of dermatology by engaging in professional development throughout their career;
- contribute to the education of patients and their families and/or carers, colleagues, junior doctors and other health care professionals and to the development of new knowledge through research;
- demonstrate a commitment to delivering health care according to ethical codes of practice and legal obligations;
- function effectively as a specialist dermatologist, integrating clinical expertise and professional qualities to provide optimal medical care to patients.

2.2.1 2011 Team findings

The College has a clear purpose and has clearly specified competencies for trainees completing its training program. Supervisors and trainees met by the Team reported that these were well understood and readily accessible.
The Team found that the College’s goals and graduate outcomes are based on the nature of the discipline and its role in the delivery of health care, and are related to community need. The published Broad Learning Outcomes of the ACD Training Program are supported by the Training Program Curriculum. This document provides a framework which specifies the knowledge, skills and behaviour trainees need to acquire, and will be assessed on, to determine their competence to practice as a specialist dermatologist.

As the College continues to embed its curriculum into all of its educational activities, it is encouraged to consider more clearly defining the unique graduate attributes to which trainees should aspire and which distinguish holders of the FACD from other health professionals. The Team suggests that the behavioural competencies identified for use in the selection process would be a good starting point for this development.

In 2012 the College plans to conduct a survey of recent graduates to assess whether they believe the ACD program prepared them for practice as dermatologists. The Team encourages the College to conduct regular surveys to measure graduate outcomes.

2011 Recommendation to satisfy accreditation standards

1 Review the ACD policy statements and training documents to ensure graduate outcomes refer clearly to the competencies that distinguish the specialist dermatologist from other health professionals. (Standard 2.2)
3 Dermatology education and training

The accreditation standards are as follows:

- For each of its education and training programs, the education provider has a framework for the curriculum organised according to the overall graduate outcomes. The framework is publicly available.

- For each component or stage, the curriculum specifies the educational objectives and outcomes, details the nature and range of clinical experience required to meet these objectives, and outlines the syllabus of knowledge, skills and professional qualities to be acquired.

- Successful completion of the training program must be certified by a diploma or other formal award.

- The training program includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the trainee to participate in research.

- The training program allows appropriate candidates to enter research training during specialist education and to receive appropriate credit towards completion of specialist training.

- The program structure and training requirements recognise part-time, interrupted and other flexible forms of training.

- There are opportunities for trainees to pursue studies of choice, consistent with training program outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programs both here and overseas, and give trainees appropriate credit towards the requirements of the training program.

- The education provider contributes to articulation between the specialist training program and prevocational and undergraduate stages of the medical training continuum.

3.1 The curriculum framework

In 2007, the Australasian College of Dermatologists is engaged in a major piece of work: the writing of its first comprehensive curriculum for training in dermatology. This curriculum is described in more detail under section 3.2 below.

The curriculum document that was released in 1999 comprised a listing of expectations under the headings of ‘Clinical Skills and Pharmacology’ for the first 18 months of training and ‘Fellowship’ for advanced theoretical knowledge and skills. The new curriculum, which is due for initial release for piloting and feedback later this year and full implementation by 2009, promises to form a strong basis for vocational training as well as a number of other College activities such as: selection; training post accreditation; recognition of prior learning; in-training assessment; the blueprinting of the examination; criteria for assessment of overseas-trained specialists; and continuing professional development activities.

The College’s curriculum development process has given attention to the competencies expected of all specialists in addition to the medical expert role. The College is working with the Royal Australasian College of Physicians (RACP) and intends to use its Professional Qualities Curriculum. This curriculum document outlines the range of concepts and specific
learning objectives required and used by all physicians regardless of their specialty or area of expertise.

The goals of the ACD’s training program are outlined in section 2.1. The development of the curriculum provides an opportunity to set some specific standards to re-enforce this statement of aims, identifying clearly what is within core fellowship training and what is post-fellowship specialised training.

The duration of the training changed from four years to five years in 2003. Trainees who satisfactorily complete all formal fellowship requirements by the end of their fourth year receive one year training credit and are admitted to fellowship of the College after four years. Any trainee who does not complete all of their requirements by the end of their fourth year of training is required to complete the fifth year of training in its entirety. Somewhat uniquely, exemption from this fifth year is nearly always granted due to the majority of trainees being successful in the Fellowship Examination during their fourth year of training; but the fifth year allows an opportunity for those trainees who either choose not to sit or fail the exam in fourth year to remain in supervised, accredited and specifically targeted posts while they prepare for their final examination.

Developing the new curriculum has been a major piece of work for the College. The College is currently reviewing the curriculum in order to consolidate material and to integrate fully the professional qualities, clinical sciences and clinical practice components of the curriculum. When this review is complete, the curriculum will be ready for peer review.

The curriculum is comprised of 43 standards, ranging from ‘Acne’ to ‘Xanthomatoses’. Most of the standards are based around groupings of individual conditions, although there are more general topics such as the basic and applied biosciences (anatomy, biochemistry, epidemiology, microbiology, pathology and pharmacology), standards relating to specific population groups (infancy, pregnancy, and old age), and those related to the therapeutic processes of dermatology (procedures, EMR and radiation, photomedicine). Some competencies, for example Mohs surgery, are considered to be best achieved at post-fellowship level.

There is also a General Clinical Standard that sets out the basic clinical skills required of a dermatologist. Elements of this statement are lifted out into each of the specific standards. Each standard is comprised of the relevant elements from the General Clinical Standard as well as specific elements that relate to the condition or procedure. A logical pathway of history, examination, diagnosis and management is followed. Performance criteria are written in appropriate educational format of behaviours to be demonstrated.

Each standard includes a small section on the variables that might occur in different practice contexts and which must be considered when assessing a trainee. It also mentions the evidence required to demonstrate competence in a standard, although much of this has not been specified as yet. Similarly, the clinical science and pharmacology knowledge, and dermatological skills required for each standard are not yet complete; nor are the reading lists and nor are the assessment methods recommended to determine competence.
3.1.1 2007 Team findings

The Team acknowledges that the College has devoted significant attention to the writing of the curriculum. This has engaged staff, many members of the profession, trainees and other stakeholders to a great extent (as has the College’s preparations for this AMC review). The Team agrees with the College that finalisation of the curriculum is a top priority and encourages the College to set its own realistic timeframes for implementation.

Evidence suggests that the change to a five-year program has been effective. At this early stage, the Team considers that the College is managing the fifth year well, providing customised training to those trainees who are unsuccessful in Year 4 or who wish to take the Fellowship Examination in Year 5. It is noted that this often involves placement in private sector training posts which can help prepare trainees for independent practice post-fellowship. The AMC will require ongoing reports on the implementation of this year, including the success in finding additional posts for fifth year trainees.

The Team looks forward to the completion of the curriculum. During this assessment, the Team did not have time critically to appraise the whole draft curriculum, which would have required dermatological expertise. The Team acknowledges that much has already been achieved. It anticipates that the process of peer review will help to populate the evidence and reading list sections. The College is again congratulated on its commitment to defining the Australian curriculum for dermatology. It is encouraged to set realistic timelines for its completion.

In response to the AMC survey of trainees, 61 per cent of the trainees indicated that their training posts had provided exposure to the range of dermatology experience required to satisfy the College’s clinical training requirements. Discussion with the supervisors and trainees, and the responses to the surveys identified areas where experience was limited or patchy. The development of the curriculum should help the College to identify and address those areas. These include:

- Opportunities for supervised dermatological surgery are presently very variable. Concerns were raised about the numbers of trained dermatological surgeons available to supervise this experience and assess the trainees’ competence. The development of the surgical aspects of the curriculum may help to identify and address current variability in surgical training opportunities. There were also concerns that trainees in private settings were primarily taking the role of observer/assistant rather than that of primary surgeon.

- A 2004 College survey of recent fellows and trainees also identified concerns about preparation for the broader areas of practice such as practice management, medical ethics and law. Only nine per cent of the recent fellows who responded indicated that they were fully prepared for these aspects of practice as a specialist and 53 per cent felt that they definitely were not.  

- The College is well positioned to determine the minimum standard of competence for a medical practitioner to practise unsupervised as a dermatologist. As part of this, it is incumbent on the College to monitor new developments in the field of dermatology and to decide which of these developments should be included in vocational training and which are post-vocational areas of practice. Cosmetic dermatology, laser therapy, advances in

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2 Australasian College of Dermatologists Survey of Trainees and Recent Fellows 2004
immunotherapy, Mohs surgery and so on are all examples of emergent areas that need to be incorporated at the appropriate level.

- The College has a number of programs with a specific focus on dermatology in indigenous communities, such as the East Arnhem Healthy Skin project. Building on these initiatives, it would be appropriate for the curriculum to refer specifically to dermatological services for Indigenous Australians.

3.1.2 The curriculum framework in 2011

In 2007, the AMC made recommendations regarding the development and implementation of the curriculum in all areas of education and training (recommendations 1 to 4).

Since 2007, the College has engaged in significant change to its education and training programs. As reported in Section 1 of this report, the College has appreciably enhanced its educational committees, including the development of the Board of Training and the Teaching, Learning and Curriculum Committee.

In 2007, the College was writing its first comprehensive curriculum for training in dermatology. Since then, the College curriculum has developed from goals and objectives to detailed learning outcomes. The College has made significant progress in embedding the curriculum into its selection and assessment processes.

The first version of the curriculum was trialled at selected training sites in 2008 and introduced in 2009 with a plan for it to be reviewed after twelve months.

The feedback gained by the College in 2009 indicated that some areas were repetitive and not user-friendly. The College redeveloped the following sections of its curriculum: Clinical Sciences and Pharmacology; Fundamentals of Clinical Practice in Dermatology; Procedural Dermatology; and Professional Qualities. The feedback also indicated that the attempts to align the curriculum with professional development programs and assessment approaches were cumbersome and unlikely to lead to the expected outcomes.

During 2010, the College replaced its specialist content modules with specialist content topic areas for both basic training and advanced training.

The College employed an external consultant to undertake a major revision of the curriculum, with revisions completed at the end of 2010.

The College has now produced the final curriculum document for the 2011 year. Fellows and trainees will be asked to review the document again in October 2011 after the curriculum has been used more extensively by both groups.

The ACD Training Program Handbook contains training program requirements and the curriculum is detailed in the separate Training Program Curriculum document. Both documents are publicly available on the College’s website.

The revised curriculum provides a framework which specifies the knowledge, skills and behaviour trainees need to learn, and will be assessed on, to determine their competence to practice as a specialist dermatologist. There are two main components to the curriculum
framework: Clinical Expertise and Professional Qualities. This is discussed further in Section 3.2 of this report.

A summary of the significant changes to the College’s curriculum since 2007 is provided below:

- Graduate outcomes reflecting the content of the curriculum – Broad outcomes have been produced and reflect all sections of the curriculum, including the Fundamentals of Clinical Practice, Procedural Dermatology and Professional Qualities.
- Clinical Sciences and Pharmacology Examination content – The 2011 version of the curriculum specifies the content of the Clinical Sciences and Pharmacology Examinations.
- Aligning the curriculum with the College’s assessment approach – The curriculum stipulates how the learning outcomes in the various elements are assessed. Work-based assessments were introduced in 2010. For examinations, the Dermatology Clinical Evaluation Exercise (Derm-CEX) assesses learning outcomes within the Fundamentals of Clinical Practice (FCP) (Initial Communication, History and Consent and Patient Examinations).
- The curriculum guides trainees on which learning outcomes should be achieved by the end of basic training and which are more suitable to be focussed on during advanced training.
- Eliminating repetition of elements from the fundamentals of clinical practice throughout the specialist content topic modules – The specialised content topic areas provide supervisors and trainees with concise learning outcomes regarding what trainees need to achieve for each condition listed.
- Revising Professional Qualities – All learning outcomes are relevant to the broad role of a dermatologist. The Summative In-Training Assessment form includes items derived from the curriculum to assess trainees on their achievement of these outcomes.

The revised curriculum provides a framework which specifies the knowledge, skills and behaviour trainees need to learn, and will be assessed on, to determine their competence to practice as a specialist dermatologist. The framework is divided into two clear sections: Clinical Expertise and Professional Qualities. The College’s 2011 Training Program Curriculum categorises these as:

- Part I: Clinical Expertise;
  - Section 1 – Clinical Sciences and Pharmacology
  - Section 2 – Fundamentals of Clinical Practice in Dermatology (including Specialist Content Topic Areas)
  - Section 3 – Procedural Dermatology
- Part II: Professional Qualities;
  - Modules – Communication, Quality and Safety, Cultural Competency, Leadership and Management, Health Advocacy, Teaching and Learning (Scholar), Ethics.
3.1.3 2011 Team findings

The AMC agreed with the College after the 2007 accreditation that to hurry the full implementation of the curriculum would be a risk to its success. The Team considers that a more measured approach of consulting, piloting and revising the document has reaped rewards. Supervisors and trainees both reported to the Team that they were generally satisfied with the current form of the curriculum and that it was proving useful in structuring training.

Significant progress has been made in linking the curriculum to activities such as selection and assessment of trainees and the assessment of overseas-trained dermatologists. This is discussed further in Section 7 of this report.

Since 2007, the College has made significant progress in developing the content of the curriculum and, importantly, revising it to ensure its acceptability to fellows and trainees. Transitional arrangements have been made so that the trainees in their first and second years of training (in 2010) use the 2011 framework.

The curriculum has a clear purpose that is well articulated and strongly promoted. It has defined goals and the knowledge and skills of the competent dermatologist are well described, although the unique professional attributes of the expert dermatologist are less clear.

The College has been proactive in gaining feedback from supervisors, trainees and its education-related committees. The College has indicated that a further curriculum review will be conducted in October 2011.

The Team considers that the implementation of the College’s curriculum has reached a point where the focus should be on evaluation, fine-tuning and value-adding rather than further major change. The Team encourages the College to continue its successful engagement of these vital stakeholders in this next phase of consolidation and implementation of what is becoming an extremely useful resource.

Supervisors met by the Team were appreciative of the College’s work in revising the curriculum, particularly in reorganising its content to make it more user-friendly. They considered that both the core knowledge of dermatology and the professional attributes of the dermatologist were adequately addressed.

Trainees indicated to the Team that they are using the curriculum in the early stages of their training to work out a systematic approach to covering the breadth of required knowledge. In addition, the curriculum is helping trainees to identify key topics for learning, to structure essays, and to identify where in the program various skills would be assessed.

The Team considers that recommendations 1 to 4 from 2007 have been met.

3.2 The structure, sequencing and duration of training

3.2.1 2007 Team findings

While the structure of training is the same from state to state, the way in which it is applied varies. Some states have rotational programs whereby registrars move to different clinical sites during the course of a week; others have year-long positions all based in the one hospital, although some rural outreach or Skin and Cancer Foundation clinics may be involved.
The vocational training program is divided quite simply in half (with what is effectively the addition of a fifth year for those who require it). The first two years of Basic Training take place in prospectively accredited placements and incorporate the Clinical Sciences and the Pharmacology Examinations, both of which must be passed within the first 18 months of training before the trainee can progress to the next level. Satisfactory summative in-training assessments are also required during this period.

Advanced Training not unexpectedly sees trainees gaining higher levels of responsibility and dealing with more complex dermatology.

Trainees are required to make at least two presentations during their training, including at least one paper in the ACD’s Registrars’ Forum or another session at the Annual Scientific Meeting which can be a poster presentation. In addition, trainees commencing from 2005 are required to present a second paper at the Annual Scientific Meeting of the Australasian College of Dermatologists or the Australasian Dermatopathology Society conference or the Australasian Society of Dermatology Research meeting or another meeting of stature, subject to approval in advance from the Board of Censors. Only one of the two required presentations can be a poster presentation.

In addition to these presentation requirements, trainees must publish two papers of a significant nature on a dermatological subject. At least one of these papers must be published in the College’s journal, The Australasian Journal of Dermatology, and the other in a peer-reviewed journal acceptable to the Board of Censors. A maximum of one paper published prior to entering the training program may be counted towards this requirement, as long as it meets the standards set by the Board of Censors. The College requires that at least one of the publications must be researched and accepted for publication during training.

Apart from these presentation and publication requirements, trainees who joined the program in 2005 or later are required to attend two ACD Annual Scientific Meetings or the overseas equivalent in their first three years of training. They are also required to attend the Biennial Trainee Conference at least once, but preferably twice.

Trainees usually sit the Fellowship examinations in their fourth year, although the fifth year exists for those who require it. The details of the Fellowship Examination are presented in section 5.3 of this report.

3.2.2 2007 Team findings

The Team heard from a number of trainees that the training program was appropriately structured to prepare them for practice as independent dermatology practitioners. Notable was the role of the state-based directors of training who were able to tailor the choice of training placements to the educational needs of each registrar, to some extent. Efforts had been made to ensure that those trainees who required a fifth year of training and overseas-trained specialists undergoing a period of supervision were able to be accommodated in the training system without supplanting any trainees awaiting a particular training post.

There are limited opportunities for recognition of prior learning, perhaps reflecting the somewhat limited nature of the previous curriculum.

The Team commends the College’s commitment to ensuring that trainees undertake research, gain experience in writing for publication, and demonstrate skills in critical appraisal of
literature. Currently the College requires that at least one of the required two publications be produced during the period of training to demonstrate that the trainee has current competence in these skills. The Team recommends that the requirement for one of the two publications to be produced during the period of training be reviewed and relaxed if a trainee demonstrates that their dermatology research skills meet the required standard at the time of entry to the training program as evidenced by suitable publications.

At present, there is not a clear statement of learning objectives for these research requirements. The Team would encourage the College to clarify these objectives. This will assist the College to make clear decisions on the applications by individual trainees to be exempted from the research requirements.

3.2.3 Structure, sequencing and duration of training in 2011

In 2007, the AMC recommended that the College report on the status of the dermatology training program’s fifth year (recommendation 5). In 2011, the fifth year was effectively removed from the training program, although those trainees who require further development before reattempting the examination are appropriately supported.

The training program is a minimum of 48 months (four years) full-time structured as basic training (years 1 and 2) and advanced training (years 3 and 4). Trainees are required to complete 44 weeks in each of the four years. The training program is continuous unless the trainee has applied and received College approval to interrupt their training. A trainee must complete the training program within ten years of commencing training.

The College Training Program Handbook outlines the requirements for completion of the training program, which are categorised into clinical, research, academic and examinations. A summary of the requirements is provided below:

The trainee must complete a Trainee Portfolio, logging the following regularly: inpatient care experience; essential surgical procedures or treatment modalities; observation or experience in advanced procedures or treatment modalities; and meeting attendances. The log must be signed by the Supervisor of Training.

The trainee must also document the following: a Rotation Learning Plan for each rotation; Professional Development forms; assessments including Summative In-training Assessments for each six-month period; Performance Improvement forms, if applicable; and the Procedural Dermatology Assessment (ProDA) and Dermatology Clinical Evaluation Exercise (Derm-CEX).

Trainees must attend at least two ACD Annual Scientific meetings in the first three years of training and record their attendance in their Trainee Portfolio.

Trainees are required to have published two research papers and have completed at least two research presentations before the end of their third year.

The trainee must successfully complete the Clinical Sciences and Pharmacology Exams before June of their second year of training in order to progress to advanced trainee status. First-year trainees in 2011 may elect not to sit the Clinical Sciences Exam provided they complete the Clinical Sciences online learning modules by June of their second training year.
An advanced trainee must successfully complete the Fellowship Exam. The Fellowship Exam is conducted in three parts: The Written Exam (June), the Histopathology, Laboratory Dermatology and Dermoscopy Exam (July) and the Clinical Exam (August). Trainees must pass all parts of all of these exams in order to successfully complete training.

3.2.4 2011 Team findings

Since 2007, the College has clarified the structure and sequencing of its four-year (minimum) training program. The College has removed reference to a fifth year, which was an additional training year allocated to trainees who did not meet program requirements within four years.

Supervisors met by the Team felt the new curriculum was a significant improvement on earlier versions and they reported using it to assist trainees with learning planning and in-training assessments. Supervisors found that structuring their teaching around the curricular content helped them to focus on core concepts.

Supervisors also commented on the usefulness of the College’s revised learning planning and remediation processes, although the Performance Improvement Framework had rarely been required. For example, the Rotation Learning Plan assists trainees to consider their publications earlier, and allows more focus on filling clinical gaps as the final assessments approach. Rotation Learning Plans are proving useful for trainees when starting new posts and again towards the end of training when determining the areas yet to be addressed.

The six-monthly Summative In-training Assessments appear to work well. While supervisors need to commit substantial time to observe procedural skills, they recognised the value of direct observation rather than just signing off a list of competencies.

The Team considers that recommendation 5 from 2007 has been met.

3.3 The curriculum content

3.3.1 Generic component in 2007

The College has indicated its intention to work with the RACP’s Professional Qualities Curriculum. As such, the generic component of the ACD curriculum is likely to include the same nine domains:

- communication;
- quality and safety;
- teaching, learning and scholarship;
- cultural competency;
- ethics;
- clinical decision-making;
- leadership and management;
- health advocacy;
- the broader context of health.
The curriculum/syllabus as described in the Training Program Handbook expects trainees to understand and to be proficient in the following generic areas:

- communication and empathy with patients and family particularly in difficult circumstances;
- recognition of patient autonomy;
- provision of informed consent;
- acting honourably towards colleagues;
- recognition of the limitations of personal expertise;
- principles of ethical practice and expression of opinion to patients;
- appropriate expression of medical opinion in all reports;
- oral and written communication with other medical professionals;
- issues of distributive justice;
- issues of beneficent and non-maleficent ethics.

The Team supports the College’s plans to work with the RACP in further developing its generic curriculum.

3.3.2 Rural training in 2007

There is a range of opportunities for trainees to experience rural dermatology practice. This tends to be accompanying consultants to rural and regional centres for dermatology outreach clinics. Trainees valued these opportunities for expanding their experience of the breadth of dermatology and their understanding of the logistics involved in providing service to rural patients.

Another model is for a trainee to rotate to a rural centre for a week at a time, over a year. This model currently operates through one regional site only. Although recognising the heavy workload of the 25 rural dermatologists in Australia, the Team would encourage the College to continue to build opportunities for rural training, with the incentive of the Commonwealth Expanded Settings for Specialist Training Program.

The Team commends the Rural Dermatology Meeting, held for the first time in 2007.

<table>
<thead>
<tr>
<th>2007 Commendation</th>
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<tbody>
<tr>
<td><strong>B</strong> The College’s progress in developing the Australian dermatology curriculum.</td>
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<table>
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<tr>
<th>2007 Recommendations</th>
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<tbody>
<tr>
<td><strong>1</strong> Continue the work of developing and promoting the curriculum documents to enable a successful implementation of the curriculum from 2009, and report to the AMC on the implementation.</td>
</tr>
<tr>
<td><strong>2</strong> Embed the curriculum in all areas of education and training including selection, assessment, recognition of prior learning, professional development, appraisal of overseas-trained dermatologists, and report annually on progress in these developments.</td>
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</tbody>
</table>
3.3.3 **Curriculum content in 2011**

The College has invested considerable energy in defining its generic curriculum which is based on a modified version of the Royal Australasian College of Physicians’ Professional Qualities Curriculum and CanMEDS. The College’s curriculum framework is divided into two clear sections: Clinical Expertise and Professional Qualities. The Team considers that this is in keeping with the AMC requirement that colleges specify general competencies as well as discipline-specific knowledge and expertise. As discussed in Section 3.2 of this report the College’s 2011 Training Program Curriculum categorises these as: Part I Clinical Expertise and Part II Professional Qualities.

Trainees met by the Team reported a satisfactory balance between the service demands of their roles and the opportunity to engage in learning. Hands-on experience in private practices remains elusive, although the Skin & Cancer Foundations and rural rounds do offer an opportunity for trainees to work in settings and under arrangements that more closely resemble their likely future.

Most trainees saw the opportunity to spend considerable time accompanying a dermatologist undertaking private practice in rural areas as a valuable opportunity to learn both the skills and professional behaviours of the practising dermatologist. Some trainees found it difficult to accommodate the time away from home with family obligations. Trainees reported that the additional hours spent working in rural clinics, outside their normal hospital working hours, were not remunerated. It was not clear whether the employing hospitals condoned or were even aware of the trainee working outside their catchment area during normal working hours. Questions also remained for the Team as to whether trainees were professionally indemnified while on rural rounds and whether the workers’ compensation and public liability policies of their employing hospital extended to cover them in these private practices.

Accessibility is a problem for trainees moving between tutorials and placements in the larger capitals. The College is further developing its information technology (such as videoconferencing and webinars) to improve accessibility in all areas.

3.4 **Experience in research and scholarship in 2011**

As discussed in Section 3 of this report, the College invested considerable resources to develop its new curriculum. The College’s curriculum is divided into two clear sections, clinical expertise and professional qualities. The professional qualities modules detailed in the curriculum include: Communication, Quality and Safety, Cultural Competency, Leadership and Management, Health Advocacy, Teaching and Learning (Scholar) and Ethics.

The module for Teaching and Learning has a number of elements and learning outcomes relating to research in scholarship. College policy indicates that a trainee must prepare and
have published, or have accepted for publication, two research papers by the end of the third year of their training and submit a copy to the College office for assessment. In addition, the trainee must complete two research presentations during their training and substantiate each presentation by providing a copy of the published abstract and a copy of the conference program or letter of acceptance from the conference organisers to the trainee.

College policy indicates that it may consider recognition of prior learning (RPL) for research publication requirements of the training program provided that:

- the applicant is the principal author;
- the paper represents either original research or is a review article of a major topic in dermatology; a case report or case series with a full literature review or equivalent;
- the research is of a dermatological nature;
- the research paper is published in an acceptable journal, as defined in the Training Program Handbook.

3.4.1 2011 Team findings

As a small specialty, there are limited opportunities for trainees to prepare for academic leadership of the discipline. The Team applauds the College’s initial steps to address this by creating a joint FACD/PhD pathway, although the total training time remains seven years with no overlap to recognise common learning. The Team looks forward to seeing this pathway integrated into the mainstream training program with appropriate credit given to training time.

The requirement for trainees to publish two articles during training and to present their work has been made more flexible by allowing publication in a broader range of journals.

Additionally, the College’s recognition of prior learning policy allows for consideration to be given to the research requirements of the training program; however, the Team noted that this policy is new and is yet to be widely implemented.

3.5 Flexible training in 2007

The College has a clear policy on part-time and interrupted training. The first year of training must be undertaken on a full time basis. After this, a further year of training may be undertaken part-time over two years. The Team could not see an educational reason for a trainee to be prevented from undertaking further part-time training and this has in fact occurred, after consultation with the College, in isolated circumstances. However, there are significant differences between the opportunities for trainees in different states to access part-time training. The Team recognises that practical solutions may be difficult to reach, particularly where there are small numbers of trainees, and that some of the difficulties are related to inflexibility of specific employers rather than the College itself. The Team recommends that the College advocate for its trainees who are disadvantaged in this manner by requesting that posts applying for accreditation or reaccreditation address this issue. The Team acknowledges that the College continues to pursue the option of training positions in the private sector and that this may increase the opportunities for flexible training.

The Team found that working conditions varied widely between different institutions and different states. This includes the payment of overtime, the recognition of free-from-service training time, the balance between educational and service components of the workload and
the requirement to undertake overseas postings. While many of these issues are industrial issues related to the particular hospitals, some of them can impact on training and the College is encouraged to advocate for trainees when this is the case.

Trainees and supervisors of training report that some overseas postings result in significant financial disadvantage for the trainees while not providing clinical experience commensurate to that of Australian postings. The College and state faculties provide a financial contribution towards the travel and housing costs of trainees in the overseas posts. Nevertheless, issues of financial disadvantage to trainees remain and must be addressed.

The College does not have a policy for recognition of prior training.

To date the College has not given formal recognition for training undertaken in another postgraduate training program. The College indicates that the Selection and Interview Committees will be aware of each candidate’s prior training and, in conjunction with assessment of all other desired attributes, will take this into account when making a decision as to the candidate’s suitability to undertake training in dermatology.

3.5.1 2007 Team findings

Limited recognition of prior learning and experience was a common concern amongst trainees, particularly in relation to the requirement to publish and/or present at conferences and meetings material developed during their training in dermatology. Many trainees have completed research projects and degrees related to dermatology before joining the program. Without a clear statement of learning objectives, the College’s publication and research requirements do not benefit the trainees’ learning. As noted in section 3.4, the requirement that at least one publication be in the College’s journal appears unnecessarily restrictive and, again, and not of direct benefit to the trainee’s learning.

Recognition of prior learning that is equivalent to the training requirements would be a feature of a well-established training program. The policies on the recognition of prior learning should be clarified and expanded when the curriculum is more fully described.

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<tr>
<th>2007 Recommendation</th>
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<tr>
<td>26  Implement a policy on recognition of prior learning that recognises demonstrated competencies achieved and educational requirements satisfied and gives trainees appropriate credit towards the requirements of the training program.</td>
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</table>

3.5.2 Flexible training in 2011

In 2007, the AMC recommended that the College implement a policy on recognition of prior learning (recommendation 26).

Since 2007, the College has developed a policy that allows potential trainees to align previous experience to the College curriculum and apply for recognition of prior learning. The College’s 2011 Recognition of Prior Learning policy applies to both trainees with Australian qualifications and international medical graduates, including those with specialist
dermatologist qualifications assessed by the ACD IMG Assessment Committee as ‘not comparable’ or ‘partially comparable’ to an Australian-trained dermatologist.

The College’s requirements for part-time, interrupted and suspended training are detailed in its 2011 Training Program Handbook. College policy indicates that all requests for shared and part-time training are to be submitted in writing to the Honorary Secretary and the relevant Director of Training by 1 June in the year prior to date of commencement.

For all periods of approved part-time training, trainees are required to complete at least 50% of the full-time work load and 50% of the educational requirements. A period of up to two years part-time training may be approved, with the trainee required to re-apply for any subsequent periods of part-time training. The overall duration of training must not exceed the expected four-year minimum period plus an additional six years.

A trainee may be allowed 12 months’ leave of absence from the training program at the discretion of the Board of Education.

3.5.3 2011 Team findings

The College has a clear approach to flexible and part-time training. A recognition of prior learning policy has been developed but is yet to be tested. An increasing attitude of flexibility and responsiveness was remarked upon by many trainees and the College is encouraged to continue seeking opportunities for ensuring that its policies and procedures are learner-centered, and that trainees’ preferences are taken into account.

The Team was pleased to see that, since 2007, the College has increased its flexibility in part-time and interrupted training, as well as in allowing trainees to choose to train overseas where appropriate. Trainees met by the Team commented that the College seemed to be more open to requests to move between states and to train overseas than previously. The trainees felt that the uptake varied between states, with trainees reporting the approachability of the relevant Supervisor of Training was central to this uptake.

The Team considers that recommendation 26 from 2007 has been met.

3.6 The continuum of learning in 2011

Since 2007, the College has made considerable progress to extend its expertise in teaching dermatology to other groups, including medical students, nurses and general practitioners.

The College has prepared undergraduate online learning modules for medical students. The online instructional modules are designed to support face-to-face teaching and clinical training. These were first trialled with a small cohort of University of Sydney medical students in 2008. These online learning modules have been taken up at the University of Western Australia, University of Western Sydney, James Cook University, University of Sydney, University of Wollongong and the University of Cambridge. The College remains in discussion with the University of New South Wales, University of Adelaide and University of Notre Dame Australia (Fremantle School).

The Team encourages the College to consider strategies for improving access to and increasing uptake of these resources by medical students and those prevocational doctors who are considering a career in dermatology.
The College has worked closely with the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine to develop a certificate course in primary care dermatology for general practitioners. This course is now in its fourth year of operation, with a revision of the program implemented for the 2010 training year.

The College, in association with the La Trobe University, is developing a postgraduate program in dermatological nursing. It is anticipated that this program will be offered as a postgraduate course for registered nurses in Australia.

2011 Commendations

D The application and enthusiasm shown by College fellows and officer bearers in the development and implementation of the dermatology curriculum.

E The College’s approach to flexible and part-time training

F The College’s contribution to the prevocational and undergraduate stages of the medical training continuum.

G Establishment of the joint FACD/PhD research pathway.

2011 Recommendation to satisfy accreditation standards

2 Complete the review of the dermatology curriculum with a focus on evaluation, fine-tuning and value-adding rather than further major change. (Standard 3.1)

2011 Areas for improvement

EE Communicate actively with employers and supervisors to ensure they are informed about professional indemnity insurance requirements, and that trainees involved in rural rotation are adequately indemnified. (Standard 3)

FF Integrate the joint FACD/PhD into the mainstream dermatology training program. (Standard 3.3.2)

GG Consider strategies for improving the uptake of and access to online learning modules by medical students and prevocational doctors. (Standard 3.5)
4 The training program – teaching and learning

The accreditation standards are as follows:

- The training is practice-based involving the trainees’ personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.
- The training program includes appropriately integrated practical and theoretical instruction.
- The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.

4.1 Teaching and learning approaches in 2007

The dermatology training program is largely experiential, with some regular and structured learning activities to support this practical experience. This is outlined in section 3 of the report.

The College recommends a range of educational activities to trainees, including the following:

- Annual Scientific Meeting;
- Biennial Spring Meeting;
- Biennial Training Conference;
- Australasian Society for Dermatology Research Meeting;
- Australasian Dermatopathology Society Conference;
- small group learning;
- self-directed learning.

State Faculties, Skin and Cancer Foundations, and individual hospitals provide a range of structured educational sessions that trainees are expected to attend whenever possible, including Saturday morning ‘Skin School’, evening lectures and tutorials, dermatopathology sessions, and journal clubs.

Much of the teaching that is done in dermatology training occurs on an ad hoc basis in clinics, with trainees and their supervisors interacting over the conditions seen in the clinic. Many clinics have meetings at other times during the week to discuss patients seen; trainees cannot always attend these if they are in another clinic.

The College expects those trainees in Australian posts to attend all scientific sessions of the Annual Scientific Meeting each year. Trainees who commence from 2005 onwards are required to attend at least two Annual Scientific Meetings or equivalent in their first three years of training. A registrar training day is held in conjunction with this meeting. Trainees who are training overseas are required to attend equivalent scientific meetings in that country.

Trainees are encouraged to attend the Spring Meeting of the College which is normally held every second year in September. They are required to attend a broad ranging Biennial Training Conference of the College at least once (but preferably twice) during the course of
their training, including the Australasian Society for Dermatology Research Meeting and the Australasian Dermatopathology Society Conference.

Trainees are encouraged to attend both of these events, at which they may present one of their two required papers.

Clinical dermatology, including procedural dermatology is learned in the context of supervised practice. Trainees, under the supervision of, and with instruction from, experienced dermatologists take graded responsibility for the management of patients.

The Training Program Handbook states on page 12: ‘Self-directed learning is a process in which individuals take the initiative, with or without the help of others, to diagnose their learning needs, formulate learning goals, identify learning resources, select and implement learning strategies and evaluate learning outcomes. Trainees, as adult learners, are expected to take responsibility for continuing self-directed learning. Trainees are encouraged to seek information which fulfils their learning needs from all relevant sources including current dermatological literature and pertinent literature in clinical medicine. Trainees are also encouraged to attend grand rounds and relevant hospital conferences and meetings involving general aspects of medicine and surgery.’

4.1.1 2007 Team findings

The trainees met by the Team valued highly the tutorials and educational sessions available locally to them. During discussions, however, it was apparent that the workload at clinics was disproportionate and that access to protected teaching time varied from region to region, as did the more formal aspects of the training program. Once the curriculum has been developed, the College should review the training programs with an aim to ensuring greater consistency in access.

As mentioned, all trainees are required to attend at least two Annual Scientific Meetings or their equivalent in the first three years of training, and to attend the Biennial Training Conference of the College at least once during their training program. First year trainees welcomed the initiative introduced in 2007 which provided for induction of all trainees and an opportunity to meet senior College officers. The Team commends the plans to add a basic surgical skills course to this in 2008.

In general, trainees were satisfied with the range of educational activities available to them and the enthusiasm of the dermatologists organising and providing them. Several dermatologists spoke of their sense of commitment to these teaching activities as being part of their desire to pass on the benefits they themselves had received during training.

Some trainees complained of difficulties in accessing the full range of educational offerings because of the geographical dispersion of their jobs and the need to return to their ‘home base’ in the evenings in order to deal with in-patient consultation requests that had arisen during the day. Others felt that busier jobs (i.e. those with nine clinics per week) left little time for reflective learning. Training in Sydney has been split in half and educational events are held in both regions to reduce the amount of travel required. Videoconferencing is available for those trainees based in Newcastle.

Direct supervision of clinical practice was variable. In many cases, this appropriately reflected the increasing capability of trainees to undertake independent practice as they progress.
through the program. In some training institutions, however, there is a need for more supervision of procedural dermatology, particularly for experienced dermatologists to supervise junior trainees acquiring these skills. Explicit accreditation standards may be able to address this issue.

4.1.2 Commentary by 2011 Assessment Team

The College has continued working towards the standardisation of teaching and learning experiences for all trainees across Australia, under the oversight of the new Teaching, Learning and Curriculum Committee, whose terms of reference include the development and review of teaching and learning resources.

Since 2007, the College has developed a number of new educational activities, including:

- Rotation Learning Plans – supervisor discusses and reviews the plan and suggests clinical experiences and resources that may help to achieve identified learning outcomes;
- sponsored first and third year workshops to bring together the trainees. The timetable for the first-year workshop includes basic surgical skills and training, and for third-years there is a focus on professional qualities, including communication skills and breaking bad news/dealing with patients;
- procedural dermatology videos – General Skin Examination, Biopsy of the lower leg, Moh’s Surgery;
- work-based assessment videos – how to complete a Derm-CEX and Pro-DA;
- private practice course – Fintuition Institute;
- webinar – online presentations/seminars for trainees based on the curriculum;
- online self-paced learning modules based on various specialist content topic areas
- Tailored face-to-face supervisor training at the Annual Scientific Meeting.

As noted earlier, the ACD has produced an undergraduate dermatology learning program for universities. It intends to redevelop the material used in this program to prepare some introductory online modules for trainees in their basic training years. These modules will contain reflective questions and case-based questions.

4.1.3 2011 Team findings

In 2007, the Team noted that the workload at clinics was disproportionate and that access to protected teaching time varied from region to region, as did the more formal aspects of the training program.

Since 2007, with the considerable effort of Directors and Supervisors of Training, training posts have been customised to stage the individual learning needs of each trainee. The Team found that the training is primarily practice-based which includes appropriately integrated practical and theoretical instruction. All state faculties have implemented face-to-face tutorials and the College’s new accreditation standards require that trainees have a coordinated schedule of learning experiences. The Team considers that there is evidence of sequencing of learning, supported by the curriculum, with trainees accessing the clinical placements most suited to their stage of training.
Unaccredited posts (prevocational resident posts) are a popular way of finding out about the specialty and so these posts are in short supply, especially in the smaller states. Junior doctors with an interest in dermatology also try to do clinical research before enrolment as a way of learning more about the discipline.

The introduction of Rotation Learning Plans has allowed basic trainees to work with their supervisors to organise their learning at the beginning of each placement, and advanced trainees to ensure their remaining learning needs are met before they complete the program.

The Team found that the educational program that supports and enhances the trainees’ clinical placements varies from state to state. The increasing use of communication technologies to allow national participation is a positive development. For example, the College is organising videos of a fellow performing selected procedures which will be available online for trainees. The fellow performing the procedure in the video will also be available via email to answer questions regarding the procedure. The College intends to consider video production for all procedures that the curriculum expects trainees to observe by the end of training. Trainees met by the Team were generally happy with the quality and accessibility of these learning opportunities and appreciated the commitment of fellows in providing them.

Supervisors met by the Team indicated that basic yet time-consuming administrative tasks such as weekly rostering, the coordination of rotations and the organising of tutorial programs were being undertaken by senior dermatologists, usually the Director of Training. The need for administrative support at a state level was apparent, and the College is considering this matter. It intends to appoint additional administrative support centrally to support regional Directors of Training.

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\begin{array}{|c|}
\hline
2011 Commendation  \\
H  The focus on, and achievements in, the development of online learning resources.  \\
\hline
2011 Area for improvement  \\
HH  Continue to develop strategies to ensure that structured educational programs are equally accessible by trainees across all states. (Standard 4.1.2)  \\
\hline
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\]
5 Assessment

The accreditation standards are as follows:

- The assessment program, which includes both summative and formative assessments, reflects comprehensively the educational objectives of the training program.
- The education provider uses a range of assessment formats that are appropriately aligned to the components of the training program.
- The education provider has policies relating to disadvantage and special consideration in assessment, including making reasonable adjustments for trainees with a disability.
- The education provider has processes for early identification of trainees who are under performing and for determining programs of remedial work for them.
- The education provider facilitates regular feedback to trainees on performance to guide learning.
- The education provider provides feedback to supervisors of training on trainee performance, where appropriate.
- The education provider considers the reliability and validity of assessment methods, the educational impact of the assessment on trainee learning, and the feasibility of the assessment items. It introduces new assessment methods where required.

5.1 Overall assessment and examination policies in 2007

The College’s in-training assessment, introduced in 1992, has undergone changes in 2000 and 2004, and was reviewed by an external medical educator in 2007.

The specific objectives of the current assessment program relate to the three domains, referred to in section 2.2 of this report: knowledge and understanding; skills; and attitudes as they affect professional behaviour. Trainees are required to complete formative in-training and summative in-training assessment forms, be assessed on their competence in essential procedures/treatment modalities, and undertake both Clinical Sciences and Pharmacology Examinations.

All trainees are required to record their in-training assessment in a Training Program Record Book (TPRB) which includes systemic documentation of a trainee’s assessment records. During training, this record book is reviewed at the start of each rotation by the supervisor and trainee, and annually by the director of training and the trainee. This document is also reviewed by the Chief Censor when a trainee applies to sit the Fellowship Examination, to determine that the trainee has met all pre-examination requirements, and again when the trainee has completed training to determine eligibility to apply for fellowship.

In the 2007 survey by Dr Eleanor Long, most trainees approved of the College system for reviewing the TPRB, and were satisfied with their annual TPRB review. Transition issues were mainly about the inclusion of new material and loose-leaf pages.

The TPRB template shows that it serves both as a record of training system process, such as dates and locations of training as well as training content, including a detailed surgical and laser procedure log record. The Team did not see a TPRB.
The College provides comprehensive information on assessment in the Training Program Handbook. This includes definitions of formative and summative assessment, their respective objectives, and the significance of each assessment in the training program. It also outlines the curriculum, details the organisation of each examination and specifies eligibility requirements. As set out below, however, there is no blueprint for any examination, and some information, such as pre-determined pass marks, does not appear to be available to trainees in advance.

5.1.1 2007 Team findings

It was unclear whether the College has separate records or files for training information for each trainee. If the College holds no record independently of the TPRB held by each trainee, it would seem to be at a disadvantage in assessing the status of any trainee, or in collecting certain training data that would be useful in improving the training program.

Some colleges have adopted the CANMeds framework of roles and competencies. The Team is aware that the College is working with the RACP to develop a list of generic competencies which should bring its 29 specific objectives together under broad headings that, taken with the new curriculum, are likely to facilitate training and assessment.

5.1.2 Commentary by 2011 Assessment Team

In 2007, the AMC made a range of recommendations regarding the College’s assessment and examination policies in 2007 (recommendations 13 to 16).

Since 2007, the College has further revised its Training Program Handbook including the description of the assessment and examination requirements of the dermatology training program. The College has also developed the following policies/guidelines:

- policy for Special Consideration in trainee examinations and assessments;
- guidelines for counselling candidates who have been unsuccessful in the Fellowship examinations;
- policy for assessment and remediation of Unsatisfactory performance, Misconduct, Failure to comply with or complete College training and Documentation requirements;
- policy on managing a trainee in difficulty.

5.1.3 2011 Team findings

The College has progressed its formative and summative assessment processes significantly since 2007. In 2011, the College is continuing to evaluate and implement changes to assessment.

The College has made considerable progress in blueprinting all components of assessment to the new curriculum. This facilitates explicit inclusion of the ACD professional qualities in assessments. The ACD Training Program Curriculum clearly sets out the assessment modalities used for the curriculum content.

The College has also considered the intensity of examination requirements throughout the ACD training program and is instigating staged changes to assessment from 2010 to 2012. There is an increased emphasis on in-training assessment. The replacement of one basic examination with a modular learning package will occur in 2012. The changes seek to reduce the intensity of the final examinations and the examination burden for trainees overall.
The College’s Training Program Handbook describes the assessment and examination requirements and provides examples of the tools used for in-training and workplace-based assessment. The procedural aspects of assessment are included, as are the consequences of unsatisfactory summative in-training assessment. The supervisors and trainees the AMC Team met reported that these were clear and well understood.

The Team applauds the College’s introduction of mechanisms to directly observe trainee performance using performance-based assessment, including the introduction of formative workplace-based assessments in 2010. The introduction of the Rotation Learning Plan is a positive development. The Team encourages the College’s endeavours in promoting the use of this tool as a mechanism for ensuring that trainees meet their learning goals.

Current summative assessments include a number of workplace-based assessments, in-training assessment, and three examinations. Workplace-based assessments are the Procedural Dermatology Assessment and Dermatology Clinical Evaluation Exercise. These are intended to be trainee-led, and to assist trainees ‘to chart their own progress’. The Procedural Dermatology Assessment and Dermatology Clinical Evaluation Exercise are used to inform the Summative In-Training Assessment (SITA). The SITA occurs every six months and is completed by three supervisors who have worked with the trainee. There is an increased emphasis on in-training assessment, and trainees who have an unsatisfactory SITA enter formal performance management for improvement and remediation. Trainees are required to complete and pass two examinations (Clinical Sciences and Pharmacology) in the first full-time equivalent 18 months of training. From 2012, the Clinical Sciences examination is to be replaced with online learning modules to be completed in the first 18 months full-time equivalent training. Training progression decisions are based on SITA, workplace-based assessments, and completed publication/presentation requirements.

The Fellowship examination consists of a suite of assessments. Candidates must first sit and pass written papers in Dermatological Medicine and Procedural Dermatology. They then proceed to the histopathology viva and invigilated online Laboratory Dermatology and Dermoscopy assessments. These components of the Fellowship Examination are delivered in regional centres. The clinical examination, consisting of long and short cases is administered in a single national centre on the same day. The College reported that the move to state-based examinations has resulted in improvements to examination quality, validity and transparency.

Some changes to individual components, such as more reading time in the written examination, have been designed to reduce candidate stress. College representatives considered that these changes benefit trainees by distributing the fellowship assessment over a longer time period with more of the assessments undertaken by trainees in their home location. Despite the potential benefit, the Team considers the number of elements in the assessment combined with the extended timeframe may be burdensome to trainees. The Team noted that the College routinely seeks feedback from trainees post-examinations with the majority of feedback reported to be positive. The College is encouraged to monitor the implementation of changes to the Fellowship examination against the desired reduction in assessment intensity for candidates.

The College’s processes regarding the recruitment, preparation and support of examiners have recently been revised and are being implemented through 2010-2012. The College will be expected to provide ongoing reports about these processes. The Team considers that demands on supervisors have and will continue to increase as a result of increased workplace-based
assessment and in-training assessment. The College should monitor these demands carefully and ensure supervisors are well supported in their assessment role.

The Team found that trainees are familiar with the assessment requirements. Transitional assessment arrangements for those commencing between 2005 and 2009 have been well accepted. Workplace-based assessments have been positively received and trainees appreciate opportunities to be directly observed. The Team considers that some logbook requirements, however, are onerous. The College could consider decreasing recording requirements for some minor procedures, particularly once the relevant ProDA is completed. The College provides practice assessments in both the written and online format to trainees via the college website, and plans progressive expansion of these resources.

The College is planning to introduce a couple of new assessments by 2012, including multisource feedback in the clinical environment and case-based discussion. The AMC will expect the College to comment on the implementation of these new assessments in annual reports, and on the effect of these multiple new assessments on the burden of assessment for trainees.

5.2 In-training assessment in 2007

The Formative In-Training Assessment (FITA) is designed to provide feedback to trainees to assist them to identify their learning needs so that they can be focused in their study. It is a purely a learning tool. It does not affect trainees’ progression in the program or contribute to their final results.

Each trainee completes the FITA form in March and September each year in conjunction with their supervisor of training. The form is designed to provide a starting point for the trainee to consider his/her progress and future learning needs, and to stimulate discussion between the supervisor of training and trainee. It is entirely confidential between the trainee and the supervisor of training. Both the trainee and the supervisor of training must sign the relevant section of the Training Program Record Book to confirm that assessment has taken place. The College provides a Guide to Formative In-training Assessment.

The objectives of a FITA are to:
- provide a trainee with feedback about their performance;
- encourage trainees to take an active role in planning their learning;
- assist trainees to develop plans for future learning (particularly for remediation of any weaknesses identified through the assessment);
- provide trainees with the opportunity to improve aspects of their performance prior to the six monthly summative assessment.

Summative assessment refers to the assessment of trainees’ performance at a particular point in time against defined criteria. Summative assessment can include a formative element, for example, trainees who fail the Fellowship Examination may be given feedback about their performance which they can use to guide their learning for their next attempt at the examination, but formative assessments cannot also be summative.

The Summative In-Training Assessments (SITAs) include a range of assessments conducted throughout the training program. These include assessments of performance in the workplace,
competence in essential procedures and treatment modalities, and written and clinical examinations.

The objectives of the SITA are to:

- assess whether a trainee’s performance has met the required standards (relative to level of training) during the preceding six months;
- determine whether a trainee’s performance needs to be more closely supervised;
- provide a process to apprise a trainee who is not meeting the required standards that their performance needs to improve and determine specific areas where performance must improve;
- provide a formal mechanism for documenting that a trainee is not performing at a satisfactory standard.

5.2.1 Competence in essential procedures and treatment modalities

The trainees’ performance of essential procedures and treatment modalities is also assessed throughout the training program. These include:

- Biopsies;
  - a) punch b) shave c) excisional/incisional
- Biopsies – special sites;
  - a) scalp -alopecia b) nail c) eyelid d) lip/mucosa
- Curettage/Shave/Saucerisation and/or Cauterisation/Electrosurgery
  - a) benign lesions b) malignant lesions
- Excision surgery;
  - fusiform ellipse: simple closure; layered closure
  - fusiform ellipse with specialised skin closure (subcuticular, half buried, etc)
  - excision in special areas: lip; eyelid; nose; ear; brow
  - skin grafts: split; full thickness
  - flaps: advancement; subcutaneous pedicle; transposition; z-plasty; rotation
- Cryosurgery;
  - benign - solar keratoses, verrucae, skin tags b) malignant - superficial BCC, IEC/Bowen’s.

Laser surgery pulsed dye laser

- Anaesthetic procedures;
  - a) infiltration b) digital block
- Phototherapy;
  - a) narrow band UVB b) PUVA/UVA c) photodynamic therapy
- Patch testing and photo patch testing;
- Injections and Applications;
a) intralesional steroid injection b) 5-flourouracil application c) imiquimod application.

**Microscopy of direct skin scrapings/parasites/hairs**

Trainees are also expected to have a theoretical understanding of, and where possible, to have observed the following advanced surgical procedures/treatment modalities:

- Mohs surgery;
- Complex flap surgery;
- Wedge resection of lips, ears, etc;
- Composite cartilaginous grafts;
- Chemical peels;
- Sclerotherapy;
- CO2 laser;
- Laser-resurfacing;
- Vascular lasers (other than pulsed dye lasers);
- Tissue augmentation;
- Injectable fillers;
- Muscle paresis injections;
- Radiotherapy of skin malignancies (five cases must be observed).

A trainee must have been assessed as competent to perform all of the essential procedures/treatment modalities listed in the *Training Program Handbook* to be eligible to sit the Fellowship Examination. Trainees keep a record of procedures undertaken, and the clinical supervisor or supervisor of training must indicate that an adequate number of cases has been carried out. Each procedure/treatment modality must be performed by the trainee under the direct observation of an appropriately qualified and/or experienced fellow of the College. The College guidelines indicate that it is imperative that the assessor be absolutely certain of the competence of the trainee in the particular procedure/treatment. If there is any doubt as to competence then reassessment should be recommended.

**5.2.2 2007 Team findings**

Team discussions with trainees and supervisors indicate that the new system of in-training formative and summative assessment, introduced in 2005, is generally being adhered to. Responses to the AMC survey of trainees and the discussions during the Team’s site visits indicated that the requirements concerning the College’s in-training assessment processes are generally clear to trainees and that the process provides them with helpful feedback.

The College acknowledges that there is currently variability in the standard of assessment applied in the in-training assessments. When the curriculum has been developed, it will be possible for the College to give more guidance to supervisors on the level of performance and competence expected at each stage or year of training. The Team would encourage the College to determine a timeframe by which it will have an in-training assessment process that can be relied upon for summative assessment. The Team acknowledges that this will be a long term process.
During this assessment, the Team found that trainees seem to have limited knowledge of the professional development program. The Team would encourage the College to take the opportunity afforded by the in-training assessment program to introduce and discuss the concept of continuing professional development and continuing medical education with registrars.

There is no specified standard for the assessment of essential treatment modalities and the College relies on the assessors’ expertise in the procedure. The College considers that because the training is under supervision the trainees’ continuing competence in procedures is checked. In the AMC survey of trainees, 33 per cent of the respondents gave either a neutral, disagree or strongly disagree answer to the question ‘the standard of performance required for these assessments is clear’ and 38 per cent gave a neutral, disagree or strongly disagree answer to the question, ‘feedback is available to help improve performance’.

The Team noted that the College is considering a range of other in-training assessment methods, including the Mini-CEX and other options that would expand the pool of potential assessors. The Team would encourage the College to consider reducing the intensity of the final summative assessments as its confidence in the in-training assessment processes increases.

Of the supervisors who replied to the AMC survey, 91 per cent think there are clear processes for dealing with trainees who are performing poorly and 77 per cent considered that the College supported supervisors to develop skills in giving feedback to trainees. The College has addressed feedback in the Teaching on the Run workshop which it has run just before the Annual Scientific Meeting since 2004, although some supervisors felt that an expanded training workshop would be desirable.

The Team was concerned about the clarity of the pathways for feedback and the points at which specific members of the supervisory team were involved, given that supervisors, directors of training and heads of departments all seem to have feedback responsibilities.

There is a clear mechanism for dealing with trainees who receive unsatisfactory in-training assessments. The Performance Improvement Form documents the areas requiring improvement, the expected standards of performance and a learning plan to assist the trainee to attain the required standard by the next SITA. The trainee receives close supervision for the following six months. The form is signed by the supervisor of training, trainee and head of department. The supervisor of training forwards the form to the College, which forwards a copy to the director of training.

There also appeared to be instances where the fellows who contribute to the summative in-training assessment may have had little contact with the trainee.

5.2.3 Commentary by 2011 Assessment Team

In 2010, the College phased out the Formative In-Training Assessment and replaced it with the Rotation Learning Plan. Trainees are required to complete a Rotation Learning Plan for each rotation or every six months if in twelve-month placement.

The College has also introduced Performance Improvement Forms for trainees who receive an unsatisfactory outcome in summative in-training assessments.
The requirements and steps of RLP and the PIF as detailed in the College’s Training Program Handbook are described below:

**Rotation Learning Plan**

Step 1 The trainee completes the Rotation Learning Plan, taking into consideration learning outcomes and the assessment methods used to show that learning outcomes have been achieved.

Step 2 The trainee arranges a meeting with the Supervisor of Training within the first fortnight of the rotation.

Step 3 The Supervisor of Training reviews the Plan to ensure the College’s directions regarding learning outcomes are followed.

Step 4 Rotation Learning Plan meeting between the Supervisor and the Trainee.
   The proposed learning outcomes are reviewed and the learning plan discussed and amended as necessary. Both trainee and supervisor sign the form. The form is included in the Trainee Portfolio to confirm that the plan has been completed and the meeting took place.

Step 5 Review Plan during the rotation (optional). The SoT and the trainee are encouraged to meet halfway through the rotation to review progress and amend the form as necessary.

Step 6 The SoT and trainee review the Rotational Learning Plan to inform the Summative ITA (SITA) process. If the trainee is continuing in the same training post with the same SoT, the SITA and the RLP meeting may be combined.

**Performance Improvement Form**

A Performance Improvement Form (PIF) must be completed for all trainees who receive an unsatisfactory outcome in summative in-training assessments. The PIF must be completed within approximately two weeks of the SITA summary meeting. The form should:

- detail area/s of performance requiring improvement;
- specify the extent of the improvement expected;
- detail a plan for how this improvement will be achieved and measured;
- acknowledge that the implications of the process have been discussed and are understood.

In the meeting, the following issues should be discussed:

- the trainee’s performance and progress;
- the breadth and depth of area/s in which the trainee’s performance must improve;
- the performance standard that must be attained and that it should be achieved by the next SITA process (June or December);
- strategies the trainee can use to improve their performance;
- assistance which will be offered to the trainee;
- the implications for the trainee if their performance does not improve as specified;
- the date on which the DoT, trainee and SoT will meet to review the trainee’s progress towards attaining the agreed performance goals.
Both the Director and Supervisor of Training sign the form, and copies are kept by the Director of Training, the trainee, the SoT and the original sent to the College office.

5.2.3 2011 Team findings

The trainees met by the Team were generally positive about the use of the Rotation Learning Plan as it provided the basis for a focused discussion about goals and progress.

The completion of the Summative In-Training Assessment every six months is a more formal opportunity for review of trainee progress. Trainees and supervisors were aware of the consequences of an unsatisfactory SITA, which results in entry into a remedial program after completion of the Performance Improvement Forms. Although experience with the Performance Improvement Forms process has been limited, supervisors have found it helpful in managing poorly-performing trainees. There appears to be adequate communication between the College and supervisors on trainees’ progress and remedial learning needs.

5.3 Examinations

5.3.1 Examinations for Basic Trainees

The 2007 Training Program Handbook states that the Clinical Sciences Examination examines a trainee’s knowledge in the subject areas of: relevant anatomy; cutaneous microanatomy and biology; basic immunology; basic radiation physics and radiobiology; and basic laser physics. The College introduced this examination for trainees commencing in 2003. Trainees have three opportunities to sit in the first 18 months of training. For applicants entering the training program from 2003, the College had removed the requirement to hold a pass in the former Basic Sciences Examination. Trainees bringing a pass in the Basic Sciences Examination have their prior learning recognised and do not need to sit the Clinical Sciences Examination.

This two-hour examination comprises 90 multiple choice true/false questions. The Chief Censor sets the exam from a question bank. While there is no formal blueprint for this exam, the College provided a confidential document to the Team (Confidential Attachment 10b to Submission) that shows the breakdown of the 90 questions across the subjects of anatomy; radiation biology; laser physics/biology; phototherapy; physiology and immunology.

The Pharmacology Examination tests a trainee’s knowledge of drug pharmacology for the drugs relevant to practice as a dermatologist. It was introduced for trainees commencing from 2004. Trainees have three opportunities to sit in the first 18 months of training. Most candidates from 2004 to 2006 passed this exam at the first sitting.

The two-hour examination comprises 90 multiple choice true/false questions. In January 2006, the Chief Censor issued a notice to trainees and all others involved in training to clarify the scope of this examination (Attachment 10a to Submission). It stated inter alia that: ‘In this examination, trainees will be expected to know all aspects of drug pharmacology.’ It listed 14 ‘aspects’, commencing with ‘nature and origin of the drug’ and finishing with ‘sensitivities of organisms including less common skin infections’. The notice specified that trainees would not be examined on dermatological indications for use, expected clinical response, monitoring or follow up, nor drug dosage unique to a specific treatment indication. The Chief Censor also sets this exam from a question bank. There is no blueprint for this examination, so the relative weightings of the 14 aspects are not known to candidates in advance.
5.3.2 2007 Team findings

The Team noted the College’s aim in moving the Clinical Sciences Examination into the training was to enable trainees to integrate their theoretical knowledge with clinical experience, and to learn and be examined in the basic sciences during training rather than before they begin dermatology training. The Team commends the College’s move to incorporate this exam into training.

It is not clear to the Team whether the Clinical Sciences Examination is structured and assessed to ensure that the candidate is required to perform satisfactorily in each of the five subject sub-sets, or whether very good knowledge in two or three sub-sets can compensate for an unsatisfactory level of knowledge in the others. The pass rate in this examination indicates trainees are well prepared.

The Team understands that information concerning the breakdown of questions in the Clinical Sciences Examination is not available to candidates, and is concerned that candidates might have some difficulty aligning the five subject sub-sets described in the Training Program Handbook with the five on which the questions are drawn. The fact that most trainees from 2004 to 2006 have passed the Clinical Sciences Examination at the first sitting might indicate that this is not an issue for them, but best practice would require more transparency and clarity in the subjects and their respective weightings in relation to the objectives.

5.3.3 The Fellowship Examination

The Fellowship curriculum, set out in the Training Program Handbook, comprises:

- dermatological medicine;
- procedural dermatology;
- clinical pharmacology;
- dermatopathology and laboratory methods;
- evidence-based medicine, medical statistics and information technology;
- medico-legal issues and ethics.

In the Fellowship Examination:

- Dermatological medicine is examined via two clinical scenario written papers, one multiple-choice question paper, eight long case vivas and four short case vivas.
- Procedural dermatology is examined via one multiple-choice question paper, and 22 stations at an OSCE, each with an examiner present.
- Dermatopathology and laboratory methods are examined via eight OSCE stations and in the dermatological medicine paper.

Evidence-based medicine, medical statistics and information technology, medico-legal issues and ethics all appear to be considered as part of the trainee documentation that the College specifies in its eligibility requirements for a candidate to sit this examination.

The College undertakes to provide candidates in advance with detailed directions on answering the written papers, together with sample multiple-choice questions. There is also a practice paper of two hours comprising multiple-choice questions in procedural dermatology.
and dermatological medicine. This is voluntary, and available to trainees in Year 3 and trainees who have sat and not passed the Fellowship Examination. Trainees are informed whether their results were strong, borderline or weak. Third year trainees are also, at their own expense, permitted to attend a Fellowship Examination in the role of bulldog, to observe the examination process.

In broad terms, the written examinations are considered to assess a candidate’s knowledge. The medical vivas are to assess the candidate’s interpretive and problem solving skills: the long case viva covers history taking, eliciting relevant signs, integrating information to make a diagnosis and differential, specifying any laboratory investigations and formulating a management strategy. The short case vivas cover signs and diagnosis, but do not usually assess management skills.

The questions for the written components of the Fellowship Examination are drawn from the major dermatology textbooks and the journals on the reading list published in the Training Program Handbook.

Candidates successful in the written examinations are invited to the clinical examinations.

For the 2007 Fellowship Examination, the OSCE comprised 30 stations: Procedural Dermatology (22 stations) and Laboratory Dermatology (three stations) were each five minutes long, and Dermatopathology (five stations) ten minutes long. All Procedural Dermatology stations were attended by one examiner (some also had a simulated patient), and one examiner maintained oversight of the five Dermatopathology stations. The three Laboratory Dermatology stations had no examiner present. All candidates undertook all stations. Individual stations of the OSCE are developed by an expert panel with the Board of Censors. Examiners were advised to standardise their questions of each candidate through their station.

Each candidate reviewed eight short cases (patients) grouped into two Short Case Vivas each of each of ten minutes, and each led by one examiner with a second examiner present, both examiners marking. The discussion with examiners was to resemble that of a normal encounter in a clinic. Half the candidate cohort reviewed the same eight patient cases, and the other candidate half-cohort reviewed a separate set of eight patients.

In the long case viva, each candidate reviewed two separate patients, spending ten minutes with each patient, and with no examiner present. After five minutes to collect thoughts, the candidate then spent 20 minutes with two examiners discussing each of the two patient cases. Each candidate went through this process four times, thus in total reviewing eight patients and having discussions with four examiner-pairs. Twelve candidates saw the same eight patients, and nine candidates saw a separate set of eight patients.

To pass the clinical examination, a candidate must pass at the one sitting the OSCE, and the long case and short case vivas.

Examiners had marking schedules, and determined both a numerical mark and a global rating (pass, fail). When reviewing the spread sheet of marks and grades, examiners took care to deal with any apparent inconsistencies.
The clinical examinations are supervised by the Chief Censor, together with members of the Board of Censors and qualified dermatologists from the state in which the examination is held. These occasional examiners may independently examine candidates at some OSCE stations, and for the short and long cases will be paired with a member of the Board of Censors. They participate in relevant examiners’ discussions. The Team understands that potential members of the Board of Censors are drawn from the pools of occasional examiners.

After each Fellowship Examination, the Chief Censor obtains reports from all examiners (Censors and occasional examiners) which are then compiled in a comprehensive report that is distributed to trainees, supervisors and directors of training. It is accessible to all fellows and trainees on the College website. There are also written reports for each candidate who fails.

The College engaged an external medical education consultant to review the 2006 Fellowship Examination. The report was made available to the Team. The Board of Censors made its own assessment of this report, making some changes in 2007 to the conduct of the OSCE, introducing an overall grade (as well as a numerical mark) by each examiner of each candidate for each element of the clinical, and weighting the long case and short case vivas separately. The Board of Censors intends to consider further the implementation of the report’s recommendations.

5.3.4 2007 Team findings

The Team commends the external review of the exit Fellowship Examination. In considering its response to the recommendations from that review, the Team would encourage the College to review the evidence and learn from the experience of other colleges.

The Team appreciates the willingness of the Board of Censors to allow a Team member to observe the Fellowship Examination in Adelaide in August 2007, and to allow access to all aspects of the examination process and examiners’ discussions.

The Team commends the College’s intention to apply best practice in assessment. This would include introducing a range of recognised standard setting tools while also continuously improving assessment validity, reliability and fairness.

At the time of the visit the Team was unable to determine the process by which examiners are selected. The College later described the process and the Team acknowledges that there is a recognised process of selection and recommends that the College document that process. The College explained that six members of the Board of Censors act as examiners in all of the clinical examinations. They are assisted by two occasional examiners in the vivas and by six occasional examiners in the OSCE. The Board of Censors discusses the selection of occasional examiners with the Faculty hosting the examination. After considering the advice of the Faculty, the Board of Censors recommends to the College the fellows who should be invited to be occasional examiners. The College sends written invitations to these fellows to be occasional examiners and each fellow accepts or declines the invitation in writing.

Members of the Board of Censors are given graded responsibilities for developing assessment items over three years. They are partnered with an experienced examiner in their first year and given information about writing examination questions. They have not been given other specific training; however the College has recently negotiated for examiners to attend the examiner training workshops conducted by the Royal Australian College of General Practitioners.

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Training of examiners is reliant on the ‘buddy system’ at present. The Team recommends the College implement formal examiner training in the near future including processes to evaluate the effectiveness of its assessors/examiners and to assist them further in their professional development in this role.

2007 Commendations
C  The introduction of the in-training assessment program. The Team encourages the College to build on and refine this program as the curriculum is developed.
D  The external review of the in-training assessment system.
E  The external review of the Fellowship Examination, and early action to commence improvements.
F  The development of a clear process for dealing with trainees who are performing poorly.

2007 Recommendations
6  Review the relationship of the supervisors of training to their state and national bodies and their possible formal involvement in the process of review of registrar training; and to ensure that the supervisors of training are directly involved in discussion of the trainees’ progress with the state director of training.
7  Review and address the lack of clarity, in practice, of the respective roles of the head of department and supervisor of training in the management of trainee performance.
8  Formulate a training program for the supervisors with particular attention to communicating with trainees including both positive feedback and feedback on poor performance.
9  Involve both the supervisor and trainee in the choice of fellows contributing to the summative in-training assessment.
10 Report to the AMC on the College’s response to the review of the Fellowship Examination, including the plans to introduce a range of recognised standard setting tools while continuously improving assessment validity, reliability and fairness.
11 Report to the AMC on the nature of College documentation on trainee progression that is independent of the Training Program Record Book held by each trainee.
12 Provide guidance to trainees and supervisors on the minimum standard of performance required to achieve competence in the essential diagnostic and treatment modalities.
13 Use the new curriculum as a basis for developing a blueprint for each summative examination, for clarifying the weightings for each component and the compensation policy, and for making more transparent the question setting and marking processes and criteria.
14 Consider ways of reducing the intensity of the Fellowship Examination, e.g. by strengthening in-training assessment validity and reliability, and/or by assessing separately some clinical elements that are less examiner-intensive.
15 Develop processes to evaluate the effectiveness of College assessors/examiners and to assist them in their professional development in these roles.
5.3.5 Assessment quality in 2011

In 2007, the AMC recommended the College report on its plans to introduce a range of recognised standard-setting tools while improving assessment validity, reliability and fairness.

The College engaged Professor Rufus Clarke to undertake a review of the Fellowship process in 2006/2007 and the review led to changes in examination methodologies. The College has indicated it will undertake another review in 2012.

In summary, the College’s current examination methodologies and processes include:

- All items are blueprinted against the curriculum.
- Marking/scoring rubrics are developed using current literature.
- A panel of experts including permanent BoC members sets, reviews, analyses and trials all examinations questions.
- Rubrics are reviewed during pre-examinations briefings and workshops.
- In vivas a global scale, as well as rubrics, are used (Rothman’s method).
- Examiners’ detailed written reports are a key component of validation of both the questions and the rubric created to inform marking.
- Independent observers prepare written reports on viva exams from the perspectives of process and content.

5.3.6 2011 Team findings

The Team applauds the changes to assessment made with a view to improving quality since the 2007 assessment. For example, all assessments are now blueprinted to the curriculum, promoting content validity. Written item formats identified as not performing well have been replaced with an alternative format. Examiners use structured marking guides in essay and clinical examinations, promoting reliability of these assessments.

The College will not implement all the planned changes to assessment until 2012. As a result, the newer forms of assessment have not yet been comprehensively evaluated with respect to quality indicators.

The College has processes in place to assess the reliability of assessments after each administration. While it is acknowledged that small numbers of candidates in each assessment limit the applicability of some measurement statistics, the College should continue to monitor reliability of assessments.

Despite the College’s efforts to introduce a range of standard-setting tools, the Team considers that the methods and approaches used to determine the pass/fail standards for various assessments lack clarity, particularly in relation to identifying borderline candidates. It is not clear how the statistical data derived from the use of rubrics or global scale are taken
into consideration. There appears to be considerable weighting given to post-assessment examiner discussion in reaching a final result in the Fellowship examination.

Changes to assessment require monitoring of reliability and validity. The College will need well documented monitoring methods, and regular reporting of reliability statistics and evidence for validity. Analysis of the effect of assessment changes on trainees’ learning behaviour will also be of interest. There is a need to articulate clearly and to document methods and processes for standard-setting in all summative assessments, and how the results of assessments are used to make final decisions about admission to fellowship. These processes should be made explicit to trainees. The College is encouraged to use the opportunity presented by the 2012 external review of assessment to seek advice about pass/fail standard-setting methods that are appropriate for the ACD assessments.

The Team anticipates the comprehensive external review of assessments in 2012 will include the psychometric characteristics of the assessment instruments and address standard-setting.

The Team considers that recommendations 6, 7, 9, and 11 to 16 from 2007 have been met. Recommendation 10 from 2007 is replaced by recommendation 4 in this report.

2011 Commendations

I The assessment blueprint which demonstrates the relevance of each assessment modality to the domain learning outcomes.


K The development of Rotation Learning Plans.

2011 Recommendations to satisfy accreditation standards

3 Review the overall assessment burden and evaluate the impact of new assessments, such as multi-source feedback and case-based discussion. (Standard 5.1.2)

4 Articulate clearly the ACD’s policy on:
   • the ongoing development of pass/fail standard-setting for all assessments;
   • the methods by which assessment information is used to reach the final decision about pass or fail in the Fellowship examination;
   • the quality of assessments, including reliability and evidence for validity, and the methods used in obtaining relevant indicators. (Standard 5.3)

2011 Areas for improvement

II Publish to trainees the methods used to determine pass/fail assessment decisions. (Standard 5.2)

JJ Evaluate the effect of the new assessment program on learner behaviour. (Standard 5.3.1)

KK Complete the external review of assessment and identify the College’s strategies to address the recommendations. (Standard 5.1)
5.4 Assessment of overseas-trained dermatologists

The accreditation standard is as follows:

- The processes for assessing of specialists trained overseas are in accordance with the principles outlined by the AMC and the Committee of Presidents of Medical Colleges Joint Standing Committee on Overseas Trained Specialists (for Australia) or by the Medical Council of New Zealand (for New Zealand).

5.4.1 College assessment processes and outcomes in 2007

The ACD has a formal process for assessing the training and clinical experience of overseas-trained specialists (OTS) applicants against those of a dermatologist trained in Australia. The process is based on the AMC Application Procedures and Requirements for Specialist Assessment (2005) and the AMC/CPMC Assessment of OTS Template for Colleges (2003).

In 2006, the ACD Board of Directors established a taskforce to review the policies and processes for assessing OTS for the purposes of determining equivalence to an Australian trained dermatologist and for area of need (AoN) positions.

This review has resulted in the establishment of a new OTS/AoN Assessment Committee, which has taken on the assessing role formerly completed by the Board of Censors. The assessment process is now conducted as follows:

- After it receives a completed application form and the fee, the College sends the applicant a preliminary letter and asks them to confirm in writing that they have received and understood the advice in that letter.

- When the College receives confirmation, the OTS/AoN Assessment Committee makes an initial assessment to determine whether the applicant will be interviewed. In order to determine eligibility for interview, it considers the content and duration of specialist training undertaken, the levels of assessment undertaken during training, the quality of post-qualification experience in dermatology, participation in relevant continuing professional development programs and contribution to the field in terms of teaching, research and publications. The OTS/AoN Assessment Committee may seek additional information from the applicant.

- If the Committee determines the applicant to be clearly not equivalent in standard of training and experience to an Australian-trained dermatologist and/or to require more than two years of additional training to reach this standard, the applicant is not offered an interview and the AMC is advised accordingly.

- If the applicant is considered to be potentially equivalent to an Australian–trained dermatologist or likely to be able to reach equivalency within two years, they are invited to an interview. Interviews are generally held at the College premises.

- Once it receives the interview fee, the College requests referees’ reports from the first two referees listed on the practitioner’s application, using a structured form.

- The College indicates that the aim of the interview is to determine and confirm the nature and quality of the applicant’s training and experience, and to ensure the applicant understands the standards of competence and safety expected of an Australian trained dermatologist. The OTS/AoN Assessment Committee (as the interview panel) seeks to determine whether the applicant’s specialist training and experience considered in totality is comparable to those of an Australian-trained dermatologist. In relation to training, the Committee considers the adequacy and quality of clinical exposure and experience, the
academic environment of the training and the comparability of the training or otherwise to that undertaken by Australian trainees. In relation to experience, the Committee considers the level at which the applicant has been practising and other factors that indicate that the person was engaged in lifelong learning, including participation in a professional development program, evidence of research and publications, evidence of undergraduate and postgraduate teaching and evidence of leadership at a local, national or international level in dermatology.

- The applicant can ask questions about the interview and assessment process.
- The interview is minuted and recorded, and applicants are advised of this in advance of the interview.
- The Chair of the Interview Panel prepares a report detailing the panel’s findings, which is reviewed by the Honorary Secretary. There are three possible recommendations:
  - the applicant is equivalent to an Australian-trained dermatologist; or
  - the applicant is near equivalent to an Australian-trained dermatologist but requires additional training and/or assessment; or
  - the applicant is not equivalent to an Australian-trained dermatologist.
- The Honorary Secretary advises the AMC of the outcome of the assessment which in turn advises the applicant. Applicants who have been assessed as requiring further training and/or assessment are asked to advise the AMC whether or not they intend to complete the College’s requirements. Those that do are sent the contact details of each state faculty, and are advised to contact the appropriate faculty regarding the creation of a suitable training position. Information is also sent to state faculties.

Once the program has been approved and the practitioner has started their training, they are added to the College’s database as an ‘OTS Trainee’. OTS Trainees pay the trainee levy and receive the same College information and access to educational activities as College trainees. Those undertaking additional supervised training are required to undergo the same processes of in-training assessment as trainees in the College training program, and those who are required to pass examinations sit identical examinations.

The College provides information to OTS about all stages of the assessment process, both via the website and through enquiry to a designated College staff member.

Assessments for ‘area of need’ positions are undertaken in line with the requirements set out in the AMC’s Users Guide to Assessment Process for Area of Need (AoN) Specialists. Applicants for AoN positions are assessed using an identical process to standard OTS applicants, with the exception that they are assessed for ‘fitness for task’ in a specified position rather than equivalence to an Australian-trained dermatologist. In addition, the College keeps in mind the recommendation that assessment should be completed within eight weeks of receiving the completed application.

OTS applicants can access the College appeals process at any stage of the assessment process.

The College assesses small numbers of applications. Australian Medical Council statistics for the assessment of overseas-trained specialists through the AMC-College assessment pathway since its inception in 1993 are provided below in table form.
<table>
<thead>
<tr>
<th>Number of applications</th>
<th>All other colleges OTS standard assessment</th>
<th>ACD standard OTS assessment</th>
<th>All other colleges area of need assessment</th>
<th>ACD area of need assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4087</td>
<td>46</td>
<td>1002</td>
<td>4</td>
</tr>
<tr>
<td>Overall approved (including after a period of training)</td>
<td>28%</td>
<td>8.7%</td>
<td>73.8%</td>
<td>50%</td>
</tr>
<tr>
<td>Applications rejected</td>
<td>11.6%</td>
<td>13%</td>
<td>1.2%</td>
<td>-</td>
</tr>
</tbody>
</table>

During the review the Team sought comments from a number of stakeholder groups on the College’s processes for assessing overseas-trained specialists. The process would appear to have encompassed so few at this stage that a clear view of the outcomes could not be formed.

Individual overseas-trained dermatologists who had submitted to the process commented on its rigour.

Health departments and hospital managers commented on the comprehensive nature of the information relating to the assessment of overseas-trained dermatologists which is available on the College website. Neither group raised concerns about the College’s assessment processes.

**5.4.2 2007 Team findings**

The College is proactive in encouraging dermatologists from overseas to apply for positions in Australia as part of its response to the workforce shortage.

The College has developed a structured assessment process, following a recent review. The Team commends the College’s recent initiatives aimed at developing an effective and consistent approach. The assessment process is rigorous and involves structured documentary assessments, structured interviews and, if necessary, opportunities for ongoing clinical assessment. The process is timely and complies with the AMC/CPMC Joint Standing Committee on Overseas Trained Specialists document, Assessment of Overseas Trained Specialists Template for Colleges.

While the process is relatively new, it has led to a number of commendable reforms including:

- A more structured and transparent process for both initial assessment and interview which focuses on the assessment of clinical and professional competence.
- The new OTS/AoN Assessment Committee and the composition of the interview panels, in particular the inclusion of an overseas-trained fellow, representative of the health jurisdictions and a representative of the public interest.
- Training of assessors in particular a professionally prepared and delivered course in competency-based interviewing.

The College recognises the need for some overseas-trained specialists to gain additional experience before they are regarded as comparable to an Australian-trained dermatologist. It has identified a lack of experience of skin cancer and related surgery as the most common
deficit, and is seeking Government support for specific educational models or training posts that would provide such experience.

During the visit, the Team questioned the suitability of the College’s accredited overseas training posts for overseas-trained dermatologists who require ongoing clinical assessment. The College later explained that overseas-trained specialists only work in training positions accredited for OTS in Australia, they do not work in training positions accredited for trainees, either in Australia or overseas.

The numbers of overseas-trained specialist undergoing assessment through the AoN process are very small. No particular difficulties with this process were discovered. Commendably an area of need candidate is assessed independently of their registered supervisor.

2007 Commendation
L The College’s sound and rigorous approach to assessment of the skills and qualifications of overseas-trained specialists.

2007 Recommendations
30 Review closely the outcomes for overseas-trained dermatologist applicants and report to the AMC within the next review cycle.
31 Continue to expand opportunities for overseas-trained dermatologists to upskill and to advocate with the jurisdictions for funding for this purpose.

5.4.3 Commentary by 2011 Assessment Team

In 2007 the AMC recommended the College review the outcomes for overseas-trained dermatologist and continue to expand opportunities for training posts for them (recommendations 30 and 31).

Two processes continue for assessing overseas-trained specialists seeking medical registration to practise as a dermatologist in Australia. These are the Specialist Assessment Pathway (OTS) and the Area of Need (AON) assessment. All overseas-trained specialists requiring either general OTS or AON assessment must first apply to the AMC. The AMC and the College fast-track area of need applicants.

The ACD’s IMG Assessment Committee is responsible for all elements of the International Medical Graduate assessment process. The process for assessing overseas-trained specialists has not changed significantly since 2007.

The key steps in the assessment process are summarised below:

- Application to Australian Medical Council. The AMC checks the application for completeness and verifies the primary medical qualification.
- Application referred to the Australasian College of Dermatologists.
- Initial Assessment by the College. After receipt of the application, the ACD will request that the applicant submit a series of forms.
The ACD attempts, whenever possible, to compete assessments within defined time periods. This is 12 weeks from receipt of the application for a specialist recognition assessment and eight weeks for an Area of Need application.

Initial assessment is a paper-based process. All relevant documentation is considered by the Assessment Committee. Possible outcomes of initial assessment are:
  - not comparable/not fit-for-task;
  - requires interview for further assessment;
  - substantially comparable (no interview required).

• Interview Assessment

If the ACD IMG Assessment Committee determines that the applicant requires an interview in order to finalise the assessment outcome, the ACD writes to the applicant advising the date and time for the interview and provides information regarding the interview format. The applicant may participate in the interview in person or via videoconference.

There are three possible assessment outcomes:
  - substantially comparable – requires no further training and/or assessment;
  - partially comparable – requires a maximum of two years further training and/or assessment;
  - not comparable – unable to achieve substantial comparability within a maximum period of two years full-time training.

The College recommends those applicants assessed as substantially comparable undertake twelve months participation in the ACD’s Professional Development Program as well as mentoring by a College Fellow. At the end of this time the mentor will submit a report to the ACD Board of Directors on the suitability of the individual for election to College Fellowship.

In addition to one of the above outcomes, AON applicants are also assessed as fit-for-task or not fit-for-task for the specific position for which they are applying.

AMC statistics for overseas-trained specialists assessed through the AMC/College assessment pathway since 2008 are provided below in table form:

**Summary of overseas-trained specialist assessments through the AMC/College assessment pathway during 2008-2010**

<table>
<thead>
<tr>
<th>ASSESSMENT OUTCOMES</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specialist Recognition Assessment Pathway</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Status</td>
<td>2008</td>
<td>2009</td>
<td>2010</td>
<td>Total</td>
</tr>
<tr>
<td>Substantially Comparable</td>
<td>7</td>
<td>1</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Partially Comparable</td>
<td>7</td>
<td>2</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Not Comparable</td>
<td>2</td>
<td>5</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td><strong>Area of Need/Specialist Recognition Concurrent Assessment Pathway</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fit for Task + Substantially Comparable</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fit for Task + Partially Comparable</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>
The Team was impressed by the College’s ongoing attention to developing robust assessments of overseas-trained dermatologists, and subsequent pathways to fellowship for those assessed as partially or substantially comparable.

The College has clear assessment frameworks for international medical graduates that have been blueprinted to the curriculum. Those assessing the comparability of overseas-trained dermatologists are provided with template assessment tools. These tools map the previous training of the applicant to the current ACD curriculum, and are comprehensive. This paper-based assessment then provides the basis for determining areas that will be clarified in interview for those applicants that require one.

In 2007, the College was asked to advocate with jurisdictions to secure training posts that can be used by overseas-trained dermatologists to ‘upskill’. In 2008, the College secured funding under the Australian Government’s Specialist Training Program for three positions. The College has recently secured continued funding for these three positions along with three additional positions under the Specialist Training Program for 2011.

A recent formal evaluation of the International Medical Graduate assessment process conducted by the College supports the effectiveness of the current process and contains a number of recommendations for ongoing improvement. The College is encouraged to address these. The Team noted a high degree of satisfaction with the College’s international medical graduate assessment and training processes during site visits.

The Team considers that recommendations 30 and 31 from 2007 have been met.

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>0</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Fit for Task +</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partially Comparable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Fit for Task + Not</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comparable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Area of Need Assessment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pathway Only (upon request of applicant/employer)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fit for Task</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Not Fit for Task</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>40</td>
</tr>
</tbody>
</table>

2011 Commendation
L The College’s development and implementation of process for assessment of overseas-trained dermatologists, and the support given to those who enter the college’s training program.

2011 Area for improvement
LL Implement the recommendations of the 2010 College’s evaluation of the international medical graduate assessment process. (Standard 5.4)
6 Monitoring and evaluation

The accreditation standards are as follows:

- The education provider regularly evaluates and reviews its training programs. Its processes address curriculum content, quality of teaching and supervision, assessment and trainee progress.
- Supervisors and trainers contribute to monitoring and to program development. Their feedback is systematically sought, analysed and used as part of the monitoring process.
- Trainees contribute to monitoring and to program development. Their confidential feedback on the quality of supervision, training and clinical experience is systematically sought, analysed and used in the monitoring process. Trainee feedback is specifically sought on proposed changes to the training program to ensure that existing trainees are not unfairly disadvantaged by such changes.
- The education provider maintains records on the outputs of its training program, is developing methods to measure outcomes of training and is collecting qualitative information on outcomes.
- Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.

6.1 Processes for evaluation and review of the training program

The Training Program Handbook states as a principle and as a responsibility in its relationship with trainees: ‘That there is an ongoing commitment by the College to refine and develop the training and examination process so that trainees develop clinical skills to provide the best possible dermatological care.’

This is akin to an undertaking of continuous quality improvement.

In 2006, the College Board of Directors determined that all components of the vocational training program would be evaluated over a three to five year time period. From the time the new curriculum is implemented, the intention is to have a complete renewal of the training system every six years. The Team supports this intent. It will probably take one full cycle of evaluation and renewal to demonstrate maturity in the training system.

The College submission listed seven evaluation activities for vocational training. All are important, but individually they demonstrate various ways of interpreting ‘evaluation’. The College’s implementation of evaluation recommendations similarly takes different forms. The Team’s broad observations are as follows:

- The formal evaluation of the curriculum, commenced in December 2005, is more a development activity, albeit a fundamentally significant one. The College is giving high priority to its implementation, and the Team strongly supports this.
- The review of the Fellowship Examination by an external consultant in 2006 appeared to be of value to the Board of Censors who then implemented changes they considered appropriate in the 2007 Fellowship Examination. There needs to be an ongoing commitment to evaluation to continue improvements in the validity and reliability of this examination, especially during the period of adoption of the new curriculum.
• The College appears to have sought feedback from candidates, via short written surveys after each examination, for some years. Trainees spoke positively of some of the subsequent changes to the Fellowship Examination. The Team was not aware, however, of any changes to the basic examinations as a result of trainee feedback.

• The Chief Censor conducts an internal review of each College examination. The report for the 2006 Fellowship Examination is essentially a review of the exam content, the intent of each question, and commentary on the performance of the candidate cohort. The Team considers this report to be of practical value to all trainees not just those in the senior years, supervisors and directors of training. It could also be of practical interest to all fellows in relation to their CPD, to give an indication of current training standards. The Chief Censor’s report on the clinical sciences and pharmacology exams is provided to the Board of Directors and summarised in The Mole. It is not evident that this report has been used to improve the conduct of these examinations.

• The College inspects training positions every three to five years to evaluate whether they meet the training position accreditation criteria. Such inspections are essential to ensure training quality, and they are in the nature of a quality assessment against College standards. Inspections appear, however, to have been somewhat opportunistic, and have not regularly covered all overseas posts. The standards for training posts should be aligned to the new curriculum, and the inspection program regularised.

• The College in 2004 conducted a survey of trainees, and also a survey of recent fellows (graduates 2000–2003), to identify the strengths and weaknesses of the College training program to inform future program development. [The Team noted that first year trainees in 2004 were the first in the College’s five year program.] The College reported that major changes based on these reports included the curriculum review; establishment of the Trainee Representative Committee; training for supervisors; and improvements to the in-training assessment systems.

The College’s additional documentation, included other evaluative activities:

• an evaluation of the one-day workshop Training on the Run conducted in 2006 for 15 supervisors;

• a major report of a survey on the ACD in-training assessment system conducted by an external medical education consultant;

• an internal survey of the dermatology workforce conducted in 2006;

• a review by the Training Committee of the 2006 appointment (selection) process, with proposals for the 2007 process;

• an internal review in 2006 of assessment processes for overseas-trained specialists.

The College also gains information about qualitative aspects of the training program from the Trainee Representative Committee and interviews with trainees conducted by post inspectors.

The College table, ‘Plan for Education 2007 to 2011’, contains all developmental, evaluative and implementation actions and timelines. The evaluation elements might be described as clarificative evaluation rather than planned systemic evaluation. This is to be expected at this early stage of implementing a new curriculum that ideally will underpin the entire training system. The timelines in this Plan appear to be ambitious, and the College should regularly review the entire Plan and include this in annual reports to the AMC. The Plan should clearly indicate, for each activity, the College body responsible for action.
The responsibility in the College for evaluation of training appears to be ambiguous, or perhaps in the process of transition. The Training Program Handbook 2007 identifies the Board of Censors as the body responsible to evaluate various elements of training, including the trainee selection process; the training program curriculum; and assessment methods and procedures for trainees. The Handbook says also that all recommendations of the Board of Censors must be approved by the Board of Directors for implementation. During discussions with the College, the Team gained the impression that the relatively new Education Committee would become the major adviser to the College Board on education. It would be helpful if the College could confirm whether the Education Committee would also be responsible for planned systemic evaluation.

In relation to CPD, the College surveyed fellows in 2005 for feedback on the 2003-2005 CPD trienniums, and proposes to conduct such surveys at the end of each CPD triennium. Changes to CPD as a result of this survey are detailed elsewhere in the Team’s report.

The College has a strategic objective to promote public awareness about skin care, and of dermatologists as trained professionals in treatment of skin disease. It uses its website, and a public relations consultant, and works with all jurisdictions. It has not undertaken in depth research of public opinion about dermatologists.

6.1.1 2007 Team findings

The clear Board direction on a six-year cycle of systemic evaluation and program renewal, taken together with an apparent culture of continuous improvement, provides an important goal that will need to be carefully planned and resourced. The appointment of a senior education officer in 2005 enhanced the planning and organisational capability. The recent appointment of two more education staff may be expected to contribute to the sustainability of the cycle of evaluation and renewal.

The College’s specialist training program is essentially in a significant developmental stage, and the various elements of specialist training are either not yet in place or not yet integrated sufficiently to provide a framework for systematic ongoing evaluation. The College correctly identifies the new curriculum as providing the authoritative education and practice content necessary to underpin all training and assessment. The curriculum will also inform the process of assessment of overseas-trained specialists, and the College CPD framework for all fellows.

<table>
<thead>
<tr>
<th>2007 Commendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>M The stated commitment of the ACD to ongoing curriculum review, evaluation and renewal. The Team encourages the College to implement fully this intended program.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2007 Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>32 Demonstrate ongoing commitment to evaluation through continued improvements in the validity and reliability of the ACD examinations and in-training assessments, especially during the period of adoption of the new curriculum.</td>
</tr>
<tr>
<td>33 Ensure that evaluation information about assessments is utilised for improving the quality of those assessments. This would include information from trainee feedback, external review and the Chief Censor’s examination report, and be applicable to basic examinations as well as Fellowship assessments.</td>
</tr>
</tbody>
</table>
Develop a systematised inspection program for training posts, using standards aligned with the new curriculum.

Regularly review the entire Plan for Education 2007-2011, and include the outcomes of this review in annual reports to the AMC. The Plan should clearly indicate, for each activity, the College body responsible for action.

Confirm whether the Education Committee is responsible for planned systemic evaluation.

Use the training curriculum to inform the process of assessment of overseas-trained specialists, and the College professional development framework for all fellows.

6.1.2 Monitoring in 2011

In 2007, the AMC made a number of recommendations (recommendation 32 to 37) relating to the monitoring and evaluation of the College’s education and training programs. Since 2007, the College has given high priority to the monitoring and review of its training programs and has made significant advances in this area.

Examples of significant areas of review and evaluation include:

- Biannual surveys of trainees and supervisors in alternating years cover areas such as supervision, teaching and learning, the teaching environment and communication. The trainee survey in 2010 was the first, with a supervisor survey to be performed in 2011.

- Revision of the accreditation process to give increased structure and formality to this process, including a five-year cycle, expansion of the team to include trainee representation, College educational secretariat and jurisdictional representatives, and mandatory surveys of trainees for reaccreditations. This has been further supported by the establishment of a separate document that outlines this process, the Accreditation Policy and Process Handbook.

- Formal analysis of assessment methods and results has increased substantially since 2008 and includes rigorous statistical analysis for validity and reliability, feedback from examiners, and surveys of all examination candidates immediately after an examination has occurred.

- A number of new assessment methodologies including workplace-based assessments such as DermCEXs and ProDAs have been introduced recently.

- The College’s national selection policies and processes have been reviewed.

6.1.3 Commentary by 2011 Assessment Team

The College has a strong commitment to the ongoing monitoring and evaluation of its training program. Evidence of this commitment is well summarised in the College’s Education Plan 2009-2012, which was revised in November 2010. This plan, which details the majority of educational activities to which the College is committed to undertake, contains a significant emphasis on review and evaluation. The plan is reviewed before each meeting of the Board of Education to assess progress and re-prioritise activities. It will itself be the subject of a major review at the end of 2012.
At the time of the Team’s visit, a number of significant evaluation activities were either in progress or due to occur in the near future. These included:

- a governance review of the College structure at the time of the visit;
- the planned review of the curriculum at the end of 2011;
- the planned review of the national selection processes in 2011;
- exit survey for recently admitted Fellows to assess the broad outcomes of the training program.

The AMC expects the College will include the outcomes of these evaluations in progress reports.

The College has significantly enhanced its capacity to monitor and evaluate its curriculum and assessment since 2007. It has increased resources to support these crucial activities, including the employment of staff with expertise in education delivery and evaluation and a significant investment in information technology. The College intends to hire an additional part-time education officer to administer accreditation processes and to support the implementation of new teaching and learning. The Team supports this development given the College’s significant commitments in these areas including the newly planned Accreditation Committee.

By its adoption and use of IT, in particular through the software program Moodle, the College appears to have improved both formal and informal evaluation and monitoring of the program. Examples include facilitating such measures as establishing quarantined areas for supervisors to give feedback on the curriculum and assessment processes and incorporating trainee feedback surveys into all online assessment which improves the ease of collection and analysis of such feedback.

Since 2007, the College’s formal analysis of assessment methods and results has been substantially increased. The College regularly evaluates its assessment methods using statistical analysis for validity and reliability, feedback from examiners, and a new survey of all examination candidates immediately after an examination. There is significant evidence to demonstrate that the College acts on this analysis of assessment processes which is discussed in Section 5 of this report. The College is encouraged to continue to survey trainees and supervisors at regular intervals.

The College has recently introduced a number of new assessment methodologies including workplace-based assessment such as DermCEXs and ProDAs. The Team considers it is vital that these new assessment methodologies are analysed with the same rigor for validity and reliability, as well as to assess their suitability and acceptability to trainees and supervisors.

Both supervisors and trainees met during site visits indicated that, overall, their feedback on the training program was sought and acted upon by the College. In addition, trainees were satisfied that changes to the training program did not unfairly disadvantage them or future colleagues.

The Team considers that recommendations 32 to 37 from 2007 have been met.
6.2 Outputs and outcomes of training

As stated in section 2.1 of this report, the overall objective of the College’s specialist dermatology training program is: ‘To produce dermatologists who are safe, skilled and competent in the diagnosis and management of all aspects of diseases of the skin and its appendages, and able to respond to the changing health needs of the Australian community.’

The College provided information on the following outputs and outcomes of training:

- numbers of trainees entering and completing the training program in minimum time in the last 10 years;
- numbers of trainee candidates who passed examinations at the first, second and subsequent sittings for the Clinical Sciences Exam, the Pharmacology Exam, clinical pharmacology component, and the Fellowship Examination;
- numbers of overseas-trained specialist candidates passing the Fellowship Examination including both those who have had additional training, and those who have not having had training in Australia.

In relation to fellows whose standard of practice is deficient, the College relies on reports or advice from medical boards or health care complaints commissions. The College has had few or no such complaints in recent years.

6.2.1 2007 Team findings

The outputs and outcomes set out above address the efficiency of the training program. There is an implicit assumption that trainees who pass all components of the program in minimum time use fewer resources than those trainees who do not do so.

When the new curriculum has been implemented, the College should also consider output and outcome measures that address the qualitative characteristics of the specialist dermatologist, drawing from the qualities and behaviours expressed in the overall objective of the training program.

6.2.2 Commentary by 2011 Assessment Team

The Team considers that the College maintains adequate records on the outputs of its training program. The information on outputs includes the number of trainees entering the training program, the numbers of graduates completing training, and their geographical location. This information is available to differing degrees from multiple sources, some of which are public, including the College’s annual report and website.

The Team supports the College’s plan to measure the outcomes of training in 2012 by a survey of recently graduated fellows. The survey’s stated purpose is to assess perceptions of whether the ACD training program prepared graduates for practice. The Team encourages the College to conduct this survey regularly to allow meaningful data to be collected.

Feedback from site visits indicated that supervisors and trainees feel that they make significant contributions to the evaluation processes of the College. The Team found the College’s focus on outcome evaluation is limited to College fellows and trainees. The College is encouraged to consider other mechanisms that encourage feedback from consumers, health care administrators and other health professionals, ensuring that recently graduated specialists are of a standard commensurate with community expectation.
<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011 Commendation</td>
<td>Establishment of a process to seek feedback from trainees on assessment methods.</td>
</tr>
</tbody>
</table>

**2011 Recommendation to satisfy accreditation standards**

5. Implement processes for regularly obtaining comment from consumers and non-medical health professionals in College evaluations, and involving them in more formal program review. (Standard 6.2.2)

**2011 Areas for improvement**

MM. Continue to conduct and report on the biennial surveys of trainees and supervisors. (Standard 6.2.1)

NN. Evaluate of recently-introduced assessment methodologies such as workplace-based assessment. (see recommendation 3, Section 5) (Standard 6.1.1)
7 Issues relating to trainees

7.1 Admission policy and selection

The accreditation standards relating to selection into the training program are as follows:

- A clear statement of principles underpins the selection process, including the principle of merit-based selection.
- The processes for selection into the training program:
  - are based on the published criteria and the principles of the education provider concerned;
  - are evaluated with respect to validity, reliability and feasibility;
  - are transparent, rigorous and fair;
  - are capable of standing up to external scrutiny;
  - include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.
- The education provider documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.
- The education provider publishes its requirements for mandatory experience, such as periods of rural training, and/or rotation through a range of training sites. The criteria and process for seeking exemption from such requirements are made clear.
- The education provider monitors the consistent application of selection policies across training sites and/or regions.

7.1.1 College selection processes and trainee numbers

The College’s accreditation submission provided the following information on the number of trainees entering dermatology training over the last three years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Queensland</th>
<th>NSW</th>
<th>Victoria</th>
<th>SA</th>
<th>WA</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>13</td>
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<td>2005</td>
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<td>2006</td>
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<td>23</td>
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The College introduced a national selection process in 2007. Previously, applicants applied directly to their preferred state faculty.

Under the new system three committees are involved in the selection process. The National CV Assessment Committee assesses the CVs of applicants. The National Interview Committee conducts interviews with all applicants who are short listed for an interview, and the State Faculty Selection Committees selects applicants for training positions in their state.
Since 2004, the College has employed a human resources consultant to advise on trainee selection procedures, initially in Victoria and now nationally.

The College ‘Statement of Principles’ which underpin its selection process are as follows: ‘The Australasian College of Dermatologists selects into its training program individuals who are able to demonstrate that they have the abilities, qualifications, experience, standard of work performance and personal qualities which will enable them to satisfactorily perform all the required duties of a dermatology trainee, achieve all the objectives of the training scheme as outlined in the College’s Training Program Handbook and become a skilled and competent clinical dermatologist.

The principle of equal opportunity will apply. Discrimination against any applicant on the grounds of age, gender, race, religion, marital status or pregnancy will be avoided. Applicants from all States will be given equal consideration. The selection process will be standardized and involve examination of curriculum vitae and referees reports and in some cases an interview. Interviews will be granted after assessment of curriculum vitae and referee reports. Normally at least twice as many interviews will be granted as the number of training positions available in a particular State. No trainee will be selected into the training program without an interview. The sole aim of all questions during the selection process is to select the best (and most appropriate) candidates for training in dermatology. Questions will have no reference to any personal or domestic circumstances of the candidate unless they are relevant or any other matters not directly relevant to the stated aim. The entire selection process will be open, transparent and accountable.’

The minimum requirements for selection into the College’s training program are:

- possession of a medical degree registrable in Australia;
- satisfactory completion, since graduation, of a minimum of two years of acceptable training, as defined in the Training Program Handbook, in a teaching hospital or equivalent recognised by the College;
- commitment to participate in, and complete, any accredited training position of the College as directed by the appropriate state faculty committee.

The Training Program Handbook describes acceptable training as terms in general adult and paediatric medicine and general surgery as well as terms in psychiatry and medical and surgical sub-specialties and. The aim should be broad exposure to a variety of disciplines. No more than three months of two years of training should be spent in the same subspecialty area.

The Training Program Handbook lists 12 desirable attributes of trainees. In the College’s supplementary material, these attributes were provided as a more detailed list of essential and desirable selection criteria, which is somewhat different to the list in the Handbook. For example, ‘a history of involvement or a willingness to be involved in research projects’ is listed as a desirable criterion not an essential one. Other desirable criteria which do not appear on the list in the Training Program Handbook include:

- show evidence of the ability to rapidly assimilate and appropriately apply knowledge and new techniques with an understanding of personal and professional limitations;
- show an ability to work effectively and efficiently;
• demonstrate an awareness of the community and professional responsibilities contingent on specialist practice;
• demonstrate an understanding of the difficulties facing groups and communities with regard to equitable access to medical services;
• demonstrate an affinity with or connection to community groups with special needs or subject to particular disadvantage.

Applicants can only apply for the Australasian College of Dermatologists Training Program online. The new selection criteria are linked to the application form. Applicants are required to submit a Curriculum Vitae encompassing their academic record, research experience, publications, medical and dermatological experience; the names of two primary medical referees who will be contacted by the College to provide a verbal reference as part of the initial short-listing process; and the names of three other referees including the medical administrator of a hospital at which the applicant has worked. An application fee is charged.

There are three scored components to the selection process: curriculum vitae, references and interview. Some of these elements are scored nationally and some are scored by the state faculty using national criteria provided by the College. Initially state faculties are not informed of the candidate’s preferred training location, but are provided with this information as one of the last steps in the process. At this stage, the state faculty selection committee prepares a candidate preference list for the State. The College then holds a preference matching teleconference between all the faculty chairs, which decides on the appointments to be made in each state, and on a reserve list for each faculty.

7.1.2 2007 Team findings

There is considerable variation in the number of first year dermatology positions available in any year and in any region. The variation relates to the progress of trainees through the five-year training cycle. This does mean that in some years a particular region may have mainly advanced trainees or mainly junior trainees.

Entry to dermatology training is highly competitive. Information provided by the College indicates that the ratio of applications to positions in the last three years has been as high at 8:1 with the lowest being 3:1. It has been quite common for trainees to complete additional academic qualifications to improve their chances of selection as well as to seek experience in working in positions that give dermatology exposure.

The Team commends the College’s desire for a transparent national selection process in order to select the best candidates for dermatology training. The Team acknowledges this process is in its infancy and that ongoing review and improvement is planned. The current process appears to have been associated with considerable confusion.

The selection process is iterative with many steps. It is unclear how some of these steps independently differentiate between candidates and contribute to the final decisions. Curriculum vitae and performances at interview are scored in order to generate a short list of candidates. However, it appears that the final selection decisions are not made on objective scorings based on clearly defined descriptors. The Team recommends that the scoring process be more transparently related to the selection decision.
The Team noted that the attributes listed in the Training Program Handbook do not match the list of essential and desirable criteria provided by the College in its supplementary material. The existence of these two slightly different statements adds to confusion about the requirements. While Selection Committee members were adamant that a referee report from a dermatologist, previous experience in dermatology clinics and a research degree are not criteria for selection, it is widely believed among trainees and supervisors of training that these are preferred or, indeed, required. Having one list of requirements would address this.

Trainees and supervisors of training are frequently approached by potential trainees for advice about the application process and how to best present themselves for selection. The Team recommends that the College position itself as the primary source of advice for prospective trainees. With a greater complement of College staff, opportunities may arise for an expanded role for staff in offering reliable advice for trainees regarding this and other matters. As the College develops its core competences, it will be able to relate these to the selection criteria.

A requirement of selection is a ‘Commitment to participate in, and complete, any accredited training position of the College as directed by the appropriate State Faculty committee during the training program.’ The Team could not identify the circumstances in which a trainee may request they not be assigned a particular training position, or the process for seeking review of a decision concerning allocation to a position, for example an overseas or a rural position.

State health departments commented favourably on the inclusion of jurisdictional representative on the regional faculty selection committee.

<table>
<thead>
<tr>
<th>2007 Commendation</th>
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<tbody>
<tr>
<td>1. The College’s desire to have a transparent national process that selects the best candidates.</td>
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<table>
<thead>
<tr>
<th>2007 Recommendation</th>
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<tr>
<td>24. Publicise the College’s new criteria for selection into dermatology training, and clarify those which are desirable but not essential, such as research training, and those which are widely perceived to be criteria but are not, such as postgraduate experience in dermatology.</td>
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<table>
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<tr>
<th>7.1.3 Commentary by 2011 Assessment Team</th>
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<tr>
<td>The College’s 2011 accreditation submission provided the following information on the distribution of training positions and the number of entrants for 2008 to 2010.</td>
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<table>
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<tr>
<th>Faculty</th>
<th>2008</th>
<th>2009</th>
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<tbody>
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<td>Queensland</td>
<td>9</td>
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<td>4.5*</td>
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<td>indicates part-time position</td>
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<tr>
<td>New South Wales</td>
<td>3</td>
<td>4</td>
<td>7</td>
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<tr>
<td>NSW Rural</td>
<td>N/A</td>
<td>N/A</td>
<td>1</td>
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<tr>
<td>South Australia</td>
<td>3</td>
<td>3</td>
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<td></td>
<td>Victoria</td>
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<td>Total accepted</td>
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<td>7 + 1 deferred</td>
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<tr>
<td>Western Australia</td>
<td>1</td>
<td>3</td>
<td>0</td>
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<tr>
<td><strong>Total accepted</strong></td>
<td><strong>18</strong></td>
<td><strong>17</strong></td>
<td><strong>20.5</strong></td>
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<tr>
<td><strong>Number of applicants</strong></td>
<td><strong>72</strong></td>
<td><strong>63</strong></td>
<td><strong>66</strong></td>
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</table>

In 2007, the AMC recommended the College clarify and publicise its new selection criteria, and make clear the circumstances in which trainees may ask not to be assigned a particular training position, and the process for trainees to seek review of a decision concerning their allocation to a particular position (recommendations 24 and 25). It also recommended the College implement a policy on recognition of prior learning (recommendation 26).


In its accreditation submission, the College described its selection procedure as comprising the following key steps:

- minimum criteria check;
- application forms scored;
- reference check conducted;
- application form scores compiled;
- faculty shortlists created;
- faculty shortlists independently assessed to ensure merit-based short listing;
- national interviews conducted;
- national order of merit list created;
- second reference check conducted on selected candidates, as necessary;
- national allocation to training positions based on national order of merit.

The College guidelines for selection of trainees are freely available on the ACD website and there is comprehensive information available to applicants on the success rates of applicants and the geographical location of training places. It is made clear that previous experience in dermatology is not a requirement for entry into training.

The state faculties are working with the Honorary Secretary to evaluate the trainee selection process and it is possible that the Selection Committee will be re-established.

7.1.4 2011 Team findings

The College’s selection process has been revised following a detailed review by an independent consultant in 2008.
The new national selection process meets the criteria for a fair and transparent process which is merit based. Furthermore, as a result of the College coordinating the process, selection policies are consistently applied across Australia. The Team was encouraged to see that the selection process is aligned to the curriculum, in that the process attempts to assess whether the applicant is capable of and likely to achieve the broad outcomes of the training program as outlined in the curriculum.

Since 2007, the College has developed a recognition of prior learning policy. This is discussed further in Section 3.6 of this report.

The College’s selection guidelines are well articulated and are available on its website. It was evident on site visits that there was widespread support for the adoption of a new national merit-based selection process. The Team’s feedback from site visits identified two potential areas for review in the College’s intended review of its selection processes planned for later in 2011. The College has indicated that both of these matters are likely to be examined.

The first matter relates to clarity of the weightings and the marking system applied to all of the various components of the selection process, for example, which weighting is given to verbal referee reports and the interview. Trainees met by the Team reported that this would be useful for those considering a career in dermatology both to guide their efforts prior to application in order to maximise their chances of success, and additionally, to better assess their likelihood of gaining entry into training.

The second matter relates to the ability of state faculties to have input into the selection process. For example, Faculty Chairs reported that the short-listing and selection process does not allow for the selection of a locally-based trainee over an interstate applicant who is listed as higher in merit. As a result, Faculty Chairs are reporting increased occurrences of interstate applicants being accepted into the training program over locally-based applicants, with subsequent transfer back to the state of origin, which is a new development. This has implications for the eventual dermatology workforce of the relinquishing state, as well as preventing that state’s supervisors from reaping the benefits of working with senior trainees rather than a succession of first year trainees.

The Team acknowledges that there is no one single process and method of selecting the most appropriate trainees. If the College were to increase the input of state faculties, it must be cognisant of maintaining transparency and fairness in the process.

Whilst workforce consideration is not, and should not be, the sole requirement for trainee selection, specialist medical trainees do have dual interdependent roles in the health care system; they are both workers and students completing postgraduate programs. The Team would encourage the College to consider the workforce implications of national merit-based selection. The Team suggests that the College seek the input of key stakeholders, such as state and territory health departments or other specialist colleges.

The Team considers that recommendations 24, 25 and 26 from 2007 have been met.

2011 Commendation

The rigour, fairness and consistent application of selection policies embodied in the new National Trainee Selection Procedure.
2011 Recommendation to satisfy accreditation standards

6 Communicate clearly on the scoring system and the weightings of the various components of the selection process for trainees. (Standard 7.1.3)

7.2 Trainee involvement in College affairs in 2007

The accreditation standard is as follows:

- The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

Trainees have the opportunity to provide feedback about their training and input into decision-making through the Trainee Representative Committee, which was established in 2004. Trainees from each regional Faculty select one representative and a Chair is elected from among this group. The Trainee Representative Committee meets face-to-face at the College Annual Scientific Meeting and by teleconference throughout the year.

Representatives of the Committee consult the trainees from their regional Faculty. The Trainee Representative Committee presents any concerns or suggestions to the Board of Censors or the Board of Directors. A representative of the Committee attends face-to-face meetings of the Board of Censors and the Board of Directors.

7.2.1 2007 Team findings

The Team applauds the establishment of the Trainee Representative Committee and the formal representation of trainees on College committees. During interviews with trainees and the Trainee Representative Committee, it was clear that the Committee has prompted several important changes including the introduction of the trial exam for third year trainees.

The College has also successfully utilised the Committee to gather feedback from trainees. It would appear that communication between the Committee members and the remainder of the trainees is somewhat ad-hoc and occurs primarily via word of mouth. If the Committee is useful to the College in disseminating information and gathering feedback, it should assist the Committee to distribute information to all trainees.

The way in which the Committee operates is not well defined. The confidence of the Committee in taking on tasks, speaking on behalf of the trainees and engaging with trainees would be enhanced by more defined operating procedures, terms of reference, appointment processes and resources.

7.2.2 Commentary by 2011 Assessment Team

In 2007, the AMC recommended the College formalise the terms of reference for the Trainee Representative Committee and clarify its role in policy development, meeting frequency, lines of communication and the role of the College in distributing information.

Since then, the College has developed formal terms of reference for the Committee, which define it as an independent body with a standing invitation to present reports to the Board of Education. As outlined in its terms of reference, the responsibilities of the Committee include:
serve as the formal avenue of communication between trainees and the BoE;

identify areas of concern to trainees and raise such issues with appropriate committees of the College, and to advise and assist in addressing such issues;

advocate for the importance of high quality dermatology training through the ACD training program;

promote equity of access to high quality teaching and learning for all dermatology trainees;

ensure transparency and accountability in the administration and governance of trainee matters within the ACD;

create an independent forum for trainees to meet and discuss issues of relevance to their training.

7.2.3 2011 Team findings

The College engages trainees in the governance structure through the Trainee Representative Committee. The Committee consists of an elected representative from each state and territory. Members are elected by their state’s trainees. This committee meets regularly either face-to-face or via teleconference.

The Team was pleased to note that, since 2007, trainee representation has been extended to the following College committees: Board of Directors, Board of Censors, Board of Education, Board of Training, and Teaching, the Learning and Curriculum Committee.

At present, representation on College boards and committees is voluntary. Trainees are observers who do not have voting rights. Feedback from TRC members indicates they are satisfied with their ability to provide input into the College’s governance processes and that their input is valued. Trainees perceive the College has significantly improved its recognition and appreciation of the role of trainees in governance.

While the current involvement of the TRC is commended, it appears that this satisfactory input of trainees into the governance structure of the College is partly the result of informal processes and agreements rather than of formal ones. The terms of reference of the various College committees do not specify where there must be a trainee representative. For example, the TRC is currently invited to attend Board of Directors’ meetings.

The TRC has been proactive in its role and operates as an independent body which provides an avenue for trainees to have an independent voice. The Team considers that, for the TRC to continue to contribute to College activities, it requires appropriate support. The College is encouraged to set up mechanisms to support the administrative work of the TRC.

It may be useful for the College to review the governance and support arrangements that exist at other colleges in regard to the involvement of trainees.

<table>
<thead>
<tr>
<th>2011 Commendation</th>
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<tr>
<td>O Current involvement of the Trainee Representative Committee on College training related committees.</td>
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2011 Recommendation to satisfy accreditation standards

7 Provide administrative support to the Trainee Representative Committee. (Standard 7.2)

2011 Area for improvement

00 Formalise the requirement for trainee representation on College training-related committees. (Standard 7.2)

7.3 College communication with trainees

The accreditation standards are as follows:

- The education provider has mechanisms to inform trainees about the activities of its decision-making committees, in addition to communication by the trainee organisation or trainee representatives.
- The education provider provides clear and easily accessible information about the training program, costs and requirements, and any proposed changes.
- The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

In 2007, the Team found that given the small number of trainees widely dispersed around Australia and overseas, it seemed feasible for the College to provide simple web-based communication forums for them, or to sponsor listserv mailing groups to enhance communication. The trainees really valued the sense of collegiality engendered by the annual trainees’ workshop, and might find benefit in electronic communication throughout the year.

7.3.1 Commentary by 2011 Assessment Team

The trainees whom the Team met felt adequately informed about the activities of the College including its decision-making committees and trainee representatives, College costs and requirements, and proposed changes to the training program.

Information is transmitted to trainees formally through such mechanisms as trainee memos and the College’s publication, The Mole, and at official College functions for trainees, including weekend workshops for first and third year trainees and the Registrar Day at the Annual Scientific Meeting. The Team was pleased to note that the College has a designated administrative assistant for trainees to contact regarding administrative issues.

Other informal mechanisms exist to facilitate communication. These include Yahoo e-groups for each trainee year and an email list of all trainees in Australia that is often used by trainees as a means to discuss training matters in an environment free of college oversight.

7.4 Support, counselling and monitoring of trainees

The College’s accreditation submission did not outline specific support mechanisms. On the site visits, trainees generally reported that they felt well supported and were comfortable approaching clinical supervisors, supervisors of training and directors of training for any additional advice and support required. The Team noted that College has been supportive of
trainees with particular needs or exceptional circumstances such as ill health. This attitude is engendered by the small size and cohesive nature of the College.

Trainees reported that clinical supervisors and supervisors of training generously gave of their time and expertise to assist them in gaining the skills and knowledge required to become competent clinical dermatologists.

7.4.1 Commentary by 2011 Assessment Team

In 2007, the AMC recommended the College make clear the formal mechanisms for trainee support and consider how College staff involved in education could undertake a larger role in dealing with trainees.

Since 2007, the College has been working with the Chair of Trainee Representative Committee to increase the awareness of lines of communication and processes available for trainees to seek advice. A flow chart has been developed to give clear guidelines and directions on whom to contact for a variety of issues.

In addition, the College has considered how its educational staff can undertake a larger role in dealing with trainees. The College now has a designated administrative assistant for trainees to contact regarding administrative issues. Trainees met by the Team indicated that this process was working well and that they knew who in the College to contact.

The Team considers that recommendation 28 and 29 from 2007 have been met.

7.5 Dispute resolution in 2007

The accreditation standards are as follows:

- The education provider has processes to address confidentially problems with training supervision and requirements.
- The education provider has clear impartial pathways for timely resolution of training-related disputes between trainees and supervisors or trainees and the organisation.
- The education provider has reconsideration, review and appeals processes that allow trainees to seek impartial review of training-related decisions, and makes its appeals policies publicly available.
- The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

Most of the trainees who met the Team in 2007 indicated they could approach supervisors and directors of training directly should the need arise.

Open communication between the trainees and supervisors can be especially difficult in small training programs, where there is significant overlap between supervisory and employment roles. Dermatology trainees, in general, felt well supported, that feedback is appropriate and constructive, and that they can voice concerns through various channels including the Trainee Representative Committee. Several trainees commented that they genuinely ‘felt part of the College’. Nevertheless, in such a small program, trainees can feel constrained in speaking openly about concerns that may arise in supervisor and trainee relationships, or in questioning decisions of the College which affect them personally. While acknowledging the difficulties in this situation, the Team would encourage the College to consider how it might be
addressed. Greater staff involvement in dealing with trainee concerns might assist by creating a channel for trainees to seek advice about their concerns, which does not involve dermatologists who are immediately involved in their training.

As noted earlier in this report, the processes for seeking guidance and resolving disputes can be ambiguous. Clearly documented pathways and processes for trainees seeking advice, known to all trainees, supervisors and heads of department would be beneficial.

The College has a clear appeals process outlined in the Training Program Handbook. The intention of this process is to provide a means by which any person adversely affected by a decision of any board or committee of the College, can have their grievances addressed in a properly constructed and formal manner. The Handbook clearly outlines the grounds for appeal and the process by which the Appeals Committee considers the decision.

Most trainees surveyed had not needed to access the College’s appeals process and were not aware of specific procedures. The Team found the appeals process to be documented adequately but could not comment on its execution because trainees consulted in this accreditation assessment had rarely used the process. The Team commends the College for providing the trainees with an opportunity to present appeals to a committee that is composed of both fellows of the College and lay people unconnected with dermatology training.

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<th>2007 Recommendations</th>
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7.5.1 Commentary by 2011 Assessment Team

Since 2007, the College has developed a number of policies pertaining to the resolution of training problems and disputes. The majority of these policies are contained or referenced under Chapter 6 of the Training Program Handbook. Relevant policies include:
- Anti-Bullying, Anti-Discrimination and Anti-Harassment Policy.
- Procedures for Resolving Bullying Discrimination or Harassment Complaints.
- Unsatisfactory Performance or Misconduct / Dismissal from Training.
- Appeals Process.

The College reported these policies have been required on few occasions. Nonetheless, these policies greatly increase the trainees’ clarity about what they may expect if they do have concerns regarding a range of training issues. A stated commitment to confidentiality is prominent in these policies. The Team found that the relevant policies are readily available. Supervisors and trainees reported them to be clear and comprehensive.

The Training Program Handbook clearly stipulates which members of the College staff should be contacted if trainees have questions or concerns. The trainee flowchart, on the trainee section of the ACD website, identifies which office bearer or committee to approach on various issues. It also indicates how issues move through the College hierarchy to be resolved.

The supervisors and trainees the AMC Team met suggested that there were few training-related disputes between either trainees and supervisors or trainees and the College. The Team was made aware of few instances of a trainee being reluctant to bring issues regarding training and supervision to light because of a perceived lack of confidentiality. The College will need to continue to make efforts to ensure that trainees feel that the College is capable of dealing with such matters in a confidential manner. The Team acknowledges that this problem is not unique to the ACD.

The College has introduced other measures, such as the Performance Improvement Forms, which supervisors reported were improving timely identification and remediation of issues with training performance. These forms, and the remediation process that is attached to them, are felt to meet the principles of natural justice in that they afford trainees sufficient notice that their performance is unsatisfactory, they clarify the areas for improvement, and they mandate that a process is outlined to help the trainee improve their performance to reach the expected standards.
8 Implementing the training program – educational resources

8.1 Supervisors, assessors, trainers and mentors

The accreditation standards are as follows:

- The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the training program and the responsibilities of the College to these practitioners.
- The education provider has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training of supervisors and trainers.
- The education provider routinely evaluates supervisor and trainer effectiveness including feedback from trainees and offers guidance in their professional development in these roles.
- The education provider has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.
- The education provider has processes to evaluate the effectiveness of its assessors/examiners including feedback from trainees, and to assist them in their professional development in this role.

8.1.1 College roles: Directors of Training and Supervisors in 2007

The College has a regionally-based structure for the supervision of trainees. In each state a director of training oversees program delivery. For each post a supervisor of training is available, and in each institution there is also a head of department. Other dermatologists involved in trainee teaching are designated clinical supervisors.

In overseeing the ACD training in their state, the director of training relates to both the post-specific supervisor of training and the head of departments. The duties of the director of training include involvement in selection, monitoring and remediation of trainee performance, oversight of supervisor performance and rotation structure to ensure the curriculum is delivered as intended and notification to the Chief Censor of any trainees whose performance is unsatisfactory. The director of training is also available to facilitate communication between trainees, supervisors, heads of department and the College. At times, the director of training may be required to act as an independent advisor for trainees. Each director of training reports to the ACD Board of Directors through the College Director responsible for implementation of the training program.

The supervisor of training is actively involved in ensuring that each trainee at his/her institution is engaging in the training opportunities available, and progressing satisfactorily. The supervisor of training is expected to play a key role in facilitating communication between the trainees, directors of training, head of department and the clinical supervisors. Supervisors of training are also expected to counsel trainees whose performance is unsatisfactory. Key features of the activities expected of supervisors of training include direct observation of trainee clinical performance, provision of formative feedback to trainees to facilitate the development of learning plans, and collation of summative assessments at the end of each six months. All supervisors of training are expected to be familiar with the curriculum of the training program.
Consultant dermatologists at each training institution act as clinical supervisors. They are responsible for the day to day supervision of trainees, and for completing in-training clinical assessments. These assessments are forwarded to the supervisor of training. Clinical supervisors are expected to be familiar with curriculum requirements, and to provide feedback to trainees about their performance.

At each training institution the head of department is expected to ensure that the supervisors of training and clinical supervisors are aware of their training responsibilities. The College also expects the head of department to have training responsibilities which include monitoring trainee performance, providing feedback to trainees and participating in the management of poorly performing trainees (with the supervisors of training and/or directors of training). This requires the head of department to be familiar with the training curriculum.

In addition to the formal College supervisors described above, many trainees will also have a self-selected professional mentor. The formality of these arrangements and the degree to which the College is involved varies from state to state.

A fellow of the College cannot occupy any of the positions of director of training, supervisor of training or member of the Board of Censors concurrently.

Each state faculty appoints a director of training, who must be a fellow of the College of at least five years standing. The maximum appointment for a director of training is two terms of three years.

At each institution with accredited training posts, the dermatologists at that institution appoint a supervisor of training. In Australia, the supervisor of training must be a fellow of the ACD, however for overseas training posts the supervisor of training must be a member of the equivalent body in that country. Clinical supervisors are designated as such by virtue of their appointment as consultant dermatologists at a training institution. Heads of department are appointed by each institution in a service administrative role.

In NSW and Victoria a coordinated mentor program is conducted. Trainees identify a fellow of the College and arrange mentorship. The arrangement is notified to the College. In other states, informal mentorship arrangements may exist.

8.1.2 2007 Team findings

Like all colleges, the ACD relies on the contribution of its fellows for the supervision, assessment and mentoring of dermatologists in training. For such a small college, it is remarkable that such a relatively large proportion of the membership is active in the training program.

The Team noted that, structurally, a comprehensive system for the supervision and in-training assessment of trainees was in place in each state. The directors and supervisors of training, clinical supervisors and heads of department interviewed by the Team were universally enthusiastic about their training responsibilities and committed to facilitating high quality education.

There was, however, some variation between states in the way in which each of the directors of training, supervisor of training, and head of department undertook the management of trainee performance. For example, in Victoria, the heads of department formally meet with the
directors of training to discuss trainee performance, and in Western Australia, this is the responsibility of the supervisor of training. The College has documented the responsibilities of the various training and supervisory positions, and it is apparent from these descriptions that there is overlapping responsibility. This perhaps contributed to the observed variations between states and some lack of clarity of roles and lines of communication. These role statements therefore need revision to clarify the distinguishing responsibilities for each of the supervisory positions and the lines of communication.

The lack of clarity in the roles and lines of communication for directors of training, supervisors of training and heads of department also had an impact on trainees when they sought advice on training matters. Although one advantage of the small size of the College is that trainees can seek guidance on such matters from fellows who hold a range of College positions, this may make the processes for seeking guidance and resolving disputes ambiguous. Clearly documented pathways and processes for trainees seeking advice, known to all trainees, supervisors and heads of department would be beneficial. In this regard, the staff of the College involved in education may be able to undertake a larger role.

As a small specialty, dermatology has many College fellows directly involved with training. This often results in fellows undertaking the various supervisory roles in succession, and then perhaps moving to the Board of Censors. The Team observed that many supervisors of training were recent graduates from the training program, and that this was seen as having the advantage of them being close to the trainees’ perspective. The head of department may appoint the local supervisor of training. In some institutions the head of department takes on the role of the supervisor of training. In clarifying their respective training roles, there may be some advantage in ensuring that these roles are not held concurrently.

Trainees identified their mentors in a variety of ways, and were satisfied that these were effective. Trainees may already have established mentors prior to entering training, as many have spent some considerable time gaining dermatological experience before entering the ACD program. Trainees spoke very positively of their mentors, who they identified as a trusted professional advisor. Given this, it is likely that all trainees could benefit from access to a formalised mentor scheme.

8.1.3 Training for supervisors, trainers and mentors

The College provides a Supervisor Training Manual to all supervisors of training on a yearly basis. Supervisors of training are also expected to attend a faculty development workshop which runs during the annual scientific meeting of the College. The workshop and manual provide specific information to supervisors about conducting formative and summative in-training assessments. Clinical supervisors are not offered training by the College. There is no program for training mentors.

8.1.4 2007 Team findings

Supervisors who met the Team are committed to performing these roles well, and would value opportunities for interaction and discussion with their peers. The College has established a new Board of Training, which will bring all the directors of training together for the first time. It has provided an opportunity for greater cohesion between the directors of training in each region, which could be expected to lead to less variability in the delivery of training between states. This development is commended.
This cohesion does not extend to established networks for supervisors of training in all states however. In Western Australia the supervisors of training meet quarterly with the director of training, and both the local director or training and supervisor of training regarded this as very effective. This successful model should therefore be extended to the other training regions.

Supervisors who had attended the faculty development workshop provided by the College spoke highly of it. There were a number of supervisors who had not yet had this opportunity, and as the supervisors of training may be younger fellows, a systematic approach by the College to supervisor training is warranted. Clinical supervisors, who do not have access to faculty development, but are expected to assess trainees and provide feedback, should be offered opportunities to attend workshops. A process for formal trainee feedback on the quality of their supervision should be considered. The Team acknowledges that the College has an intention to increase the support available to fellows who act in these roles. The Team supports this plan while acknowledging the significant challenges to implementing processes to develop supervisors’ skills and to provide feedback to supervisors on their work.

2007 Commendation
H The significant contribution of the fellows of the College to the supervision, assessment and mentoring of dermatologists in training.

2007 Recommendations
20 Revise the role descriptions for the directors of training, supervisors of training, clinical supervisors and heads of department to clarify the distinguishing responsibilities for each of the supervisory positions. This should include explicit and widely publicised:
• lines of communication for trainees with supervisors, between different levels of supervisors, and with heads of department in relation to training matters;
• pathways and processes for trainees to seek advice.
21 Explore the formalisation of mentoring for trainees in all states.
22 Establish regular meetings of supervisors in all regions to discuss the implementation of training and issues of trainee performance.
23 Offer faculty development opportunities to all supervisors.

8.1.5 Commentary by 2011 Assessment Team
In 2007, the AMC made the following recommendations relating the College’s supervisory positions: revising the roles and responsibilities of supervisors (recommendation 20); formalising the mentoring program (recommendation 21); establishing regular supervisor meetings (recommendation 22); and offering supervisors faculty development opportunities (recommendation 23).

Since 2007, the College has developed a number of processes for supervisory positions intended to address the recommendations.
The College has reviewed and revised the roles and responsibilities of those who supervise trainees. While the names of the key roles are unchanged, some elements of the roles have been clarified. The roles, described in the ACD Training Program Handbook (2011) are described briefly below:

- **Directors of Training** – The Director of Training (DoT) is responsible for overseeing the organisation and implementation of the College training program in their Faculty, and for ensuring that each trainee has the opportunity to achieve the aims and goals of the training program. The DoT ensures communication is effective between trainees and the College.

- **Supervisors of Training** – Supervisors of Training (SoT) are fellows of the ACD who are responsible for implementing and overseeing the College training program in the institution to which they are affiliated. The SoT is involved with the day-to-day teaching and supervision of trainees in the clinical situation. The SoT supervises and assists the Clinical Supervisor and the Heads of Department to ensure the proper functioning of the training program in their hospital department and in the overseas-training positions, as well as in private practices or community medical centres that trainees rotate through when based in that department. The SoT ensures that trainees have the training opportunities required to attain the competencies relevant to these training positions, which are documented in the College curriculum.

- **Clinical Supervisors** – Clinical Supervisors (CS) are College fellows who consult at a facility at which accredited dermatology training positions are based. The primary role of the CS in relation to trainees is to provide on-the-job teaching and feedback.

- **Heads of Departments** – Each training position has a designated Head of Department (HoD). The Head of Department has specified duties as part of their employment in the hospital or other institution; these are not discussed in this document.

- **Mentors** – The College acknowledges the need for all trainees to have a mentor. This is not an official College position or administered by the College. The mentor is a third party with whom trainees should liaise in order to discuss issues arising from training, study or other areas of concern. Each state sources and allocates its own mentors attached to the different training positions.

### 8.1.6 2011 Team findings

In 2007, the AMC Team recommended the College revise the roles and descriptions of supervisors to clarify the distinguishing responsibilities for each supervisory position.

The ACD Training Program Handbook (2011) sets out the roles and responsibilities for Directors of Training, Supervisors of Training, Clinical Supervisors and Heads of Departments, mentors and trainee liaison officers. On the Team’s site visits, fellows reported they were generally clear about their role and responsibilities, and the goals and objectives of those roles had been communicated to them. The Team found that the documentation of role descriptions is clear and concise. It was accessible to all trainees and supervisors.

The strength of the College continues to be the engagement by fellows in supervision, assessment and the mentoring of trainees. The College largely relies on the informal selection processes necessarily associated with the volunteer nature of the teachers and supervisors. The College and state Directors of Training, as required, will approach fellows directly to undertake the role of supervisor. While the Team acknowledges the pool of potential supervisors is limited, the College is encouraged to consider further approaches to improving
the selection and development of all fellows involved in assessment, including evaluating the feedback from trainees.

College censors are appointed by the Board of Directors, on the recommendation of the Board of Education. Members of the Board of Censors may nominate occasional examiners. These are usually dermatologists actively involved in teaching and/or with particular expertise in a specialised area of dermatology aligned with components of the examinations for that year. Occasional examiners are appointed each year to encourage and increase the number of fellows with exposure to the examinations process and to identify future members of the Board of Censors.

The AMC standards and procedures identify that “clinicians make significant contribution to medical education as teachers and role models for doctors in training. The roles of supervisor, assessor, trainer and mentor are critical to the success of the training program, especially given the apprenticeship nature of specialist training. It is essential that there is adequate training and resources for these roles.”

A pleasing development is the availability of resources for developing the capacity of these individuals in their teaching role. The College has implemented a number of strategies to inform supervisors of the availability of training and development activities, including regular meetings at state levels and annual workshops. Supervisors are required to complete various learning and reflective activities and the College has indicated it will follow up with supervisors who have not commenced or completed modules. At this early stage, the College is yet to introduce a formal system of recording compliance in this area. The Team encourages the College to commit ongoing resources for this purpose.

The resources available, or in development, to supervisors is listed below:

- The Cognitive Institute, outsourced supervisor training;
- The TELL Centre Western Australia;
- online teaching modules for supervisors;
- supervisors’ handbook;
- Moodle Learning Platform;
- Webinar online conference tool;
- other ad hoc activities (i.e. as part of the AGM and the Mole).

The College has used the 2010 Annual Scientific Meeting survey of trainees and an additional trainee questionnaire at the end of 2010 to obtain collective data on supervision and teaching. The College indicated difficulties obtaining constructive feedback from trainees due to concerns that they can be identified as the source. The survey has provided useful feedback in order to pinpoint issues of concern, but at this early stage, it is not clear how the College intends to incorporate these results in the College’s evaluation of supervisors and trainer effectiveness, and how this information can assist in their professional development.

The College made limited reference to this in the accreditation submission, referring to intent by the Teaching, Learning and Curriculum Committee and Board of Training to examine how to incorporate education and feedback for supervisors and trainers. The Team encourages the College to evaluate supervisor effectiveness by regularly seeking meaningful feedback from trainees as well as using other methods.
In 2007, the Team recommended that, in addition to defining the roles and responsibilities of supervisors, the College was to make clear the lines of communication at all levels available for trainees as well as pathways and processes for trainees to seek advice.

The College has been working with the Chair of Trainee Representative Committee to increase trainees’ awareness of the lines of communication and processes to seek advice. As noted above, a flow chart gives clear guidelines and directions on whom to contact for a variety of issues.

It is recognised that there are advantages for a trainee to have an ongoing relationship with a specialist in the discipline who has no formal role in the assessment or employment of the trainee. The Team found that there were examples of active encouragement of mentorship programs, however that these were not consistent in all the faculties. More generally, there were informal methods of obtaining mentorship or executive intent to develop capacity by way of web-lists and liaison officers. The College is developing options for trainees to select a mentor by including a list of potential mentors on the College website and through the appointment of a trainee liaison officer who can allocate a mentor when requested. The Team encourages the College to continue to develop and implement the mentoring scheme.

The Team considers that recommendations 20, 21, 22, 23 from 2007 have been met.

<table>
<thead>
<tr>
<th>2011 Commendation</th>
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<tr>
<td>P Development of clear roles and responsibilities for supervisors.</td>
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<th>2011 Recommendations to satisfy accreditation standards</th>
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<tr>
<td>8 Develop and formalise a process for the selection of supervisors and examiners. (Standard 8.1.2 and Standard 8.1.4)</td>
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<tr>
<td>9 Take a stronger role in implementing a system for regular review of supervisor performance, including seeking meaningful feedback from trainees. (Standard 8.1.3)</td>
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<th>2011 Area for improvement</th>
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<tr>
<td>PP Continue to develop and implement the mentoring scheme. (Standard 8.1)</td>
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8.2 Clinical and other educational resources

The AMC accreditation standards are as follows:

- The education provider has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the education provider are publicly available.

- The education provider specifies the clinical and/or other practical experience, infrastructure and educational support required of an accredited hospital/training position in terms of the outcomes for the training program. It implements clear processes to assess the quality and appropriateness of the experience and support offered to determine if these requirements are met.
• The education provider’s accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programs, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.

• The education provider works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients and clinical problems for the training purposes, while respecting service functions.

8.2.1 College accreditation processes in 2007

The College accredits individual posts for dermatology training on a three to five year basis.

There are currently 63 posts accredited for training in Australia and overseas. In Australia, posts are accredited in a mix of public and private settings. There are some rural training opportunities, although access to these is variable. There are eight accredited overseas posts which are considered a normal part of the rotational systems of particular states. Two posts in the United Kingdom are competed for as part of a pharmaceutical industry-funded scholarship program. Trainees may spend up to one year in an overseas training program.

For College accreditation, the head of the department in which the post is located is required to complete a form detailing the training program of each trainee based in the institution concerned. The form relates to the specific activities which the individual trainee carries out during the course of the week.

The introduction to Appendix 6 of the Training Program Handbook describes the features required to be assessed as ‘adequate’ before a training post is accredited:

• clinical exposure and supervised training;
• instruction in procedural dermatology;
• instruction in dermatopathology;
• instruction in medicine and surgery relevant to dermatology;
• teaching in the form of tutorials and seminars;
• library and computer facilities;
• time for reading and study during normal working hours;
• arrangements to allow trainees to attend lectures and seminars within the hospital and at other institutions.

The Board of Censors has responsibility for periodic inspection of accredited posts. Inspections are usually timed to coincide with the College’s Annual Scientific Meeting or the clinical examinations in that state. The Board of Directors, however, may direct the Chief Censor to examine the content of a particular training position or positions at any time.
To quote from the Handbook (page 61):
‘The accreditation visit will be conducted by 2-3 members of the Board of Censors at least one of whom will be from a State other than the State being inspected. A representative of local health jurisdictions will also be invited to be involved. The inspecting team(s) will carry out site visits to all institutions involved in the training positions of the State and will conduct individual interviews with each trainee. This will be followed by an interview with the Head of Department and/or Supervisor of Training in each particular institution. Following the inspections of the individual institutions a comprehensive interview will be undertaken with the Director of Training of the State being inspected. The inspecting team will then prepare a report which will be presented to the Chief Censor with, if necessary, discussion with the full Board of Censors via teleconference.

The Chief Censor will then present a report to the Board of Directors. Possible outcomes of the accreditation inspection might be: recommendation for full accreditation; recommendation for provisional accreditation for a limited period of time – usually one year – with reinspection; or recommendation for dis-accreditation of a particular training position(s). In the latter instances the Chief Censor should discuss with the Head of Department and/or Head of Training, the State Director of Training and the Chairman of the State Faculty concerned the reasons for recommending dis-accreditation or provisional accreditation with the view to addressing and rectifying the problems identified by the inspecting team.’

In the Training Program Handbook, the College indicates that a limited number of training institutions in Australia are able to provide the facilities for training in all aspects of the curriculum. It indicates that all State Faculties should have some form of rotational system to ensure that all trainees have adequate exposure to all aspects of the curriculum.

The accreditation decision may restrict the length of time a trainee can spend in a training position if the position does not provide the full range of training experiences required to attain the curriculum standards.

8.2.2 2007 Team findings

The College acknowledges the need to develop explicit accreditation standards. The development of the curriculum offers an opportunity to set standards that relate to the curriculum, and to assess the clinical/educational experience offered by posts against these standards.

Although not formally presented as accreditation standards, the material in Appendix 6 of the Training Program Handbook should form a good foundation on which to assemble standards.

The accreditation standards should describe broad requirements relating to employment conditions, and inquire into the trainees’ access to protected teaching time. While working conditions are not directly an issue for the College, a College-accredited post is expected to provide an appropriate environment for training and adequate support for the training program. Therefore the College should have mechanisms to consider trainee concerns about employment conditions that affect training, and be able to advocate for its trainees if it considers that the training requirements cannot be satisfied.

The Team recommends that the College increase the specificity of its policy documentation for accreditation, including explicit accreditation standards, clear procedures for seeking
accreditation of a new post, and clear processes for reporting on changes to posts. The Team encourages the College to use its authority as an accrediting body to ensure standards are met.

The College’s standards will need to be appropriate for private and public posts, and will need to be applied as rigorously to overseas posts as to local posts. It was not apparent to the Team that the educational benefits of some overseas posts – most notably Singapore and the recently discontinued Gosport placement in the United Kingdom – outweighed the imposition on registrars attending there and receiving substantially reduced salaries. These overseas rotations are not voluntary and involve only a proportion of the trainees. It is unclear how trainees are selected for these posts.

There are many more applicants for training than places available, and aspiring dermatologists have sought a variety of experiences to increase their chances of selection. One way is to seek experience working in positions that give clinical exposure. These positions, which include observers, dermatology assistants and honorary clinical assistants, have provided a variety of experiences: from observing and assisting the accredited registrar with paperwork, to seeing patients, operating and undertaking biopsies. Some of this work appears to be unpaid. Some trainees who have been in these positions believed that the experience helped prepare them for training and would assist them in selection but indicated that the level of responsibility and experience was less than that given to trainees in the program. In others, it appeared that the experience and training were well supervised, and could be sufficient for accreditation of the post. The Team urges the College to be proactive in identifying those experiences which could create additional accredited training posts.

8.2.3 Clinical experience, infrastructure and educational support in 2007

Public hospital outpatient clinics form the backbone of the dermatology vocational training program, although access to other areas of practice such as cosmetic dermatology and dermatopathology are provided on a limited scale through private practice, and the Skin and Cancer Foundations in Victoria and New South Wales. These foundations are not-for-profit organisations that provide clinical and dermatopathological services in association with their educational roles.

The College is committed to finding opportunities to expand the use of private practice for training to provide exposure to common dermatological conditions best represented in private practice and less frequently seen in hospitals. The Team recognised that the public hospitals, and the Skin and Cancer Foundations in the states that have them, serve to provide registrars with access to the more complex clinical presentations and skills in which they need to be competent if they are to be specialists in dermatology. The Team also considered that increasing the number of accredited training posts in the private sector would increase both the range of dermatological presentations seen by registrars and the number of posts available to them. The College is encouraged to pursue the negotiation of specialist provider numbers for registrars in accredited private training posts to make them financially viable.

The College’s stated commitment to increasing the number of posts available is commended.

Some states have a rotating policy whereby trainees visit a number of different training sites during their term, thus gaining a broader range of experience and exposures to supervisors than if they had only worked in the one hospital for the whole year or longer. The state director of training plays an important role in ensuring that each trainee has a full range of experiences, and that any identified gaps in experience are filled as soon as possible.
8.2.4 2007 Team findings

Trainees expressed satisfaction with the range of experiences they received, although on some rotating programs trainees spent considerable time travelling. Travel time was also a concern for trainees undertaking regular country trips. All trainees thought it important to have a variety of experiences and to be exposed to a number of different supervisors throughout their training. Trainees also thought that exposure to emerging areas of dermatology such as lasers, which was unavailable in the public system but available in private clinics, was appropriate.

The Team’s site visits and feedback from trainees and supervisors confirmed the College’s requirement of attendance at a minimum of four supervised general dermatology clinics and at least one dermatological surgery session per week was generally adhered to, as was the College’s expectation that trainees either observe or participate in available specialty clinics. The College expects a clinic in paediatric dermatology to make up one of the general dermatology clinics for at least part of the training program, although it did seem that the amount of paediatric experience available to trainees was variable. As noted in section 3, there are concerns about the level of supervision available to trainees in dermatology surgery and some concerns about the amount of experience available to trainees. The Team encourages the College to provide specific guidance in relation to these requirements.

The College’s commitment to identifying training opportunities in the public and private sector is commended, as is the enthusiasm of supervisors in allowing opportunities for trainees to extend their experience in private rooms. The Team was concerned that there was not clear advice to trainees and supervisors about the formal procedures that should apply for gaining this experience, for example when a trainee employed full-time in a public hospital spends part of their working week in private settings.

Although there is a national process for selection into dermatology training and the program is considered a national one, there is limited movement of trainees between regions. The Team would encourage the College to consider a more flexible approach to trainees rotating through different regional programs to address gaps in training.

The local process by which the directors of training review the trainee’s experience annually appears to work well. This is assisted by the requirement that trainees document their skills and experience in a logbook. The College could use de-identified information from the trainees’ logbooks to build a national picture and inform action to address variability in trainees’ clinical experience.

8.2.5 Access to facilities and educational resources in training sites in 2007

Trainees have the same level of access to hospital-based educational facilities as any other hospital-based trainee. Although there is a small library at the ACD’s Sydney headquarters, trainee access to its resources is limited. In Victoria, all trainees have access to the meeting rooms and library at the Victorian Skin and Cancer Foundation.

2007 Commendation
G The College’s commitment to identifying training opportunities in the public and private sector is commended, as is the enthusiasm of the supervisors in providing training opportunities for the next generation of dermatologists.
2007 Recommendations

17 Set explicit standards for vocational training posts and further define the process by which posts are selected, inspected, monitored and reviewed.

18 Review the educational value of accredited training posts overseas against these standards.

19 Identify dermatology activities that could become additional accredited training posts, with a particular focus on those positions which are filled by aspiring dermatologists, as observers, dermatology assistants and honorary clinical assistants.

8.2.6 Commentary by 2011 Assessment Team

In 2007, the AMC recommended the College set explicit standards for vocational training posts and further define the process by which posts are selected, inspected, monitored and reviewed (recommendation 17); review the educational value of accredited training posts overseas (recommendation 18); and identify activities that could become additional accredited training posts (recommendation 19).

Since 2007, the College has developed its processes and criteria for the accreditation of training posts. The new policy and process are described in detail in the College Accreditation of Training Positions Policy and Process Handbook.

The College’s accreditation submission summarises the major changes as follows:

- It has developed four defined accreditation standards with detailed criteria.
- There are two application forms for accreditation of training posts, one for new training positions and one for existing training positions. For the re-accreditation of existing positions, trainees are also asked to complete a survey.
- Training positions were previously grouped according to states but are now affiliated with a regional training network, enabling training positions to be grouped together to ensure core requirements of the curriculum are delivered.
- The revised accreditation policy stipulates the accreditation cycle is five years instead of a band of three to five years.
- The composition of the accreditation team has been defined to ensure consistency of accreditation visits.
- The policy details the various possibilities regarding accreditation status.

In 2011, the College’s accreditation standards as detailed in its Accreditation of Training Positions Policy and Process Handbook were:

- **Standard One - Education and Training:** Training positions provide educational and clinical training opportunities that contribute to enabling trainees to attain the competencies of the ACD curriculum and the requirements of the ACD four-year training program.
• **Standard Two - Supervision and Coordination:** Training positions provide effective supervision to support trainees in acquiring the necessary skills, behaviours and knowledge to become competent dermatologists, including an increasing degree of independent responsibility as the trainee progresses.

• **Standard Three - Equipment, Facilities and Clinical Support:** Training positions provide access to the equipment, facilities, resources and clinical support that contribute to enabling trainees’ to deliver and manage patient care across the breadth of the curriculum.

• **Standard Four - Learning and Working Environment:** Participating institutions provide an environment that fosters a commitment to learning and a structure that delivers and monitors safe practices.

Each standard has a number of criteria that describe key components of the standard, minimum requirements to be met, and requirements to be demonstrated during an accreditation site visit or review.

Supervisors of Training are responsible for implementing and overseeing the College training program in the institution to which they are affiliated. State faculties continue to play a critical role in the local delivery of education and training.

The College has accredited training positions in Western Australia, Queensland, Victoria, New South Wales and South Australia. The College has seven overseas dermatology training positions, with five in the United Kingdom, a position in Ireland and one in Singapore. The College has begun reaccrediting the overseas-training positions against its new standards. It has a program of overseas visits planned for 2011. The Chair of the Board of Training has visited two UK training positions. Overseas registrars are currently in the Wirral, UK, with additional overseas placements in Drogheda, Ireland and Portsmouth, UK arranged for 2012.

### 8.2.7 2011 Team findings

The Team commends the College on the progress it has made in developing new accreditation standards and clear processes and criteria to select and recognise posts for training purposes.

The College, in its Accreditation of Training Positions Policy and Process Handbook, sets explicit accreditation standards with defined criteria. It details how to initiate the accreditation process and timelines regarding the pre-visit activities and the submission of reports. The Team is encouraged that the standards have been mapped to the College’s curriculum.

The revised accreditation policy and process were trialled in 2010 and the College plans to roll out the new accreditation policy and process over the next two years. With the completion of the initial trial, the College has obtained written and verbal feedback from the accreditation team and organisers. Areas for improvement included minimising the repetitive paperwork, widening the rating criteria and conducting a pre-visit teleconference with the accreditation team to ensure accreditors are familiar with the paperwork. The Team found that the accreditation standards are generally understood by the fellowship. The Team encourages the College to make these publicly available.

The College recognises that challenges remain, particularly around expanding the number of accreditors, training accreditors, administrative workload, and effectiveness of the process, as well as systematic follow up of recommendations. It has a number of strategies to address...
these challenges. One of the strategies includes a proposal to shift the overall responsibility for the College’s accreditation functions from the Board of Censors to a new accreditation committee. The Team acknowledges that the accreditation process will continue to present challenges, particularly given its resource intensive nature. The College should report on the implementation of its new accreditation policy and processes in annual reports to the AMC.

The Team found that the College has an ongoing program for assessing the quality and appropriateness of the experience and support offered for all training positions. The College requires that new training positions must meet all criteria to be considered for provisional accreditation. For existing training positions, if the mandatory criteria are not met, a development recommendation is required and a strategy for change is necessary.

In 2007, the College was asked to review the educational value of accredited training posts overseas. The Team noted a variance in perception between trainees and the College regarding the compulsory nature of overseas posts. A number of trainees thought the overseas posts were compulsory. The College officer bearers subsequently assured the Team that these positions are open to volunteers. The Team encourages the College to articulate clearly and to promulgate widely and regularly the requirements of overseas posts.

In 2007, the AMC recommended the College identify dermatology activities that could become additional accredited training posts, with a particular focus on positions filled by aspiring dermatologists as observers, dermatology assistants and honorary clinical assistants. In response, the College is considering increasing flexibility to allow possible positions for trainees either in full-time positions or to enhance their current training. Now there is a recognition of prior learning policy, a junior trainee may seek recognition of experience.

The College has been proactive in creating new training positions. It has worked effectively as a national training body in negotiating with the Commonwealth for support for training positions. So it can continue to respond to the need to create new positions, the College is encouraged to increase the state faculties’ engagement with health jurisdictions.

In Australia, the College has provisionally accredited five new training positions for 2010/2011, including positions in rural NSW, Tasmania and International Medical Graduate positions in NSW and SA.

Despite these developments, it was not clear to the Team that a final accreditation report was available or distributed to all stakeholders within three months of the accreditation visit, as prescribed in the College’s Accreditation Policy and Process Handbook. Main clinical placements are being accredited according to the College’s new standards and accreditation process. The Team encourages the College to ensure that all locations within which trainees work (including rural and overseas) are considered within the accreditation process.

The Team considers that recommendations 17, 18 and 19 from 2007 are met.

2011 Commendation
Q Development of the revised policy and process for the accreditation of training positions.
2011 Recommendations to satisfy accreditation standards

10 Implement processes to ensure that the outcomes of the accreditation assessments of rural and regional rotations and overseas postings are clearly documented within the prescribed timelines. (Standard 8.2.1)

11 Report on the roll out of its new accreditation process and on the establishment of an accreditation committee. (Standard 8.2.1)

12 Ensure that the revised accreditation standards are made publicly available. (Standard 8.2.1)

Areas for improvement

QQ Continue to promote engagement between individual faculties and state health jurisdictions. (Standard 8.2.4)

RR Address the challenges of the accreditation process, namely:
  • expanding the pool and training of accreditors;
  • ongoing administration of visits;
  • systematic follow-up of recommendations and conditions on accreditation. (Standard 8.2)

SS Review policy to ensure the requirements of overseas posts are clear and promulgated widely to all trainees and supervisors on a regular basis. (Standard 8.2.1)
9 The ACD Continuing Professional Development Program

9.1 Continuing Professional Development

The accreditation standards concerning continuing professional development are as follows:

- The education provider’s professional development programs are based on self-directed learning. The programs assist participants to maintain and develop knowledge, skills and attitudes essential for meeting the changing needs of patients and the health care delivery system, and for responding to scientific developments in medicine as well as changing societal expectations.

- The education provider determines the formal structure of the CPD program in consultation with stakeholders, taking account of the requirements of relevant authorities such as the Medical Board of Australia and the Medical Council of New Zealand.

- The process and criteria for assessing and recognising CPD providers and/or the individual CPD activities are based on educational quality, the use of appropriate educational methods and resources, and take into consideration feedback from participants.

- The education provider documents the recognised CPD activities of participants in a systematic and transparent way, and monitors participation.

- The education provider has mechanisms to allow doctors who are not its fellows to access relevant continuing professional development and other educational opportunities.

- The education provider has processes to counsel fellows who do not participate in ongoing professional development programs.

9.1.1 The ACD Continuing Professional Development Program in 2007

The College introduced a continuing medical education program in 1993, and over time has expanded the program to incorporate the diverse range of educational activities, both clinical and non-clinical, which contribute to a dermatologist’s professional development. To reflect these changes, the program has been renamed the Professional Development Program (PDP).

The Program is based on accepted principles of adult education. It assumes fellows’ willingness to review their own performance in practice and ability to monitor their own educational needs. It aims to provide participants with a formal structure to:

- monitor their own participation in professional development activities;

- demonstrate their commitment to the review, maintenance and enhancement of their professional skills to patients, peers, regulatory bodies and the community.

The duration of the PDP cycle is three years. The current cycle commenced on 1 January 2006 and will conclude on 31 December 2008.

The 2006-2008 PDP requires a minimum of 300 points to be accumulated over a three-year cycle. Participants must gain at least 50 points per year, and no more than 150 points per year will be counted towards the total.
Participation in the PDP is voluntary. In the last complete PDP cycle, 97 per cent of fellows participated in the Program, with 59 per cent fulfilling all program requirements.

In recent years the College has sought to encourage participation in the PDP by:

- involving participants in program development;
- increasing the flexibility and relevance of the program;
- simplifying administrative requirements;
- providing clearer information about the program;
- informing participants about the process;
- awarding a certificate of completion to fellows who meet requirements.

The ACD program is open to all fellows of the College as well as to the following:

- dermatologists recognised by Medicare Australia who have paid the College’s CPD levy;
- overseas-trained dermatologists currently undertaking supervised clinical assessment by College, or who are in declared Area of Need positions in dermatology;
- dermatologists recognised by Medicare Australia occupying acceptable academic positions in tertiary academic institutions approved by the College Board of Directors.

A wide range of activities is eligible for PDP points. These are grouped into three categories:

**Category A: Practice-based activities - no minimum requirement.**

**Category B: Meetings and other formal activities - minimum 50 points per triennium.**

**Category C: Personal reading and study - maximum 150 points per triennium.**

In each category, there are a number of types of activities which are eligible for points. These are outlined in the table below and described in greater detail in the PDP Handbook provided to all participants in the Program.

<table>
<thead>
<tr>
<th>Category A</th>
<th>Practice-Based Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>No minimum requirement e.g. Individual practice review College practice review activities (in development) Clinical risk management reviews Hospital quality assurance/audits Clinical audits Peer review of procedural skills Practice visits (in development)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category B</th>
<th>Meetings And Other Formal Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Min. 50 points per triennium e.g. Meetings and conferences Skills workshops Small groups learning Clinical attachments Case conferencing Higher education courses Journal quizzes Presentations Educator activities Publications, editing and reviewing Relevant College subcommittee work</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category C</th>
<th>Personal Reading And Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Max. 150 points per triennium e.g. Medical reading Internet searches Audio visual materials Reading poster presentations at the College ASM</td>
<td></td>
</tr>
</tbody>
</table>
The College undertook its first formal evaluation of the program College in 2005. The criteria for the most recent evaluation were:

- consistency with the general adult learning literature and the medical education literature;
- consistency with the standards of regulatory bodies;
- acceptability to participants.

The College evaluation report for 2006-2008 outlines the requirements and administrative processes of the new program. It highlights the key changes, increased flexibility, new emphasis on education at the practice level, and encouragement for participants to develop their own educational activities, and the detailed program requirements.

9.1.2 2007 Team findings

The Team found that the College has undertaken an extensive review of the education literature, the requirements of the regulatory bodies, and the extent of participation by fellows and their perceptions of the structure and development of the current programs.

The College surveyed fellows, and 49 per cent of fellows responded. This survey has given the College information as to respondent demographics, fellows’ perceptions of the worth of the program to individuals including the impact on their effectiveness to practise as a consultant, the effectiveness of educational formats, the usage of electronic media and the willingness of the participants to continue involvement in the program.

In the conclusions drawn from the survey the College states that the results of the evaluation will be used to inform the development of the CPD program for 2006 – 2008.

It was not clear to the Team how the College intended to use the material from the survey to improve the program or to inform the fellowship as to the future directions and modifications to the program. The Team would encourage the College to formulate a succinct plan to follow up on this feedback to improve further fellows’ participation and understanding of the needs for and requirements to participate in continuing medical development.

The College has expanded its compliment of professional managerial staff to include an education team, which is well qualified to formulate and further develop the basis for an effective continuing professional development program. The College is encouraged to use this resource to its maximum, and is commended for this expansion of these resources.

The College’s new three-year cycle Professional Development Program includes recognition of a wider range of educational activities, and a move away from passive learning experiences and greater recognition of practice-based learning. The Team commends these changes.

There are opportunities for the College to take a greater role in setting standards for particular areas of specialised practice and to encourage fellows’ participation in audit of their practice in those areas.

Using the new Education Committee, there are opportunities for the Professional Development Committee to engage with educational developments under the auspices of other College committees and taskforces. With the curriculum as the underpinning document, this should allow greater integration of educational activities and efforts for all levels of education and learners.
The College is encouraged to explore the wider use of e-based learning and self-assessment as part of its professional development program. Many other institutions provide material for e-based learning and a model for the delivery might be based on whichever of these are appropriate and piloted within the current College program.

As noted in section 4 of the report, the Team found that trainees seemed to have limited knowledge of the professional development program. The current Trainee logbook and the requirements for trainees to participate in scientific pursuits including publication and attendance at scientific meetings would appear to form a strong basis for introducing trainees to the concept of professional development programs, with little extra other than a structured ‘educational’ input by the supervisors of training. Introducing professional development to the later years of the training program would encourage a transition to fellowship with an expectation of engagement in life-long learning activities.

The College should develop its capacity to collect data and report on the fellows’ participation in continuing professional development activities.

The College continues to debate whether participation in continuing professional development should be mandatory for its fellows. All colleges face challenges in encouraging fellows to comply with professional development requirements. One option would be for the College to invite all those who meet program requirements to allow their names to be placed on the public area of the College website as active and up-to-date program members. Those who are not active participants would remain unlisted.

2007 Commendation

N The expansion of the College’s educational team and the team’s involvement in pre- and post-fellowship education.

O The College’s extensive review of the educational literature. The College is encouraged to continue to use the results of this review to form the basis of a robust and outcome-based professional development program.

P The College’s survey of fellows and its analysis of the survey results with respect to fellows’ involvement in continuing professional development. The College is encouraged to review this information, especially as it relates to the differential participation of fellows of different years’ standing in the program and to formulate further plans to ensure maximum participation in the program over the full breadth of College fellowship.

2007 Recommendations

38 Align both the pre-fellowship training requirements and post-fellowship professional development requirements with the content of curriculum and integrate educational activities and efforts for all levels of education and learners.

39 Formulate a program to introduce trainees to the concept of, and participation in, professional development programs encouraging the transition to fellowship with an expectation of engagement in life-long learning activities.
9.1.3 Commentary by 2011 Assessment Team

Since 2007, considerable progress has been made in the development of the CPD program for dermatologists and a new three-year CPD program was implemented over the past twelve months. The new CPD program provides a Professional Development handbook and web facility that is available to all members of the College.

The College actively manages and promotes its CPD program. The Team observed during site visits that the requirements and procedures are well known by fellows.

The Medical Board of Australia now requires all practising doctors to participate in CPD. Satisfactory participation in the College’s CPD program is a mandatory requirement of fellowship. The College has recently produced a document, Mandatory Participation Policy in Professional Development and Recency of Practice, which outlines this policy. The College has a process of monitoring compliance as well as a process for dealing with non-participation. The Team considers the College’s CPD program would meet the requirement of the Medical Board of Australia and the Medical Council of New Zealand.

The College has developed a CPD program that assists medical practitioners to maintain and develop their knowledge, skills and performance so they are equipped to deliver appropriate and safe medical health care over their working life.

The CPD program provides continuity with all levels of College training activities. The College has made significant progress in blueprinting the CPD program against the curriculum. The Team encourages the College to continue to refine this process, and to evaluate the program for continual improvement, incorporating feedback from participants.

Fellows can log electronically their CPD activities. This gives the College some ability to monitor compliance and the College’s submission indicates 70% of fellows satisfied program requirements in 2007 – 2009. The Team encourages the College to enhance the electronic logging facility. The College has implemented a checking system to identify fellows not participating and a six-monthly participation report is forwarded to the PD Committee.

Since 2007, the College has embedded a number of activities into the training program to educate trainees about the CPD program and the principles of lifelong learning, including:

- state-based education sessions on research and critical analysis of clinical information;
- attendance at the Annual Scientific Meeting and other related conferences;
- presentations and/or poster presentations at the ASM;
- preparations and publication of journal articles;
- presentations at the first and third-year training weekends;
- inviting fourth-year trainees who successfully completed the Fellowship examinations to commence the PD program.

Since 2007, the College has improved the use and value of e-learning in the CPD program to support fellows in attaining specific skills and updating their knowledge. This facilitates easier and more equitable access to CPD program. The College is trialling an Ethics Module produced by Monash University for both trainees and fellows.
Non-fellows are still able to participate in the College’s CPD activities. The College’s e-Learning portal provides a separate access point for non-fellows.

In 2007, the AMC recommended the College develop guidelines for determining the educational worth of professional development activities sponsored by pharmaceutical companies. Since 2007, the College has implemented a standard feedback sheet which all attendees complete after each PD session, which is collated and presented to the College. The College has issued informal advice to fellows (via email) explaining that CPD activities are to be based on educational quality, the use of appropriate educational methods and resources, and take into consideration feedback from participants. However, the Team noted that the College does not have a published code of ethics regarding the role of and relationship with industry in the provision of educational activities, including CPD. The Team recommends that the process of approving, recommending or endorsing CPD activities be formalised to strengthen the CPD program. In particular the Team recommends that the College develop a process and criteria for ensuring that approved CPD activities are free of commercial interests that could influence participants’ patient management decisions.

Recommendations 38, 39, 40 from 2007 have been met. Recommendation 42 from 2007 has been superseded. Recommendation 43 is replaced by recommendation 21 in this report.

2011 Commendation

R The Continuing Professional Development program has been successfully blueprinted against the curriculum.

2011 Recommendation to satisfy accreditation standards

13 Develop a process and criteria for assessing and recognising continuing professional development providers and/or the individual CPD activities. (Standard 9.1.3)

2011 Area for improvement

TT Continue to evaluate the Continuing Professional Development program for continual improvement while incorporating feedback from participants. (Standard 9.1.3)

9.2 Processes for remediation and retraining of fellows in 2007

The accreditation standards are as follows:

- The education provider has processes to respond to requests for retraining of its fellows.
- The education provider has processes to respond to requests for remediation of its fellows who have been identified as under-performing in a particular area.

Fellows whose standard of practice is of concern to the College are identified by their colleagues, when complaints are made by patients to the College, and/or when a medical board contacts the College about an issue/s involving one of its fellows.

The College has clear processes for dealing with complaints.
The College also has clear procedures for retraining and remediation of fellows, when requested to do so by a registration authority. The College will ask a senior fellow to supervise the retraining or remediation of fellows who are under-performing. The College ensures that the supervising fellow lives in a different state to the fellow receiving retraining or remediation.

If the retraining or remediation program has been instigated by a medical board then the supervising fellow will liaise with the medical board regarding the issues to be addressed. The supervising fellow will then visit the practice of the fellow being supervised and assess their performance. The supervising fellow will visit the practice three to four times a year until the retraining or remediation program is finished. The supervising fellow prepares the reports required by the relevant medical board.

The College would follow the same process to assess, retrain or remediate a fellow whose under-performance was not at a level that required the intervention of a medical board. The only difference in the process would be that the College would not liaise with or report to a medical board.

The College would apply the same supervision process if a situation arose where a fellow requested retraining after a long absence from practice, with the exception of liaising with and reporting to the medical board.

9.2.1 2007 Team findings

The College handles remediation of fellows on a case by case basis, and the mechanism involves a collaborative arrangement with licensing and regulatory bodies. The Team would encourage the College to formalise these processes.

While the Team recognises that there have been few dermatologists who have taken extended periods of absence from practice, it would also encourage the College to formalise its policy on re-entry to the profession following a period of absence.

9.2.2 Commentary by 2011 Assessment Team

In 2007, the AMC Team recommended that the College formulate and introduce a program for the retraining of fellows with unsatisfactory performance and formalise a policy for those re-entering following a period of absence (recommendation 41).

The AMC Team noted that the remediation and retraining of fellows is a rare occurrence and the College has not documented well its policy and procedures in this area. The College acknowledges it does not have formal remediation and retraining procedures in place for under-performing fellows.

The Team noted that poorly performing fellows are generally identified by colleagues, complaints made by patients to the College, and/or when the medical board contacts the College about an issue/s involving one of its fellows. The Team found that the remediation of fellows is conducted on a case-by-case basis with informal processes implemented when required.

In 2007, the AMC Team recommended that the College formulate and introduce a program for retraining under-performing fellows. In response, the College indicated that the
development of a generic program would not be a constructive use of resources as each case requires a focus specific to the issues raised.

The Team recognises that the retraining of fellows with unsatisfactory performance involves a collaborative arrangement with licensing and regulatory bodies, with the need to consider each case individually. A generic program could be modified according to individual needs. The Team recommends that the process of re-training those fellows who need it be formalised to ensure a transparent approach to the remediation of fellows who have been identified as under-performing in a particular area.

The Medical Board of Australia has an approved Recency of Practice registration standard, which sets out specific requirements for recency, depending on the field of practice, the practitioner’s level of experience, and the length of absence from the field. The College has recently formalised a policy, Mandatory Participation Policy in Professional Development and Recency of Practice, for those fellows re-entering practice following a period of absence. This policy outlines a requirement for retraining after a prolonged period of absence from clinical practice and, to a limited extent, the method by which one might be retrained.

The AMC Team is unable to report on the effectiveness of this policy as this document is in initial stages of implementation. The Team recommends that the College report on the outcome of the implementation of the Mandatory Participation Policy in Professional Development and Recency of Practice and its compliance with the Medical Board of Australia recency of practice registration standards.

Recommendation 41 is replaced by recommendation 14 in this report.

<table>
<thead>
<tr>
<th>2011 Recommendations to satisfy accreditation standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Demonstrate preparedness to develop a program for the evaluation and subsequent retraining of fellows whose performance has been found to be unsatisfactory, should that occur.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2011 Areas for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>UU Report on the outcome of the implementation of the Mandatory Participation Policy in Professional Development and Recency of Practice and its compliance with the Medical Board’s recency of practice registration standard. (Standard 9.1.2 and 9.2)</td>
</tr>
</tbody>
</table>
Appendix One  Membership of the 2007 AMC Assessment Team

**Associate Professor Steve Trumble (Chair)** MBBS MD *Monash*, FRACGP, Dip RACOG
Director of Education, Department of General Practice
The University of Melbourne

**Dr Cameron Bennett** MBBS *Qld*, M Biomed Eng *NSW*, FRACP
Executive Director, Internal Medicine Services
Royal Brisbane and Women’s Hospital

**Dr Jenepher Martin** MB MS *Melb*, MEd *Toronto*, FRACS
Director, Surgical and Spinal CSU
Austin Health, Melbourne

**Mr Russell McGowan** BA *Adel*
Vice Chair of the Consumers Health Forum of Australia

**Dr Rachel Ryan** MBBS *W Aust*, MRANZCOG
Fifth year Obstetrics and Gynaecology trainee
Sunshine Hospital, Victoria
Member of the AMA Doctors in Training Committee

**Mr Dennis Sligar** BA M Ed *Syd*
Director, Education and Training
The Royal Australian and New Zealand College of Ophthalmologists

**Associate Professor Richard Williams** MBBS *Adel*, PhD *Vrije (Netherlands)*, FRCPA
Director of Anatomical Pathology
St Vincent’s Hospital, Melbourne
Chief Examiner in Anatomical Pathology
Royal College of Pathologists of Australasia

**Ms Theanne Walters** (Secretary)
Deputy Chief Executive Officer
Australian Medical Council

**Ms Simone Bartrop**
Specialist Accreditation Officer
Australian Medical Council
Appendix Two  Membership of the 2011 AMC Assessment Team

Professor Stephen Trumble (Chair) MBBS MD Monash, FRACGP, Dip RACOG
Chair, Clinical Education and Training Development
Medical Education Unit
Melbourne Medical School
The University of Melbourne

Associate Professor Cameron Bennett MBBS Qld, M Biomed Eng NSW, FRACP
Executive Director
Sub Acute Services
Metro North Health Services District Queensland

Associate Professor Jenepher Martin MB MS Melb, MEd Toronto, EdD Melb, FRACS
Director
Medical Student Programs, Eastern Health Clinical School,
Monash University and Deakin University, Victoria

Dr Andrew Perry MBBS Adel
Emergency Medicine Trainee
Chair ACEM Trainee Committee

Ms Jane Porter
Manager, Specialist Training and Program Assessments
Australian Medical Council

Ms Stacey Yeats (Secretary)
Research and Policy Officer
Australian Medical Council
Appendix Three  List of Submissions on the Programs of the Australasian College of Dermatologists for 2007 and 2011

2007
ACT Health
Centre for Medical Education, School of Medicine, University of Queensland
Department of Health, South Australia
Department of Human Services, Victoria
Health Issues Centre
Medical Board of Western Australia
Office of Health Review
Queensland Health
Royal Australasian College of Medical Administrators
Royal Australasian College of Physicians
Royal Australasian College of Surgeons
Royal Australian and New Zealand College of Ophthalmologists
Royal Australian and New Zealand College of Radiologists
Royal Australian College of General Practitioners
Royal College of Pathologists of Australasia
The Coeliac Society of Australia

2011
Australasian College for Emergency Medicine
Australasian College of Sports Physicians
Consumers Health Forum of Australia
Department of Health, South Australia
Department of Health and Human Services, Tasmania
Department of Health, Western Australia
Queensland Health
The Department of Health and Families, Northern Territory
The Royal Australian & New Zealand College of Ophthalmologists
The Royal Australian College of General Practitioners
The Royal College of Pathologists of Australasia
The University of Newcastle
The University of Sydney
## Appendix Four  
### Summary of the Accreditation Program of the 2007 and 2011 Assessment Teams

**Site Visit Program for the 2007 Assessment**

**Queensland**  
**Friday 31 August 2007**

**Team members:** Dr Cam Bennett, Mr Russell McGowan, Ms Theanne Walters

<table>
<thead>
<tr>
<th>Location</th>
<th>Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Queensland Department of Health</td>
<td>Director of Medical Workforce</td>
</tr>
<tr>
<td></td>
<td>Manager of Medical Workforce Advice and Coordination</td>
</tr>
<tr>
<td>Princess Alexandra Hospital</td>
<td>Allied health professionals</td>
</tr>
<tr>
<td></td>
<td>State Director of Training</td>
</tr>
<tr>
<td></td>
<td>Chair of the Qld state faculty</td>
</tr>
<tr>
<td></td>
<td>Supervisor of training and Clinical Supervisors of dermatology trainees</td>
</tr>
<tr>
<td></td>
<td>Dermatology trainees</td>
</tr>
<tr>
<td></td>
<td>Non-dermatology surgeons and/or clinicians likely to work with</td>
</tr>
<tr>
<td></td>
<td>dermatology trainees</td>
</tr>
<tr>
<td>Greenslopes Private Hospital</td>
<td>Director of Medical Services</td>
</tr>
<tr>
<td></td>
<td>Medical Services Manager</td>
</tr>
<tr>
<td></td>
<td>Supervisors of training and clinical supervisors of dermatology trainees</td>
</tr>
<tr>
<td></td>
<td>Dermatology trainees</td>
</tr>
</tbody>
</table>
**Victoria**  
**Friday 31 August 2007**

**Team members:** Associate Professor Steve Trumble, Dr Rachel Ryan, Ms Simone Bartrop (AMC)

<table>
<thead>
<tr>
<th>Location</th>
<th>Meeting</th>
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</thead>
<tbody>
<tr>
<td>St Vincent’s Hospital and St Vincent’s Professional Unit</td>
<td>Director of Medical Services</td>
</tr>
<tr>
<td></td>
<td>Supervisor of training</td>
</tr>
<tr>
<td></td>
<td>Clinical supervisors of dermatology trainees</td>
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<tr>
<td></td>
<td>Dermatology trainees</td>
</tr>
<tr>
<td></td>
<td>Victorian State Director of Training</td>
</tr>
<tr>
<td></td>
<td>Victorian Chair of the State Faculty</td>
</tr>
<tr>
<td>Royal Children’s Hospital</td>
<td>Chief of Medicine</td>
</tr>
<tr>
<td></td>
<td>Supervisor of training</td>
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<tr>
<td></td>
<td>Clinical supervisors of dermatology trainees</td>
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<td>Dermatology trainees</td>
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</table>

**Team members:** Dr Jenepher Martin, Associate Professor Richard Williams

<table>
<thead>
<tr>
<th>Location</th>
<th>Meeting</th>
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</thead>
<tbody>
<tr>
<td>Box Hill Hospital and Laser/Surgery Private Practice</td>
<td>Director of Medical Services</td>
</tr>
<tr>
<td></td>
<td>Supervisor of training</td>
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<tr>
<td></td>
<td>Clinical supervisors of dermatology trainees</td>
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<tr>
<td></td>
<td>Dermatology trainees</td>
</tr>
<tr>
<td>Skin and Cancer Foundation</td>
<td>Director of Medical Services</td>
</tr>
<tr>
<td></td>
<td>Supervisor of training</td>
</tr>
<tr>
<td></td>
<td>Clinical supervisors of dermatology trainees</td>
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<tr>
<td></td>
<td>Dermatology trainees</td>
</tr>
<tr>
<td></td>
<td>Representatives of allied health disciplines</td>
</tr>
<tr>
<td></td>
<td>Foundation Management staff</td>
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</table>

111
New South Wales  
Monday 3 September 2007

**Team members:** Mr Russell McGowan, Ms Theanne Walters

<table>
<thead>
<tr>
<th>Location</th>
<th>Meeting</th>
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</thead>
<tbody>
<tr>
<td>Central Sydney Dermatology Practice Training Facility</td>
<td>Supervisor of training</td>
</tr>
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<td></td>
<td>Clinical supervisors</td>
</tr>
<tr>
<td></td>
<td>Dermatology trainees</td>
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</table>

**Team members:** Associate Professor Steve Trumble, Dr Rachel Ryan

<table>
<thead>
<tr>
<th>Location</th>
<th>Meeting</th>
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</thead>
<tbody>
<tr>
<td>St Vincent’s Hospital</td>
<td>Director of Medical Services, St Vincent’s</td>
</tr>
<tr>
<td></td>
<td>Director of Medical Services, Skin and Cancer Foundation Darlinghurst</td>
</tr>
<tr>
<td></td>
<td>Dermatology trainees</td>
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<tr>
<td></td>
<td>Supervisor of training</td>
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<td></td>
<td>Clinical supervisors of dermatology trainees</td>
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<td>NSW State Director of Training</td>
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<td>NSW Chair of the State Faculty</td>
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**Team members:** Dr Jenepher Martin, Dr Cam Bennett

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<thead>
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<th>Location</th>
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<tbody>
<tr>
<td>Westmead Hospital and Westmead Children’s Hospital</td>
<td>Director of Medical Administration</td>
</tr>
<tr>
<td></td>
<td>Director, Aged and Chronic Care Network</td>
</tr>
<tr>
<td></td>
<td>Dermatology trainees</td>
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<tr>
<td></td>
<td>Supervisors of training</td>
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<tr>
<td></td>
<td>Clinical supervisors of dermatology trainees</td>
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<td></td>
<td>Telephone call with Head of Department at Westmead</td>
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</table>
Team members: Mr Dennis Sligar, Associate Professor Richard Williams

<table>
<thead>
<tr>
<th>Location</th>
<th>Meeting</th>
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<tbody>
<tr>
<td>Royal Newcastle Centre, John Hunter Hospital</td>
<td>Representatives of related allied health disciplines</td>
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<td>Supervisor of training</td>
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<td>Clinical supervisors of dermatology trainees</td>
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<td>Dermatology trainees</td>
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<td></td>
<td>Director, Clinical Services and Nursing</td>
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<td>Service Manager of Royal Newcastle Centre</td>
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Meetings with ACD Committees and staff

4-6 September 2007

<table>
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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>Tuesday 4 September 2007</td>
<td>Board of Directors</td>
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<td>Education Committee</td>
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<td>Board of Censors</td>
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<td>Supervisors of Training</td>
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<td></td>
<td>Directors of Training (Teleconference)</td>
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<td>Wednesday 5 September 2007</td>
<td>Selection Committee</td>
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<td>Professional Development Committee</td>
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<td>OTS Assessment Committee</td>
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<tr>
<td></td>
<td>Trainees (Teleconference)</td>
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<tr>
<td>Thursday 6 September 2007</td>
<td>Presentation of the Preliminary Statement of Findings</td>
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Site Visit Program for the 2011 Assessment

Queensland
Tuesday 29 March 2011

**Team members:** Associate Professor Cameron Bennett, Ms Stacey Yeats (AMC)

<table>
<thead>
<tr>
<th>Location</th>
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<tr>
<td>Princess Alexandra Hospital</td>
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<td>Queensland Health</td>
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<td>Faculty Chair and Director of Training</td>
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Victoria
Wednesday 30 March 2011

**Team members:** Professor Stephen Trumble, Associate Professor Jenepher Martin

<table>
<thead>
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<th>Location</th>
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<tr>
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South Australia
Wednesday 30 March 2011

**Team members:** Dr Andrew Perry, Mr Nino DiSisto

<table>
<thead>
<tr>
<th>Location</th>
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<td>Chief Medical Officer</td>
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<tr>
<td>Royal Adelaide Hospital</td>
<td>Faculty Chair and Director of Training</td>
</tr>
<tr>
<td></td>
<td>Dermatology Trainees</td>
</tr>
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<td>Dermatology Supervisors</td>
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</table>
New South Wales

**Monday 4 April 2011**

**Team members:** Associate Professor Steve Trumble, Associate Professor Jenipher Martin, Ms Jane Porter (AMC)

<table>
<thead>
<tr>
<th>Location</th>
<th>Meeting</th>
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</thead>
<tbody>
<tr>
<td>Royal Prince Alfred Hospital</td>
<td>Dermatology Trainees</td>
</tr>
<tr>
<td></td>
<td>WA Supervisors (Teleconference)</td>
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<td>Dermatology Supervisors</td>
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</tbody>
</table>

**Team members:** Associate Professor Cam Bennett, Ms Stacey Yeats (AMC)

<table>
<thead>
<tr>
<th>Location</th>
<th>Meeting</th>
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<tbody>
<tr>
<td>Westmead Skin and Cancer Foundation</td>
<td>Dermatology Trainees</td>
</tr>
<tr>
<td></td>
<td>WA Trainees (Teleconference)</td>
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<td>Faculty Chair and Director Training</td>
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<td>Dermatology Supervisors</td>
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</tbody>
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## Meetings with ACD Committees and staff 2011

<table>
<thead>
<tr>
<th>Date</th>
<th>Meeting</th>
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<tbody>
<tr>
<td>Tuesday 5 April 2011</td>
<td>Selection Committee</td>
</tr>
<tr>
<td></td>
<td>IMG Assessment Committee</td>
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<tr>
<td></td>
<td>Board of Directors</td>
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<tr>
<td></td>
<td>Professional Development Committee</td>
</tr>
<tr>
<td></td>
<td>College Staff</td>
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<td></td>
<td>Board of Education</td>
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<tr>
<td>Wednesday 6 April 2011</td>
<td>Board of Censors</td>
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<td></td>
<td>Trainee Representative Committee</td>
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<td>Training, Learning and Curriculum Committee</td>
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<td></td>
<td>Board of Training</td>
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<td></td>
<td>Mentor Representatives</td>
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<tr>
<td>Thursday 7 April 2011</td>
<td>Presentation of the Preliminary Statement of Findings</td>
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